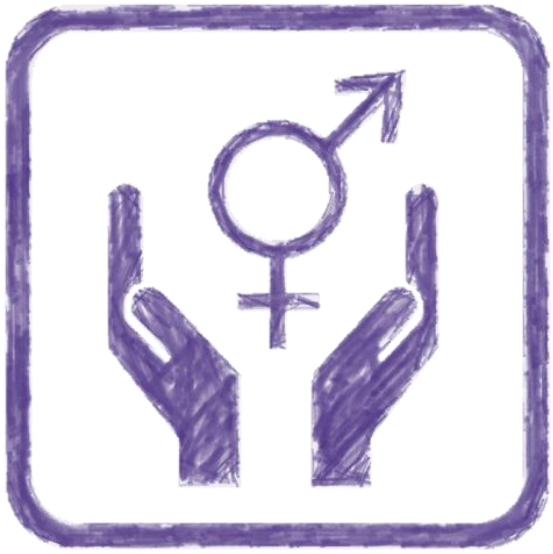

Monitoring and Evaluation (M&E) Toolkit for the Gender Based Violence (GBV) Working Group

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Contents

Acronyms

AG	Adolescent Girls
CC	Core Concept
ECHO	European Commission's Humanitarian Aid and Civil Protection Department
FGD	Focus Group Discussion
GBV	Gender-based violence
IRC	International Rescue Committee
LCRP	Lebanon Crisis Response Plan
ERP	Emergency Response Plan
M&E	Monitoring & Evaluation
NGO	Non-Governmental Organization
PSS	Psycho-Social Support
GBV	Gender Based Violence
TF	Task Force
UNFPA	United National Fund
UNHCR	United Nations High Commissioner for Refugee
UNICEF	United Nations Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East

Background

The Gender-Based Violence (GBV) National Working Group aims at supporting a comprehensive and coordinated approach to GBV, including prevention, care and support, and efforts to hold perpetrators accountable. The GBV Working Group contributes to a shared vision and integrated strategies among humanitarian stakeholders to better address GBV trough a survivor-centered and rights-based approach.[1] The Lebanon Crisis Response Plan (LCRP)'s protection chapter includes an outcome to reduce the risks and consequences of GBV and to improve access to quality services (Annex 1). The priorities for this intervention is to ensure safe identification and referral for GBV survivors, access to quality response services and support to community based safety nets to prevent and mitigate risks of GBV.[2]

Overview of M&E

Monitoring and evaluation should be an embedded concept and fundamental part of every project or program design and should not be an imposed function by the donor or an optional accessory of any project or program. Proper M&E allows actors to regularly reflect on progress, achievements, and challenges, making changes and adaptations to better meet the needs of the population intended to be served by interventions. In situations of coordination of M&E across organizations, having standardized tools and approaches is critical in order to understand the outputs and outcomes of many actors together.

M&E for GBV interventions may involve contact with GBV survivors, women, girls, men and boys at risk, their families, communities, or service providers. GBV programming and M&E that is survivor centered seeks to empower the survivor by prioritizing her/his rights, needs, and choices. It should ensure that M&E focuses on measuring and assessing survivors' access to appropriate, accessible, and quality services, including health care, psychosocial, legal, socio-economic services, and safety and security services. It is essential to obtain informed consent when working with survivors with for a survivor-centered approach, particularly when documenting any individual experiences or feedback.3

Guiding Principle 1: Safety

M&E may involve risk to the safety of GBV survivors, their families, their communities, and those who have assisted survivors (either informally or formally). In many areas, those who disclose violence are at further risk of violence from perpetrators, families, or community members who may feel that they have been shamed by the disclosure or the violence itself. M&E may also increase the risks of GBV among certain individuals or groups who have not previously experienced GBV, by highlighting their vulnerabilities to potential perpetrators. M&E may also increase the risks of violence against GBV service providers who are perceived as changing culture, social norms, or interfering in family or community affairs. When planning and implementing M&E for GBV interventions, the safety and security of all of these individuals must be the first priority from the beginning to the end of the process.

Guiding Principle 2: Confidentiality

Confidentiality is essential to M&E, particularly when assessing GBV interventions. Confidentiality speaks specifically to the right that GBV survivors have to decide if and to whom they will disclose violence and/or the circumstances of that violence and the right of all to determine what, how, and when information. It also speaks to the obligation that service providers and individuals conducting the M&E of GBV interventions have to not disclose information without the survivor's informed consent. It may be possible to share non-identifying information on the circumstances surrounding cases of GBV to other actors to inform further response; however, the survivor must provide informed consent for the sharing of this information as well. It is also necessary to ensure that in so doing, the safety and security of the survivor or those around the individual, including service providers, are not jeopardized.

Guiding Principle 3: Respect

Respect refers to the regard for the choices, wishes, and dignity of the survivor in relation to actions taken during the M&E for GBV interventions. M&E that clashes with this principle should not proceed. For example, if a program indicator is based on an increase in the number of cases referred for legal support, the program should not be allowed to "push" a survivor against her/his wishes to report cases to a legal actor.

Guiding Principle 4: Non-discrimination

Non-discrimination generally refers to the equal and fair treatment afforded to survivors of violence regardless of their age, race, religion, nationality, ethnicity, sexual orientation, or any other characteristic. It also refers to engaging GBV survivors, as well as other key stakeholders, in all phases of M&E, in a non-discriminatory fashion, by avoiding bias, favoritism, prejudice, and unfairness. The World Health Organization's (WHO) eight recommendations outline ethical and safety issues that are typically associated with the planning, collection, and use of information on GBV. These recommendations should be followed for all GBV programming and M&E activities – particularly as they relate to data collection, storage, use, and dissemination – in addition to any stakeholder engagement activity. Those without these skills and capacity should not be involved in GBV M&E. In addition to verifying that basic care and support services for survivors are available and accessible locally, it is important to confirm and verify the quality of those services.

Safety and Security of Sensitive Data

In general, any assessments, monitoring, or evaluations that involve gathering sensitive information, such as the personal details of GBV survivors or alleged perpetrators, require specific efforts to ensure that soft copies of records are stored in a secured, password-protected, or locked location. Similarly, hard copies of sensitive information must be stored in locked safe boxes and/or filing cabinets housed within a secured facility. All storage of information and data should follow safety and ethical guidelines. In the event that locked cabinets or scanners are not present, it is the data collector's responsibility to safeguard sensitive data, take the data with her/him, or hand the data over to another qualified staff member for safeguarding. In particular, do not leave stacks of questionnaires/surveys out in the open in offices, even in working environments that seem 'safe'.

WHO's Eight Safety and Ethical Recommendations

1. The benefits of respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities
2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.
3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern and, in emergency setting in particular, should be continuously monitored.
5. The confidentiality of individuals who provide information abut sexual and gender-based violence must be always protected.
6. Anyone providing information about sexual and gender-based violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional safeguards must be put into place if children (i.e., those under 18 years) are to be the subject of information gathering.

Toolkit Overview

Toolkit Objective

With the support of ECHO and the IRC, the GBV Working Group responded to the need for a standardized
approach to monitoring and evaluation on critical indicators within the LCRP.

The aim of this toolkit is to provide organizations with common practical M&E tools for the GBV LCRP indicators which will increase the harmonization and accuracy of reporting against indicators by appealing NGOs and UN agencies. This will further allow for better documentation and analysis on the services being provided and existing gaps to continually reflect on resource allocation to better meet needs. The toolkit particularly focuses on output related measurements to improve reporting on the output indicators and thus contributing to the overall goal of the GBV Working Group strategy. Currently, quantitative data is being reported accurately and targets are being reached, however there is little reporting on outcomes. As such, this toolkit provides guidance on four particular indicators:

- Outcome of empowerment of women and adolescent girls participating in GBV activities
- Change in knowledge of trained GBV actors and non-GBV actors
- Change in knowledge and attitudes of trained community leaders
- Summary of action taken to increase safety

The toolkit is designed very simply in order for organizations with varying capacity for M&E to use it. The toolkit also provides recommendations for sampling, data collection and analysis. It doesn't recommend complicated database to run the analysis, counting can be done manually using a calculator or with a simple excel spreadsheet. Instructions are clear and simple, without complex terminologies, for staff with no background in M&E or data to use the toolkit.

Toolkit Development

The development of the toolkit began with a literature review of existing GBV M&E tools, both of international guidance and tools and those in use by members of the GBV TF in Lebanon. The toolkit was developed in a participatory manner, through engaging all GBV TF members. In particular, it was essential to meet with the individual organizations to understand current M&E systems and tools as well as available human resources and capacity for broader M&E. A set of questions was prepared for the meeting asking for challenges in reporting the LCRP indicators, data collection from the field and its storage in an electronic database (Annex 2). Bilateral meetings were conducted with ten organizations (Annex 3) to understand the challenges in reporting, the M&E tools available, the structure of the GBV department and the activities implemented.

Findings

The capacity and organization of GBV programs/departments varies from one organization to another, but consistently few organizations have an M&E staff responsible for GBV related tools development, information collection, and reporting. Most organizations reported that typically M&E tools are developed by the project coordinator or communicated by third party institution which are then adapted to context and needs. For organizations with cross-sector M&E teams, GBV programs are modestly being supported; the M&E team review tools developed by the department, assist in survey implementation, and analysis. However, across organizations, M&E tools are mainly designed to respond to reporting requirements from donors and HQ, rather than to consistently measure program impact over time.

The structure and size of the GBV team/program determines the flow of data from the field and centers to national level. The majority of organizations have a small GBV teams with a limited knowledge on data gathering and analysis. Data is collected by field staff (e.g. social worker, health worker, reporting officer) and then sent to the head of the program for reporting. When an M&E officer is part of the GBV program, s/he is responsible for data collection and reporting.

Data collection mainly occurs manually in paper form with additional storage in a simple excel database. The database gives its user a general overview of the data variation over time, but there is limited analysis built into neither the system nor the practice of reviewing data.

Organizations are using different methods to measure the quality of their activities and their outcomes, including focus group discussions or questionnaires at the end of activities to understand how participants found the activity, facilitator, and suggestions for changes in the future. There is less being done on the actual outcome of these activities on the empowerment, well-being, or emotional state of participants. Only three of the organizations interviewed use surveys to measure the impact of their activities with women and adolescent girls. Complaints mechanisms are in place through complaint boxes at centers and collection of sealed complaints envelopes. Organizations report that they review and discuss any complaints received in order to address the issue.

Organizations engaged in capacity building, particularly delivering trainings, indicated that pre- and posttests are used to measure the knowledge gained by participants. A few organizations conduct follow up through coaching or one-to-one meetings with staff to support ongoing development of skills and knowledge gained from trainings. However, there is limited documentation of the knowledge or skills that have been retained or developed.

All organizations report regularly evaluating their projects. In addition to final evaluation reports, often a mid-term evaluation is conducted, depending on the duration of the project. Both types of evaluations focus on the outcomes and indicators for the projects, the lessons learned and best practices.

Constraints to M&E

Several themes of constraints in M&E came up during meetings that should provide the framework for this toolkit to be successfully implemented.

Limited Human Resources & Capacity: For all organizations, there are limited human resources available to implement additional M&E that goes beyond regular monitoring. In particular, this was expressed related to the implementation of follow-up surveys and data analysis. The majority of organizations don't have an M&E staff dedicated for GBV programming, as such project staff are conducting M&E activities (development of tools, collection of information, analysis and reporting) with varying levels of capacity and comfort. Additionally, it was expressed that there are limited resources available for more advanced data collection or analysis beyond paper forms and simple excel databases. However, all organizations expressed interest in building this capacity and expanding human resources should financial resources be available.

Lack of Standardization in Activities and Approaches: The definitions of activities are not standardized across all organizations. In particular, when considering activities related to empowerment or developing coping mechanisms, organizations have different approaches in terms of how long they are engaging communities, what activities are being implemented, and what the expected results are. As such, the development of tools to measure this outcome must be general enough to capture the range of activities and interventions while also being specific

to the ideas of empowerment and increased safety. Similarly, trainings are often tailored to a particular organization, approach, project scope, or time frame.

Simultaneously, topics covered within the same training objective (e.g. GBV Core Concepts) vary from organization to organization. This makes the follow up on general knowledge and skills improvement more difficult, particularly when compiling increases in knowledge and capacity across organizations. In some cases, organizations 'outsource' trainings for their staff through training institutes that do not conduct any follow up or coaching.

Staff Turnover Impacts Long Term Capacity Building: High turnover of staff makes it difficult to measure the knowledge and skills gained over a prolonged period of time. Additionally, this staff turnover impacts longer-term engagement with communities as there is often a period of trust building that must take place prior to re-commencing activities, particularly with case management and emotional support activities.

Frequent movement of refugees hampers longer-term follow up: Frequent movement of refugees within Lebanon and resettlement in other region makes it difficult to measure outcome of a project and to fully understand how communities are affected. In some cases, communities do remain in the same location, while in others, families or whole communities move due to eviction, work, marriage, and other such reasons. There is, thus, a need to be flexible with identifying sample sizes that will allow for follow up but may be smaller than ideal.

With small amounts of funding available for GBV projects, evaluation activities (such consideration designing and implementation of baseline and end line studies, measure of outcome) are not budgeted for. The fund determines the staff number and job title.

A high percentage of beneficiaries are illiterate. Therefore any survey with beneficiaries should be conducted by staff (not self administrated).

Since GBV is a sensitive issue, it is difficult to conduct a baseline questionnaire with women adolescent girls and boys on the first day of activities. Baseline should be conducted after 3 sessions/ meetings with the beneficiary.

Conclusion

To meet the challenges and constraints, the M&E toolkit has been designed simply and has focused on the areas of overlap that exist within current programming, particularly in terms of definitions and understanding of activities. The toolkit will focus on measuring the following result areas that directly link to indicators in the GBV LCRP and overall goals of GBV programming in Lebanon:

1. Knowledge of women and adolescent girls on GBV and available services (Tool 1, LCRP Indicator 3.1.5 % of women and girls accessing safe spaces reporting feeling empowered)
2. Skills and knowledge of trained GBV/ non GBV actors (Tool 3, LCRP Indicator 1.3.5 # of institutional actors trained who demonstrate increased knowledge of GBV)
3. Summary of action taken to increase safety (Tool 4, Output 2.A % of women and girls who report feeling safer, based on actions taken within their communities in the past 6 months

For each indicator, a tool describes the subjects to be tackled for each indicator, the process of implementation, and method of data analysis.

Furthermore, it is recommended that the sector further explores additional capacities within M&E:

- Developing a standard guideline for GBV activities, where it is clear the purpose of the activity, the minimum requirements for the implementing staff (essential training on specific knowledge and skills), and the role of the staff toward the community / survivors.
- Recruiting M&E staff dedicated to support the GBV programming and/or building capacities of staff department on M&E (data analysis, survivor-centered approaches for data collection, etc)
- Budget for evaluations related to impact and outcomes by conducting baseline and end line surveys.

Toolkit

Within the GBV LCRP logic framework (see Annex 1), some output indicators are all direct reporting

based on participation and registration (=Count). As such, different organizations can use their own methods for tracking this information. However, having clear agreement on the definitions of each indicator is critical to accurate reporting. Organizations should review the definitions of each indicator and ensure that tracking adheres strictly to the definition provided. It is also critical to avoid double counting of beneficiaries – e.g. if a woman came to a psychosocial support activity in January and again in February, she will only be counted once in January. Reporting should focus on additional new users each month.

For specific output indicators in the LCRP, tools have been designed for four of them, while the fourth tool looks at better documentation of action taken to increase safety to improve collective response.

Tool 1: Knowledge of women and adolescent girls on GBV and available services (LCRP Indicator 3.1.5 % of women and girls accessing safe spaces reporting feeling empowered)

Note: this tool could also be used as a means to evaluate programming and make necessary adjustments in activities or interventions.

Organizations should consolidate information on a monthly basis so the information can be reported on in Activity Info on a quarterly basis. Organizations can summaries the information in a method or format that is most useful for their data systems and for improved programming.

Participants:

Participants for the focus group discussion should be people who have participated in

- group of women (8-10 max) who frequently participated in activities and sessions including community mobilization activities (minimum attendance is 70% of sessions).
- group of AGs (8-10 max) who frequently participated in activities and sessions including community mobilization activities (minimum attendance is 70% of sessions).

Women or AG who attended one awareness session or one community event should not participate in the focus group discussion

Method used: Focus group discussion

Occurrence: at the end of a cycle of activities (e.g. end of specific PSS or life skills curricula) or when the organization is leaving the community (e.g. end of mobile activities in a location). The usage of this tool will vary according to activities in locations but should be administered once in a community based on the activities or

Facilitator: the facilitator should be someone who has not been always in direct contact with the women and girls, but also someone familiar to them and who is well aware of the program. For example, this could be an Officer/Senior Officer/Social Worker who has regularly visited the site and thus known in the community yet was not the person facilitating activities on a daily basis.

A note taker should be present with the facilitator. The note taker should keep record of how many beneficiaries answered every question. In particular, the note taker should capture results of the outcome question – the total should add up to the total number of participants in the FGD.

Identification of participants:

When seeking participants, the facilitator/staff should inform the participants of the objective of the FGD explaining the following: *As you know, we have finished X activity in your community and we would like to have a better understanding of your experience with the activities and the sessions conducted, so we are able to better enhance our activities and programme to ensure we are meeting your needs to the extent possible We would like to invite you to a session in which we can discuss this in it. The session will be around 30 minutes to an hour. It will be conducted in X location at Y time.*

TOOL 1:

Introduction: Welcome the participants and introduce yourself as a facilitator and the note taker; when introducing the note taker mention that he/she will be writing down participant's answers. Then do around of names so that everyone is introduced to each other. Explain for the participants that you are asking for names just to facilitate the discussion but that all responses will be anonymous and confidential. The discussion should take place in a safe and private space.

For the outcome questions, depending on the group this could be measured through a show of hands, through asking for individual responses, or through an activity (having participants move to one area or another based on their response). The methodology will depend on the group and facilitator but it is important to have a breakdown of responses by individual for the outcome questions.

Introduce the purpose of the survey: **Say**: You have participated in your last activity *and we would like to have a better understanding of your experience with the activities. We would like to ask you a few questions; please feel very free to be honest. And you do not have to answer any question if you do not want to. Is it ok if we continue?*

Once all the participants have provided consent, proceed with the questions:

1. Activities: *first, we would like to know more about your experience with the activities you have participated in.*

- Can you tell us about the activities you have been involved in?
- Were you involved in the design or selection of the activities in any way?
- What made these activities good in your opinion?
- What do you think could have been changed?

Ask any follow up questions related to this, particularly about quality of services rather than quantity that will be relevant for your programming.

OUTCOME QUESTION: Overall, do you think the activities have been important/relevant/appropriate for you?			
Yes	No	Undecided	Total

2. Information, resources, and knowledge: next, we would like to understand if you have gained any information, resources or knowledge through these activities.

- Do you feel you have gained more knowledge or information about subjects you needed (e.g. health, nutrition, home accidents, etc)? If yes, what? If not, why not?
- Do you feel you have gained more information about available services from participating in the activities / sessions? If yes, what? If not, why not?
- Do you feel like you have more resources to cope with the environment around you? If yes, what? If not, why not?

Ask any follow up questions related to this that will be relevant for your programming.

OUTCOME QUESTION: Overall, do you feel like you have gained information or knowledge through the activities you have participated in?			
Yes	No	Undecided	Total

3. Supportive networks/friendships: now, we would like to understand whether activities have had any impact on your support networks or friendships.

- Prior to participating in activities, what was your support network like? And how has that changed?
- Since participating in activities, do you feel like you have developed more friendships or people you can turn to for support? If yes, how? If not, why not?

Note: If this question needs explanation/probe, the facilitator could ask: *now, if you wanted to share something personal (positive or negative), do you feel like you have someone you could talk to?*

OUTCOME QUESTION: Overall, do you feel like participating in these activities has allowed you to develop more support networks or friendships?			
Yes	No	Undecided	Total

4. Household decision making: now, we would like to understand whether activities have had any impact on your household decision making.

- Prior to participating in activities, did you have any say in household decision making?
- Since participating in activities, do you feel like this has changed? If yes, how? If not, why not?

OUTCOME QUESTION: Overall, do you feel more confident in participating in household decision making?			
Yes	No	Undecided	Total

5. GBV knowledge/information: now, we would like to understand whether these activities have had any impact on your knowledge or information related to GBV.

- Prior to participating in activities, what did you know or believe about GBV?
- Since participating in activities, do you feel like your knowledge or information has changed? If yes, how? If not, why not?

OUTCOME QUESTION: Overall, do you feel like your knowledge/information on GBV has increased through participation in these activities?			
Yes	No	Undecided	Total

6. Available services: now, we would like to understand whether these activities have had any impact on your knowledge and awareness of services available for GBV or those at risk.

- Prior to participating in activities, did you know of any services available for GBV? If yes, what?
- Since participating in activities, do you have any more information on services available for GBV survivors or those at risk? If yes, what?

OUTCOME QUESTION: Overall, do you feel more confident in participating in household decision making?			
Yes	No	Undecided	Total

7. Services/support seeking: now, we would like to understand whether these activities have had any impact on the way in which you may seek help or support for violence or advise your friends or family members to see support.

- Prior to participating in activities, would you have sought support or advised a friend a friend/family member to seek support for GBV or other issues?
- Since participating in activities, do you feel like you have changed in terms of whether you would seek support or advise someone you know to seek help? If yes, how? If not, why not?

OUTCOME QUESTION: Overall, do you feel like participating in these activities has increased how or if you would seek services or advise someone you know to seek services?			
Yes	No	Undecided	Total

8. Overall: lastly, we would like to understand the overall impact of the activities for you.

- Overall, has your participation in these activities had any impact for you? If yes, what? If no, why not?

OUTCOME QUESTION: Overall, what has been the impact of your participation in these activities?			
Yes	No	Undecided	Total

The note taker should be sure to document:

Date, location, total number of participants, nationalities, name of facilitator, name of note taker

Tool 2: Skills and knowledge of trained GBV/ non GBV actors (LCRP Indicator 1.3.5 # of institutional actors trained who demonstrate increased knowledge of GBV)

Organizations should consolidate information on a monthly basis so the information can reported on in Activity Info on a quarterly basis. Organizations can summarize the information in a method or format that is most useful for their data systems and for improved programming.

Tool 2 is conducted on 3 phases: pre test, post test and follow up survey.

The pre- and post- tests measure the participant's gained knowledge during the training itself. The follow up survey measures the retained knowledge and whether this has had any influence of the activities on the participant's daily life and decisions. The questions included are the core questions that should be included for any training, however, additional questions can and should be added based on the particular topics being covered.

Participants:

Participants are staff from different sectors participating in a training focusing on GBV core concepts, safe referrals or other related topics.

For the post-test and follow up test, participants should have attended at least 70% of the training.

Method used: Self administrated

The Pre and Post Test are distributed during the training and the follow up survey can be sent via email or any other online survey tool.

Occurrence:

- Pre-test at the beginning of the training - first session
- Post - test at the end of the training - last session
- Follow up survey one month after the training via email

TOOL 2 – Pre-Test / Post-Test:

Introduction: Welcome the participants and introduce yourself as a facilitator

Introduce the purpose of the test: *As you know, we are about to start the training [TOPIC], we would like you to answer the following questions in order to help us understand your knowledge of GBV, so we can modify the activities based on your needs. This test will be followed by a post- test which will take place on the last session.*

Once all the participants have provided consent, proceed with the questions:

			Correct Answer
1. Test Type	☐ Pre-test	☐ Post-test	
2. Date:			
3. Which of the following are the guiding principles for GBV actors/ service providers (select all that applies)	☐ Safety		True
	☐ Confidentiality		True
	☐ Respect of the survivor wishes		True
	☐ No discrimination		True
	☐ There are no guiding principles		False
4. Which of the following criteria are required for informed consent (select all that applies)	☐ No criteria is needed, just when the person says yes		False
	☐ All information are provided		True
	☐ Both parties are above 18 years		True
	☐ Balance of power between both parties		True
	☐ The person is mentally sound		True
5. Where can women, adolescent girls and boys be exposed to GBV?" (select all that applies)	☐ Home		True
	☐ School		True
	☐ Workplace		True
	☐ Public toilets, dark places, road		True
	☐ Health facility, religious places, municipality		True
	☐ None of the above		False
For question 6 till 11, please select the correct answer, if you don't know the answer please leave it blank.			
6. School, neighbors or the community centers are examples of social networks		☐ True ☐ False	True
7. All GBV survivors feel guilty and ashamed		☐ True ☐ False	False
8. Only women are survivors of GBV		☐ True ☐ False	False
9. In some communities, Men are taking decisions without involving women is due to defined gender roles		☐ True ☐ False	True
10. Some survivors are to blame for being abused because they provoked the abuser with their inappropriate behavior or the way they dress		☐ True ☐ False	False

11. Decisions taken by GBV survivors should always be respected	☐ True ☐ False	True

Analysis: Facilitator counts the correct answers given by each participant. Participants who have less than 50% of their answers incorrect are allocated to group 0. Participants who have 50% or more of their answer correct are allocated to group 1.

Group 0: Number participants having less than 50% of their answers correct	Group 1: Number participants having at least 50% of their answers correct

Another method of analyzing the answers is by giving a score for each participant based on his answers.

Each correct answer is scored 1; incorrect answer or no answers are scored 0. The more the score is high the more the participant has knowledge. This method requires having an identification number for each participant.

TOOL 2: Follow up survey

Identification of participants:

It is recommended that the follow up survey be sent via email. The email should be communicated to all participants who have attended at least 70% of training. It is recommended that supervisors of the participants are kept on copy of the follow up survey to ensure responses and not for the purposes of gained knowledge.

Number of participants

At least 30% of participants have replied to the email

Introduction: you have attended a training on [TOPIC] on the [DATE]. We would like you to answer the following questions, to measure the outcome of the training.

			Correct Answer
3. Test Type	☐ Pre-test	☐ Post-test	
4. Date:			
3. Which of the following are the guiding principles for GBV actors/ service providers (select all that applies)	☐ Safety		True
	☐ Confidentiality		True
	☐ Respect of the survivor wishes		True
	☐ No discrimination		True
	☐ There are no guiding principles		False
	☐ No criteria is needed, just when the person says yes		False

4. Which of the following criteria are required for informed consent (select all that applies)	☐ All information are provided	True
	☐ Both parties are above 18 years	True
	☐ Balance of power between both parties	True
	☐ The person is mentally sound	True
5. Where can women, adolescent girls and boys be exposed to GBV?" (select all that applies)	☐ Home	True
	☐ School	True
	☐ Workplace	True
	☐ Public toilets, dark places, road	True
	☐ Health facility, religious places, municipality	True
	☐ None of the above	False
For question 6 till 11, please select the correct answer, if you don't know the answer please leave it blank.		
6. School, neighbors or the community centers are examples of social networks	☐ True ☐ False	True
7. All GBV survivors feel guilty and ashamed	☐ True ☐ False	False
8. Only women are survivors of GBV	☐ True ☐ False	False
9. In some communities, Men are taking decisions without involving women is due to defined gender roles	☐ True ☐ False	True
10. Some survivors are to blame for being abused because they provoked the abuser with their inappropriate behavior or the way they dress	☐ True ☐ False	False
11. Decisions taken by GBV survivors should always be respected	☐ True ☐ False	True
Overall, what has been the impact of your participation in these activities?		
12. Since participating in the training, I have made changes to improve gender equity in my surrounding	☐ Yes, absolutely ☐ Neutral ☐ No, not at all	
11. Since participating in the training, I have shared information about GBV at my workspace, family, community	☐ Sharing all information ☐ Sharing some information ☐ Not sharing information	
12. Since participating in the training, I have reviewed GBV material at least one time in the last month	☐ Yes ☐ No	
13. Since participating in the training ,I am promoting for non violent communication in my surrounding	☐ Yes, absolutely ☐ Neutral ☐ No, not at all	

Analysis:

For questions 1 to 10 facilitator counts the correct answer given by each participant. Participants who have less than 50% of their answers incorrect are allocated to group 4. Participants who have 50% or more of their answer correct are allocated to group 5.

Group 4: Number participants having less than 50% of their answers correct	Group 5: Number participants having at least 50% of their answers correct

By comparing the number of participants in group 1 (pre test result), group 3 (post test result) and group 5(follow up survey), the facilitator can identify the percentage of people who have increased knowledge on GBV

Another method of analyzing the answers is by giving a score for each participant based on his answers. Each correct answer is scored 1; incorrect answer or no answers are scored 0. The more the score is high the more the participant has knowledge. The comparisons of each participant's score calculated at pre test, post test follow up survey indicate the changes in knowledge for each participant. This method requires having an identification number for each participant.

QUESTION 11		
Yes, absolutely	Neutral	No, not at all
QUESTION 12		
Sharing all information	Sharing some information	Not sharing information
QUESTION 13		
Yes	No	
QUESTION 14		
Yes, absolutely	Neutral	No, not at all

Tool 3: Summary of Action Taken To Increase Safety

**Note: this tool is referred to "Summary Tool" throughout the below guidance for the purpose of condensed terminology.*

Tool 3 is intended to capture outcomes from a summary of action taken to increase safety done in communities. Results from tool 4 will be used to report against the LCRP Output 2.A % of women and girls who report feeling safer, based on actions taken within their communities in the past 6 months.

For coordination purposes, organizations should consolidate information on the summary tool outcomes on a monthly basis so the information and recommendations can be shared in GBV working groups at field level and other relevant sectors on a quarterly basis. For reporting purposes, information will be reported on in Activity Info on bi-annual basis.

Participants: Participants are women, men, community leaders or other community members, depending on the organizations target group (regardless of sex and age).

Method used: The tool should be administered between 3 – 6 months of the organizations presence within a community. Throughout the 3- 6 months, inputs from the summary tool should be tracked for the purposes of documentation, follow up and reporting. If referrals are made based on the findings of the summary tool, the outcomes from these referrals should be documented to inform and strengthen the response between the GBV sector and other sectors.

Occurrence: Organizations should use and implement their internal safety audit/safety assessment tools (Annex 4); prior to filling out the summary tool. Organizations should complete the entire summary tool table in one visit. The frequency of reporting of the summary tool on Activity Info is on bi-annual basis. Organizations should be prepared to share general trends and findings in quarterly working group meetings.

TOOL 3: Summary of Action Taken to Increase Safety

Duration Covered: Jan – Jun/Jul - Dec

Date of Summary of Action Taken To Increase Safety	Location	P-code	Type of Location	Main findings	Actions taken (based on the main findings identified, has action taken place?)	Feeling Safer (do you think the action taken made you feel safer?)	Safety Response (do you feel the environment is more responsive?)	Referrals For (based on the main findings. What was the community referred for?)	Referrals To	Referral Outcomes	Time period of Response
Day-month-year	Caza, Location name		ITS Collective Shelter Rented Apartment/House Garage Warehouse Other	Persons with Specific Needs Fraud/Corruption Health GBV Eviction / Eviction Threat Child Protection Shelter (No Eviction) WASH Basic Needs / Targeted Assistance Other	Intervention by own organization Referral Community advocacy None (why?)	Yes No Undecided		Persons with Specific Needs Fraud/Corruption Health GBV Eviction / Eviction Threat Child Protection Shelter (No Eviction) WASH Basic Needs / Targeted Assistance Other	Organization or service provider name	Pending Addressed Not Addressed	0-3 days 4-5 day 6-14 days 2 weeks - 1 month More than 1 month No response

Annex 1: LCRP indicators

Cross-cutting Indicator Key:	GBV	GBV/CP	GBV/CP/PRT

Outcome 1: Women, men, girls and boys in all their diversity have their fundamental rights respected and access to an effective justice and protection system.					
ID	Indicator	Unit	Description/Definition	MoV	Frequency
F	Percentage of women, men, boys and girls aged 15-49 who state that a husband is justified in hitting or beating his wife	%	GBV: Standard MICS indicator used to assess the attitudes of persons age 15-49 towards wife beating by asking the respondents whether husbands are justified to hit or beat their wives in a variety of situations, including (i) goes out without telling him, (ii) neglects the children, (iii) argues with him, (iv) refuses sex with him, and (v) burns the food. The purpose of these questions are to capture the social justification of violence (in contexts where women have a lower status in society) as a disciplinary action when a woman does not comply with certain expected gender roles.	MICS 2023	Every 2 years
Output 1.2: Women, men, girls and boys in all their diversity have access to legal counselling, assistance and representation on matters of legal residency, civil documentation, housing land and property, GBV and child protection					
ID	Indicator	Unit	Description/Definition	MoV	Frequency
1.2.3	Number of persons who benefitted from legal counselling, legal assistance and legal representation on issues of GBV	Indiv	GBV: The counselling must be targeting survivors and those at riks of GBV. Activities include counselling/information, legal representation, representation in courts, administrative bodies or dispute resolution mechanisms. The indicator is reported on monthly basis and calculates individuals excluding matters of marriage and divorce. Disaggregated by nationality, age, sex, disability and type of legal assistance provided.	ActivityInfo reporting by partners; project monitoring reports	Monthly
List activities under this output 1.2 Activity 1: Legal Counselling Activity 2: Legal Assistance and Representation (GBV) Activity 3: Dispute Resolution Mechanisms Activity 4: Detention Interventions					
Output 1.3 Protection and legal frameworks are strengthened and barriers to accessing legal procedures are addressed					
ID	Indicator	Unit	Description/Definition	MoV	Frequency

1.3.5	Number of institutional and civil society actors actors trained who demonstrate increased knowledge of GBV	Actors	GBV: Indicator measures increased knowledge of GBV (e.g. law enforcement, governmental health actors) and non-SG institutional actors on core concepts (such as terminology, guiding principles) through pre-test, post-test (to measure the knowledge gained) and follow-up survey (to measure the retained knowledge after one month and the influence on participant's decisions making, ability to mitigate the risks, ability to provide quality services). To be collected monthly for quarterly reporting on participants having attended at least 70% of the training sessions.	GBV WG M&E Toolkit - Tool 3, partners' training reports	Quarterly
1.3.6	Number of GBV related policies, strategies, plans, guidance revised, developed, endorsed and operationalized	Doc	GBV: All GBV tools aiming at supporting/guiding/harmonizing the national capacities revised, developed and endorsed. This can include national strategies, curricula, SOPs, toolkits, checklists etc.	GBV WG reports; partner reports; administrative decisions, and policies/tools produced	Bi-Annually
1.3.7	Number of local organizations and MoSA SDCs supported to provide quality services	Org	Targeted local organizations and SDCs are supported in terms of infrastructures, staffing, equipment, materials, operational and structural capacities. Transfer of capacities is organized according to specific and comprehensive curricula, including technical and management skills such as establishing organigramme, implementing financial rules and regulations, reinforcing drafting skills for reports and proposals etc. (ad hoc investment excluded). This indicator will be disaggregated by SDC vs. local organizations in ActivityInfo.	Partner reports;	Quarterly

List activities under this output 1.3
Activity 1: Registration and verification
Activity 2: Capacity building and training of national and institutional actors
Activity 3: Generation of evidence and research to support advocacy (research publications, briefings, reports on protection issues published and disseminated)
Activity 4: Support to local organizations, grassroot organisations (incl. women and youth-led), MOSA SDCs to strengthen capacities to prevent and response to CP, GBV, PRT issues
Activity 5: Provide technical and financial support in the development and implementation of national strategies and plans
Activity 6: Support to expansion of GBVIMS implementation
Activity 7: Support the development of policies, procedures, training manuals, guidance to support the implementation of CP/GBV and strengthen application of existing laws and strategies
Activity 8: Border and protection monitoring

Outcome 2: Women, men, boys and girls in all their diversity are safe, empowered and supported in their communities.

ID	Indicator	Unit	Description/Definition	MoV	Frequency
A	% of women and girls who report actions taken in their communities in the past 6 months that made	%	GBV: Indicator will be measured through 1-2 questions in KAP survey and through regular monitoring of safe spaces through FGD in intervention areas. Questions will evaluate whether women and girls, including with disabilities, are able to report at least one intervention taken in their communities	KAP survey and FGD; Tool 4 of the GBV toolkit	

	them feel safer (dissagregated by disability and age)		that made them feel safer. Communities are defined as places where individuals live, work and/or convene.		
Output 2.2: Women, men, girls and boys in all their diversity including community influencers are engaged in social and behaviour change on matters of equality, GBV and child protection in their community.					
ID	Indicator	Unit	Description/Definition	MoV	Frequency
2.2.3	Number of women, girls, men and boys who participate in targeted gender equality and empowerment activities in safe spaces or at community level as part of GBV prevention programs	Indiv	GBV: This includes sensitization on GBV, SRH, menstrual hygiene management, women's rights, gender existing legal framework related to GBV/gender, PSEA conducted within safe spaces or at community level, information sessions, distribution of dignity kits, safety audits conducted at community level, participation in community-based committees on GBV. This requires a discussion/interaction with participants (no mass information and/or leaflet distribution). This indicator will be disaggregated by sex/age.	ActivityInfo	Monthly
List of activities under output 2.2 Activity 1: Enhance knowledge and skills of rights holders (girls, boys, men and women) to address key CP/GBV issues (i.e. WFCL including CAAC/V and violent discipline in homes, schools and community, child marriage and domestic violence), including through child-focused activities, community level dialogues and communication and information campaigns (including local level advocacy efforts led by community/religious organizations) Activity 2: Build and strengthen capacity of duty bearers; care givers, influential, "gatekeepers" and informal leaders (religious leaders, community leaders, including female leaders) and community-based groups, peer to peer groups so that they actively promote child protection activities. Activity 3: Implement Community Based CP programs for children Activity 4: Implement Caregivers Support Programs Activity 5: Implement Social and Behavioral Change "Qudwa" initiatives and activities, at the community level including engagement with community members, influencers, families, women, men, adolescent (girls and boys) and children Activity 6: Support to existing local community groups, networks, and influencers to apply gender-sensitive and non-discriminatory social normsand to raise awareness against GBV Activity 7: Awareness raising and capacity development of gatekeepers and community leaders on GBV and gender-sensitive social norms Activity 8: Distribution of dignity kits and community engagement around GBV and gender equality within safe spaces and at community level				
Output 2.3: Known, accessible and responsive complaint and feedback, protection against sexual exploitation and abuse (PSEA) and child safeguarding mechanisms are in place.					
ID	Indicator	Unit	Description/Definition	MoV	Frequency
2.3.1	Number of sector partners reporting that Codes of Conduct (specifically covering SEA) are signed by all staff (SADD)	Partner	output 2.3 SEA	Annual survey / CFM mapping	Yearly

2.3.2	% of persons reporting in complaint & feedback mechanisms who are female, children, older persons or living with a disability	Partner	This requires partners to report on the number of complaints and feedback (incl. requests for assistance) the partner has received in the quarter. This would be disaggregated by age and gender and where possible disability. There will also be an option for where no information was provided (N/A). This includes the following complaint and feedback channels: hotline, complaint box, emails. To add disclaimer that more than one individual may call an organization therefore it will not necessarily be the number of unique beneficiaries.		Quarterly
2.3.4	Number of children and adults reached through awareness raising activities and community mobilisation interventions on PSEA.	Partner	This indicator includes beneficiaries that for the first time received any Awareness-raising activities or Community mobilization and consultation on PSEA including activities such as community dialogues, community mobilization campaigns, consultations to establish reporting and referral mechanisms, focus group discussions, etc.	Activity Info, Partner reporting	Monthly
2.3.5	Number of sector partners with CFMs established that are linked to the IA CBCM-PSEA	Partner		CFM mapping 2022	Yearly
List of activities under output 2.3 Activity 1: Support to raise awareness of IA CFM SOP and PSEA mechanism among partners in close coordination with IA PSEA network Activity 2: Training on AAP, PSEA, Child Safeguarding Activity 3: Referral monitoring					

Outcome 3: Women, girls, men and boys in all their diversity live with dignity and are resilient to shocks

ID	Indicator	Unit	Description/Definition	MoV	Frequency
A	Percentage of persons referred for protection services whose referral was 'successfully accepted'	%	Percentage of persons referred, provided with services under the categories of the Inter-Agency Referral Database, e.g.: Legal, Persons with Specific Needs, etc.), and whose cases were 'successfully accepted'. This indicator will be disaggregated by age group, sex and disability.	Inter-Agency Tracking System through ActivityInfo = [Referrals accepted and successfully closed, all sectors] / [Total referrals to all sectors]	Quarterly
B	Percentage of persons receiving protection and emergency cash	%	Objective: This indicator captures the percieved impact of protection cash provided by partners. This requires reporting in the database on the denominator: total number of surveyed individuals reached through outcome monitoring; numerator:	Activity Info, Partner reporting	Quarterly

	assistance who report it contributed to addressing their protection risk/incident		total number (of the overall number) who said cash contributed to addressing a protection risk/incident.		
G	Percentage of women (20-24) married before 18	%	Standard MICS indicator on Child Marriage targeting women aged 20-24 married before age 18. The indicator will be measured every two years. By 2018, a reduction of 12% of the baseline in targeted communities is expected. By 2020, a reduction of 20% in targeted communities is expected.	MICS 2018, 2021	Every 2 years
Output 3.1: Protection, Child Protection and GBV case management, psychosocial support, protection cash and other specialised services are available, accessible, safe and informed by women, men, girls and boys in all their diversity.					
ID	Indicator	Unit	Description/Definition	MoV	Frequency
3.1.5	Percentage of women and girls accessing safe spaces reporting feeling empowered	%	Indicator measures increased feeling of empowerment of women and adolescent girls accessing mobile or static safe spaces (including women and girls with disabilities) as defined in the GBV TF checklist (participants of punctual awareness session or community event to be excluded). Empowerment looks at help seeking behaviors/participation/decision making/knowledge of rights/self esteem/interpersonal skills/information self protection. Method used is a set of questions asked to groups of 8-10 women/adolescent girls at the end of a structured curriculum. To be collected monthly for quarterly reporting on participants having attended at least 70% of the sessions.	GBV WG M&E Tool - Tool 1; Partner reports	Quarterly
3.1.6	Number of women, girls, men and boys accessing GBV services in safe spaces	Indiv	Services include age appropropted groups MHPSS, focused and non-focused, life skills and training sessions, age appropriate case management the referral to specialized services including CMR, legal assistance), individual psychological counselling, safe shelters options. Safe spaces are intended to be statics, mobile and virtual (sector will be provided exacter revised definitions for the types of safe spaces). Number includes individuals at risk and survivors. Not representative of the number of survivors or GBV incidents. This indicator will be disaggregated by sex, age and type of disability.	ActivityInfo	Monthly
3.1.8	Number of unique persons supported with protection cash or emergency cash.	Case	Number of unique beneficiaries (cases) per month who received support through cash programmes, i.e. emergency cash or protection cash. Reporting in 2023 for this indicator will be seperated in the database for emergency cash and recurrent protection cash assistance. This indicator will be dissgagreated by governorate, nationality, age group and sex.	ActivityInfo reporting by partners; cash issuance records.	Monthly

3.1.9	Percentage of persons receiving protection and emergency cash assistance who report receiving it safely	%	Objective: this indicator captures the extent to which receipt of cash was safe at each stage of travel/receipt and on the way home. It requires partners to report on: Denominator: total number of surveyed individuals through post distribution monitoring; Numerator: total number (of the overall surveyed number) who said they received cash safely. Disaggregated by governorate, age group and sex.	Activity Info, Partner reporting	Quarterly
3.1.12	% of individuals report that the transfer value is adquate to meet their protection need	%	This indicator helps the protection sector take evidence-based decisions about the appropriateness of the transfer value ceiling amount. This will be monitored by the sector to inform sector advocacy. See below guidance for support and to standardise data collection: TOOL: Question: To what extent was the amount of cash you received sufficient to meet your protection needs? Options: A. Adequate B. Somewhat adequate C. Inadequate D. Prefer not to answer NUMERATOR: Number of respondents that answer 'Adequate' or 'Somewhat adequate' DENOMINATOR: Number of respondents UNIT OF MEASURE: Percentage (%) DISAGGREAGATED BY: Nationality SUGGESTED DATA COLLECTION METHOD: Household visit or phone call SUGGESTED DATA SOURCE: Outcome monitoring or post-distribution surveys	Activity Info, Cash Partner reporting	Quarterly
3.1.13a	Percentage of PoC who are satisfied with GBV case management services	%	The indicator captures satisfaction from survivors of Gender-based violence (GBV) who have received GBV case management services. Feedback of survivors is key in determining the quality of GBV case management. This data also provides a general indication of respect for a survivor-centred approach within GBV case management programs. Numerator: # of survivors who indicated satisfaction with GBV case management services in client feedback surveys Denominator: # of survivors who completed the client feedback surveys To calculate the percentage value for this indicator please use the numerator and denominator identified, disaggregated by gender, age and disability.	ActivityInfo, GBVIMS, CM partners	Monthly

3.1.13b	# of GBV case workers by agency (at the end of each month)	#	Internal indicator which will allow the GBV WG to monitor case management standards	Partner reports in ActivityInfo	Monthly

List of activities under output 3.1
Activity 1: Provision of case management and referral to and provision of specialized services to boys and girls including adolescents at risk or subject to violence, neglect, abuse and exploitation
Activity 2: Provision of focused non-specialized PSS activities for high risk children and caregivers
Activity 3: Support for the Child Protection Information Management System including roll out,development of additional features, maintenance and equipments related costs, and support to national user NGOs
Activity 4: Case management (BID)
Activity 5: Provision of GBV case management adapted to age, gender, diversity
Activity 6: Provision of psychosocial support in static and mobile safe spaces for GBV survivors and women at risk
Activity 7: Provision of safe shelter options and safety measures,life skills building, and material assistance for GBV survivors and women at risk
Activity 8: Protection Cash (Emergency One-Off Assistance Cash / Recurrent Protection Cash)
Activity 9: Specialized Rehabilitation and assistance device services for persons with disabilities and older persons
Activity 10: Protection case management
Activity 11: focused and non-focused MHPSS

Annex 2: Questions for GBV TF Members

1. Name of organization:

2. Date & time

3. Staff present:

    □ GBV project/ program coordinator

    □ M&E staff

4. Do you report all indicators in the LCRP? Which indicators do you report?

5. What are the M&E tools you use for the reported indicators? (Have a copy or have a quick look at those indicators)

6. Among the indicators you are reporting, which ones are difficult to report? Why?

7. If we were to work on 4 indicators for the M&E toolkit, which ones do you think we should focus on?

8. Most of the LCRP indicators are quantitative, do you collect any qualitative data to measure change in behavior, knowledge attitude?

9. Does your project have an electronic database?

10. Do your beneficiaries have a unique ID?

11. How the data is collected from the field? (M&E officer, field officer, project assistance…data collected on tablet, paper…)

Annex 3: GBV TF Members Interviewed

Abaad

Caritas

Danish Refugees Council

Heartland Alliance

International Rescue Committee

INTERSOS

Kafa

Makhzoumi Foundation

Ministry of Social Affairs

UNICEF

UNHCR

UNRWA

Annex 4: Focus Group Discussion Example

FOCUS GROUP DISCUSSION

This tool is based on the IRC Community Mobilization Toolkit – GBV Assessment Tools and UNICEF Safety Assessment GBV, UNICEF HQ GBV resource pack, 2017.

A focus group is a small group of 10 to 12 people led through an open discussion by a facilitator. ***The focus group discussion approach may be used in place of community mapping for groups that are less suited or engaged in participating in collective mapping activities.***
In identifying participants, consideration should be given to the profile of the group members to reduce the risk of power inequalities based on status or role in the community, which can inhibit some participants to speak freely. Consideration should also be given to ensuring the discussions take place in private and safe spaces.

The team should ensure participants that all information shared within the discussion will remain confidential; The note-taker should not take down any information identifying or associating individuals with responses. Some of these questions are sensitive. You should take all potential ethical concerns into consideration before the discussion, considering the safety of respondents, ensuring that all participants agree that no information shared in the discussion will be divulged outside the group, and obtaining informed consent from participants. The group should be made of like members – community leaders, adult women, youth, adolescent girls, etc. and should not last more than one to one-and-a-half hours.

In order to increase acceptance and ensure that participants are not the targets of community suspicion, threats or violence, be sure to consider:

1. *If you do not feel it is safe to have this discussion, or that it may cause risk for staff or participants, do not proceed.*
2. *Link with outreach volunteers and local women leaders – formal and informal – during participant mobilization.*
3. *Where relevant, carry out focus group discussions with members of the host community and with men/boys, in addition to refugee women and girls*
4. *Ensure that staff members facilitating focus group discussions do not ask probing questions in an effort to identify the perpetrators of violence (ex, one specific sectarian group, armed group, or political party).*

Lead facilitator: this person is responsible for asking the questions and guiding the discussion. The lead
facilitator should have experience in facilitation of focus groups discussions and should be able to draw out discussions and observe group dynamics.
Note taker/ Process facilitator: this person is responsible for taking notes and recording the discussion.

GENERAL INFORMATION

Directions: *Fully complete this section in prior to the start of the session. Do not leave this section blank.*
Facilitator (Community Mobilizer):
Note-taker (if applicable):
Geographic region: Team: Mobile Static safe space
Date: Location/IS:
Sex of participants: ☐ Male ☐ Female
Number of participants:
Age of participants (select all categories that apply):
☐ 10-14 years
☐ 15-19 years
☐ 20-24 years
☐ 25-40 years
☐ Over 40 years

ESSENTIAL STEPS & INFORMATION BEFORE STARTING THE FOCUS GROUP DISCUSSION

Introduce all facilitators and translators

Present the purpose of the discussion:

- General information about the program
- Purpose of the exercise is to understand concerns and needs for women and girls
- Inform the participants that you may be conducting this exercise with other groups in the community to have a clear picture of the major risks to safety and security in this area.
- Explain that the information to will be used to work with the community to develop ways to reduce and protect each other from these risks.
- Tell the participants that you will return in share what you have learned and discuss community-based solutions and actions that our organization can take.
- Participation is voluntary
- No one is obligated to respond to any questions if s/he does not wish
- Participants can leave the discussion at any time
- No one is obligated to share personal experiences if s/he does not wish
- If sharing examples or experiences, individual names should not be shared
- Be respectful when others speak
- The facilitator might interrupt discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion

Agree on confidentiality:

- All the information that will be shared will remain confidential in this group and won't be share outside of this group.
- Do not share details of the discussion later, whether with people who are present or not
- If someone asks about the topic of the session, it's better to ask the group about what they would like to say if someone asks. It's really important for the facilitator to ask participants, build on their preferences and not to impose a specific answer.
- If someone is interested in the topic of the session, it's better to refer the person to the facilitator.

Ask permission to take notes:

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

QUESTIONS

A. We would like to ask you a few questions about the security of women and girls in the area you live in:

1. In this community is there a place where women and girls feel unsafe or try to avoid? (Day? Night?) What is it that makes this place unsafe?
2. Can you tell us more about how women and girls are being able to assure their needs? (food, house…)
3. What do women and girls do to protect themselves from violence? What does the community do to protect them?
4. What do others (community, GOL, NGOs) do to protect women and girls from violence?
5. Without mentioning names or indicating any one means, according to you which group(s) of women and girls feels the most insecure or the most exposed to risks of violence? Why? Which group(s) of women and girls feels the most secure? Why?
6. What are the factors that contribute to women and girls feeling safe? Unsafe? And why?

Optional questions

7. How do women earn money? Are girls working? Are there any threats to safety of women at work or asa result of working?
8. How do Girls earn money? Are girls working? Are there any threats to safety of girls at work or as a result of working?

B. We would like to ask you some questions about the services and assistance available in the area you live in:

9. Where do women and girls in the community go if they would like to express about their safety challenges and fears?
10. Is there any place women and girls can go to discuss problems together?
11. Do women and girls feel safe when accessing a service that exists in the community? If not, what threats are they subjected to for accessing each service provider?
12. From whom can women and girls seek assistance in case of a security problem?
13. Do women living without a man feel safe or not? How do they feel safe or not safe and why?
14. What could a woman or girl do after she has experienced violence? How might she seek help? *(ex. medical, legal, psychosocial, and/or help to prevent further violence)*
15. In your opinion, what could be done is this community to create a safer environment to women and girls? In case they were exposed to abuse or violence?

CONCLUDE THE DISCUSSION

- Thank participants for their time and their contributions.
- Remind participants that the purpose of the exercise is to understand concerns and needs for women and girls.
- Again, explain to the participants that you may be conducting this exercise with other groups in the community to have a clear picture of the major risks to safety and security in this area.

- Explain that the information to will be used to work with the community to develop ways to reduce and protect each other from these risks.
- Tell the participants that you will return in share what you have learned from discussion in the community.
- Remind participants of their agreement to confidentiality. Remind participants not to share information or the names of other participants with others in the community.
- Ask participants if they have questions.
- If anyone wishes to speak in private, respond that the facilitator and secretary will be available after the meeting.