GBV MONITORING & EVALUATION TOOLKIT

GBV SUB-CLUSTER
WHOLE OF SYRIA RESPONSE
TURKEY HUB
GBV
MONITORING & EVALUATION TOOLKIT

GBV SUB-CLUSTER
WHOLE OF SYRIA RESPONSE TURKEY HUB
# Table of Contents

**INTRODUCTION** .................................................................................................................. 9

**PART I – FOUNDATIONAL PRINCIPLES & CONCEPTS** .................................................. 13
  Ethical & Safety Considerations ......................................................................................... 15
  Key GBV Concepts & Terms .............................................................................................. 18
  Key M&E Concepts & Terms .............................................................................................. 22

**PART II – MONITORING & EVALUATION TOOLS** .......................................................... 25
  Section 1: Prevention ........................................................................................................ 29
    Information Sessions ....................................................................................................... 31
    Women and Girls Safe Spaces ......................................................................................... 37
    Awareness Raising .......................................................................................................... 43
  Section 2: Response ........................................................................................................... 91
    Case Management .......................................................................................................... 93
    Focused PSS Sessions ................................................................................................... 97
    Cash-based Assistance .................................................................................................. 103
  Section 3: Empowerment ................................................................................................. 107
    Dignity Kit Distribution ................................................................................................. 109
    Life Skills ...................................................................................................................... 125
    Vocational Skills .......................................................................................................... 129
    Recreational Activities ................................................................................................. 137
  Section 4: Capacity Development .................................................................................. 141
    GBV Case Management Staff ...................................................................................... 143
    GBV Programme Staff ................................................................................................. 171
    Non-GBV Actors ........................................................................................................... 183
  Section 5: Routine Monitoring ......................................................................................... 191

**PART III – GUIDANCE FOR GBV SC MEMBER ORGANIZATIONS, THIRD-PARTY MONITORING ENTITIES AND DONORS ON HANDLING EXTERNAL M&E AND VERIFICATION PROCESSES** .................. 201

**PART IV – SUGGESTED INDICATORS** ............................................................................. 209

**ANNEXES** ......................................................................................................................... 217
  ANNEX A – GBV SC Whole of Syria (Turkey hub) Overview of GBV Programmatic Interventions ................................................. 219
  ANNEX B – Example of Verbal Request for Participating in an M&E Activity ................................................................. 220
  ANNEX C – Attitudes & Perceptions Test for M&E Staff .................................................................................................. 222
  ANNEX D – The Washington Group Short Set of Questions On Disability ........................................................................ 224
  ANNEX E – Guidance and Template for Documenting Lessons-learned ........................................................................... 226
  ANNEX F – References ...................................................................................................... 229
ACKNOWLEDGEMENTS

The GBV Monitoring and Evaluation Toolkit for the Whole of Syria Response Turkey Hub GBV Sub-Cluster 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 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 of this Toolkit.

This guide was developed with generous funding from the United States Agency for International Development’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA) and support from UNFPA and Global Communities.

March 2020
INTRODUCTION

The Whole of Syria (WoS) Gender-based Violence (GBV) Sub-Cluster (SC) Turkey 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 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 60 active organizations, 90% of which are Syrian NGOs.

About the GBV M&E Toolkit

In early 2019, the GBV SC Turkey 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. 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 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;

---

1 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 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. 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.

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.

---

2 Annex C provides a list of all resources referenced and consulted.
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.

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.

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:

---

3 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.
- 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 TPM 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.
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, 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.

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.

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.

---

4 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.
Organizations with long-standing functional GBV M&E systems that already dispose of 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.
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;
  - 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.
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 behaviours. The Turkey 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, whistles, 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.

**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 behaviour, 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 to 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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Intervention Type</th>
<th>Tool</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Information Sessions</td>
<td>General Pre &amp; Post Test Questionnaire – Information Sessions</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Women and Girls Safe Spaces</td>
<td>Guidance for Focus Groups - Women and Girls Safe Spaces</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Awareness Raising</td>
<td>Facilitator Assessment Checklist – Awareness Raising</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participant Feedback Form – Awareness Raising</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Awareness Raising Session Review Form</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Women &amp; Girls Self-Assessment Form – Awareness Raising</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Men &amp; Boys Self-Assessment Form – Awareness Raising</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Safety Audits</td>
<td>Key informant Interviews - Safety Audit</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guidance for Focus Group Discussion with Community Members - Safety Audit</td>
<td>74</td>
</tr>
<tr>
<td>Response</td>
<td>Case Management</td>
<td>Client Feedback Form</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Focused/Individual PSS</td>
<td>Psychosocial Functionality Scale – Focused PSS</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Cash-based Assistance</td>
<td>Post-Distribution Survey Questionnaire – Cash-based Assistance</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Dignity Kit Distribution</td>
<td>Post-Distribution Monitoring Survey Questionnaire – Dignity Kits</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guidance for Focus Groups – Dignity Kits</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>Life Skills</td>
<td>Participant Feedback Form – Life Skills</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>Vocational Skills</td>
<td>Participant Feedback Form – Vocational Skills</td>
<td>113</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guidance for Focus Groups – Vocational Skills</td>
<td>117</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Recreational Activities</td>
<td>Participant Feedback Form – Recreational Activities</td>
<td>120</td>
</tr>
<tr>
<td>Capacity Development</td>
<td>GBV Case Management Staff</td>
<td>GBV Case Management Core Competencies Assessment Tool - Knowledge and Skills Test</td>
<td>125</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GBV Case Management Core Competencies Assessment - Attitudes &amp; Perceptions Test</td>
<td>131</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GBV Case Management Observation Tool</td>
<td>139</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GBV Case Management Supervisory Core Competencies Test</td>
<td>143</td>
</tr>
<tr>
<td></td>
<td>GBV Programme Staff</td>
<td>Pre &amp; Post Test – GBV Programme Staff</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trainee Feedback Form – GBV Programme Staff</td>
<td>159</td>
</tr>
<tr>
<td></td>
<td>Non-GBV Staff</td>
<td>Pre &amp; Post Test – Non-GBV Actors</td>
<td>166</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trainee Feedback Form – Non-GBV Actors</td>
<td>171</td>
</tr>
<tr>
<td></td>
<td>General</td>
<td>Activity Monitoring Report</td>
<td>187</td>
</tr>
</tbody>
</table>
Section 1
Prevention
In the Information Sessions module, there is a tool named **General Pre & Post Test Questionnaire – Information Sessions**. The purpose of this tool is to assess the increase in knowledge among individuals who took part in the information session. The tests may be administered by the facilitator who delivered the session or by a member of the M&E team.

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 Hub Awareness Raising Toolkit. Organizations can pick from to build their own customized questionnaires.

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.
### 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

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early marriage places adolescent girls at risk of suffering serious health consequences especially if an outcome of the marriage is early pregnancy.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Early marriage provides protection for adolescent girls.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Early marriage is part of the culture. You can’t change the way a culture is.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Early marriage denies adolescent girls the right to develop skills which can help her achieve their independence and personal development.</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### TOPIC 5 – DOMESTIC VIOLENCE

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence is one of the most common forms of GBV in NW Syria</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Domestic violence helps maintain the “normal” gender power dynamics in the family and is a sign of the husband’s natural strength.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>When children see domestic violence taking place, they learn that it is acceptable for men to express their power through violence.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>The wife who is threatened with violence will learn to respect her husband more.</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### TOPIC 6 – SEXUALITY & SEXUAL VIOLENCE

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual violence causes long-term and sometimes irreparable physical and emotional damage to sufferers.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Men commit sexual violence against women and girls not because they are naturally violent, they do so to maintain dominance over women.</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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.

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

<table>
<thead>
<tr>
<th>TOPIC 1 – GENDER INEQUALITY</th>
<th>True</th>
<th>False</th>
<th>For Facilitator Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men are naturally violent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women are too soft and emotional to occupy leadership roles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men and women biological differences should determine the role they play in society.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOPIC 2 – GBV SERVICES</th>
<th>True</th>
<th>False</th>
<th>For Facilitator Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the support a survivor needs can be provided by the community only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to GBV services is often restricted, especially for adolescent girls and women.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the violence stops, the survivor no longer needs help.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic violence or the denial of resources are forms of GBV.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TOPIC 3 – SUPPORT TO GBV SURVIVORS

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>For Facilitator Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lack of knowledge about GBV and fear of getting involved pose significant barriers to encouraging people to provide support for the peers.</td>
<td>False</td>
</tr>
<tr>
<td>There is a particularly high level of shame associated with speaking about personal experiences of GBV.</td>
<td>False</td>
</tr>
<tr>
<td>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.</td>
<td>False</td>
</tr>
</tbody>
</table>

**TOTAL**

### TOPIC 4 – EARLY MARRIAGE

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>For Facilitator Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early marriage places adolescent girls at risk of suffering serious health consequences especially if an outcome of the marriage is early pregnancy.</td>
<td>False</td>
</tr>
<tr>
<td>Early marriage provides protection for adolescent girls.</td>
<td>False</td>
</tr>
<tr>
<td>Early marriage is part of the culture. You can’t change the way a culture is.</td>
<td>False</td>
</tr>
<tr>
<td>Early marriage denies adolescent girls the right to develop skills which can help her achieve their independence and personal development.</td>
<td>False</td>
</tr>
</tbody>
</table>

**TOTAL**

### TOPIC 5 – DOMESTIC VIOLENCE

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>For Facilitator Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence is one of the most common forms of GBV</td>
<td>False</td>
</tr>
<tr>
<td>Domestic helps maintain the “normal” gender power dynamics in the family and is a sign of the husband’s natural strength.</td>
<td>False</td>
</tr>
<tr>
<td>When children see domestic violence taking place, they learn that it is acceptable for men to express their power through violence.</td>
<td>False</td>
</tr>
<tr>
<td>The wife who is threatened with violence will learn to respect her husband more.</td>
<td>False</td>
</tr>
</tbody>
</table>

**TOTAL**
### TOPIC 6 – SEXUALITY & SEXUAL VIOLENCE

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>True</th>
<th>False</th>
<th>For Facilitator Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual violence causes long-term and sometimes irreparable physical and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>emotional damage to sufferers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is women and girls´ inappropriate behavior that compels men to act</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>violent towards them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men commit sexual violence against women and girls not because they are</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>naturally violent, they do so to maintain dominance over women.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**
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
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 continue in the room, tell her gently that she may leave now before you start.

QUESTIONS FOR DISCUSSION

A. Background

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?
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

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?
Thank you again for sharing your time and this information. We look forward to using this information to help improve the Space’s activities.
Tool Name
Facilitator Assessment Checklist – Awareness Raising

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

Who Should Administer the Tool?
This tool should be administered by an M&E staff member. Other facilitators can undertake this task instead of the M&E staff if they are known for being highly skilled facilitators and could engage in a per review.

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

---

5 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

## Facilitator Name

### 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

### 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

<table>
<thead>
<tr>
<th>Sub-Total</th>
</tr>
</thead>
</table>
## MARKERS

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

## TOTAL SCORE

<table>
<thead>
<tr>
<th>1ST ASSESSMENT SCORE</th>
<th>2ND ASSESSMENT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## REMARKS – SESSION 1:


## REMARKS – SESSION 2


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.

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

<table>
<thead>
<tr>
<th>FACILITATOR NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Date</td>
<td>DD/MM/YY</td>
</tr>
<tr>
<td>Location</td>
<td>Governorate:</td>
</tr>
</tbody>
</table>

- 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.

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?
   ____________________________________________________________
   Why? ______________________________________________________
   ____________________________________________________________

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

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

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Guidance</th>
</tr>
</thead>
</table>
| 1           | Indicator: Total number of participants attending the session  
Facilitator to count the number of participants in the session. |
| 2           | Indicator: Number of new participants attending the session  
Facilitator to count the number of session participants |
| 3           | Indicator: Number of positive reactions by participants to new ideas introduced in the GBV awareness raising session  
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.

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”.

---

6 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
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

<table>
<thead>
<tr>
<th>Facilitator Name</th>
</tr>
</thead>
</table>
| Report Submission Date | DD/MM/YY  

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>SESSION</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SESSION</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>2</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>3</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>4</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>5</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>6</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>7</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>8</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>9</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>10</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>11</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>12</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>13</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>14</td>
<td>Governorate District: Sub-District:</td>
</tr>
<tr>
<td>15</td>
<td>Governorate District: Sub-District:</td>
</tr>
</tbody>
</table>
Tool Name
Women & Girls Self-Assessment Form – Awareness Raising

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 behaviour.

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.
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:

- 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.

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
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

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

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

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

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

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everybody has the right to seek help if you have suffered violence.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>It is to be expected that we might have to give something in return for the humanitarian services we receive.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Men and boys are naturally violent. Women and girls have a responsibility to not make them angry.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Domestic violence is not just a private issue.</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
**Indicator 4 - Willingness to take positive actions to prevent GBV by participants who complete a GBV awareness raising program**

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past month, I have discussed GBV with a family member.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>In the past month, I have discussed GBV with a neighbor or friend.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I will intervene if I see somebody acting violently or aggressively towards somebody else.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>In the past month, I have thought about what I can do to help prevent GBV in my community.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>In the past month, I have discussed the risks of sexual harassment with another member of the community.</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**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.

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

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender inequality causes GBV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All GBV involves physical violence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child marriage always leads to economic security for girls.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A husband shouting at his wife is a form of GBV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBV only happens in poor communities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>AGREE</th>
<th>DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls deserve to have the same education opportunities as boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women should be included in all decision-making in families and communities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women and girls are sometimes to blame for the violence they suffer, especially violence in the home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A wife should always obey her husband.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 3 - Please identify which of the following you think are appropriate messages to share in your community.

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

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

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
<th>For Facilitator Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past month, I have discussed GBV with a family member.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, I have discussed GBV with a neighbor or friend.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would intervene if I saw somebody acting violently or aggressively towards somebody else.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, I have thought about what I can do to help prevent GBV in my community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, I have discussed the risks of sexual harassment with an adolescent girl.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Impact Overview / Women & Girls – Awareness Raising

<table>
<thead>
<tr>
<th>Date of Awareness Raising Activity Cycle</th>
<th>From [DATE] to [DATE]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Location(s)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Facilitator(s)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Number of Assessment Participants</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Round 1 Assessment Score (Weighted)</th>
<th>Round 2 Assessment Score (Weighted)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>% increase in knowledge of GBV among women and girls who complete a GBV awareness raising programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% increase in attitudes towards women’s empowerment among women and girls who complete a GBV awareness raising programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% increase in positive messages about how to prevent and respond to GBV articulated by women and girls who complete a GBV awareness raising programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% increase in willingness to take positive action to prevent GBV by women and girls who complete a GBV awareness raising programme</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tool Name
Men & Boys Self-Assessment Form – Awareness Raising

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 behaviour.

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.
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:

- 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.

---

8 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
Repeat these steps for sections two, three and four to calculate the results for these indicators.

### Score Card

**Indicator 1 - Attitudes towards GBV among men and boys who complete a GBV awareness raising programme**

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes men and boys cannot help getting violent. It’s in their nature.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Violence that occurs in the home should be considered a private matter.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>It is just harmless fun when boys tease girls about their bodies or clothes.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A woman and girl who suffers from sexual violence should avoid talking about it to protect her reputation and the reputation of her family.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A husband has the right to hit his wife if she doesn’t do what he tells her.</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Indicator 2 - Positive attitudes towards women’s empowerment among men and boys who complete a GBV awareness raising programme**

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

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

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everybody has the right to seek help if you have suffered violence.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>It is to be expected that we might have to give something in return for the humanitarian services we receive.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Men and boys are naturally violent. Women and girls have a responsibility to not make them angry.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Domestic violence is not just a private issue.</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
### Indicator 4 - Willingness to take positive action to prevent GBV by participants who complete a GBV awareness raising programme

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>AGREE</th>
<th>DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past month, I have discussed GBV with a family member.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>In the past month, I have discussed GBV with a neighbor or friend.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>In will intervene if I see somebody acting violently or aggressively towards a woman or a girl.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>In the past month, I have thought about what I can do to help prevent GBV in my community.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>In the past month, I have encouraged a man and an adolescent boy to have respect for adolescent girls in our community.</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Safety & Ethical Considerations
Medium
### Section 1 - Please identify which of the following statements you think are true and which are false.

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>TRUE</th>
<th>FALSE</th>
<th>For Facilitator Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes men and boys cannot help getting violent. It’s in their nature.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence that occurs in the home should be considered a private matter.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is just harmless fun when boys tease girls about their bodies or clothes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A woman and girl who suffers from sexual violence should avoid talking about it to protect her reputation and the reputation of her family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A husband has the right to hit his wife if she doesn’t do what he tells her.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 2 - Please identify which of the following statements you think are true and which are false.

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

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

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

For Facilitator Use Only
Section 4 - Please identify which of the following statements you agree or disagree with.

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

For Facilitator Use Only
# Impact Overview / Men & Boys – Awareness Raising

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Round 1 Assessment Score (Weighted)</th>
<th>Round 2 Assessment Score (Weighted)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>% increase in knowledge of GBV among men and boys who complete a GBV awareness raising programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% increase in attitudes towards women’s empowerment among men and boys who complete a GBV awareness raising programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% increase in positive messages about how to prevent and respond to GBV articulated by men and boys who complete a GBV awareness raising programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% increase in willingness to take positive action to prevent GBV by men and boys who complete a GBV awareness raising programme</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Awareness Raising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Cycle</td>
</tr>
<tr>
<td>From [Date] To [Date]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Location(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Facilitator(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total Number of Assessment Participants</th>
</tr>
</thead>
</table>

---

**63 | Awareness Raising**
SAFETY AUDITS

Tool Name
Key informant Interviews - Safety Audit

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.

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 has 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

---

### Key Informant Interview – Safety Audit

<table>
<thead>
<tr>
<th>Target Location</th>
<th>Governorate</th>
<th>District</th>
<th>Sub-District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (if Camp)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Audit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Persons/Organizations conducting the audit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part I – To Ask Community Members

#### A. Camp Layout

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)

#### Registration

5. Are married women in this camp registered separately from their husbands?

6. Are girls or single women without family members registered as individuals?

#### Facilities

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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
</tr>
</thead>
</table>

**Food, NFI and Fuel**

10. What is the food scale that your household receives?
Total_____________ (Take total amount and divide by people in household.)

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?

**Water**

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?

**Security**

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: 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? ___________________ (To assess whether community is aware of how to report cases)
### Survivor Support

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?  

### C. Decision-Making

31. Are women represented in Camp Management Committees?  
   If yes, ask the following:  
   How many women?  

### D. Comments & Observations

### Part II – To Ask Camp Authorities Representative

<table>
<thead>
<tr>
<th>Name of Representative</th>
<th>Job Title/Organization</th>
<th>Gender</th>
</tr>
</thead>
</table>

#### A. Camp Layout

**Permanent Housing**

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?
## Registration
7. Are married women in this camp registered separately from their husbands?  
8. Are girls or single women without family members registered?

## B. SERVICES
<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
</table>

### NFI & Fuel
9. Are NFI distributed specifically to camp women?  
10. Are firewood and charcoal collection points safely and easily accessible to camp women?

## Security
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?

## Survivor Support
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?

## C. DECISION-MAKING
<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
</table>

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?

## D. COMMENTS & OBSERVATIONS
## PART III – TO ASK WATER/SANITATION AGENCY REPRESENTATIVE

<table>
<thead>
<tr>
<th>Name of Representative</th>
<th>Job Title/Organization</th>
<th>Gender</th>
</tr>
</thead>
</table>

### A. CAMP LAYOUT

#### Facilities

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. SERVICES

#### Water

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?

#### Security

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.

### C. DECISION-MAKING

8. Do women participate in water sanitation committees?

### D. COMMENTS & OBSERVATIONS
### PART IV – TO ASK FOOD DISTRIBUTION AGENCY REPRESENTATIVE

<table>
<thead>
<tr>
<th>Name of Representative</th>
<th>Job Title/Organization</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### A. SERVICES

**Food**

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

### PART IV – TO ASK CAMP SECURITY REPRESENTATIVE

<table>
<thead>
<tr>
<th>Name of Representative</th>
<th>Job Title/Organization</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### A. SERVICES

**Security**

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. If yes, ask the following: 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? If yes, ask the following: Who would 
   they report the case to? _______________ 
   (To assess whether community is aware of how to report cases) 

D. COMMENTS & OBSERVATIONS 

<table>
<thead>
<tr>
<th>PART IV – TO ASK CAMP MANAGEMENT REPRESENTATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Representative</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
</tbody>
</table>

A. CAMP LAYOUT

Facilities
1. Is there adequate lighting at night in this camp? 

B. SERVICES

Water
2. Are water collection points safely and easily accessible to women? 

NFI & Fuel
3. Are firewood collection points safely and easily accessible to camp 
   women? 

Security
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? 

**Survivor Support** 

10. Have you heard about or participated in community education activities that are focused on violence against women and girls? 

### C. COMMENTS & OBSERVATIONS

<table>
<thead>
<tr>
<th>PART IV – TO ASK HEALTH CENTER REPRESENTATIVE REPRESENTATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Representative</strong></td>
</tr>
<tr>
<td>A. SERVICES</td>
</tr>
</tbody>
</table>

**Survivor Support** 

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. COMMENTS & OBSERVATIONS
Tool Name

Guidance for Focus Group Discussion with Community Members - Safety Audit

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.

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 has been any changes in the context.

Safety & Ethical Considerations
N/A – High technical requirements

---

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

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 any one 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:

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:

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 ...

- 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.
Section II
RESPONSE
Tool Name

**Client Feedback Form – Case Management**

Purpose

Client feedback surveys are a key way 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?

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

---

**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 years old
- I am 20-24 years old
- I am 25-49 years old
- I am 50 years 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: ________________________________________________________________

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?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Tool Name

Psychosocial Functionality Scale – Focused PSS¹⁵

Purpose

The tool measures changes related to psychosocial wellbeing of GBV survivor 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)

¹⁵ 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

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation &amp; Action Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>Survivor is experiencing little to no difficulty in accomplishing tasks.</td>
</tr>
</tbody>
</table>
| 11-21 | Survivor is experiencing moderate amount of difficulty in accomplishing tasks.  
→ 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.  
→ 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.

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

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

<table>
<thead>
<tr>
<th>Survivor Code</th>
<th>Caseworker Code</th>
<th>Date</th>
</tr>
</thead>
</table>

**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
Tool Name

Post-Distribution Survey Questionnaire – Cash-based Assistance

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

---

16 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**

<table>
<thead>
<tr>
<th>Survivor Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager Code</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

**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? ”

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1: Impact of cash assistance on survivor’s safety and ability to access to services</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Was the cash-based assistance part of your action plan to enhance your ability to be safer? | □ Yes  
 □ No  
 □ Prefer not to answer |
| 2. Was the cash assistance preceded with safety plan to mitigate risks of harm? | □ Yes  
 □ No  
 □ Prefer not to answer |
| 3. Was the received amount/item adequate to improve your safety? | □ Adequate  
 □ Somewhat adequate  
 □ Inadequate  
 □ Prefer not to answer |
| 4. Was the duration of assistance sufficient to improve your safety? | □ Sufficient  
 □ Somewhat sufficient  
 □ Insufficient  
 □ Prefer not to answer |
| 5. Was the timing of the cash assistance adequate to improve your safety? | □ Adequate  
 □ Somewhat adequate  
 □ Inadequate  
 □ 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? | □ Yes  
 □ No  
 □ Prefer not to answer |
<table>
<thead>
<tr>
<th>6.1</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2.</td>
<td>Which of the following, if any, did the cash or item received allowed you to access:</td>
</tr>
<tr>
<td></td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td>Legal/Justice</td>
</tr>
<tr>
<td></td>
<td>Safety/Protection</td>
</tr>
<tr>
<td></td>
<td>Shelter</td>
</tr>
<tr>
<td></td>
<td>Psychosocial</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>Other [specify]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td></td>
</tr>
<tr>
<td>☐ 2</td>
<td></td>
</tr>
<tr>
<td>☐ 3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.1</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Has the cash transfer positively impacted relations within your household?</td>
</tr>
<tr>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Prefer not to answer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.1</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Less physical abuse / violence about expenses</td>
<td></td>
</tr>
<tr>
<td>☐ Less threat of physical abuse/violence about how to spend the cash</td>
<td></td>
</tr>
<tr>
<td>☐ Less verbal abuse/threats about expenses</td>
<td></td>
</tr>
<tr>
<td>☐ Spouses sharing decision making</td>
<td></td>
</tr>
<tr>
<td>☐ Invested in income generating activity</td>
<td></td>
</tr>
<tr>
<td>☐ Postponed child's marriage</td>
<td></td>
</tr>
<tr>
<td>☐ Maintained child in school / reregistered child for school</td>
<td></td>
</tr>
<tr>
<td>☐ Access health services</td>
<td></td>
</tr>
<tr>
<td>☐ Improved food security</td>
<td></td>
</tr>
<tr>
<td>☐ Other [specify]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.2</th>
<th>Please note that the purpose of this next question is so we can 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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>8.3</td>
<td>How?</td>
</tr>
<tr>
<td></td>
<td>□ Physical abuse / violence about how to spend the cash</td>
</tr>
<tr>
<td></td>
<td>□ Threat of physical abuse/violence about how to spend the cash</td>
</tr>
<tr>
<td></td>
<td>□ Verbal abuse about how to spend the cash</td>
</tr>
<tr>
<td></td>
<td>□ Forced/coered/exploited withholding of cash</td>
</tr>
<tr>
<td></td>
<td>□ Other: ______________________</td>
</tr>
<tr>
<td></td>
<td>□ Prefer not to answer</td>
</tr>
<tr>
<td>9</td>
<td>When cash assistance ends, will you be able to prevent further exposure to harm?</td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Prefer not to answer</td>
</tr>
<tr>
<td>9.1</td>
<td>How?</td>
</tr>
</tbody>
</table>

"The next few questions may be sensitive. Your answers will not 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]."

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Did you have to, or were you asked to do or give anything you did not want to in order to receive your cash?</td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Prefer not to answer</td>
</tr>
<tr>
<td>11</td>
<td>Who made you or asked you to do or give anything in exchange for receiving your cash?</td>
</tr>
<tr>
<td>12</td>
<td>Have you discussed post-case management and cash assistance safety planning with your case manager?</td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Prefer not to answer</td>
</tr>
</tbody>
</table>

Is there anything else you wish to discuss with me?

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

Tool Name

Post-Distribution Monitoring Survey Questionnaire – Dignity Kits  

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 enumerators, 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 misled 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.

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

---

17 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.

18 For a brief guidance to sampling techniques, please refer to: International Red Cross and Red Crescent Movement, Cash in Emergencies Toolkit, 2017.
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.

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/Neighbour
   - 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
   ☐ Yes ☐ No

B. Underwear (panty) - Size large
   ☐ Yes ☐ No

C. Sanitary napkins
   ☐ Yes ☐ No

D. Bath Soap
   ☐ Yes ☐ No

E. Soap Holder
   ☐ Yes ☐ No

F. Tooth Paste
   ☐ Yes ☐ No

G. Tooth Brush
   ☐ Yes ☐ No

H. Comb
   ☐ Yes ☐ No

I. Detergent / washing powder
   ☐ Yes ☐ No

J. Reusable menstrual pads
   ☐ Yes ☐ No

K. Torch/Flashlight
   ☐ Yes ☐ No

L. Bath towels
   ☐ Yes ☐ No

M. Head Cover
   ☐ Yes ☐ No

N. Shampoo
   ☐ Yes ☐ No

O. Whistle
   ☐ Yes ☐ No

P. Female Razors
   ☐ Yes ☐ No

Q. Dry Tissue
   ☐ Yes ☐ No

R. Wet Wipes
   ☐ Yes ☐ No

S. Dish Washing Liquid
   ☐ Yes ☐ No

T. Backpack
   ☐ 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
   ☐

B. Underwear (panty) - Size large
   ☐

C. Sanitary napkins
   ☐

D. Bath Soap
   ☐

E. Soap Holder
   ☐

F. Tooth Paste
   ☐
G. Tooth Brush
H. Comb
I. Detergent / washing powder
J. Reusable menstrual pads
K. Torch/Flashlight
L. Bath towels
M. Head Cover
N. Shampoo
O. Whistle
P. Female Razors
Q. Dry Tissue
R. Wet Wipes
S. Dish Washing Liquid
T. Backpack

11. Among these, which were the top 3 least useful items?
A. Female Underwear (panty)
   Size small Female Underwear (panty) - Size medium Female
B. Underwear (panty) - Size large
C. Sanitary napkins
D. Bath Soap
E. Soap Holder
F. Tooth Paste
G. Tooth Brush
H. Comb
I. Detergent / washing powder
J. Reusable menstrual pads
K. Torch/Flashlight
L. Bath towels
M. Head Cover
N. Shampoo
O. Whistle
P. Female Razors
Q. Dry Tissue
R. Wet Wipes
S. Dish Washing Liquid
T. Backpack
12. Among these, were there any items which you think were of poor quality?

A. Female Underwear (panty)  
Size small Female Underwear (panty) - Size medium Female  
B. Underwear (panty) - Size large  
C. Sanitary napkins  
D. Bath Soap  
E. Soap Holder  
F. Tooth Paste  
G. Tooth Brush  
H. Comb  
I. Detergent / washing powder  
J. Reusable menstrual pads  
K. Torch/Flashlight  
L. Bath towels  
M. Head Cover  
N. Shampoo  
O. Whistle  
P. Female Razors  
Q. Dry Tissue  
R. Wet Wipes  
S. Dish Washing Liquid  
T. Backpack  

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

______________________________________________________________________________

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  
B. Underwear (panty) - Size large  
C. Sanitary napkins  
D. Bath Soap  
E. Soap Holder  
F. Tooth Paste  
G. Tooth Brush  
H. Comb
DIGNITY KIT DISTRIBUTION

I. Detergent / washing powder
J. Reusable menstrual pads
K. Torch/Flashlight
L. Bath towels
M. Head Cover
N. Shampoo
O. Whistle
P. Female Razors
Q. Dry Tissue
R. Wet Wipes
S. Dish Washing Liquid
T. Backpack

13.2. Why?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

16. How would you rate your level of satisfaction with the items received?
☐ Strongly satisfied
☐ Somewhat satisfied
☐ Neutral
☐ Not satisfied
☐ Strongly dissatisfied
Why?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**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?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

19. Were you asked to give anything (money, goods, services) in return for this assistance?
   - Yes
   - No

20. If yes, what were you asked to give in return?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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.
Tool Name

Guidance for Focus Groups – Dignity Kits 19

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

19 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.
QUESTIONS FOR DISCUSSION

A. Background

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

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 have to, or were you asked to do or give anything you did not want to in order to be put in the list or receive your items?
   - Did you discuss this with to anyone?

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 of 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

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

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

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.
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

<table>
<thead>
<tr>
<th>FACILITATOR NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Date</td>
</tr>
<tr>
<td>Location</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

- 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.

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?

   _______________________________________________________________________
   _______________________________________________________________________
   Why? ___________________________________________________________________
   _______________________________________________________________________

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

   _______________________________________________________________________
   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?

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

- Negotiation
- Problem-solving
- Communication
- Family relationships
- 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? __________________________________________________________

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.
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

FACILITATOR NAME

<table>
<thead>
<tr>
<th>Session Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/MM/YY</td>
<td>Community: Governorate: District: Sub-District:</td>
</tr>
</tbody>
</table>

- 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.

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?
   __________________________________________________________
   Why?____________________________________________________
   _________________________________________________________

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

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.
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.

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

<table>
<thead>
<tr>
<th>FACILITATOR NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Topic</td>
</tr>
<tr>
<td>Session Date</td>
</tr>
<tr>
<td>Location</td>
</tr>
</tbody>
</table>

**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 vocational skills training programme and make the necessary improvements where needed.

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?  
   _____________________________________________________________
   _____________________________________________________________
   Why? ________________________________________________________
   _____________________________________________________________

3. In your opinion, what were the least useful content, if any?  
   _____________________________________________________________
   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 in the room, tell her gently that she may leave now before you start.
QUESTIONS FOR DISCUSSION

A. Background

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....

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 have to, or were you asked to do or give anything you did not want to in order to be put in the list? If so, did you discuss this with anyone?
   - Did you have to wait to be able to join the vocational training? How long was the wait?

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 this trade? Are there any other aspects related to [VOCATION] which you think the training should have explored as well? What are they?

C. Training Impact

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

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.
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

<table>
<thead>
<tr>
<th>FACILITATOR NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detail of Activity</td>
</tr>
<tr>
<td>Session Date</td>
</tr>
<tr>
<td>Location</td>
</tr>
</tbody>
</table>

- 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.

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?
   ___________________________________________________________
   ___________________________________________________________
   Why?________________________________________________________
   ___________________________________________________________

3. If anything, what did you like least about the activity?
   ___________________________________________________________
   ___________________________________________________________
   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 IV
CAPACITY DEVELOPMENT
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)

<table>
<thead>
<tr>
<th>Case Management Knowledge</th>
<th>Criteria for Answering Correctly</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. What are the main types of GBV?</td>
<td>Need to all 6 types of GBV violence a full score. Need to identify 3 types of GBV for partial score.</td>
</tr>
<tr>
<td>1. Rape</td>
<td></td>
</tr>
<tr>
<td>2. Sexual assault</td>
<td></td>
</tr>
<tr>
<td>3. Physical assault</td>
<td></td>
</tr>
<tr>
<td>4. Forced marriage</td>
<td></td>
</tr>
<tr>
<td>5. Denial of resources, opportunities or services</td>
<td></td>
</tr>
<tr>
<td>6. Psychological/emotional abuse</td>
<td></td>
</tr>
<tr>
<td>B. What are the causes of GBV?</td>
<td>Need to identify at least 3 answers to receive full score. Identifying two of the answers earns 1 point.</td>
</tr>
<tr>
<td>1. Abuse of power and Control</td>
<td></td>
</tr>
<tr>
<td>2. Gender inequality</td>
<td></td>
</tr>
<tr>
<td>3. Traditions and norms</td>
<td></td>
</tr>
<tr>
<td>4. Culture and social norms</td>
<td></td>
</tr>
<tr>
<td>C. What are the possible consequences of intimate partner violence for the survivor?</td>
<td>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.</td>
</tr>
<tr>
<td>1. Injury</td>
<td></td>
</tr>
<tr>
<td>2. Death</td>
<td></td>
</tr>
<tr>
<td>3. Mental health problems: Low self-esteem</td>
<td></td>
</tr>
<tr>
<td>4. Mental health problems: Anxiety</td>
<td></td>
</tr>
<tr>
<td>5. Mental health problems: Depression</td>
<td></td>
</tr>
<tr>
<td>6. Mental health problems: __________ (other)</td>
<td></td>
</tr>
<tr>
<td>7. Stigma, isolation from the community</td>
<td></td>
</tr>
<tr>
<td>8. Feel guilty</td>
<td></td>
</tr>
<tr>
<td>D. What are the possible consequences of sexual violence?</td>
<td>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.</td>
</tr>
<tr>
<td>1. Injuries—general</td>
<td></td>
</tr>
<tr>
<td>2. HIV/AIDS or other STIs</td>
<td></td>
</tr>
<tr>
<td>3. Damage to reproductive organs</td>
<td></td>
</tr>
<tr>
<td>4. Unwanted pregnancy</td>
<td></td>
</tr>
<tr>
<td>5. Mental health problems: Low self-esteem</td>
<td></td>
</tr>
<tr>
<td>6. Mental health problems: Anxiety</td>
<td></td>
</tr>
<tr>
<td>7. Mental health problems: Depression</td>
<td></td>
</tr>
<tr>
<td>8. Mental health problems: __________ (other)</td>
<td></td>
</tr>
<tr>
<td>9. Stigma, isolation from the community</td>
<td></td>
</tr>
<tr>
<td>10. Feel guilty</td>
<td></td>
</tr>
<tr>
<td>E. What are the Guiding Principles for working with GBV survivors?</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Need to list and describe all guiding principles and describe them using key words for full (100%) score.</strong> Need to list and describe at least 2 principles for partial score.</td>
<td></td>
</tr>
<tr>
<td>1. Right to confidentiality. Survivor’s information not shared without their permission.</td>
<td></td>
</tr>
<tr>
<td>2. Promote safety/security. Survivor’s physical and emotional safety must be ensured throughout helping process.</td>
<td></td>
</tr>
<tr>
<td>3. Right to dignity and self-determination. Survivor’s opinions and decisions are respected and followed regardless of our own opinions.</td>
<td></td>
</tr>
<tr>
<td>4. Non-discrimination. Every survivor is treated and served in the same manner.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. What are some of the reasons a survivor may not want to report GBV?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Need to identify at least five to receive a full score, identify 3 to receive a partial score.</strong></td>
</tr>
<tr>
<td>1. Fear of retaliation from the perpetrator</td>
</tr>
<tr>
<td>2. Fear / worry that no one will believe her / how people will react.</td>
</tr>
<tr>
<td>3. Shame</td>
</tr>
<tr>
<td>4. Self-blame</td>
</tr>
<tr>
<td>5. Lack of transportation.</td>
</tr>
<tr>
<td>6. Lack of money to pay service fees.</td>
</tr>
<tr>
<td>7. Do not trust the authorities/ service providers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. What body language can you use to make the survivor feel more comfortable (for example, the way you sit)?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Need to identify 5 to receive a full score, identify 4 for a partial score.</strong></td>
</tr>
<tr>
<td>1. Sit face to face with her, but not at a desk</td>
</tr>
<tr>
<td>2. Make eye contact appropriately</td>
</tr>
<tr>
<td>3. Keep a friendly facial expression</td>
</tr>
<tr>
<td>4. Lean in toward the survivor as she speaks</td>
</tr>
<tr>
<td>5. Nod your head to show understanding</td>
</tr>
<tr>
<td>6. Have a calm, relaxed body posture</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. Describe how caseworkers should start their first interview with the survivor (introduction and engagement).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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).</strong></td>
</tr>
<tr>
<td>1. Greet the survivor</td>
</tr>
<tr>
<td>2. Introduce yourself</td>
</tr>
<tr>
<td>3. Make sure you have privacy</td>
</tr>
<tr>
<td>4. Explain your role.</td>
</tr>
<tr>
<td>5. Explain confidentiality</td>
</tr>
<tr>
<td>6. Explain her rights (can stop, refuse to answer, ask any questions)</td>
</tr>
<tr>
<td>7. Explain how information will be stored.</td>
</tr>
<tr>
<td>8. Ask her permission to proceed</td>
</tr>
<tr>
<td>9. Mention the services that can be provided and those that are not available.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J. When collecting GBV data, what are some of the important measures and precautions you should take?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Need to explain the 3 main limits for full score, 2 for partial score</strong></td>
</tr>
<tr>
<td>1. Locked cabinet</td>
</tr>
<tr>
<td>2. Separate survivors’ names from the case files</td>
</tr>
<tr>
<td>3. Only sharing the relevant information with consent</td>
</tr>
<tr>
<td>K. What are the limits to confidentiality in cases?</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>M. When is informed consent sought during case management?</td>
</tr>
<tr>
<td>N. Explain the main areas of need that you need to assess with survivors?</td>
</tr>
<tr>
<td>O. What are the steps of case management?</td>
</tr>
<tr>
<td>P. What do we want to understand when we assess safety with a survivor?</td>
</tr>
<tr>
<td>Q. What do we need to prepare when we want to link the client with available services?</td>
</tr>
</tbody>
</table>
R. What information does a case manager have to provide to a survivor about health services when there is a sexual assault?

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If within 120 hr. period and concerned about pregnancy—emergency contraception available.</td>
</tr>
<tr>
<td>2. If within 72 hr. period HIV PEP medication for prevention available.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>4. STI treatment medication available.</td>
</tr>
<tr>
<td>5. Pelvic examination available.</td>
</tr>
<tr>
<td>6. Treatment of other injuries available.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Need to identify all 5 for a full score. Need to identify at least 4 for a partial score.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I believe you.</td>
</tr>
<tr>
<td>2. This is not your fault / You're not to blame.</td>
</tr>
<tr>
<td>3. I’m glad you told me.</td>
</tr>
<tr>
<td>4. I’m very sorry this happened to you.</td>
</tr>
<tr>
<td>5. I am/ We are here to support you.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Need to identify at least 5 items to receive full score. Partial score need to identify four.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Update progress on case action plan.</td>
</tr>
<tr>
<td>2. Reassess safety</td>
</tr>
<tr>
<td>3. Reassess psychosocial status.</td>
</tr>
<tr>
<td>4. Reassess other needs/problems.</td>
</tr>
<tr>
<td>5. Update the action plan.</td>
</tr>
<tr>
<td>6. Obtain informed consent for new referrals.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Case worker Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Name</td>
<td></td>
</tr>
<tr>
<td>Assessment Date</td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td></td>
</tr>
</tbody>
</table>

QUESTIONS

A. What are the main types of GBV?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. What are the causes of GBV?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

D. What are the possible consequences of sexual violence?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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

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

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

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

J. What are the limits to confidentiality in cases?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

K. When is informed consent sought during case management?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
L. Explain the main areas of need that you must assess with survivors?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

M. What are the steps of case management?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

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

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

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

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

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

**TOTAL SCORE** (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**

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

**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 caregiver 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 casework, 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.

<table>
<thead>
<tr>
<th>PRINCIPLE</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>At least 4-5 examples for meet, 2 for partially meet</td>
</tr>
<tr>
<td>2</td>
<td>At least 4 examples for meet, 3 for partially meet</td>
</tr>
<tr>
<td>3</td>
<td>At least 6 examples for meet, 4 for partially meet</td>
</tr>
<tr>
<td>4</td>
<td>At least 3 examples for meet, 2 for partially meet</td>
</tr>
<tr>
<td>5</td>
<td>At least 6 examples for meet, 4 for partially meet</td>
</tr>
<tr>
<td>6</td>
<td>At least 4 examples for meet, 3 for partially meet</td>
</tr>
<tr>
<td>7</td>
<td>At least 5 examples for meet, 4 for partially meet</td>
</tr>
<tr>
<td>8</td>
<td>At least 3 examples for meet, 2 for partially meet</td>
</tr>
<tr>
<td>9</td>
<td>At least 6 examples for meet, 4 for partially meet</td>
</tr>
<tr>
<td>10</td>
<td>At least 4 examples for meet, 3 for partially meet</td>
</tr>
</tbody>
</table>
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 principles 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.
<table>
<thead>
<tr>
<th>Case worker Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Name</td>
<td></td>
</tr>
<tr>
<td>Assessment Date</td>
<td></td>
</tr>
<tr>
<td>DID THE CASEWORKER....</td>
<td>EXAMPLES OBSERVED</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 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 feel upset after a thing like that happens.) | At least 4-5 examples for met, 2 for partly met, 0 for not met | □ MET  
□ PARTIALLY MET  
□ 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.) | | □ MET  
□ PARTIALLY MET  
□ 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.) | | □ MET  
□ PARTIALLY MET  
□ NOT MET |
| 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.) | | □ MET  
□ PARTIALLY MET  
□ NOT MET |
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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 doesn’t want to answer or says “I don’t know”; gives the client time to make decisions; allows the client to change opinion.)</td>
<td>At least 6 examples for meet, 4 for partially meet</td>
<td>□ MET</td>
<td>□ PARTIALLY MET</td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td>□ MET</td>
<td>□ PARTIALLY MET</td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td>□ MET</td>
<td>□ PARTIALLY MET</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td>□ MET</td>
<td>□ PARTIALLY MET</td>
</tr>
</tbody>
</table>
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 expressions; 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)

<table>
<thead>
<tr>
<th>MET</th>
<th>PARTIALLY MET</th>
<th>NOT MET</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>MET</th>
<th>PARTIALLY MET</th>
<th>NOT MET</th>
</tr>
</thead>
</table>

TOTAL SCORE
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)
<table>
<thead>
<tr>
<th>Knowledge of CM Supervisory Role</th>
<th>Criteria for answering correctly</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. How do you make sure that case workers have a clear understanding of what they need to do?</td>
<td><em>(Need to mention at least 3 points for full score, 2 for partial score)</em></td>
</tr>
<tr>
<td>• Orientation</td>
<td>• Clarity roles and responsibilities (job descriptions)</td>
</tr>
<tr>
<td>• Clarify roles and responsibilities (job descriptions)</td>
<td>• Set objectives and priorities for each case worker</td>
</tr>
<tr>
<td>• Set objectives and priorities for each case worker</td>
<td>• Weekly planning and assigning work for each case worker</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>B. What are the components of a functioning case management system?</td>
<td><em>(Need to mention at least 5 points for full score, 4 for partial score)</em></td>
</tr>
<tr>
<td>• Individual case files are clearly labeled with ID codes in locked cabinets; or database</td>
<td>• Clear criteria for case management services</td>
</tr>
<tr>
<td>• Clear criteria for case management services</td>
<td>• Standard forms for all stages of CM process (registration, assessment, case plan/ action plan, follow-up, etc.)</td>
</tr>
<tr>
<td>• Standard forms for all stages of CM process (registration, assessment, case plan/ action plan, follow-up, etc.)</td>
<td>• Referral system is in place; mapping of services and an updated service directory</td>
</tr>
<tr>
<td>• Referral system is in place; mapping of services and an updated service directory</td>
<td>• Protocol for closing cases</td>
</tr>
<tr>
<td>• Protocol for closing cases</td>
<td>• Training and coaching for caseworkers and supervisors</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>C. How do you ensure the efficiency and quality of case management?</td>
<td><em>(Need to mention at least 5 points for full score, 4 for partial score)</em></td>
</tr>
<tr>
<td>• Monitor timescales for responses</td>
<td>• Services follow-up</td>
</tr>
<tr>
<td>• Services follow-up</td>
<td>• Review of cases</td>
</tr>
<tr>
<td>• Review of cases</td>
<td>• Quality check for documentation</td>
</tr>
<tr>
<td>• Quality check for documentation</td>
<td>• Observation of case workers</td>
</tr>
<tr>
<td>• Observation of case workers</td>
<td>• Overseeing the management of case loads</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>D. How do you ensure confidentiality and data protection and information protocols are respected?</td>
<td><em>(Need to mention at least 2 points for full score, 1 for partial score)</em></td>
</tr>
<tr>
<td>• Ensure that case management team are aware of, and signed the code of conduct</td>
<td>• Train the team on SOP’s</td>
</tr>
<tr>
<td>• Train the team on SOP’s</td>
<td>• Monitor the documentation of cases through review of files and databases on a regular basis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>E. What can you do as a supervisor to increase the wellbeing of the case workers?</td>
<td><em>(Need to mention at least 5 points for full score, 4 for partial score)</em></td>
</tr>
<tr>
<td>• Regular individual and group supervision</td>
<td>• team building/staff retreats</td>
</tr>
<tr>
<td>• team building/staff retreats</td>
<td>• Encourage case workers to take break during work</td>
</tr>
<tr>
<td>• Encourage case workers to take break during work</td>
<td>• Setting realistic expectations of team</td>
</tr>
<tr>
<td>• Setting realistic expectations of team</td>
<td>• Recognizing caseworkers’ efforts</td>
</tr>
<tr>
<td>• Recognizing caseworkers’ efforts</td>
<td>• Being a role model for wellbeing for your team</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Please describe the roles of a supervisor in the following CM steps: 6 points <em>(Need to mention at least 5 points for full score, 4 for partial score)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Step One: Identification and Registration</strong></td>
<td>• 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.</td>
</tr>
<tr>
<td><strong>Step Two: Assessment</strong></td>
<td>• Ensure comprehensive assessments are conducted and review findings with caseworkers, highlighting any gaps.</td>
</tr>
<tr>
<td><strong>Step Three: Developing the Case / Action Plan</strong></td>
<td>• 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</td>
</tr>
<tr>
<td><strong>Step Four: Implementing the Case Plan</strong></td>
<td>• Ensure access to material, logistical, and further technical support</td>
</tr>
<tr>
<td></td>
<td>• Set eligibility criteria for material and financial support in coordination with senior management.</td>
</tr>
</tbody>
</table>
**Step Five:**
Follow Up, Monitoring and Review  
- Monitor timescales for response, services follow-up and review of cases.  
- Ensure cases are receiving appropriate support and timely support  
- Participate in case review meetings on high risk and complex cases.

**Step Six:**
Case Closure  
- Regularly review cases with case workers and ensure case closure procedures are followed according to SOPs.  
- Approve on case closures.

**G. Please describe the roles of a supervisor in the following areas: 7 points total**  
- *(Need to mention at least 6 points for full score, 5 for partial score)*

| Training & Capacity Building | Ensure attendance at required training by all new and existing staff.  
|                             | Evaluate staff competencies during recruitment and induction.  
|                             | Provide ongoing support and guidance to staff to help them achieve minimum competencies in case work. |

| Code of Conduct | Ensure any concerns are reported and addressed immediately.  
|                | ensuring they are not causing more harm |

| Supervision | Schedule and facilitate *case management meetings* at least once a month with all CM staff, review cases and discuss solutions.  
|             | 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.  
|             | Ensure staff gaps and training needs do not result in gaps in support to survivors who are receiving case management, and address such issues with senior management. |

| Case Management Procedures | Ensure that complex cases are followed up in the agreed time frame and steps.  
|                            | Support individual cases where required and provide regular monitoring of all aspects of case management services. |

| Coordination | Facilitate and attend case conferences for complex cases.  
|             | Ensure that an up-to-date service mapping is available with all caseworkers  
|             | Support caseworkers with challenges and advocate with service providers to provide timely and quality services to survivors |

| Documentation | Monitor the documentation of cases through regular review of files.  
|               | Ensure case files are backed up through agreed upon systems.  
|               | Ensure confidentiality and that data protection and information-sharing protocols are respected.  
|               | Ensure staff are trained on relevant policies, including ways to secure, move or destroy case information in an emergency. |
| Case Tracking & Trend Analysis | • Review case management databases weekly to ensure cases are progressing and database is being maintained according to agree upon procedures.  
• Highlight any new trends in Gender based violence issues with management. |
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 starting 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.
GBV CASE MANAGEMENT SUPERVISORY COMPETENCIES TEST

<table>
<thead>
<tr>
<th>Supervisor Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Date</td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td></td>
</tr>
</tbody>
</table>

**QUESTIONS**

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

_____________________________________________________________________________

_____________________________________________________________________________

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

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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

- Step One: Identification and Registration

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
• Step Two: Assessment

• Step Three: Developing the Case / Action Plan

• Step Four: Implementing the Case Plan

• Step Five: Follow Up, Monitoring and Review

• Step Six: Case Closure

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

• Training & Capacity Building

• Code of Conduct
• Supervision

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

• Case Management Procedures

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

• Coordination

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

• Documentation

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

• Case Tracking & Trend Analysis

_____________________________________________________________________________
_____________________________________________________________________________
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 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).

- The scores for knowledge and skills, and attitudes and perceptions can be calculated jointly for aggregate results or separately to better understand better differentiate the impact of the training across these different domains.
- 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 questionnaire are based on a point scale, with the following values:

- Incorrect answer (0 point)
- Partial answer (1 point)
- Correct answer (2 points)
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Emotional, Physical, Social</td>
</tr>
<tr>
<td>2</td>
<td>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</td>
</tr>
<tr>
<td>3</td>
<td>Physical, Emotional, Cognitive/Thought, Behavioural</td>
</tr>
<tr>
<td>4</td>
<td>Safety/security; Respect the survivor’s wishes; Non-discrimination; Confidentiality</td>
</tr>
<tr>
<td>5</td>
<td>Observing; Attending; Listening; Responding</td>
</tr>
</tbody>
</table>
| 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 of the one 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 I: ATTITUDES & PERCEPTIONS**

<table>
<thead>
<tr>
<th>ATTITUDE STATEMENTS</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A It is easy for girls to lie about rape.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B Some women are raped because they behave or dress in a way that makes men want to have sex.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C There are times when it is acceptable for a male to hold a female down and physically force her to engage in sexual intercourse</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>D If a survivor doesn’t fight back, s/he wasn’t really raped.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>E If a man is drunk when he forces sex on a woman, it isn’t rape.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>F You can tell if a girl has been sexually assaulted by the way she acts when you talk to her.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>G Rape is a sexual act.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>H Physical injury is the only health outcome of rape</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>N People who have been raped should keep it a secret.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**
### PRE & POST TEST – GBV PROGRAMME STAFF

<table>
<thead>
<tr>
<th>Organization</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Round</td>
<td></td>
<td>☐ Pre-test ☐ Post-test</td>
</tr>
</tbody>
</table>

### PART I – KNOWLEDGE & SKILLS

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

2. Define trauma.
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________

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

4. List the 4 GBV guiding principles.
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________

5. List the four basic PSS skills.
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________
6. What two types of communication techniques are required for active listening? Provide one example of each.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

8. Identify:
   a. One coping strategy for a survivor, family member, or friend
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
   b. One relaxation technique
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________

9. Name the 4 key sectors of GBV response in the multi-sectoral approach.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
10. Define psychosocial.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

11. What is the difference between sympathy and empathy?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

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

14. Until what age children should not be asked directly about abuse?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
PART II – ATTITUDES & PERCEPTIONS

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

A. It is easy for girls to lie about rape.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

B. Some women get raped because they behave or dress in a way that makes men want to have sex.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

C. There are times when it is acceptable for a male to hold a female down and physically force her to engage in sexual intercourse.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

D. If a survivor doesn’t fight back, s/he wasn’t really raped.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

E. If a man is drunk when he forces sex on a woman, it isn’t rape.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

F. You can tell if a girl has been sexually assaulted by the way she acts when you talk to her.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

G. Rape is a sexual act.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

H. Physical injury is the only health outcome of rape.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

I. People who have been raped should keep it a secret.
   □ 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.

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
• 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?
   ____________________________________________________________ Why?
   ____________________________________________________________
   ____________________________________________________________

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

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?
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________

Self-Perception of Learning

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?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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.

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

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

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

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.

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.
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 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 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

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

### 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.

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
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?

   ____________________________________________________________ Why?
   ____________________________________________________________

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

   ____________________________________________________________ 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?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

About the Facilitator

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?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Logistics & Organization

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?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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 V
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

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Enumerator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Space Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Community: Sub-District:</th>
<th>Governorate</th>
<th>District:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>RATING</th>
<th>EVIDENCE &amp; REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FULLY MET</td>
<td>PARTIALLY MET</td>
</tr>
</tbody>
</table>

**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.

**Sub-total Score**

### Section D. Infrastructure

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.

**Sub-total Score**

### Section E. Gender, Age and Disability Appropriateness

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).

**Sub-total Score**

### Section E. Water, Hygiene & Sanitation

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.

**Sub-total Score**

### Section F. Activities

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.

**Sub-total Score**
### Section G. GBV Response
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

**Sub-total Score**

### Section H. Human Resources
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.

**Sub-total Score**

### Section I. Data Protection Protocols
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.

<table>
<thead>
<tr>
<th>Sub-total Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL SCORE</td>
<td></td>
</tr>
</tbody>
</table>

| Remarks of the Center Manager |   |
| Remarks of Enumerator:       |   |
## Action Plan – Women and Girls Safe Spaces

<table>
<thead>
<tr>
<th>Monitoring Visit Report Date</th>
<th>GBV Programme Manager Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Plan Date</td>
<td>Space Manager Name</td>
</tr>
<tr>
<td>Center Name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Community:</th>
<th>Governorate:</th>
<th>District:</th>
<th>Sub-District:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Area of Improvement</th>
<th>Proposed Action</th>
<th>Timeline</th>
<th>Priority: Medium, High, Low</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remarks</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
Tool Name
Activity Monitoring Report

Purpose
The tool is generic and can be adapted to 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 after 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**

<table>
<thead>
<tr>
<th>Monitoring Visit Date</th>
<th>Enumerator Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Purpose of the Visit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Governorate:</th>
<th>District:</th>
<th>Sub-District:</th>
</tr>
</thead>
</table>

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

**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**

**ATTACHMENTS**

- Photos
- Other – Specify:
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**

- 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\(^\text{20}\). 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\(^\text{21}\), 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.

---

\(^{20}\) *Refer to Annex A.*

\(^{21}\) *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
• 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**

- 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\(^{22}\).
- 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\(^{23}\). 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.

**Don’t**

- 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.

\(^{22}\) Refer to Annex A.

\(^{23}\) Only those rated Medium and Low in the Scale presented in the Toolkit.
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**

- 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**

- 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**

- 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**

- 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**

- 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**

- 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.\textsuperscript{24}

\textsuperscript{24} The development of an overarching theory change for the GBV SC should facilitate the design of context-appropriate and meaningful impact-level indicators.
<table>
<thead>
<tr>
<th>TYPE OF INTERVENTION</th>
<th>INDICATOR</th>
<th>TYPE</th>
<th>DIMENSION CAPTURED</th>
<th>TOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information Sessions</strong></td>
<td>% increase in knowledge of key gender/GBV issues among participants of information sessions.</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td>Pre &amp; Post Test – Information Sessions</td>
</tr>
<tr>
<td><strong>Women &amp; Girls Safe Spaces</strong></td>
<td>Perceptions of quality and adequacy of WGSS activities among beneficiaries visiting the space</td>
<td>Qualitative</td>
<td>Quality</td>
<td>Guidance for Focus Groups - Women and Girls Safe Spaces</td>
</tr>
<tr>
<td></td>
<td>Perceptions of life changes stemming from participation in activities implemented in the WGSS among beneficiaries visiting the space</td>
<td>Qualitative</td>
<td>Result (Outcome)</td>
<td></td>
</tr>
<tr>
<td><strong>Awareness Raising</strong></td>
<td>% of participants who rate the quality of the activity as good or excellent</td>
<td>Quantitative</td>
<td>Quality</td>
<td>Participant Feedback Form – Awareness Raising</td>
</tr>
<tr>
<td></td>
<td>% of participants who have shared or intend to share content of awareness raising activities with others in their community</td>
<td>Quantitative</td>
<td>Quality (Outreach)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% increase in knowledge of GBV among women and girls who complete a GBV awareness raising programme</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td>Women &amp; Girls Self-Assessment Form – Awareness Raising</td>
</tr>
<tr>
<td></td>
<td>% increase attitudes towards women’s empowerment among women and girls who complete a GBV awareness raising programme</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% increase in positive messages about how to prevent and respond to GBV articulated by women and girls who complete a GBV awareness raising programme</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% increase in willingness to take positive action to prevent GBV by participants who complete a GBV awareness raising programme</td>
<td>Quantitative</td>
<td>Result (Outcome)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% increase in attitudes towards women’s empowerment among men and boys who complete a GBV awareness raising programme</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td>Men &amp; Boys Self-Assessment Form – Awareness Raising</td>
</tr>
<tr>
<td></td>
<td>% increase in knowledge of GBV among men and boys who complete a GBV awareness raising programme</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td></td>
</tr>
<tr>
<td><strong>Suggested Indicators</strong></td>
<td><strong>Context</strong></td>
<td><strong>Type</strong></td>
<td><strong>Result</strong></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------</td>
<td>----------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>% increase in positive messages about how to prevent and respond to GBV articulated by men and boys who complete a GBV awareness raising programme</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% increase in willingness to take positive action to prevent GBV by men and boys who complete a GBV awareness raising programme</td>
<td>Quantitative</td>
<td>Result (Outcome)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Safety Audits</strong></th>
<th><strong>Decrease in site-related GBV risks, physical and as perceived by community members</strong></th>
<th>Qualitative</th>
<th>Impact</th>
<th>Safety Audit Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Management</strong></td>
<td>% of beneficiaries who report case management services have helped them with their problem</td>
<td>Quantitative</td>
<td>Outcome</td>
<td>Client Feedback Form – Case Management</td>
</tr>
<tr>
<td></td>
<td>% of beneficiaries who report to feel better after receiving case management services</td>
<td>Quantitative</td>
<td>Quality Result (Outcome)</td>
<td></td>
</tr>
</tbody>
</table>

| **Focused PSS Sessions** | % of survivors who improve their wellbeing after receiving focused PSS sessions | Quantitative | Result (Outcome) | Outcome Mapping Tool - PSS |
|                          | % of active cases closed based on thorough assessment of survivor progress and wellbeing | Quantitative | Result (Outcome) | |

| **Cash-based Assistance** | % of beneficiaries who report that the cash-based assistance was sufficient, adequate and timely | Quantitative | Quality | Post-Distribution Survey Questionnaire – Cash-based Assistance |
|                          | % 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 | Quantitative | Outcome | |
|                          | % of beneficiaries who report that the cash-based assistance positively impacted relations within your household | Quantitative | Result (Outcome) | |

<p>| <strong>Dignity Kit Distribution</strong> | % of beneficiaries who were very satisfied or satisfied with the items received | Qualitative | Quality | Survey Questionnaire – Dignity Kits |
|                            | % of beneficiaries who rate the quality of the distribution process as excellent or good | Quantitative | Quality | |
|                            | % of beneficiaries who utilized at least 70% of items received | Quantitative | Result (Output) | |</p>
<table>
<thead>
<tr>
<th>Life Skills Sessions</th>
<th>Perceptions of quality and appropriateness of the distribution process</th>
<th>Qualitative</th>
<th>Quality</th>
<th>Guidance for Focus Groups – Dignity Kits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Perceptions of change in wellbeing and ability to perform tasks after receiving the kit</td>
<td>Qualitative</td>
<td>Result (Outcome)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of beneficiaries rate the session as excellent or good</td>
<td>Quantitative</td>
<td>Quality</td>
<td>Participant Feedback Form – Life Skills</td>
</tr>
<tr>
<td></td>
<td>% of beneficiaries who state that their participation in the session has, somewhat or considerably, increased their personal development</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% 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</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of participants who have shared or intend to share content of life skills sessions with others in their community</td>
<td>Quantitative</td>
<td>Quality (Outreach)</td>
<td></td>
</tr>
<tr>
<td>Vocational Skills Training</td>
<td>% of beneficiaries who rate the training as excellent or good</td>
<td>Quantitative</td>
<td>Quality</td>
<td>Participant Feedback Form – Vocational Skills</td>
</tr>
<tr>
<td></td>
<td>Perception of trainees on usefulness and applicability of skills/trade learned</td>
<td>Qualitative</td>
<td>Result (Outputs)</td>
<td>Guidance for Focus Groups – Vocational Skills</td>
</tr>
<tr>
<td></td>
<td>Perceptions of life changes stemming from participation in vocational skills training</td>
<td>Qualitative</td>
<td>Result (Outcomes)</td>
<td></td>
</tr>
<tr>
<td>Recreational Activities</td>
<td>% of beneficiaries who rate the activity as excellent or good</td>
<td>Quantitative</td>
<td>Quality</td>
<td>Participant Feedback Form – Recreational Activities</td>
</tr>
<tr>
<td></td>
<td>Perception of trainees on life changes stemming from their participation in the activity</td>
<td>Qualitative</td>
<td>Result (Outcomes)</td>
<td></td>
</tr>
<tr>
<td>Training of Case Management Staff</td>
<td>% of caseworkers who meet the core case management requirements to work independently with survivors</td>
<td>Quantitative</td>
<td>Result (Outputs)</td>
<td>GBV Case Management Core Competencies Assessment Tool - Knowledge and Skills</td>
</tr>
<tr>
<td></td>
<td>% of GBV case workers who hold survivor-friendly (positive beliefs and values) attitudes and perceptions.</td>
<td>Quantitative</td>
<td>Quality Result (Output)</td>
<td>GBV Case Management Core Competencies -</td>
</tr>
<tr>
<td>Training of GBV Programme Staff</td>
<td>% of supervisors who meet the core case management requirements to supervise caseworkers</td>
<td>Quantitative</td>
<td>Quality Result (Output)</td>
<td>GBV Case Management Supervisory Core Competencies Test</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>% increase in GBV knowledge and skills among training participants</td>
<td>Result (Outcomes)</td>
<td>Result (Outcomes)</td>
<td>Pre &amp; Post Test – GBV Programme Staff</td>
<td></td>
</tr>
<tr>
<td>% increase in positive attitudes and perceptions around GBV among training participants</td>
<td>Result (Outcomes)</td>
<td>Result (Outcomes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of trainees who state that the training has helped to increase, significantly or somewhat, their knowledge of key GBV concepts</td>
<td>Quantitative</td>
<td>Quality Result (Output)</td>
<td>Trainee Feedback Form – GBV Programme Staff</td>
<td></td>
</tr>
<tr>
<td>Training of Non-GBV Actors</td>
<td>% change in knowledge of core GBV concepts among non-GBV actors trained</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td>Pre &amp; Post Test – Non-GBV Actors</td>
</tr>
<tr>
<td>% of trainees who rate the training as excellent or good</td>
<td>Quantitative</td>
<td>Quality Result (Output)</td>
<td>Trainee Feedback Form – Non-GBV Actors</td>
<td></td>
</tr>
<tr>
<td>% of trainees who state that the training has helped to increase, significantly or somewhat, their knowledge of key GBV concepts</td>
<td>Quantitative</td>
<td>Result (Output)</td>
<td>Trainee Feedback Form – Non-GBV Actors</td>
<td></td>
</tr>
</tbody>
</table>
## ANNEX A

### GBV SC WHOLE OF SYRIA RESPONSE (TURKEY HUB) OVERVIEW OF PROGRAMMATIC INTERVENTIONS

<table>
<thead>
<tr>
<th>Domain</th>
<th>Intervention Type</th>
<th>Sensitivity Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Awareness Raising</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Information Sessions</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Safety Audits</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Women and Girls Safe Spaces</td>
<td>Medium</td>
</tr>
<tr>
<td>Response</td>
<td>Case Management for GBV survivors</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Clinical management of rape and other health services for survivors</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Focused psychosocial support (PSS) for GBV survivors (only)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Individual and group counselling focused PSS</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Legal services</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Psychological First Aid (PFA)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Specialized mental health services for GBV survivors</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Referral to legal services for GBV survivors</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Referral to specialized psychosocial support</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Referral to medical services</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Referral to non GBV services (WASH, NFI, FSL etc.)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Other referrals of GBV survivors to GBV related services</td>
<td>High</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Dignity Kit Distribution</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Life Skills Sessions</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Vocational skills</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Recreational Activities</td>
<td>Low</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>Training of GBV Specialized Staff</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Training of non-GBV Actors</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Training of GBV Actors</td>
<td>N/A</td>
</tr>
</tbody>
</table>
ANNEX B

EXAMPLE OF VERBAL REQUEST FOR CONSENT TO PARTICIPATING IN AN M&E ACTIVITY

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”.

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.

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

- **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

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?  

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?  

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. 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:

---


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.
<table>
<thead>
<tr>
<th>LESSON LEARNED AND BEST PRACTICES DOCUMENTATION FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
</tr>
<tr>
<td>Name/Function of person completing the form</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

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

Assessment Toolkit, International Rescue Committee, 2011

Cash Assistance in GBV Case Management: Guidance Note, GBV Sub-Cluster Whole of Syria Response (Turkey hub), June 2019.


Dignity Kits Guidance Note, GBV Sub-Cluster Whole of Syria Response (Turkey hub), 2015.


GBV SC Awareness Raising Toolkit: A handbook for hearing and being voices from Syria

Gender-Based Violence Case Management Outcome Monitoring Toolkit, International Rescue Committee, August 2018.


International Red Cross and Red Crescent Movement, Cash in Emergencies Toolkit, 2017.


Results-Based Management Handbook: Harmonizing RBM concepts and approaches for improved development results at country level, United Nations Development Group, 2011.