GBV
MONITORING & EVALUATION TOOLKIT
JORDAN

1st Edition - March 2022

UNHCR
The UN Refugee Agency

UNFPA

Global Communities

GBV
Sub-Working Group

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INTRODUCTION

INTRODUCTION

The Jordan Gender Based Violence Sub-Working Group (GBV SWG), established in 2014, is a coordinating body with the objective to strengthen GBV prevention and response in emergency settings. It works to facilitate multi sectoral, inter-agency action aimed at prevention of GBV, and to ensure a principled approach to the provision of accessible, prompt, confidential and appropriate services to survivors of GBV. The GBV SWG's focus is Syrian refugees in urban contexts, camps, informal tented settlements (ITS) and other collective centers. GBV services are open to all vulnerable populations hosted in Jordan including refugees of other nationalities, migrants and Jordanian affected by the crisis.

The GBV SWG develops and implements the GBV strategy within the broader protection strategy for Jordan, and ensures services are in place for multisectoral response to GBV and advocate for the integration of GBV risk mitigation strategies in other sectors. The GBV SWG coordinates with national coordination bodies and struc-tures and it also ensures a coordinated approach with field level coordination mechanisms. The group, which is part of the Protection Working Group, is currently chaired by UNHCR and UNFPA at the national level and has dedicated sub-national level coordination mechanisms in Zaatari, Mafraq, Azraq and Irbid. It is composed of more than 30 partners, including UN agencies, INGOs, and local NGOs, government counterparts operating across governorates in Jordan serving refugees and host communities.

About the Jordan GBV M&E Toolkit

In 2019, the Whole of Syria – Turkey Cross Border (TXB) GBV Sub-Cluster recognized the need to provide more targeted support to its members in the monitoring and evaluation (M&E) of GBV programmes and invested in the development of a GBV Monitoring and Evaluation Toolkit that includes a set of standardized M&E tools to be used to enhance the quality of M&E for GBV programmes. 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 roll out and dissemination in the TXB operation is showing the toolkit to be promising to enhance the quality of GBV programming across GBV coordination actors. As a best practice to be replicated more broadly, UNF-PA, as the lead of GBV coordination mechanisms in humanitarian settings, has adapted and contextualized the Toolkit to Iraq and Jordan, two countries in the Arab States region that raised similar needs as the ones initially expressed by the TXB GBV SC members. This initiative is part of a wider regional effort to enhance experience and lessons-learned exchanges across coordination mechanisms in the region.

The development of the Toolkit has been informed by in-depth interviews with selected number of organizations in Jordan, and review of existing M&E materials in use. Information gathering leading to the development of this resource has revealed the following important issues related to the M&E overall context in Jordan:

- GBV M&E is relatively well developed in Jordan. To a greater or lesser extent, all organizations, whether international or local, are utilizing M&E processes to capture quality and results. Some gaps have been identified in terms of tools, with some informants reporting to lack tools for certain activities or that their

existing tools are not covering all aspects deemed important. Generally, though, most tools that organizations reported to need could be found in the TXB toolkit or, otherwise, provided by other organizations present in the country.

- Nearly all organizations offering GBV services are exclusively focused on Protection/GBV or gender-related programming, which means that when dedicated M&E teams/staff exist within the organization, they are not working across sectors. Additionally, there is a strong emphasis on Protection/GBV orientation and continuous training/sensitization for non-specialized staff, including M&E staff (when these are available).

- UN and INGOs always have dedicated M&E teams and, often, within these, M&E staff dedicated exclusively to supporting Protection/Gender/GBV programming. For local organizations the scenario is mixed: some local organizations do have and some do not have this type of resource. Evidently, local organizations with dedicated M&E staff also tend to have stronger M&E practices, while those that lack those resources are generally more reliant on technical support and tools provided by their UN and INGO donors.

- Within Jordan organizations, M&E teams are either exclusively comprised of women, or mixed, including both men and women. Women M&E staff are always the ones assigned to engage with women and girls in any M&E activity requiring direct data collection with these groups.

The Jordan GBV M&E Toolkit draws on the insights and experiences of international and local organizations implementing GBV programmes in Jordan, Iraq and 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 (output, outcome and impact).
>
> 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.

Toolkit purpose

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.

> 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.

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 Jordan. It will also be shared donors, in support of advocacy efforts to strengthen M&E best practices in among all actors currently working in the country.

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

✓ Acquire basic notions of GBV programming, such as GBV guiding principles and the survivor-centered approach;

✓ Become familiar with key M&E terminology and concepts;

✓ Understand safety and ethical implications of monitoring and evaluating GBV programmes and the need to set in place mechanisms to ensure all M&E activities, throughout the entire process cycle, are compliant with GBV guiding principles, and 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 donors on issues related to M&E in accordance with GBV guiding principles;

✓ Improve the quality, performance, and success of their GBV programmes, by using indicators that are standardized, fit for purpose and grounded on sound, safe and ethical M&E/data collection protocols.

Toolkit structure

Part I begins with a brief introduction to safety and ethical considerations pertinent to the M&E of GBV programme and presents a sensitivity scale (low, medium and high) against which each tool in the Toolkit is rated. The rating received determines the protocols to be followed during tool implementation, including who will be responsible for administering the tool – M&E or GBV teams. Additionally, this section also addresses links between M&E activities and locally available complaints and feedback mechanisms, and provides quick guidance on how to handle GBV and SEA disclosures (mandatory reporting), among other important issues, such as considerations for engaging with populations with specific needs.

Part II of 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 organizations and donors on handling external M&E, verification and processes, and requests for programme 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.

In the **annexes**, readers will find a list of relevant GBV programming and M&E terms and concepts,[1] allowing users with diverse backgrounds to quickly familiarize themselves with the terminology employed in the toolkit, a tool to assess the readiness of M&E staff to engage in the M&E of GBV activities; as well as useful references and resources that can be consulted.

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

PART 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.

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

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

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.).*

MEDIUM SENSITIVITY	• *These tools typically relate to GBV Prevention and higher-sensitivity components of Empowerment interventions.*
	• *Information collected through these tools is not usually sensitive, but the data gathering process may present complexities or risks to those involved (participants, staff, and enumerators). As such, the staff member (frequently an M&E officer or field enumerator) administering the tool must:*
	  - *Be trained on basic Protection/GBV programming guiding principles (e.g.: survivor-centered approach);*
	  - *Know how to perform safe referrals;*
	  - *Present the right attitudes towards gender/GBV/survivors; the application of the tool presented in Annex C is strongly recommended;*
	  - *Match the gender of the concerned sample group and be sensitive to language/age considerations when engaging with specific audience groups (e.g.: adolescent girls).*

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.*

* For further guidance, please refer to Part III.

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

OTHER IMPORTANT CONSIDERATIONS

Links with Complaints & Feedback Mechanisms

All tools in the toolkit already contain standardized language that facilitates links between M&E activities and existing complaints and feedback mechanisms; organizations should customize these sections reflect the complaints and feedback channels used for their programmes.

> Monitoring and evaluation activities should not be used as an entry point for gathering complaints and feedback. Establishing links between M&E activities and locally available complaints and feedback mechanisms will ensure that individuals can be directed to the appropriate channels if they want to place a complaint or provide feedback.

M&E Tools and approaches are not, and should not be, designed to deliberately prompt disclosures of misconduct or for collecting information about potential harmful incidents, particularly when these involve sensitive topics, such as GBV, corruption and sexual exploitation and abuse. This may exacerbate risks to M&E staff/enumerators/facilitators and respondents. Moreover, **complaints and feedback staff are the only ones in position to handle received complaints in a way that ensures that all information necessary for proper follow-up is collected.**

Handling GBV disclosures

When conducting M&E activities, staff/enumerators may encounter situations in which a GBV incident may be disclosed, a survivor might tell you what happened to her and ask for help. When assisting a GBV survivor the main priorities of a non-GBV specialized service provider are to provide basic emotional support as well as information on the services which may be able to assist them, details on how to access these, and appropriate support to survivors to access the services. It is imperative that non-GBV specialized service providers know how to assist in a survivor-centred way. The first information and messages provided to survivors could influence whether they go on to disclose their experiences and access further care when appropriate.

Take immediate action following those steps: listen, provide Information, ask for informed consent, and refer survivor to appropriate support services. Non GBV specialist service providers or community volunteers should NOT attempt to actively identify survivors of GBV as this can put survivors and staff/volunteers at risk.

Immediate actions non-specialized service providers should take are[2]:

LISTEN

✓ Remove survivor from immediate danger if safe to do so. Find a safe, confidential and quiet space to talk.

✓ Ask if you can provide help. Listen in case they want to talk about what happened.

✓ Listen actively: give your full attention, gently nod your head, make eye contact, use body language which shows that you are engaged with what they are saying (this may vary by culture, age, and sex).

✓ Ask survivors only relevant questions: you will only do a referral and someone else will provide continuous care to survivor (telling stories multiple times is traumatizing): ask only for name, sex, age, place of residence, contact number, type of incident and approx. date, current safety concerns. Do not ask detailed questions about the incident to the survivor. Remember that it is not your role to decide whether the person is saying the truth or not, whether s/he really needs help or not.

✓ Help the person to feel comfortable, e.g.: provide water if you can. Although some needs may be obvious, such as a blanket or covering for someone whose clothing is torn, always ask what people need and what their concerns are.

✓ Do not pressure the person to talk and do not expect her/him to display particular emotional reactions.

✓ If she/he is very distressed, help her/him to calm down and ensure they are not left alone. Comfort the survivor using healing statement such as: "It's not your fault", "I believe you", "I am very glad you told me", "I am sorry this happened to you", "You are very brave for telling me".

PROVIDE INFORMATION

✓ Inform the survivor about GBV case management services: briefly explain that case management service providers have specialized staff who assist persons who faced the same problem as him/her. The staff will listen to them and help her/him in reaching the different type of assistance they want; including psycho-social assistance, medical assistance, legal assistance, and assistance to find safe shelter if needed. All these services are free of charge. If relevant, explain that specialized medical assistance is available for survivors of sexual violence and can be provided after the incident notwithstanding how long time elapsed. All are assisted without any discrimination, information is confidential and nothing will be done without the express consent of the survivor.

✓ You shouldn't advice/encourage the survivor to seek certain types of services. Limit your interaction to providing information and not advising the survivor on your preferred option.

✓ Providing assistance to a survivor is about empowering survivors to make their own decisions about their own lives. It is up to the survivor to decide the best way to solve her/his problems.

✓ Do not raise expectations – be honest and accurate (e.g.do not say: they will give you money; they will solve allyour problems).

ASK FOR INFORMED CONSENT

✓ Ask her/him if she/he gives you the consent to contact other services to give them her/his name and describe which information you will share. For non-specialized providers this can be done verbally, a written documents is not advisable, if confidentiality procedures are not known or cannot be followed.

✓ If survivor is unwilling to be referred for assistance, you need to respect her/his wishes and can simply provide him/her with GBV hotline numbers if available so they'll be able to seek help whenever they feel ready.

✓ The following are limits to confidentiality and informed consent principle:

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2   *For detailed guidance, please refer to "Safe referrals of SGBV survivors by non-specialized actors to SGBV case management organizations".*

- When a survivor threatens his/her own life, threatens to harm another person
- When person is non responsive (i.e. unconscious) or a person without capacity of discernment - When child abuse and it is in the best interest of the child
- If one of the above limits to confidentiality applies, it is important to explain to the survivor that unfortunately you will have to refer him/her anyway prior to doing so.

TIMELY REFER

✓ If you are not a Protection staff, identify GBV case management focal point closest to survivor's area of residence, ensure you are in a confidential environment (no one else can hear you), then call the focal point as per referral pathway.

✓ If you are a protection staff and your organization has an established and safe referral procedure by e-mail, then use a referral form. E-mail should only be sent to the relevant focal points from the referral pathway, others who are not involved in managing the case should not be copied.

- Mail to: focal point
- Mail CC: back-up
- Subject: ddGBV referral
- Content of e-mail: Kindly find attached referral.
- Attachment: word document title "referral form" (password protected and password to be shared separately through SMS or phone call).

  NOTE: Name of survivor should not appear on the form, instead use a code (name of survivor can be shared by phone).

✓ Hard copy of forms should be kept in locked cabinet, soft copy should be kept password protected on computers.

GBV case management organizations will acknowledge receipt of the referral and indicate their ability to provide the requested service. If they cannot provide services to the client for any reason they should inform the referring organization that they cannot do so and, if appropriate, state the reason.

NOTE: If the organization is not responsive to your referral request, please contact the GBV coordination focal point in your field location or national GBV co-chairs below.

> **Once GBV case management organizations begin supporting a survivor, they will not be able to provide any feedback or updates on the status of the case to the referring organization/staff due confidentiality**. When the GBV organization provides services that entail regular interaction with the survivors (for example, MH-PSS), and if additional technical support is needed to better meet the needs of the survivor, **case information may be shared with other specialized staff through case conference only** with the consent of the survivor.
>
> **Remember to download the Amaali app on your mobile phone (click here for Android and here for Apple devices) to have access to the most updated referral pathway/phone numbers**.If you have questions or need support for safely and ethically performing referrals, please contact the GBV SWG chairs through the email addresses available at the following portal: *https://data2.unhcr.org/en/working-group/72*

Liaise with the GBV WG oordination team directly if you would like to receive assistance in improving your organization´s capacity to respond to GBV disclosures through an ethical and respectful an approach.

Protection Against Sexual Exploitation and Abuse

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

It is **mandatory** for humanitarian aid providers to **report** any suspicion or information of SEA to safe and accessible complaint mechanisms such as: the organization's own reporting hotline/PSEA Focal Point; the Office of Inspector General at: *inspector@unhcr.org*; the Amaali application[3].

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3   *This feature is under development and will be rolled out in 2022. For more information about Amaali application download the app from Google Play or Apple Store.*

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

> **In case field staff/enumerators performing M&E activities come into contact with suspicious information indicating that a humanitarian aid provider is involved in SEA, they must: report the available information to the agency's PSEA Focal Point and provide the beneficiary with contact information of the available SEA complaint mechanism(s).**

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

✓ The contact information of its organization´s PSEA Focal Point (minimum requirement)

✓ Information about the organization´s complaint and feedback mechanism (minimum requirement)

✓ The Amaali application installed in their devices (optional)

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

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

Data Protection

For all M&E activities, outmost attention should be paid to the handling of information related to an identifiable individual (i.e., personally identifiable information – PII; e.g.: biographic data, genetic data, recordings or photos, personal documents, information about the person's income, ethnicity, or other identifiable characteristics.

> **Due to its high sensitivity level, all M&E data related to Response services must be collected, stored, used and shared in strict accordance Gender-Based Violence Information Management System (GB-VIMS)[8] guidelines.**

For M&E data related to all other programmatic domains, which are either medium- or low-sensitivity, the organization´s data protection policy/guidelines/statement should serve as reference. At a minimum, the following **basic principles** should be observed:

a. Respect the country´s ethical standards and ensure that data is collected with the knowledge and understanding of the individual providing the information.

b. Only collect data that will be used to inform programming.

c. Beneficiaries and survey respondents must always be informed of the purpose of the data collection and agree to participate in a confidential manner. At any time, the individual can opt out or skip any questions he/she does not want to answer.

d. Beneficiary data or individual records should never be shared in reports; in the event of joint programming, data-sharing agreements should be signed with partners to ensure personal data protection.

e. Staff, including field enumerators, should be trained on data protection and sign a Data Protection Code of Conduct emphasizing that all personally identifiable data (PII) will be kept confidential, and only shared with staff who are using it for programme implementation purposes.

f. Respondents should be able to request, and be granted, access to the data they provided.

g. Beneficiary and respondent data must be protected at all times:

   • For paper-based data, all forms should be stored in a safe place and, when containing potentially sensitive information, locked cabinets accessible only to key staff.
   • When conducting digital data collection, platform that afford greater data protection should always be preferred.
   • Electronic files, such as beneficiary lists and filled forms, should be password protected.
   • Subject to audit/data quality assessment timeframes, forms and data-files should not be kept longer than absolutely necessary; for closed projects it is recommended that these are destroyed no more than 180 days after programme closure.

h. Incidents related to data breach, lost or stolen questionnaires, should be promptly reported to the organization´s seniormanagers.

ENGAGING WITH INDIVIDUALS AND GROUPS WITH SPECIFIC NEEDS

It is likely that M&E activities, and corresponding tools, will have to be adapted to meet the needs of specific groups, such as persons with physical and mental disabilities, individuals with low literacy levels, non-Arabic speaking (refugee) populations, etc. **Organizations should always ensure that any provisions made to accommodate the requirements of individuals with specific needs do not unintentionally lead to stigmatization and shame.** The below general guidance can serve as reference for organizations when adapting approaches and tools to meet the needs of specific populations.

Language

In the context of Jordan, it is likely that M&E activities will engage refugee or other population groups whose primary language is not Arabic. When working with these groups, always remember that all data collection tools must be translated into the language spoken by the participants and, if possible, tested for clarity and appropriateness with a few respondents through a small-scale validation exercise beforehand. In order to avoid inconsistent terminology and interpretation of the questions, M&E staff/enumerators/facilitators must work with the final, translated version of the tool; they should not perform an ad hoc translation of the questions during the M&E activity, as this will compromise the quality of the data.

Literacy

When working with populations with low literacy levels, programme staff should extend support to participants who need help in filling forms, for example, by administering them orally with the respondent and writing down their answers, or pairing them up with another participant who volunteers to assist. The below emoji list can be adapted to help in visually communicating answer options to participants and be used to replace written text in the tools, whenever necessary.

When using emojis, facilitators/enumerators should read questions to participants one by one and allocate sufficient time for them to select the emoji option that corresponds to their answers.

	CUSTOMIZABLE SCALE OPTIONS TO BE MATCHED WITH EMOJIs				
	😄	🙂	😐	🙁	☹️
A	EXCELLENT	GOOD	AVERAGE	X	POOR
B	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
C	NO DIFFICULTY	SOME DIFFICULTY	X	A LOT OF DIFFICULTY	CANNOT DO AT ALL
D	NOT DIFFICULT AT ALL	A LITTLE BIT DIFFICULT	x	DIFFICULT	VERY DIFFFICULT
E	X	ADEQUATE/ SUFFICIENT	SOMEWHAT ADEQUATE / SUFFICIENT	X	INADEQUATE/ INSUFFICIENT
F	VERY USEFUL	USEFUL	SOMEWHAT USEFUL	X	NOT USEFUL
G	X	YES	SOMEWHAT	NO	X

Disability

The main purpose of integrating disability-related questions in M&E tools is to determine if M&E activities are inclusive. Moreover, including the voices of beneficiaries with disabilities in surveys, focus group discussions and as key informants provides organizations with helpful information to assess whether activities and services are meeting the specific needs of this population group.

There are two options for integrating disability-related questions in M&E tools, each presents its own set of advantages and limitations.

Option A: *Washington Group Short Set of Questions[4]*

This option allows for more accurately capturing number/percentage of participants with disabilities in the group of participants (prevalence). However, prevalence on its own is not sufficient to understand barriers and risks faced by beneficiaries with disabilities, hence, prevalence data should always be analysed in combination with data from other answers in the questionnaire in order to enable proper understanding of barriers and risks faced by the individual or group. The *Washington Group Short Set of Questions* **should be used only if organizations have the sufficient human, technical and financial capacities, as well as enough time to ensure proper training of enumerators and of the staff who will be analysing the data.**

When opting for collecting disability data using the Washington Group Short Set of Questions the threshold for considering that someone has a disability is if the respondent answers "with a lot of difficulty" or "cannot do at all" in at least one of the six questions. There is no need to disaggregate by type of difficulty, but always ensure that overall prevalence is analysed with reference to answers from other questions, so that barriers and risks can be captured in the analysis as well.

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4   The tool is included in Annex D.

Option B: *Self-identification*

This option entails directly asking the respondent, always in a socially-sensitive and private manner, if he/she has a disability. Self-identification does not require extensive training of enumerators or of those who will be analyzing the data. It also allows for a deeper and more accurate understanding of barriers and risks faced by individuals with disabilities. However, when selecting this option, remember that self-reporting is not an accurate and reliable measurement of prevalence; therefore, when using this approach, organizations will not be able to report on the exact percentage or number of individuals with disabilities participating in the M&E activity. But it is still possible to state that the activity has been inclusive of person(s) with disabilities.

Should your organization need support in determining ways to better engage with persons with disabilities in M&E activities, seek assistance from specialized organizations working in your area or contact the Disability and Age Task Force.[5]

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5   *More information, as well as contact details of coordinators, please refer to the Task Force webpage.*

PART II
MONITORING & EVALUATION TOOLS

LIST OF M&E TOOLS

DOMAIN	INTERVENTION TYPE	TOOL	PAGE
Prevention	Information Sessions	General Pre & Post Test Questionnaire – Information Sessions	24
	Women and Girls Safe Spaces	Guidance for Focus Groups - Women and Girls Safe Spaces	30
		Checklist and Action Plan – Women and Girls Safe Spaces	35
	Awareness Raising (GBV)	Facilitator Assessment Checklist – Awareness Raising	42
		Participant Feedback Form – Awareness Raising	44
		Women Pre/Post Self-Assessment Form – Awareness Raising	47
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SECTION 1: PREVENTION

INFORMATION SESSIONS

Tool Name

General Pre & Post Test Questionnaire – Information Sessions

Purpose

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

Who Should Administer the Tool?

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

How Should the Tool be Used?

Facilitators should ask participants to complete the test prior to initiating the session and then again at the end of the session. Given that information sessions do not follow a standard curriculum, the tool offers a menu of suggestive questions. Organizations´ can select from these, or add additional questions, to build their own customized questionnaires.

How Should the Data be Analyzed?

The data should be analyzed against the score outlined in the corresponding score card (below).

Before the session begins, provide each participant with a blank copy of the test. The same process should be repeated at the end of the session. Keep filled pre and post-test forms in separate piles.

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

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

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

SCORE CARDS

TOPIC 1 – GENDER INEQUALITY

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

TOPIC 2 – GBV SERVICES

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

TOPIC 3 – SUPPORT TO GBV SURVIVORS

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

TOPIC 4 – EARLY MARRIAGE

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

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

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

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

Safety & Ethical Considerations

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

GENERAL PRE & POST TEST - INFORMATION SESSIONS

Date:

Location:

Sex:

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

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

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

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

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

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

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

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

WOMEN AND GIRLS SAFE SPACES

Tool Name

Guidance for Focus Groups – Women and Girls Safe Spaces

Purpose

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

Who Should Administer the Tool?

Preferably, the tool should be administered by a "neutral" woman facilitator, potentially from the organization´s own M&E team, who is not involved in the activities implemented at the Space. It is recommended that the selected facilitator and note taker, all of them women, 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 (20 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, grouped by age range. When engaging girls under 18 years old, approval must be obtained from caregivers parents of selected participants beforehand.

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

How Should the Data be Analyzed?

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

Safety & Ethical Considerations

Medium

GUIDANCE FOR FOCUS GROUPS – WOMEN & GIRLS SAFE SPACES

Initial Considerations

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

Facilitator Name	
Note Taker Name	
Focus Group Date	DD/MM/YY
Number of Participants	Total: [#] New visitors: [#] Regular/old visitors: [#]
Presence of participants with disability [NOTE: Visual observation only, do not ask!]	O Yes O No
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*".
- Say: "*This session will last approximately an hour and a half*".
- Ask if any questions before the session starts and clarify questions that may emerge.
- Ask if you may proceed. If any participant has expressed reluctance to participate in the discussion, tell her gently that she may leave now before you start. Provide information
- about the local/organization´s complaints and feedback mechanisms; explain that participants are welcome to use these channels to place a complaint or share feedback at any point in time.
- Do the head count and fill out the information in the heading.

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?
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. Did anyone explain to you that activities implemented at the center are free and that nothing can be asked in exchange for participation?
   - Were you given information on channels available to provide feedback or place a complaint?
   - Which channels are available?

8. Which types of information can you access here?
   - How is this information useful for you?
   - How might this information be useful for other groups in the community? Who are they?
   - Are there any topics that you would like to learn more about? Please explain.

9. What are the Space´s opening times? Are these times appropriate for you? Why?

10. In a scale from 1 to 4; with 1 being weak, 2 average, 3 good and 4 excellent; how do you rate the quality of the staff here? Why?
    - Any recommendations for improvement?

11. In a scale from 1 to 4; with 1 being weak, 2 average, 3 good and 4 excellent; how do you rate the quality of the infrastructure here? Why?
    - Any recommendations for improvement?

12. What do you like most and least about the Space?
    - Do you have any recommendations for improvement?

C. Evidence of Change

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

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

Do you have any questions for us?

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

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

Tool Name

Checklist– Women and Girls Safe Space

Action Plan Form – Women and Girls Spaces 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.

NOTE: In order to enter the Space, all staff designated for the monitoring must be women.

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, staff interviews 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:

- Fully Met: 2 points
- Partially Met: 1 point
- Not Met: 0 points

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

Safety & Ethical Considerations

Low

CHECKLIST – WOMEN AND GIRLS SAFE SPACES

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

STANDARDS	RATING			EVIDENCE & REMARKS
	FULLY MET	**PARTIALLY MET**	**UNMET**	
Section A. Policy and Procedures				
1. The procedures of the community center are available in Arabic and other languages spoken by beneficiaries.				
2. Employees' code of conduct is available in Arabic and other languages spoken by beneficiaries.				
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				

STANDARDS	RATING			EVIDENCE & REMARKS
	FULLY MET	**PARTIALLY MET**	**UNMET**	
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 ,disability Appropriateness & PSEA				
1. The space is fit to accommodate people with disabilities.				
2. The space is fit to accommodate older people.				
3. There is material available for children and these do not contain sharp edged.				
4. Equipment, materials, and resources available and appropriate for both girls and boys (skip if is not applicable and write N/A on remarks field).				
5. PSEA awareness materials , and on safe and accessible complaints and feedback mechanisms, are visible to beneficiaries at the space				
Sub-total Score				
Section F. 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 G. 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.).				

STANDARDS	RATING			EVIDENCE & REMARKS
	FULLY MET	**PARTIALLY MET**	**UNMET**	
4. The schedule of weekly activities is clearly displayed.				
Sub-total Score				
Section H. 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 I. 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 J. 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.				

STANDARDS	RATING			EVIDENCE & REMARKS
	FULLY MET	**PARTIALLY MET**	**UNMET**	
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.				
5. There is a clear plan for data evacuation and/or destruction in case of emergency.				
Sub-total Score				
TOTAL SCORE				
Remarks of the Center Manager				
Remarks of Enumerator:				

ACTION PLAN – WOMEN AND GIRLS SAFE SPACES

Center Name		Location	
Monitoring Visit Report Date			
GBV Programme Manger Name			
Space Manager Name			
Action Plan Date			

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

AWARENESS RAISING

Tool Name

Facilitator Assessment Checklist – Awareness Raising[6]

Purpose

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

Who Should Administer the Tool?

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

How Should the Tool be Used?

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

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

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

NOTE: Items in Part A should be customized to match the content of the awareness raising activity delivered by the organization.

How Should the Data be Analyzed?

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

Safety & Ethical Considerations

Low

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6   *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	ASSESSMENT ROUND SCORE	
	1ST	2ND
PART A - KNOWLEDGE & SKILLS		
Understands the methodology for delivering GBV awareness raising sessions as defined in the organizations´ curriculum		
Can define differences between sex and gender with examples relevant to the community/audience group targeted		
Can define power, violence, and consent with examples relevant to the community/audience group targeted		
Can list types and consequences of GBV with examples relevant to the community/audience group targeted		
Can name causes and contributing factors of GBV with examples relevant to the community/audience group targeted		
Can explain the respective roles of women, girls, men and boys in preventing GBV with examples relevant to the community/audience group targeted		
Can explain the respective roles of women, girls, men and boys in supporting GBV survivors with examples relevant to the community/audience group targeted		
Sub-Total		

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

TOTAL SCORE	1ST ASSESSMENT SCORE	2ND ASSESSMENT SCORE
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 and questions 2 and 3 answer options should be customized to reflect only the topics covered during the activity.

How Should the Data be Analyzed?

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

Safety & Ethical Considerations

Low

PARTICIPANT FEEDBACK FORM – AWARENESS RAISING

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

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

1. Overall, how do you rate the quality of the awareness activities in which you participated?
☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

2. In your opinion, what were the most useful topics discussed, if any?
☐ Topic A   ☐ Topic B   ☐ Topic C   ☐ Topic D   ☐ Topic E   ☐ Topic F
Why? _____

_____

3. In your opinion, what were the least useful topics discussed, if any?
  ☐ Topic A   ☐ Topic B   ☐ Topic C   ☐ Topic D   ☐ Topic E   ☐ Topic F
Why? _____

_____

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

_____

_____

5. How do you rate the performance of the facilitator?
  ☐ Excellent   ☐ Good   ☐ Average   ☐ Poor

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

_____

_____

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

Women Pre/Post Self-Assessment – Awareness Raising[7]

Purpose

The purpose of the tool is to assess the impact of Awareness Raising programme among women who took part in the sessions. The assessment methodology looks at three domains where it is expected that the activity would contribute to bring about change in knowledge, attitudes and beliefs, and behaviors: gender roles, violence against women and girls, and techniques for healthy and equal relationships.

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 scoring and 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.

NOTE: The items included in this tool are suggested, organizations should customize it to reflect the topics covered in their awareness raising curriculum.

Facilitators should ask participants to complete a self-assessment – Section A of the questionnaire – at the start (pre) and at the end, upon completion of the full programme (post). Section B should only be completed at the end of the last session.

NOTE: It is not necessary to attribute codes to each respondent because the analysis is based on the average response given during the baseline compared to the average response given at the final evaluation, disaggregated by sex and member status. However, to ensure an accurate comparison, only participants who attended the first session of a program should be asked to complete the assessment after the last session in a program. For this assessment 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 participants.

How Should the Data be Analyzed?

Each question is the questionnaire´s Section A has been assigned a score; 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 the group and compare changes from pre/post test stages in accordance with the following steps:

- Use the program impact score card (below) to assign a score to each answer.
- Add up the scores for pre-tests on each completed self-assessment form.
- Add up all scores for post-tests on all completed self-assessment forms.
- Divide this total score by the number of participants in the session to calculate the overall result for pre test and post test, compare results to estimate the overall change from pre- to post- test stages.

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7   Adapted from International Rescue Committee; "Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice A transformative individual behavioral change intervention for conflict-affected communities".

Section B data should be analyzed separately to inform an assessment of the training impact in increasing participants´ knowledge and attitudes, improving wellbeing, encouraging behaviour change, etc.

Guidelines for interpreting Section B scores:

- Scores from 30-35 points: The awareness raising activity has had significant impact in reinforcing/changing the participant's knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.
- Scores 20-29 points: The awareness raising activity has had some impact in reinforcing and/or changing the participant's knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.
- Scores up to 19 points: The awareness raising activity has had limited impact in reinforcing/changing the participant's knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.

SCORE CARDS

Section A – PRE AND POST TEST QUESTIONS

Gender & Gender Roles

a. The difference between men and women's roles in the family and community is mostly due to biological differences

☐ True (5 Points)	☐ False (0 point)

b. A wife should never questions her husband's opinions

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

c. Daughters should have the same chance to work outside the home as sons

☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

d. Mothers are responsible for changing diapers, giving children a bath, and feeding children

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

e. In the home, who should make the final decision about how money is spent?

☐ The man in most cases (0)	☐ The woman in most cases (0)	☐ Both equally (5)	☐ Don't know (0)

Violence against women and girls

a. What are the different types of violence against women

☐ Hitting and punching (0)	☐ Physical and Sexual Violence (0)	☐ Physical, Emotional, Sexual and Economic Violence (5)

b. When a husband shouts at his wife or says insulting things to her, this is a form of emotional violence

☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

c. It is ok for a husband to hit his wife if she upsets him					
☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

d. In a healthy relationship, it is normal to sometimes feel scared of your partner					
☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

e. Rape can occur in a marriage (between a husband and a wife)	
☐ True (5 points)	☐ False (0 points)

f. Those with the most power in a household or community are the most skilled and most capable	
☐ True (0 points)	☐ False (5 points)

Section B - POST-TEST QUESTIONS ONLY					
a. My understanding of gender and gender roles has improved as a result of attending the group					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
b. I have a better understanding of what is gender-based violence					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
c. I know where I can get support if myself or a someone I know experiences gender-based violence.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
d. Since attending the women's group, I have made change to my routine to improve my safety					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
e. Since attending the women's group, I use breathing and stretching activities to reduce stress and anxiety					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
f. Do you plan to continue to hold ongoing meetings with your women's group?					
☐ Yes (5)	☐ No (1)		☐ Maybe (3)	☐ Do not know (0)	
g. My emotional wellbeing has improved as a result of attending the women's group?					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

Safety & Ethical Considerations

Medium

WOMEN PRE/POST TEST SELF-ASSESSMENT – AWARENESS RAISING

Session/Activity Name	
Location	
Age Bracket	☐ 18-25 ☐ 26-40 ☐ Over 40
Marital Status	☐ Single ☐ Divorced / Separated. ☐ Widower ☐ Married/in a close relationship with a man
Assessment Date	☐ Pre-test ☐ Post-test
Score Section A	*[TO BE COMPLETED BY ORGANIZATION]*
Score Section B	*[TO BE COMPLETED BY ORGANIZATION]*

Instructions for the facilitator:

- Say:
  - *Your participation is voluntary and this questionnaire is anonymous. Your name will not be written anywhere.*
  - *Your answers will not be shared.*
  - *The purpose of this assessment is not to evaluate participants. This is information will help us estimate the effectiveness of the awareness raising activities globally.*
  - *If you have any specific complaints and feedback about the activity, please to share it through the following channels: [ORGANIZATION TO ADD]*

- For post-test (only): Ensure that the individuals completing the questionnaire are the same ones who took the pre-test. Those who did not complete the pre-test should not be requested to participate in the post-test.

Section A - PRE AND POST TEST QUESTIONS

Gender & Gender Roles

a. The difference between men and women's roles in the family and community is mostly due to biological differences
☐ True ☐ False

b. A wife should never questions her husband's opinions
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

c. Daughters should have the same chance to work outside the home as sons
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

d. Mothers are responsible for changing diapers, giving children a bath, and feeding children
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

e. In the home, who should make the final decision about how money is spent?
☐ The man in most cases ☐ The woman in most cases ☐ Both equally ☐ Don't know

Violence against women and girls

a. What are the different types of violence against women?
☐ Hitting and punching ☐ Physical and Sexual Violence ☐ Physical, Emotional, Sexual and Economic Violence

b. When a husband shouts at his wife or says insulting things to her, this is a form of emotional violence
☐ Strongly Agree　　　☐ Agree　　　☐ Disagree　　☐ Strongly disagree　　☐ Don't know

c. It is ok for a husband to hit his wife if she upsets him
☐ Strongly Agree　　　☐ Agree　　　☐ Disagree　　☐ Strongly disagree　　☐ Don't know

d. In a healthy relationship, it is normal to sometimes feel scared of your partner
☐ Strongly Agree　　　☐ Agree　　　☐ Disagree　　☐ Strongly disagree　　☐ Don't know

e. Rape can occur in a marriage (between a husband and a wife)
☐ True ☐ False

f. Those with the most power in a household or community are the most skilled and most capable
☐ True ☐ False

Section B - POST-TEST QUESTIONS ONLY

a. My understanding of gender and gender roles has improved as a result of attending the group
☐ Strongly Agree　　　☐ Agree　　　☐ Disagree　　☐ Strongly disagree　　☐ Don't know

b. I have a better understanding of what is gender-based violence
☐ Strongly Agree　　　☐ Agree　　　☐ Disagree　　☐ Strongly disagree　　☐ Don't know

c. I know where I can get support if myself or someone I know experiences gender-based violence.
☐ Strongly Agree　　　☐ Agree　　　☐ Disagree　　☐ Strongly disagree　　☐ Don't know

d. Since attending the women's group, I have made change to my routine to improve my safety
☐ Strongly Agree　　　☐ Agree　　　☐ Disagree　　☐ Strongly disagree　　☐ Don't know

e. Since attending the women's group, I use breathing and stretching activities to reduce stress and anxiety
☐ Strongly Agree　　　☐ Agree　　　☐ Disagree　　☐ Strongly disagree　　☐ Don't know

f. Do you plan to continue to hold ongoing meetings with your women's group?
☐ Yes　☐ No　☐ Maybe　　　　☐ Do not know

g. My emotional wellbeing has improved as a result of attending the women's group?
☐ Strongly Agree　　　☐ Agree　　　☐ Disagree　　☐ Strongly disagree　　☐ Don't know

Tool Name

Girls Pre/Post Self-Assessment – Awareness Raising[8]

Purpose

The purpose of the tool is to assess the impact of Awareness Raising programme among girls who took part in the sessions. The assessment methodology looks at three domains where it is expected that the activity would contribute to bring about change in knowledge, attitudes and beliefs, and behaviors: gender roles, violence against women and girls, and techniques for healthy and equal relationships.

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 scoring and 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.

NOTE: The items included in this tool are suggested, organizations should customize it to reflect the topics covered in their awareness raising curriculum.

Facilitators should ask participants to complete a self-assessment – Section A of the questionnaire – at the start (pre) and at the end, upon completion of the full programme (post). Section B should only be completed at the end of the last session.

NOTE: It is not necessary to attribute codes to each respondent because the analysis is based on the average response given during the baseline compared to the average response given at the final evaluation, disaggregated by sex and member status. However, to ensure an accurate comparison, only participants who attended the first session of a program should be asked to complete the assessment after the last session in a program. For this assessment 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 participants.

How Should the Data be Analyzed?

Each question is the questionnaire´s Section A has been assigned a score; 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 the group and compare changes from pre/post test stages in accordance with the following steps:

- Use the program impact score card (below) to assign a score to each answer.
- Add up the scores for pre-tests on each completed self-assessment form.
- Add up all scores for post-tests on all completed self-assessment forms.
- Divide this total score by the number of participants in the session to calculate the overall result for pre-test and post- test, compare results to estimate the overall change from pre- to post- test stages.

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8   Adapted from International Rescue Committee; "Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice A transformative individual behavioral change intervention for conflict-affected communities".

Facilitators should ask participants to complete a self-assessment – Section A of the questionnaire – at the start (pre) and at the end, upon completion of the full programme (post). Section B should only be completed at the end of the last session.

Guidelines for interpreting Section B scores:

- Scores from 30-35 points: The awareness raising activity has had significant impact in reinforcing/changing the participant's knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.
- Scores 20-29 points: The awareness raising activity has had some impact in reinforcing and/or changing the participant's knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.
- Scores up to 19 points: The awareness raising activity has had limited impact in reinforcing/changing the participant's knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.

SCORE CARDS

Section A – PRE AND POST TEST QUESTIONS

Gender & Gender Roles

a. The difference in roles between girls and boys is mostly due to biological differences

☐ True (5 Points)	☐ False (0 point)

b. Girls are just as capable as boys.

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

c. Girls should be obedient, even when it effects their wellbeing

☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

d. Girls should feel confident in voicing their opinions

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

e. Women and girls can be positive role models in the community

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

e. Girls should have the same chance to get an education as boys

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

Violence against women and girls					
a. Forced marriage is a type of violence against women and girls					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
b. Preventing a girl from attending school because she is a girl is a is a type of violence against women and girls					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
c. In a healthy relationship, it is normal for people to sometimes call each other bad names					
☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)
d. It is ok for a husband to hit his wife if she upsets him					
☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

Section B - POST-TEST QUESTIONS ONLY					
a. My understanding of gender and gender roles has improved as a result of attending the group					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
b. I have a better understanding of what is gender-based violence					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
c. I know where I can get support if myself or a someone I know experiences gender-based violence.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
d. Since attending the group, I feel I have more confidence to voice my opinions					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
e. Since attending the group, I am taking more steps to keep myself and other girls safe.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
f. My knowledge of where to get help in case of gender-based violence has improved.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
g. My emotional wellbeing has improved as a result of attending the girls´ group.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

Safety & Ethical Considerations

Medium

GILRS PRE/POST TEST – AWARENESS RAISING

Session/Activity Name			
Location			
Age Bracket			
Assessment Date		☐ Pre-test	☐ Post-test
Score Section A	[TO BE COMPLETED BY ORGANIZATION]		
Score Section B	[TO BE COMPLETED BY ORGANIZATION]		

Instructions for the facilitator:

• Say:

  • *Your participation is voluntary and this questionnaire is anonymous. Your name will not be written anywhere.*

  • *Your answers will not be shared.*

  • *The purpose of this assessment is not to evaluate participants. This is information will help us estimate the effectiveness of the awareness raising activities globally.*

  • *If you have any specific complaints and feedback about the activity, please to share it through the following channels: [ORGANIZATION TO ADD]*

• For post-test (only): Ensure that the individuals completing the questionnaire are the same ones who took the pre-test. Those who did not complete the pre-test should not be requested to participate in the post-test.

Section A - PRE AND POST TEST QUESTIONS

Gender & Gender Roles

a. The difference in roles between girls and boys is mostly due to biological differences
☐ True ☐ False

b. Girls are just as capable as boys.
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

c. Girls should be obedient, even when it effects their wellbeing
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

d. Girls should feel confident in voicing their opinions
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

e. Women and girls can be positive role models in the community.
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

f. Girls should have the same chance to get an education as boys
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Violence against women and girls

a. Forced marriage is a type of violence against women and girls
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

b. Preventing a girl from attending school because she is a girl is a is a type of violence against women and girls
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

c. In a healthy relationship, it is normal for people to sometimes call each other bad names
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

d. It is ok for a husband to hit his wife if she upsets him
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Section B - POST-TEST QUESTIONS ONLY

a. My understanding of gender and gender roles has improved as a result of attending the group
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

b. I have a better understanding of what is gender-based violence
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

c. Since attending the group, I feel I have more confidence to voice my opinions
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

d. Since attending the group, I am taking more steps to keep myself and other girls safe
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

e. My knowledge of where to get help in case of gender-based violence has improved
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

f. My emotional wellbeing has improved as a result of attending the girls´ group?
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Tool Name

Men Pre/Post Self-Assessment – Awareness Raising[9]

Purpose

The purpose of the tool is to assess the impact of Awareness Raising programme among men who took part in the sessions. The assessment methodology looks at three domains where it is expected that the activity would contribute to bring about change in knowledge, attitudes and beliefs, and behaviors: gender roles, violence against women and girls, and techniques for healthy and equal relationships.

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 scoring and analysis.

How Should the Tool be Used?

This tool should be administered separately for men only or boys 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.

NOTE: The items included in this tool are suggested, organizations should customize it to reflect the topics covered in their awareness raising curriculum.

Facilitators should ask participants to complete a self-assessment – Section A of the questionnaire – at the start (pre) and at the end, upon completion of the full programme (post). Section B should only be completed at the end of the last session.

NOTE: It is not necessary to attribute codes to each respondent because the analysis is based on the average response given during the baseline compared to the average response given at the final evaluation, disaggregated by sex and member status. However, to ensure an accurate comparison, only participants who attended the first session of a program should be asked to complete the assessment after the last session in a program. For this assessment 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 participants.

How Should the Data be Analyzed?

Each question is the questionnaire´s Section A has been assigned a score; 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 the group and compare changes from pre/post test stages in accordance with the following steps:

- Use the program impact score card (below) to assign a score to each answer.
- Add up the scores for pre-tests on each completed self-assessment form.
- Add up all scores for post-tests on all completed self-assessment forms.
- Divide this total score by the number of participants in the session to calculate the overall result for pre test and post test, compare results to estimate the overall change from pre- to post- test stages.

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9   Adapted from International Rescue Committee; "Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice A transformative individual behavioral change intervention for conflict-affected communities".

Section B data should be analyzed separately to inform an assessment of the training impact in increasing participants´ knowledge and attitudes, improving wellbeing, encouraging behaviour change, etc.

Guidelines for interpreting Section B scores:

- Scores from 30-40 points: The awareness raising activity has had significant impact in reinforcing/changing the participant´s knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.
- Scores 20-29 points: The awareness raising activity has had some impact in reinforcing and/or changing the participant´s knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.
- Scores up to 19 points: The awareness raising activity has had limited impact in reinforcing/changing the participant´s knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.

SCORE CARDS

Section A – PRE AND POST TEST QUESTIONS

Gender & Gender Roles

a. Women should obey their husbands

☐ True (5 Points)	☐ False (0 point)

b. If men and women have the same rights, men will lose their authority

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

c. A woman could be a good leader or boss

☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

d. In the home, who should make decisions about how money is spent?

☐ The man in most cases (0)	☐ The woman in most cases (0)	☐ Both equally (5)	☐ Don't know (0)

e. At home, who should be responsible for household chores?

☐ The man in most cases (0)	☐ The woman in most cases (0)	☐ Both equally (5)	☐ Don't know (0)

Violence against women and girls

a. It's ok for a man to hit his wife if the woman needs to be disciplined for bad behavior or taught how to behave as a good wife

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

b. A woman has the right to say no to sex, even if it is with her husband or boyfriend.

☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

c. Shouting at your wife or saying insulting things to her can be a form of emotional violence.

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

d. In a healthy relationship, it is normal to sometimes feel scared of your partner					
☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

d. When a woman is raped she should keep it a secret	
☐ True (5 points)	☐ False (0 points)

f. Those with the most power in a household or community are the most skilled and most capable	
☐ True (0 points)	☐ False (5 points)

Section B - POST-TEST QUESTIONS ONLY					
a. My understanding of gender and gender roles has improved as a result of attending the group					
☐ Strongly Agree (5)	☐ Agree(4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
b. I have a better understanding of what is gender-based violence					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
c. Since taking part in group discussions, I am more committed to taking concrete steps to ensure women and girls are safe in the community.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
d. Since taking part in these discussions, I have reconsidered some negative/harmful attitudes and perceptions I had regarding the role of women and girls in society.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
e. Since taking part in group discussions, I am more respectful to women and girls´ opinions.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
f. Since taking part in group discussions, I have discussed the negative impacts of gender-based violence on women and girls with others in my family/community.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
g. During group discussions, you have learned skills to have respectful discussions. **Since the beginning of group discussions, have you used these techniques?**					
☐ Often (5)	☐ Sometimes (4)	☐ Never (1)	☐ Doesn´t apply (0)		☐ Don't know (0)

Safety & Ethical Considerations

Medium

MEN SELF-ASSESSMENT FORM – AWARENESS RAISING

Session/Activity Name	
Location	
Age Bracket	☐ 18-25 ☐ 26-40 ☐ Over 40
Marital Status	☐Single ☐Divorced / Separated ☐Widower ☐Married/in a close relationship with a woman ☐Married with more than one wife
Assessment Date	☐ Pre-test ☐ Post-test
Score Section A	[*TO BE COMPLETED BY ORGANIZATION*]
Score Section B	[*TO BE COMPLETED BY ORGANIZATION*]

Instructions for the facilitator:

• Say:

  • *Your participation is voluntary and this questionnaire is anonymous. Your name will not be written anywhere.*

  • *Your answers will not be shared.*

  • *The purpose of this assessment is not to evaluate participants. This is information will help us estimate the effectiveness of the awareness raising activities globally.*

  • *If you have any specific complaints and feedback about the activity, please to share it through the following channels: [ORGANIZATION TO ADD]*

• For post-test (only): Ensure that the individuals completing the questionnaire are the same ones who took the pre-test. Those who did not complete the pre-test should not be requested to participate in the post-test.

Section A - PRE AND POST TEST QUESTIONS

Gender & Gender Roles

a. Women should obey their husbands
☐ True ☐ False

b. If men and women have the same rights, men will lose their authority
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

c. A woman could be a good leader or boss
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

d. In the home, who should make decisions about how money is spent
☐ The man in most cases   ☐ The woman in most cases   ☐ Both equally ☐ Don't know

e. At home, who should be responsible for household chores?
☐ The man in most cases   ☐ The woman in most cases   ☐ Both equally ☐ Don't know

Violence against women and girls

a. It's ok for a man to hit his wife if the woman needs to be disciplined for bad behavior or taught how to behave as a good wife.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

b. A woman has the right to say no to sex, even if it is with her husband or boyfriend.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

c. Shouting at your wife or saying insulting things to her can be a form of emotional violence.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

d. When a woman is raped she should keep it a secret
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

e. A couple can still have a good relationship even if the husband sometimes hits his wife
☐ True ☐ False

Section B - POST-TEST QUESTIONS ONLY

a. My understanding of gender and gender roles has improved as a result of attending the group
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

b. I have a better understanding of what is gender-based violence
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

c. Since taking part in group discussions, I am more committed to taking concrete steps to ensure women and girls are safe in the community.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

d. Since taking part in these discussions, I have reconsidered some negative/harmful attitudes and perceptions I had regarding the role of women and girls in society.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

e. Since taking part in group discussions, I am more respectful to women and girls´ opinions.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

f. Since taking part in group discussions, I have discussed the negative impacts of gender-based violence on women and girls with others in my family/community.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

g. During group discussions, you have learned skills to have respectful discussions. Since the beginning of group discussions, have you used these techniques?
☐ Often ☐ Sometimes ☐ Never ☐ Doesn´t apply ☐ Don't know

Tool Name

Boys Pre/Post Self-Assessment – Awareness Raising[10]

Purpose

The purpose of the tool is to assess the impact of Awareness Raising programme among boys who took part in the sessions. The assessment methodology looks at three domains where it is expected that the activity would contribute to bring about change in knowledge, attitudes and beliefs, and behaviors: gender roles, violence against women and girls, and techniques for healthy and equal relationships.

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 scoring and analysis.

How Should the Tool be Used?

This tool should be administered separately for men only or boys 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.

NOTE: The items included in this tool are suggested, organizations should customize it to reflect the topics covered in their awareness raising curriculum.

Facilitators should ask participants to complete a self-assessment – Section A of the questionnaire – at the start (pre) and at the end, upon completion of the full programme (post). Section B should only be completed at the end of the last session.

NOTE: It is not necessary to attribute codes to each respondent because the analysis is based on the average response given during the baseline compared to the average response given at the final evaluation, disaggregated by sex and member status. However, to ensure an accurate comparison, only participants who attended the first session of a program should be asked to complete the assessment after the last session in a program. For this assessment 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 participants.

How Should the Data be Analyzed?

Each question is the questionnaire´s Section A has been assigned a score; 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 the group and compare changes from pre/post test stages in accordance with the following steps:

- Use the program impact score card (below) to assign a score to each answer.
- Add up the scores for pre-tests on each completed self-assessment form.
- Add up all scores for post-tests on all completed self-assessment forms.
- Divide this total score by the number of participants in the session to calculate the overall result for pre test and post test, compare results to estimate the overall change from pre- to post- test stages.

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10 Adapted from International Rescue Committee; "Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice A transformative individual behavioral change intervention for conflict-affected communities".

Section B data should be analyzed separately to inform an assessment of the training impact in increasing participants´ knowledge and attitudes, improving wellbeing, encouraging behaviour change, etc.

Guidelines for interpreting Section B scores:

- Scores from 25-30 points: The awareness raising activity has had significant impact in reinforcing/changing the participant´s knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.
- Scores 20-25 points: The awareness raising activity has had some impact in reinforcing and/or changing the participant´s knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.
- Scores up to 19 points: The awareness raising activity has had limited impact in reinforcing/changing the participant´s knowledge and attitudes, promoting wellbeing and encouraging positive behaviour.

SCORE CARDS

Section A – PRE AND POST TEST QUESTIONS

Gender & Gender Roles

a. The difference in roles between girls and boys is mostly due to biological differences

☐ True (5 Points)	☐ False (0 point)

b. Girls are just as capable as boys.

☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

c. Boys should not cry or show their feelings when they are sad.

☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

d. If girls and boys have the same rights, men will lose their authority.

☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

e. Women can be role models for boys.

☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

f. At home, who should be responsible for household chores?

☐ Men/boys in most cases (0)	☐ Women/girls in most cases (0)	☐ Both equally (5)	☐ Don't know (0)

g. It is better to spend money educating boys, as they will be the breadwinners when they are older.

☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)

Violence against women and girls					
a. Forced marriage is a type of violence against women and girls.					
☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)
c. In a healthy relationship, it is normal for people to sometimes call each other bad names					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
c. Shouting at your wife or saying insulting things to her can be a form of emotional violence.					
☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)
e. Girls call violence on themselves by dressing in a way that is not respectable.					
☐ Strongly Agree (1)	☐ Agree (2)	☐ Neutral (3)	☐ Disagree (4)	☐ Strongly disagree (5)	☐ Don't know (0)

Section B - POST-TEST QUESTIONS ONLY					
a. My understanding of gender and gender roles has improved as a result of attending the group					
☐ Strongly Agree (5)	☐ Agree(4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
b. I have a better understanding of what is gender-based violence					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)	☐ Strongly disagree (1)	☐ Don't know (0)
c. Since attending the group, I feel more comfortable expressing emotions of fear or sadness.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)		☐ Strongly disagree (1)
d. Since attending the group, I am more respectful towards women´s and girls´ opinions.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)		☐ Strongly disagree (1)
e. Since attending this group, I am more commitment to supporting women and girls to stay safe in the community.					
☐ Strongly Agree (5)	☐ Agree (4)	☐ Neutral (3)	☐ Disagree (2)		☐ Strongly disagree (1)
f. During group discussions, you have learned skills to have respectful discussions. Since the beginning of group discussions, have you used these techniques?					
☐ Often (5)	☐ Sometimes (4)	☐ Never (1)	☐ Doesn´t apply (0)		☐ Don't know (0)

Safety & Ethical Considerations

Medium

BOYS SELF-ASSESSMENT FORM – AWARENESS RAISING

Session/Activity Name		
Location		
Age Bracket		
Assessment Date		☐ Pre-test ☐ Post-test
Score Section A	[*TO BE COMPLETED BY ORGANIZATION*]	
Score Section B	[*TO BE COMPLETED BY ORGANIZATION*]	

Instructions for the facilitator:

• Say:

  • *Your participation is voluntary and this questionnaire is anonymous. Your name will not be written anywhere.*

  • *Your answers will not be shared.*

  • *The purpose of this assessment is not to evaluate participants. This is information will help us estimate the effectiveness of the awareness raising activities globally.*

  • *If you have any specific complaints and feedback about the activity, please to share it through the following channels: [ORGANIZATION TO ADD]*

• For post-test (only): Ensure that the individuals completing the questionnaire are the same ones who took the pre-test. Those who did not complete the pre-test should not be requested to participate in the post-test.

Section A - PRE AND POST TEST QUESTIONS

Gender & Gender Roles

a. The difference in roles between girls and boys is mostly due to biological differences
☐ True ☐ False

b. Girls are just as capable as boys.
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

c. Boys should not cry or show their feelings when they are sad.
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

d. If girls and boys have the same rights, men will lose their authority.
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

e. Women can be role models for boys.
☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

f. At home, who should be responsible for household chores?
☐ Men/boys in most cases   ☐ Women/girls in most cases ☐ Both equally ☐ Don't know

g. It is better to spend money educating boys, as they will be the breadwinners when they are older.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Violence against women and girls

a. Forced marriage is a type of violence against women and girls.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

c. In a healthy relationship, it is normal for people to sometimes call each other bad names
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

d. It is ok for a husband to hit his wife if she upsets him
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

e. Girls call violence upon themselves by dressing in a way that is not respectable.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Section B - POST-TEST QUESTIONS ONLY

a. My understanding of gender and gender roles has improved as a result of attending the group
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

b. I have a better understanding of what is gender-based violence
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

c. Since attending the group, I feel more comfortable expressing emotions of fear or sadness.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

d. Since attending the group, I am more respectful towards women´s and girls´ opinions.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know

e. Since attending this group, I am more committed to supporting women and girls to stay safe in the community.
☐ Often ☐ Sometimes ☐ Never ☐ Doesn´t apply ☐ Don't know

f. During group discussions, you have learned skills to have respectful discussions. Since the beginning of group discussions, have you used these techniques?
☐ Often ☐ Sometimes ☐ Never ☐ Doesn´t apply ☐ Don't know

AWARENESS RAISING CHILD MARRIAGE

Tool Name

Child Marriage Awareness Raising - Group Assessment Tool

Purpose

The purpose of the tool is to assess whether the awareness raising activities have contributed to increase or enhance knowledge around child marriage and its negative impacts, and to change attitudes and perceptions around child marriage. The tool is qualitative and geared towards capturing group dynamic. It is less rigorous than other types of structured pre and post methodologies, insofar it relies primarily on the facilitator´s observation and subjective analysis, and captures changes for the whole group, rather than single individuals.

Who Should Administer the Tool?

The tool should be administered by the facilitator who delivered the session.

How Should the Tool be Used?

Facilitators should complete the form after the first session (baseline) and at the end of the awareness activity (endline) with each group using a set of pre-defined questions.

1. What is "child/early marriage"?
2. Is there a legal age for marriage? If so, what is it?
3. What may lead a family to marry, or want to marry, their young daughter?
4. Do girls have rights? If so, please share some examples.
5. What are some of the impacts of child/early marriage on your girls?
6. What do you think girls have a role to play in society? What is it?
7. Who, among you, believe that child/early marriage is acceptable? Please tell us why.
8. Who, among you, believe that child/early marriage is unacceptable? Please tell us why.
9. In your opinion, what should be the role of parents in relation to child/early marriage?
10. In your opinion, what should be the role of the community in relation to child marriage?

NOTE: The listed questions are suggestive; they should be customized to reflect the key topics covered in the awareness raising activity, as delivered by the organization.

The facilitator should write down key points from participants´ answers in order to fill out Part A and B of the form. Part C should be completed once information from baseline and end-line is compared and analyzed by the facilitator.

The M&E activity should be conducted separately for women only, girls only groups, and men/boys only groups, so that results can be analyzed in relation to the audience group targeted. To enable an accurate comparison, it is important inputs from the exact same group of participants in both data collection rounds, i.e., baseline and end-line.

How Should the Data be Analyzed?

Notes from baseline and end-line should be compared by the facilitator in order to complete Section C in the form.

Safety & Ethical Considerations

Medium

CHILD MARRIAGE AWARENESS RAISING - GROUP ASSESSMENT TOOL

GENERAL INFORMATION			
Facilitor name		Position/Role	
Event/activity name/type			
Activity date	Start: yyyy-mm-dd – End: yyyy-mm-dd		
Assessment Date		☐ Baseline ☐ End-line	
Location			

PARTICIPANTS´ INFORMATION

Total number of participants: [#]
Presence of participants with a disability: ☐ Yes ☐ No [NOTE: visual observation only, do not ask!]

Nationality breakdown: [#] Syrian [#] Jordanian [#] Other Specify: _____ _____	Gender: ☐ Women ☐ Men	Age: ☐ under 17 [Were caregivers/parents present? ☐ Yes ☐ No] ☐ 18 – 35 ☐ 35 – 60 ☐ 60+ years

SECTION A - KNOWLEDGE

1. Describe participants´ understanding of the concept of "child/early marriage".

2. Describe participants´ understanding of the concept of "legal age" for marriage.

3. Describe participants´ understanding of the reasons leading a family to marry or want to marry their daughter at an early age.

4. Describe participants´ understanding of girls´ fundamental rights.

5. Describe participants´ understanding of the impacts of child marriage on young girls.

SECTION B - ATTITUDES & PERCEPTIONS

6. Describe participants´ perceptions on the role of girls in society.

6.1. Are there any participants in this group who believe child marriage is acceptable?

☐ Yes   ☐ No

6.2. Describe why they believe child marriage is an acceptable practice.

7. Are there any participants in this group who believe child marriage is unacceptable?

☐ Yes ☐ No

7.1. Describe why they believe child marriage is an unacceptable practice.

8. Describe participants' views on what should be the role of parents in relation child marriage.

9. Describe participants' views on what should be the role of the community in relation child marriage.

SECTION C – TO BE COMPLETED AT ENDLINE ONLY

10. Describe if this activity has contributed to increasing knowledge on early marriage and its consequences for this group of participants; provide examples if possible.

11. Describe if this activity contributed to changing attitudes and perceptions on early marriage and its consequences for this group of participants; provide examples.

ADDITIONAL REMARKS & OBSERVATIONS

GBV
RISK ASSESSMENTS

Tool Name

Jordan GBV Sub-Working Group Field Guide for GBV Risk Assessment (safety assessment)

Purpose

GBV risk assessments 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. It enables programmes to:

- Better understand risks of GBV faced by groups at heightened risks of GBV in camp and urban settings;
- Highlight GBV risks faced by refugees and refugees' recommendations to overcome these risks;
- Understand the unique experiences of different segments of communities through an intersectional approach to ensure that programming and humanitarian aid responds to needs of specific groups at heightened risk of GBV;
- Identify strengths within refugee communities to mitigate risks of GBV and identify areas where GBV response and overall humanitarian response need to be enhanced;
- Ensure accountability to affected population: consult with affected population to gather their inputs and use these to inform programming.

When conducted at regular intervals, it is possible to compare results of the GBV risk assessments to determine if actions taken as a result of recommendations identified in the initial/previous assessments have contributed to reduce risks, and also to identify how programming can better respond to specific areas of risk or deeper causes of these risks.[11]

How Should the Tool be Used?

For question banks that can be used to develop tools, and comprehensive guidance on conducting GBV risk assessments in the context of Jordan, please refer to the *Jordan GBV Sub-Working Group Field Guide for GBV Risk Assessment*.

Safety & Ethical Considerations

N/A – High technical requirements

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

SECTION 2: RESPONSE

CASE MANAGEMENT

Tool Name

Client Feedback Form – Case Management

Purpose

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

Who Should Administer the Tool?

In order to allow for unbiased responses or to mitigate risks of information manipulation, especially when the tool is administered orally, it is advisable that the person implementing the survey is not the same case worker who is managing the survivor´s case. Ideally, the process should be handled by the supervisor or an alternate caseworker.

NOTE: This tool should under no circumstance be administered by members of the M&E team.

How Should the Tool be Used?

Since this may be the first time the survivor is meeting the person administering the questionnaire, either the technical supervisor or the alternate case worker, it is preferable to conduct the interview in-person to foster trust. If there is a need to administer the questionnaire through a phone call, the organizations can adapt accordingly and, in such case, trust and confidentiality must be emphasized.

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/or GBV programme managers for analysis and follow-up action. Forms should be stored in a locked cabinet accessible only to supervisors / technical managers.

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

If you are a caregiver or guardian of a minor:
☐ The child is 0-5 years old   ☐ The child is 6-12 years old   ☐ The child is 13-18 years old

PART A – ABOUT THE SERVICES

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

Tell us about your general satisfaction with the support you received....

21. Overall, how satisfied with the quality of the services you were provided?
☐ Very satisfied   ☐ Satisfied   ☐ Somewhat satisfied ☐Not satisfied

22. When you came here, we did an initial assessment, and then you had a number of sessions with the case manager, which session/step has been the most beneficial to you, if any?

_____

_____

23. Which session/step has been the least beneficial, if any?

_____

_____

24. Do you have any recommendations on how we can improve to improve our services?

_____

_____

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

☐ Yes ☐ No

Explain: _____

_____

PART B – ABOUT THE SURVIVOR´S WELLBEING

26. Overall, do you feel like we helped you with issue you came to see assistance for?
☐ Yes ☐ Somewhat ☐ No
Explain:

27. Compared to how you felt when you first approached us for support, do you feel better after meeting with us?

☐ Yes ☐ Somewhat ☐ No

Explain:

Thank the respondent for taking the time to respond to the questionnaire.

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

FOCUSED PSS

Tool Name

Psychosocial Functionality Scale – Focused PSS[12]

Purpose

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

Who Should Administer the Tool?

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

NOTE: This tool should under no circumstance be administered by members of the M&E team.

How Should the Tool be Used?

This tool can be administered either once or multiple times. For a one-time measure of psychosocial wellbeing, the tool only needs to be administered once (but include both a baseline and an endline). This should be in the beginning of the session (for baseline) and then either . at the end of a session or at the closing of a case (for endline). Administering it 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 it at the end of the first session if it is feasible to do so.

For multiple times, iIt 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 case-worker 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. Results should be transferred to the GBV programme/technical manager for analysis and follow-up action.

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12   *Adapted from International Rescue Committee: Gender-Based Violence Case Management Outcome Monitoring Toolkit, August 2018.*

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)**

Calculate the results for an INDIVIDUAL woman or older adolescent girl

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

Interpret the results for an INDIVIDUAL woman or older adolescent girl

Score	Interpretation & Action Planning
10	Survivor is experiencing little to no difficulty in accomplishing tasks.
11-21	Survivor is experiencing moderate amount of difficulty in accomplishing tasks. • 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 4and then again at session 7), you can compare the scores for each questionnaire and calculate the difference between the average scores. Once you calculated the difference between scores, the following scale can be used to interpret whether this represents a "small" vs. a "large" change in the survivor's scores.

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

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

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

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

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

Safety & Ethical Considerations

High

PSYCHOSOCIAL FUNCTIONALITY SCALE – FOCUSED PSS

Survivor Code	
Caseworker Code	
Date	

Instructions for staff

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

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

1. Giving advice to family members

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

2. Exchanging ideas with others

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

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

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

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

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

5. Making important decisions about daily life

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

6. Taking part in family decisions

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

7. Learning new skills

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

8. Concentrating on your tasks or responsibilities

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

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

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

10. Keeping your household clean

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

CASH ASSISTANCE

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.

NOTE: As post-distribution monitoring is usually done through follow-up phone calls, it is important that, upon receiving the assistance, beneficiaries provide consent to being contacted later on for the post-distribution monitoring.

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 supervisor or an alternate case worker.

NOTE: This tool should under no circumstance be administered by members of the M&E team.

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 programme/technical manager for analysis and follow-up action.

Safety & Ethical Considerations

High

POST-DISTRIBUTION SURVEY QUESTIONNAIRE – cASH ASSISTANCE

Survivor Code	
Case Manager Code	
Date	
Location	

Instructions for staff:

Say: 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). You can skip any and all questions or choose to end the survey at anytime. If you do not understand a question, please ask me to explain it. Your answers are confidential. Do you have any questions for me or concerns you want to discuss with me, before we begin?

Do you have any questions for me or concerns you want to discuss with me before we begin? May we proceed?

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

Part A: Impact of cash assistance on survivor's safety and ability to access to services

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 received amount/item adequate to improve your safety?
☐ Yes
☐ Somewhat
☐ No
☐ Prefer not to answer

3. Was the duration of assistance sufficient to improve your safety?
☐ Yes
☐ Somewhat
☐ No
☐ Prefer not to answer

4. Was the timing of the cash assistance adequate to improve your safety?
☐ Yes
☐ Somewhat
☐ No
☐ Prefer not to answer

5. Were you able to use the cash?
[If no, please skip to Section B]
☐ Yes
☐ No
☐ Prefer not to answer

5.1. If yes, has receiving cash assistance helped you access necessary services for you (or your child) to recover from the incident of violence you disclosed, including cover the basic needs (either services, or goods) to ensure survival and minimum living standards?
☐ Yes
☐ Somewhat
☐ No
☐ Prefer not to answer

5.2. What did you use the cash it for?
[Mark all that apply]
☐ Food
☐ Hygiene
☐ Utilities
☐ Transport
☐ Communication
☐ Rent/housing
☐ Health
☐ Legal/Justice
☐ Safety/Protection
☐ Psychosocial
☐ Mental Health
☐ Other - specify: _____
☐ Prefer not to answer

Part B: Impact of cash assistance on survivor's wellbeing

6. Has the cash assistance positively impacted relations within your household?
[If "no" skip to Question 8]
☐ Yes
☐ Somewhat
☐ No
☐ Prefer not to answer

6.1. How?

[Mark all that apply]

☐ Less physical abuse / violence about expenses

☐ Less threat of physical abuse/violence about how to spend the cash

☐ Less verbal abuse/threats about expenses

☐ Spouses sharing decision making

☐ Invested in income generating activity

☐ Postponed child›s marriage

☐ Maintained child in school / reregistered child for school

☐ Access health services

☐ Improved food security

☐ Other - specify

Please note that the purpose of this next question is to improve our approach to safety planning when delivering cash assistance; your answer will NOT affect your eligibility to potentially receive cash again in the future.

7. Did any issues arise at home as a result of receiving the cash that made you feel uncomfortable, unsafe, or unable to use the cash? Has the cash transfer <u>negatively</u> impacted relations within your household?

[If "no" skip to Question 9]

☐ Yes

☐ No

☐ Prefer not to answer

7.1. How?

[Mark all that apply]

☐ Physical abuse / violence about how to spend the cash

☐ Threat of physical abuse/violence about how to spend the cash

☐ Verbal abuse about how to spend the cash

☐ Forced/coerced/exploited withholding of cash

☐ Other:_____

☐ Prefer not to answer

7.2. Would you like to discuss options for support to address the risks you faced?

☐ Yes

☐ No

☐ Prefer not to answer

8. Has the cash assistance contributed to improve your physical and mental well- being?

☐ Yes

☐ Somewhat

☐ No

☐ Prefer not to answer

9. Has the cash assistance contributed to decrease levels of stress about meeting basic needs?
☐ Yes
☐ Somewhat
☐ No
☐ Prefer not to answer

10. Have you discussed post-case management and post-cash assistance safety planning with your case manager?
☐ Yes
☐ Somewhat
☐ No
☐ Prefer not to answer

10.1. When cash assistance ends, will you be able to prevent further exposure to harm?
☐ Yes
☐ Somewhat
☐ No
☐ Prefer not to answer

Part C: Cash-Assistance delivery method & distribution process

11. Was the cash assistance preceded with safety plan to mitigate risks of harm?
☐ Yes
☐ No
☐ Prefer not to answer

12. Were you ever consulted to express your preferences on how you would like to receive the cash?
☐ Yes
☐ No
☐ Prefer not to answer

12.1. Do you feel your preferences when taken into account?
☐ Yes
☐ No
☐ Prefer not to answer

12.2. If no, please explain which aspects did not meet your preferences.

_____

_____

_____

_____

13. Were you explained that this assistance is free and that nothing can be asked in exchange for it?
☐ Yes
☐ No
☐ Prefer not to answer

14. Did any issues could arise in the community as a result of receiving the cash that made you feel uncomfortable, unsafe, or unable to access or use the cash? Did you experience any risks or uncomfortable situations as a result of receiving the cash?

[If "no", skip to Question 15]

☐ Yes

☐ No

☐ Prefer not to answer

14.1. What type of risk(s)?

☐ Sexual assault/sexual harassment

☐ Physical or verbal threats

☐ Theft

☐ Forced to handover cash to someone else/give percentage

☐ Other – specify:

☐ Prefer not to answer

14.2 Have you discussed these risks with your case worker or anyone else?

☐ Yes

☐ No

☐ Prefer not to answer

14.3. Would you like to discuss options for support to address the risks you faced?

☐ Yes

☐ No

☐ Prefer not to answer

15. Overall, are you satisfied with the cash delivery method that was used (e.g.: in-kind, mobile transfer, etc.)?

☐ Yes

☐ Somewhat

☐ No

☐ Prefer not to answer

15.1. If no or somewhat, why?

_____

_____

16. Overall, are you satisfied with the cash distribution process (e.g.: person responsible for handing the cash, date, timing, location, etc.)?

☐ Yes

☐ Somewhat

☐ No

☐ Prefer not to answer

16.1. If no or somewhat, why?

_____

_____

17. Do you have any recommendations for improving the cash assistance and/or how it is provided? Please provide more details.

_____

_____

Is there anything else you wish to discuss with me?

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

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

Refer any respondents who expressed the need to receive support to the appropriate services.

LEGAL
ASSISTANCE

Tool Name

Beneficiary Feedback Form – Legal Assistance

Purpose

Client feedback surveys are a keyway for you and your organization to know how survivors experienced your service. This can help you understand what is being done well, what needs to be improved and what the challenges are. This is a generic tool that covers a range of legal assistance services (awareness, counselling, mediation and representation), but can be further customized and detailed to better reflect the specific service the beneficiary has received.

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 legal counsellor/expert assisting the survivor. Ideally, the process should be handled by the technical supervisor or an alternate legal counsellor/expert.

NOTE: This tool should under no circumstance be administered by members of the M&E team.

How Should the Tool be Used?

Since this may be the first time the survivor is meeting the person administering the questionnaire, either technical supervisor or the alternate legal counsellor/expert, it is preferable to conduct the interview in-person to foster trust. If there is a need to administer the questionnaire through a phone call, the organizations can adapt accordingly and, in such case, trust and confidentiality must be emphasized.

This tool can be administered either once or multiple times. 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 individuals are seen for longer periods of time, e.g., over a month or three-month period, client feedback surveys may be administered as part of periodic assessments to allow for timely course-corrective supervision when weaknesses are identified. A reasonable interval would be to implement after a minimum of three visits are completed.

Names or codes of legal counsellor/expert 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. Survivor codes are optional.

How Should the Data be Analyzed?

Filled forms should be transferred directly to technical supervisors and/or GBV programme managers for analysis and follow-up action. Forms should be stored in a locked cabinet accessible only to supervisors / technical managers.

Safety & Ethical Considerations

High

BENEFICIARY FEEDBACK FORM – LEGAL ASSISTANCE

Questionnaire Administered by	[NAME OR CODE]
Survivor Code [if applicable]	
Date	
Please indicate the number of sessions the individual has attended	
When is survey being implemented? ☐ One-off after one session ☐ One-off upon case closure ☐ Periodic feedback rounds	

Instructions for staff

- Ensure privacy, in order to allow the respondent to feel comfortable. The exercise should take place in a private 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 legal assistance we provide."
- Remind the person that you will not ask them any questions about their case, but are just interested in the legal assistance services they received.
- 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, tell them they can contact you later on.

Tell us about you...

If you are the person receiving the service:
☐ I am 15-19 ☐ I am 20-24 ☐ I am 25-49 ☐ I am 50 or older.

If you are a caregiver or guardian of a minor:
☐ The child is 0-5 years old ☐ The child is 6-12 years old ☐ The child is 13-18 years old

PART A – ABOUT THE SERVICES/STAFF

Tell us about our services...

1. How did you find out about our services? *[Mark 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. What type of legal assistance have you received?

[Mark all that apply]

☐ Legal awareness

☐ Legal counselling/consultation

☐ Legal mediation

☐ Legal representation

3. The service was easy to find.

☐ Yes ☐ No ☐ Not applicable

4. The service was free.

☐ Yes ☐ No ☐ Not applicable

5. The service was welcoming.

☐ 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 staff...

7. The staff respects confidentiality.

☐ Yes ☐ No

8. The staff were friendly.

☐ Yes   ☐ Somewhat ☐ No

9. The staff were open-minded; they didn't judge me.

☐ Yes   ☐ Somewhat ☐ No

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

☐ Yes   ☐ Somewhat ☐ No

PART B – ABOUT THE INFORMATION/SERVICES RECEIVED

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

☐ Yes   ☐ Somewhat ☐ No

If "Somewhat" or "No" -- please explain:

_____

_____

12. The staff used language I could understand.

☐ Yes   ☐ Somewhat ☐ No

If "Somewhat" or "No" -- please explain:

_____

_____

13. Do you feel that we provided you all the information you needed to be able to make informed choices?
☐ Yes   ☐ Somewhat   ☐ No
If "Somewhat" or "No" -- please explain:

_____

_____

14. Since speaking with us, do you have a better understanding regarding your options?
☐ Yes   ☐ Somewhat ☐ No
If "Somewhat" or "No" --- please explain:

_____

_____

15. Overall, how satisfied with the quality of the assistance you received?
☐ Very satisfied   ☐ Satisfied   ☐ Somewhat satisfied ☐ Not satisfied
If "Somewhat" or "No" --- please explain:

_____

_____

16. Would you recommend a friend who has experienced GBV to come here for help? Why?
☐ Yes   ☐ No
Explain:_____

_____

17. Overall, do you feel that we helped you with issue you came to seek assistance for?
☐ Yes   ☐ Somewhat ☐ No

Explain:_____

_____

18. Compared to how you felt when you first approached us for support, do you feel better after meeting with us?
☐ Yes ☐ Somewhat ☐ No

Explain:_____

_____

Thank the respondent for taking the time to respond to the questionnaire.

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

SECTION 3: EMPOWERMENT

LIFE SKILLS

Tool Name

Participant Feedback Form – Life Skills

Purpose

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

Who Should Administer the Tool?

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

How Should the Tool be Used?

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

How Should the Data be Analyzed?

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

Ethical Considerations

Medium

PARTICIPANT FEEDBACK FORM – LIFE SKILLS

FACILITATOR NAME	
Session Date	DD/MM/YY
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 assess the quality of the awareness raising activities and make the necessary improvements where needed.
- If you have any complaints and feedback, you´re welcome to share it through the following channels: [ORGANIZATION TO ADD]

1. Overall, how do you rate the quality of the activity in which you participated?
☐ Excellent ☐ Good ☐ Average ☐ Poor

2. In your opinion, what were the most interesting topics discussed, if any?
☐ Topic A ☐Topic B ☐ Topic C ☐ Topic D ☐Topic E ☐ Topic F

Why?
_____

_____

3. In your opinion, what were the least interesting topics discussed, if any?
☐ Topic A ☐Topic B ☐ Topic C ☐ Topic D ☐Topic E ☐ Topic F

Why?
_____

_____

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

_____

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

_____

6. How do you rate the performance of the facilitator?
☐ Excellent ☐ Good ☐ Average ☐ Poor

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

_____

_____

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.

VOCATIONAL SKILLS

Tool Name

Participant Feedback Form– Vocational Skills

Purpose

The questionnaire is intended to obtain participant´s feedback on the quality of the training, performance of the trainer, as well as usefulness, and their level of confidence applying of skills acquired.

Who Should Administer the Tool?

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

How Should the Tool be Used?

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

NOTE: The tool included here has been designed to reflect the content of a standard cosmetology vocational skills training; answer options should be customized, as appropriate, to match the type of vocational training delivered by the organization.

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

FACILITATOR NAME	
Training Topic	
Session Date	DD/MM/YY
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 assess the quality of the vocational skills training programme and make the necessary improvements where needed.
- If you have any complaints and feedback, you´re welcome to share it through the following channels: [ORGANIZATION TO ADD]

PART A – ABOUT THE CONTENT & MATERIALS

1. Overall, how do you rate the quality of the training in which you participated?
☐ Excellent   ☐ Good   ☐ Average ☐ Poor

If "Average" or "Poor" – please explain

_____

_____

2. In your opinion, which were the top 3 most useful content, if any? [mark all that apply]
☐ Thread hair removal ☐ Waxing ☐ Skin care ☐ Manicure ☐ Haircut
☐ Hairstyling ☐ Makeup design ☐ Marketing skills ☐ Budget management

Please explain

_____

_____

3. In your opinion, which were the top 3 least useful content, if any? [mark all that apply]
☐ Thread hair removal ☐ Waxing ☐ Skin care ☐ Manicure ☐ Haircut
☐ Hairstyling ☐ Makeup design ☐ Marketing skills ☐ Budget management

Please explain

_____

_____

4. How do you rate the tools/materials used for the sessions?
a). Quantity: ☐ Sufficient   ☐ Somewhat sufficient   ☐ Not sufficient
b). Quality: ☐ Excellent   ☐ Good   ☐ Average ☐ Poor

If "Average" or "Poor" – please explain

_____

_____

5. Please share any recommendations you may have for improving the training content and materials.

_____

_____

PART B – ABOUT THE TRAINER

6. Overall, how do you rate the performance of the trainer?
☐ Excellent   ☐ Good   ☐ Average ☐ Poor

7. Please share any recommendations you may have for improving the performance of the trainer.

_____

_____

_____

PART B – KNOWLEDGE & SKILLS

8. Please rate your comfort level in effectively performing the following tasks:

a). Thread hair removal:
☐ Very confident   ☐ Confident   ☐ Somewhat confident   ☐ Not confident

b). Waxing:
☐ Very confident   ☐ Confident   ☐ Somewhat confident   ☐ Not confident

c). Skin care:
☐ Very confident   ☐ Confident   ☐ Somewhat confident   ☐ Not confident

d). Manicure:
☐ Very confident   ☐ Confident   ☐ Somewhat confident   ☐ Not confident

e). Haircut:
☐ Very confident   ☐ Confident   ☐ Somewhat confident   ☐ Not confident

f). Hairstyling:
☐ Very confident   ☐ Confident   ☐ Somewhat confident   ☐ Not confident

g). Make-up design:
☐ Very confident ☐ Confident ☐ Somewhat confident ☐ Not confident

h). Marketing:
☐ Very confident ☐ Confident ☐ Somewhat confident ☐ Not confident

i). Budget management:
☐ Very confident ☐ Confident ☐ Somewhat confident ☐ Not confident

8.1. Which of these activities do you feel you need additional training on, if any?
☐ Threading hair removal ☐ Waxing ☐ Skin care ☐ Manicure ☐ Haircut
☐ Hairstyling ☐ Makeup design ☐ Marketing skills ☐ Budget management ☐ None

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

_____

_____

10. Did your participation in the activity affect your life or wellbeing in any way? Please tell us more.

_____

_____

11. Would you encourage other women and girls in the community to attend such activities?
☐ Yes ☐ No ☐ Do not know
 Why?

_____

12. Are there any other vocations that you think are important for women and girls to learn? What would these be?

_____

_____

Thank you for your participation! Your answers will be carefully reviewed by our team.

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	[#]
Presence of participants with disability [NOTE: *Visual observation only, do not ask!*]	☐ Yes ☐ No
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*".
- Say: "*This session will last about one hour and a half*".
- Ask if any questions before the session starts and clarify questions that may emerge.
- Ask if you may proceed. If any participant has expressed reluctance to continue taking part in the discussion, tell her gently that she may leave now before you start and provide information about the local/ organization´s complaints and feedback mechanisms; explain that she is welcome to use these channels to place a complaint or share feedback at any point in time.

<u>**QUESTIONS FOR DICUSSION**</u>

A. Background

1. Tell me a little bit about yourselves. What did you do before the conflict/displacement?

- 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 copying strategies you use?

3. In what ways have these challenges affected you and your family?

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 receive information that this activity is free and that nothing can be asked in exchange for participation?
- Did you receive/see information on channels you could use to place a complaint or provide feedback?
- Did you feel you were treated kindly and respectfully by staff during your participation in this activity?

5. Now let´s talk about the vocations which you learned (e.g.: hairdressing, cooking, sewing, etc.)

- Who do you think decides what will be the topic of the training?
- Were you ever consulted on whether there were any specific types of vocations that you would have liked to learn?
- Was the particular trade which were trained on appealing to you? Why?

6. In your view, how useful was it to learn [VOCATION]? Are there any other aspects related to [VOCATION] which you think the training should have explored as well? What are they?

7. Tell us about the performance of the trainer.

- How did you like his/her teaching style?
- Was he/she supportive?
- Any recommendations for improving his/her performance?

8. Tell us about the training materials – were these:

- Good quality?
- Sufficient?
- Any recommendations for improving the materials?

C. Training Impact

9. Are you able to use the skills learned?

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

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

11. 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.

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

D. Improving future activities

13. How do you define "empowerment"? Do you think that this activity contributes to empowering women and girls? How?

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

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

Do you have any questions for us?

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

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

RECREATIONAL ACTIVITIES

Tool Name

Participant Feedback Form– Recreational Activities

Purpose

The questionnaire can be used to gauge participant´s overall satisfaction with the activity – content, location, facilitator performance, etc. – and perceptions of usefulness. Moreover, it can also be used to capture whether/how participants plan on applying the skills learned, especially to generate an income, and whether/how the activity has impacted their general wellbeing.

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

Medium

PARTICIPANT FEEDBACK FORM – RECREATIONAL ACTIVITIES

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

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

Feedback on Activity Implementation

1. Overall, how do you rate the quality of the activity in which you participated?
☐ Excellent   ☐ Good   ☐ Average ☐ Poor

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

☐ Content   ☐ Facilitation   ☐ Location ☐ Other: _____
Why? _____

_____

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

☐ Content   ☐ Facilitation   ☐ Location ☐ Other: _____
Why? _____

_____

4. How do you rate the performance of the facilitator?
☐ Excellent   ☐ Good   ☐ Average ☐ Poor

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

_____

_____

6. Overall, do you have any recommendations for improving the activity?

_____

_____

Feedback on Activity Impact

7. In your opinion, how useful are the skills you learned through this activity?
☐ Useful   ☐ Somewhat useful   ☐ Not useful
Please explain:

_____

_____

8. Do you plan on using the skills learned in the future?
☐ Yes *(skip to Question 9.A.)*
☐ No *(skip to Question 9.B.)*
☐ Do not know *(skip to Question 10)*

9.A. If yes, how will you use them? [*Mark all that apply*]
☐ I will pass them to others in my family
☐ I will pass them on to others in the community
☐ I will apply them to generate income
☐ Other – [specify]: _____

9.B If no, why not? [*Mark all that apply*]
☐ The skills are not useful
☐ I do not have the necessary resources to apply the skills
☐ I cannot apply the skills by myself without technical support/supervision
☐ Other – [specify]: _____

10. Did your participation in the activity affect your life or wellbeing in any way?
Please tell us more.

_____

_____

11. Would you encourage other women and girls in the community to attend such activities?

☐ Yes   ☐ No   ☐ Do not know

11.1. Why?

_____

_____

12. Are there any other skills that you think are important for women and girls to learn? What would these be?

_____

_____

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

SECTION 4: CAPACITY DEVELOPMENT

GBV CASE MANAGEMENT STAFF

Tool Name

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

Purpose

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

Who Should Administer the Tool?

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

How Should the Tool be Used?

This tool should be administered periodically to determine progress towards meeting the minimum required competencies needed to working with survivors. A baseline assessment is necessary to identify gaps and skills/competencies that should be strengthened through further capacity support; periodic follow-up assessments should be conducted to assess progress towards meeting these standards.

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. Scores from baseline assessments should be compared with scores from follow-up assessments to determine progress and areas in need of further support.

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

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

Case Management Knowledge	Criteria for Answering Correctly	
A. What are the main types of GBV?	*Need to all 6 types of GBV violence a full score. Need to identify 3 types of GBV for partial score.*	1. Rape 2. Sexual assault 3. Physical assault 4. Forced marriage 5. Denial of resources, opportunities or services 6. Psychological/emotional abuse
B. What are the causes of GBV?	*Need to identify at least 3 answers to receive full score. Identifying two of the answers earns 1 point.*	1. Abuse of power and Control 2. Gender inequality 3. Traditions and norms 4. Culture and social norms
C. What are the possible consequences of intimate partner violence for the survivor?	*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.*	1. Injury 2. Death 3. Mental health problems: Low self-esteem 4. Mental health problems: Anxiety 5. Mental health problems: Depression 6. Mental health problems: _____ (other) 7. Stigma, isolation from the community Feel guilty
D. What are the possible consequences of sexual violence?	*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.*	1. Injuries—general 2. HIV/AIDS or other STIs 3. Damage to reproductive organs 4. Unwanted pregnancy 5. Mental health problems: Low self-esteem 6. Mental health problems: Anxiety 7. Mental health problems: Depression 8. Mental health problems: _____ (other) 9. Stigma, isolation from the community 10. Feel guilty

Case Management Knowledge	Criteria for Answering Correctly	
E. What are the Guiding Principles for working with GBV survivors?	*Need to list and describe all guiding principles and describe them using key words for full (100%) score. Need to list and describe at least 2 principles for partial score.*	1. Right to confidentiality. Survivor's information not shared without their permission. 2. Promote safety/security. Survivor's physical and emotional safety must be ensured throughout helping process. 3. Right to dignity and self-determination. Survivor's opinions and decisions are respected and followed regardless of our own opinions. 4. Non-discrimination. Every survivor is treated and served in the same manner.
F. What are some of the reasons a survivor may not want to report GBV?	*Need to identify at least five to receive a full score, identify 3 to receive a partial score.*	1. Fear of retaliation from the perpetrator 2. Fear / worry that no one will believe her / how people will react. 3. Shame 4. Self-blame 5. Lack of transportation. 6. Lack of money to pay service fees. 7. Do not trust the authorities/ service providers
H. What body language can you use to make the survivor feel more comfortable (for example, the way you sit)?	*Need to identify 5 to receive a full score, identify 4 for a partial score.*	1. Sit face to face with her, but not at a desk 2. Make eye contact appropriately 3. Keep a friendly facial expression 4. Lean in toward the survivor as she speaks 5. Nod your head to show understanding Have a calm, relaxed body posture
I. Describe how caseworkers should start their first interview with the survivor (introduction and engagement).	*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).*	1. Greet the survivor 2. Introduce yourself 3. Make sure you have privacy 4. Explain your role. 5. Explain confidentiality 6. Explain her rights (can stop, refuse to answer, ask any questions) 7. Explain how information will be stored. 8. Ask her permission to proceed 9. Mention the services that can be provided and those that are not available.
J. When collecting GBV data, what are some of the important measures and precautions you should take?	*Need to explain the 3 main limits for full score, 2 for partial score*	1. Locked cabinet 2. Separate survivors´ names from the case files 3. Only sharing the relevant information with consent

Case Management Knowledge	Criteria for Answering Correctly	
K. What are the limits to confidentiality in cases?	*Need to explain the 3 main limits for full score, 2 for partial score.*	1. If the survivor is at risk of self-harm 2. If the survivor is at risk of harming another person (possibly homicidal) 3. If the perpetrator is an NGO worker that is part of the humanitarian response 4. If the survivor is under 16 years old and faced sexual abuse
L. When is informed consent sought during case management?	*Need to state both times to get full score. Partial score if state one.*	1. At the start of case management services 2. For referrals to other services providers **This includes obtaining permission for collecting and storing data.**
M. Explain the main areas of need that you need to asses with survivors?	*Should name at least 4 assessment areas for full credit. Partial score is 3 areas.*	1. Safety and protection 2. Medical care and treatment 3. Psychosocial needs 4. Legal/justice needs
N. What are the steps of case management?	*Need to name all 6 steps for full credit, 3 steps for partial score*	1. Introduction and engagement 2. Intake and assessment (interview) 3. Case action planning 4. Implementing the case action plan. 5. Follow up and monitoring 6. Case Closure
O. What do we want to understand when we assess safety with a survivor?	*Need to identify and explain all correctly for full score. For partial score, identify 2.*	1. Survivor's sense of personal safety in the home environment. 2. Survivor's sense of personal safety in the community environment. 3. Survivor's identified safety/support systems.
P. What do we need to prepare when we want to link the client with available services?	*Need to identify the preparation of referral and mention the service mapping and the consent from the survivor for full score. For partial score, identify 2.*	1. Updated service mapping 2. Survivor consent 3. Referral form 4. Follow up

Case Management Knowledge	Criteria for Answering Correctly	
Q. What information does a case manager have to provide to a survivor about health services when there is a sexual assault?	*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.*	1. If within 120 hr. period and concerned about pregnancy –emergency contraception available. 2. If within 72 hr. period HIV PEP medication for prevention available. 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. 4. STI treatment medication available. 5. Pelvic examination available. 6. Treatment of other injuries available.
R. What are the main healing statements survivors should hear from you in your first interview?	*Need to identify all 5 for a full score. Need to identify at least 4 for a partial score.*	1. I believe you. 2. This is not your fault / You're not to blame. 3. I'm glad you told me. 4. I'm very sorry this happened to you. 5. I am/ We are here to support you.
S. Explain what happens during a follow-up session with a survivor.	*Need to identify at least 5 items to receive full score. Partial score need to identify four.*	1. Update progress on case action plan. 2. Reassess safety 3. Reassess psychosocial status. 4. Reassess other needs/problems. 5. Update the action plan. 6. Obtain informed consent for new referrals.

Guidance for interpreting the scores

- <u>Scores ranging from 26-36 points -- MET:</u> 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.
- <u>Scores ranging from 15-25 points -- PARTIALLY MET:</u> 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.
- <u>Scores ranging from 0-14 Points -- NOT MET:</u> Scores in this range indicate that the staff person does not have sufficient knowledge and skills to provide case management to GBV survivors. A capacity building plan should be put into place. This may include one-on-one mentoring sessions, additional training opportunities, shadowing fellow staff members, among other capacity building activities. Following additional training, the tool should be re-administered.

Safety & Ethical Considerations

N/A – High Technical Requirements

GBV CASE MANAGEMENT CORE COMPETENCIES ASSESSMENT - KNOWLEDGE & SKILLS TEST

Case worker Name	
Supervisor Name	
Assessment Date	☐ Baseline ☐ Follow-up
Score	

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 need to 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 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?

This tool should be administered periodically to determine progress towards meeting the minimum required competencies needed to working with survivors. A baseline assessment is necessary to identify gaps and skills/competencies that should be strengthened through further capacity support; periodic follow-up assessments should be conducted to assess progress towards meeting these standards.

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. Scores from baseline assessments should be compared with scores from follow-up assessments to determine progress and areas in need of further support.

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

SCORE CARD

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

Case worker Name	
Supervisor Name	
Assessment Date	☐ Baseline ☐ Follow-up
Score	

Please mark your preferred answer with an "X".

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

Tool Name

GBV Case Management Observation Tool

Purpose

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

Who Should Administer the Tool?

The tool should be used as a checklist guiding the shadowing of case management provision by the caseworker´s supervisor. This checklist is part of the case regular coaching and should be used in one-on-one coaching sessions.

How Should the Tool be Used?

This tool should be administered periodically to determine if the case worker is meeting minimum standards of good quality case management service provision. A baseline assessment is necessary to identify gaps and skills/competencies that should be strengthened through further capacity support; periodic follow-up assessments should be conducted to assess progress towards meeting these standards.

Before the Assessment

The supervisor must:

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

The caseworker must:

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

During the Assessment

The supervisor must:

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

The caseworker must:

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

After the Assessment

The supervisor must:

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

The caseworker must:

- Complete the observation tool, including comments and questions

How Should the Data be Analyzed?

These instructions are centered on the numeric results, which will be tracked to monitor each individual case worker's performance across time. Scores from baseline assessments should be compared with scores from follow-up assessments to determine progress and areas in need of further support.

It is extremely important for supervisors to understand, however, that while scoring is important for transparency, the key element of this assessment are the concrete observation notes that will be marked during the observation. These remarks need to be shared with the caseworker, along with the score result in order to inform action plans for addressing gaps identified.

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

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

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

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

Guidance for interpreting the scores

- Scores ranging from 30-23 points: MET. Scores in this range indicate that the caseworker has acquired and owns the Case Management and GBV Guiding Principles and is able to implement them through the service provision.

- <u>Scores ranging from 22-12 points:</u> 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.
- <u>Scores ranging from 0-11 points:</u> NOT MET. Scores in this range indicate that the staff person hasn't sufficiently acquired case management and GBV core principled to provide services to GBV survivors. A capacity building plan should be put into place in agreement with the staff and his/her supervisor. The staff should not work directly with GBV survivors until the gaps haven't been addressed.

Safety & Ethical Considerations

N/A - High technical requirements.

GBV CASE MANAGEMENT OBSERVATION TOOL

Case worker Name	
Supervisor Name	
Assessment Date	☐ Baseline ☐ Follow-up

DID THE CASEWORKER….	EXAMPLES OBSERVED *Each example should refer to one of the indicators listed. Do not list several examples for each indicator.*	SCORE & NOTES
1. **Use healing statements at the appropriate time** (Indicators: uses statements such as I believe you; this is not your fault; I am glad you told me; I am sorry to hear this happened to you; you are strong and brave to talk with me; I will try to help you; these are difficult things you are telling me; many feels upset after a thing like that happens.)	At least 4- 5 examples for meet, 2 for partially met	☐ 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
5. **Empower the client and ensures his/her involvement in all aspects of the service provision** (Indicators: communicates with the client using simple, clear, non-blaming language; provides clear and accurate information; is concise; helps the client to prioritize needs; works with the client to understand pros and cons of all options; respects if the clients don't want to answer or says "I don't know"; gives the client time to make decisions; allows the client to change opinion.)	At least 6 examples for meet, 4 for partially meet	☐ MET ☐ PARTIALLY MET ☐ NOT MET

DID THE CASEWORKER....	EXAMPLES OBSERVED *Each example should refer to one of the indicators listed. Do not list several examples for each indicator.*	SCORE & NOTES
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.)		☐ MET ☐ PARTIALLY MET ☐ NOT MET
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).		☐ MET ☐ PARTIALLY MET ☐ NOT MET
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)		☐ MET ☐ PARTIALLY MET ☐ NOT MET
9. **Use body language to make the client feel more comfortable** (Indicators: sits face to face with the client; makes eye contact appropriately; keeps a friendly facial expression; lean in toward the client as he/she speaks; nods the head to show understanding; stays calmed and comforting throughout the interaction with the client; sits at the same level as the child)		☐ MET ☐ PARTIALLY MET ☐ NOT MET
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		☐ MET ☐ PARTIALLY MET ☐ NOT MET
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 with GBV Case Management.

This tool is used to assess whether a supervisor has acquired the minimum supervisory competencies needed to effectively supervise 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. 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?

This tool should be administered periodically to determine if the supervisor is meeting the minimum supervisory competencies needed to effectively supervise case workers. A baseline assessment is necessary to identify gaps in skills/competencies that should be strengthened through further capacity support; periodic follow-up assessments should be conducted to assess progress towards meeting these standards.

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. Scores from baseline assessments should be compared with scores from follow-up assessments to determine progress and areas in need of further support.

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

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

Knowledge of CM Supervisory Role	Criteria for answering correctly	
A. How do you make sure that case workers have a clear understanding of what they need to do?	*(Need to mention at least 3 points for full score, 2 for partial score)*	• Orientation • Clarify roles and responsibilities (job descriptions) • Set objectives and priorities for each case worker • Weekly planning and assigning work for each case worker
B. What are the components of a functioning case management system?	*(Need to mention at least 5 points for full score, 4 for partial score)*	• Individual case files are clearly labeled with ID codes in locked cabinets; or database • Clear criteria for case management services • Standard forms for all stages of CM process (registration, assessment, case plan/ action plan, follow-up, etc.) • Referral system is in place; mapping of services and an updated service directory • Protocol for closing cases • Training and coaching for caseworkers and supervisors
C. How do you ensure the efficiency and quality of case management?	*(Need to mention at least 5 points for full score, 4 for partial score)*	• Monitor timescales for responses • Services follow- up • Review of cases • Quality check for documentation • Observation of case workers • Overseeing the management of case loads
D. How do you ensure confidentiality and data protection, and information protocols are respected?	*(Need to mention at least 2 points for full score, 1 for partial score)*	• Ensure that case management team are aware of, and signed the code of conduct • Train the team on SOP's • Monitor the documentation of cases through review of files and databases on a regular basis
E. What can you do as a supervisor to increase the wellbeing of the case workers?	*(Need to mention at least 5 points for full score, 4 for partial score)*	• Regular individual and group supervision • team building/staff retreats • Encourage case workers to take break during work • Setting realistic expectations of team • Recognizing caseworkers' efforts • Being a role model for wellbeing for your team

F. Please describe the roles of a supervisor in the following CM steps: 6 points (Need to mention at least 5 points for full score, 4 for partial score)	
Step One: Identification and Registration	• 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.
Step Two: Assessment	• Ensure comprehensive assessments are conducted and review findings with caseworkers, highlighting any gaps.
Step Three: Developing the Case / Action Plan	• 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

Step Four: Implementing the Case Plan	• Ensure access to material, logistical, and further technical support • Set eligibility criteria for material and financial support in coordination with senior management.
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.
D. Please describe the roles of a supervisor in the following areas: 7 points totals (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 survivor 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:

- <u>10-14 points</u>: 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.
- <u>6-9 Points</u>: PARTIALLY MET. Scores in this range indicate additional training is needed to build knowledge and skills in supervision and management of case workers. A tailored capacity building plan should also be put into place prior to the staff started supervising the case workers to avoid risks of poor management/unproductive case management. This may include one-on-one coaching sessions, additional training opportunities and shadowing fellow staff members, among other capacity building.
- <u>0-5 Points</u>: 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

Supervisor Name		
Assessment Date		☐ Baseline ☐ Follow-up
Score		

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

GBV PROGRAMME STAFF

Tool Name

Pre & Post Test / Supervision Tool – 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. It can also be used as a supervision tool to assess, through the different phases of the capacity building plan, the progress in staff´s learning, while highlighting specific areas that may require further education and training.

Who Should Administer the Tool?

The tests should be administered by the facilitator delivering the training, or in cases, where it is used as a supervision tool, it can also be by a senior/technical manager supervising the GBV programme staff.

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. When used as a supervision tool, follow-up post-tests should be administered at a determined suitable frequency to gauge staff´s progress in meeting the minimum required competencies.

How Should the Data be Analyzed?

The data should be analyzed against the score outlined in the corresponding Score Card (below).

Before the session begins providing each participant with a blank copy of the test. The same process should be repeated at the end of the session. Keep filled pre and post-test forms in separate piles.

When used as a supervision tool, scores from baseline assessments should be compared with scores from follow-up assessments to determine progress and areas in need of further support.

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

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

- The scores for knowledge and skills, and attitudes and perceptions can be calculated jointly for aggregate results or separately to better differentiate the impact of the training across these two different areas.
- Use the Score Cards to assign a score to each answer
- Add up the scores for each completed test.

- Divide this total score by the number of participants in the session to calculate the result for each test round.
- Determine the percent change in the overall aggregate score from pre to post-test administration for knowledge and skills, and attitudes and perceptions.

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

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

Results for the final tests can be interpreted according to the following scale and guidelines:

KNOWLEDGE & SKILLS TEST

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

ATTITUDES & PERCEPTIONS TEST

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

When used as a supervision tool, the programme/technical manager and the staff should sit together to review the answers. The staff should be given an opportunity to describe more thoroughly the responses. Following the meeting with the staff, and based on the scoring, the programme/technical manager should develop plan to ensure gaps identified are addressed through further supervision and capacity building.

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

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

Safety & Ethical Considerations

N/A – High Technical Requirements

PRE & POST TEST / SUPERVISION TOOL – GBV PROGRAMME STAFF

Organization	
Assessment Date	
Score	
Round	☐ Pre-test /Baseline ☐ Post-test / Follow-up

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:

1. Men are naturally violent.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Tool Name

Trainee Feedback Form – GBV Programme Staff

Purpose

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

Who Should Administer the Tool?

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

How Should the Tool be Used?

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

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

How Should the Data be Analyzed?

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

Safety & Ethical Considerations

Low

TRAINEE FEEDBACK FORM --GBV PROGRAMME STAFF

Training Title	
Name of Facilitator	
Location	
Date	

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

About the Content & Materials

1. How would you rate the appropriateness, usefulness, and quality of the training content?
☐ Excellent ☐ Good ☐ Average ☐ Poor

2. What were the most useful topics discussed, if any?
☐ Topic A ☐ Topic B. ☐ Topic C. ☐ Topic D. ☐ Topic E ☐ Topic F

Why?
_____

_____

3. What were the least useful topics discussed, if any?
☐ Topic A ☐Topic B. ☐ Topic C. ☐ Topic D. ☐Topic E ☐ Topic F

Why?
_____

_____

4. How would you rate the quality of the training visual aids?
☐ Excellent ☐ Good ☐ Average ☐ Poor

5. In your opinion, were the practical activities and exercises useful?
☐ Yes ☐ Somewhat ☐ No

6. Were the examples provided applicable to your line of work?
☐ Yes ☐ Somewhat ☐ No

About the Facilitator

Please rate 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 from1-5, where 1 is not confident at all and 5 is very confident, rate your confidence level handling the following situations:

A. I feel confident I have an understanding of the emotional needs of survivors of sexual violence.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

B. I feel confident I have the communication skills needed to work with women and children who have been raped.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

C. I know the minimum services that should be available for survivors of sexual violence.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

D. I feel confident that I know how to refer a survivor to the appropriate services.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

E. I feel confident that I know at least two self-care techniques to help prevent or address stress I may experience because of my work with survivors.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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

NON-GBV
ACTORS

Tool Name

Pre & Post Test – Non-GBV Actors

Purpose

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

Who Should Administer the Tool?

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

How Should the Tool be Used?

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

How Should the Data be Analyzed?

The data should be analyzed against the score outlined in the corresponding Score Card (below).

Before the session begins providing each participant with a blank copy of the test. The same process should be repeated at the end of the session. Keep filled pre and post-test forms in separate piles.

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

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

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

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

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

SCORE CARD

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

Safety & Ethical Considerations

N/A

High technical requirements

PRE & POST TEST – NON-GBV ACTORS

Training Title	
Name of Facilitator	
Location	
Assessment Date	☐ Pre-test /Baseline ☐ Post-test / Follow-up

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 in the country
☐ Asking a friend who works in an organization who received it
☐ Contacting the GBV SC coordinators
☐ Writing an email to their supervisor asking for advice.

7. When referring a GBV survivor you should (check all answer that apply):
☐ Ask permission from the GBV SC coordinators
☐ Call/what's app the GBV district focal point and refer the case
☐ Send a written referral describing the situation and the name of the survivor in the same email/message
☐ Accompany the survivor if possible

8. Information you give to the survivor about referrals should (check all answer that apply):
☐ Explain to the survivor the benefits and consequences of accessing the services
☐ Not create expectations that cannot be met
☐ Tell the survivor that when she agrees to the referral she can't change her mind afterward
☐ Stress that the quality of the service that you will refer her to cannot be ensured and that she can't come back to you to complain

9. Every survivor of GBV has the same needs.
☐ True
☐ False

10. All humanitarian actors have a responsibility to mitigate the risk of Gender-based Violence.
☐ True
☐ False

11. The GBV Guidelines recommend actions to mitigate GBV risks throughout the programme cycle.
☐ True
☐ False

12. Increasing girls' participation is one example of a GBV risk mitigation strategy.
☐ True
☐ False

13. A good indicator to measure the success of GBV mainstreaming is a decrease in the number of reported GBV cases.
☐ True
☐ False

Tool Name

Trainee Feedback Form – Non-GBV Actors

Purpose

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

Who Should Administer the Tool?

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

How Should the Tool be Used?

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

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

How Should the Data be Analyzed?

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

Safety & Ethical Considerations

Low

TRAINEE FEEDBACK FORM – NON-GBV ACTORS

Training Title	
Name of Facilitator	
Location	
Date	

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

About the Content & Materials

1. How would you rate the appropriateness, usefulness, and quality of the training content?
☐ Excellent ☐ Good ☐ Average ☐ Poor

2. What were the most useful topics discussed, if any?
☐ Topic A ☐Topic B ☐ Topic C ☐ Topic D ☐Topic E ☐ Topic F

Why?
_____

_____

3. What were the least useful topics discussed, if any?
☐ Topic A ☐Topic B ☐ Topic C ☐ Topic D ☐Topic E ☐ Topic F

Why?
_____

_____

4. How would you rate the quality of the training visual aids?
☐ Excellent ☐ Good ☐ Average ☐ Poor

5. In your opinion, were the practical activities and exercises useful?
☐ Yes   ☐ Somewhat   ☐ No

6. Were the examples provided applicable to your line of work?
☐ Yes   ☐ Somewhat   ☐ No

7. Overall, to what extent has the training helped to increase your knowledge of GBV?
☐ Great extent   ☐ Moderate extent   ☐ Minimal extent ☐ Not at all

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

_____

_____

_____

About the Facilitator

Please rate 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 5: ROUTINE MONITORING TOOLS

Tool Name

Activity Monitoring Report

Purpose

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

Who Should Administer the Tool?

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

How Should the Tool be Used?

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

How Should the Data be Analyzed?

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

Safety & Ethical Considerations

Low

ACTIVITY MONITORING REPORT

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

DESCRIBE PROGRAMME ACTIVITIES AND ISSUES MONITORED DURING THE VISIT

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:

Tool Name

Facilitator Journal

Purpose

The tool is generic and can be adapted serve multiple activity implementation monitoring purposes.

Who Should Administer the Tool?

The tool has been designed for use by activity facilitators to record key aspects they observe during activity implementation.

How Should the Tool be Used?

Facilitators should complete the form immediately after implementing the activity. If the activity is implemented with the same group of participants across multiple days, the facilitator may compile all its observations of the different sessions into one single journal.

How Should the Data be Analyzed?

The report should be submitted to GBV programme managers for analysis and follow-up action.

Safety & Ethical Considerations

Medium

FACILITATOR JOURNAL

GENERAL INFORMATION			
Report date			
Facilitor name		Position/Role	
Event/activity name/type			
Activity date	Start: yyyy-mm-dd – End: yyyy-mm-dd		
Location			

ATTENDANCE INFORMATION		
Are most of these participants new, or regular? ☐ New ☐ Regular	If regular, for how long have most of them been attending the center/activity: [#] months	
Total number of participants: [#] Presence of participants with a disability: ☐ Yes ☐ No [*NOTE: visual observation only, do **not** ask!*]		
Nationality breakdown: [#] Syrian [#] Jordanian [#] Other Specify: _____ _____	Gender breakdown: [#] Women [#] Men	Age breakdown [#] under 17 [Were caregivers/parents present? ☐ Yes ☐ No] [#] 18 – 35 [#] 35 – 60 [#] 60+ years

ABOUT THE ACTIVITY
1. Describe the activity overall atmosphere.
E.g.: Were people talkative? Trusting? Open? Shy? Friendly? Hostile? Closed? Uncomfortable?
2. Did all participants participate to the same level? Were there any individuals/groups that were more/less engaged/motivated? Who? Why?
3. If the activity included individuals of different backgrounds (e.g.: nationality, displacement status), ages and gender, was there interaction between them? Please explain.
4. Did you notice if people made friends who they are likely to see again outside the center/activity? E.g.: did anyone exchange numbers, or leave together/in a group?

5. Based on your observation, describe whether/how the activity positively/negatively impacted the wellbeing/ knowledge/ attitudes/ behavior of participants.

6. Please provide any stories or quotes shared by participants that could help illustrate the impacts of the activity.

7. Were there any challenges encountered during the activity? If so, please describe and explain if/how these issues were addressed.

8. Please share any recommendations/lessons-learned that could help improve similar activities in the future.

9. Use this space for any additional remarks.

LINKS WITH GBV SERVICES		
During the activity, was any participant referred to GBV specialized services? ☐ Yes ☐ No	How many: [#]	To which services? ☐ Case Management ☐ Health ☐ PSS ☐ Legal ☐ Other – [specify]: _____

SECTION 6: PROTECTION AGAINST SEXUAL EXPLOITATION & ABUSE

Tool Name
Question Bank – PSEA Monitoring

Purpose

The PSEA question bank offers a set of questions that organizations can select and customize, as appropriate, for inserting into their M&E tools. These questions allow organizations to understand how their efforts to mitigate SEA risks at project and/or activity-level are faring from the **perspective of communities** in order to continuously **adapt and improve** the organization´s PSEA efforts and promote safer programming.

How Should the Question Bank be Used?

Organizations should refer to the Question Bank to select and customize questions, as appropriate, and then insert these into their M&E tools. The questions can be mainstreamed in all tools used by staff involved in the M&E of GBV Programmes.

NOTE: Always consult with Protection/GBV/PSEA Specialists in your organization and/or response before inserting these questions into M&E tools.

All questions that touch upon PSEA can be sensitive and have a risk potential, as they can elicit disclosures of sensitive information. When utilizing them, always consider which questions would be appropriate or inappropriate to ask to which group in the community in light of potential social and cultural sensitivities.

All tools that include PSEA-related questions must ensure that enumerators and/or facilitators utilizing them:

- Receive prior training on PSEA, including SEA mandatory reporting, how to safely handle disclosures of SEA and GBV, and how to refer survivors to services (for detailed guidance on handling GBV and SEA disclosures, refer to the corresponding sections in Part I of this toolkit)
- Meet the gender group of the respondents;
- Conduct the interview in a private setting, and are mindful of who is present and what should/should not be asked;
- Refrain from attempting to identify GBV/SEA survivors and ask for more information about the incident in case of potential disclosures.

Safety & Ethical Considerations

Medium (at a minimum) or high depending on the sensitivity rating attached to the M&E tool in which the PSEA questions will be inserted.

QUESTION BANK – PSEA MONITORING

1. STAFF CODE OF CONDUCT

- *Were you ever made aware that there is a code of conduct for staff working for this organization? Was this information clearly communicated?*
- *Do you feel you were treated kindly and respectfully by the staff involved in the activity and/or delivering the services that you received?*

2. SAFE AID DELIVERY

- *Were you ever consulted to express your preference on how you would like to receive the assistance in order to make the process safer? If yes, do you feel your inputs were taken into account?*
- *What are some of the aspects that may make individuals, especially women and girls, feel safe when receiving this assistance/service and/or participating in this activity?*[13]
- *What are some of the aspects that may make individuals, especially women and girls, feel unsafe when receiving this assistance/service and/or participating in this activity? What can be done to make this service/activity safer for everyone, especially women and girls?*

3. AID ENTITLEMENTS

- *Were you ever made aware that this service/activity is free and that nothing can be asked in exchange for it? Was this information clearly communicated?*
- *Were you ever made aware of what you would receive as part of this assistance/service/activity? Was this information clearly communicated?*
- *Do you know the criteria used by the organization to select beneficiaries to receive the assistance / participate in this activity? Was this information clearly communicated?*
- *Why do you think you were selected to receive the assistance/participate in this activity? Please explain.*

4. COMPLAINTS AND FEEDBACK MECHANISMS

- *Were you ever explained how you could report an issue or provide feedback to the organization about the assistance/ activity? If yes, what are the channels available?*
    - *Do you think these channels are accessible/appropriate?*
    - *Do you think these channels are safe to use?*
- *What can be done to make these channels more accessible/appropriate and/or safer for everyone, especially women and girls, the elderly and persons with disabilities?*

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13   *NOTE: The purpose of this question is to gather information on potential safety risks associated with the service/activity, without directly asking the respondent to disclose whether she faced any risks while receiving the service/participating in the activity.*

PART III
GUIDANCE FOR GBV ORGANIZATIONS AND DONORS FOR SAFELY HANDLING GBV PROGRAMME M&E AND DATA VERFICATION PROCESSES

When you are a GBV programme implementer responding to a donor request for GBV programme data...

DO

- Be clear about your data sources and what <u>can</u> and <u>cannot</u> 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 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 ver-

ification 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 organization...

DO

- Be mindful of the sensitivities associated with GBV programming and the types of data that GBV programme implementers <u>can</u> and <u>cannot</u> 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 Jordan, the table below provides a list of potential indicators that can be adopted and customized by 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[14].

TYPE OF INTERVENTION	INDICATOR	TYPE	DIMENSION CAPTURED	TOOL
Information Sessions	*% increase in knowledge of key gender/ GBV issues among participants of information sessions.*	Quantitative	Result (Output)	Pre & Post Test – Information Sessions
Women & Girls Safe Spaces	*Perceptions of quality and adequacy of WGSS activities among beneficiaries visiting the space*	Qualitative	Quality	Guidance for Focus Groups – Women and Girls Safe Spaces
	Perceptions of life changes stemming from participation in activities implemented in the WGSS among beneficiaries visiting the space	Qualitative	Result (Outcome)	

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14   *The development of an overarching theory change for the GBV SC should facilitate the design of context-appropriate and meaningful impact-level indicators.*

TYPE OF INTERVENTION	INDICATOR	TYPE	DIMENSION CAPTURED	TOOL
Awareness Raising [GBV]	*% of participants who rate the quality of the activity as good or excellent*	Quantitative	Quality	Participant Feedback Form – Awareness Raising
	% of participants who have shared or intend to share content of awareness raising activities with others in their community	Quantitative	Quality (Outreach)	
	% change in knowledge, attitudes and beliefs, and behaviors around gender roles, and violence against women and girls among the group of women taking part in the activity	Quantitative	Result (Output)	Women Pre/Post Self Assessment – Awareness Raising
	% of women who significantly enhance/ increase their knowledge and attitudes around gender/GBV, improve wellbeing, and change their behaviour after taking part in awareness raising activities	Quantitative	Result (Output)	
	% change in knowledge, attitudes and beliefs, and behaviors around gender roles, and violence against women and girls among the group of girls taking part in the activity.	Quantitative	Result (Output)	Girls Pre/Post Self Assessment – Awareness Raising
	% of girls who significantly enhance/ increase their knowledge and attitudes around gender/GBV, improve wellbeing, and change their behaviour after taking part in awareness raising activities	Quantitative	Result (Output)	
	% change in knowledge, attitudes and beliefs, and behaviors around gender roles, and violence against women and girls among the group of men taking part in the activity.	Quantitative	Result (Output)	Men Pre/Post Self Assessment – Awareness Raising
	% of men who significantly enhance/ increase their knowledge and attitudes around gender/GBV, improve wellbeing, and change their behaviour after taking part in awareness raising activities	Quantitative	Result (Output)	
	% change in knowledge, attitudes and beliefs, and behaviors around gender roles, and violence against women and girls among the group of boys taking part in the activity.	Quantitative	Result (Output)	Boys Pre/Post Self Assessment – Awareness Raising
	% of boys who significantly enhance/ increase their knowledge and attitudes around gender/GBV, improve wellbeing, and change their behaviour after taking part in awareness raising activities	Quantitative	Result (Output)	

TYPE OF INTERVENTION	INDICATOR	TYPE	DIMENSION CAPTURED	TOOL
Awareness Raising [Child Marriage]	*Changes in knowledge, attitudes and perceptions regarding child marriage for the group of participants taking part in the activity*	Quantitative	Result (Outcome)	Child Marriage Awareness Raising - Group Assessment Tool
GBV risk assessments	*Decrease in site-related GBV risks, physical and as perceived by community members*	Qualitative	Impact	GBV risk assessment Tools
Case Management	*% of beneficiaries who report case management services have helped them with their situation*	Quantitative	Result (Outcome)	Client Feedback Form – Case Management
	% of beneficiaries who report to feel better after receiving case management services	Quantitative	Result (Outcome)	
Focused PSS Sessions	*% of survivors who improve their wellbeing after receiving focused PSS sessions*	Quantitative	Result (Outcome)	Psychosocial Functionality Scale
	% of active cases closed based on thorough assessment of survivor progress and wellbeing	Quantitative	Result (Outcome)	
Legal Assistance	*% of beneficiaries who report that the assistance received has helped them better understand available legal options*	Quantitative	Result (Output)	Beneficiary Feedback Form – Legal Assistance
	% of beneficiaries who report that legal assistance has helped them with their situation	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- 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	Result (Outcome)	
	% of beneficiaries who report that the cash-based assistance positively impacted relations within your household	Quantitative	Result (Outcome)	

TYPE OF INTERVENTION	INDICATOR	TYPE	DIMENSION CAPTURED	TOOL
Life Skills Sessions	*% of beneficiaries rate the session as excellent or good*	Quantitative	Quality	Participant Feedback Form – Life Skills
	% of beneficiaries who state that their participation in the session has, somewhat or considerably, increased their personal development	Quantitative	Result (Output)	
	% 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	Quantitative	Result (Output)	
	% of participants who have shared or intend to share content of life skills sessions with others in their community	Quantitative	Quality (Outreach)	
Vocational Skills Training	*% of beneficiaries who rate the training as excellent or good*	Quantitative	Quality	Participant Feedback Form – Vocational Skills
	Perception of trainees on usefulness and applicability of skills/trade learned	Qualitative	Result (Outputs)	Guidance for Focus Groups– Vocational Skills
	Perceptions of life changes stemming from participation in vocational skills training	Qualitative	Result (Outcomes)	
Recreational Activities	*% of participants who rate the activity as excellent or good*	Quantitative	Quality	Participant Feedback Form – Recreational Activities
	% of participants who believe that the skills learned through the activity are useful	Quantitative	Quality	
	% of participants who will pass on the skills learned to others and plan on applying the skills learned to generate an income	Quantitative	Result (Output)	
	Perception of trainees on life changes stemming from their participation in the activity	Qualitative	Result (Outcomes)	
Training / Supervision of Case Management Staff	*% of caseworkers who meet the core case management requirements to work independently with survivors*	Quantitative	Result (Outputs)	GBV Case Management Core Competencies Assessment Tool – Knowledge and Skills
	% of GBV case workers who hold survivor-friendly (positive beliefs and values) attitudes and perceptions.	Quantitative	Quality Result (Output)	GBV Case Management Core Competencies – Attitudes and Perceptions Test
	% of supervisors who meet the core case management requirements to supervise caseworkers	Quantitative	Quality Result (Output)	GBV Case Management Supervisory Core Competencies Test

TYPE OF INTERVENTION	INDICATOR	TYPE	DIMENSION CAPTURED	TOOL
Training/ Supervision of GBV Programme Staff	*% increase in GBV knowledge and skills among training participants*	Result (Outcomes)	Result (Outcomes)	Pre & Post Test – GBV Programme Staff
	% increase in positive attitudes and perceptions around GBV among training participants	Result (Outcomes)	Result (Outcomes)	
	% of trainees who state that the training has helped to increase, significantly or somewhat, their knowledge of key GBV concepts	Quantitative	Quality	Trainee Feedback Form – GBV Programme Staff
Training of Non-GBV Actors	*% change in knowledge of core GBV concepts among non-GBV actors trained*	Quantitative	Result (Output)	Pre & Post Test – Non-GBV Actors
	% of trainees who rate the training as excellent or good	Quantitative	Quality	Trainee Feedback Form – Non-GBV Actors
	% of trainees who state that the training has helped to increase, significantly or somewhat, their knowledge of key GBV concepts	Quantitative	Result (Output)	

ANNEXES

ANNEX A
M&E TOOLS: OVERVIEW OF JORDAN, IRAQ, TXB GBV M&E TOOLKITS

DOMAIN	INTERVENTION	SENSITIVITY LEVEL	WHERE TO FIND		
			TXB	JORDAN	IRAQ
Prevention	Awareness Raising – GBV	Medium	Yes	Yes	N/A
	Awareness Raising – Child Marriage	Medium	Yes	Yes	Yes
	Information Sessions	Medium	N/A	Yes	N/A
	Safety Audit / Risk Assessments	N/A-High technical requirements	Yes	Yes	N/A
	Women and Girls Safe Spaces	Medium	Yes	Yes	Yes
Response	Case Management	High	Yes	Yes	Yes
	Focused Psychosocial Support (PSS)	High	Yes	Yes	Yes
	Legal Assistance	High	Yes	Yes	Yes
	Cash Assistance	High	Yes	Yes	Yes
Empowerment	Dignity Kit Distribution	Medium	Yes	N/A	N/A
	Life Skills Sessions	Medium	Yes	Yes	N/A
	Vocational skills	Medium	Yes	Yes	Yes
	Recreational Activities	Medium	Yes	Yes	N/A
Capacity Building	Training – GBV Specialized Staff	N/A-High technical requirements	Yes	Yes	N/A
	Supervision – GBV Specialized Staff	N/A-High technical requirements	Yes	Yes	N/A
	Training – non-GBV Actors	N/A-High technical requirements	Yes	Yes	N/A
	Training – GBV Programme Staff	N/A-High technical requirements	Yes	Yes	N/A
PSEA	Field-level SEA risk mitigation monitoring (Sectors)	Low	Yes	N/A	N/A
	PSEA Monitoring (general)	Medium	N/A	Yes	N/A

ANNEX B
EXAMPLE OF VERBAL REQUEST FOR CONSENT TO PARTICIPATING IN AN M&E ACTIVITY[15]

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?

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15 *Adapted from The Global Women´s Institute, The George Washington University: Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations, 2017.*

ANNEX C
ATTITUDES & PERCEPTIONS SCREENING TEST FOR M&E STAFF

The scale below can be used by organizations to assess the readiness of M&E staff to support the M&E of GBV programmes. The tool can be administered during the recruitment of new staff, as part of applicant screening processes. It can also be applied periodically with M&E staff to inform staff capacity development action plans and track progress towards the achievement of action plan objectives across time.

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

Guidelines for interpreting the scores

- **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 & TEMPLATE FOR DOCUMENTING LESSONS-LEARNED

What is a lesson-learned?[16]

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?[17]

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.

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16 Adapted from: Project Management Body of Knowledge (PMBOK), Project Management Institute (2008). Retrieved at: http://www2a.cdc.gov/cdcup/library/pmg/implementation/ll_description.htm
17 Adapted from: Sommers, Adele. Tips for turning lessons-learned into best practices (2009). Retrieved at: https://www.projectsmart.co.uk/tips-for-turning-lessons-learned-into-best-practices.php

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. *While 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 applied.*

LESSON LEARNED AND BEST PRACTICES DOCUMENTATION FORM	
Organization	
Name/Function of person completing the form	
Date	

Please describe the situation and/or challenge your organization was facing at the time that led to the emergence of the lesson-learned / best practice.

How did your organization overcome the challenge or capitalized on the situation to deliver results?

Describe the results achieved; what lesson-learned and/or best practice emerged as a result of this process?

How will your organization be using the lesson-learned and the best practice to inform future programming and/or actions?

ANNEX F
KEY GBV TERMS & CONCEPTS

Actor(s)

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

GBV awareness raising

Activities targeting different audience groups (women and girls, men, and boys) and conducted with a group of individuals in the affected community to increase their knowledge of GBV over a course of a number of sessions, using a standardized and/or structured curriculum. The main goal of this type of intervention is to affect change in attitudes and behaviors.

GBV information Session

One-off activity conducted with a group of individuals in the community to increase their knowledge of GBV. The main goal of this type of intervention is to affect change in attitudes and behaviors.

GBV risk assessment

GBV risk assessments 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. GBV risk assessments, 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.

Case management

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

Cash-based assistance

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

Capacity Development

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

Disclosure

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

Dignity kits

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

In Jordan, the GBV WG does not encourage distribution of dignity kits unless in very specific emergency situations (e.g.: Covid-19). The Jordan market is well developed and accessible, therefore, vulnerable women and girls that have challenges meeting their hygiene needs should be encouraged to seek other support of schemes that enhance purchase capacity based on individual agency.

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.

Informed consent

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

Life Skills

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

Response

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

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

Recreational Activities

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

Prevention

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

Protection Against Sexual Exploitation and Abuse (PSEA)

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

in providing protection and/or assistance to affected populations. SEA is an act of gross misconduct and a violation of humanitarian standards of conduct and core principles.

Referral pathway

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

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.

ANNEX G
KEY M&E TERMS & CONCEPTS

Data Collection Method

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

Data Quality Assessment

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

M&E Protocols

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

Baseline

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

Evaluation

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

Impact

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

Indicator

An indicator is a specific, observable, and measurable characteristic that can be used to show whether a program is making changes toward achieving a specific result. Indicators should be

focused, clear, and specific. The indicators selected should be directly tied to the results the programme or project seeks to achieve.

Learning

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

Logical framework ("log-frame")

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

Monitoring

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

Output

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

Outcome

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

Performance Monitoring

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

Primary data source

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

Result

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

Target

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

Theory of Change

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

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

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

ANNEX H
REFERENCES & ADDITIONAL M&E RESOURCES

REFERENCES

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Psychological first aid guide for field workers, World Health Organization, 2011.

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

ADDITIONAL GBV M&E RESOURCES

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

Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations, The Global Women´s Institute, The George Washington University, 2017.

Girl Shine Curriculum and M&E tools

Available at: *https://gbvresponders.org/adolescent-girls/girl-shine/*

My Safety, My Wellbeing Curriculum and M&E Tools

Available at:

https://www.rescue.org/sites/default/fles/document/4169/ircmysafetymywellbeingcurriculumforadolescentgirls.pdf

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

Available at:

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/fles/documents/fles/gbv_awareness_toolkit_fnal.pdf

GBV MONITORING & EVALUATION TOOLKIT
JORDAN

1st Edition - March 2022