

Section 5

Annexes

Tools/Handouts





Annexes



Tools Section

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	Never feel safe	Always feel safe	Sometimes feel safe
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	Always safe to use, access	Sometimes safe to use, access	Never safe to use/ access	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

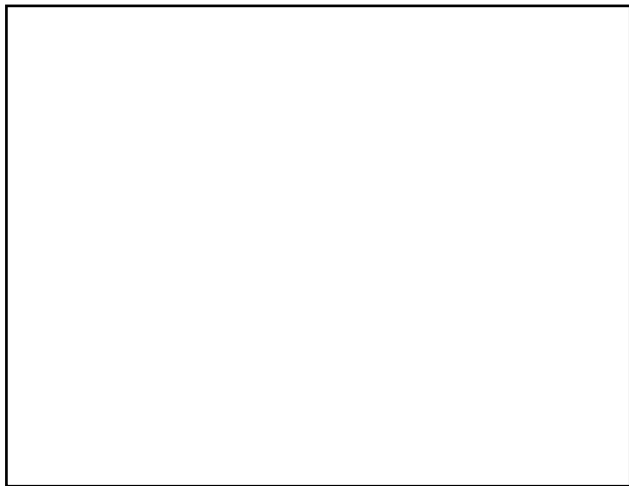
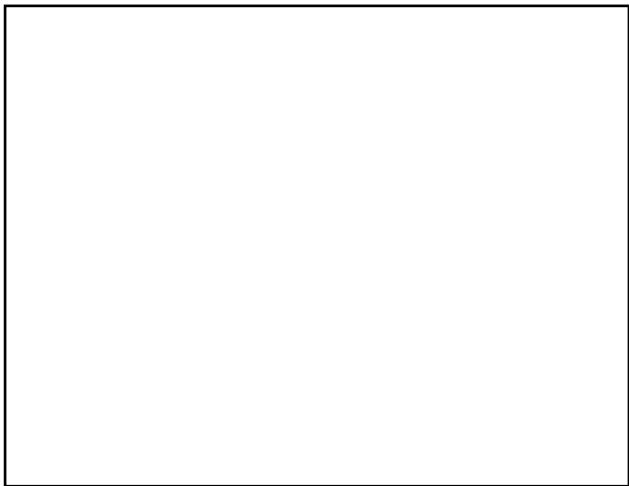
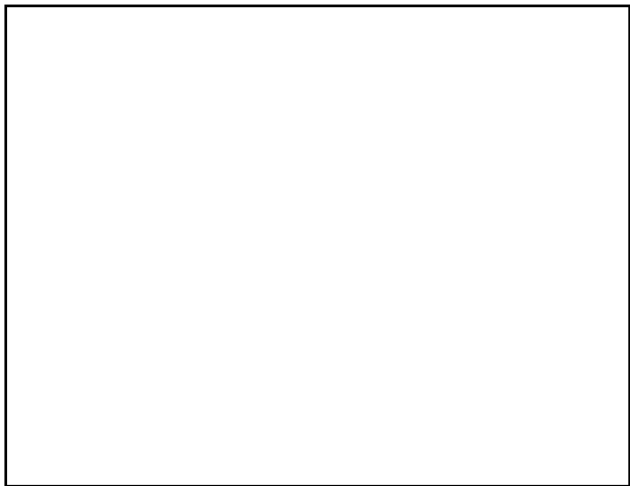
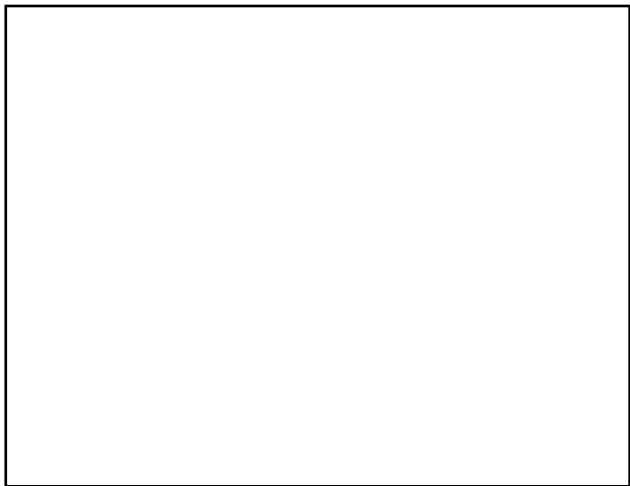
Knows the
name of the
district where
she lives

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	

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

LOCATION 4	Law enforcement 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 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	

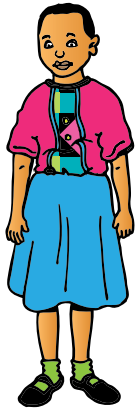
Safe houses – Where are there safe houses/places where girls can spend the night in case of an emergency?

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.



12

Thought bubble with 7 horizontal lines for writing.

14

Thought bubble with 7 horizontal lines for writing.

Ages



10

10

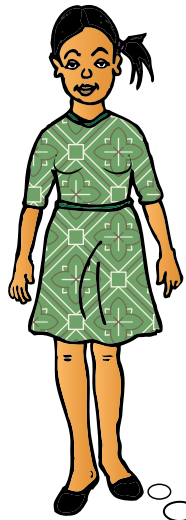
Thought bubble with 7 horizontal lines for writing.



14

16

Thought bubble with 7 horizontal lines for writing.



Large cloud-shaped thought bubble with horizontal lines for writing, connected to the timeline at age 20.



Ages

18

20

22

Large cloud-shaped thought bubble with horizontal lines for writing, positioned below the timeline.

Large cloud-shaped thought bubble with horizontal lines for writing, positioned below the timeline.

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?

Second:

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



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



