



# GBV MONITORING & EVALUATION TOOLKIT

GBV SUB-CLUSTER  
WHOLE OF SYRIA RESPONSE  
TURKEY CROSS BORDER HUB

Second Edition  
April 2021



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*The GBV Monitoring and Evaluation Toolkit for the Whole of Syria GBV Sub-Cluster Turkey Cross Border Hub draws on the insights and experiences of international and local organizations implementing GBV programming in Turkey cross-border operations, as well as existing best practice GBV resources available regionally and globally. The Toolkit's overarching goal is to ensure that M&E processes are conceptualized, executed, and utilized in a safe and ethical manner, and serve to inform the design and implementation of quality, effective and impactful GBV programmes in target communities.*

*The Toolkit was drafted by Julia Weinstock, Monitoring & Evaluation Consultant, in close collaboration with the Turkey Cross Border Hub GBV Sub-Cluster coordination team and Monitoring & Evaluation Technical Committee. The team is grateful to the contributions of all GBV SC member organizations for sharing their M&E tools and availing themselves to participate in consultations leading to the development and revision of this Toolkit.*

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# INTRODUCTION

The Whole of Syria (WoS) Gender-based Violence (GBV) Sub-Cluster (SC) Turkey Cross Border hub is a coordinating body whose primary objective is to strengthen GBV prevention and response in areas of Syria reachable through cross-border interventions from Turkey. Although operational since August 2014 as a sub-working group, it was formally established in 2015 following the adoption of Security Council Resolution (UN-SCR) 2165.

The GBV SC works to facilitate multi-sectoral, inter-agency actions aimed at preventing GBV, and to ensure the provision of accessible, timely, and survivor-centered GBV response services for affected populations. The Turkey Cross Border hub is co-chaired by the United Nations Population Fund (UNFPA) and Global Communities within the Protection Cluster. Its membership includes UN agencies, international and national non-governmental organizations (NGOs). It is currently comprised of approximately 74 active organizations, the majority of which are Syrian NGOs.

## About the GBV M&E Toolkit

In early 2019, the GBV SC Turkey Cross Border hub recognized the need to provide more targeted support to its members in the monitoring and evaluation (M&E) of GBV programmes. Subsequently, a consortium of three GBV SC members conducted a six-month long participatory research study with the purpose of identifying which GBV M&E tools and methodologies were mostly used by GBV SC members, what were the most common challenges faced, as well as potential contributions brought by M&E activities to GBV programmes in a complex humanitarian context such as the Turkey cross-border operation<sup>1</sup>. A central recommendation emerging from this research was the necessity to develop and roll out a set of standardized M&E tools that could be used to enhance the quality of M&E for GBV programmes in that particular context.

The development of the Toolkit has been largely informed by the results of this preliminary research, as well as in-depth interviews with selected GBV SC members and review of existing M&E materials already in use. Information gathering leading to the development of this resource has revealed the following important issues:

- The GBV SC Turkey Cross Border hub is well resourced in terms of M&E tools. Overall, there is the opportunity to draw upon and scale up best practices by building on M&E resources available at GBV SC level;

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<sup>1</sup> *Measuring the impact of GBV programmes in emergencies: Taking a local perspective; Humanitarian Innovation Fund, Early-Stage Innovation Final Report, GBV Sub-Cluster Whole of Syria Response (Turkey Cross Border hub).*

- Tool implementation is not consistent within and across GBV SC members; application of best practice approaches is patchy, likely due to the absence of reference guidance to inform systematic and coherent tool utilization, specifically regarding differential and roles and responsibilities of specialized GBV and M&E staff in the M&E of activities;
- For greater effectiveness, tailored M&E guidance should consider the operational context's distinctiveness, that is, the remote and decentralized management nature of this response, particularly in instances when the flow information across geographical locations impacts the quality of M&E processes;
- There is a need to provide robust guidance to GBV SC member organizations on how to constructively engage with third-party monitoring entities (TPMs) and donors on external M&E/verification processes of GBV programmes.

The GBV M&E Toolkit draws on the insights and experiences of international and local organizations implementing GBV programmes in Turkey cross-border operations, as well as wider GBV programming literature<sup>2</sup>. Among the myriad of GBV programme tools readily available, identifying those fundamental ones that were eligible for inclusion in this Toolkit has been a critical step in the development of the resource. Thoughtful examination of each potential tool was required to ascertain the degree to which it adds value to the M&E of GBV programmes (and not just to the broader GBV programme). In the context of this Toolkit, M&E tools are defined as a sub-set of GBV programming tools that respond to the key M&E objectives of assessing programme quality and effectiveness (primarily, as perceived by those targeted by the activities), and capturing results stemming from programme-supported interventions. Overlaps may exist, yet M&E tools serve more specific aims than GBV programme tools given that the latter are mostly geared towards facilitating and enhancing the management and implementation of the programme, and ensuring compliance with pre-defined quality standards.

The Toolkit's overarching goal is to ensure that M&E processes are conceptualized, executed and utilized in a safe and ethical manner, and serve to inform the design and implementation of quality, effective and impactful GBV programmes in target communities.

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<sup>2</sup> Annex C provides a list of all resources referenced and consulted.

The Toolkit is not meant to be exhaustive or static, it aims to provide a set of essential and context-appropriate tools for monitoring and evaluating GBV interventions' most fundamental aspects in a way that is consistent with GBV guiding principles and M&E best practice.

Organizations can use this resource as reference for improving existing M&E approaches, tools, and protocols, and to fill gaps. Similarly, the tools and approaches presented here should be further refined and customized, as needed, to better align with the programmatic and operational approach of each organization.

The GBV M&E Toolkit is intended for use by all organizations with active GBV programmes in North West Syria. It will also be shared with third-party monitoring entities and donors, in support of advocacy efforts to strengthen M&E best practices in GBV cross-border operations among all actors currently working in the area.

## Toolkit Structure

Part I of the Toolkit begins with a brief introduction to safety and ethical considerations pertinent to the M&E of GBV programmes. It then presents a list of relevant GBV programming and M&E terms and concepts, allowing users with diverse backgrounds to quickly familiarize themselves with the terminology employed in the subsequent sections<sup>3</sup>.

In Part II, the Toolkit has been divided by GBV programmatic domain: Response, Prevention, Empowerment, Capacity Development and Quality & Routine Monitoring. These have been further broken down by associated type of intervention. M&E tools have been grouped under their corresponding type of intervention. For every instrument proposed, detailed guidance is presented on M&E protocols: what is the tool's purpose, who should administer it, how it should be administered, how data should be analyzed, and associated safety and ethical considerations.

Part III provides guidance for GBV SC member organizations, third-party monitoring entities and donors on handling external M&E, verification and processes, and requests for data in a way that is consistent with safety and ethical principles.

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<sup>3</sup> *In response to Toolkit's interagency nature, there has been a conscientious effort to employ standard terminology and the most neutral possible definitions when referring to the terms and concepts listed. It is nonetheless likely that variations may exist among organizations, as some may adopt more specific terminology and definitions in line with their own strategic approach.*

Part IV offers a list of suggestive indicators, linked to the tools contained in the Toolkit, that organizations can apply in their programmes for donor accountability, performance monitoring and learning purposes.

As GBV SC member organizations and partners utilize the Toolkit, they should be able to:

- Acquire basic notions of GBV programming, such as GBV guiding principles and the survivor-centered approach;
- Become familiar with key M&E terminology and concepts;
- Understand safety and ethical implications of monitoring and evaluating GBV programmes and the need to set in place mechanisms to ensure all M&E activities are compliant with ethical and safety standards;
- Observe the differential roles played by GBV specialized staff and M&E staff in the M&E of each type of programme intervention;
- Fine-tune and improve the quality of their existing M&E tools, approaches, and protocols, by assessing their adequacy against the recommendations provided in Toolkit;
- Address M&E gaps, by tailoring the tools provided in the Toolkit to the reality of their own programmes;
- Manage relationships with Third-party Monitoring entities and donors on issues related to M&E while ensuring that stakeholders' M&E requirements are consistent with GBV guiding principles;
- Improve the quality, performance, and success of their GBV programmes, by using indicators that are fit for purpose and grounded on sound, safe and ethical M&E protocols.

## About the Second Edition

Based on feedback gathered through consultations with user organizations about their experience rolling out the GBV M&E Toolkit in the course of 2020, a second edition was launched in April 2021. The updated version addresses the need to: a) establish links with complaints and feedback mechanisms; b) explicitly incorporate disability and diversity considerations; c) provide guidance on how to handle potential disclosures of GBV, and d) mainstream protection against sexual exploitation and abuse (PSEA) guidance and tools.

Furthermore, language used in some tools was refined to ensure alignment with GBV/PSEA best practice, reference to resources contained in the annexes was made more evident to encourage their use by organizations, and adjustments to measurement systems and scales were made to clarify and facilitate analysis and interpretation of data, where required.

# **PART I**

# FOUNDATIONAL PRINCIPLES & CONCEPTS



# SAFETY & ETHICAL CONSIDERATIONS

Communicating, introducing, and discussing gender-related issues within communities can be sensitive and attached to deeply entrenched social and cultural norms. It may also elicit disclosures of incidences of GBV. As such, organizations and partners must ensure that the highest safety and ethical standards are respected when designing and implementing M&E processes and activities so as to ensure these are aligned with the survivor-centered approach and adhere to the GBV guiding principles of safety, confidentiality, dignity and self-determination, and non-discrimination. This implies due consideration for the level of sensitivity associated with the type of intervention being subject to M&E<sup>4</sup>, as well as establishing a clear plan for upholding confidentiality, and for identifying and utilizing referral pathways for protection concerns all throughout the M&E process cycle.

As a rule of thumb, the M&E of GBV Response interventions should never be handled by individuals external to the GBV programme; these processes should be led and implemented exclusively by GBV teams. GBV specialized staff with whom the survivor has consented to share information about her case are the only individuals in position to collect M&E data in a way that does not exacerbate risks to themselves or survivors, and respects the survivor's right to privacy and confidentiality. Subject to the GBV-specific technical requirements of each particular tool, M&E teams may perform or support the M&E of Prevention, Empowerment and Capacity Development interventions, as well as undertake routine monitoring of all non-sensitive aspects associated with the GBV programme. More broadly, even when not directly involved in data collection processes, M&E teams can provide technical assistance to GBV colleagues by helping them ensure that GBV M&E processes and tools are technically appropriate and adequately respond to the programme's learning and accountability requirements.

In order to facilitate guidance to GBV Sub-Cluster members and partners, a Safety and Ethical Considerations Scale, ranging from low to high sensitivity, has been developed and each tool presented in the Toolkit has received a rating (see below). Organizations should remain attentive to these parameters as they decide to utilize and customize the tools contained here in their own programmes.

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<sup>4</sup> Annex A provides a list of GBV interventions currently implemented by GBV SC member organizations in Turkey cross-border operations and details their level of sensitivity.

# Safety & Ethical Considerations Scale

## HIGH SENSITIVITY

- These tools typically relate to GBV Response interventions.
- Information collected through these tools is of very sensitive nature, as these can be traced back to the case worker and/or the survivor. These tools must only be administered by skilled GBV personnel and, in more specific cases, specialized staff with whom the survivor consented to share information about her case.
- When administering these tools, filled questionnaires and individual datasets should be analyzed by the Protection/GBV team responsible for the programme; these must remain confidential, safely stored and under no circumstances be shared with external teams and audiences.
- As needed, analyzed data can be transferred to the organization's senior managers, other programme teams and donors, but only if these are presented in aggregate form (e.g.: "60% of clients report to be satisfied with the quality of case management services received", "75% of survivors report improved self-esteem upon case closure", etc.).
- These tools cannot be used by third-party monitoring entities\* .

## MEDIUM SENSITIVITY

- These tools typically relate to GBV Prevention and higher-sensitivity components of Empowerment interventions.
- Information collected through these tools is not usually sensitive, but the data gathering process may present complexities or risks to those involved (participants, staff, and enumerators). As such, the staff member (frequently an M&E officer or field enumerator) administering the tool must:
  - Be trained on basic Protection/GBV programming guiding principles (e.g.: survivor-centered approach);
  - Know how to perform safe referrals;
  - Present the right attitudes towards gender/GBV/survivors – the application of the tool presented in Annex C is strongly recommended. ;
  - Match the gender of the concerned sample group and be sensitive to language/age considerations when engaging with specific audience groups (e.g., adolescent girls).
- These tools can be shared with third-party monitoring entities for use. When transferring them, GBV organizations should advise the receiving entity on the corresponding safety and ethical considerations that should be respected prior to initiating the data collection process.

## LOW SENSITIVITY

- These tools typically relate to routine monitoring of GBV programme implementation; but may also encompass some lower-sensitivity components of Empowerment interventions and some components of Capacity Development that do not require GBV-specific technical expertise.
- These tools present minor sensitivities and can be used by any M&E staff or field enumerator who is familiar with basic M&E/research ethical principles.
- These tools can be shared with third-party monitoring entities for use.

\* For further guidance, please refer to Part III.

Organizations with long-standing functional GBV M&E systems that already have tools and approaches which they deem effective are invited to cross-check these against guidance contained in the Toolkit to determine their degree of alignment with the recommended safety and ethical standards. Adjustments in protocols and tools should be performed, as relevant, to ensure that these are compliant with GBV guiding principles and M&E best practice.

## Other Important Considerations

### Engaging with individuals with specific needs

It is likely that M&E activities, and corresponding tools, will have to be adapted to meet the needs of specific participant groups, such as persons with physical and mental disabilities, individuals with low literacy levels, etc. Programme staff should extend support to participants who need help in filling forms, for example, by administering them orally with the respondent and writing down their answers, or pairing them up with another participant who volunteers to assist. Organizations should always ensure that any provisions made to accommodate the requirements of specific individuals do not unintentionally lead to stigmatization and shame.

If your organization needs support in better engaging with persons with disabilities, seek assistance from specialized organizations working in your area and/or contact the Inclusion Working Group for Northwest Syria.

### Links with Complaints & Feedback Mechanisms

**Monitoring and evaluation activities should not be used as an entry point for gathering complaints and feedback.** Tools and approaches are not, and should not be, designed to deliberately prompt disclosures of misconduct or for collecting information about potential harmful incidents, particularly when these involve sensitive topics, such as GBV, corruption and sexual exploitation and abuse. Field staff/enumerators are not in position, and likely not prepared, to handle these in a safe and ethical manner, and to ensure that all information necessary for complaints to be actionable are collected.

Establishing links between M&E activities and locally available complaints and feedback mechanisms will ensure that individuals can be directed to the appropriate channels if they want to place a complaint or provide feedback.

## Handling GBV Disclosures

When conducting M&E activities, staff/enumerators may encounter situations in which a GBV incident may be disclosed. During these situations, all staff who are not GBV practitioners should observe the following steps of *Psychological First Aid*:

### PREPARE

GBV disclosure can happen at any time, preparation is key to a quality support:

1. **Be aware of available services;**
2. Know how to communicate, for example practice the sample scripts;
3. Read the GBV Pocket Guide<sup>5</sup> to increase your knowledge and skills as a non-GBV practitioner.

### LISTEN

1. **Ensure that the survivor's basic needs are met, and that s/he is not in immediate danger:**
2. The survivor may be very upset and/or confused, but as a helper it is important to stay as calm as possible. Allow the individual to share as much or as little information as s/he would like to. **It is not your role to provide counseling, take the individual to services or conduct a detailed interview about what happened to them.** Rather than asking detailed questions about the incident itself, **focus on providing them with information** about the services you know are available.
3. Remember that sexual violence is a medical emergency and medical support needs to be accessed ideally within 72 hours and anyways as soon as possible.

### LINK

As you support the survivor to make decisions on their next steps:

1. Ask the survivor if there is someone s/he trusts to go to for support;
2. **Provide accurate information to the survivor on the available services or options** for more comfort;
3. **Ask for permission/informed consent from the survivor before taking any action;**
4. **Refer to a GBV case management organization;**
5. In case the survivor disclosed an incident of sexual violence, remember that medical support needs to be accessed within 72 hours or asap;
6. Compassionately end the conversation:
  - a. **Maintain confidentiality**
  - b. Positively reinforce any decisions that the survivor made
  - c. Keep in mind that your role is to support the survivor in their decisions and choices, even if the survivor does not make any. **Do not engage in repeated sessions or meetings with the survivor**, in counseling or in attempts to manage the survivor's case.

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<sup>5</sup> Available at: [https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV\\_PocketGuide021718.pdf](https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf)

For any further queries, such as contact information for district-level Referral Focal Points or for requesting the Referral Pathway for your district, **contact the GBV SC Service Number (+90 537 267 7138).**

Liaise with the GBV SC Turkey Cross Border hub coordination team directly if you would like to receive assistance in improving your organization's capacity to respond to GBV disclosures through an ethical and respectful approach.

## **Protection Against Sexual Exploitation and Abuse**

When conducting M&E activities, staff/enumerators may encounter situations in which a staff member or beneficiary may mention an incident of sexual exploitation and abuse of a beneficiary.

It is mandatory for humanitarian aid providers to report any suspicion or information of SEA to safe and accessible complaint mechanisms such as the organization's own reporting hotline or the interagency PSEA hotline for Northwest Syria monitored by the PSEA Network (+90 530 915 1895).

Documentation and follow up of a SEA incident report should only be performed by the organization's PSEA Focal Point, who has been trained on PSEA data management, receiving complaints and documentation of incidents. The PSEA Focal Point will a) make referrals to GBV Focal Points for survivor assistance if the survivor consents and requests; and b) refer the issue to the head of agency and agency's investigation team in a confidential manner for follow-up.

In case field staff/enumerators performing M&E activities come into contact with suspicious information indicating that a humanitarian aid provider is involved in SEA, they must:

- a) Report the available information to the agency's PSEA Focal Point;
- b) Provide the beneficiary with contact information of the available SEA complaint mechanism(s).

Therefore, before the start of any M&E activity, all staff/enumerators must have on hand:

- The contact information of its organization's PSEA Focal Point;
- Information about the organization's complaint and feedback mechanism and/or the number of the interagency PSEA hotline for Northwest Syria monitored by the PSEA Network.

The following do's and don'ts are recommended to field staff/enumerators who come into contact with information indicating that a SEA incident has occurred:

## Handling SEA Allegations

DO	DON'T
<i>Remain calm, approachable and receptive. Listen carefully, without interrupting. Acknowledge you understand how difficult this may be. Make it clear that you are taking what is said seriously. Reassure them that they have done the right thing in telling you. Let them know that you'll do everything you can to help them.</i>	<i>Do not probe or request additional information about the incident. Do not question the complainant/survivor or ask the survivor to repeat the disclosure.</i>
<i>Explain that it is mandatory for staff to report the names of the perpetrator(s) of sexual exploitation and abuse to the organization.</i>	<i>Do not investigate or look for additional information about the incident. Do not try to confront the alleged abuser.</i>
<i>Explain to beneficiaries that they have the right to make a SEA complaint to any of the following available complaints and feedback mechanisms as they prefer: the organization's own complaint hotline and/or the PSEA Interagency Network hotline. All complaints are handled confidentially.</i>	<i>Do not discuss the allegation with people who do not need to know.</i>
<i>Provide the beneficiary with details and contact information of the available complaints and feedback mechanisms – the organization's complaint number and PSEA Interagency Network hotline number.</i>	<i>Do not delay in reporting the disclosure to the agency's PSEA focal point.</i>

# KEY GBV TERMS & CONCEPTS

## Actor(s)

Individuals, groups, organizations, and institutions involved in the humanitarian response.

## GBV awareness raising

Activities conducted with a group of individuals in the affected community to increase their knowledge of GBV over a course of a number of sessions. The main goal of this type of intervention is to affect change in attitudes and behaviors. The Turkey Cross Border Hub GBV SC has developed a standard interagency curriculum comprised of multiple modules specifically targeting different audience groups (women and girls, men, and boys).

## Case management

A structured method for providing help to a survivor of GBV. It involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed of all the options available to them and that issues and problems facing a survivor and her/his family are identified and followed up in a coordinated way, and providing the survivor with emotional support throughout the process.

## Cash-based assistance

Financial assistance delivered in the framework of case management process directly to the survivors for the purpose of supporting her in meeting essential needs related to their case action plan. The role of cash assistance is also to support survivors to fully recover from their experiences of violence including through accessing services and/or to mitigate GBV risks.

## Capacity Development

Generally, involves training and guided supervision with the aim of increasing knowledge skills and capacities of GBV programme and specialized staff so they can deliver quality GBV services and interventions. It also covers training to non-GBV actors on GBV basic concepts and GBV risk mitigation, the aim of ensuring these issues are address across other sectors' responses.

## Disclosure

The process of revealing information about a GBV experience/incident; it is how a service provider learns about GBV directly from a survivor or indirectly from a parent/care-giver who acts in the best interest of the survivor.

### Dignity kits

Dignity kits contain hygiene and sanitary items, as well as other items explicitly tailored towards the local needs of women and girls of reproductive age in particular communities. Whilst dignity kits are similar to basic hygiene kits often distributed at the onset of emergencies, they serve a broader purpose and so contain a wider range of items. They focus on promoting mobility and safety of women and girls by providing age, gender, and culturally appropriate garments and other items (such as headscarves, shawls, torches, underwear, and small containers for washing personal items) in addition to sanitary supplies and basic hygiene items.

### Empowerment

This programmatic domain involves the full range of activities aimed at encouraging and facilitating processes whereby women and girls gain power and control over their own lives. It does not involve increasing men's protection of women.

### Focused psychosocial support (PSS)

Individual and group counselling / focused PSS: Counselling activities that target women and girls in a focused one-to-one or small group session. The activities are Level 3 MHPSS support of the 'IASC MHPSS Intervention Pyramid' and led by trained and supervised PSS workers (but who may not have had years of training in specialized PSS care). The sessions help clients to identify and process problems they are experiencing and to empower them by taking decisions to help alleviate their suffering. Psychological First Aid should be reported on separately.

### Forced marriage and child (also referred to as early) marriage

Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18.

### Gender

Refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed, and valued in a woman or a man in a given context.

### Gender-based violence

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females.



## GBV Guiding Principles

- Safety: The safety and security of the survivor is of primary importance;
- Confidentiality: information is kept private between consenting individuals. Information can be shared only with others who need to know in order to provide assistance and intervention with the consent of the survivor.
- Dignity and self-determination: GBV is an assault on the dignity and rights of a person, and all those who come into contact with survivors have a role to play in restoring dignity and self-determination. The wishes, rights, and dignity of the victim must be respected at all times;
- Non-discrimination: All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, color, language, religious or political beliefs, sexual orientation, or social class.

## GBV information session

One-off activity, with no structured curriculum, conducted with the affected community to increase their knowledge of GBV. These can take place in safe spaces or in outreach activities.

## Informed consent

Informed consent is the voluntary agreement of an individual to participate in activities and receive services. A key starting point in the GBV case management process, the term is widely used in health and social services and is intended to protect the rights of the survivor and ensure that they are fully aware of the limitations, risks (and benefits) of receiving services.

## Life Skills

Activities that support the development of "abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life and are relevant across cultures. These may include cognitive – critical thinking and problem-solving skills for responsible decision-making; personal – skills for awareness and drive and for self-management; Interpersonal – skills for communication, negotiation, cooperation and teamwork, and for inclusion, empathy and advocacy. It may also entail very basic educational courses focusing on essential life skills

## Response

Refers to the programmatic domain that includes the full range of services provided to survivors of GBV in order to improve their well-being and help them deal with the incident, and mitigate further GBV risks. GBV response services include:

- Case management for GBV survivors
- Clinical management of rape and other health services for survivors
- Focused psychosocial support for GBV survivors (only)
- Individual and group counselling/Focused PSS
- Legal services
- Other referrals of GBV survivors to GBV related services
- Psychological First Aid (PFA)
- Specialized mental health services for GBV survivors
- Referral to legal services for GBV survivors
- Referral to specialized psychosocial support
- Referral to medical services
- Referral to non GBV services

## Recreational Activities

Customized, unstructured recreational activities to support survivors and those at risk of GBV. Examples: gymnastic and sports activities, unstructured arts and crafts sessions, events, and expositions etc.

## Prevention

Refers to a GBV programmatic domain that covers all types of interventions aimed at reducing GBV risks and addressing the deeper causes associated with those risks.

## Protection Against Sexual Exploitation and Abuse (PSEA)

SEA is the sexual exploitation and abuse of a beneficiary by those providing humanitarian assistance and services. Sexual exploitation is defined as an actual or attempted abuse of someone's position of vulnerability, differential power, or trust, or to obtain sexual favors, including but not only, by offering money or other social, economic, or political advantages. Sexual abuse means the actual or threatened physical intrusion of a sexual nature, whether by force, or under unequal or coercive conditions. Aid worker encompasses all persons involved in providing protection and/or assistance to affected populations. SEA is an act of gross misconduct and a violation of humanitarian standards of conduct and core principles.

## Referral pathway

A flexible mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support.

## Safety Audit

Safety audits help people, women, and girls specifically, to evaluate how safe a physical environment feels, and to identify changes that would make it safer for everyone who uses it. Safety audits, whether multi-sectoral or sector-specific, encourage humanitarian actors to coordinate and collaborate across and within sectors, to pool resources and to work together to assess and identify GBV risks by service or sector. This exercise is normally conducted using a range of different methods including checklists or observation, safety mapping, safety walks, key informant interviews and focus group discussions to assess sector-related safety concerns for women and girls.

## Survivor

A person who has experienced GBV. The terms ‘victim’ and ‘survivor’ are often used interchangeably. Victim is a term more often used in the legal and medical sectors. Survivor is the term generally preferred in the psychological and social support sectors because it implies resiliency.

## Survivor-centered approach

A survivor-centered approach means that the survivor’s rights, needs, and wishes are prioritized when designing and developing GBV-related responses and programming.

## Vocational Skills

Structured training with a set curriculum, which aims to equip people with knowledge, know-how and/or competences required in particular occupations or more broadly on the labor market.

## Women and Girls Safe Spaces

Refers to a place (either formal or informal) where women and girls feel physically and emotionally safe. “Safe” in this context refers to the absence of trauma, excessive stress, violence (or fear of violence) or abuse. WGSS also provide a place where women can access confidential services, discuss issues and concerns with other women and professional staff. Safe spaces also provide an entry point for women and girls to access referrals to other safe and non-stigmatizing GBV response services.

# KEY M&E TERMS & CONCEPTS

## Data Collection Method

Refers to the source of information for establishing the status of the indicator and the measure of success of the programme or project. It typically includes surveys, focus groups discussions, assessments, studies, and evaluations. May also be referred to as “Data Source” or “Data Verification Method” by some organizations.

## Data Quality Assessment

An external process, often required by donors, to verify if the data collected and reported on by programme implementers complies with quality standards and can be deemed sound. It typically assesses reported data against the following criteria: validity, timeliness, precision, reliability, and integrity. The examination of primary data sources, such as physical files and documentation, may occur to determine data compliance against these standards.

## M&E Protocols

A set of instructions and pre-defined parameters guiding the data collection, analysis, and utilization process.

## Baseline

Information about the existing situation that is gathered at the beginning of a programme and project before the interventions take place. It is the reference point against which changes that occur during a programme and project are measured.

## Evaluation

An assessment of an activity, programme and project, strategy, policy, topic, theme, sector, operational area, or institutional performance. It involves strategic and time-bound data collection processes to support analysis of the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors, and causality using a set of well-defined and appropriate criteria. It is used to improve current and future projects.

## Impact

Impact refers to meaningful long-term changes in behavior, practices, benefits and/or life conditions of beneficiaries. These are results that are likely to occur in a longer span of time, after the programme or project activities have ceased, and often reflects the aggregate contribution of multiple actors working in the same domain/location. Alternatively, some organizations may prefer to employ the term “Objective” in their proposals and log-frames.

## Indicator

An indicator is a specific, observable, and measurable characteristic that can be used to show whether a program is making changes toward achieving a specific result. Indicators should be focused, clear, and specific. The indicators selected should be directly tied to the results the programme or project seeks to achieve.

## Learning

Learning is the process of using monitoring and evaluation data to inform decision-making about the programme or project's strategy, design, and implementation. It encourages teams to reflect on what works and what does not work and motivates them to apply evidence to come up with real solutions to address emerging issues relating to the programme or project.

## Logical framework ("log-frame")

Essentially, log-frames are a management tool that describe the programme or project objectives, outcomes and outputs, and links them to measurable indicators, means of verification, activities, assumptions, and risks.

## Monitoring

Continuous and timely collection of data from a programme or project to track results so that implementation can be course-corrected to ensure the programme or project remains on track to achieve the desired results.

## Output

Outputs refer to the changes in skills or abilities, or the availability of new products and services that result from the completion of activities implemented by the project; these are likely to occur in the short-run, within the period of project implementation, and are under the project's direct control.

## Outcome

Outcomes refer to changes in institutional performance, among individuals or groups, who benefitted from the project/intervention. These are likely to occur in the medium-run and are not under the direct control of the programme or project itself (the programme or project is one factor contributing to their achievement).

## Performance Monitoring

A continuous process of collecting and analyzing data for performance indicators for the purpose of comparing the implementation of the development intervention against the expected results (achievement of outputs and progress towards outcomes). The result of these process normally involves adjusting targets, implementation, or both.

## Primary data source

Physical files where data collected directly from the first-hand source, using methods such as surveys and interviews, are recorded.

## Result

A significant and intended change in a condition affecting people, systems, or institutions.

## Target

Specifies a particular value that an indicator should reach by a specific date in the future in order for the action to be considered a success. For example: “Increase in knowledge of GBV basic concepts to increase by at least 30% among non-GBV actors after capacity building training”.

## Theory of Change

The theory of change involves an ongoing process of reflection to explore change, including how it happens and the role played by a programme or project in a particular context to address a given problem. Theories of change approaches are essentially a thought process used to develop the project logic of intervention. It involves the following elements:

- Demonstrates a causal pathway from one result to the next by specifying what is needed for the ultimate goal to be achieved;
- Requires the user to articulate underlying assumptions that can be tested and measured;
- Changes the way of thinking about initiatives, as well as altering the starting point from “what will be done” to “what needs to be achieved” (results) to address a given problem.

The logical framework is the management tool used to link the results articulated in the theory of change with measurable indicators, baselines, targets, and assumptions.

# **PART II**

# MONITORING & EVALUATION TOOLS

# LIST OF M&E TOOLS

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Prevention	Information Sessions	General Pre & Post Test Questionnaire – Information Sessions	24
	Women and Girls Safe Spaces	Guidance for Focus Groups - Women and Girls Safe Spaces	31
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# LIST OF M&E TOOLS

DOMAIN	INTERVENTION TYPE	TOOL	PAGE
Capacity Development	GBV Case Management Staff	GBV Case Management Core Competencies Assessment Tool - Knowledge and Skills Test	138
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# Section 1

## PREVENTION

# INFORMATION SESSIONS

## Tool Name

### General Pre & Post Test Questionnaire – Information Sessions

## Purpose

The purpose of the tool is to assess the increase in knowledge among individuals who took part in the information session.

## Who Should Administer the Tool?

The tests may be administered by the facilitator who delivered the session or by a member of the M&E team.

## How Should the Tool be Used?

Facilitators should ask participants to complete the test prior to initiating the session and then again at the end of the session. Given that information sessions do not follow a standard curriculum, the tool offers a menu of suggestive questions based off pre-approved messages outlined in the GBV SC Turkey Cross Border Hub Awareness Raising Toolkit. Organizations' can pick from to build their own customized questionnaires.

## How Should the Data be Analyzed?

The data should be analyzed against the score outlined in the corresponding score card (below). Before the session begins, provide each participant with a blank copy of the test. The same process should be repeated at the end of the session. Keep filled pre and post-test forms in separate piles.

The forms may be marked by the facilitator or transferred to the M&E team for marking and analysis.

These steps should be followed by the facilitator or assigned member of the M&E team to calculate the aggregate results for each test round (pre and post):

- Use the program score card to assign a score to each answer.
- Add up the scores for each completed test.
- Divide this total score by the number of participants in the session to calculate the result for each testing round (make sure attendance lists are recorded and kept for every session!)
- Determine the percent change in the overall aggregate score from pre to post-test administration.

**SCORE CARDS**

TOPIC 1 – GENDER INEQUALITY		
STATEMENTS	True	False
Upbringing can play a role in promoting gender inequality by giving more or different opportunities to boys than girls, and by teaching boys and girls that they have different roles to play in the home and workplace.	1	0
Men are naturally violent	0	1
Women are too soft and emotional to occupy leadership roles	0	1
Men and women biological differences should determine the role they play in society.	0	1

TOPIC 2 – GBV SERVICES		
STATEMENTS	True	False
All the support a survivor needs can be provided by the community only.	0	1
Access to GBV services is often restricted, especially for adolescent girls and women.	1	0
If the violence stops, the survivor no longer needs help.	0	1
Economic violence or the denial of resources are forms of GBV.	1	0

TOPIC 3 – SUPPORT TO GBV SURVIVORS		
STATEMENTS	True	False
A lack of knowledge about GBV and fear of getting involved pose significant barriers to encouraging people to provide support for the peers.	1	0
There is a particularly high level of shame associated with speaking about personal experiences of GBV.	1	0
Support from other women can make it easier for women and adolescent girls to get out of situations where they are at risk of or exposed to GBV.	1	0

TOPIC 4 – EARLY MARRIAGE		
STATEMENTS	True	False
Early marriage places adolescent girls at risk of suffering serious health consequences especially if an outcome of the marriage is early pregnancy.	1	0
Early marriage provides protection for adolescent girls.	0	1
Early marriage is part of the culture. You can't change the way a culture is.	0	1
Early marriage denies adolescent girls the right to develop skills which can help her achieve their independence and personal development.	1	0

TOPIC 5 – DOMESTIC VIOLENCE		
STATEMENTS	True	False
Domestic violence is one of the most common forms of GBV in NW Syria	1	0
Domestic violence helps maintain the “normal” gender power dynamics in the family and is a sign of the husband's natural strength.	0	1
When children see domestic violence taking place, they learn that it is acceptable for men to express their power through violence.	1	0
The wife who is threatened with violence will learn to respect her husband more.	0	1

TOPIC 6 – SEXUAL VIOLENCE		
STATEMENTS	True	False
Sexual violence causes long-term and sometimes irreparable physical and emotional damage to sufferers.	1	0
It is the inappropriate behavior by women and girls that forces men to act violently towards them.	1	0
Men commit sexual violence against women and girls not because they are naturally violent, they do so to maintain dominance over women.	1	0

Analytical reports containing findings and recommendations should be shared with the organizations' GBV team for learning and to inform follow up action, as needed.

## Safety & Ethical Considerations

Medium, with a higher sensitivity level when this activity is conducted using mobile teams.

## GENERAL PRE & POST TEST - INFORMATION SESSIONS

Date:

Location:

Sex:

- This is an anonymous questionnaire. Please do not write your name anywhere.
- Your participation is voluntary.
- Your answers will not be shared.
- This information will help us estimate the effectiveness of the prevention programme.
- Provide information about the local/organization's complaints and feedback mechanism; explain that participants are welcome to use these channels to place a complaint or share feedback at any point in time.

*Please identify which of the following statements you think are true and which are false. Mark your answer with an "X".*

TOPIC 1 – GENDER INEQUALITY			For Facilitator Use
STATEMENTS	True	False	
Upbringing can play a role in promoting gender inequality by giving more or different opportunities to boys than girls, and by teaching boys and girls that they have different roles to play in the home and workplace.			
Men are naturally violent			
Women are too soft and emotional to occupy leadership roles			
Men and women biological differences should determine the role they play in society.			
TOTAL			

TOPIC 2 – GBV SERVICES			For Facilitator Use
STATEMENTS	True	False	
All the support a survivor needs can be provided by the community only			
Access to GBV services is often restricted, especially for adolescent girls and women.			
If the violence stops, the survivor no longer needs help.			
Economic violence or the denial of resources are forms of GBV.			
TOTAL			

TOPIC 3 – SUPPORT TO GBV SURVIVORS			For Facilitator Use
STATEMENTS	True	False	
A lack of knowledge about GBV and fear of getting involved pose significant barriers to encouraging people to provide support for the peers.			
There is a particularly high level of shame associated with speaking about personal experiences of GBV.			
Support from other women can make it easier for women to get out of situations where they are at risk of or exposed to GBV.			
TOTAL			

TOPIC 4 – EARLY MARRIAGE			For Facilitator Use
STATEMENTS	True	False	
Early marriage places adolescent girls at risk of suffering serious health consequences especially if an outcome of the marriage is early pregnancy.			
Early marriage provides protection for adolescent girls.			
Early marriage is part of the culture. You can't change the way a culture is.			
Early marriage denies adolescent girls the right to develop skills which can help her achieve their independence and personal development.			
TOTAL			



TOPIC 5 – DOMESTIC VIOLENCE			For Facilitator Use
STATEMENTS	True	False	
Domestic violence is one of the most common forms of GBV			
Domestic helps maintain the “normal” gender power dynamics in the family and is a sign of the husband’s natural strength.			
When children see domestic violence taking place, they learn that it is acceptable for men to express their power through violence.			
The wife who is threatened with violence will learn to respect her husband more.			
TOTAL			

TOPIC 6 – SEXUAL VIOLENCE			For Facilitator Use
STATEMENTS	True	False	
Sexual violence causes long-term and sometimes irreparable physical and emotional damage to sufferers.			
It is women and girls’ inappropriate behavior that compels men to act violent towards them.			
Men commit sexual violence against women and girls not because they are naturally violent, they do so to maintain dominance over women.			
TOTAL			

# WOMEN AND GIRLS SAFE SPACES

## Tool Name

### Guidance for Focus Groups - Women and Girls Safe Spaces

## Purpose

The purpose of the tool is to collect information about how visitors of the center perceive the appropriateness and quality of the services offered and received at the Women and Girls Safe Space. It also allows programmes to gather anecdotal evidence of the effects (positive/negative/neutral) associated with beneficiaries' participation in the Space's activities.

## Who Should Administer the Tool?

Preferably, the tool should be administered by a "neutral" female facilitator, potentially from the organization's own M&E team or hired externally, who is not involved in the activities implemented at the Space. It is recommended that the selected facilitator and note taker visit the center a couple of times to introduce themselves prior to holding the focus groups, in order to build an initial rapport with beneficiaries who frequent the space. This will help to foster trust between the participants and the facilitator, thereby encouraging more honest responses and unbiased feedback during discussions.

## How Should the Tool be Used?

The tool should be administered with visitors/beneficiaries of the Safe Space: adolescent girls (11 – 19 years) and women (19 years and above). These can be chosen randomly, although it is important to include a mix of regular (minimum 4 visits per month) and new beneficiaries. The sample should be broken down according to age ranges and, potentially, socio-economic profile of participants. Ideally, discussion groups should contain 8-12 individuals at most. When engaging girls under 18 years-old, approval must be obtained from caregivers/parents of selected participants beforehand.

Time and resource allowing, focus groups can be administered at least every quarter to allow for systematic feedback loops, and progressive improvement and/or fine-tuning of activities offered at the Space (type, timing, quality, etc.). When conducting the exercise at regular intervals, focus groups discussions should avoid repeating the same participants, although it is possible to consider conducting sessions targeting beneficiaries who participated in past discussions to assess whether their views and opinions may have evolved across time. In such case, the tool should be slightly tweaked to better fit the specific nature of the focus groups discussion.

## How Should the Data be Analyzed?

Synthesis reports may be produced by the M&E team in collaboration with the GBV team. Findings should be transferred to GBV senior management to inform learning and follow-up action, as needed.

## Safety & Ethical Considerations

Medium

## GUIDANCE FOR FOCUS GROUPS – WOMEN & GIRLS SAFE SPACES

### Initial Considerations

- Ensure that the discussion is being held in a private room.
- The facilitator must establish a cordial and interactive discussion space.
- The facilitator must ensure a comfortable environment for participants by using the right tone of voice and body language, and employing culturally and age-sensitive language.

Facilitator Name			
Note Taker Name			
Focus Group Date	DD/MM/YY		
Number of Participants	Total: [ # ]	New visitors: [ # ]	Regular/old visitors: [ # ]
Number of Participants with any type of disability	[ # ]		
Profile of Participants	IDPs: [ # ]	Host community: [ # ]	
Age Range of Participants	Above 20: [ # ] 19 and below: [ # ]		
Safe Space Name			
Location	Community:	Governorate:	District: Sub-District:

### Instructions for opening the discussion

- Greet the participants and thank them for taking the time to attend the discussion.
- Introduce yourself and your role: “My name is (*name*), I work for (*name of organization*) and we do (*explain the type of work the organization does*)”.
- Explain the purpose of the discussion: “We would like to ask few questions regarding your experience visiting this Women and Girls Safe Space. The information you share with us today will be used to help us improve the activities and services provided”.
- Be clear about the ground rules: “Respect other participants’ opinions. Please do not use your names at any time. You have been asked to participate in the discussion voluntarily, so remember that you are not obliged to answer all our questions and you can leave the discussion whenever you like. We will not record your names anywhere. Identifiable or personal information will not be disclosed with any external parties. We also would like you to keep all information you have heard here today, especially from other participants, private, so please do not share it with anyone”.
- Present the note taker: “This is my colleague [*name*]. She will take notes that we can use later to remember the main points discussed here today, as we analyze the information afterwards. As mentioned, these will not be shared with external parties”.
- This session will last approximately an hour and a half.
- Ask if any questions before the session starts and clarify questions that may emerge.

- Ask if you may proceed. If any participant has expressed reluctance to participate in the discussion, tell her gently that she may leave now before you start. Provide information about the local/organization's complaints and feedback mechanisms; explain that participants are welcome to use these channels to place a complaint or share feedback at any point in time.

## QUESTIONS FOR DISCUSSION

### **A. Background**

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1. Since when have you started coming to this Safe Space and how many times have you visited it in the past month? (Note taker can do the head count and fill out the information in the heading)
2. How and when did you first hear about this place?
  - When do you normally come here? (specific time of day; when a specific/preferred activity is scheduled; etc.)
3. Why did you decide to come to the Space?
  - Did the Space meet your expectations and helped you fulfill the objective of your visit?
4. Have you ever invited others to come? If yes, who did you invite?

### **B. About the Space**

---

5. How easy is it to get here? Which obstacles may prevent you/others from coming here?
    - Do you think that the Space is accessible to all those in the community who may benefit from the activities implemented here? If not, who is being "excluded"?
    - Are there any specific groups of people that you think come to the center more often? (e.g., adolescents, IDPs, older women, etc.)
    - Are there any groups of women and girls who you think are unable to access the services provided at the center?
    - For those, why do you think this is the case?
  6. What types of activities are implemented here?
    - How do you think these activities are selected? (e.g., based on suggestions from beneficiaries, based on the NGO/donor priorities, etc.)
    - Which of these activities have you participated in?
    - Among these, which ones have you liked the most and the least? Why?
    - What do you think could be improved?
- Overall, do you think that these activities address the needs of vulnerable women?

7. Which types of information can you access here?
- How is this information useful for you?
  - How might this information be useful for other groups in the community? Who are they?
  - Are there any topics that you would like to learn more about? Please explain.
9. What are the Space's opening times? Are these times appropriate for you? Why?
10. In a scale from 1 to 4; with 1 being weak, 2 average, 3 good and 4 excellent; how do you rate the quality of the staff here? Why?
- Any recommendations for improvement?
11. In a scale from 1 to 4; with 1 being weak, 2 average, 3 good and 4 excellent; how do you rate the quality of the infrastructure here? Why?
- Any recommendations for improvement?
12. What do you like most and least about the Space?
- Do you have any recommendations for improvement?

### **C. Evidence of Change**

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13. How do you think the community perceives the Space?
14. What do "empowering women and girls in the society" means to you? Please provide examples.
- Has the Space contributed to empower women and girls in any way? Please explain. (e.g., increased psychological wellbeing, helped to solidify/build networks, women and girls learned about their rights, etc.)
15. Has this Space affected, positively or negatively, your life in any way? How? Please explain.
- If any, what were some of the key outcomes and learnings that you took away by visiting this space?
-

## D. Ending the Discussion

---

This conversation has been really helpful for us and we appreciate your time. Before we end, are there any other important questions that you think we should have asked you but have not done so? If yes, please share with us now.

Do you have any questions for us?

Provide information about the local/organization's complaints and feedback mechanisms; explain that participants are welcome to use these channels to place a complaint or share feedback at any point in time.

Thank you again for sharing your time and this information. We look forward to using this information to help improve the Space's activities.



# AWARENESS RAISING

## Tool Name

### Facilitator Assessment Checklist – Awareness Raising <sup>6</sup>

#### Purpose

The purpose of the tool is to assess the performance of the facilitator delivering the awareness raising session.

#### Who Should Administer the Tool?

Preferably, the tool should be administered by another facilitator if she/he is known for being a highly skilled facilitator and could engage in a peer review within the team. Otherwise, the tool should be administered by a member of the M&E team.

#### How Should the Tool be Used?

Organizations should complete one assessment for each allocated facilitator soon after the facilitator has started to facilitate GBV awareness raising sessions and again after six months to track performance evolution across time.

Rate the knowledge and skills, and delivery of the facilitator using the following code:

- 4 = Excellent – The facilitator has achieved a high standard and is fully competent
- 3 = Good – The facilitator has achieved an adequate standard that allows them to facilitate well
- 2 = Needs improvement – The facilitator could benefit from improving
- 1 = Poor – The facilitator has not reached a standard that is adequate for facilitation

#### How Should the Data be Analyzed?

The forms should be transferred to the M&E team for synthesis and analysis. Analytical reports containing findings and recommendations should be shared with the GBV team for follow up action, as needed.

#### Safety & Ethical Considerations

Low

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<sup>6</sup> Adapted from *Hearing and Being Voices in Syria: Working Together to Raise Awareness on Gender-Based Violence; GBV Sub-Cluster – Whole of Syria Response / Turkey Hub*.

## FACILITATOR ASSESSMENT CHECKLIST – AWARENESS RAISING

<b>FACILITATOR NAME</b>	
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SESSION 1			
Reviewer Name			
Session Date	DD/MM/YY	Number of Participants	
Location	Governorate:	District:	Sub-District: Community:

SESSION 2			
Reviewer Name			
Session Date	DD/MM/YY	Number of Participants	
Location	Governorate:	District:	Sub-District: Community:

MARKERS	ASSESSMENT ROUND SCORE	
	1 <sup>ST</sup>	2 <sup>ND</sup>
KNOWLEDGE & SKILLS		
Understands the methodology for delivering GBV awareness raising sessions as described in the awareness raising toolkit		
Can define sex, gender, power, violence, and consent with examples of each		
Can list types and consequences of GBV with examples of each		
Can name causes and contributing factors of GBV, and explain the difference		
Can describe the survivor-centered approach		
Can define the referral pathways relevant to the communities in which they work		
Can articulate the sensitivity of GBV information-sharing from a case management and awareness-raising perspective		
Can explain the prevention of sexual exploitation and abuse responsibilities within the humanitarian response		
Sub-Total		

MARKERS	ASSESSMENT ROUND SCORE	
	1 <sup>ST</sup>	2 <sup>ND</sup>
<b>SESSION DELIVERY</b>		
Arrives to the session on time		
Has prepared and brought all required materials		
Welcomes the participants		
Is an advocate for gender equality throughout the session		
Listens to participants		
Challenges participants respectfully		
Shows respect for different points of view		
Clarifies instructions for activities		
Summarizes statements made by participants		
Asks open-ended questions that encourage discussion		
Encourages all participants to contribute		
Sub-Total		

	1 <sup>ST</sup> ASSESSMENT SCORE	2 <sup>ND</sup> ASSESSMENT SCORE
TOTAL SCORE		
<b>REMARKS – SESSION 1:</b>		
<b>REMARKS – SESSION 2</b>		

## Tool Name

### Participant Feedback Form – Awareness Raising

## Purpose

The purpose of the tool is to gather participants feedback on the quality and usefulness of the awareness raising intervention and on the performance of the facilitator.

## Who Should Administer the Tool?

In order to ensure independence, tool should be administered by a member of the M&E team who was not involved in the implementation of awareness raising activities.

## How Should the Tool be Used?

Organizations should complete one assessment for each allocated facilitator at least once during the awareness raising cycle of activities. It is recommended that only participants who attended a minimum of 4 sessions (regular beneficiaries) are requested to respond to the questionnaire. As such, on the last session of the training cycle, the individual administering the questionnaire should ask those who attended more than 4 sessions to raise their hands and then hand them the forms. The questionnaire should be filled out on the last session of the activity cycle and questions 2 and 3 answer options should be customized to reflect only the topics covered during the activity.

## How Should the Data be Analyzed?

The forms should be transferred to the M&E team for synthesis and analysis. Analytical reports containing findings and recommendations should be shared with the GBV team for follow up action, as needed.

## Safety & Ethical Considerations

Low

## PARTICIPANT FEEDBACK FORM – AWARENESS RAISING

<b>FACILITATOR NAME</b>					
Session Date		DD/MM/YY			
Location	Governorate:	District:	Sub-District:	Community:	

- This is an anonymous questionnaire. Please do not write your name anywhere.
- Your participation is voluntary.
- Your answers will not be shared.
- This information will help us assess the quality of the awareness raising activities and make the necessary improvements where needed.
- If you have any specific complaints and feedback, you're welcome to share it through the following channels: [ORGANIZATION TO ADD]

1. Overall, how do you rate the quality of the awareness activities in which you participated?

☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

2. In your opinion, what were the most useful topics discussed, if any?

☐ Topic A   ☐ Topic B.   ☐ Topic C.   ☐ Topic D.   ☐ Topic E   ☐ Topic F

Why? \_\_\_\_\_  
 \_\_\_\_\_

3. In your opinion, what were the least useful topics discussed, if any?

☐ Topic A   ☐ Topic B.   ☐ Topic C.   ☐ Topic D.   ☐ Topic E   ☐ Topic F

Why? \_\_\_\_\_  
 \_\_\_\_\_

4. Do you have any recommendations for improving the activity?

\_\_\_\_\_  
 \_\_\_\_\_

5. How do you rate the performance of the facilitator?

☐ Excellent ☐ Good ☐ Average ☐ Poor

6. Do you have any recommendations for improving the performance of the facilitator?

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7. Have you shared, or do you plan to share, the knowledge you gained through this activity with anyone?

☐ Yes ☐ No ☐ Don't know

If yes, who? ☐ Family members ☐ Friends ☐ Neighbours ☐ Other –

Specify: \_\_\_\_\_

Thank you for your participation! Your answers will be carefully reviewed by our team and used to inform future similar activities.

## Tool Name

### Awareness Raising Session Review Form<sup>7</sup>

## Purpose

The purpose of the tool is to track key information about the awareness raising session, such as number of attendants, as well as to obtain an approximate measurement of how participants have reacted to the new information provided through session. Given that the form allows for information to be entered for multiple sessions, it enables an overview of how trends have evolved across time for each corresponding indicator.

## Who Should Administer the Tool?

The form should be filled by the facilitator who delivered the session, but could also be filled by an enumerator/member of the M&E team who is supporting activity implementation.

## How Should the Tool be Used?

Facilitators/enumerators should complete the review form after the completion of each session. Consecutive results for all sessions delivered in his/her awareness session training plan should be included on the same review form to facilitate data compilation.

### Calculating Data for Each Indicator

Indicator #	Guidance
1	Indicator: <i>Total number of participants attending the session</i> Facilitator to count the number of participants in the session.
2	Indicator: <i>Number of new participants attending the session</i> Facilitator to count the number of session participants
3	Indicator: <i>Number of positive reactions by participants to new ideas introduced in the GBV awareness raising session</i> Facilitator to calculate the weighted score using the method described below.

### Calculating the Result for Indicator #3:

At the end of a session, provide each participant with a piece of paper. Alternatively, you can ask participants to give their results verbally. Another alternative is to write the statement on a flip chart and provide a voting sticker for each participant to indicate their response.

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<sup>7</sup> Adapter from *Hearing and Being Voices in Syria: Working Together to Raise Awareness on Gender-Based Violence; GBV Sub-Cluster – Whole of Syria Response / Turkey Hub*



Ask each participant to identify if they agree or disagree with the following statement:

*"I have a better understanding of [TOPIC BEING DISCUSSED] because of the ideas we have discussed in this session".*

Assign the relevant score to each response.

- 1 = Strongly disagree
- 2 = Somewhat disagree
- 3 = Neutral
- 4 = Somewhat agree
- 5 = Strongly agree

Divide the total aggregate score by the number of participants in the session to calculate the weighted result for indicator #3.

### How Should the Data be Analyzed?

The tool provides an overview of the evolution of each indicator across sessions. The highest the number in each cell, the better the result attained in the session. It is expected that the numbers will increase across time, as the programme gains momentum.

Once the facilitator completes the planned number of awareness raising sessions, it should transfer the form to the programme M&E team for compilation and analysis. The M&E team should extract the data from the forms to produce and share consolidated reports on the awareness raising programme with concerned managers. This is particularly relevant if the intervention is being implemented across multiple locations and by different facilitators. In such case, reports can present and compare results across locations and per facilitator.

### Safety & Ethical Considerations

Low

## AWARENESS SESSION REVIEW FORM

Facilitator Name	
Report Submission Date	DD/MM/YY

Indicator #	SESSION														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1															
2															
3															

SESSION	LOCATION		
1	Governorate	District:	Sub-District:
2	Governorate	District:	Sub-District:
3	Governorate	District:	Sub-District:
4	Governorate	District:	Sub-District:
5	Governorate	District:	Sub-District:
6	Governorate	District:	Sub-District:
7	Governorate	District:	Sub-District:
8	Governorate	District:	Sub-District:
9	Governorate	District:	Sub-District:
10	Governorate	District:	Sub-District:
11	Governorate	District:	Sub-District:
12	Governorate	District:	Sub-District:
13	Governorate	District:	Sub-District:
14	Governorate	District:	Sub-District:
15	Governorate	District:	Sub-District:

## Tool Name

### Women & Girls Self-Assessment Form – Awareness Raising<sup>8</sup>

### Impact Overview / Women & Girls - Awareness Raising

## Purpose

The purpose of the tool is to assess the impact of Awareness Raising programme among women and girls who took part in the sessions. The assessment methodology looks at four domains where it is expected that the programme would contribute to bring about change: knowledge about GBV, attitudes towards gender empowerment/GBV, articulation and dissemination of positive GBV messaging and practical GBV prevention behavior.

## Who Should Administer the Tool?

The tool should be administered by the facilitator who delivered the session, but the filled forms can be transferred to the M&E team for analysis.

## How Should the Tool be Used?

This tool should be administered separately for women only or girls only groups. The awareness raising programme targets women and girls, and men and boys groups separately, therefore, M&E approach should apply the same rationale, so that results can be analyzed in relation to the audience group targeted. As organizations may not cover all the awareness raising topics in the activity, the tool should be customized to reflect only the topics covered in the sessions.

Facilitators should ask participants to complete a self-assessment at the start and at the end of the delivery of a full program. To ensure accuracy in results, only participants who attended the first session of a program should be asked to complete the assessment after the last session in a program. Note that for this methodology to be sound, it is important that the calculation utilizes the exact same sample in both data collection rounds so that before and after scores/changes are captured for the same group of training participants.

## How Should the Data be Analyzed?

The data should be analyzed against the score outlined in the corresponding score card (below). Before the first session and after the last session in a program, provide each participant with a copy of the self-assessment form. When the facilitator has received the completed self-assessment forms, these steps should be followed by him/her (or the assigned member of the M&E team) to calculate the aggregate results for each indicator and fill the form:

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<sup>8</sup> Adapted from *Hearing and Being Voices in Syria: Working Together to Raise Awareness on Gender-Based Violence; GBV Sub-Cluster – Whole of Syria Response / Turkey Hub*

- Use the program impact score card to assign a score to each answer.
- Add up the scores for Section One on each completed self-assessment form.
- Add up all scores for Section One on all completed self-assessment forms.
- Divide this total score by the number of participants in the session to calculate the result for each corresponding indicator.

Repeat these steps for sections two, three and four to calculate the results for these indicators.

#### SCORE CARD

##### *Indicator 1 - Knowledge of GBV among women and girls who complete a GBV awareness raising programme*

STATEMENT	TRUE	FALSE
Gender inequality causes GBV.	1	0
All forms of GBV involve physical violence.	0	1
Child marriage always leads to economic security for girls.	0	1
A husband shouting at his wife is a form of GBV.	1	0
GBV only happens in poor communities.	0	1

##### *Indicator 2 - Positive attitudes towards women's empowerment among women and girls who complete a GBV awareness raising programme*

STATEMENT	AGREE	DISAGREE
Girls deserve to have the same education opportunities as boys	1	0
Women should be included in all decision-making in families and communities.	1	0
Women and girls are sometimes to blame for the violence they suffer, especially violence in the home.	0	1
A girl or woman who suffers from sexual violence should be able to talk about it safely. She should be able to seek help.	1	0
A wife should always obey her husband.	0	1

##### *Indicator 3 - Positive messages about how to prevent and respond to GBV articulated by women and girls who complete a GBV awareness raising programme*

STATEMENT	TRUE	FALSE
Everybody has the right to seek help if you have suffered violence.	1	0
It is to be expected that we might have to give something in return for the humanitarian services we receive.	0	1
Men and boys are naturally violent. Women and girls have a responsibility to not make them angry.	0	1
Domestic violence is not just a private issue.	1	0

<i>Indicator 4 - Willingness to take positive actions to prevent GBV by participants who complete a GBV awareness raising program</i>		
STATEMENT	YES	NO
In the past month, I have discussed GBV with a family member.	1	0
In the past month, I have discussed GBV with a neighbor or friend.	1	0
I will intervene if I see somebody acting violently or aggressively towards somebody else.	1	0
In the past month, I have thought about what I can do to help prevent GBV in my community.	1	0
In the past month, I have discussed the risks of sexual harassment with another member of the community.	1	0

## Safety & Ethical Considerations

Medium

## WOMEN & GIRLS SELF-ASSESSMENT FORM – AWARENESS RAISING

Date:

Location:

- This is an anonymous questionnaire. Please do not write your name anywhere.
- Your participation is voluntary.
- Your answers will not be shared.
- This information will help us estimate the effectiveness of the awareness raising activities.
- If you have any specific complaints and feedback about the activity, you're welcome to share it through the following channels: [ORGANIZATION TO ADD]

***Section 1 - Please identify which of the following statements you think are true and which are false.***

STATEMENT	TRUE	FALSE	For Facilitator Use Only
Gender inequality causes GBV.			
All GBV involves physical violence.			
Child marriage always leads to economic security for girls.			
A husband shouting at his wife is a form of GBV.			
GBV only happens in poor communities.			
For Facilitator Use Only			

***Section 2 - Please identify which of the following statements you agree or disagree with.***

STATEMENT	AGREE	DISAGREE	For Facilitator Use Only
Girls deserve to have the same education opportunities as boys			
Women should be included in all decision-making in families and communities.			
Women and girls are sometimes to blame for the violence they suffer, especially violence in the home.			
A girl or a woman who suffers from sexual violence should be able to talk about it safely. She should be able to seek help.			
A wife should always obey her husband.			
For Facilitator Use Only			

***Section 3 - Please identify which of the following you think are appropriate messages to share in your community.***

STATEMENT	TRUE	FALSE	For Facilitator Use Only
Everybody has the right to seek help if you have suffered violence.			
Women and girls should never go out at night. It's too dangerous.			
It is to be expected that we might have to give something in return for the humanitarian services we receive.			
Men and boys are naturally violent. Women and girls have a responsibility to not make them angry.			
Domestic violence is not just a private issue.			
<b>For Facilitator Use Only</b>			

***Section 4 - Please identify which of the following actions you have taken during the past month.***

STATEMENT	YES	NO	For Facilitator Use Only
In the past month, I have discussed GBV with a family member.			
In the past month, I have discussed GBV with a neighbor or friend.			
I would intervene if I saw somebody acting violently or aggressively towards somebody else.			
In the past month, I have thought about what I can do to help prevent GBV in my community.			
In the past month, I have discussed the risks of sexual harassment with an adolescent girl.			
<b>For Facilitator Use Only</b>			

## IMPACT OVERVIEW / WOMEN & GIRLS – AWARENESS RAISING

DATE OF AWARENESS RAISING ACTIVITY CYCLE	FROM [DATE] TO [DATE]
TARGET LOCATION(S)	
NAME OF FACILITATOR(S)	
TOTAL NUMBER OF ASSESSMENT PARTICIPANTS	

INDICATOR	ROUND 1 ASSESSMENT SCORE (WEIGHTED)	ROUND 2 ASSESSMENT SCORE (WEIGHTED)	% CHANGE
<i>% increase in knowledge of GBV among women and girls who complete a GBV awareness raising programme</i>			
<i>% increase in attitudes towards women's empowerment among women and girls who complete a GBV awareness raising programme</i>			
<i>% increase in positive messages about how to prevent and respond to GBV articulated by women and girls who complete a GBV awareness raising programme</i>			
<i>% increase in willingness to take positive action to prevent GBV by women and girls who complete a GBV awareness raising programme</i>			



## Tool Name

### Men & Boys Self-Assessment Form – Awareness Raising<sup>9</sup>

#### Impact Overview / Men & Boys - Awareness Raising

## Purpose

The purpose of the tool is to assess the impact of the Awareness Raising programme among men and boys who took part in the sessions. The assessment methodology looks at the two domains where it is expected that the programme would contribute to bring about change: general attitudes towards GBV and practical GBV prevention behavior.

## Who Should Administer the Tool?

The tool should be administered by the facilitator who delivered the session, but the filled forms can be transferred to the M&E team for analysis.

## How Should the Tool be Used?

This tool should be administered separately for boys only or men only groups. The awareness raising programme targets women and girls, and men and boys groups separately, therefore, the M&E approach should apply the same rationale so that results can be analyzed in relation to the audience group targeted. As organizations may not cover all the topics during implementation, the tool should be customized to reflect only the topics covered in the activity.

Facilitators should ask participants to complete a self-assessment at the start and at the end of the delivery of a full program. To ensure accuracy in results, only participants who attended the first session of a program should be asked to complete the assessment after the last session in a program. Note that for this methodology to be sound, it is important that the calculation utilizes the exact same sample in both data collection rounds so that before and after scores/changes are captured for the same group of training participants.

## How Should the Data be Analyzed?

The data should be analyzed against the score outlined in the corresponding score card (below). Before the first session and after the last session in a program, provide each participant with a copy of the self-assessment form. When the facilitator has received the completed self-assessment forms, these steps should be followed by him/her (or the assigned member of the M&E team) to calculate the aggregate results for each indicator and fill the form:

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<sup>9</sup> Adapted from *Hearing and Being Voices in Syria: Working Together to Raise Awareness on Gender-Based Violence; GBV Sub-Cluster – Whole of Syria Response / Turkey Hub*

- Use the program impact score card to assign a score to each answer.
- Add up the scores for Section One on each completed self-assessment form.
- Add up all scores for Section One on all completed self-assessment forms.
- Divide this total score by the number of participants in the session to calculate the weighted result for each corresponding indicator.

Repeat these steps for sections two, three and four to calculate the results for these indicators.

#### SCORE CARD

<i><b>Indicator 1 - Attitudes towards GBV among men and boys who complete a GBV awareness raising programme</b></i>		
<b>STATEMENT</b>	<b>TRUE</b>	<b>FALSE</b>
Sometimes men and boys cannot help getting violent. It's in their nature.	0	1
Violence that occurs in the home should be considered a private matter.	0	1
It is just harmless fun when boys tease girls about their bodies or clothes.	0	1
A woman and girl who suffers from sexual violence should avoid talking about it to protect her reputation and the reputation of her family.	0	1
A husband has the right to hit his wife if she doesn't do what he tells her.	0	1

<i><b>Indicator 2 - Positive attitudes towards women's empowerment among men and boys who complete a GBV awareness raising programme</b></i>		
<b>STATEMENT</b>	<b>AGREE</b>	<b>DISAGREE</b>
Girls deserve to have the same education opportunities as boys	1	0
Women should be included in all decision-making in families and communities.	1	0
Women and girls are sometimes to blame for the violence they suffer, especially violence in the home.	0	1
A girl or woman who suffers from sexual violence should be able to talk about it safely. She should be able to seek help.	1	0
A wife should always obey her husband.	0	1

<i>Indicator 3 - Positive messages about how to prevent and respond to GBV articulated by men and boys who complete a GBV awareness raising programme</i>		
STATEMENT	TRUE	FALSE
Everybody has the right to seek help if you have suffered violence.	1	0
It is to be expected that we might have to give something in return for the humanitarian services we receive.	0	1
Men and boys are naturally violent. Women and girls have a responsibility to not make them angry.	0	1
Domestic violence is not just a private issue.	1	0

<i>Indicator 4 - Willingness to take positive action to prevent GBV by participants who complete a GBV awareness raising programme</i>		
STATEMENT	AGREE	DISAGREE
In the past month, I have discussed GBV with a family member.	1	0
In the past month, I have discussed GBV with a neighbor or friend.	1	0
In will intervene if I see somebody acting violently or aggressively towards a woman or a girl.	1	0
In the past month, I have thought about what I can do to help prevent GBV in my community.	1	0
In the past month, I have encouraged a man and an adolescent boy to have respect for adolescent girls in our community.	1	0

## Safety & Ethical Considerations

Medium

## MEN & BOYS SELF-ASSESSMENT FORM – AWARENESS RAISING

Date:

Location:

- This is an anonymous questionnaire. Please do not write your name anywhere.
- Your participation is voluntary.
- Your answers will not be shared.
- This information will help us estimate the effectiveness of the awareness raising programme.
- If you have any specific complaints and feedback, you're welcome to share it through the following channels: [ORGANIZATION TO ADD]

***Section 1 - Please identify which of the following statements you think are true and which are false.***

STATEMENT	TRUE	FALSE	For Facilitator Use Only
Sometimes men and boys cannot help getting violent. It's in their nature.			
Violence that occurs in the home should be considered a private matter.			
It is just harmless fun when boys tease girls about their bodies or clothes.			
A woman and girl who suffers from sexual violence should avoid talking about it to protect her reputation and the reputation of her family.			
A husband has the right to hit his wife if she doesn't do what he tells her.			
For Facilitator Use Only			

***Section 2 - Please identify which of the following statements you think are true and which are false.***

STATEMENT	TRUE	FALSE	For Facilitator Use Only
Girls deserve to have the same education opportunities as boys			
Women should be included in all decision-making in families and communities.			
Women and girls are sometimes to blame for the violence they suffer, especially violence in the home.			
A girl or woman who suffers from sexual violence should be able to talk about it safely. She should be able to seek help.			
A wife should always obey her husband.			
For Facilitator Use Only			

***Section 3 - Please identify which of the following statements you think are true and which are false.***

STATEMENT	TRUE	FALSE	For Facilitator Use Only
Everybody has the right to seek help if you have suffered violence.			
It is to be expected that we might have to give something in return for the humanitarian services we receive.			
Men and boys are naturally violent. Women and girls have a responsibility to not make them angry.			
Domestic violence is not just a private issue.			
Everybody has the right to seek help if you have suffered violence.			
For Facilitator Use Only			

***Section 4 - Please identify which of the following statements you agree or disagree with.***

STATEMENT	AGREE	DISAGREE	For Facilitator Use Only
In the past month, I have discussed GBV with a family member.			
In the past month, I have discussed GBV with a neighbor or friend.			
In will intervene if I see somebody acting violently or aggressively towards a woman or a girl.			
In the past month, I have thought about what I can do to help prevent GBV in my community.			
In the past month, I have encouraged a man and an adolescent boy to have respect for adolescent girls in our community.			
For Facilitator Use Only			

## IMPACT OVERVIEW / MEN & BOYS – AWARENESS RAISING

DATE OF AWARENESS RAISING ACTIVITY CYCLE	FROM [DATE] TO [DATE]
TARGET LOCATION(S)	
NAME OF FACILITATOR(S)	
TOTAL NUMBER OF ASSESSMENT PARTICIPANTS	

INDICATOR	ROUND 1 ASSESSMENT SCORE (WEIGHTED)	ROUND 2 ASSESSMENT SCORE (WEIGHTED)	% CHANGE
<i>% increase in knowledge of GBV among men and boys who complete a GBV awareness raising programme</i>			
<i>% increase in attitudes towards women's empowerment among men and boys who complete a GBV awareness raising programme</i>			
<i>% increase in positive messages about how to prevent and respond to GBV articulated by men and boys who complete a GBV awareness raising programme</i>			
<i>% increase in willingness to take positive action to prevent GBV by men and boys who complete a GBV awareness raising programme</i>			

# SAFETY AUDITS

## Tool Name

### Key informant Interviews - Safety Audit <sup>10</sup>

## Purpose

Safety audits have been considered a good practice for identifying and assessing site-related GBV risks and for informing broader multi-sectoral responses to mitigate GBV risks. When conducted at regular intervals, it is possible to use the results of a safety audits to determine if actions taken as a result of recommendations identified in the initial audits have contributed to reduce risks, and to identify how programming can better respond to specific areas of risk or deeper causes of these risks<sup>11</sup>.

## Who Should Administer the Tool?

Key informant interviews for Safety Audits should be conducted by trained GBV or gender specialists.

## How Should the Tool be Used?

The data may be collected by direct observation and through interviews with key informants. As relevant, photos of physical safety risks should be taken as part of the audit for evidence and for follow-up with concerned technical experts. Data collection should be repeated quarterly periodically to determine whether there have been any changes in the context.

## How Should the Data be Analyzed?

Safety audit reports with targeted recommendations should be shared across different sectors to reduce risks associated with GBV and inform responses by relevant actors.

## Safety & Ethical Considerations

N/A – High technical requirements

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<sup>10</sup> *Managing Gender-based Violence Programmes in Emergencies, E-Learning Companion Guide, United Nations Population Fund, 2012.*

<sup>11</sup> *Handbook for Coordinating Gender-based Violence Interventions in Emergencies, GBV AoR, 2019.*



## KEY INFORMANT INTERVIEW – SAFETY AUDIT

Target Location	Governorate:	District:	Sub-District:
Name (if Camp)			
Date of Audit			
Name of Persons/Organizations conducting the audit			

### PART I – TO ASK COMMUNITY MEMBERS

A. CAMP LAYOUT	YES	NO	DON'T KNOW
1. How many people live in each house? Total number: _____ Divide the standard size for a dwelling in the camp by the total number of people in the house: _____ Do you feel there are too many people living together in your house? (To assess overcrowding and perception of overcrowding)			
2 Are you living in the house with people who are not part of your family? (To assess whether non-related families housed together)			
3. Do you know any single mothers in this community? If no, do not indicate anything in the boxes to the right and skip to question #7. If yes, ask the following: Do the single mothers and their children you know live with people who are not part of their own family? Indicate answer in box. (To assess female-headed households accommodated separately)			
4. Do the single mothers you know in this camp all live in a special area in the camp? If yes, ask the following: Do you think this reduces the risk of violence for women? Describe very briefly below in the comments section.) (To assess whether female-headed households are located together and to assess people's perceptions about whether this improves safety)			
<b>Registration</b>			
5. Are married women in this camp registered separately from their husbands?			
6. Are girls or single women without family members registered as individuals?			
<b>Facilities</b>			
7. Are men's and women's latrines and bathhouses separated?			
8. Are women's latrines and bath houses easily accessible to women and girls?			
9. Are women's latrines and bath houses easily accessible to women and girls?			

B SERVICES & FACILITIES	YES	NO	DON'T KNOW
<b>Food, NFI and Fuel</b>			
10. What is the food scale that your household receives? Total _____ (Take total amount and divide by people in household.) Is this enough for your household? <sup>[L]</sup> <sub>[SEP]</sub> (To assess whether full food rations distributed regularly and to assess perceptions about adequacy of food allotment)			
11. Is food distributed specifically to women (as opposed to male family members)?			
12. Do you think food should be distributed specifically to women? (Add comments below.)			
13. Are women involved in food distribution?			
14. Are women involved in monitoring food distribution?			
15. Are NFI distributed specifically to women?			
16. Do you think NFI should be distributed specifically to women? (if necessary, add comments below)			
17. Are firewood and charcoal collection points safely and easily accessible to women?			
<b>Water</b>			
18. Is adequate water available in this camp?			
19. Are women involved in water distribution and monitoring?			
20. Are water collection points safely and easily accessible to women?			
<b>Security</b>			
21. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? If yes, describe below in comments section.			
22. Are there security personnel patrolling outside this camp? If no, indicate at right and then skip to question 29.			
23. Does this camp have a protection focal point? If yes, name which organization(s) have a protection focal point below:			
24. Do camp watch teams patrol inside this camp? If no, indicate at right and skip to question 33. If yes, ask the following: <sup>[L]</sup> <sub>[SEP]</sub> How many people in a camp watch team are regularly on patrol at the same time inside this camp? Total on patrol at the same time _____			
26. If you heard about a case of sexual violence against a woman or girl occurring inside or near the camp, would you report the case? If no, skip to next question. If yes, ask the following: Who would you report the case to? _____ <sup>[L]</sup> <sub>[SEP]</sub> (To assess whether community is aware of how to report cases)			

<b>Survivor Support</b>			
27. Are health workers in this camp's health center trained to treat women and girls who have experienced sexual violence?			
28. Are there female health workers available in the health center to treat women and girls who have experienced sexual violence?			
29. Are there other services available in this camp to assist women who have experienced sexual or domestic violence? If yes, ask the following: What services are available? _____			
30. Have you heard about or participated in community education activities that are focused on sexual and domestic violence against women and girls?			
<b>C. DECISION-MAKING</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
31. Are women represented in Camp Management Committees? If yes, ask the following: How many women? _____			
<b>D. COMMENTS &amp; OBSERVATIONS</b>			

<b>PART II – TO ASK CAMP AUTHORITIES REPRESENTATIVE</b>			
<i>Name of Representative</i>	<i>Job Title/Organization</i>		<i>Gender</i>
<b>A. CAMP LAYOUT</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
<i>Permanent Housing</i>			
1. How many dwellings are there in this camp? _____			
2. How many total people are there in this camp? _____			
3. Is overcrowding a problem in this camp?			
4. Are non-related families housed together in this camp?			
5. Are female-headed households accommodated in their own dwellings in this camp?			
6. Are female-headed households located together in a special area in the camp?			

<i>Registration</i>			
7. Are married women in this camp registered separately from their husbands?			
8. Are girls or single women without family members registered?			
<b>B. SERVICES</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
<i>NFI &amp; Fuel</i>			
9. Are NFI distributed specifically to camp women?			
10. Are firewood and charcoal collection points safely and easily accessible to camp women?			
<i>Security</i>			
11. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? If yes, describe below in comments section.			
12. Does this camp have a protection focal point? If yes, name which organization(s) have a protection focal point below:			
13. Are camp members aware of how to report a case of sexual violence against a woman or girl living in the camp? If yes, ask the following: Who would they report the case to?			
<i>Survivor Support</i>			
14. Are health workers in this camp's health center trained to treat women and girls who have experienced sexual violence?			
15. Are there female health workers available in the health center to treat women and girls who have experienced sexual violence?			
16. Are there other services available in this camp to assist women who have experienced violence? If yes, ask the following: What services are available? _____			
<b>C. DECISION-MAKING</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
17. Is there an interagency GBV Committee in the camp?			
18. Does camp management participate in this Committee?			
19. Are women represented in Camp Management Committees?			
<b>D. COMMENTS &amp; OBSERVATIONS</b>			

PART III – TO ASK WATER/SANITATION AGENCY REPRESENTATIVE				
Name of Representative		Job Title/Organization		Gender
<b>A. CAMP LAYOUT</b>		YES	NO	DON'T KNOW
<b>Facilities</b>				
1. Are men's and women's latrines and bathhouses separated?				
2. Are women's latrines and bath houses easily accessible to women and girls?				
3. Are women's latrines and bath houses easily accessible to women and girls?				
<b>B. SERVICES</b>		YES	NO	DON'T KNOW
<b>Water</b>				
4. Is adequate water available in this camp?				
5. Are camp women involved in water distribution and monitoring?				
6. Are water collection points safely and easily accessible to women?				
<b>Security</b>				
7. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for sexual violence? If yes, describe below in comments section.				
<b>C. DECISION-MAKING</b>		YES	NO	DON'T KNOW
8. Do women participate in water sanitation committees?				
<b>D. COMMENTS &amp; OBSERVATIONS</b>				

PART IV – TO ASK FOOD DISTRIBUTION AGENCY REPRESENTATIVE				
Name of Representative	Job Title/Organization	Gender		
A. SERVICES		YES	NO	DON'T KNOW
<i>Food</i>				
1. Are full food rations distributed regularly?				
2. Is food distributed specifically to camp women (as opposed to male members)?				
3. Are camp women working in food distribution?				
4. Are camp women involved in monitoring food distribution?				
D. COMMENTS & OBSERVATIONS				

PART IV – TO ASK CAMP SECURITY REPRESENTATIVE				
Name of Representative	Job Title/Organization	Gender		
A. SERVICES		YES	NO	DON'T KNOW
<i>Security</i>				
1. Are there known danger zones in the camp or near the camp where women and girls are at increased risk for violence? If yes, describe below in comments.				
2. Do security personnel patrol inside this camp? If no, indicate at right and skip to question 5. <sup>[L]</sup> <sub>[SEP]</sub> If yes, ask the following: <sup>[L]</sup> <sub>[SEP]</sub> How many security personnel are regularly on patrol at the same time inside this camp? Total on patrol at the same time _____				
3. Are security personnel working inside this camp equipped and trained to investigate cases of violence against women and girls?				
4. Are women represented in the security services patrolling inside this camp?				
5. Are there security personnel patrolling outside this camp? If no, indicate at left and skip to question 7.				
6. Are the security personnel patrolling outside the camp equipped and trained to investigate cases of violence against women and girls?				

7. Does this camp have a protection focal point? If yes, which organization: Name of person:			
8. Are camp residents aware of how to report a case of violence against a woman or girl living in the camp? <sup>[L]</sup> <sub>[SEP]</sub> If yes, ask the following: Who would they report the case to? _____ <sup>[L]</sup> <sub>[SEP]</sub> (To assess whether community is aware of how to report cases)			
<b>D. COMMENTS &amp; OBSERVATIONS</b>			

<b>PART IV – TO ASK CAMP MANAGEMENT REPRESENTATIVE</b>				
<i>Name of Representative</i>	<i>Job Title/Organization</i>		<i>Gender</i>	
<b>A. CAMP LAYOUT</b>	YES	NO	DON'T KNOW	
<b>Facilities</b>				
1. Is there adequate lighting at night in this camp?				
<b>B. SERVICES</b>	YES	NO	DON'T KNOW	
<b>Water</b>				
2. Are water collection points safely and easily accessible to women?				
<b>NFI &amp; Fuel</b>				
3. Are firewood collection points safely and easily accessible to camp women?				
<b>Security</b>				
4. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? If yes, describe below in comments				
5. Does this camp have a protection focal point? If yes, which organization(s):				
6. Do camp watch teams patrol inside this camp? If no, indicate at left and skip to question 9. If yes: How many people in a camp watch team are on patrol at the same time inside this camp? Total on patrol at the same time _____				
7. Are camp watch teams working inside this camp equipped and trained to investigate cases of violence against women and girls?				

8. Are women represented in the camp watch teams patrolling inside this camp?			
9. Are camp members aware of how to report a case of violence against a woman or girl living in the camp? If yes, who would they report the case to?			
<b>Survivor Support</b>			
10. Have you heard about or participated in community education activities that are focused on violence against women and girls?			
<b>C. COMMENTS &amp; OBSERVATIONS</b>			

<b>PART IV – TO ASK HEALTH CENTER REPRESENTATIVE</b>				
<i>Name of Representative</i>	<i>Job Title/Organization</i>		<i>Gender</i>	
<b>A. SERVICES</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>	
<b>Survivor Support</b>				
1. Are health workers in this camp's health center trained to treat women and girls who have experienced sexual and domestic violence? If yes, ask the following: What services are they trained to provide?				
2. Are there female health workers available in the health center to treat women and girls who have experienced violence?				
3. Are there other services available in this camp to assist women who have experienced violence? If yes, ask the following: What services are available?				
<b>B. COMMENTS &amp; OBSERVATIONS</b>				



## Tool Name

### Guidance for Focus Group Discussion with Community Members - Safety Audit<sup>12</sup>

## Purpose

Safety audits have been considered a good practice for identifying and assessing site-related GBV risks and for informing broader multi-sectoral responses to mitigate GBV risks. When conducted at regular intervals, it is possible to use the results of a safety audits to determine if actions taken as a result of recommendations identified in the initial audits have contributed to reduce risks, and to identify how programming can better respond to specific areas of risk or deeper causes of these risks<sup>13</sup>.

## Who Should Administer the Tool?

Focus groups discussions for Safety Audits should be conducted by trained GBV or gender specialists, as they involve technical discussions and are meant to improve the safety environment for women and girls.

## How Should the Tool be Used?

This tool should be used during small group discussions. The group should be made of like members – community leaders, women, youth, etc. – should not include more than 10 to 12 participants, and should not last more than one to one-and-a-half hours.

## How Should the Data be Analyzed?

Safety audit reports with targeted recommendations should be shared across different sectors to reduce risks associated with GBV and inform responses by relevant actors. Data collection should be repeated periodically to determine whether there have been any changes in the context.

## Safety & Ethical Considerations

N/A – High technical requirements

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<sup>12</sup> *Assessment Toolkit, International Rescue Committee, 2011.*

<sup>13</sup> *Handbook for Coordinating Gender-based Violence Interventions in Emergencies, GBV AoR, 2019.*

## **GUIDANCE FOR FOCUS GROUP DISCUSSION WITH COMMUNITY MEMBERS – SAFETY AUDIT**

Name of facilitator: \_\_\_\_\_

Geographic region: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Translation necessary for the interview: Yes No

If yes, the translation was from \_\_\_\_\_ (language) to \_\_\_\_\_  
(language)

Total number of participants: \_\_\_\_\_

Number of participants with disabilities: \_\_\_\_\_

Sex of FGD participants: ☐ Male ☐ Female

Age of FGD participants:

- ☐ 10-14 years
- ☐ 15-19 years
- ☐ 20-24 years
- ☐ 25 – 40 years
- ☐ over 40 years

### **Essential Steps & Information Before Starting the Focus Group Discussion**

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Introduce all facilitators and translators

Present the purpose of the discussion:

- General information about your organization
- Purpose of the focus group discussion is to understand concerns and needs for women and girls
- Participation is voluntary
- No one is obligated to respond to any questions if s/he does not wish
- Participants can leave the discussion at any time
- No one is obligated to share names or personal experiences if s/he does not wish
- Be respectful when others speak
- The facilitator might interrupt discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion
- The session will last about one and a half hours.

Agree on confidentiality:

- Keep all discussion confidential
- Do not share details of the discussion later, whether with people who are present or not
- If someone asks, explain that you were speaking about the health problems of women and girls

Ask permission to take notes:

- No one's identity will be mentioned
- The purpose of the notes is to ensure that the information collected is precise

### QUESTIONS FOR DISCUSSION

#### A. We would like to ask you a few questions about the security of women and girls after the crisis...

1. In this community is there a place where women and girls worry about their security? (Day? Night?) What is it that makes this place dangerous?
2. From whom can women and girls seek assistance in case of a security problem?
3. According to you, what could be done in this community to create a safe environment for women and girls?
4. Describe what kinds of violence women and girls faced during the crisis (not only acts of violence committed by armed actors). Adapt this question to reflect the specific context.
5. What happens to the actors of these acts of violence against women and girls? How are they punished?
6. Without mentioning names or indicating anyone means, according to you which group(s) of women and girls feels the most insecure or the most exposed to risks of violence? Why? Which group(s) of women and girls feels the most secure? Why?
7. How does the family treat a woman or a girl who was the victim of rape or sexual assault? How do they support her?

8. What do women and girls do to protect themselves from violence? What does the community do to protect them?

**B. We would like to ask you some questions about the services and assistance available since the crisis:**

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9. When a woman or girl is the victim of violence, where does she feel safe and comfortable going to receive medical treatment?

10. Are there other services or support (counseling, women's groups, legal aid, etc.) available for women and girls that are victims of violence?

**C. We would like to ask you questions about a possible incident:**

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Develop a short, contextually appropriate case study in which a woman is raped and is afraid to tell her family about what happened. Use this to frame the below questions. Be sure that the case study does not use a specific name for the woman, so it is clear that this exercise is hypothetical and is not linked to anyone specific in the community.

11. How many of you believe women who have experienced violence similar to that experienced by this woman?

12. Why do women and girls hesitate to share experiences like this with other people?

13. Where could this woman go to receive appropriate assistance? What kind of assistance and support could she receive?

**D. Ending the Discussion ...**

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- Thank participants for their time and their contributions, remind participants that the purpose of this discussion was to better understand the needs and concerns of women and girls since the crisis.
- Remind participants of their agreement to confidentiality.
- Remind participants not to share information or the names of other participants with others in the community.
- Ask participants if they have questions.
- If anyone wishes to speak in private, respond that the facilitator will be available after the meeting.
- Provide information about the local/organization's complaints and feedback mechanisms.

# Section 2

## RESPONSE

# CASE MANAGEMENT

## Tool Name

### Client Feedback Form – Case Management<sup>14</sup>

## Purpose

Client feedback surveys are a keyway for you and your organization to know how survivors experienced your service. This can help you understand what is being done well, what needs to be improved and what the challenges are. Although specifically designed for individuals receiving case management interventions, if needed, the tool can be slightly adapted and administered with beneficiaries receiving counseling services as well.

## Who Should Administer the Tool?

In order to allow for unbiased responses or to mitigate risks of information manipulation, especially when the tool is administered orally, it is advisable that the person implementing the survey is not the same case worker who is managing the survivor's case. Ideally, the process should be handled by the supervisor or another GBV relevant staff member, such as GBV case worker, in the absence of a responsible individual on site due to the remote management nature of the programme. Note that this tool should under no circumstances be administered by members of the M&E team.

## How Should the Tool be Used?<sup>15</sup>

Client feedback surveys are usually implemented at the end of a session or at the closing of a case. Asking clients to evaluate services at case closure may not always be possible, especially in contexts where majority of survivors are seen only once. If this is the case, the organization can decide to use client feedback forms at the end of the first session if it is feasible to do so. In contexts where clients are seen for longer periods of time, e.g., over a month or three-month period, client feedback surveys may be administered more frequently to allow for timely course-corrective supervision when weaknesses are identified. A reasonable interval would be to implement the survey after 4 sessions have been completed by the survivor.

Survivor and case worker codes should be included in the form, so that information can be traced back, in case course-corrective measures are necessary to address weaknesses and shortcomings identified.

## How Should the Data be Analyzed?

Filled forms should be transferred directly to supervisors and GBV programme managers (in Turkey) for analysis and follow-up action.

## Safety & Ethical Considerations

High

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<sup>14</sup> *Interagency GBV Case Management Guidelines, 2017.*

<sup>15</sup> *Interagency GBV Case Management Guidelines, 2017.*

## CLIENT FEEDBACK FORM – CASE MANAGEMENT

Survivor Code	
Caseworker Code	
Questionnaire Administered by	[NAME OR CODE]
Date	
Please indicate the number of CM sessions the survivor has attended	

### Instructions for staff

- Ensure privacy, in order to allow the survivor to feel comfortable. The exercise should take place in the case management room.
- The person administering the questionnaire should fill out the form's heading with the required information
- Decide whether responses will be collected in writing (giving the person the questionnaire to complete themselves) or whether a staff member will ask the questions and record the respondent's answers.
- Inform the person that you will ask them some questions but will not write their name on the form and that the interview will remain anonymous.
- Explain the purpose. Say: "This questionnaire is voluntary and confidential. Its purpose is to collect information about the services that have been provided to you and to help make improvements in the quality of care that GBV survivors receive in this community."
- Remind the person that you will not ask them any questions about their actual case, but are just interested in the services they received throughout the case management process.
- Get consent to proceed and obtain consent from the caregiver when working with children. If the person declines, tell the person that it is ok and if they change their minds, they can contact you later on.

### **Tell us about you...**

If you are the person receiving the service:

☐ I am 15-19 ☐ I am 20-24 ☐ I am 25-49 ☐ I am 50 or older.

If you are a caregiver or guardian of a minor:

☐ The child is 0-5 years old ☐ The child is 6-12 years old ☐ The child is 13-18 years old

### **Tell us about our services...**

1. How did you find out about our services? (Tick all that apply)

- ☐ Friend or family member ☐ Neighbor or community member  
☐ Flyer or pamphlet you saw or received ☐ Referral from another organization  
☐ Community discussion ☐ Other (please specify) \_\_\_\_\_



2. The service was easy to find.

☐ Yes ☐ No ☐ Not applicable

3. The service was free.

☐ Yes ☐ No ☐ Not applicable

4. The service was welcoming.

☐ Yes ☐ No

5. I received information about what services were available and what my options were.

☐ Yes ☐ No

6. Opening hours were at times I could attend

(i.e. before and after school, in the evenings and on weekends).

☐ Yes ☐ No

**Tell us about the options...**

7. There was a staff member to interview and help me with whom I felt comfortable.

☐ Yes ☐ No

8. I could see the same person at each return visit.

☐ Yes ☐ No ☐ Not applicable

9. I could choose to have a support person with me.

☐ Yes ☐ No ☐ Not applicable

10. I was given full information about what my options were and decided for myself what I wanted to happen next.

☐ Yes ☐ No ☐ Not applicable

11. I was referred to another place if a service could not be provided.

☐ Yes ☐ No ☐ Not applicable

12. I was satisfied with the quality of the services to which I was referred.

☐ Yes ☐ Somewhat ☐ No ☐ Not applicable

**Tell us about confidentiality...**

13. I could get help without drawing attention to myself.

☐ Yes ☐ No

14. The staff respects confidentiality.

☐ Yes ☐ No

15. I met with a caseworker or other staff in private without being overheard.

☐ Yes ☐ No

**Tell us about the staff...**

16. The staff were friendly.

☐ Yes ☐ No

17. The staff were open-minded. They didn't judge me.

☐ Yes ☐ No

18. The staff were able to answer all my questions to my satisfaction.

☐ Yes ☐ No

19. The staff used language I could understand.

☐ Yes ☐ No

20. The staff allowed time to let me express my problems in my own words.

☐ Yes ☐ No

21. Do you feel like we helped you with your problem?

☐ Yes ☐ No Explain:

---

22. In general, did you feel better after meeting with us?

☐ Yes ☐ No Explain:

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23. Would you recommend a friend who has experienced GBV to come here for help?

☐ Yes ☐ No Explain:

---

24. Are there any improvements you would like to suggest or other comments you would like to make?

---

Conclude by providing information about the local/organization's complaints and feedback mechanisms; explain that she is welcome to use these channels to place a complaint or share feedback at any point in time

# FOCUSED PSS

## Tool Name

### Psychosocial Functionality Scale – Focused PSS<sup>16</sup>

## Purpose

The tool measures changes related to psychosocial wellbeing of GBV and can be used by GBV case managers to track evolution/improvements achieved throughout the case management process.

## Who Should Administer the Tool?

Given that the information collected through the tool is personal and sensitive, it is vital that a relationship of trust exists between the individual administering the tool and the respondent. It is thus strongly advised that the assessment is conducted by the case worker who is managing the survivor's case.

## How Should the Tool be Used?

For a one-time measure of psychosocial wellbeing, the tool only needs to be administered once. It is recommended that the monitoring tool be administered only after a minimum of three visits, in order for the most urgent needs of the survivors to be addressed and to give time for trust-building. To monitor change in survivors' wellbeing over time, the questionnaire should be administered at baseline, any time after the first session and ideally at the third or fourth session (when the survivor is comfortable with the caseworker and demonstrates that she will regularly attend the sessions), and again after three additional sessions (typically at session 7). If possible, complete a final questionnaire at the end of the case management intervention plan, if it exceeds seven case management sessions.

## How Should the Data be Analyzed?

Case workers should take the lead in analyzing the information and discussing results with supervisors, as needed.

All items in the questionnaire are based on a 3-point scale, with the following values:

- Little to no difficulty **(1 point)**
- Difficult **(2 points)**
- Very difficult **(3 points)**

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<sup>16</sup> Adapted from *International Rescue Committee: Gender-Based Violence Case Management Outcome Monitoring Toolkit, August 2018.*

### Calculate the results for an INDIVIDUAL woman or older adolescent girl

Add the points across all 10 items. If the survivor skipped one or more item in the questionnaire, add the points for all answered questions, and divide *by the total number of questions answered*. For example, if the survivor answered 8 questions, divide the sum by 8.

### Interpret the results for an INDIVIDUAL woman or older adolescent girl

Score	Interpretation & Action Planning
10	Survivor is experiencing little to no difficulty in accomplishing tasks.
11-21	Survivor is experiencing moderate amount of difficulty in accomplishing tasks. a Check whether the survivor indicated that specific items in the questionnaire were more difficult to carry out (for example, she indicated that one item is 'very difficult') and ask the survivor if these 'more difficult' items should be the focus of her action plan.
22-30	Survivor is experiencing significant difficulties in at least some accomplishing tasks. a It will be important to work with the survivor to help identify which tasks to prioritize for the survivor's action plan. Note that the items do not necessarily need to be those that the survivor scored as most difficult, but can also be the tasks that are most relevant to the survivor's daily life.

### Interpret CHANGE OVER TIME for an INDIVIDUAL woman or older adolescent girl

If you would like to measure improvements in survivors' well-being during the course of case management, and you have at least two scores for a survivor over time (for example at session 4 and then again at session 7), you can compare the scores for each questionnaire and calculate the difference between the average scores. Once you calculated the difference between scores, the following scale can be used to interpret whether this represents a "small" vs. a "large" change in the survivor's scores.

Level of change	Difference between scores (2 <sup>nd</sup> score MINUS 1 <sup>st</sup> score)
Small	3 points or less
Medium	4 to 6 points
Large	7 points or more

Note: This information is sensitive and cannot be shared with audiences outside of the organization's GBV team.

### Calculate the results across a CASELOAD of multiple women or older adolescent girls

In order to get a good overview of the psychosocial functioning across your caseload, it is recommended that the data is broken down to show the number or percentage of survivors in each score category (0-10, 11-21, 22-30).

Note: Caseload data can be shared with external audiences, such as other programme teams, managers, and donors, as required.

### Safety & Ethical Considerations

High

## PSYCHOSOCIAL FUNCTIONALITY SCALE – FOCUSED PSS

Survivor Code	
Caseworker Code	
Date	

### Instructions for staff

- The case worker administering the questionnaire should fill out the form's heading with the required information.
- Decide whether responses will be collected in writing (giving the person the questionnaire to complete themselves) or whether the case worker will ask the questions and record the respondent's answers.
- Inform the person that you will ask them some questions but will not write their name on the form and that the interview will remain anonymous.
- Explain the purpose. Say: "This questionnaire is voluntary and confidential. Its purpose is to understand how your feelings are evolving across time, so we can provide you with the right type of support. When you reach a stage in which you feel good and think you no longer need or wish to receive our services, we can discuss and determine together if our sessions should be terminated".
- Get consent to proceed or, if the person declines, say that it is ok and if they change their minds, they can contact you later on.

I will ask you about specific tasks and activities. Thinking about the past month, please tell me how difficult it is for you to carry out these activities:

#### 1. Giving advice to family members

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult

#### 2. Exchanging ideas with others

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult

3. Uniting with other community members to do tasks for the community

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult

4. Asking/getting help from people or organizations when you need it

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult

5. Making important decisions about daily life

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult

6. Taking part in family decisions

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult

7. Learning new skills

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult

8. Concentrating on your tasks or responsibilities

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult

9. Interacting or dealing with people you don't know

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult

10. Keeping your household clean

- ☐ Not difficult at all or a little bit difficult
- ☐ Difficult
- ☐ Very difficult



# CASH-BASED ASSISTANCE

## Tool Name

### Post-Distribution Survey Questionnaire – Cash-based Assistance <sup>17</sup>

## Purpose

The purpose of the tool is to collect information about how the cash and in-kind based assistance was used by the survivor to achieve goals in the action plan and mitigate current and further risks. In addition, the tool also helps to assess how the beneficiary perceives the quality and appropriateness of the cash distribution process, especially in relation to standards of safety and confidentiality.

## Who Should Administer the Tool?

In order to allow for unbiased responses or to mitigate risks of information manipulation, especially when the tool is administered orally, it is advisable that the person implementing the survey is not the case worker who distributed the cash. Ideally, the process should be handled by the technical or GBV supervisor or, in the absence of a responsible individual on site due to the remote management nature of the programme, an alternate case worker or another relevant GBV staff member.

## How Should the Tool be Used?

Filled forms should be directly transferred to the GBV team for analysis. The tool presented here is designed to support post-distribution monitoring of cash-based assistance, but can be adapted for use in post-distribution monitoring of in-kind assistance.

## How Should Data be Analyzed?

Filled forms should be directly transferred to the GBV team for analysis.

## Safety & Ethical Considerations

High

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<sup>17</sup> Adapted from *Mainstreaming GBV Considerations in Cash-Based Initiatives and Utilizing Cash in GBV Response*, Women's Refugee Commission, 2018.

## POST-DISTRIBUTION SURVEY QUESTIONNAIRE – CASH-BASED ASSISTANCE

Survivor Code	
Case Manager Code	
Date	

### Instructions for staff:

I would like to ask you some questions about your experience receiving cash support from [*name organization providing cash assistance*] that was intended to help you recover and mitigate any further exposure to harm. The questions focus on safety and protection benefits related to the cash assistance and will help our organization to improve the programme and anyone else. You can skip any and all questions or choose to end the survey at any time. If you do not understand a question, please ask me to explain it. Your answers will be kept confidential and will NOT affect your eligibility to potentially receive this service again in the future (*this point should be stressed*). Do you have any questions for me or concerns you want to discuss with me before we begin? May we proceed?

If the beneficiary declines to participate, provide information about the local/organization's complaints and feedback mechanisms; explain that she is welcome to use these channels to place a complaint or share feedback at any point in time.

QUESTION		ANSWER OPTIONS
<b>Part 1: Impact of cash assistance on survivor's safety and ability to access to services</b>		
1	Was the cash-based assistance part of your action plan to enhance your ability to be safer?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
2	Was the cash assistance preceded with safety plan to mitigate risks of harm?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
3	Was the received amount/item adequate to improve your safety?	<input type="radio"/> Adequate <input type="radio"/> Somewhat adequate <input type="radio"/> Inadequate <input type="radio"/> Prefer not to answer
4	Was the duration of assistance sufficient to improve your safety?	<input type="radio"/> Sufficient <input type="radio"/> Somewhat sufficient <input type="radio"/> Insufficient <input type="radio"/> Prefer not to answer

5	Was the timing of the cash assistance adequate to improve your safety?	<input type="radio"/> Adequate <input type="radio"/> Somewhat adequate <input type="radio"/> Inadequate <input type="radio"/> Prefer not to answer
6	Has receiving cash assistance helped you access necessary services for you (or your child) to recover from the incident of violence you disclosed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
6.1	How?	
6.2.	Which of the following, if any, did the cash or item received allowed you to access?	Health Legal/Justice Safety/Protection Shelter Psychosocial Mental Health Other [specify]
7	On a scale of 1 to 3, where 1= not at all, 2 = somewhat, and 3 = significantly, would you say that the cash/in-kind assistance enabled you to make decisions with regards to your (or your child's) recovery from the incident of violence you reported?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
7.1	Why?	
8	Has the cash transfer positively impacted relations within your household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
	How?	<input type="radio"/> Less physical abuse / violence about expenses <input type="radio"/> Less threat of physical abuse/violence about how to spend the cash <input type="radio"/> Less verbal abuse/threats about expenses <input type="radio"/> Spouses sharing decision making <input type="radio"/> Invested in income generating activity <input type="radio"/> Postponed child's marriage <input type="radio"/> Maintained child in school / reregistered child for school <input type="radio"/> Access health services <input type="radio"/> Improved food security <input type="radio"/> Other [specify]

8.2	Please note that the purpose of this next question is to improve our approach to safety planning when delivering cash assistance; your answer will NOT affect your eligibility to potentially receive cash again in the future. Has the cash transfer negatively impacted relations within your household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
8.3	How?	<input type="radio"/> Physical abuse / violence about how to spend the cash <input type="radio"/> Threat of physical abuse/violence about how to spend the cash <input type="radio"/> Verbal abuse about how to spend the cash <input type="radio"/> Forced/coerced/exploited withholding of cash <input type="radio"/> Other: _____ <input type="radio"/> Prefer not to answer
9	When cash assistance ends, will you be able to prevent further exposure to harm?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
9.1	How?	
<p><i>"The next few questions may be sensitive. Your answers <u>will not</u> affect your eligibility to receive further assistance. You can skip any and all questions or choose to end the survey at any time. Your answers are confidential. [Insert instructions for feedback/complaints mechanisms]."</i></p>		
10	Did you have to, or were you asked to do or give anything you did not want to in order to receive your cash?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
11	Who made you or asked you to do or give anything in exchange for receiving your cash?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
11	Have you discussed post-case management and cash assistance safety planning with your case manager?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer

Is there anything else you wish to discuss with me?

Conclude by providing information about the local/organization's complaints and feedback mechanisms; explain that she is welcome to use these channels to place a complaint or share feedback at any point in time.

Thank you for your time. Your answers will help improve the way we implement the cash-based assistance service and keep participants safe.

# Section 3

## EMPOWERMENT

# DIGNITY KIT DISTRIBUTION



## Tool Name

### Post-Distribution Monitoring Survey Questionnaire – Dignity Kits <sup>18</sup>

## Purpose

Dignity kits focus on promoting mobility and safety of women and girls by providing age, gender, and culturally appropriate garments and other items (such as headscarves, shawls, whistles, torches, underwear, and small containers for washing personal items) in addition to sanitary supplies and basic hygiene items. The survey allows organizations to obtain beneficiaries' feedback on their level of satisfaction with the distribution process and items received.

## Who Should Administer the Tool?

Preferably, the tool should be administered by a “neutral” female enumerator, potentially from the organization's own M&E team or hired externally, who was not involved in the distribution process.

## How Should the Tool be Used?

Each survey round should evaluate a single response about a month after the intervention occurs. This allows time for beneficiaries to use the items provided and offer useful feedback on quality and usefulness. The sample must be large enough to comfortably assume that it is fairly representative of the targeted population and small enough not to mislead programmes by making misguided interpolation and correlations. Therefore, the sample must be of a **sufficient size** to satisfy the assumption of the statistical techniques, and to be **representative** of the characteristics of the total number of beneficiaries<sup>19</sup>.

NOTE: The items included in the kit may look different based on who is procuring these the answer options for some of the questions may need to be customize based on kit content.

## How Should the Data be Analyzed?

Synthesis reports may be produced by M&E team in collaboration with the GBV team. Findings should be transferred to GBV senior management to inform learning and follow-up action, as needed.

## Safety & Ethical Considerations

Medium

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<sup>18</sup> Adapted from *Evaluation of UNFPA's Provision of Dignity Kits in Humanitarian and Post- Crisis Settings*, School of International and Public Affairs Columbia University, May 2011.

<sup>19</sup> For a brief guidance to sampling techniques, please refer to: *International Red Cross and Red Crescent Movement, Cash in Emergencies Toolkit*, 2017.

## POST-DISTRIBUTION MONITORING SURVEY QUESTIONNAIRE – DIGNITY KITS

GENERAL MONITORING INFORMATION	
Date	
Enumerator name	DD/MM/YY
Name of respondent	
Name of person on distribution list	
Name of organization	
Location of distribution	Community: Governorate: District: Sub-District:

Instructions for Enumerator:

- *Request verbal informed consent to administer the survey with potential respondent.*
- *If the potential respondent denies permission to proceed, say thank you and conclude the conversation by providing her with information about the local/organization's complaints and feedback mechanisms; explain that she is welcome to use these channels to place a complaint or share feedback at any point in time.*

### About the respondent...

1. Are you the head of household?

- ☐ Yes  
☐ No

1.1. If not, what is your relationship with the person who received the item?

- ☐ Wife  
☐ Son/Daughter  
☐ Father\Mother  
☐ Brother\Sister  
☐ Friend\neighbor  
☐ Other – Specify: \_\_\_\_\_

2. Sex of respondent?

(observation by enumerator)

- ☐ Male  
☐ Female

2.1. Does the respondent have any type of disability?

- ☐ Yes
- ☐ No

3. Age of respondent?

\_\_\_\_\_

4. Are you the person who received the provided service?

- ☐ Yes
- ☐ No

**About the distribution...**

5. How did you receive the assistance?

- ☐ Door to door distribution
- ☐ From a distribution center

Other – Specify: \_\_\_\_\_ -

6. Were you able to get the items home without difficulty?

- ☐ Yes
- ☐ No

6.1. If no, why not?

- ☐ The kit was too heavy
- ☐ The kit was too big in size
- ☐ The kit was not packaged well
- ☐ My house is too far from the distribution center
- ☐ Other reason – Specify: \_\_\_\_\_

7. How did you register your name to receive this assistance?

- ☐ Registered name directly with the organization
- ☐ Registered name through local council
- ☐ Other – Specify:

**Access to the service...**

8. Do you know why you were selected to receive this assistance?

- ☐ Yes
- ☐ No

8.1. If yes, why?

- ☐ Displaced woman or girl above 10 years old
- ☐ Other – Specify: \_\_\_\_\_

8.2. If no, why not?

- ☐ Not enough information on distribution
- ☐ No consultation before distribution
- ☐ I didn't understand the information given
- ☐ Don't know
- ☐ Other – Specify: \_\_\_\_\_

**About the items...**

*(Show respondent list of items)*

9. Which of the following items did you receive?

A. Female Underwear (panty)

- Size small Female Underwear (panty)

-Size medium Female

- Size large

B. Sanitary napkins

C. Bath Soap

D. Soap Holder

E. Tooth Paste

F. Tooth Brush

G. Comb

H. Washing powder

I. Reusable menstrual pads

J. Torch/Flashlight

K. Bath towels

L. Head Cover

M. Shampoo

N. Deodorant stick for women

O. Female Razors

P. Dry Tissue

Q. Wet Wipes

R. Dish Washing Liquid

S. Backpack

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

10. Among these, which were the top 3 most useful items?

A. Female Underwear (panty)

- Size small Female Underwear (panty)

-Size medium Female

- Size large

B. Sanitary napkins

C. Bath Soap

D. Soap Holder

E. Tooth Paste

F. Tooth Brush

G. Comb

H. Washing powder

I. Reusable menstrual pads

J. Torch/Flashlight

K. Bath towels

L. Head Cover

M. Shampoo

N. Deodorant stick for women

O. Female Razors

P. Dry Tissue

Q. Wet Wipes

R. Dish Washing Liquid

S. Backpack

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

11. Among these, which were the top 3 least useful items?

A. Female Underwear (panty)

- Size small Female Underwear (panty)

-Size medium Female

- Size large

B. Sanitary napkins

C. Bath Soap

D. Soap Holder

E. Tooth Paste

F. Tooth Brush

G. Comb

H. Washing powder

I. Reusable menstrual pads

J. Torch/Flashlight

K. Bath towels

L. Head Cover

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

- |                              |                           |                          |
|------------------------------|---------------------------|--------------------------|
| M. Shampoo                   | <input type="radio"/> Yes | <input type="radio"/> No |
| N. Deodorant stick for women | <input type="radio"/> Yes | <input type="radio"/> No |
| O. Female Razors             | <input type="radio"/> Yes | <input type="radio"/> No |
| P. Dry Tissue                | <input type="radio"/> Yes | <input type="radio"/> No |
| Q. Wet Wipes                 | <input type="radio"/> Yes | <input type="radio"/> No |
| R. Dish Washing Liquid       | <input type="radio"/> Yes | <input type="radio"/> No |
| S. Backpack                  | <input type="radio"/> Yes | <input type="radio"/> No |

12. Among these, were there any items which you think were of poor quality?

- |                                       |                           |                          |
|---------------------------------------|---------------------------|--------------------------|
| A. Female Underwear (panty)           |                           |                          |
| - Size small Female Underwear (panty) | <input type="radio"/> Yes | <input type="radio"/> No |
| -Size medium Female                   | <input type="radio"/> Yes | <input type="radio"/> No |
| - Size large                          | <input type="radio"/> Yes | <input type="radio"/> No |
| B. Sanitary napkins                   | <input type="radio"/> Yes | <input type="radio"/> No |
| C. Bath Soap                          | <input type="radio"/> Yes | <input type="radio"/> No |
| D. Soap Holder                        | <input type="radio"/> Yes | <input type="radio"/> No |
| E. Tooth Paste                        | <input type="radio"/> Yes | <input type="radio"/> No |
| F. Tooth Brush                        | <input type="radio"/> Yes | <input type="radio"/> No |
| G. Comb                               | <input type="radio"/> Yes | <input type="radio"/> No |
| H. Washing powder                     | <input type="radio"/> Yes | <input type="radio"/> No |
| I. Reusable menstrual pads            | <input type="radio"/> Yes | <input type="radio"/> No |
| J. Torch/Flashlight                   | <input type="radio"/> Yes | <input type="radio"/> No |
| K. Bath towels                        | <input type="radio"/> Yes | <input type="radio"/> No |
| L. Head Cover                         | <input type="radio"/> Yes | <input type="radio"/> No |
| M. Shampoo                            | <input type="radio"/> Yes | <input type="radio"/> No |
| N. Deodorant stick for women          | <input type="radio"/> Yes | <input type="radio"/> No |
| O. Female Razors                      | <input type="radio"/> Yes | <input type="radio"/> No |
| P. Dry Tissue                         | <input type="radio"/> Yes | <input type="radio"/> No |
| Q. Wet Wipes                          | <input type="radio"/> Yes | <input type="radio"/> No |
| R. Dish Washing Liquid                | <input type="radio"/> Yes | <input type="radio"/> No |
| S. Backpack                           | <input type="radio"/> Yes | <input type="radio"/> No |

12.1. Please explain the reasons why you think the item is of poor quality

☐ Material ☐ Fit/Design ☐ Color ☐ Size ☐ Other – Specify: \_\_\_\_\_

13. Have you used all items in the kit?

- ☐ Yes  
☐ No

13.1. Which items did you not use?

A. Female Underwear (panty)

- Size small Female Underwear (panty) –

-Size medium Female

- Size large

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

B. Sanitary napkins

☐ Yes ☐ No

C. Bath Soap

☐ Yes ☐ No

D. Soap Holder

☐ Yes ☐ No

E. Tooth Paste

☐ Yes ☐ No

F. Tooth Brush

☐ Yes ☐ No

G. Comb

☐ Yes ☐ No

H. Detergent / washing powder

☐ Yes ☐ No

I. Reusable menstrual pads

☐ Yes ☐ No

J. Torch/Flashlight

☐ Yes ☐ No

K. Bath towels

☐ Yes ☐ No

L. Head Cover

☐ Yes ☐ No

M. Shampoo

☐ Yes ☐ No

N. Deodorant stick for women

☐ Yes ☐ No

O. Female Razors

☐ Yes ☐ No

P. Dry Tissue

☐ Yes ☐ No

Q. Wet Wipes

☐ Yes ☐ No

R. Dish Washing Liquid

☐ Yes ☐ No

S. Backpack

☐ Yes ☐ No

13.2. Why?

☐ No need ☐ Did not fit ☐ Other – Specify:\_\_\_\_\_

14. What did you do with the items you did not use?

☐ Kept it (have not used it yet)

☐ Shared it with another families

☐ Sold it

☐ Traded it for something else

☐ Other – specify:\_\_\_\_\_

15. Is there anything that was not included in the kit, that you think should have been included?  
(please take into consideration the different needs for the HH members)

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16. How would you rate your level of satisfaction with the items received?

- ☐ Strongly satisfied
- ☐ Somewhat satisfied
- ☐ Neutral
- ☐ Not satisfied
- ☐ Strongly dissatisfied

Why?

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**About the distribution process.....**

17. How would you rate your level of satisfaction with the distribution process?

- ☐ Strongly satisfied
- ☐ Somewhat satisfied
- ☐ Neutral
- ☐ Not satisfied
- ☐ Strongly dissatisfied

Why?

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18. How long did you wait to collect the Voucher or Kit?

*(If the assistance was voucher how long did you wait to collect your vouchers)*

- ☐ Less than half an hour half to one hour
- ☐ One to two hours
- ☐ More than 2 hours

18.1. Why?

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19. Did you receive information that aid is free and that nothing can be asked in exchange for assistance?

☐ Yes ☐ No. ☐ Prefer not to answer

20. Did you receive/see information on PSEA complaint mechanisms such as the organization's own complaint hotline or the PSEA Interagency Network hotline number?

☐ Yes ☐ No. ☐ Prefer not to answer

Did you feel you were treated kindly and respectfully by staff when receiving the kit?

☐ Yes ☐ No. ☐ Prefer not to answer

### **Feedback & Complaints...**

21. Do you know how to make a complaint or provide feedback regarding the assistance that you have received?

☐ Yes  
☐ No

21.1. If yes, what are the mechanisms available?

☐ Complaint box  
☐ NGO staff members (WhatsApp number)  
☐ Other – Specify:

22. What would be your preferred method for sharing complaints and feedback?

☐ Complaint box  
☐ NGO staff members (WhatsApp number)  
☐ Other – Specify:

Is there anything else you wish to discuss with me?

Thank you for your time. Your answers will help improve potential similar activities in the future.

Conclude by providing her with information about the local/organization's complaints and feedback mechanisms; explain that she is welcome to use these channels to place a complaint or share feedback at any point in time.

## Tool Name

### Guidance for Focus Groups – Dignity Kits <sup>20</sup>

## Purpose

The focus groups discussions are intended to obtain beneficiaries' feedback on the adequacy of the distribution process, as well as quality and utilization of the items received. The tool allows programmes to understand possible effects that the kits may have had in increasing beneficiaries' wellbeing. This tool is particularly recommended in situations where organizations do not have the necessary resources (human, technical, financial, time) to implement a full-scale post-distribution survey.

## Who Should Administer the Tool?

Preferably, the tool should be administered by a “neutral” female facilitator, potentially from the organization's own M&E team or hired externally, who was not involved in the distribution process.

## How Should the Tool be Used?

Ideally, focus groups should evaluate a single response about a month after the intervention occurs. This allows time for beneficiaries to use the items provided and offer useful feedback on quality and usefulness. If the distribution has targeted women and girls, it is recommended that discussion groups are broken down by age range. Discussion groups should be ideally comprised of 10-12 participants.

## How Should the Data be Analyzed?

Synthesis reports may be produced by M&E team in collaboration with the GBV team. Findings should be transferred to GBV senior management to inform learning and follow-up action, as needed.

## Safety & Ethical Considerations

Medium

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<sup>20</sup> Adapted from *Evaluation of UNFPA's Provision of Dignity Kits in Humanitarian and Post- Crisis Settings*, School of International and Public Affairs Columbia University, May 2011.

## GUIDANCE FOR FOCUS GROUPS – DIGNITY KITS

### Initial Considerations

- Ensure that the discussion is being held in a private room.
- The facilitator must establish a cordial and interactive discussion space.
- The facilitator must ensure a comfortable environment for participants by using the right tone of voice and body language, and employing culturally and age-sensitive language.

Facilitator Name				
Note Taker Name				
Focus Group Date	DD/MM/YY			
Number of Participants	Total: [ # ]			
Number of Participants with any type of disability	[ # ]			
Age Range of Participants	Above 20: [ # ] 19 and below: [ # ]			
Location	Community:	Governorate:	District:	Sub-District:

### Instructions for opening the discussion

- Greet the participants and thank them for taking the time to attend the discussion.
- Introduce yourself and your role: “My name is (*name*), I work for (*name of organization*) and we do (*explain the type of work the organization does*)”.
- Explain the purpose of the discussion: “We would like to ask few questions regarding your experience receiving and using the items distributed. The information you share with us today will be used to help us improve our approach in the future”.
- Be clear about the ground rules: “Respect other participants’ opinions. Please do not use your names at any time. You have been asked to participate in the discussion voluntarily, so remember that you are not obliged to answer all our questions and you can leave the discussion whenever you like. We will not record your names anywhere. Any identifying information that you provide us will not be disclosed with external parties. We also would like you to keep all information you have heard here today, especially from other participants, private, so please do not share it with anyone”.
- Present the note taker: “This is my colleague [*name*]. She will take notes that we can use later to remember the main points discussed here today, as we analyze the information afterwards. As mentioned, these will not be shared with external parties”.
- The session will last about one hour and a half.
- Ask if any questions before the session starts and clarify questions that may emerge.
- Ask if you may proceed. If any participant has expressed reluctance to continue in the room, tell her gently that she may leave now before you start and provide information about the local/organization’s complaints and feedback mechanisms; explain that she is welcome to use these channels to place a complaint or share feedback at any point in time.

## QUESTIONS FOR DISCUSSION

### **A. Background**

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1. Tell me a little bit about yourselves. Where did you live before the conflict and how easy was it then for you to access items needed for your and your family's health and hygiene?

- Could you find everything you needed?
- Were all things available locally?

2. Since then, how difficult has it been to access these things?

- What are some of the coping strategies you use?

3. Among the items you have difficulties accessing, how has the absence of these things impacted your ability to do things? E.g.: go to school, work, play, perform household tasks, participate in community events, etc.

### **B. About the distribution**

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4. How were you informed about the dignity kit distribution?

- How did you sign up to the beneficiary list?
- Were you ever explained about the items you would receive in the kit? When did this happen?
- Were you ever explained the reasons for which why you and other beneficiaries were selected to receive the items? Can you tell us which were the reasons?
- Did you receive information that aid is free and that nothing can be asked in exchange for assistance?
- Did you receive/see information on PSEA complaint mechanisms such as the organization's own complaint hotline or the PSEA Interagency Network hotline number?
- Did you feel you were treated kindly and respectfully by staff when receiving the kit?

5. Who distributed the items? Where did you go to pick up the kit?

- In your view, how organized was the process?
- Did you have to wait to receive the item? How long?
- At any time in the process of picking up the kits, did you feel you were in danger or did you worry for your safety or the safety of your family members?
- Did you express your concerns to anyone? Did you take any action to improve your safety? Was anything done to ease your fear?
- Would you like to receive the items in a different way? If so, how?

### C. About the items

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6. Tell us about the kit.

1. What items were there?
2. Where all these items useful? If not, which were not useful and why?
3. How would you rate their quality?
4. Was the quantity sufficient? If not, which were not sufficient and why?

### D. Item Utilization

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7. Did you use all the items yourself?

- If not, who else used the items? (e.g.: children, sister, etc.)
- If any items were not used, what did you do with the items left?

8. How did receiving these items make you feel?

- Did receiving these items have an effect on your day-to-day life? Did they in any way change your ability to do things? E.g.: go to school, work, participate in community events, play, perform household tasks, etc.

9. What are you and your family using today to meet your health and hygiene needs?

- Where and how do you get these items? Are these items available locally for purchase, or are you receiving these items from other NGOs?

### E. Improving future interventions

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10. How do you define “dignity”? Do you think these kits have an impact on individuals’ dignity? How?

11. Imagine you in charge of giving kits to women and girls like yourself. If you had to pick 5 items to go in a kit, what would you include? Would you change anything about the distribution process?

This conversation has been really helpful for us and we appreciate your time. Before we end, are there any other important questions that you think we should have asked you but have not done so? If yes, please share with us now.

Do you have any questions for us?

Thank you again for sharing your time and this information. We look forward to using it, to help improve potential distribution of dignity kits in the future.

Conclude by providing information about the local/organization's complaints and feedback mechanisms; explain that she is welcome to use these channels to place a complaint or share feedback at any point in time.

# LIFE SKILLS

## Tool Name

### Participant Feedback Form – Life Skills

## Purpose

The purpose of the tool is to gather participants feedback on the quality and usefulness of the life skills intervention and on the performance of the facilitator.

## Who Should Administer the Tool?

In order to ensure independence, tool should be administered by a member of the M&E team who was not involved in the implementation of life skills activities.

## How Should the Tool be Used?

The questionnaire should be administered at the end of the session.

## How Should the Data be Analyzed?

Filled forms should be transferred to the M&E team for synthesis and analysis. Analytical reports containing findings and recommendations should be shared with the GBV team for follow up action, as needed.

## Ethical Considerations

Medium



## PARTICIPANT FEEDBACK FORM – LIFE SKILLS

<b>FACILITATOR NAME</b>				
Session Date	DD/MM/YY			
Location	Community:	Governorate:	District:	Sub-District:

- This is an anonymous questionnaire. Please do not write your name anywhere.
- Your participation is voluntary.
- Your answers will not be shared.
- This information will help us assess the quality of the awareness raising activities and make the necessary improvements where needed.
- If you have any complaints and feedback, you're welcome to share it through the following channels: [ORGANIZATION TO ADD]

1. Overall, how do you rate the quality of the activity in which you participated?

☐ Excellent ☐ Good ☐ Average ☐ Poor

2. In your opinion, what were the most interesting topics discussed, if any?

☐ Topic A ☐ Topic B. ☐ Topic C. ☐ Topic D. ☐ Topic E ☐ Topic F

Why? \_\_\_\_\_  
 \_\_\_\_\_

3. In your opinion, what were the least interesting topics discussed, if any?

☐ Topic A ☐ Topic B. ☐ Topic C. ☐ Topic D. ☐ Topic E ☐ Topic F

Why? \_\_\_\_\_  
 \_\_\_\_\_

4. Do you have any recommendations for improving the activity?

\_\_\_\_\_  
 \_\_\_\_\_

5. Are there any other useful topics/skills you think women and girls should learn?

\_\_\_\_\_  
 \_\_\_\_\_

6. How do you rate the performance of the facilitator?

☐ Excellent ☐ Good ☐ Average ☐ Poor

7. Do you have any recommendations for improving the performance of the facilitator?

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8. Among the skills learned in the session, which of the following you think will apply in your life?

- ☐ Negotiation                      ☐ Problem-solving                      ☐ Family relationships  
☐ Communication                      ☐ Other – Specify: \_\_\_\_\_ ☐ None

9. After attending this session, to what extent do you think your ability to address challenging issues that you face in your life has increased?

- ☐ Significantly    ☐ Somewhat    ☐ Minimally    ☐ Not at all

Why? \_\_\_\_\_

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10. To what extent has your participation in this session contributed to your personal development?

- ☐ Significantly    ☐ Somewhat    ☐ Minimally    ☐ Not at all

11. Do you plan to share the skills you acquired through this activity with anyone?

- ☐ Yes    ☐ No    ☐ Don't know

If yes, who? ☐ Family members    ☐ Friends    ☐ Neighbours    ☐ Other –  
Specify: \_\_\_\_\_

Thank you for your participation!

Your answers will be carefully reviewed by our team and used to inform future similar activities.

# VOCATIONAL SKILLS

## Tool Name

### Participant Feedback Form– Vocational Skills

## Purpose

The questionnaire is intended to obtain participant's feedback on the quality of the training, performance of the trainer, as well as usefulness and application of skills acquired.

## Who Should Administer the Tool?

In order to ensure independence, tool should be administered by a member of the M&E team who was not involved in the implementation of vocational skills activity.

## How Should the Tool be Used?

The questionnaire should be administered on the last day of the training session.

NOTE: Answer options in some of the questions should be customized based on training content.

## How Should the Data be Analyzed?

Filled forms should be directly transferred to the M&E team for analysis. Findings should be shared with GBV team for follow-up action, as needed.

## Safety & Ethical Considerations

Low

## PARTICIPANT FEEDBACK FORM – VOCATIONAL SKILLS

<b>FACILITATOR NAME</b>				
<b>Training Topic</b>				
<b>Session Date</b>	DD/MM/YY			
<b>Location</b>	<b>Community:</b>	<b>Governorate:</b>	<b>District:</b>	<b>Sub-District:</b>

- This is an anonymous questionnaire. Please do not write your name anywhere.
- Your participation is voluntary.
- Your answers will not be shared.
- This information will help us assess the quality of the vocational skills training programme and make the necessary improvements where needed.
- If you have any specific complaints and feedback, you're welcome to share it through the following channels: [ORGANIZATION TO ADD]

1. Overall, how do you rate the quality of the training in which you participated?

☐ Excellent ☐ Good ☐ Average ☐ Poor

2. In your opinion, what were the most useful content, if any?

☐ Topic A ☐ Topic B. ☐ Topic C. ☐ Topic D. ☐ Topic E ☐ Topic F

Why? \_\_\_\_\_  
 \_\_\_\_\_

3. In your opinion, what were the least useful content, if any?

☐ Topic A ☐ Topic B. ☐ Topic C. ☐ Topic D. ☐ Topic E ☐ Topic F

Why? \_\_\_\_\_  
 \_\_\_\_\_

4. Do you have any recommendations for improving the activity?

\_\_\_\_\_  
 \_\_\_\_\_

5. How do you rate the performance of the facilitator?

☐ Excellent ☐ Good ☐ Average ☐ Poor

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any recommendations for improving the performance of the facilitator?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How do you rate the quality of the tools used for the sessions?

☐ Excellent ☐ Good ☐ Average ☐ Poor

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please tell us about how you plan on using the skills you learned in this training in the future.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your participation!

Your answers will be carefully reviewed by our team and used to inform future similar activities

## Tool Name

### Guidance for Focus Groups– Vocational Skills

#### Purpose

The focus groups discussions are intended to obtain information on how the participant of the vocational skills activity views the appropriateness and usefulness of the activity, whether and how they were able to put the skills learned into use, and how they may have been affected by their participation in the activity.

#### Who Should Administer the Tool?

Preferably, the tool should be administered by a “neutral” female facilitator, potentially from the organization’s own M&E team, or hired externally, who was not involved in the implementation of the vocational skills training activity.

#### How Should the Tool be Used?

Ideally, focus groups should evaluate a single activity no less than two months after the training ends. This allows enough time for beneficiaries to systematically use the skills acquired and for any potential changes that may occur as a result of their participation in the activity to materialize.

#### How Should the Data be Analyzed?

Synthesis reports may be produced by M&E team in collaboration with the GBV team. Findings should be transferred to GBV senior management for learning and follow-up action, as needed.

#### Safety & Ethical Considerations

Medium

## GUIDANCE FOR FOCUS GROUPS – VOCATIONAL SKILLS

### Initial Considerations

- Ensure that the discussion is being held in a private room.
- The facilitator must establish a cordial and interactive discussion space.
- The facilitator must ensure a comfortable environment for participants by using the right tone of voice and body language, and employing culturally and age-sensitive language.

Facilitator Name			
Note Taker Name			
Focus Group Date		DD/MM/YY	
Total Number of Participants		[ # ]	
Number of Participants with any type of disability		[ # ]	
Age Range of Participants	Above 20: [ # ]    19 and below: [ # ]		
Location	Community:	Governorate:	District:      Sub-District:

### Instructions for opening the discussion

- Greet the participants and thank them for taking the time to attend the discussion.
- Introduce yourself and your role: “My name is (*name*), I work for (*name of organization*) and we do (*explain the type of work the organization does*)”.
- Explain the purpose of the discussion: “We would like to ask few questions regarding your experience participating in vocational skills activities. The information you share with us today will be used to help us improve the way in implement this type of activity in the future”.
- Be clear about the ground rules: “Respect other participants’ opinions. Please do not use your names at any time. You have been asked to participate in the discussion voluntarily, so remember that you are not obliged to answer all our questions and you can leave the discussion whenever you like. We will not record your names anywhere. Identifying or personal information will not be disclosed with any external parties. We also would like you to keep all information you have heard here today, especially from other participants, private, so please do not share it with anyone”.
- Present the note taker: “This is my colleague [*name*]. She will take notes that we can use later to remember the main points discussed here today, as we analyze the information afterwards. As mentioned, these will not be shared with external parties”.
- This session will last about one hour and a half.
- Ask if any questions before the session starts and clarify questions that may emerge.
- Ask if you may proceed. If any participant has expressed reluctance to continue taking part in the discussion, tell her gently that she may leave now before you start and provide information about the local/organization’s complaints and feedback mechanisms; explain that she is welcome to use these channels to place a complaint or share feedback at any point in time.



## QUESTIONS FOR DISCUSSION

### **A. Background**

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1. Tell me a little bit about yourselves. What did you do before the conflict started?
  - Did you exercise a profession?
  - How did the conflict affect your capacity to exercise your profession or to do what you used to do before?
2. Since then, how difficult has it been for you to support yourself and your family?
  - What are some of the coping strategies you use?
3. In what ways have these challenges affected your and your family's life?

### **B. About the Vocational Skills Training....**

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4. How were you informed about the vocational skills training activity?
  - What made you decide to enroll in the activity?
  - How did you sign up to the beneficiary list?
  - Did you receive information that aid is free and that nothing can be asked in exchange for assistance?
  - Did you receive/see information on PSEA complaint mechanisms such as the organization's own complaint hotline or the PSEA Interagency Network hotline number?
  - Did you feel you were treated kindly and respectfully by staff during your participation in this activity?
5. Now let's talk about the vocations which you learned (e.g.: hairdressing, cooking, sewing, etc.)
  - Who do you think decides what will be the topic of the training?
  - Were you ever consulted on whether there were any specific types of vocations that you would have liked to learn?
  - Was the particular trade which were trained on appealing to you? Why?
6. In your view, how useful was it to learn [VOCATION]? Are there any other aspects related to [VOCATION] which you think the training should have explored as well? What are they?

### C. Training Impact

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6. Are you able to use the skills learned?

- If no, why not?
- If yes, which and how have you put them to use?

7. How did learning [*VOCATION*] and acquiring these skills make you feel?

8. Has your participation in this activity affected your life in any way? How? E.g. gain confidence through being able to support my family, gain independence from husband/other family members, feel less in control of my life by having to share money earned with family members/husband, etc.

9. Would you encourage other women in the community to attend such activities? Who? Why?

### D. Improving future activities

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10. How do you define “empowerment”? Do you think that this activity contributes to empowering women and girls? How?

11. What other things can be done to empower women and girls? Are there any other vocations or things that you think women and girls should learn? Explain.

This conversation has been really helpful for us and we appreciate your time. Before we end, are there any other important questions that you think we should have asked you but have not done so? If yes, please share with us now.

Do you have any questions for us?

Thank you again for sharing your time and this information. We look forward to using it to help improve future similar activities.

Conclude by providing information about the local/organization’s complaints and feedback mechanisms; explain that participants are welcome to use these channels to place a complaint or share feedback at any point in time.

# RECREATIONAL ACTIVITIES

## Tool Name

### Participant Feedback Form– Recreational Activities

## Purpose

The questionnaire is intended to obtain participant's feedback on the performance of the facilitator and overall satisfaction with the activity.

## Who Should Administer the Tool?

In order to ensure independence, tool should be administered by a member of the M&E team who was not involved in the implementation of the recreational activity.

## How Should the Tool be Used?

The questionnaire should be administered at the end of the activity.

## How Should the Data be Analyzed?

Filled forms should be directly transferred to the M&E team for analysis. Findings should be shared with GBV team for follow-up action, as needed.

## Safety & Ethical Considerations

Low

## PARTICIPANT FEEDBACK FORM – RECREATIONAL ACTIVITIES

<b>FACILITATOR NAME</b>	
<b>Detail of Activity</b>	
Session Date	DD/MM/YY
Location	Governorate:                      District:                      Sub-District:

- This is an anonymous questionnaire. Please do not write your name anywhere.
- Your participation is voluntary.
- Your answers will not be shared.
- This information will help us assess the quality of the activity and make the necessary improvements where needed.
- If you have any specific complaints and feedback, you're welcome to share it through the following channel: [ORGANIZATION TO ADD]

1. Overall, how do you rate the quality of the activity in which you participated?

☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

2. If anything, what did you like most about the activity?

☐ Content   ☐ Facilitation   ☐ Location   ☐ Other: \_\_\_\_\_

Why? \_\_\_\_\_  
 \_\_\_\_\_

3. If anything, what did you like least about the activity?

☐ Content   ☐ Facilitation   ☐ Location   ☐ Other: \_\_\_\_\_

Why? \_\_\_\_\_  
 \_\_\_\_\_

4. Do you have any recommendations for improving the activity?

\_\_\_\_\_  
 \_\_\_\_\_

5. How do you rate the performance of the facilitator?

☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

6. Do you have any recommendations for improving the performance of the facilitator?

\_\_\_\_\_  
 \_\_\_\_\_

7. Did your participation in the activity affect you/your life in any way? Please tell us more.

\_\_\_\_\_  
 \_\_\_\_\_

Thank you for your participation! Your answers will be carefully reviewed by our team and used to inform future similar activities.

# Section 4

## CAPACITY DEVELOPMENT

# GBV CASE MANAGEMENT STAFF



## Tool Name

### GBV Case Management Core Competencies Assessment Tool - Knowledge and Skills Test

## Purpose

This Capacity Assessment tool should be used to assess caseworker's knowledge and skills. This tool is used to assess whether a caseworker has acquired the minimum competency needed to start working with survivors without risks of harming the client. These are minimum competency standards for all GBV specialized staff involved in the provision of case management services. The results of the assessment should inform the capacity building and development actions that senior managers and supervisors provide in individual and group supervision sessions to specialized staff. It is also used through the different phases of the capacity-building plan to assess its impact and each individual's learning, while highlighting specific areas in which each staff may require further education and training.

## Who Should Administer the Tool?

The tool should be administered by case workers' supervisors or senior members of the GBV team.

## How Should the Tool be Used?

The supervisor will first explain the purpose; this is an assessment to better understand the caseworker's competencies. Emphasize that all answers should be honest and self-reflective to be meaningful, and that the Caseworker Core Competencies Assessment is a tool to identify areas where individuals can benefit from further coaching and staff development. Be sure to ask if the caseworker has any questions.

Set up a private, comfortable setting where the caseworker will complete the assessment independently. The tool should not be provided as homework.

Once completed, the caseworker and supervisor officer will sit together to review the answers. The caseworker will be given an opportunity to describe more thoroughly the responses.

The supervisor should thank the caseworker for completing the assessment, discuss the responses and explain that the information will help inform our capacity building plans. Be sure to respond to any questions that the caseworker might have.

Following the meeting with the caseworker, the supervisor should complete the scoring of the competencies and develop plan to ensure gaps identified are addressed through further supervision and capacity building.

## How Should the Data be Analyzed?

Tests should be marked by the supervisors using the criteria outlined in the table below.

All items in the questionnaire are based on a 2-point scale, with the following values:

- Fully meets the criteria **(2 points)**
- Partially meets the criteria **(1 point)**
- Does not meet the criteria **(0 points)**

Case Management Knowledge	Criteria for Answering Correctly
A. What are the main types of GBV?	<p><i>Need to all 6 types of GBV violence a full score. Need to identify 3 types of GBV for partial score.</i></p> <ol style="list-style-type: none"> <li>1. Rape</li> <li>2. Sexual assault</li> <li>3. Physical assault</li> <li>4. Forced marriage</li> <li>5. Denial of resources, opportunities or services</li> <li>6. Psychological/emotional abuse</li> </ol>
B. What are the causes of GBV?	<p><i>Need to identify at least 3 answers to receive full score. Identifying two of the answers earns 1 point.</i></p> <ol style="list-style-type: none"> <li>1. Abuse of power and Control</li> <li>2. Gender inequality</li> <li>3. Traditions and norms</li> <li>4. Culture and social norms</li> </ol>
C. What are the possible consequences of intimate partner violence for the survivor?	<p><i>Need to identify "injury" and at least two mental health problems, and "stigma" or "isolation" for full score. Partially met score requires "injury" and at least one mental health problem.</i></p> <ol style="list-style-type: none"> <li>1. Injury</li> <li>2. Death</li> <li>3. Mental health problems: Low self-esteem</li> <li>4. Mental health problems: Anxiety</li> <li>5. Mental health problems: Depression</li> <li>6. Mental health problems: _____ (other)</li> <li>7. Stigma, isolation from the community</li> <li>8. Feel guilty</li> </ol>

<b>D. What are the possible consequences of sexual violence?</b>	<i>Need to identify: HIV/AIDS or other STIs; pregnancy; two mental health problems; and stigma, isolation in community for a full score. For a partial score, must identify HIV/AIDS, pregnancy, and at least one mental health problem.</i>	<ol style="list-style-type: none"> <li>1. Injuries—general</li> <li>2. HIV/AIDS or other STIs</li> <li>3. Damage to reproductive organs</li> <li>4. Unwanted pregnancy</li> <li>5. Mental health problems: Low self-esteem</li> <li>6. Mental health problems: Anxiety</li> <li>7. Mental health problems: Depression</li> <li>8. Mental health problems: _____ (other)</li> <li>9. Stigma, isolation from the community</li> <li>10. Feel guilty</li> </ol>
<b>E. What are the Guiding Principles for working with GBV survivors?</b>	<i>Need to list and describe all guiding principles and describe them using key words for full (100%) score. Need to list and describe at least 2 principles for partial score.</i>	<ol style="list-style-type: none"> <li>1. Right to confidentiality. Survivor's information not shared without their permission.</li> <li>2. Promote safety/security. Survivor's physical and emotional safety must be ensured throughout helping process.</li> <li>3. Right to dignity and self-determination. Survivor's opinions and decisions are respected and followed regardless of our own opinions.</li> <li>4. Non-discrimination. Every survivor is treated and served in the same manner.</li> </ol>
<b>G. What are some of the reasons a survivor may not want to report GBV?</b>	<i>Need to identify at least five to receive a full score, identify 3 to receive a partial score.</i>	<ol style="list-style-type: none"> <li>1. Fear of retaliation from the perpetrator</li> <li>2. Fear / worry that no one will believe her / how people will react.</li> <li>3. Shame</li> <li>4. Self-blame</li> <li>5. Lack of transportation.</li> <li>6. Lack of money to pay service fees.</li> <li>7. Do not trust the authorities/ service providers</li> </ol>
<b>H. What body language can you use to make the survivor feel more comfortable (for example, the way you sit)?</b>	<i>Need to identify 5 to receive a full score, identify 4 for a partial score.</i>	<ol style="list-style-type: none"> <li>1. Sit face to face with her, but not at a desk</li> <li>2. Make eye contact appropriately</li> <li>3. Keep a friendly facial expression</li> <li>4. Lean in toward the survivor as she speaks</li> <li>5. Nod your head to show understanding</li> <li>6. Have a calm, relaxed body posture</li> </ol>
<b>I. Describe how caseworkers should start their first interview with the survivor (introduction and engagement).</b>	<i>Need to identify at least 6 points for full score (must include confidentiality, explaining rights, and permission to proceed). For partial score, identify 4 must include confidentiality, explaining rights, and permission to proceed).</i>	<ol style="list-style-type: none"> <li>1. Greet the survivor</li> <li>2. Introduce yourself</li> <li>3. Make sure you have privacy</li> <li>4. Explain your role.</li> <li>5. Explain confidentiality</li> <li>6. Explain her rights (can stop, refuse to answer, ask any questions)</li> <li>7. Explain how information will be stored.</li> <li>8. Ask her permission to proceed</li> <li>9. Mention the services that can be provided and those that are not available.</li> </ol>

J. When collecting GBV data, what are some of the important measures and precautions you should take?	<i>Need to explain the 3 main limits for full score, 2 for partial score</i>	<ol style="list-style-type: none"> <li>1. Locked cabinet</li> <li>2. Separate survivors' names from the case files</li> <li>3. Only sharing the relevant information with consent</li> </ol>
K. What are the limits to confidentiality in cases?	<i>Need to explain the 3 main limits for full score, 2 for partial score.</i>	<ol style="list-style-type: none"> <li>1. If the survivor is at risk of self-harm</li> <li>2. If the survivor is at risk of harming another person (possibly homicidal)</li> <li>3. If the perpetrator is an NGO worker that is part of the humanitarian response</li> <li>4. If the survivor is under 16 years old and faced sexual abuse</li> </ol>
M. When is informed consent sought during case management?	<i>Need to state both times to get full score. Partial score if state one.</i>	<ol style="list-style-type: none"> <li>1. At the start of case management services</li> <li>2. For referrals to other services providers</li> </ol> <p><b>This includes obtaining permission for collecting and storing data.</b></p>
N. Explain the main areas of need that you need to assess with survivors?	<i>Should name at least 4 assessment areas for full credit. Partial score is 3 areas.</i>	<ol style="list-style-type: none"> <li>1. Safety and protection</li> <li>2. Medical care and treatment</li> <li>3. Psychosocial needs</li> <li>4. Legal/justice needs</li> </ol>
O. What are the steps of case management?	<i>Need to name all 6 steps for full credit, 3 steps for partial score</i>	<ol style="list-style-type: none"> <li>1. Introduction and engagement</li> <li>2. Intake and assessment (interview)</li> <li>3. Case action planning</li> <li>4. Implementing the case action plan.</li> <li>5. Follow up and monitoring</li> <li>6. Case Closure</li> </ol>
P. What do we want to understand when we assess safety with a survivor?	<i>Need to identify and explain all correctly for full score. For partial score, identify 2.</i>	<ol style="list-style-type: none"> <li>1. Survivor's sense of personal safety in the home environment.</li> <li>2. Survivor's sense of personal safety in the community environment.</li> <li>3. Survivor's identified safety/support systems.</li> </ol>
Q. What do we need to prepare when we want to link the client with available services?	<i>Need to identify the preparation of referral and mention the service mapping and the consent from the survivor for full score. For partial score, identify 2.</i>	<ol style="list-style-type: none"> <li>1. Updated service mapping</li> <li>2. Survivor consent</li> <li>3. Referral form</li> <li>4. Follow up</li> </ol>

R. What information does a case manager have to provide to a survivor about health services when there is a sexual assault?	<i>Need to identify emergency contraception and HIV PEP medication and timeframes, as well as two additional items for a full score. Need to identify emergency contraception and HIV PEP medication and timeframes and one additional item for partial score.</i>	<ol style="list-style-type: none"> <li>1. If within 120 hr. period and concerned about pregnancy –emergency contraception available.</li> <li>2. If within 72 hr. period HIV PEP medication for prevention available.</li> <li>3. Forensic examination available if survivor wants to pursue justice—best if done within 48-hour period and survivor has not showered or changed clothes.</li> <li>4. STI treatment medication available.</li> <li>5. Pelvic examination available.</li> <li>6. Treatment of other injuries available.</li> </ol>
S. What are the main healing statements survivors should hear from you in your first interview?	<i>Need to identify all 5 for a full score. Need to identify at least 4 for a partial score.</i>	<ol style="list-style-type: none"> <li>1. I believe you.</li> <li>2. This is not your fault / You're not to blame.</li> <li>3. I'm glad you told me.</li> <li>4. I'm very sorry this happened to you.</li> <li>5. I am/ We are here to support you.</li> </ol>
S. Explain what happens during a follow-up session with a survivor.	<i>Need to identify at least 5 items to receive full score. Partial scores need to identify four.</i>	<ol style="list-style-type: none"> <li>1. Update progress on case action plan.</li> <li>2. Reassess safety</li> <li>3. Reassess psychosocial status.</li> <li>4. Reassess other needs/problems.</li> <li>5. Update the action plan.</li> <li>6. Obtain informed consent for new referrals.</li> </ol>

### Guidance for interpreting the scores

- Scores ranging from 26-36 points -- MET: Scores in this range indicate that the staff person has met the core case management requirements and is able to work independently with survivors with ongoing supervision.
- Scores ranging from 15-25 points -- PARTIALLY MET: Scores in this range indicate additional training is needed to build knowledge and skills in case management. A capacity building plan should also be put into place. This may include one-on-one mentoring sessions, additional training opportunities, shadowing fellow staff members, among other capacity building activities.
- Scores ranging from 0-14 Points -- NOT MET: Scores in this range indicate that the staff person does not have sufficient knowledge and skills to provide case management to GBV survivors. A capacity building plan should be put into place. This may include one-on-one mentoring sessions, additional training opportunities, shadowing fellow staff members, among other capacity building activities. Following additional training, the tool should be re-administered.

## Safety & Ethical Considerations

N/A – High Technical Requirements

## GBV CASE MANAGEMENT CORE COMPETENCIES ASSESSMENT - KNOWLEDGE & SKILLS TEST

Case worker Name	
Supervisor Name	
Assessment Date	
Score	

### QUESTIONS

A. What are the main types of GBV?

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B. What are the causes of GBV?

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C. What are the possible consequences of intimate partner violence for the survivor?

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D. What are the possible consequences of sexual violence?

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E. What are the Guiding Principles for working with GBV survivors?

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F. What are some of the reasons a survivor may not want to report GBV?

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G. What body language can caseworkers use to make the survivor feel more comfortable (for example, how you are sitting)?

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H. Describe how caseworkers should start their first interview with the survivor (introduction and engagement).

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I. When collecting GBV data, what are some of the important measures and precautions you should take?

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J. What are the limits to confidentiality in cases?

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K. When is informed consent sought during case management?

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L. Explain the main areas of need that you must assess with survivors?

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M. What are the steps of case management?

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N. What do we want to understand when we assess safety with a survivor?

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O. What documentation we need to prepare when we want to link the client with the services?

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P. What information does a case manager have to provide to a survivor about health services when there is a sexual assault?

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Q. What are the main healing statements survivors should hear from caseworkers in your first interview?

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R. Explain what happens during a follow-up session with a survivor.

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## Tool Name

### GBV Case Management Core Competencies Assessment - Attitudes & Perceptions Test

## Purpose

This tool should be used to assess caseworkers and supervisor's attitude and perceptions towards GBV and GBV survivors. This tool is used to assess whether a caseworker has acquired the minimum competency needed to start working with survivors without risks of harming the client. These are minimum competency standards for all GBV specialized staff involved in the provision of case management services. The results of the assessment should inform the capacity building and development actions that senior managers and supervisors provide in individual and group supervision sessions to specialized staff. It is also used through the different phases of the capacity-building plan to assess its impact and each individual's learning, while highlighting specific areas in which each staff may require further education and training.

## Who Should Administer the Tool?

For caseworkers, the tool should be administered by case workers' supervisors. This tool could also be administered by a TPM entity, as it is often the case in the context of this response.

## How Should the Tool be Used?

The supervisor will first explain the purpose; this is an assessment to better understand the caseworker's competencies. Emphasize that all answers should be honest and self-reflective to be meaningful, and that the Caseworker Core Competencies Assessment is a tool to identify areas where individuals can benefit from further coaching and staff development. Be sure to ask if the caseworker has any questions.

Set up a private, comfortable setting where the caseworker will complete the assessment independently. The tool should not be provided as homework.

Once completed, the caseworker and supervisor officer will sit together to review the answers. The caseworker will be given an opportunity to describe more thoroughly the responses.

The supervisor should thank the caseworker for completing the assessment, discuss the responses and explain that the information will help inform our capacity building plans. Be sure to respond to any questions that the caseworker might have.

Following the meeting with the caseworker, the supervisor should complete the scoring of the competencies and develop plan to ensure gaps identified are addressed through further supervision and capacity building.

## How Should the Data be Analyzed?

Tests should be marked by the supervisors using the criteria outlined in the table below.

Each question was devised so that answers can range from a positive high of 4 to a negative low of 1. Responses should be marked using the score card below

SCORE CARD					
ATTITUDE STATEMENTS		Strongly Agree	Agree	Disagree	Strongly Disagree
A	If women or girls who behave inappropriately are raped, it is their fault.	1	2	3	4
B	Survivors of GBV have the right to get help for what has happened to them.	4	3	2	1
C	If a survivor can't answer the questions she is asked during an interview she is making up the case.	1	2	3	4
D	Acts of GBV are always the fault of the perpetrator.	4	3	2	1
E	Women often say they have been raped or abused so that they can get attention or money.	1	2	3	4
F	A woman causes her husband's violence because of her own behavior.	1	2	3	4
G	There are times when a husband is justified in beating his wife.	1	2	3	4
H	A man who forces a woman to have sex is just someone who cannot control his sexual desire.	1	2	3	4
I	Violence against women is a family matter and should be handled within the family.	1	2	3	4
J	A survivor should have the right to make a decision about what actions are best for her.	4	3	2	1
K	Most men beat their wives <u>only</u> after they have been drinking or using drugs.	1	2	3	4
L	A GBV survivor should always report her case to justice authorities.	1	2	3	4
M	Women should be allowed to communicate to their sexual partners when they do and do not want to have sex.	4	3	2	1
N	It is my job to determine whether a survivor is telling the truth.	1	2	3	4
O	If a girl (15 years old) has consented to marriage it is not an early marriage and it not a type of GBV	1	2	3	4
<b>TOTAL SCORE</b> (sum the total score in each column to calculate the total score).					

### Guidelines for interpreting the scores

- Scores ranging from 57-47 points: Scores in this range indicate that the helper has a survivor-friendly attitude – they have positive beliefs and values for working with survivors.
- Scores ranging from 46-36 Points: Scores in this range indicate some troubling attitudes that may be harmful to survivors. Managers and supervisors should use their discretion in allowing staff to work on cases and may want to consider “coaching” the staff person before they work independently with survivors.
- Scores ranging from 35 Points and Below: Scores in this range indicate that an individual is not ready to work with survivors. Managers and supervisors should work independently with an individual who scores below 34 to address negative beliefs and attitudes and identify immediate actions to address these gaps.

### **Safety & Ethical Considerations**

N/A – High technical requirements

## GBV CASE MANAGEMENT CORE COMPETENCIES ASSESSMENT - ATTITUDES & PERCEPTIONS TEST

Case worker Name	
Supervisor Name	
Assessment Date	
Score	

Please mark your preferred answer with an "X".

ATTITUDE STATEMENTS		Strongly Agree	Agree	Disagree	Strongly Disagree
A	If women or girls who behave inappropriately are raped, it is their fault.				
B	Survivors of GBV have the right to get help for what has happened to them.				
C	If a survivor can't answer the questions she is asked during an interview she is making up the case.				
D	Acts of GBV are always the fault of the perpetrator.				
E	Women often say they have been raped or abused so that they can get attention or money.				
F	A woman causes her husband's violence because of her own behavior.				
G	There are times when a husband is justified in beating his wife.				
H	A man who forces a woman to have sex is just someone who cannot control his sexual desire.				
I	Violence against women is a family matter and should be handled within the family.				
J	A survivor should have the right to make a decision about what actions are best for her.				
K	Most men beat their wives <u>only</u> after they have been drinking or using drugs.				
L	A GBV survivor should always report her case to justice authorities.				
M	Women should be allowed to communicate to their sexual partners when they do and do not want to have sex.				
N	It is my job to determine whether a survivor is telling the truth.				
TOTAL SCORE					

## Tool Name

### GBV Case Management Observation Tool

## Purpose

The tool focuses on the evaluation of the case worker's understanding, respect and ownership of case management, GBV guiding principles and good practices. As such, this tool can and should be used for the observation of sessions at all stages of the case management process.

## Who Should Administer the Tool?

The tool should be used as a checklist guiding the shadowing of case management provision by the caseworker's supervisor. This checklist is part of the case regular coaching and should be used in one-on-one coaching sessions. The remote management nature of the GBV programme in the context of the Turkey cross-border operation may impose challenges to the physical presence of supervisors in-country. In such case, a remote-based arrangement should be contemplated using telecommunication.

## How Should the Tool be Used?

### Before the Assessment

The supervisor must:

- Prepare the caseworker so that they feel reassured about the process
- Schedule a day and an appropriate case that will be part of the observation process with the caseworker
- Be familiar with the client's case file ahead of joining a meeting.

The caseworker must:

- Schedule the interviews or meetings with a client/child and family. The caseworker should obtain the child's informed consent/assent and the one of the caregivers when needed.
- Eventual risks associated to the observation should be discussed. If no risk is underlined, and the client provide consent, then the observation can take place.

### During the Assessment

The supervisor must:

- Ensure that consent was obtained for the visit.
- Allow the caseworker to take the lead.
- Not interrupt the caseworker unless it is essential see detailed guideline.
- Take notes using the observation tool.

The caseworker must:

- Introduce the client to the supervisor and remind them why the supervisor is joining the visit, explain to the client that all the information will be confidential, explain the roles of the mentor.

#### After the Assessment

The supervisor must:

- Complete the observation tool, including constructive and positive feedback
- Organize a session with the caseworker to reflect on the session; some questions that the mentor should ask include “How did you feel about the session, what went well, do you have any questions, etc...”

The caseworker must:

- Complete the observation tool, including comments and questions

### How Should the Data be Analyzed?

These instructions are centered on the numeric results, which will be tracked to monitor each individual case worker’s performance in time. It is extremely important for supervisors to understand, however, that while scoring is important for transparency, the key element of this assessment are the concrete observation notes that will be marked during the observation. These remarks need to be shared with the caseworker, along with the score result in order to inform action plans for addressing gaps identified.

Forms should be marked by the supervisors using the criteria outlined in the table below.

PRINCIPLE	CRITERIA
1	At least 4- 5 examples for meet, 2 for partially meet
2	At least 4 examples for meet, 3 for partially meet
3	At least 6 examples for meet, 4 for partially meet
4	At least 3 examples for meet, 2 for partially meet
5	At least 6 examples for meet, 4 for partially meet
6	At least 4 examples for meet, 3 for partially meet
7	At least 5 examples for meet, 4 for partially meet
8	At least 3 examples for meet, 2 for partially meet
9	At least 6 examples for meet, 4 for partially meet
10	At least 4 examples for meet, 3 for partially meet

All items in the form are based on a 3-point scale, with the following values:

- Fully meets the criteria **(3 points)**
- Partially meets the criteria **(2 point)**
- Does not meet the criteria **(1 point)**

### Guidance for interpreting the scores

- Scores ranging from 30-23 points: MET. Scores in this range indicate that the caseworker has acquired and owns the Case Management and GBV Guiding Principles and is able to implement them through the service provision.
- Scores ranging from 22-12 points: PARTIALLY MET Scores in this range indicate additional training is needed to build knowledge and skills in case management. A tailored capacity building plan should also be put into place to avoid risks of harming clients. This may include one-on-one coaching sessions, additional training opportunities and shadowing fellow staff. Supervisors should use discretionarily to assess whether the case worker should continue providing case management services.
- Scores ranging from 0-11 points: NOT MET. Scores in this range indicate that the staff person hasn't sufficiently acquired case management and GBV core principled to provide services to GBV survivors. A capacity building plan should be put into place in agreement with the staff and his/her supervisor. The staff should not work directly with GBV survivors until the gaps haven't been addressed.

## Safety & Ethical Considerations

High

High technical requirements.

**BV CASE MANAGEMENT OBSERVATION TOOL**

Case worker Name	
Supervisor Name	
Assessment Date	



DID THE CASEWORKER....	EXAMPLES OBSERVED <i>Each example should refer to one of the indicators listed. Do not list several examples for each indicator.</i>	SCORE & NOTES
Use healing statements at the appropriate time (Indicators: uses statements such as I believe you; this is not your fault; I am glad you told me; I am sorry to hear this happened to you; you are strong and brave to talk with me; I will try to help you; these are difficult things you are telling me; many feels upset after a thing like that happens.)	At least 4- 5 examples for meet, 2 for partially met	<input type="radio"/> MET <input type="radio"/> PARTIALLY MET <input type="radio"/> NOT MET
2. Assess the client's safety and other urgent needs (Indicators: assesses the client's sense of personal safety in the home; assesses the client's sense of personal safety in the community; identifies/is aware of client's safety and support systems; (re)assesses and addresses medical, psychosocial and other needs as appropriate; updates the action plan.)		<input type="radio"/> MET <input type="radio"/> PARTIALLY MET <input type="radio"/> NOT MET
3. Seek to establish/maintain trust (Indicators: greets the client warmly, gives full attention; doesn't interrupt; listens before asking questions; uses respectful language; provides comprehensive and accurate information, refrains from telling the client what he/she should do; doesn't promise anything he/she can't do; tells the truth; is aware/seeks to understand the client's family/community dynamics; offers the child the choice to have a trusted adult present, or not.)		<input type="radio"/> MET <input type="radio"/> PARTIALLY MET <input type="radio"/> NOT MET

<p>4. Does not discriminate (Indicators: does not judge the client by his/her appearance; does not judge the client for his/ her tribal background; encourages the client to use the language that is most comfortable for him/her.)</p>		<p><input type="radio"/> MET</p> <p><input type="radio"/> PARTIALLY MET</p> <p><input type="radio"/> NOT MET</p>
<p>5. Empower the client and ensures his/her involvement in all aspects of the service provision (Indicators: communicates with the client using simple, clear, non-blaming language; provides clear and accurate information; is concise; helps the client to prioritize needs; works with the client to understand pros and cons of all options; respects if the clients don't want to answer or says "I don't know"; gives the client time to make decisions; allows the client to change opinion.)</p>	<p>At least 6 examples for meet, 4 for partially meet</p>	<p><input type="radio"/> MET</p> <p><input type="radio"/> PARTIALLY MET</p> <p><input type="radio"/> NOT MET</p>
<p>6. Respect the wishes, opinions, and decisions of the client, regardless of his/her own beliefs (Indicators: gives information to help the client make his/her own choice; doesn't tell the client what to do; inform the client that he/she can stop at any time, refuse to answer, ask any question; takes notes only after asking permission.)</p>		<p><input type="radio"/> MET</p> <p><input type="radio"/> PARTIALLY MET</p> <p><input type="radio"/> NOT MET</p>
<p>7. Protect the client's confidentiality (Indicators: obtains the client's informed consent and/or assent appropriately; exchanges with the client in a safe, quiet and confidential place, where they can't be overheard; explains the limits of confidentiality, if at the first interaction; shares relevant information with other agencies only with client's consent; keeps all documents secured; take notes and documents the case only upon having obtained informed consent).</p>		<p><input type="radio"/> MET</p> <p><input type="radio"/> PARTIALLY MET</p> <p><input type="radio"/> NOT MET</p>

<p>8. Respect the client (Indicators: is able to put herself/himself in the clients shoes, does not tell the client that she knows how the client feels or that others have had worse experiences, shows empathy)</p>		<p><input type="radio"/> MET <input type="radio"/> PARTIALLY MET <input type="radio"/> NOT MET</p>
<p>9. Use body language to make the client feel more comfortable (Indicators: sits face to face with the client; makes eye contact appropriately; keeps a friendly facial expression; lean in toward the client as he/she speaks; nods the head to show understanding; stays calmed and comforting throughout the interaction with the client; sits at the same level as the child)</p>		<p><input type="radio"/> MET <input type="radio"/> PARTIALLY MET <input type="radio"/> NOT MET</p>
<p>10. Actively listen (Indicators: uses open-ended questions, does not interrupt, reframes and summarizes, is able to accurately reflect on what the client has shared, checks in regularly with the client to ensure that he/she is understanding the client accurately)</p>		<p><input type="radio"/> MET <input type="radio"/> PARTIALLY MET <input type="radio"/> NOT MET</p>
<p><b>TOTAL SCORE</b></p>		

## Tool Name

### GBV Case Management Supervisory Core Competencies Test

## Purpose

This assessment represents the minimum standards for supervisory competencies, intended as a combination of knowledge and skills required for case management supervisors working GBV Case Management.

This tool is used to assess whether a supervisor has acquired the minimum supervisory competencies needed to start supervising case workers. It is also used to assess through the different phases of the capacity building plan to assess its impact and each supervisor's learning, while highlighting specific areas that may require further education and training.

## Who Should Administer the Tool?

The tool should be administered by a senior manager who is also a technical manager. In the Turkey cross-border response, it supervisors often report to non-technical GBV programme managers. Given the need to ensure follow-up technical support based on capacity gaps identified through the assessment, the tool should not be used if organizations do not have a senior technical manager overseeing the work of supervisors.

## How Should the Tool be Used?

The senior technical manager will first explain the purpose; this is an assessment to better understand their supervisory competencies. Emphasize that all answers should be honest and self-reflective to be meaningful, and that the Supervisory Core Competencies Assessment is a tool to identify areas where individuals can benefit from further coaching and staff development. Be sure to ask if the supervisor has any questions.

Set up a private, comfortable setting where the supervisor will complete the assessment independently. The tool should not be provided as homework.

Once completed, the supervisor and technical manager officer will sit together to review the answers. The supervisor will be given an opportunity to describe more thoroughly the responses.

The technical manager should thank the supervisor for completing the assessment, discuss with the supervisor the responses and explain that the information will help inform capacity building plans. Be sure to respond to any questions that the supervisor might have.

Following the meeting with the supervisor, the technical manager should complete the scoring of the competencies and develop plan to ensure gaps identified are addressed through further supervision and capacity building.

## How Should the Data be Analyzed?

Tests should be marked by the supervisors using the criteria outlined in the table below.

All items in the questionnaire are based on a point scale, with the following values:

- Fully meets the criteria **(2 points)**
- Partially meets the criteria **(1 point)**
- Does not meet the criteria **(0 points)**

Knowledge of CM Supervisory Role		Criteria for answering correctly
A. How do you make sure that case workers have a clear understanding of what they need to do?	<i>(Need to mention at least 3 points for full score, 2 for partial score)</i>	<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Clarify roles and responsibilities (job descriptions)</li> <li>• Set objectives and priorities for each case worker</li> <li>• Weekly planning and assigning work for each case worker</li> </ul>
B. What are the components of a functioning case management system?	<i>(Need to mention at least 5 points for full score, 4 for partial score)</i>	<ul style="list-style-type: none"> <li>• Individual case files are clearly labeled with ID codes in locked cabinets; or database</li> <li>• Clear criteria for case management services</li> <li>• Standard forms for all stages of CM process (registration, assessment, case plan/ action plan, follow-up, etc.)</li> <li>• Referral system is in place; mapping of services and an updated service directory</li> <li>• Protocol for closing cases</li> <li>• Training and coaching for caseworkers and supervisors</li> </ul>
C. How do you ensure the efficiency and quality of case management?	<i>(Need to mention at least 5 points for full score, 4 for partial score)</i>	<ul style="list-style-type: none"> <li>• Monitor timescales for responses</li> <li>• Services follow-up</li> <li>• Review of cases</li> <li>• Quality check for documentation</li> <li>• Observation of case workers</li> <li>• Overseeing the management of case loads</li> </ul>
D. How do you ensure confidentiality and data protection, and information protocols are respected?	<i>(Need to mention at least 2 points for full score, 1 for partial score)</i>	<ul style="list-style-type: none"> <li>• Ensure that case management team are aware of, and signed the code of conduct</li> <li>• Train the team on SOP's</li> <li>• Monitor the documentation of cases through review of files and databases on a regular basis</li> </ul>
E. What can you do as a supervisor to increase the wellbeing of the case workers?	<i>(Need to mention at least 5 points for full score, 4 for partial score)</i>	<ul style="list-style-type: none"> <li>• Regular individual and group supervision</li> <li>• team building/staff retreats</li> <li>• Encourage case workers to take break during work</li> <li>• Setting realistic expectations of team</li> <li>• Recognizing caseworkers' efforts</li> <li>• Being a role model for wellbeing for your team</li> </ul>
<b>F. Please describe the roles of a supervisor in the following CM steps: 6 points (Need to mention at least 5 points for full score, 4 for partial score)</b>		
<b>Step One: Identification and Registration</b>		<ul style="list-style-type: none"> <li>• Review staff caseloads to ensure they are manageable and do not exceed 30 cases per caseworker per 3-month period. Share challenges with senior management.</li> </ul>
<b>Step Two: Assessment</b>		<ul style="list-style-type: none"> <li>• Ensure comprehensive assessments are conducted and review findings with caseworkers, highlighting any gaps.</li> </ul>
<b>Step Three: Developing the Case / Action Plan</b>		<ul style="list-style-type: none"> <li>• Support as required the development of case plans ensuring they have a clear overall objective, respond to needs identified in assessments, and provide appropriate, timely support to Survivor</li> </ul>
<b>Step Four: Implementing the Case Plan</b>		<ul style="list-style-type: none"> <li>• Ensure access to material, logistical, and further technical support</li> <li>• Set eligibility criteria for material and financial support in coordination with senior management.</li> </ul>

<b>Step Five:</b> Follow Up, Monitoring and Review	<ul style="list-style-type: none"> <li>• Monitor timescales for response, services follow-up and review of cases.</li> <li>• Ensure cases are receiving appropriate support and timely support</li> <li>• Participate in case review meetings on high risk and complex cases.</li> </ul>
<b>Step Six:</b> Case Closure	<ul style="list-style-type: none"> <li>• Regularly review cases with case workers and ensure case closure procedures are followed according to SOPs.</li> <li>• Approve on case closures.</li> </ul>
<b>G. Please describe the roles of a supervisor in the following areas: 7 points totals</b> <i>(Need to mention at least 6 points for full score, 5 for partial score)</i>	
Training & Capacity Building	<ul style="list-style-type: none"> <li>• Ensure attendance at required training by all new and existing staff.</li> <li>• Evaluate staff competencies during recruitment and induction.</li> <li>• Provide ongoing support and guidance to staff to help them achieve minimum competencies in case work.</li> </ul>
Code of Conduct	<ul style="list-style-type: none"> <li>• . Ensure any concerns are reported and addressed immediately.</li> <li>• ensuring they are not causing more harm</li> </ul>
Supervision	<ul style="list-style-type: none"> <li>• Schedule and facilitate <i>case management meetings</i> at least once a month with all CM staff, review cases and discuss solutions.</li> <li>• Meet with case management staff individually at least once a week to provide technical advice, ensure cases are progressing, and provide psychosocial support to caseworkers.</li> <li>• Ensure staff gaps and training needs do not result in gaps in support to survivor who are receiving case management and address such issues with senior management.</li> </ul>
Case Management Procedures	<ul style="list-style-type: none"> <li>• Ensure that complex cases are followed up in the agreed time frame and steps.</li> <li>• Support individual cases where required and provide regular monitoring of all aspects of case management services.</li> </ul>
Coordination	<ul style="list-style-type: none"> <li>• Facilitate and attend case conferences for complex cases.</li> <li>• Ensure that an up-to-date service mapping is available with all caseworkers</li> <li>• Support caseworkers with challenges and advocate with service providers to provide timely and quality services to survivors</li> </ul>
Documentation	<ul style="list-style-type: none"> <li>• Monitor the documentation of cases through regular review of files. Ensure case files are backed up through agreed upon systems.</li> <li>• Ensure confidentiality and that data protection and information-sharing protocols are respected.</li> <li>• Ensure staff are trained on relevant policies, including ways to secure, move or destroy case information in an emergency.</li> </ul>
Case Tracking & Trend Analysis	<ul style="list-style-type: none"> <li>• Review case management databases weekly to ensure cases are progressing and database is being maintained according to agree upon procedures.</li> <li>• Highlight any new trends in Gender based violence issues with management.</li> </ul>

### Guidelines for interpreting the scores:

- 10-14 points: MET. Scores in this range indicate that the supervisor has met the case management supervisory competency requirements and is able to supervise a case worker.
- 6-9 Points: PARTIALLY MET. Scores in this range indicate additional training is needed to build knowledge and skills in supervision and management of case workers. A tailored capacity building plan should also be put into place prior to the staff started supervising the case workers to avoid risks of poor management/unproductive case management. This may include one-on-one coaching sessions, additional training opportunities and shadowing fellow staff members, among other capacity building.
- 0-5 Points: NOT MET. Scores in this range indicate that the supervisor does not have sufficient knowledge and skills to supervise case managers. A capacity building plan should be put into place in agreement with the staff. The staff should not supervise case workers until his competencies have been reassessed.

### Safety & Ethical Considerations

N/A – High technical requirements.



Supervisor Name	
Assessment Date	
Score	

### QUESTIONS

A. How do you make sure that case workers have a clear understanding of what they need to do?

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B. What are the components of a functioning case management system?

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C. How do you ensure the efficiency and quality of case management?

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D. How do you ensure confidentiality and data protection, and information protocols are respected?

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E. What can you do as a supervisor to increase the wellbeing of the case workers?

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F. Please describe the roles of a supervisor in the following CM steps:

- Step One: Identification and Registration

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- Step Two: Assessment

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- Step Three: Developing the Case / Action Plan

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- Step Four: Implementing the Case Plan

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- Step Five: Follow Up, Monitoring and Review

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- Step Six: Case Closure

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G. Please describe the roles of a supervisor in the following areas:

- Training & Capacity Building

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- Code of Conduct

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- Supervision

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- Case Management Procedures

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- Coordination

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- Documentation

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- Case Tracking & Trend Analysis

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# GBV PROGRAMME STAFF

## Tool Name

### Pre & Post Test – GBV Programme Staff

## Purpose

The purpose of the tool is to assess whether there has been an increase in knowledge among GBV programme staff taking part in a capacity development training.

## Who Should Administer the Tool?

The tests should be administered by the facilitator delivering the training.

## How Should the Tool be Used?

Facilitators should ask programme staff to complete the test prior to initiating the session and then again at the end of the training. Make sure that pre and post tests are administered with the exact same sample group.

## How Should the Data be Analyzed?

The data should be analyzed against the score outlined in the corresponding Score Card (below). Before the session begins providing each participant with a blank copy of the test. The same process should be repeated at the end of the session. Keep filled pre and post-test forms in separate piles.

The forms may be marked by the facilitator or transferred to the M&E team for marking and analysis.

These steps should be followed by the facilitator or assigned member of the M&E team to calculate the aggregate results for each test round (pre and post).

- The scores for knowledge and skills, and attitudes and perceptions can be calculated jointly for aggregate results or separately to better differentiate the impact of the training across these two different areas.
- Use the Score Cards to assign a score to each answer
- Add up the scores for each completed test.
- Divide this total score by the number of participants in the session to calculate the result for each test round.
- Determine the percent change in the overall aggregate score from pre to post-test administration for knowledge and skills, and attitudes and perceptions.

All items in the tests are based on a point scale, with the following values:

- Incorrect answer **(0 point)**
- Partial answer **(1 point)**
- Correct answer **(2 points)**

### **KNOWLEDGE & SKILLS TEST**

- Scores ranging from 20-28 points: No concerns, the staff is ready to work in a GBV programme.
- Scores ranging from 12-19 points: The staff requires follow up training and supervision.
- Scores ranging from 0-11: The staff requires urgent training and mentoring, should not work independently without supervision.

### **ATTITUDES & PERCEPTIONS TEST**

- Scores ranging from 23-26 points: The staff has overall positive perceptions and attitude towards gender/GBV/survivors, and is ready to support the GBV programmes.
- Scores ranging from 18 -22 points: The staff has overall positive perceptions and attitude towards gender/GBV/survivors, but requires targeted guidance and supervision to tackle remaining biases and misconceptions.
- Scores ranging from 10-17 points: The staff has some positive perceptions and attitude towards gender/GBV/survivors, but requires substantial guidance and supervision to tackle biases and misconceptions.
- Scores ranging from 0-9 points: The staff is not ready to work in GBV programmes and should be closely mentored and guided.

SCORE CARD - PART I: KNOWLEDGE & SKILLS	
#	Answer
1	Emotional, Physical, Social
2	Any experience beyond the range of normal suffering that causes extreme stress reactions. OR mention of 1) an event and 2) symptoms/certain bodily reaction
3	Physical, Emotional, Cognitive/Thought, Behavioral
4	Safety/security; Respect the survivor's wishes; Non-discrimination; Confidentiality
5	Observing; Attending; Listening; Responding
6	Non-verbal, examples: eye contact or body position or tone Verbal, examples: summarize or focus or re-direct or effective questioning
7	Square-sit square to the survivor or Open posture or Lean in or Eye contact or Relaxed
8	Any 3 of the below Coping strategies for survivor, family, or friends: listening to music, resting, help with household chores, talking with people who care about you Relaxation techniques: deep breathing, pushing a wall, tightening and releasing muscles
9	All 4: Psychosocial Support, Health, Legal, Security/protection
10	The dynamic relationship between psychological and social effects of a GBV incident on an individual.
11	One of the below about empathy and one of the below about sympathy. Empathy is a psychological identification with or attempt to understand the feelings, thoughts, or attitudes of another person. It is the attempt to put oneself in the survivor's shoes. Sympathy describes a quality of relations between people or a thing whereby whatever affects one also affects the other. Sympathy also implies that the service provider feels
12	Any one of the sentences below. - An international best practice during an emergency and humanitarian action to boost coordination and quality of GBV prevention and response interventions. - Describes minimum actions to be taken to respect international standards and a survivors-centered approach in caring for GBV survivors, focusing on clear procedures, guiding principles, roles, and responsibilities for each actor involved in the prevention of, and response to, GBV. - Aim to effectively mitigate, prevent, and respond to GBV within the Syrian humanitarian response, improve services offered to GBV survivors and all individuals exposed to GBV, by setting out minimum standards to ensure quality among actors and coordination and coherence among organizations.
13	Any two of the below: Be nurturing, comforting and supportive Reassure the child Do NO harm—be careful not to further re-traumatize the child Speak so children understand Help children feel safe Tell children why you are talking with them Use appropriate people Pay attention to non-verbal communication Respect children's opinions, beliefs, and thoughts
14	0-5 years old

## SCORE CARD - PART II: ATTITUDES & PERCEPTIONS

STATEMENT	<i>I don't agree at all</i>	<i>I don't agree</i>	<i>I agree</i>	<i>I strongly agree</i>
1. Men are naturally violent.	2	1	0	0
2. Biological differences between men and women should determine the role they play in society.	2	1	0	0
3. Survivors of GBV have the right to get help for what has happened to them.	0	0	1	2
4. If the violence stops, the survivor no longer needs help.	2	1	0	0
5. Women often say they have been abused so that they can get attention or money.	2	1	0	0
6. Acts of gender-based violence are always the fault of the perpetrator.	0	0	1	2
7. Early marriage provides protection for adolescent girls who live in poverty.	2	1	0	0
8. Early marriage is part of the culture. You can't change the way a culture is.	2	1	0	0
9. Domestic violence is a family matter and should be handled within the family.	2	1	0	0
10. When children see domestic violence taking place, they learn that it is acceptable for men to express their power through violence.	0	0	1	2
11. The wife who is threatened with violence will learn to respect her husband more.	2	1	0	0
12. Men commit sexual violence against women and girls not because they cannot control their sexual desires. They do so to maintain dominance over women.	0	0	1	2
13. Virginity testing is a violation of women and girls' privacy.	0	0	1	2

### Safety & Ethical Considerations

N/A – High Technical Requirements



## PRE & POST TEST – GBV PROGRAMME STAFF

Organization	
Assessment Date	
Score	
Round	<input type="radio"/> Pre-test <input type="radio"/> Post-test

### PART I – KNOWLEDGE & SKILLS

1. Name three effects or consequences of violence on a survivor?

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2. Define trauma.

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3. Name 4 main categories that traumatic symptoms fall under.

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4. List the 4 GBV guiding principles.

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5. List the four basic PSS skills.

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6. What two types of communication techniques are required for active listening? Provide one example of each.

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7. What is one behavior one should have when attending to a survivor?

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8. Identify:

a. One coping strategy for a survivor, family member, or friend

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b. One relaxation technique

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9. Name the 4 key sectors of GBV response in the multi-sectoral approach.

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10. Define psychosocial.

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11. What is the difference between sympathy and empathy?

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12. Describe the GBV SOPs in 1-3 sentences.

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13. Name two important best practices to follow when communicating with a child survivor.

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14. Until what age children should not be asked directly about abuse?

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## **PART II – ATTITUDES & PERCEPTIONS**

Please indicate extent to which you agree/disagree with the following statements:

**1. Men are naturally violent.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**2. Biological differences between men and women should determine the role they play in society.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**3. Survivors of GBV have the right to get help for what has happened to them.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**4. If the violence stops, the survivor no longer needs help.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**5. Women often say they have been abused so that they can get attention or money.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**6. Acts of gender-based violence are always the fault of the perpetrator.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**7. Early marriage provides protection for adolescent girls who live in poverty.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**8. Early marriage is part of the culture. You can't change the way a culture is.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**9. Domestic violence is a family matter and should be handled within the family.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**10. When children see domestic violence taking place, they learn that it is acceptable for men to express their power through violence.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree ☐ Strongly

**11. The wife who is threatened with violence will learn to respect her husband more.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**12. Men commit sexual violence against women and girls not because they cannot control their sexual desires. They do so to maintain dominance over women.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

**13. Virginity testing is a violation of women and girls' privacy.**

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

## Tool Name

### Trainee Feedback Form – GBV Programme Staff

## Purpose

The purpose of the tool is to collect feedback of trainees on the quality of the training and to identify whether and how the plan on applying the knowledge gained.

## Who Should Administer the Tool?

In order to ensure independence, tool should be administered by a member of the M&E team who was not involved in the implementation of awareness raising activities.

## How Should the Tool be Used?

Trainees should be requested to fill the forms on the training's last day/session.

Answer options in some of the questions included in the tool should be customized to reflect the topics covered in the activity

## How Should the Data be Analyzed?

Filled forms should be directly transferred to the M&E team for analysis. Findings should be shared with the organizations' GBV team for learning and follow-up action, as needed.

## Safety & Ethical Considerations

Low

## TRAINEE FEEDBACK FORM --GBV PROGRAMME STAFF

Training Title	
Name of Facilitator	
Location	
Date	

- This is an anonymous questionnaire. Please do not write your name anywhere.
- Your participation is voluntary.
- Your answers will not be shared.
- This information will help us assess the quality of the vocational skills training programme and make the necessary improvements where needed.

### About the Content & Materials

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1. How would you rate the appropriateness, usefulness, and quality of the training content?

☐ Excellent ☐ Good ☐ Average ☐ Poor

2. What were the most useful topics discussed, if any?

☐ Topic A ☐ Topic B. ☐ Topic C. ☐ Topic D. ☐ Topic E ☐ Topic F

Why? \_\_\_\_\_  
\_\_\_\_\_

3. What were the least useful topics discussed, if any?

☐ Topic A ☐ Topic B. ☐ Topic C. ☐ Topic D. ☐ Topic E ☐ Topic F

Why? \_\_\_\_\_  
\_\_\_\_\_

4. How would you rate the quality of the training visual aids?

☐ Excellent ☐ Good ☐ Average ☐ Poor

5. In your opinion, were the practical activities and exercises useful?

☐ Yes ☐ Somewhat ☐ No

6. Were the examples provided applicable to your line of work?

☐ Yes ☐ Somewhat ☐ No

## About the Facilitator

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Please the facilitator's...

7. Ability to communicate the training content:

☐ Excellent ☐ Good ☐ Average ☐ Poor

8. Punctuality and management of time:

☐ Excellent ☐ Good ☐ Average ☐ Poor

9. Ability to manage the discussions/questions' answers:

☐ Excellent ☐ Good ☐ Average ☐ Poor

10. Ability to capitalize on participants' expertise:

☐ Excellent ☐ Good ☐ Average ☐ Poor

11. Use of practical examples:

☐ Excellent ☐ Good ☐ Average ☐ Poor

12. Knowledge and expertise on the topics covered by the training:

☐ Excellent ☐ Good ☐ Average ☐ Poor

13. Do you have any recommendations for improving the performance of the facilitator?

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## Self-Perception of Learning

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14. Overall, to what extent has the training helped to increase your knowledge of GBV?

☐ Great extent ☐ Moderate extent ☐ Minimal extent ☐ Not at all

15. If at all, how do you plan on applying the knowledge learned in your work?

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16. In a scale from 1-5, where 1 is not confident at all and 5 is very confident, rate your confidence level handling the following situations:

A. I feel confident I have an understanding of the emotional needs of survivors of sexual violence.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

B. I feel confident I have the communication skills needed to work with women and children who have been raped.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

C. I know the minimum services that should be available for survivors of sexual violence.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

D. I feel confident that I know how to refer a survivor to the appropriate services.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

E. I feel confident that I know at least two self-care techniques to help prevent or address stress I may experience because of my work with survivors.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Thank you for your participation.

The information you provided will be carefully reviewed by our team and help us improve similar activities in the future.



# NON-GBV ACTORS

## Tool Name

### Pre & Post Test – Non-GBV Actors

## Purpose

The purpose of the tool is to assess whether there has been an increase in knowledge among non-GBV actors taking part in a capacity development training.

## Who Should Administer the Tool?

The tests may be administered by the facilitator who delivered the session or by a member of the M&E team.

## How Should the Tool be Used?

Facilitators should ask participants to complete the test prior to initiating the session and then again at the end of the training. Make sure that pre and post tests are administered with the exact same sample group.

## How Should the Data be Analyzed?

The data should be analyzed against the score outlined in the corresponding Score Card (below). Before the session begins providing each participant with a blank copy of the test. The same process should be repeated at the end of the session. Keep filled pre and post-test forms in separate piles.

The forms may be marked by the facilitator or transferred to the M&E team for marking and analysis.

These steps should be followed by the facilitator or assigned member of the M&E team to calculate the aggregate results for each test round (pre and post):

- Use the program Score Card to assign a score to each answer.
- Add up the scores for each completed test.
- Divide this total score by the number of participants in the session to calculate the result for each test round.
- Determine the percent change in the overall aggregate score from pre to post-test administration.

All items in the questionnaire are based on a point scale, with the following values:

- Incorrect answer **(0 point)**
- Correct answer **(1 point)**

## SCORE CARD

#	Answer
1	False
2	False
3	True
4	False
5	True
6	Writing an email to the referral focal point organization, Contacting the GBV SC Coordinators and writing an email to their supervisors asking for advice.
7	Call/what's app the GBV district focal point and refer the case; Accompany the survivor if possible.
8	Explain to the survivor the benefits and consequences of accessing the services; Do not create expectations that cannot be met.
9	False
10	True
11	True
12	True
13	False

## Safety & Ethical Considerations

Low

## PRE & POST TEST – NON-GBV ACTORS

Facilitator Name:

Training Date:

Round: ☐ Pre-test ☐ Post-test

1. Emergencies, including natural disaster and conflict are the cause of GBV  
☐ True ☐ False
2. Service providers are best placed to decide what care a survivor needs  
☐ True ☐ False
3. Informed consent can only be given free of coercion or threat.  
☐ True ☐ False
4. All humanitarian actors should try to actively identify survivors of GBV so they can help them to get support  
☐ True ☐ False
5. In most cases, the GBV District Focal Points will be the primary point of contact for non-GBV actors in the response and referral of survivors to specialized services  
☐ True ☐ False
6. Non-GBV Actor can access referral pathway by:
  - ☐ Writing an email to the referral focal point organization
  - ☐ Asking a friend who works in an organization who received it.
  - ☐ Contacting the GBV SC coordinators
  - ☐ Writing an email to their supervisor asking for advice.
7. When referring a GBV survivor you should (check all answer that apply):
  - ☐ Ask permission from the GBV SC coordinators
  - ☐ Call/what's app the GBV district focal point and refer the case
  - ☐ Send a written referral describing the situation and the name of the survivor in the same email/message
  - ☐ Accompany the survivor if possible

8. Information you give to the survivor about referrals should (check all answer that apply):
- ☐ Explain to the survivor the benefits and consequences of accessing the services
  - ☐ Not create expectations that cannot be met
  - ☐ Tell the survivor that when she agrees to the referral she can't change her mind afterward
  - ☐ Stress that the quality of the service that you will refer her to cannot be ensured and that she can't come back to you to complain
9. Every survivor of GBV has the same needs.
- ☐ True
  - ☐ False
10. All humanitarian actors have a responsibility to mitigate the risk of Gender-based Violence.
- ☐ True
  - ☐ False
11. The GBV Guidelines recommend actions to mitigate GBV risks throughout the programme cycle.
- ☐ True
  - ☐ False
12. Increasing girls' participation is one example of a GBV risk mitigation strategy.
- ☐ True
  - ☐ False
13. A good indicator to measure the success of GBV mainstreaming is a decrease in the number of reported GBV cases.
- ☐ True
  - ☐ False

## Tool Name

### Trainee Feedback Form – Non-GBV Actors

## Purpose

The purpose of the tool is to collect feedback of trainees on the quality of the training.

## Who Should Administer the Tool?

In order to ensure independence, tool should be administered by a member of the M&E team who was not involved in the implementation of awareness raising activities.

## How Should the Tool be Used?

Trainees should be requested to fill the forms on the training's last day/session.

Answer options in some of the questions included in the tool should be customized to reflect the topics covered in the activity

## How Should the Data be Analyzed?

Filled forms should be directly transferred to the M&E team for analysis. Findings should be shared with the organizations' GBV team for learning and follow-up action, as needed.

## Safety & Ethical Considerations

Low

## TRAINEE FEEDBACK FORM – NON-GBV ACTORS

Training Title	
Name of Facilitator	
Location	
Date	

- This is an anonymous questionnaire. Please do not write your name anywhere.
- Your participation is voluntary.
- Your answers will not be shared.
- This information will help us assess the quality of the vocational skills training programme and make the necessary improvements where needed.

### About the Content & Materials

1. How would you rate the appropriateness, usefulness, and quality of the training content?

☐ Excellent ☐ Good ☐ Average ☐ Poor

2. What were the most useful topics discussed, if any?

☐ Topic A ☐ Topic B. ☐ Topic C. ☐ Topic D. ☐ Topic E ☐ Topic F

Why? \_\_\_\_\_  
\_\_\_\_\_

3. What were the least useful topics discussed, if any?

☐ Topic A ☐ Topic B. ☐ Topic C. ☐ Topic D. ☐ Topic E ☐ Topic F

Why? \_\_\_\_\_  
\_\_\_\_\_

4. How would you rate the quality of the training visual aids?

☐ Excellent ☐ Good ☐ Average ☐ Poor

5. In your opinion, were the practical activities and exercises useful?

☐ Yes ☐ Somewhat ☐ No

6. Were the examples provided applicable to your line of work?

☐ Yes ☐ Somewhat ☐ No

7. Overall, to what extent has the training helped to increase your knowledge of GBV?

☐ Great extent   ☐ Moderate extent   ☐ Minimal extent   ☐ Not at all

8. If at all, how do you plan on applying the knowledge learned in your work?

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### About the Facilitator

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Please the facilitator's...

9. Ability to communicate the training content:

☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

10. Punctuality and management of time:

☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

11. Ability to manage the discussions/questions' answers:

☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

12. Ability to capitalize on participants' expertise:

☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

13. Use of practical examples:

☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

14. Knowledge and expertise on the topics covered by the training:

☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

15. Do you have any recommendations for improving the performance of the facilitator?

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## Logistics & Organization

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16. Please rate the quality of the venue:

☐ Excellent ☐ Good ☐ Average ☐ Poor

17. Please rate the quality and appropriateness of allocated snack breaks:

☐ Excellent ☐ Good ☐ Average ☐ Poor

18. Please rate the appropriateness of allocated training hours:

☐ Excellent ☐ Good ☐ Average ☐ Poor

19. Please rate the quality of communication with the organizing team before and during training: ☐ Excellent ☐ Good ☐ Average ☐ Poor

20. Did you receive the training agenda, relevant information and supporting materials on time?

☐ Yes ☐ No

21. Do you have any suggestions for improving the organization and logistics of the training?

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Thank you for your participation.

The information you provided will be carefully reviewed by our team and help us improve similar activities in the future.

# **Section 5**

## **QUALITY & ROUTINE MONITORING**

## Tool Name

### Checklist– Women and Girls Safe Space

### Action Plan Form – Women and Girls Safe

## Purpose

The Checklist and corresponding Action Plan forms help to inform assessments of the facilities where services are being provided and the extent to which the facility is compliant with pre-defined quality standards for the delivery of services.

## Who Should Administer the Tool?

In order to guarantee a good degree of independence in the process, it is not recommended that the assessment is carried out by staff working in the center (as a self-assessment). Ideally, it should be administered by the organization's M&E team.

## How Should the Tool be Used?

Assessment should be implemented at least every quarter to verify the Space's compliance against the parameters outlined and the evolution of the Action Plan. An M&E officer or field enumerator should visit the site and work with the staff to fill out the checklist. It is important that information reported is verified and substantiated by physical evidence. Visual inspection of premises and analysis of documentation should be performed to support findings. The M&E officer or enumerator should take note of all sources of information used to corroborate its analysis in corresponding space allocated in the form (under "Evidence & Remarks").

## How Should the Data be Analyzed?

Filled checklists should be submitted to the M&E team for analysis.

All items in the questionnaire are based on a 3-point scale, with the following values:

1. Fully Met: 2 points
2. Partially Met: 1 point
3. Not Met: 0 points

Scores should be calculated for each Section and then added up to arrive at the total score. Once marking is completed it should be transferred to the GBV team. The GBV Programme Manager can use the Action Plan form to identify, jointly with the Space Manager, areas in need of improvement, corresponding follow-up actions needed and timelines for their implementation. In the subsequent assessment rounds, past Checklists and Action Plans can be used to compare improvements made across time to meet the pre-defined quality standards.

## Safety & Ethical Considerations

Low

## CHECKLIST – WOMEN AND GIRLS SAFE SPACES

Visit Date		Enumerator Name	
Space Name			
Location	Community:	Governorate	District: Sub-District:

STANDARDS	RATING			EVIDENCE & REMARKS
	FULLY MET	PARTIALLY MET	UNMET	
Section A. Policy and Procedures				
1. The procedures of the community center are available in Arabic.				
2. Employees' code of conduct is available in Arabic				
3. There is an assigned team/office/department handling complaints from beneficiaries in a safe and confidential manner.				
4. The staff demonstrate to know the organization’s ethical policy and code of conduct.				
5. Non-specialized staff is able to refer protection cases in a safe and confidential manner.				
Sub-total Score				
Section B. Coordination				
1. The staff demonstrate that they cooperate with other service providers in the area for referrals and activity implementation.				
2. The center has a map of all services available in the community which is updated on a regular basis.				
Sub-total Score				
Section C. Participation				
1. Employees demonstrate to know their specific roles and responsibilities in the programme.				
2. There is community/beneficiary participation in the programme cycle (needs assessment, designing, selecting, implementing, and evaluating interventions).				
3. Clear, safe and confidential reporting mechanisms exist and are made available to beneficiaries in case they want to report complaints/abuses.				

4. Activities are open to all; as relevant, eligibility criteria are clearly communicated to all potential beneficiaries.				
<b>Sub-total Score</b>				
<b>Section D. Infrastructure</b>				
1. There is sufficient indoor and outdoor space for activities to take place.				
2. There is a division between administrative spaces and/or space used by staff only, and space dedicated for beneficiaries.				
3. The center is well maintained, and infrastructure is appropriate to host activities (e.g.: rooms are heated in the winter and ventilated in the summer).				
4. Games and equipment are in a good condition.				
5. A focal point or team has been assigned for dealing with safety and security issues.				
<b>Sub-total Score</b>				
<b>Section E. Gender, Age ,disability Appropriateness &amp; PSEA</b>				
1. The space is fit to accommodate people with disabilities.				
2. The space is fit to accommodate older people.				
3. There is material available for children and these do not contain sharp edged.				
4. Equipment, materials, and resources available and appropriate for both girls and boys (skip if is not applicable and write N/A on remarks field).				
5. PSEA awareness materials , and on safe and accessible complaints and feedback mechanisms, are visible to beneficiaries at the space				
<b>Sub-total Score</b>				
<b>Section F. Water, Hygiene &amp; Sanitation</b>				
1. Toilets are gender-sensitive (skip if is not applicable and write N/A on remarks field).				
2. Toilets are cleaned regularly.				
3. Soap for washing hands is available.				
3. Drinking water is available.				
4. At least one first-aid kit is available and safely stored.				
<b>Sub-total Score</b>				
<b>Section G. Activities</b>				

1. A range of activities, including protection-related, are available (psychological support, case management, vocational training, etc.).				
2. There is a well-balanced distribution of activities targeting different audience groups (disability status, age, gender, etc.).				
4. The schedule of weekly activities is clearly displayed.				
<b>Sub-total Score</b>				
<b>Section H. GBV Response</b>				
1. A safe and private environment is available for people to receive compassionate assistance.				
2. Staff/volunteers are trained on confidentiality.				
3. Trained staff/volunteers are able to provide relevant information and referrals for health care, and safety options to people seeking help.				
4. There are staff/volunteers who are representative of the different ethnic backgrounds relevant to the context.				
5. Trained staff/volunteers are able to provide PFA to individuals and families.				
6. Trained staff/volunteers are able to provide case management to survivors.				
7. Resources are available to meet immediate basic needs through provision of cash or in-kind assistance				
<b>Sub-total Score</b>				
<b>Section I. Human Resources</b>				
1. An organigram is available and regularly updated.				
2. There is balance between employees and volunteers in terms of age, gender, and disability status (skip if is not applicable and write N/A on remarks field).				
3. A TOR/job description exists for each programme staff member.				
4. Staff undergoes period appraisals and performance evaluations.				
5. Staff abides by uniform regulations and carry an ID/badge.				
6. There is due consideration for gender and age appropriateness when assigning staff members to conduct activities with specific groups.				
<b>Sub-total Score</b>				
<b>Section J. Data Protection Protocols</b>				

1. A written policy exists on data protection protocols including the utilization of a code for each survivor and who can access the paper files.				
2. All staff interacting with survivors have received training on data protection.				
3. Case management files are stored in a closed cabinet and/or kept in a safe location outside of the center				
4. A non-personal e-mail address is available for use when cases are referred to external services providers.				
8. There is a clear plan for data evacuation and/or destruction in case of emergency.				
<b>Sub-total Score</b>				
<b>TOTAL SCORE</b>				
Remarks of the Center Manager				
Remarks of Enumerator:				

## ACTION PLAN – WOMEN AND GIRLS SAFE SPACES

Monitoring Visit Report Date		GBV Programme Manger Name	
Action Plan Date		Space Manager Name	
Center Name			
Location	Community:	Governorate:	District: Sub-District:

Area of Improvement	Proposed Action	Timeline	Priority: Medium, High, Low
Remarks			



## Tool Name

### Activity Monitoring Report

## Purpose

The tool is generic and can be adapted serve multiple programme implementation monitoring purposes (non-sensitive interventions).

## Who Should Administer the Tool?

The tool has been designed for use by M&E officers and field enumerators conducting routine monitoring of programme implementation.

## How Should the Tool be Used?

The monitoring report should be filled out during or immediately conducting the site visit

## How Should the Data be Analyzed?

The reports should be sent to both M&E and GBV programme managers to keep them abreast of programme implementation and inform follow-up action, as needed.

## Safety & Ethical Considerations

Low

## ACTIVITY MONITORING REPORT

Monitoring Visit Date		Enumerator Name	
Purpose of the Visit			
Location	Governorate:	District:	Sub-District:

### DESCRIBE PROGRAMME ACTIVITIES AND ISSUES MONITORED DURING THE VISIT

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### DESCRIBE ANY CHALLENGES AND ACHIEVEMENTS OBSERVED DURING THE VISIT

--

### DESCRIBE ANY FOLLOW-UP ACTION(S) NECESSARY

--

### USE THIS SPACE TO RECORD QUOTES /REACTIONS FROM BENEFICIARIES OR STAKEHOLDERS

--

### OTHER COMMENTS/REMARKS

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### ATTACHMENTS

☐ Photos
 ☐ Other – Specify:

# **Section 6**

## **PROTECTION AGAINST SEXUAL EXPLOITATION & ABUSE**

## Tool Name

### PSEA Field Prevention & Mitigation Checklist

The sector-specific tools can be accessed through the following link:

<https://drive.google.com/drive/folders/1foeDcyGHSdGrfzF0p3AjdXl7aA0WZdW?usp=sharing>

## Purpose

The PSEA Field Prevention and Mitigation Checklist is an observational tool designed to assist agencies in reviewing field activities to identify and respond to gaps and risks related to Sexual Exploitation and Abuse (SEA) of beneficiaries. The tool was developed in response to the need to mainstream considerations for preventing sexual exploitation and abuse of beneficiaries- an unacceptable breach of the fundamental rights of affected populations—in a consistent and standardized way. The use of this tool will help prevent and mitigate the risks and gaps that contributes to an environment where SEA may be more likely to occur. The tool is for use by field staff in observation of field activities and is often applied as part of existing M&E processes, but it is not a tool to measure beneficiary satisfaction or receive beneficiary feedback. The use of the tool does not and should not involve any interaction with beneficiaries. The application of the tool should result in actions by the organization to fill and resolve identified gaps and risk, until PSEA minimum standards are fully achieved in all field activities.

## Who Should Administer the Tool?

The tool should be administered by field staff who observe a particular field activity, review the existence/absence of indicators in the checklist and mark them in the checklist. The checklist can be used as a physical document or as an electronic survey through tools such as Kobo. While any field staff can use the checklist, many agencies use M&E or TPM field enumerators to administer the tool as part of already existing/ongoing M&E activities. It is essential that staff administering the tool receive training or sensitization about PSEA, understand the purpose of the tool and how it is supposed to be applied (only by observation).

Staff should be prepared and informed on two essential points:

- a) not to interact with or ask questions to beneficiaries for the implementation of this tool and
- b) be informed about existing safe and accessible complaint mechanisms for reporting SEA in case they need to report an incident.

## How Should the Tool be Used?

Some examples of activities and sites where the field checklist is applied are: food distribution, NFI distribution, camp activities, community centers, health clinics, etc.

Enumerators may need to clarify issues with field staff delivering the activity on-site, but the checklist should never be applied in an interview or question and answer-based format

Staff should administer the tool by visiting the field activity while it is ongoing. Program managers and PSEA FPs are recommended to coordinate observation plans together by identifying field activities which will be observed, as well as dates, locations and staff who will carry out the observation. It is recommended that an organization carry out this observation for all of their field activities and ongoing projects, and if feasible, at all locations. If not possible to carry out observations at all locations, the agency may select a sample size of locations, or use locations and sample sizes already identified and used by M&E teams.

Other staff at the site should be informed and prepared for the arrival of the staff member for observation, and the observer should be permitted conduct the assessment while the activity occurs.

During the observation, enumerators should go through the checklist and mark whether they observe the presence or absence of each indicators. If an indicator is not applicable to their context and/or activity, they can mark n/a.

Frequency of application is up to the preference and capacity of each organization. It is recommended that it be applied at least once in a project cycle. It is strongly recommended that the exercise be repeated to assess whether previously identified gaps/risks have been addressed.

## How Should the Data be Analyzed?

The relevant program managers and PSEA FP should review the results of the observation(s) together to:

- a) Identify gaps and risks
- b) Brainstorm actions/solutions on how the gaps can be filled / risks mitigated
- c) Plan/schedule an action plan and initiate changes 4) track the implementation/results.

Action points will be based on the types of issues being identified through this observation activity. Some gaps and risks might be very easy to complete. For example, if distribution sites are missing PSEA awareness raising materials and interagency hotline numbers are not visible to beneficiaries, this can easily and quickly be resolved through the dissemination of materials made available by the PSEA Network.

Other types of gaps or risks may require more time or decision making that involves head of the office, re-alignment of budgets, etc. For example, if there is an absence of humanitarian staff or female humanitarian staff in some activities, staff allocation may need to be reviewed to ensure that activities do not continue unmonitored, or the agency may need to hire more female staff to fill the gaps. In other cases where a field activity is implemented by contractors or local companies, a review of agreements and procedures relating to those companies and their staff may be needed.

PSEA prevention and mitigation is an ongoing process, so agencies should take timely corrective actions as feasible, while continuing to work on any longer-term issues that require more time and effort.

## Safety & Ethical Considerations

Medium

Field observers who will administer should be prepared and understand how to use the tool. It should clearly be communicated that the tool is observational, and what the staff may or may not do while observing. There are also safety and ethical considerations depending on the type of staff administering the tool. Staff who have never been exposed to protection and PSEA related topics must be sensitized and/or trained on PSEA prior to observation. This training / sensitization should be provided by the agencies' PSEA Focal Point(s) or those who have been directly trained by the PSEA Focal Point.

REMINDER: Observers should be equipped with PSEA Interagency reporting hotline or other safe and accessible complaint mechanism in case they encounter a violation that must be reported.

# PART III

## GUIDANCE FOR GBV SC MEMBER ORGANIZATIONS, THIRD- PARTY MONITORING ENTITIES AND DONORS ON HANDLING EXTERNAL M&E AND VERIFICATION PROCESSES

## When you are a donor (and also an implementer of GBV programming) contracting third-party monitoring entities to provide M&E/verification services for your own or other organizations' GBV programme...

### Do

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- At selection phase, prioritize entities with proven track-record of providing TPM services for GBV or Protection programmes, and that are able to demonstrate, tangibly, how they have successfully incorporated safety and ethical considerations into their work.
- As feasible, include safety and ethical compliance requirements into TORs and contracting agreements. For example, entities may be requested to have a Protection specialist on staff; screen enumerators for attitudes towards GBV/gender/survivors during recruitment processes; make specific efforts to hire and deploy female enumerators; provide all field enumerators practical training on GBV basic concepts and how to perform safe referrals, etc.
- TPM entities may not be used to applying a Protection/GBV lens to their work. If your organization is also an implementer of GBV programmes, appoint a focal point (or a group of qualified individuals) within the GBV team to oversee the work and ensure that the TPM entity remains attentive to the realities and requirements of GBV programming.
- Be clear on the scope of TPM activities from the onset, highlight the types of interventions that can and cannot be monitored by the TPM entity.
- Offer them a list of suggestive low and medium sensitivity interventions that could be subject to external M&E/verification processes<sup>21</sup>. The focus of TPM activities should be on non-sensitive interventions pertaining to Prevention, Empowerment, Capacity Building interventions.
- Share with the TPM entity the set of tools that they may use for monitoring and evaluating these programme interventions<sup>22</sup>, and collaborate with them in refining these, as needed. Request that all final versions are shared with your organization's GBV team for approval. If your organization is not an implementer of GBV programmes, ensure that these are validated by a GBV or Protection specialist before they are put to use, and that TPMs observe the corresponding recommended ethical and safety protocols, particularly when administering tools with medium sensitivity level.

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<sup>21</sup> Refer to Annex A.

<sup>22</sup> Only those rated Medium and Low in the Scale presented in the Toolkit.



- Jointly agree on locations to be targeted by TPM activities, request the TPM entity to submit an implementation plan and calendar for approval.
- Whenever programme beneficiaries are to be engaged in TPM activities (e.g., to assess satisfaction level with the services or activities, etc.), obtain participants' informed consent prior to sharing their names and contact details with the TPM entity.
- If your organization is also an implementer of GBV programmes, ensure that programme staff working in the areas targeted by TPM processes (e.g., Women and Girls Safe Spaces) are informed about the purpose, scope, time and locations of the activities, and duly briefed on the ethical and safety boundaries to be respected by field enumerators who will be visiting the site(s).
- Request programme staff to report back to senior management in case they witness any breach of protocols by the TPM field staff if they happen to be on site during the implementation of TPM activities.
- Whenever possible, triangulate data received from the TPM exercise with other sources of information.
- If TPM entities request access to data related to Response services in order to be able to report on trends (e.g.: analysis reports or number of GBV cases in a given period), only share data in aggregate form.

## DON'T

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- Do not assume that TPM entities have prior exposure to GBV programming and are familiar with GBV guiding principles and standards. Refrain from contracting TPM services if your organization is not ready to dedicate time and effort to supervising and overseeing the work.
- Never engage TPMs in the monitoring and evaluation of Response interventions (e.g., case management, PSS), request or recommend that they use tools with high sensitivity level. Any attempt to breach these standards should be reported promptly to the GBV SC coordination team.
- If your organization is also an implementer of GBV programmes, never share names, codes or other (potential) identifying information of survivors receiving GBV Response services with TPM entities. Similarly, never share names of individuals benefitting from wider GBV programme interventions without first obtaining their consent to participating in TPM activities.

# When you are a third-party monitoring entity contracted by donors to perform M&E or external verification of GBV programmes...

## Do

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- Ensure that you are clear on the scope of TPM activities from the onset, especially regarding the types of interventions that your entity can and cannot monitored. The focus of TPM activities should be on non-sensitive interventions pertaining to Prevention, Empowerment, Capacity Building interventions.
- Agree with your contracting organization on the set of low and medium sensitivity interventions that will be subject to M&E/external verification processes supported by your entity<sup>23</sup>.
- Use the tools provided in this toolkit as a base for developing the tools that your entity will use for monitoring and evaluating GBV interventions<sup>24</sup>. Ensure that all instruments and protocols are validated by a GBV or Protection specialist before they are put to use.
- As per guidance provided in this Toolkit, observe the recommended ethical and safety protocols all throughout the M&E process cycle, particularly when administering tools with medium sensitivity level. These include, primarily: the recruitment and deployment of female enumerators, and training of enumerators in GBV core principles as well as on how to practice safe referrals.
- Whenever programme beneficiaries are to be engaged in TPM activities (e.g., to assess satisfaction level with the services or activities, etc.), always obtain informed consent prior engaging them in the M&E activity.
- Share an activity workplan and ensure that all organizations being targeted by M&E/external verification processes are aware of your entities' activities, including purpose, the types of data that will be collected, time/location of enumerators' visits, etc.

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<sup>23</sup> Refer to Annex A.

<sup>24</sup> Only those rated Medium and Low in the Scale presented in the Toolkit.

## DON'T

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- Never engage in the monitoring and evaluation of Response interventions (e.g., case management, PSS).
- Do not utilize high-sensitivity M&E tools.
- Utilize tools without observing the corresponding recommended safety ethical standards, as per guidance provided in this Toolkit.
- Request access to physical documentation or files pertaining to GBV Response services
- Never ask beneficiaries about experiences of violence or that they provide specific details about the types of GBV services received (e.g., cash-based assistance, case management, etc.). Rely on more general terminology that does not expose potential survivors, such as, for instance, by framing GBV response services under broad-based protection assistance.

## **When you are a GBV SC member organization engaging with external third-party monitoring entities contracted to support donor-driven M&E or external verification processes of your organization's GBV programme...**

## Do

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- Sensitize donors and TPM entities on the specificities of GBV programming and on GBV guiding principles. Clarify the types of data that can and cannot be collected and accessed by TPM entities. Remind them that GBV Response interventions are highly sensitive in nature, as they may present potential risks to survivors and the programme staff involved. These should be therefore outside the scope of TPM activities.
- When external TPM processes require engaging beneficiaries of your programme (e.g., to assess satisfaction level with the services or activities, etc.), request that the TPM entity informs your organization well in advance, so that your beneficiaries can be consulted on their willingness to participate in TPM activities.

## DON'T

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- Do not interfere with TPM/verification processes; these are supposed to be external to your organization and programme, therefore, a good degree of independence is necessary to ensure credibility. However, and because donors and TPM entities may not always be conscious of the sensitivities surrounding GBV programming, some advocacy and education may be necessary to shed light on guiding principles.

- Never share names, codes or other (potential) identifying information of survivors receiving GBV Response services.
- Never share physical documentation or files pertaining to GBV programme interventions deemed sensitive, such as GBV Response services.
- Never share names of individuals benefitting from wider GBV programme interventions without first obtaining their consent to participating in TPM activities.

## When you are a GBV SC member organization responding to a donor request for GBV programme data...

### Do

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- Be clear about your data sources and what can and cannot be accessed by donors financing your organization's GBV programme. Data related to non-sensitive interventions pertaining to Prevention, Empowerment, Capacity Building interventions can be shared, as required. Data related to Response interventions can only be shared in aggregate form.
- When crafting log-frames and detailing "Means of Verification" in your proposals, remember that data collection methods for indicators related to Response interventions normally draw on primary data sources that contain highly sensitive information (e.g., forms containing survivor codes, information about the incident, etc.). Although these data sources can be normally accessed by GBV programme staff, they cannot be shared with external audiences. It is recommended that donors are made aware of these constraints early on. Organizations may consider including disclaimers in project log-frames, or proposals, explaining that, due to the need to respect the survivor's privacy, information sources for sensitive indicators are confidential, thus data can only be provided in aggregate form.
- When requested to present primary sources for data reported to donors (e.g.: Syria Cross-border Humanitarian Fund) in response to data verification processes, all relevant physical files pertaining to non-sensitive interventions may be shared. For information deemed sensitive (e.g., case management files), explain the existing limitations (e.g., the programme is bound by GBV guiding principles and standards), suggest aggregate data instead (e.g., caseload data) and explain the methodology employed to arrive at these numbers.

## DON'T

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- Never share names, codes or other (potential) identifying information of survivors receiving GBV Response services.
- When requested to present primary sources for data reported to donors in response to data verification processes, never showcase any physical documentation or files containing information about Response services (e.g.: case management files, forms filled by survivors, log-books, etc.), unless data is presented in aggregate form.

## When you are a donor requesting GBV programme data from a GBV SC member organization...

## Do

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- Be mindful of the sensitivities associated with GBV programming and the types of data that GBV programme implementers can and cannot provide. Data related to non-sensitive interventions pertaining to Prevention, Empowerment, Capacity Building interventions can be shared, as required. Data related to Response interventions can only be shared in aggregate form.
- If you have any concerns regarding the accuracy or reliability of data reported for Response-related interventions, request that the organization explains the methodology employed to arrive at those numbers. Response interventions normally draw on primary data sources that contain highly sensitive information (e.g., forms containing survivor codes, information about the incident, etc.). Although these data sources can be normally accessed by GBV programme staff, they cannot be shared with external audiences. For sensitive interventions, such as case management and PSS, “Means of Verification” outlined in proposals and log-frames, are for your reference only. Response-related data can only be provided in aggregate form.

## DON'T

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- Never request names, codes or other (potential) identifying information of survivors receiving GBV Response services, when funding for case management interventions. Similarly, do not expect to be granted access to physical documentation or files containing information about Response services (e.g.: case management files, forms filled by survivors, log-books, etc.). Data can only be provided to you in aggregate form.

# **PART IV**

# SUGGESTED INDICATORS

In line with the GBV programming options currently implemented in the Turkey cross-border operations, the table below provides a list of potential indicators that can be adopted and customized by GBV Sub-Cluster member organizations for donor accountability, programme performance monitoring and learning purposes.

A set of indicators is presented for each type of programme intervention and linked with the tool from where data can be extracted. The proposed indicators respond to the M&E objectives of assessing programme quality and capturing results stemming from programme-supported interventions. Indicators related to Response interventions are formulated in a way that requires organizations to obtain only aggregate data for reporting.

There is deliberate emphasis on quality, output and outcome indicators given that impact level results require concerted efforts from multiple stakeholders (in a range of domains) and can hardly be correlated with the effects of one single intervention<sup>25</sup>.

TYPE OF INTERVENTION	INDICATOR	TYPE	DIMENSION CAPTURED	TOOL
<u>Information Sessions</u>	<i>% increase in knowledge of key gender/GBV issues among participants of information sessions.</i>	Quantitative	Result (Output)	Pre & Post Test – Information Sessions
<u>Women &amp; Girls Safe Spaces</u>	<i>Perceptions of quality and adequacy of WGSS activities among beneficiaries visiting the space</i>	Qualitative	Quality	Guidance for Focus Groups - Women and Girls Safe Spaces
	<i>Perceptions of life changes stemming from participation in activities implemented in the WGSS among beneficiaries visiting the space</i>	Qualitative	Result (Outcome)	
	<i>% of participants who rate the quality of the activity as good or excellent</i>	Quantitative	Quality	

<sup>25</sup> The development of an overarching theory change for the GBV SC should facilitate the design of context-appropriate and meaningful impact-level indicators.

<b><u>Awareness Raising</u></b>	<i>% of participants who have shared or intend to share content of awareness raising activities with others in their community</i>	Quantitative	Quality (Outreach)	Participant Feedback Form – Awareness Raising
	<i>% increase in knowledge of GBV among women and girls who complete a GBV awareness raising programme</i>	Quantitative	Result (Output)	Women & Girls Self-Assessment Form – Awareness Raising
	<i>% increase attitudes towards women's empowerment among women and girls who complete a GBV awareness raising programme</i>	Quantitative	Result (Output)	
	<i>% increase in positive messages about how to prevent and respond to GBV articulated by women and girls who complete a GBV awareness raising programme</i>	Quantitative	Result (Output)	
	<i>% increase in willingness to take positive action to prevent GBV by participants who complete a GBV awareness raising programme</i>	Quantitative	Result (Outcome)	
	<i>% increase in attitudes towards women's empowerment among men and boys who complete a GBV awareness raising programme</i>	Quantitative	Result (Output)	Men & Boys Self-Assessment Form – Awareness Raising
	<i>% increase in knowledge of GBV among men and boys who complete a GBV awareness raising programme</i>	Quantitative	Result (Outcome)	
	<i>% increase in positive messages about how to prevent and respond to GBV articulated by men and boys who complete a GBV awareness raising programme</i>	Quantitative	Result (Output)	
	<i>% increase in willingness to take positive action to prevent GBV by men and boys who complete a GBV awareness raising programme</i>	Quantitative	Result (Outcome)	
<b><u>Safety Audits</u></b>	<i>Decrease in site-related GBV risks, physical and as perceived by community members</i>	Qualitative	Impact	Safety Audit Tools



<b><u>Case Management</u></b>	<i>% of beneficiaries who report case management services have helped them with their problem</i>	Quantitative	Outcome y	Client Feedback Form – Case Management
	<i>% of beneficiaries who report to feel better after receiving case management services</i>	Quantitative	Quality Result (Outcome)	
<b><u>Focused PSS Sessions</u></b>	<i>% of survivors who improve their wellbeing after receiving focused PSS sessions</i>	Quantitative	Result (Outcome)	Outcome Mapping Tool - PSS
	<i>% of active cases closed based on thorough assessment of survivor progress and wellbeing</i>	Quantitative	Result (Outcome)	
<b><u>Cash-based Assistance</u></b>	<i>% of beneficiaries who report that the cash-based assistance was sufficient, adequate and timely</i>	Quantitative	Quality	Post-Distribution Survey Questionnaire – Cash-based Assistance
	<i>% of beneficiaries who report that the cash-based assistance allowed them to access necessary services for them (or their child) to recover from the incident of violence you disclosed</i>	Quantitative	Outcome y	
	<i>% of beneficiaries who report that the cash-based assistance positively impacted relations within your household</i>	Quantitative	Result (Outcome)	
<b><u>Dignity Kit Distribution</u></b>	<i>% of beneficiaries who were very satisfied or satisfied with the items received</i>	Qualitative	Quality	Survey Questionnaire – Dignity Kits
	<i>% of beneficiaries who rate the quality of the distribution process as excellent or good</i>	Quantitative	Quality	
	<i>% of beneficiaries who utilized at least 70% of items received</i>	Quantitative	Result (Output)	
	<i>Perceptions of quality and appropriateness of the distribution process</i>	Qualitative	Quality	Guidance for Focus Groups– Dignity Kits
	<i>Perceptions of change in wellbeing and ability to perform tasks after receiving the kit</i>	Qualitative	Result (Outcome)	

<b><u>Life Skills Sessions</u></b>	<i>% of beneficiaries rate the session as excellent or good</i>	Quantitative	Quality	Participant Feedback Form – Life Skills
	<i>% of beneficiaries who state that their participation in the session has, somewhat or considerably, increased their personal development</i>	Quantitative	Result (Output)	
	<i>% of beneficiaries who state that their ability to address challenging issues that they face in their life has, somewhat or considerably, increased after attending the session</i>	Quantitative	Result (Output)	
	<i>% of participants who have shared or intend to share content of life skills sessions with others in their community</i>	Quantitative	Quality (Outreach)	
<b><u>Vocational Skills Training</u></b>	<i>% of beneficiaries who rate the training as excellent or good</i>	Quantitative	Quality	Participant Feedback Form – Vocational Skills
	<i>Perception of trainees on usefulness and applicability of skills/trade learned</i>	Qualitative	Result (Outputs)	Guidance for Focus Groups– Vocational Skills
	<i>Perceptions of life changes stemming from participation in vocational skills training</i>	Qualitative	Result (Outcomes)	
<b><u>Recreational Activities</u></b>	<i>% of beneficiaries who rate the activity as excellent or good</i>	Quantitative	Quality	Participant Feedback Form – Recreational Activities
	<i>Perception of trainees on life changes stemming from their participation in the activity</i>	Qualitative	Result (Outcomes)	
<b><u>Training of</u></b>	<i>% of caseworkers who meet the core case management requirements to work independently with survivors</i>	Quantitative	Result (Outputs)	GBV Case Management Core Competencies Assessment Tool - Knowledge and Skills
	<i>% of GBV case workers who hold survivor-friendly (positive beliefs and values) attitudes and perceptions.</i>	Quantitative	Quality Result (Output)	GBV Case Management Core Competencies -

<u>Case Management Staff</u>				Attitudes and Perceptions Test
	<i>% of supervisors who meet the core case management requirements to supervise caseworkers</i>	Quantitative	Quality Result (Output)	GBV Case Management Supervisory Core Competencies Test
<u>Training of GBV Programme Staff</u>	<i>% increase in GBV knowledge and skills among training participants</i>	Result (Outcomes)	Result (Outcomes)	Pre & Post Test – GBV Programme Staff
	<i>% increase in positive attitudes and perceptions around GBV among training participants</i>	Result (Outcomes)	Result (Outcomes)	
	<i>% of trainees who state that the training has helped to increase, significantly or somewhat, their knowledge of key GBV concepts</i>	Quantitative	Quality	Trainee Feedback Form – GBV Programme Staff
<u>Training of Non-GBV Actors</u>	<i>% change in knowledge of core GBV concepts among non-GBV actors trained</i>	Quantitative	Result (Output)	Pre & Post Test – Non-GBV Actors
	<i>% of trainees who rate the training as excellent or good</i>	Quantitative	Quality	Trainee Feedback Form – Non-GBV Actors
	<i>% of trainees who state that the training has helped to increase, significantly or somewhat, their knowledge of key GBV concepts</i>	Quantitative	Result (Output)	

# ANNEXES

## ANNEX A

### GBV SC WHOLE OF SYRIA RESPONSE (TURKEY CROSS BORDER HUB) OVERVIEW OF PROGRAMMATIC INTERVENTIONS

DOMAIN	INTERVENTION TYPE	SENSITIVITY LEVEL
<u>Prevention</u>	Awareness Raising	Medium
	Information Sessions	Medium
	Safety Audits	N/A High technical requirements
	Women and Girls Safe Spaces	Medium
<u>Response</u>	Case Management for GBV survivors	High
	Clinical management of rape and other health services for survivors	High
	Focused psychosocial support (PSS) for GBV survivors (only)	High
	Individual and group counselling focused PSS	High
	Legal services	High
	Psychological First Aid (PFA)	High
	Specialized mental health services for GBV survivors	High
	Referral to legal services for GBV survivors	High
	Referral to specialized psychosocial support	High
	Referral to medical services	High
	Referral to non GBV services (WASH, NFI, FSL etc.)	High
	Other referrals of GBV survivors to GBV related services	High
<u>Empowerment</u>	Dignity Kit Distribution	Medium
	Life Skills Sessions	Medium
	Vocational skills	Low
	Recreational Activities	Low
<u>Capacity Building</u>	Training of GBV Specialized Staff	N/A High technical requirements
	Training of non-GBV Actors	N/A High technical requirements
	Training of GBV Actors	N/A High technical requirements

## ANNEX B

### EXAMPLE OF VERBAL REQUEST FOR CONSENT TO PARTICIPATING IN AN M&E ACTIVITY<sup>26</sup>

To begin with...

- Explain who you are and what you are doing: “I am [name] from [organization A] and we are carrying out research study in/about [location]”.
- Explain the purpose of the research and why you would like to speak to that respondent: “The purpose of the research is [abc]. Your experiences are very important because the information that you give us will help us understand [abc] better”.
- Explain how the information will be used: “This information will be used to... [e.g.: *improve programs and services that in the future may help you, your family and community*]”.
- Be ready to safely refer the respondent to relevant GBV services, if needed.
- Explain how long the interview will last.

#### Voluntary participation

“Your participation in this interview is completely voluntary. You have the right to stop the interview at any time, or to skip any questions that you don’t want to answer. There are no right or wrong answers. If you do not understand a question, please ask for more clarification and I will explain. You can leave the interview at any time, or decide not to answer any of the questions that you do not want to. If you decide not to participate, or stop at any point, this will not affect your eligibility to receive services”.

#### Risks

“We don’t want you to feel under any pressure to talk to us, especially if you’re worried that it might be risky for you. Please take a few moments to consider whether talking to us may increase any risk for you, whether at home or in your community. We want to ensure you that you are as safe as possible if you do choose to participate”.

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<sup>26</sup> Adapted from *The Global Women’s Institute, The George Washington University: Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations, 2017.*

**Benefits & Expectations**

“There is no compensation for being in the interview or any other direct benefits. None of the information you share with us will be used to harm you in any way or prevent you from receiving potential or current services”.

**Privacy/Confidentiality**

“I will not ask you for your name or address. I will not share your specific answers with anyone outside the research team”.

**Before starting.....**

Do you have any questions?

May I proceed?

## ANNEX C

### ATTITUDES & PERCEPTIONS SCREENING TEST – M&E STAFF

The scale below can be used by organizations to assess the readiness of M&E staff to support the M&E of GBV programmes. The tool can be administered during the recruitment of new staff, as part of applicant screening processes. It can also be applied periodically with M&E staff to inform staff capacity development action plans and track progress towards the achievement of action plan objectives across time.

STATEMENT	<i>I don't agree at all</i>	<i>I don't agree</i>	<i>I agree</i>	<i>I strongly agree</i>
1. Men are naturally violent.	2	1	0	0
2. Biological differences between men and women should determine the role they play in society.	2	1	0	0
3. Survivors of GBV have the right to get help for what has happened to them.	0	0	1	2
4. If the violence stops, the survivor no longer needs help.	2	1	0	0
5. Women often say they have been abused so that they can get attention or money.	2	1	0	0
6. Acts of gender-based violence are always the fault of the perpetrator.	0	0	1	2
7. Early marriage provides protection for adolescent girls who live in poverty.	2	1	0	0
8. Early marriage is part of the culture. You can't change the way a culture is.	2	1	0	0
9. Domestic violence is a family matter and should be handled within the family.	2	1	0	0
10. When children see domestic violence taking place, they learn that it is acceptable for men to express their power through violence.	0	0	1	2
11. The wife who is threatened with violence will learn to respect her husband more.	2	1	0	0
12. Men commit sexual violence against women and girls not because they cannot control their sexual desires. They do so to maintain dominance over women.	0	0	1	2
13. Virginity testing is a violation of women and girls' privacy.	0	0	1	2



## Guidelines for interpreting the scores

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- **Scores ranging from 23-26 points:** The M&E staff member has overall positive perceptions and attitude towards gender/GBV/survivors, and is ready to support the M&E of GBV programmes, including handling the M&E of medium-sensitivity interventions independently with minimal supervision.
- **Scores ranging from 18 -22 points:** The M&E staff member has overall positive perceptions and attitude towards gender/GBV/survivors, but requires targeted guidance and supervision to tackle remaining biases and misconceptions. Until these are addressed, the staff should only be mobilized to perform the M&E of low-sensitivity interventions without supervision and should be mentored by M&E staff members exhibiting positive attitudes and perceptions towards gender/GBV/survivors. This may include, for instance, accompanying them in the M&E of medium-sensitivity interventions.
- **Scores ranging from 10-17 points:** The M&E staff member has some positive perceptions and attitude towards gender/GBV/survivors, but requires substantial guidance and supervision to tackle biases and misconceptions. Until these are addressed, the staff should not be assigned to monitor and evaluate GBV activities independently. The staff should be continuously supported and mentored by M&E staff members exhibiting positive attitudes and perceptions towards gender/GBV/survivors until a new attitude and perceptions assessment is administered to determine progress.
- **Scores ranging from 0-9 points:** The M&E staff member is not ready to work in the M&E of GBV programmes.

# ANNEX D

## THE WASHINGTON GROUP SHORT SET OF QUESTIONS ON DISABILITY

The Washington Group Short Set is a set of questions designed to identify (in a census or survey format) people with a disability. These are people at greater risk than the general population for participation restrictions due to the presence of difficulties in six core functional domains if appropriate accommodations are not made. GBV SC member organizations are encouraged to administer this brief questionnaire with respondents participating in data collection processes. Data can be used to determine the extent to which associated M&E activities are inclusive of persons living with disabilities.

### QUESTIONNAIRE

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The next questions ask about difficulties you may have doing certain activities because of a health problem.

1. Do you have difficulty seeing, even if wearing glasses?

- a. No - no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?

- a. No- no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

3. Do you have difficulty walking or climbing steps?

- a. No- no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

4. Do you have difficulty remembering or concentrating?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

5. Do you have difficulty (with self-care such as) washing all over or dressing?

a. No – no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty d. Cannot do at all

6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

a. No – no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty d. Cannot do at all

# ANNEX E

## GUIDANCE AND TEMPLATE FOR DOCUMENTING LESSONS-LEARNED

### What is a lesson-learned?<sup>27</sup>

Lessons-learned can be defined as the *learning garnered from the process of performing actions and activities*. A lesson-learned documents the causes that produce correlated effects as well as the reasoning behind corrective actions taken to address them. They draw on positive experiences, such as for instance good ideas that improve efficiency or save money, and negative experiences that surface after an undesirable outcome occurs.

### What is a best practice?<sup>28</sup>

A best practice is a *procedure or method that over time has proven itself to be better than any other procedures or methods used to perform the same action or activity*. It is the very best way an organization has found of doing something and that, as such, becomes systematic and/or institutionalized practice, procedure, policy, etc.

### Why should lessons-learned and best practices be documented?

The purpose of documenting lessons-learned and best practices is to share and use knowledge derived from an experience to promote the recurrence of desirable outcomes and/or preclude the recurrence of undesirable outcomes. As such, they pave the way for improved practices, policies, programmes, and procedures.

Documentation and mainstreaming of lessons-learned and best practices can produce benefits in many areas. Firstly, best practices are invaluable because they are intellectual assets that can help organizations remain competitive<sup>2</sup>. Critical reflection on lessons-learned helps to prevent that mistakes made in the past happen again. As such, they help improve organizational performance and effectiveness. Moreover, organizations that mainstream lessons-learned and best practices are better positioned to make fast and better decisions when complex and pressing issues emerge, because their practices have progressively been improved based on past experiences.

### How are lessons-learned and best practices documented?

Broadly, the process of identifying lessons-learned and/or best practices entails critical reflection around the following key questions:

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<sup>27</sup> Adapted from: Project Management Body of Knowledge (PMBOK), Project Management Institute (2008). Retrieved at: [http://www2a.cdc.gov/cdcup/library/pmg/implementation/ll\\_description.htm](http://www2a.cdc.gov/cdcup/library/pmg/implementation/ll_description.htm)

<sup>28</sup> Adapted from: Sommers, Adele. *Tips for turning lessons-learned into best practices* (2009). Retrieved at: <https://www.projectsmart.co.uk/tips-for-turning-lessons-learned-into-best-practices.php>

1. What was the particular challenge or circumstance being faced at the time that led to the emergence of the lesson-learned and/or best practice?
2. What were the approach and/or course of action taken to overcome challenge and/or capitalize on the situation?
3. What results were achieved (positive, negative, neutral)? What causes led to these results?
4. What actions and/or methods employed by the organization worked well and did not work well? What improvements could be made to the approach to ensure better results, if any?

This last question comprises the core part of the lessons-learned and best practice documentation process, as it is at this point that the lesson-learned and/or best practice materializes into concrete recommendations that will serve to improve organization actions, procedures, policies, and programmes.

A final step in the process involves the implementation of a set of concrete actions to ensure that the lesson-learned and/or best practice is mainstreamed and/or standardized across the organization's operational activities, programming, procedures, etc. *Note that critical reflection on learning experiences is certainly an important part of the process, but lessons-learned and best practices are only useful when they are practically applied.*

## LESSON LEARNED AND BEST PRACTICES DOCUMENTATION FORM

Organization	Click or tap here to enter text.
Name/Function of person completing the form	Click or tap here to enter text.
Date	
Please describe the situation and/or challenge your organization was facing at the time that led to the emergence of the lesson-learned / best practice.	
How did your organization overcome the challenge or capitalized on the situation to deliver results?	
Describe the results achieved; what lesson-learned and/or best practice emerged as a result of this process?	
How will your organization be using the lesson-learned and the best practice to inform future programming and/or actions?	

# ANNEX F

## REFERENCES

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Cash Assistance in GBV Case Management: Guidance Note, GBV Sub-Cluster Whole of Syria Response (Turkey Cross Border hub), June 2019.

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Measuring the Impact of GBV Programmes in Emergencies: Taking a local perspective; Humanitarian Innovation Fund, Early-Stage Innovation Final Report, GBV Sub-Cluster Whole of Syria Response (Turkey Cross Border hub).

Psychological first aid guide for field workers, World Health Organization, 2011.

Results-Based Management Handbook: Harmonizing RBM concepts and approaches for improved development results at country level, United Nations Development Group, 2011.

## ADDITIONAL GBV M&E RESOURCES

Gender-Based Violence Case Management Outcome Monitoring Toolkit, International Rescue Committee, August 2018.

Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations, The Global Women's Institute, The George Washington University, 2017.

Girl Shine Curriculum and M&E tools

Available at: <https://gbvresponders.org/adolescent-girls/girl-shine/>

My Safety, My Wellbeing Curriculum and M&E Tools

Available at:

<https://www.rescue.org/sites/default/files/document/4169/ircmysafetymywellbeingcurriculumforadolescentgirls.pdf>

GBV SC Awareness Raising Toolkit: A handbook for hearing and being voices from Syria

Available at:

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv\\_awareness\\_toolkit\\_final.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv_awareness_toolkit_final.pdf)