

# Section 5

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**Annexes**

**Tools/Handouts**





# Annexes



# Tools Section

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## Chapter 1: Coverage exercise tool

### Sample coverage exercise

Remember, you must choose the profile information that is important for your own program.

	Male/female	Age	In school/out of school	Neighbourhood that you live in	Do you live with one or both of your parents?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					

In this coverage exercise tool you will learn about boys vs. girls, age, if they are in or out of school, where they live and with whom they live. You will not learn at what level they are in school, if they work, if they have children, and more. If you want to get different information, you will have to change the characteristics listed in this table.

## Sample coverage exercise—summary sheet

This table can be used to summarize the information collected with the coverage tool.

	Schooling status		Living status		Location*			
	In school	Out of school	One or both parents	Neither parent	Area 1	Area 2	Area 3	Area 4
Girls 10–14								
Girls 15–19								
Girls 20 +								
Boys 10–14								
Boys 15–19								
Boys 20 +								

\* Personalize this based on the area where you are working

## Chapter 3: Safety Scan Tools

### Safety by time of day

Fill out where you are during all 24 hours of the day. Then next to each time slot, check off one of the three columns.

Hour	Place		<i>I never feel safe there</i>	<i>I always feel safe there on my own</i>	<i>I feel safe there if ... (fill in the condition)</i>
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
12:00 pm					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					
11:00 pm					
12:00 am					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
			Total hours:	Total hours:	Total hours:

### Safety in different places in the community

Places	<i>Never feel safe</i>	<i>Always feel safe</i>	<i>Sometimes feel safe</i>
Market			
School			
Home			
Police station			
Church, mosque			
Clinic			
Bus station			
Friend's home			

### Safety accessing services and opportunities

For situations where you sometimes feel safe, indicate what would make you feel safer.

Situation	<i>Always safe to use, access</i>	<i>Sometimes safe to use, access</i>	<i>Never safe to use/ access</i>	What would make it safer?
Taking public transportation				
Taking taxis				
Health service				
Going to school				
Going to the bank				
Going to the post office				
On a football pitch				
At the salon				
Church, mosque				

## Safety nets

In an emergency, do you have ...	Yes	No	Not sure	Comment
Five non-family female friends?				
A place to meet female friends at least once a week?				
Someone to turn to if you have a sensitive personal problem—your own or someone else's?				
Someone from whom you can borrow money?				
A safe place to stay for the night?				
Someone to turn to if you have a health problem?				
Someone to turn to if you have an economic problem?				

## Safety by season

Seasons that bring risk	Does the season bring risk? Why?	What can be done to reduce risk
Harvesting		
Rainy season		
Migration for work		
School fees are due		
Holidays		
School is in session		
Other (describe)		
Other (describe)		
Other (describe)		



### Safety by situation

Situations that bring risk	Does the situation bring risk? Why?	What can be done to reduce risk
Getting stopped by a policeman		
In a shop by myself		
Asking for a grade		
Being kept after school		
Negotiating to sell something		
Other (describe)		
Other (describe)		
Other (describe)		

### Safety by day

Days of the week	Times of the week I feel most <i>safe</i> and relaxed	Times of the week I feel <i>least</i> safe and relaxed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

# ASSET CARDS

Has own safe  
savings that  
can be  
accessed in  
an  
emergency

Has visited  
the nearest  
bank

Knows where  
the nearest  
bank is

Follows her  
spending  
plan

Has  
experience  
tracking her  
income

Follows her  
savings plan

Has someone  
to borrow  
money from  
in an  
emergency

Has  
experience  
tracking what  
she spends

Has  
experience  
or practices  
saving  
regularly

Understands  
the  
importance  
of saving

Knows what a  
savings plan  
is

Has a  
productive  
skill that earns  
money

Knows which  
savings  
options are  
available  
(both formal  
and informal)

Knows what  
the seasonal  
stresses/risks  
to her/her  
family's  
livelihood/  
income are

Has financial  
goals

Knows how  
to get more  
information  
about  
financial  
services

Follows her  
spending  
plan

Owens an  
asset that she  
could sell/  
rent to cover  
the costs of a  
sudden  
illness

Owens an  
asset that she  
could sell/  
rent to start a  
new  
economic  
activity

Understands  
the  
obligations of  
a loan

Knows what  
a spending  
plan is

Has the  
confidence  
to make  
independent  
financial  
decisions

Has enough  
savings to  
cover a  
week's worth  
of living costs

Has the  
confidence  
to use  
financial  
services that  
are available

Has enough  
savings to  
start a new  
economic  
activity

Has  
experience  
using  
financial  
services

Has  
experience  
discussing  
financial  
decisions  
with others

Knows about  
her  
menstruation  
and the  
related health  
and hygiene  
issues

Knows how  
and when to  
wash hands  
properly

Knows what  
the nearest  
emergency  
health  
service is

Knows the  
different  
ways in which  
someone  
can get HIV

Understands  
the risks  
associated  
with certain  
types of  
unsafe work

Knows the  
danger signs  
in pregnancy

Knows the  
danger signs  
in delivery

Knows where  
to go to get  
an HIV test

Knows when  
emergency  
transport  
should be  
called for a  
woman who is  
in labor

Knows the  
signs of  
diarrhea in  
a child and  
how to treat it

Knows about  
different  
kinds of  
family  
planning

Knows what  
a condom  
is/does and  
how to use it

Has a plan to  
avoid  
harassment  
in the streets

Knows that  
teachers aren't  
supposed to  
ask you to  
come to their  
homes to get  
a grade

Knows where  
the nearest  
police station  
is

Knows which  
savings  
options are  
available  
(both formal  
and informal)

Knows what  
the seasonal  
stresses/risks to  
her/her family's  
livelihood/  
income are

Has financial  
goals

Knows how  
to get more  
information  
about  
financial  
services

Follows her  
spending  
plan

Owens an  
asset that she  
could sell/rent  
to cover the  
costs of a  
sudden  
illness



Knows when  
most girls are  
circumcised  
customarily

Has a safe  
place to  
spend the  
night away  
from home if  
she needs to

Knows where  
to go if she is  
being  
threatened  
with an  
illegal  
marriage

Knows to ask  
for a female  
police officer if  
she is  
uncomfortable  
with a male

Has non-  
family friends

Has personal  
documentation  
(with birth date  
and photo  
on it)

Knows how to  
play  
traditional  
games

Has a mentor

Knows how to  
kick a ball

Has the skills  
to make a  
plan for her  
use of time  
during the  
day

Knows how to  
make a study  
schedule

Has a safe  
place to  
meet friends  
at least once  
a week

Knows that  
female  
genital  
mutilation is  
illegal

Knows the  
legal age of  
marriage

Is free to  
meet  
non-family  
friends at  
least once a  
week

Knows where  
to go for  
information  
about  
business  
training

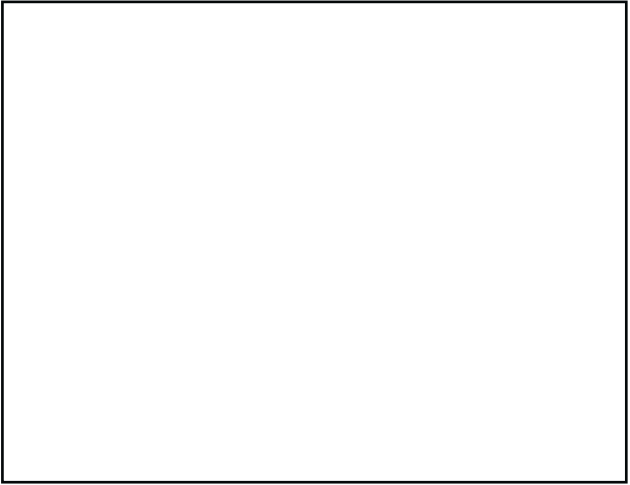
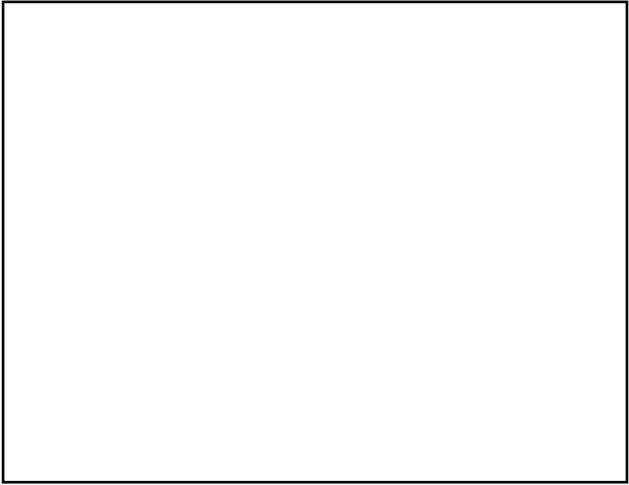
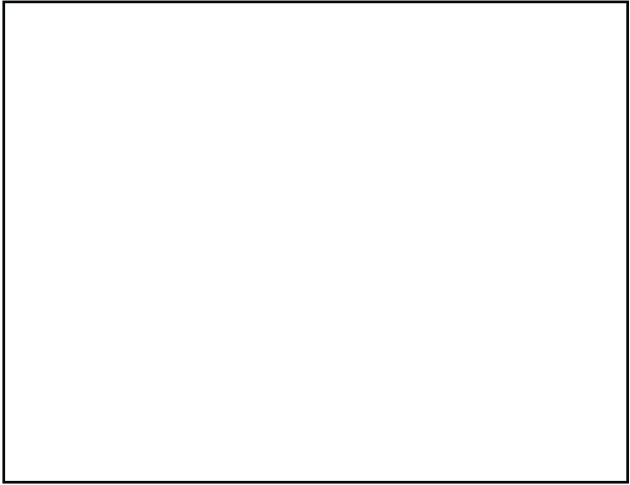
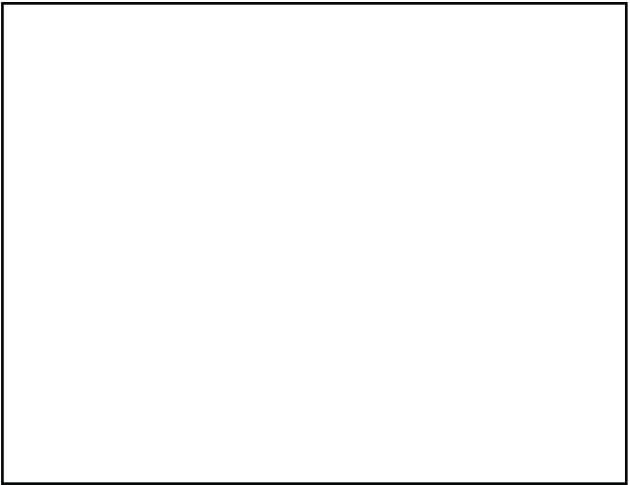
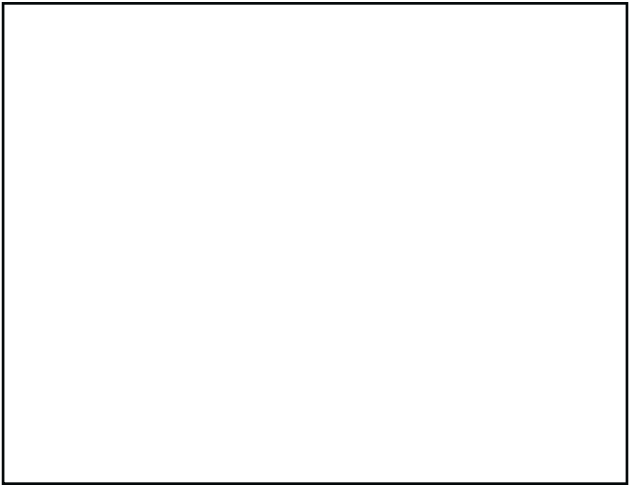
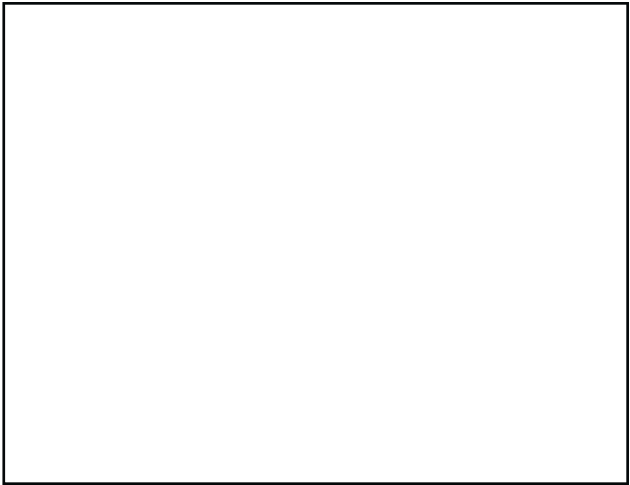
Knows the  
name of the  
district where  
she lives

Knows where  
to go for  
information  
on job  
training

Knows the  
name of the  
head of the  
local  
government

Can define  
safe and  
unsafe work

Has  
considered  
carefully what  
kind of job  
she would be  
good at



Chapter 10: Responding to SGBV at a program level – A preparedness worksheet

**Medical response:** Where are the three nearest facilities that can provide a medical response?

LOCATION 1	Medical response
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED (Emergency contraception/pregnancy prevention, sexually transmitted infection testing and treatment, PEP/HIV prevention, pain management, evidence collection, counseling)	

LOCATION 2		Medical response
NAME		
PHYSICAL ADDRESS		
PUBLIC TRANSPORT		
PHONE NUMBER		
COST		
LIST OF SERVICES PROVIDED (Emergency contraception/pregnancy prevention, sexually transmitted infection testing and treatment, PEP/HIV prevention, pain management, evidence collection, counseling)		

LOCATION 3		Medical response
NAME		
PHYSICAL ADDRESS		
PUBLIC TRANSPORT		
PHONE NUMBER		
COST		
LIST OF SERVICES PROVIDED (Emergency contraception/pregnancy prevention, sexually transmitted infection testing and treatment, PEP/HIV prevention, pain management, evidence collection, counseling)		

**Legal response** – What are the two local resources where I can refer girls for legal services?

LOCATION 1		Legal response
NAME		
PHYSICAL ADDRESS		
PUBLIC TRANSPORT		
PHONE NUMBER		
COST		
LIST OF SERVICES PROVIDED (Legal counseling, legal representation, assistance with police, etc.)		

LOCATION 2		Legal response
NAME		
PHYSICAL ADDRESS		
PUBLIC TRANSPORT		
PHONE NUMBER		
COST		
LIST OF SERVICES PROVIDED (Legal counseling, legal representation, assistance with police, etc.)		

**Law enforcement response** – Where is the nearest police station that has a Child Desk or a SGBV Response Unit?

LOCATION 1	Law enforcement response
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED	

LOCATION 2	Law enforcement response
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED	



<b>LOCATION 3</b>	<b>Law enforcement response</b>
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED	

<b>LOCATION 4</b>	<b>Law enforcement response</b>
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST:	
LIST OF SERVICES PROVIDED	

**Psycho-social response** – What are the local resources that provide professional counseling and guidance for survivors of SGBV?

LOCATION 1	Psycho-social response
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED	

LOCATION 2	Psycho-social response
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED	

**Psycho-social response** – What are the local resources that provide professional counseling and guidance for survivors of SGBV?

LOCATION 3	Psycho-social response
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED	

LOCATION 4	Psycho-social response
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED	

**Safe houses** – Where are there safe houses/places where girls can spend the night in case of an emergency?

LOCATION 1	Safe houses
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED	

LOCATION 2	Safe houses
NAME	
PHYSICAL ADDRESS	
PUBLIC TRANSPORT	
PHONE NUMBER	
COST	
LIST OF SERVICES PROVIDED	

## AGE CATEGORIES

Put each asset listed above under the age by which you think a girl in your program should have this asset.

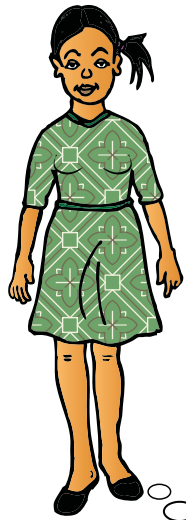
Ages

10

12

14

16



Large cloud-shaped writing area with horizontal lines for notes.



Ages

18

20

22

Large cloud-shaped writing area with horizontal lines for notes.

Large cloud-shaped writing area with horizontal lines for notes.

## Chapter 12

### Intake register questions

CHARACTERISTIC	QUESTION (Depends on which piece of information you want to collect)
Age	How old are you?
Living Arrangements	Who do you live with?
Living Location	What neighborhood do you live in?
Schooling Status	Are you currently in school?
Education Level	What grade/class/level are you in? What is the highest level of schooling you reached?
School Attended	What school do you go to?
Parenthood Status	Do you have any children? How many children do you have?
Marital Status	Are you currently married? How many children do you have? Do you currently live with your boyfriend or husband?
Migration Status	Were you born in the neighborhood where you live? At what age did you move there? From where did you move?
Work Status	Are you currently engaged in any form of income generating activity? What income generating activities are you involved in?

SAMPLE INTAKE REGISTER 1		**This is for a program that reaches a wide range of adolescent girls in the Kibera slum in Nairobi Kenya							
DATE _____									
	Name	Age	Village	School Status?	Class/ Form	Lives With: **	Has Child?	Married?	How did you hear about the program?
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
** Lives With: 1=Both Parents; 2=Mother Only; 3=Father Only; 4=Boyfriend/Husband; 5=Alone; 6=Friends; 7=Other Relatives; 8=Other Non-Relatives; 9=Employer; 10=Other									
** Has Child: 0=No; 1=Yes    **Married: 0=No; 1=Yes    ** School: 0=out of school; 1=in school									
**Village: 1=Ayany; 2=DC; 3=Fort Jesus; 4=Kambi Muru; 5=Katwekera; 6=Kianda; 7=Kisumu Ndogo; 8=Laini Saba; 9=Lindi; 10=Makina; 11=Mashimoni; 12=Olympic; 13=Raila; 14=Silanga; 15=Soweto East; 16=Soweto West; 17=Toi; 18=Other									



SAMPLE INTAKE REGISTER 2		**This is a register of a program targeting young mothers who are working in a certain market in Kampala, Uganda							
	DATE _____								
	Name	Age	Neighborhood	# of Kids	Highest Level of Education	Lives With: **	Date started working in Market	Migration Status	Notes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
** Lives With: 1=Both Parents; 2=Mother Only; 3=Father Only; 4=Boyfriend/Husband; 5=Alone; 6=Friends; 7=Other Relatives; 8=Other Non-Relatives; 9=Employer; 10=Other									
** Migration Status: 0=Born in Kampala; 1=Migrated from Rural Area					** Education Level: 1=Some Primary; 2=Finished Primary; 3=Some Secondary; 4=Completed Secondary; 5=Some Post-Secondary; 6=Other (specify in notes)				
Neighborhood: 1=Kisenyi; 2=Katwe; 3=Wandegya; 4=Bwaise; 5=Kivulu; 6=Kamwokya; 7=Makerere; 8=Ndeba; 9=Kawempe; 10=Kibuye; 11=Gayaza; 12=Nakulabye; 13=Kikoni; 14=Owino; 15=Old Kampala; 16=Kasubi; 17=Other in Kampala (specify in notes)									

SAMPLE MEETING/ACTIVITY LOG			
Group Name/# - _____		Group Leader(s) - _____	
Date	# girls attended	Topic(s)	Activity Type(s)



## Chapter 13

### What do you want to measure?

As you think about the kind of evaluation that you are planning, one of the first steps is to decide what you want to measure. As we discussed, being able to differentiate between the overall goal and vision that you have for the girls in your program, and the steps along the way that will let you know that they are on the path to reaching that goal will simplify your evaluation work and allow you to get meaningful information.

**First:**

What is the overall goal and vision of your organization? What is the big, long-term goal that you have for the girls in your program?

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**Second:**

What are the assets that you are trying to build within the girls themselves?

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**Third:** What questions will you ask to measure each asset? (Use the list in 174-181 to help you)

ASSET/INDICATOR	QUESTION

**Fourth:** Think about what tools you will use to gather the information about each of these changes that you would like to measure. Will you use a short survey and include several questions? Will you have some focus groups? Use the next chart to think through the different tools:

TOOL	ASSET/INDICATOR TO BE MEASURED	QUESTION TO BE ASKED
Eg. Quantitative Survey	Has Savings	Do you have money put aside or in your savings? (Yes/No)
Eg. Focus Group Discussion	Understands the Importance of Saving	What are some of the reasons that girls like yourselves save, or put money aside for future use?

**Fifth:** Now you can assign responsibilities and timelines for getting these evaluation activities in place. It is also important to think about a) how much money this will cost and if it is in your budget and b) do you have the in-house skills to complete these tasks or if you will need to engage someone external (and the cost implications of that):

TASK	WHO WILL BE RESPONSIBLE ?	DO WE NEED EXTERNAL EXPERTISE & IN WHAT AREA?	HOW MUCH MONEY WILL IT COST?	HOW MUCH STAFF TIME WILL IT TAKE?	BY WHAT DATE?
Finalize list of assets/indicators					
Finalize list of questions					
Develop Evaluation Tools (surveys, interview guides, etc.)					
Organize the Data Collection*					
Collect the Data* (doing the actual interviewing)					
Analyze the Data					
Compile Reports					

**\*Note** Data collection might happen at several points during the program cycle

Use the information in this chart to assess what can be done internally and what you will need external assistance with. Calculate the total budget costs and assess if you have the funds and staff time available.

Finally, you can use all of this information to integrate the evaluation activities into your overall program work plan/timeline.



## SAMPLE TRAINING PARTICIPANT EVALUATION FORM

### Participant training evaluation form

Date: \_\_\_\_\_ Title of Training: \_\_\_\_\_

1. What was your favorite part of the training today?
  
2. Which topic was the most important to you in the training? Why?
  
3. Which topics need to added to this training?
  
4. What was your least favorite part of the training?
  
5. What are three things that we can improve about this training?
  - A)
  - B)
  - C)



## SAMPLE PROGRAM EVALUATION FORM

### Member evaluation form

**Note** This form is designed to be completed by the girls themselves in writing. Please adapt the questions to suit your specific program goals and activities. Also, it is generically called "this program". Feel free to fill in with your program's name.

1. What have you learned from (this program)?
2. What more would you like to learn at (this program) that you have not yet learned?
3. What is your favorite activity at (this program)?
4. What is your least favorite activity at (this program)?
5. What would you do to make (this program) better?
6. What would you do to make your life as a young woman better and that of other young woman in this community and (this program)?
7. What do you think is (this program)'s impact on this community?
8. How can (this program) better impact the community?
9. Has (this program) had an effect on your life? If so, how?

Any other comments

**\*Note** The two forms on pages 221 & 222 (training evaluation and program evaluation) require girls to be able to read and write. If you would rather not rely on that, you can ask the girls the questions out loud either individually or as a group. You can use the following chart as a guide for a group discussion. Ask participants what about the program or training they love, like, want less of, or want no more of:

LOVE IT	LIKE IT
LESS OF IT	LOSE IT





