



ENHANCING GIRL'S AGENCY AND GENDER EQUALITY

ENGAGE: EVIDENCE-BASED STRATEGIES DESIGNED TO PREVENT AND RESPOND TO CEFM

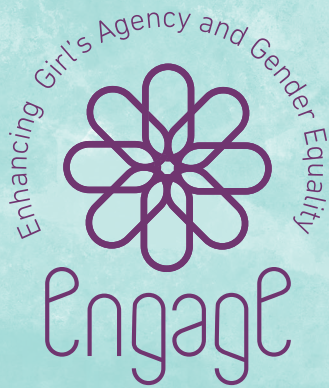
IMPLEMENTATION GUIDE FOR FACILITATORS AND MANAGERS



Norwegian Ministry
of Foreign Affairs



NORWEGIAN CHURCH AID
actalliance



EVIDENCE-BASED STRATEGIES DESIGNED
TO PREVENT AND RESPOND TO CEFM

Implementation Guide for Facilitators and Managers



TOGETHER FOR A JUST WORLD

Norwegian Church Aid (NCA) works with people and organisations around the world in their struggle to eradicate poverty and injustice. We help those whose needs are greatest, regardless of ethnicity, creed, political or religious affiliation.

For more information on the NCA's work, please visit: <https://www.kirkensnodhjelp.no>

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Designed by: Hugo Balandra

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ACKNOWLEDGEMENTS

Norwegian Church Aid, within its existing Gender Based Violence (GBV) programme, has designed a holistic resource: **ENGAGE** – *Enhancing Girl's Agency and Gender Equality Programme* to prevent and respond to child marriage. **ENGAGE** is grounded in a Theory of Change developed from a literature review of existing evidence-based interventions and consultation with stakeholders, including adolescent girls.

The development of the **ENGAGE** Toolkit relied and built on the experiences and practices of NCA's partners and key actors in addressing GBV.

NCA would therefore like to thank consulting company Kaiser Consulting Group (KGC) for producing an evidence-based draft toolkit for NCA to pilot. Special recognition goes to numerous NCA field staff in both Iraq and Somalia who implemented and provided feedback throughout this project. In particular, we would like to recognise Miriam Kuria, Mustafa Abdulrahman Qasim, Challang Tahsin Ibrahim and Abdiaziz Dahir Hussein, for their commitment to field-testing of the **ENGAGE** Toolkit, for their support in facilitating engagement with local communities and documenting the learning. A special thank you to the NCA staff who served as part of the internal review process, Dashakti Reddy, Silje Heitmann, Lara Fakhoury, Rana Aoun, Caroline Mwaniki and Colleen Dockerty.

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Finally, NCA would like to give a special recognition to Emily Seaman for leading the development and revision process on behalf of NCA, without which the toolkit would not have been possible.



EXTERNAL RESOURCES

Content for **ENGAGE Toolkit** has been drawn from several sources, primarily, from the International Rescue Committee's (IRC) [Girl Shine](#) programme¹ model and resource package, designed with the support from the U.S. Bureau of Population, Refugee and Migration Services (PRM).

In addition, the learning from other toolkits and resources highly contributed to moving this work forward, including sources such as *Champions of Change for Girls' Rights and Gender Equality* (Plan International); *SkillsYouNeed*; *BRACED: Women's Life Skills Curriculum* (Concern Worldwide); *Tipping Point* (CARE); *Engaging Male Caregivers to End Early Marriage in Lebanon* (Women's Refugee Commission and Danish Refugee Council); *A MenCare: Manual to Engage Fathers to Prevent Child Marriage* (World Vision, Promundo); *SASA!* (RasingVoices); *SHLS Parenting Curriculum for Adolescents* (IRC); *Heads Up!* (UK Youth and the Paul Hamlyn Foundation); *Identifying and Ranking Risk and Protective Factors: A Brief Guide* (CPHA Alliance); *Communities Care* (UNICEF); *Children and Adolescents' Sexual and Reproductive Health Rights* (Save the Children); *Adolescent Age and Life-Stage Assessment and Counselling Tools* (USAID); *Youth Advocacy Toolkit* (Girls Advocacy Alliance); *Early Marriage: A Faith Leader Toolkit to Address Harmful Practices in your Community* (Religions for Peace International); *The Christian/Islamic Perspective on Protecting Children from Violence and Harmful Practices* (UNICEF).

¹ IRC, GIRL SHINE, accessed at <https://gbvresponders.org/adolescent-girls/girl-shine>

FOREWORD

Globally, around 21% of young women were married before their 18th birthday.² This amounts to around 12 million girls each year.³ Child, early and forced marriage (CEFM) denies children of their human rights; for adolescent girls the risk is especially high. There is increased likelihood of complications during pregnancy and childbirth when girls give birth at a young age, their psycho-social health outcomes are poorer, they are at higher risk of intimate partner violence (IPV) and are denied the opportunity to learn, grow and develop skills at school.

We believe we can work with communities to help uncover and transform the deep cultural issues that affect how women and girls are treated, how different members of a family or community relate to each other, and how children are protected in their communities.

NCA is pleased to introduce **ENGAGE** – Enhancing Girl’s Agency and Gender Equality, for preventing, mitigating, and responding to CEFM. The **ENGAGE Toolkit** uses a holistic approach and is for local practitioners and facilitators who want to see their communities make long-lasting changes around issues that affect the well-being of girls. It helps guide facilitators in leading conversations and dialogues with various community groups and actors.

I would like to express my appreciation to all those who contributed to the success of the **ENGAGE** programme, in particular the adolescent girls and boys, male and female caregivers, teachers, religious leaders and community members, whose inputs and feedback designed and shaped the resources and whose experiences were instrumental in finalising the work.



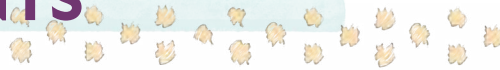
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Secretary General,
Norwegian Church Aid (NCA)

January 2023

² <https://www.unicef.org/stories/child-marriage-around-world> (latest data as of March 2020).

³ Ibid.

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INTRODUCTION

Child, early and forced marriage (CEFM) happens in almost every country around the world and primarily affects girls.⁴ CEFM deprives children of exercising their rights enshrined under international human rights law and has devastating consequences, especially for girls, including:

dropping out of school early

greater risk of intimate partner violence

increased likelihood of complications during pregnancy and childbirth

poor psycho-social health outcomes.

The root cause of harmful, unequal and discriminatory social and gender norms, including those that ascribe greater power, status and resources to men, entitle men to control and use violence against women in the name of protection, and sanctify women's chastity and 'virginity', upholding them as custodians of family 'honour'.

In humanitarian settings, families suffer sudden and extreme challenges that exacerbate pre-existing harmful gender norms and further increase the prevalence of CEFM. This is evidenced by the fact that nine of the 10 countries with the highest rates of child marriage are considered fragile states and many countries vulnerable to natural disasters have the highest child marriage prevalence globally.⁵ Key drivers of CEFM in humanitarian settings include:

the belief that marriage offers their daughters protection from the increased threat of sexual violence, and the associated shame and stigma

a sudden loss of income and acute poverty, which creates pressure on families to reduce household expenditure and increases the appeal of marrying their daughters in exchange for bride price or dowry

weakened systems and institutions, unable to protect girls from violence and stop CEFM

⁴ UNICEF estimates that the prevalence rate of CEFM among boys is one sixth that of girls.

⁵ Schlecht, J et. al., 'A Girl No More: The Changing Norms of Child Marriage in Conflict', Women's Refugee Commission, March 2016.

In some contexts, girls can be forced into marriage as a deliberate strategy to terrorise and displace populations during conflict.

Norwegian Church Aid (NCA) is relied on to deliver humanitarian aid to conflict and disaster-affected communities in times of crisis. While providing humanitarian assistance to people affected by armed conflicts and other disasters, NCA also takes the opportunity to empower women and girls and end gender-based violence (GBV) and other harmful practices. Through its GBV in emergencies programme, NCA and its partners seek to:

transform dominant norms to protect girls and women from violence and harmful practices

provide access to life saving and specialised GBV services for survivors and women and girls at risk of violence

empower women and adolescent girls to lead, build self-esteem and realise their rights

reduce maternal mortality among women and adolescent girls

promote access to comprehensive sexuality education and modern family planning for women and adolescents

NCA, within its **ENGAGE** – *Enhancing Girl's Agency and Gender Equality Programme*,⁶ has commissioned this **ENGAGE Toolkit** to provide practical tools and advice to support NCA country office staff and partner organisations to integrate CEFM prevention and response activities into their existing GBV programmes. The toolkit includes guidance to implement community outreach activities, targeting caregivers, teachers, religious leaders, women, girls, men and boys designed to prevent CEFM by changing the social norms that encourage and enable it, and GBV service delivery activities targeting adolescent girls who have experienced or are at risk of experiencing CEFM to increase access to information and services and improve psycho-social wellbeing. The toolkit also includes tools for building the capacity of staff and partners to implement high-quality activities and monitor and evaluate changes that may occur as a result of activities.

⁶ For further information, including support establishing the ENGAGE programme, please contact Lara Fakhoury, Norwegian Church Aid GBV Specialist at lara.fakhoury@nca.no

**SAY NO TO
EARLY MARIAGES**



PART 1



ENGAGE TOOLKIT OVERVIEW

This section contains general advice and guidance to support facilitators to use the toolkit to implement **ENGAGE** interventions. It explains the Theory of Change behind the **ENGAGE** approach and outlines the main strategies to empower and provide effective support to adolescent girls, required to mobilise families and communities.

NCA has designed a holistic resource – **ENGAGE Toolkit**, to prevent and respond to child marriage within existing GBV programmes, focusing on humanitarian settings.

TOOLKIT STRUCTURE

The **ENGAGE Toolkit** includes:

1 The Implementation Guide

Explicit instructions for how to implement the **ENGAGE** programme including assessment, planning, implementation and monitoring and evaluation. These instructions are included as the main content of the Part 2 of this document.

2 The Curricula

Prevention and response activities targeted at specific community members in order to change harmful social norms plus support girls experiencing or at risk of experiencing CEFM.

The eight types of resources, included in the Curricula, were designed to support the two **ENGAGE** strategies of *community outreach* and *service delivery*.

SERVICE DELIVERY:	COMMUNITY OUTREACH:
Adolescent Girls Life Skills Tool	Female Caregivers Tool
Adolescent Boys Life Skills Tool	Male Caregivers Tool
Adolescent Girls Focused Care Sessions	Religious Leaders Tool (optional)
	Teachers Workshop (optional)
	Community Dialogues and Social Norms Tool

These strategies are designed to complement each other and should be facilitated at the same time. It is recommended that all activities in the toolkit are implemented (pending optional religious leaders and teacher’s workshops) in the programme cycle, to work most effectively towards the goal of preventing, mitigating and responding to child marriage. If only a selection of activities are facilitated, using the Curricula (for example, just Life Skills and Caregivers Sessions), the opportunity to challenge harmful social norms and create sustainable change will be impacted.

3 The Training Package

Tools to support the initial training and ongoing capacity building of staff responsible for implementing the **ENGAGE** programme.

TIMELINE FOR THE TOOLKIT ACTIVITIES

An implementation timeframe for all **ENGAGE Toolkit** activities is described in the table below:

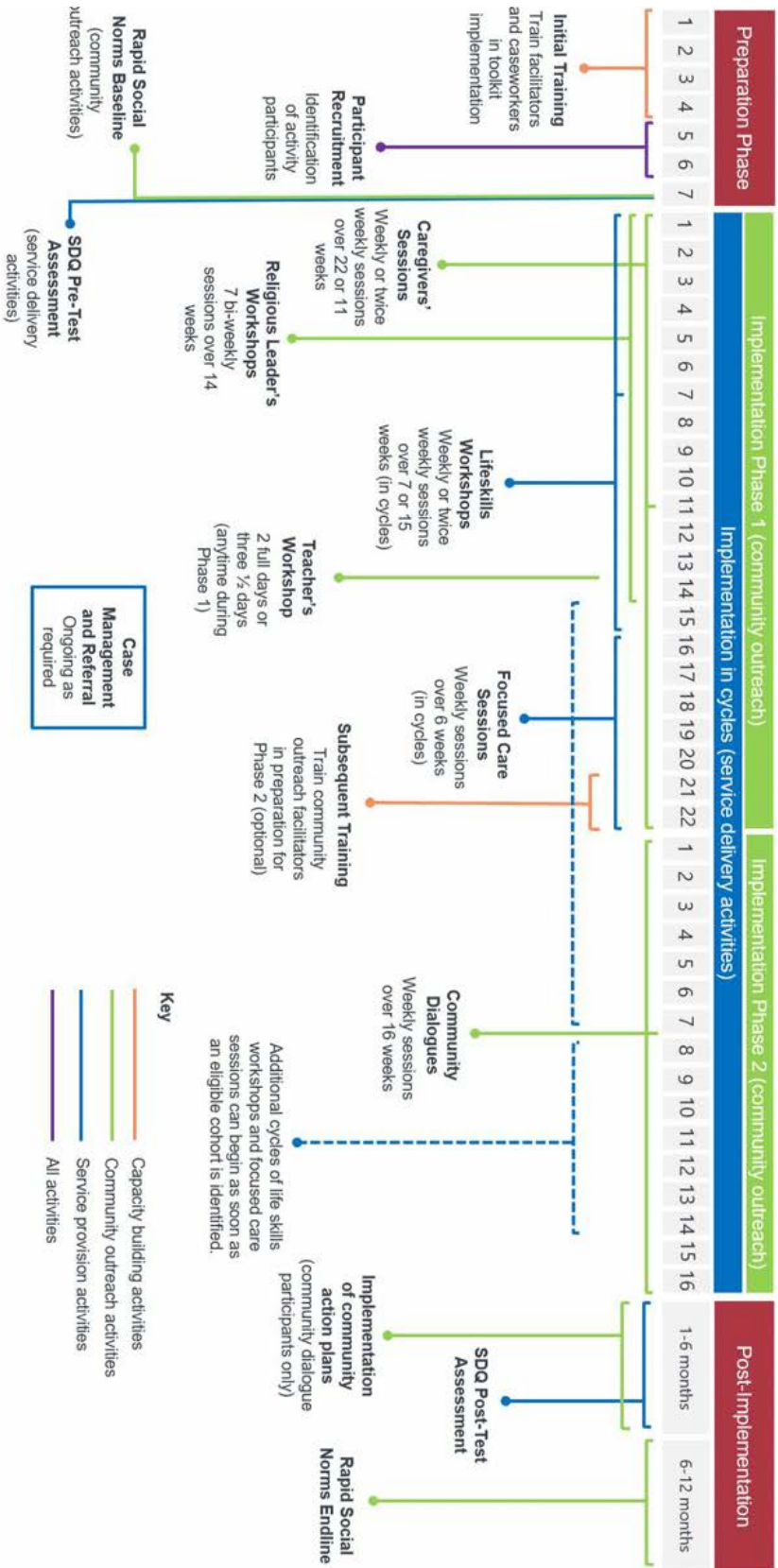
	PREPARATION PHASE (WEEKS 1-5)	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
ACTIVITY	Train community outreach workers and caseworkers in how to implement the community outreach and service delivery activities Who is Responsible Programme managers, supervisors	4 weeks	
	Conduct baseline rapid social norms assessment (community outreach activities) and opinion leader identification tool (caregivers' sessions only) Who is Responsible Programme managers, supervisors and/or M&E team	1 week	
	Conduct pre- assessment with adolescent girls (service delivery activities) Who is Responsible Facilitators and/or caseworkers	1 hour per individual	

	IMPLEMENTATION- PHASE 1 (WEEKS 6-27)	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
Service Delivery	Life skills workshops for adolescent girls and adolescent boys Who is Responsible Facilitators and/or caseworkers	11-15 weeks	Implementation of the service delivery component is not phased, rather, activities are implemented continuously in cycles as eligible participants are identified. A 'stepped care' approach must be taken to service delivery activities, whereby the focused care sessions build on the life skills workshops (eligible participants can attend one or both)
	Focused adolescent girl groups Who is Responsible Facilitators and/or caseworkers	7 weeks	
Community Outreach	Male and female caregivers' sessions Who is Responsible Community outreach workers	17-22 weeks	The minimum amount of time required for Phase 1 of the community outreach component is 22 weeks, assuming all activities are delivered concurrently, however it may be extended for as long as required to complete Phase 1 activities.
	Religious leaders' workshops (optional) Who is Responsible Community outreach workers	7 weeks (spread over 14 weeks)	
	Teacher's workshop (optional) Who is Responsible Community outreach workers	Anytime during phase 1	
	Weekly and monthly supervision meetings, monitoring activities Who is Responsible Supervisors and frontline workers	Every week	

	IMPLEMENTATION- PHASE 2 (WEEKS 28- 42 AND AFTER)	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
ACTIVITY	Community dialogues Who is Responsible Community outreach workers	16 weeks	The community dialogues should not begin until Phase 1 activities have concluded.
	Implementation of community-led social norms change Who is Responsible Community dialogue members, supervised by community outreach workers	TBC	

	MONITORING AND EVALUATION	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
ACTIVITY	Conduct end line rapid social norms assessment (community outreach activities) Who is Responsible Programme managers, supervisors and/or M&E team	6-12 months after intervention ends	
	Conduct post-assessment with adolescent girls (service delivery activities) Who is Responsible Facilitators and/or caseworkers	1 hour per individual	

See the example of an implementation timeline that shows how all **ENGAGE** activities can be scheduled within a programme cycle. Please note that this timeframe example should only be used as a guide for scheduling activities and can be adapted as required, with consideration of the general rules for the implementation.



RESOURCES REQUIRED TO IMPLEMENT THE ENGAGE TOOLKIT

The resources and budget required for the **ENGAGE Toolkit** implementation can vary significantly depending on the context and activities prioritised by the implementing teams.

GBV and Programme Managers are encouraged to refer to the budget forecast template (see **Annex 21**) and Implementation Timeline, shared in the section above, to best understand the cost implications and scope of the activities involved in the **ENGAGE** programme as a whole.

Some additional budget considerations may include:

- *Resources available to orient and train the **ENGAGE** programme staff and facilitators, including regular refresher/learning sessions. Availability of a competent personnel will allow for quality implementation of the programme.*
- *Trained case management staff within GBV programme – this will ensure that adolescent girls can be referred safely and appropriately to quality services. Programmes can also consider the integration of cash and voucher assistance (CVA) within case management, by allocating an emergency response fund that can be drawn upon to address acute cases and support with case management, when necessary.*
- *Costs for setting up and maintenance of Women and Girls Safe Spaces or other safe spaces where the activities can take place. In humanitarian settings, this could include a women's safe space, child/youth friendly space, rooms in community facilities. Additionally, the programme could be conducted in mobile safe spaces.*
- *Funds allocated to support the implementation of community action plans.*
- *Costs related to implementation of monitoring activities, including ways for ongoing data collection.*

THEORY OF CHANGE

This section explains how the programme envisions the **ENGAGE Toolkit** activities will work together to prevent and respond to CEFM in humanitarian settings. It includes advice on how to read and contextualise the theory of change diagram, as well as outlines core concepts relating to the process of change in the context of the programme, including social norms.

UNDERSTANDING THE PROGRAMME'S THEORY OF CHANGE

The **ENGAGE** programme's Theory of Change explains the 'logic' behind the toolkit activities. In other words, how and why the activities will contribute to the desired change. The Theory of Change is generic, in other words, it is intended to be applicable and adaptable across different contexts. It is also an evolving document that may change as the programme learns more about which strategies are most effective in achieving the desired outcomes.

Problem Analysis

The Theory of Change begins with a problem analysis that summarises the intervention's understanding of the problem at hand, its key drivers and root causes.



The problem analysis is based on the understanding that gender inequality and harmful gender and social norms are the root causes of CEFM. In humanitarian settings (including during and in the aftermath of conflict and disasters) key drivers work to exacerbate gender inequality and harmful gender norms and increase the risk of CEFM, especially for girls.



! CONTEXTUALISING THE PROBLEM ANALYSIS:

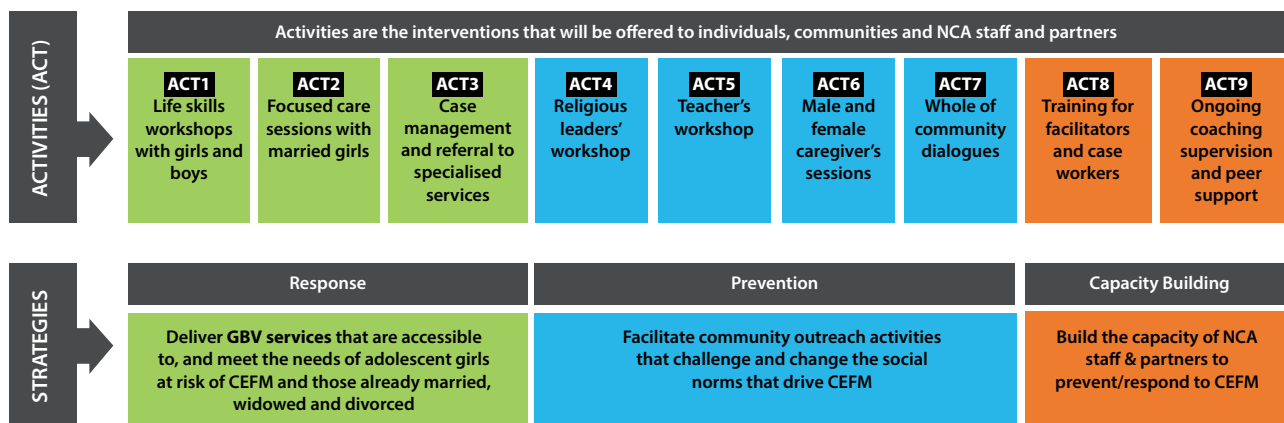
Some of the key drivers included in the problem analysis may not be relevant in the community/ context you are working in. For example, CEFM is used as a weapon of war in some conflicts, but this driver is not relevant in post-disaster humanitarian settings. There may also be other key drivers that are unique to your context that are not included in the problem analysis.

! NOTE: *The problem that the toolkit seeks to address – the increase of prevalence of CEFM in humanitarian settings, and its root causes – gender inequality and harmful gender norms, are fixed and therefore should not be changed.*

STRATEGIES AND ACTIVITIES

The next two rows of the Theory of Change describe the strategies (broad approaches) and activities (specific actions) chosen to address the problem.

These are the strategies and activities included in the toolkit.



These strategies and activities have been chosen based on the available evidence, they represent a logical solution to the problem at hand. At the community-level, a dual strategy of prevention and response to CEFM will be adopted. This recognises that activities that seek to prevent gender-based violence (including CEFM) in the long-term may increase the needs for service provision in the short-term as awareness about CEFM increases and community acceptance decreases. A third, internal strategy of capacity building will ensure that programme staff and partners have the necessary knowledge, skills and support to implement an effective and sustainable programme.

📌 CONTEXTUALISING STRATEGIES AND ACTIVITIES:

It may not be feasible to implement all the toolkit activities in the community you are working in. For example, there may be insufficient resources available, or some activities may be being delivered by other organisations. The most important thing is that the activities you choose to implement represent a logical solution to the problem at hand, based on the best information you have available. While the combination of activities implemented may be adapted, it is important that the principles of the dual strategy of prevention and response are upheld. In other words, a country office should not consider *only* implementing prevention (community outreach) activities without also delivering response activities (GBV service provision).



The specifics of the three ENGAGE strategies include:

COMMUNITY OUTREACH

The main goal of the community outreach activities included in **ENGAGE** is to prevent child marriage from happening in the future. This strategy consists of a range of community outreach activities targeting male and female caregivers, teachers, religious leaders and community members. The activities seek to achieve this goal by changing the social norms that enable child marriage to occur.

Social norms are the collective and unwritten rules that determine what is and is not an acceptable way to behave within groups. Social norms have been shown to be a powerful predictor of people's choices and actions. CEFM is not always a social norm itself, however it is enabled by social norms that uphold gender inequality and rigid and narrow ideas about how men and women should behave and what role they play in society. Community outreach activities that seek to change social norms must work with those who are most influential in dictating social norms, such as community and religious leaders, and include deliberate strategies to 'diffuse' harmful norm change from participants to the broader community.

SERVICE DELIVERY

The main goal of the service delivery activities included in **ENGAGE** is to prevent, mitigate and respond to child marriage and minimise the harm caused to women and girls who have experienced it or are at risk of experiencing it. Service delivery activities seek to improve the information and services available to adolescent girls with the aim of supporting their empowerment and improving their psychosocial wellbeing. The strategy includes a range of GBV, Sexual and Reproductive Health (SRH) service delivery activities targeting girls who have experienced or are at risk of experiencing CEFM. They include life skills workshops for adolescent girls and boys, focused care sessions for adolescent girls already married (or at imminent risk), widowed or divorced. In order to be effective, services must be delivered in an environment that is psychologically 'safe' for adolescent girls and tailored to the unique and specific needs of different target groups, including girls who are already married, betrothed, widowed or separated. This may include developing new services and/or making existing services more accessible to adolescent girls, including by adopting new policies and ways of working.

CAPACITY BUILDING

The main goal of the capacity building component of **ENGAGE** is to increase the skills, knowledge and confidence of staff and partners to prevent and respond to child marriage in humanitarian settings. The capacity building component consists of two main activities: an initial training for facilitators and the ongoing provision of coaching, supervision and peer support. To support the implementation of the community-level strategies, ongoing support should be provided to staff and partners to develop the skills, confidence, and transformative attitudes to implement high quality GBV services and community outreach activities. This support will be responsive to the identified needs and contexts, but is likely to include a combination of resources, training, coaching and peer support.

OUTCOMES

One of the most important parts of the Theory of Change is the outcomes that are *expected* will occur because of the activities implemented. Outcomes are defined as the intrinsic changes that occur within individuals and institutions because of an intervention. They are distinct from the ‘products’ that result from an activity (e.g., a workshop or dialogue) and the extent to which participants engage with them (these are sometimes referred to as outputs).

Different colours (blue, green, orange) are used to indicate which outcomes are related to which strategy/activities (outcomes that are dependent on more than one strategy are shown in purple). The outcomes follow an *if = then* logic — in other words, *if* the specified activity is delivered *then* it will result in the intermediate outcome. Subsequently, if the intermediate outcome is evident, then it will trigger the long-term outcomes. The outcomes in the diagram are sequenced. In other words, the intermediate outcomes represent the necessary conditions required for the long-term outcomes to be achieved. The outcomes outlined in red are aligned with relevant results in the [Girls Not Brides Theory of Change](#), demonstrating a shared vision for ending CEFM.

INTERMEDIATE OUTCOMES

The intermediate outcomes are expected to occur first. In this Theory of Change, the intermediate outcomes describe changes in behaviour and relationships of individuals and groups who participate directly in the activities (as opposed to the broader community).



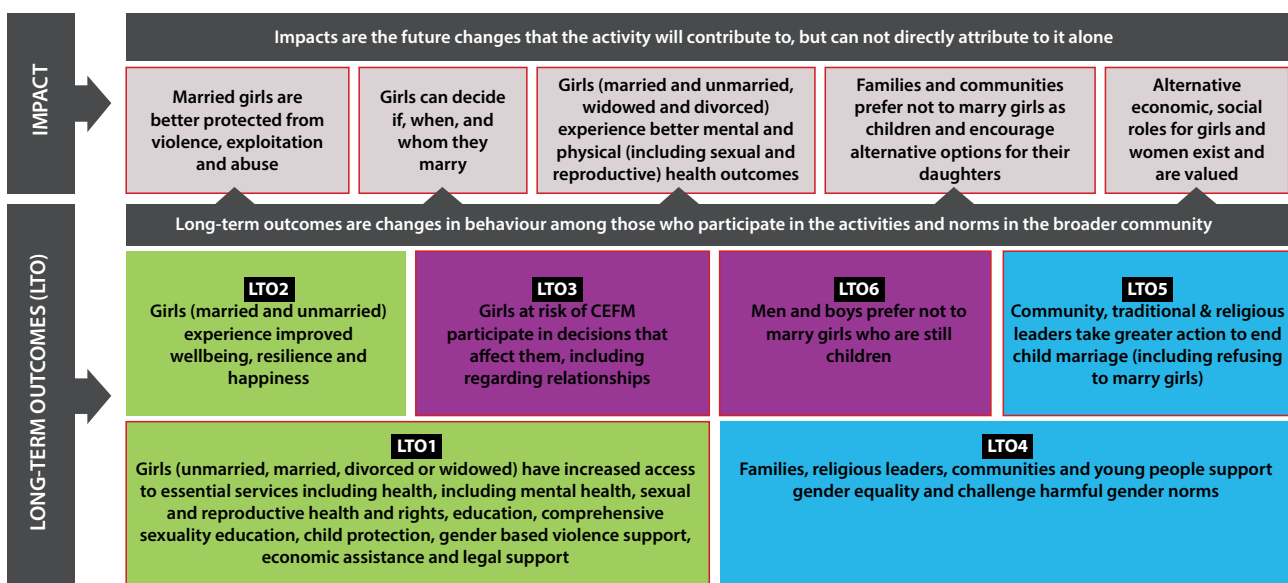
The expected intermediate outcomes of service delivery activities (green) are that girls will be more aware of their human rights and have increased life skills and knowledge. It is also expected that activity participants will increase their social networks with other adolescent girls (for those activities delivered in small groups), which is an important foundation for improved psychosocial wellbeing. Finally, it is expected that, as a result of the activities, girls will come to realise that there are options for their future beyond marriage.

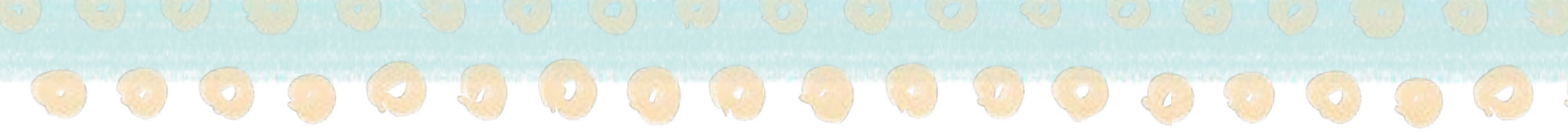
The expected intermediate outcomes of community outreach activities (blue) describe the foundations for social norm change. This includes being more aware of the harmful impacts of CEFM and the alternative options for girls, and an increased willingness to challenge unequal gender norms. Additionally, it is expected that activities targeted at caregivers will result in them sharing power and decision-making with their daughters.

It is theorised that these intermediate outcomes will not be achieved unless the people delivering the activities (programme staff and partners) have the necessary knowledge, skills and attitudes to deliver interventions that transform harmful gender roles (orange).

LONG-TERM OUTCOMES

The long-term outcomes are expected to occur as a result of sustained implementation of the activities, but only *if* the intermediate outcomes are first achieved. In this Theory of Change, the long-term outcomes describe the changes in behaviour of people who directly participate in the activities, as well as changes in norms (collective beliefs and attitudes) in the wider community that may occur through ‘diffusion’ (direct participants sharing ideas and information with the broader community). Some long-term outcomes may be the same as intermediate outcomes, although the level at which the change is evident differs (e.g., among direct participants vs. the community more broadly).





The expected long-term outcomes of service delivery activities (green) are that girls will have increased access to support services, which in turn will result in improved wellbeing, resilience, and happiness. It is also expected that adolescent girls will participate more in decisions that affect them, which will occur as a result of activities delivered under both strategies (purple).

The expected long-term outcomes of community outreach activities (blue) are that there will be changes evident in the community's perception of harmful social norms that drive CEFM. Additionally, it is expected that changes in awareness will compel leaders to take greater action to end CEFM. Eventually, it is hoped that changes in social norms occur to the extent that marrying girls is viewed as undesirable by men and boys.

CONTEXTUALISING OUTCOMES:

Once you have contextualised the activities, the project team should use 'if- then' logic to consider whether the intermediate outcomes included in the Theory of Change are realistic. This is especially important if the country office is considering omitting or making significant changes to any of the activities that may affect the expected outcomes. The project team should repeat this process for the long-term outcomes, including paying attention to the sequencing of intermediate and long-term outcomes to ensure they are logical in the given context. Finally, it is also important to consider any **unanticipated outcomes** that may result from the implementation of the activities, especially those that may make life worse for women and girls.

It is important to remember that a Theory of Change is simply a 'theory'. The extent to which these intermediate and long-term outcomes *actually* occur, including the contribution of the activities to those outcomes, will emerge over time through a process of monitoring and evaluation. Therefore, the Theory of Change should continue to evolve during the implementation period as the organisation learns more about the outcomes that result from the activities.

ASSUMPTIONS

Predicting how change happens is a complex task that requires us to make many assumptions. These are things that must be true if the outcomes are to be achieved but are not necessarily certain or within the direct control of the implementation team. Articulating and testing assumptions is an important part of developing a Theory of Change because they can help us:

- Put in place risk mitigation measures to minimise the likelihood of negative outcomes.
- Identify gaps and unmet needs, including additional necessary activities or actors that should be engaged.
- Detect activities that are unnecessary, weak or that fail to contribute to achieving the overall goal.
- Determine whether programme failures are related to the underlying programme theory or the implementation of activities.

There are several different categories of assumptions, including:

PRECONDITIONS: things that must *already* exist first if an activity is to achieve the desired outcome. For example, if the outcome of an information sharing session is that people have increased knowledge of a certain topic, then we are assuming that participants can understand the language the session is delivered in.

MECHANISMS: is to be achieved. For example, assumptions are commonly made but are often implicit and undocumented. The more assumptions that exist between different levels of the Theory of Change, the less likely it is to be accurate. Articulating and testing assumptions is an important part of developing a Theory of Change.

CONTEXTUAL FACTORS: Things that may or may not occur in the external political, social, climate, cultural, economic context that may affect the achievement of programme outcomes.

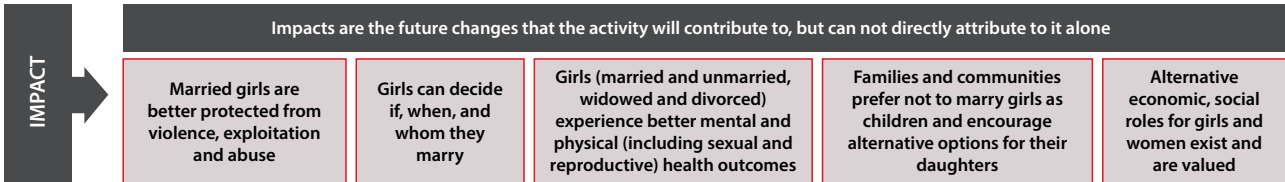
It is important to distinguish between assumptions and known facts. Assumptions are propositions that can only be discovered through the process of implementation. If the implementation team knows for a fact that an assumption is true or false before the implementation begins, they should take steps to address it directly and mitigate the impact on the effectiveness of the programme. The more unmitigated assumptions that exist between different levels of the Theory of Change, the higher the risk that the activity will not achieve the desired outcome.

! CONTEXTUALISING ASSUMPTIONS:

The Theory of Change includes a range of possible assumptions that must be true for the expected outcomes to occur. These assumptions may or may not be true in your specific context and can be added or removed as required. Many assumptions are contextually dependent; therefore, it is important that they are constantly being reflected on and updated as the programme unfolds. A useful logic that can be used to unearth assumptions is 'x activity/outcome will not result in outcome y unless _____':

IMPACT

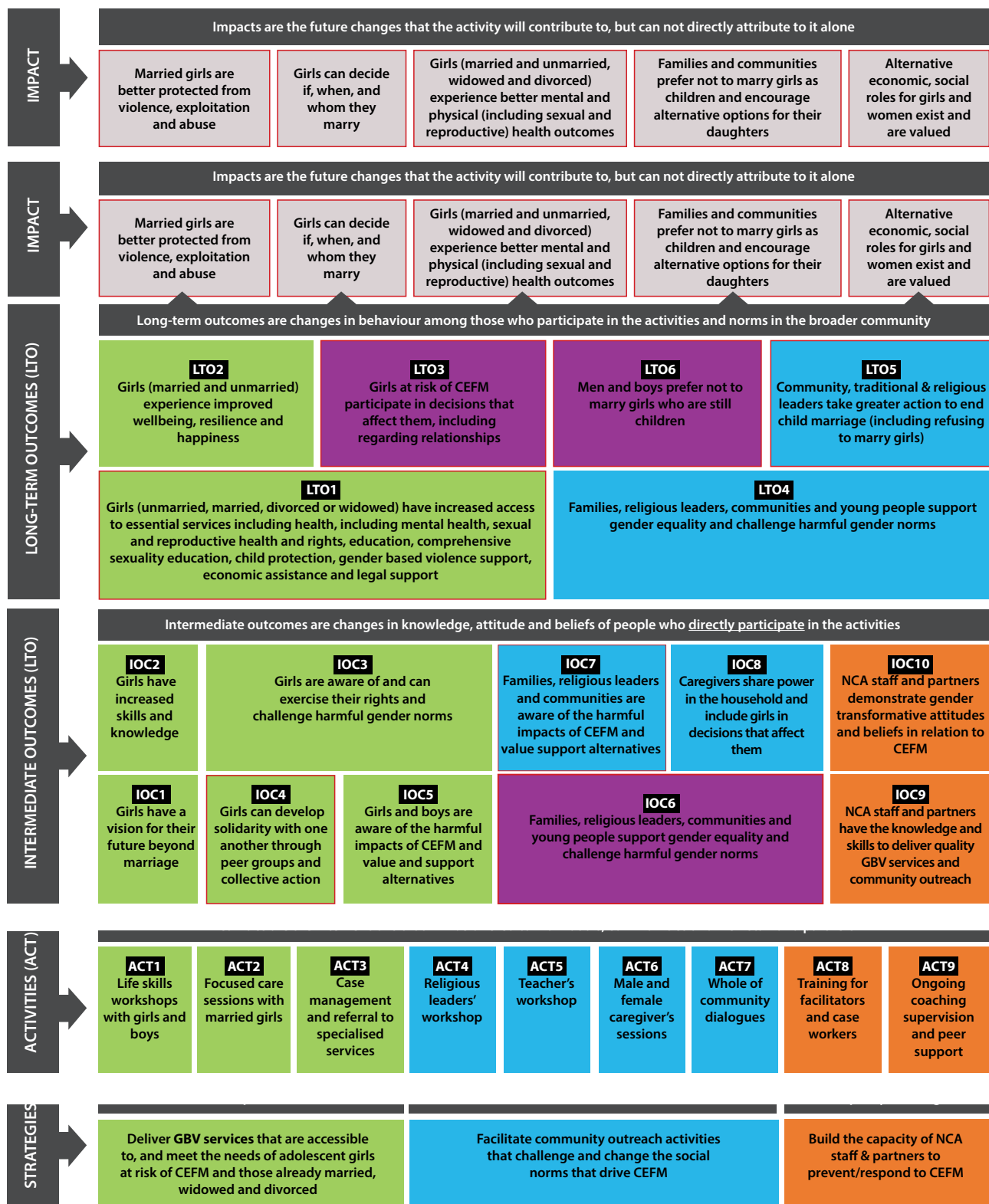
In a Theory of Change, the impact statements describe the future changes that the combined toolkit activities will contribute to, alongside other interventions and external forces. Impact statements are important because they provide a shared goal and vision and keep stakeholders on-track and motivated to ensure high quality implementation over time. Determining the extent to which changes at the impact level can be attributed to a particular activity or programme is difficult and requires rigorous techniques, therefore it is generally beyond the scope of programme-level monitoring and evaluation.



! CONTEXTUALISING THE IMPACT:

Because measuring impact is generally beyond the scope of programme-level monitoring and evaluation, it is only necessary to change the impact statements if the omission of certain strategies and activities has made them irrelevant.

THE ENGAGE PROGRAMME'S THEORY OF CHANGE



UNDERSTANDING SOCIAL NORM CHANGE

There are many different explanations for why CEFM happens. In humanitarian settings, CEFM may well be a rational response to extreme and sudden challenges, such as poverty or the increased threat of violence. For example, marrying young daughters may be an effective way to reduce household expenditure or to obtain much needed money from a bride price/dowry. Similarly, in settings where women experience an increased threat of sexual violence (such as in a camp or following a natural disaster), families may genuinely feel that their daughter may be safer if she is married. However, this does not necessarily explain why CEFM primarily effects girls. To understand the root causes and gendered nature of CEFM we must look to the complex system of social beliefs and expectations that dictate how people should behave, called social norms. This section explains the concept of social norms and why changing harmful social norms, particularly those relating to gender, is the key to preventing CEFM.

WHAT ARE SOCIAL NORMS?

Social norms are ‘unwritten rules’ of behaviour shared by members of a given group or society. They are informal, often implicit rules that most people accept and abide by. Social norms are critical in understanding human behaviour. This is because people live in groups and generally prefer to do things together. Therefore, what *others* do has a strong influence on what we do, especially if those people’s opinions matter to us.

Social norms describe people’s beliefs and expectations about what they think other people do and what they think other people expect them to do. Social norms are different from individual beliefs and attitudes because they are held collectively by groups, rather than individuals. While there is some overlap between social norms and individual beliefs and attitudes, social norms have been shown to be a better predictor of people’s behaviour. The **Social Norms Analysis Plot (SNAP)** designed by CARE International, breaks down social norms into five measurable components, which are shown in the table below:⁷

⁷ Adapted from: CARE (2017). *Applying Theory to Practice: CARE’s Journey Piloting Social Norms Measures for Gender Programming*.

SNAP Component	Definition	Example response
Empirical Expectations	What someone thinks other people do	<i>“Once you have the chance, you have to marry, because all your friends are getting married”</i>
Normative Expectations	What someone thinks others expect them to do (what someone thinks they should do, according to others)	<i>“As the head of the household, I am expected to make the final decision about when and who my daughters marry”</i> <i>“My parents will expect me to agree with their choice of husband, even if I don’t think he’s right for me”</i>
Sanctions	The real or anticipated reaction of others if the dominant norm is defied	<i>“If my daughter gets pregnant before she is married, the community will say I am a bad mother”</i> <i>“If I am not married by the time, I turn 18 all my friends will think I am unattractive”.</i>
Sensitivity to sanctions	The extent to which someone would change their behaviour (to be more norm compliant) because of negative sanctions	<i>“I wanted to stay in school but my parents said it was a waste of time and I’ve never amount to anything, so I changed my mind”</i>
Exceptions	The circumstances in which it may be acceptable for someone to defy the dominant norm without sanctions	<i>“I have no problem with a girl getting married before she turned 18...unless of course the man was very old”</i> <i>“It’s okay to prioritise your daughter’s education, but only if she is an A grade student”</i>

Beliefs and expectations can be either empirical or/and normative, however only expectations that have a normative component are considered to be *social norms*. A belief or expectation that is only empirical, it is referred to as a *descriptive norm*.

SOCIAL NORMS AND GENDER INEQUALITY

Gender refers to socially constructed beliefs and attitudes about what it means to be a man or a woman, which inform the rules that dictate how men and women should behave. Globally, men have more power, freedom, opportunities, and resources than women. Many social norms can reinforce this gender inequality and perpetuate harmful practices, including violence against women and CEFM. Gender norms are social norms that relate specifically to gender differences, for example:

There is a *normative expectation* that women will prioritise having many children over pursuing their career. This reduces women's earning potential, access to savings and superannuation/retirement, and makes them more dependent on men for financial support.

- There is a *normative expectation* that men should be the main income earner in the household and should not take time off work to look after their children. As a result, women are responsible for most of the unpaid care and household work, which in turn limits their opportunities for economic and civic participation.
- There is a *normative expectation* that men and boys will be sexually adventurous, often having multiple sexual partners before and even after marriage. On the other hand, women are expected to be chaste and avoid overt displays of sexuality. As a result, when women experience sexual violence, they are often reluctant to report it due to shame and stigma.

Many of the social norms that drive gender inequality, GBV and CEFM have been shown to be consistent over time and between countries and cultures. However, there are still some important differences in social norms, reference groups, sanctions, and exceptions between different contexts. The tools and guidance included in this toolkit have been designed to address and measure changes in the social norms that enable CEFM in *most* contexts. It may be useful for the project team to spend time engaging in reflection and formative research to better understand how much they already know about the specific social norms that drive CEFM in their local context and identifying any gaps in knowledge and areas where further exploration is needed to inform programming. This is especially the case if the country office is embarking on prevention work for the first time.

RESOURCE: Step-by-step guidance on diagnosing social norms in a specific context can be found in the **Social Norms Exploration Tool (SNET)**, available on the Align Platform: <http://www.alignplatform.org>

SOCIAL NORMS AND CEFM

CEFM is not necessarily a social norm itself, because the main reason why girls get married is not because of a perceived expectation by others that they should. Rather, CEFM happens for a range of different reasons, some of which are completely rational in the given context. It is more helpful to think of CEFM as a practice (or set of practices) that occurs *because* of social norms. In other words, CEFM is not a social norm itself but a *manifestation* of social norms. When it comes to understanding CEFM, social norms that relate to gender are particularly important.

Here are some examples about how social norms relating to gender differences can enable CEFM:

- Families may want their daughter to get married young because there is an expectation by others that girls should be virgins when they marry. Families may fear that as their daughter gets older, she may willingly seek out relationships with men, or that she may experience rape or sexual assault, compromising her virginity and bringing shame on the family.
- If families cannot afford to educate all their children, there may be an expectation that they will prioritise their sons' education. Prioritising their daughter's education may not seem worthwhile if there is an expectation that women will stay at home to raise their children instead of entering the workforce.
- In some contexts, the expectation that families will receive or demand a bride price/dowry for their daughter's marriage is a powerful driver of CEFM, especially when the expected amount is higher when the bride is younger.
- Girls may claim that they *want* to get married young, because if women are not married by a certain age they may be stigmatised as being ugly or undesirable.
- Girls may agree to get married to the person of their family's choosing, even if they do not want to, because there is an expectation that girls will always obey their parents and not participate in decision-making.

⚠ NOTE: *When implementing community outreach activities, we are not necessarily trying to change the norm of CEFM itself, rather, we are trying to challenge and change the underlying social norms that create an environment in which CEFM seems like a logical option or a desirable choice for girls and their families.*

HOW ARE SOCIAL NORMS MAINTAINED?

REWARDS AND SANCTIONS

Social norms are maintained, not through physical fines and punishments, but by *social* rewards and sanctions. These social rewards and sanctions are immensely powerful and ensure that people comply with and/or do not transgress (going against) social norms.

Social rewards occur when someone experiences approval from others whose opinions matter to them. Examples of a social reward include being included in a certain social group or being praised by someone important in the community, such as a religious leader.

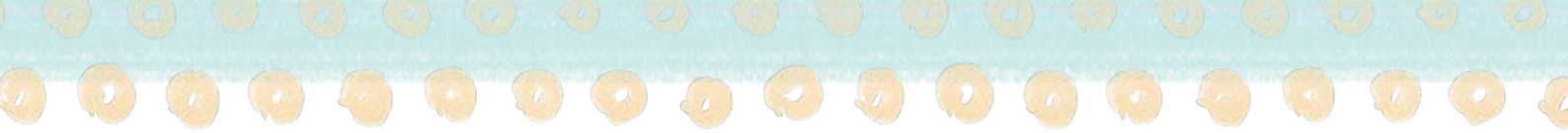
Social sanctions occur when someone experiences the disapproval of others. Examples include being the subject of others 'gossip', receiving threats or experiencing violence. Sometimes social sanctions may not actually occur, however merely the fear of them occurring is enough to ensure that people comply with social norms.

NOTE: When implementing community outreach activities, we can encourage participants to understand and reflect on social rewards and sanctions that enable CEFM and hopefully abandon them. Alternatively, we can encourage participants to apply negative social sanctions to CEFM, gender-based violence and other behaviours that perpetuate gender inequality.

REFERENCE GROUPS

Another important concept in understanding how social norms are maintained is reference groups. A reference group describes the people whose opinions matter most to us. Reference groups are unique to an individual, for example, the opinions of family members may matter more to someone who resides with their family than to someone who is estranged from their family. Similarly, the opinions of religious leaders may be more important to a person of faith, than to an atheist.

NOTE: Understanding whose opinions matter to different groups in the community can help the project team to recruit and target participants for community outreach activities. A tool for identifying reference groups of male and female caregivers, which can be used to recruit opinion leaders for community dialogues, is included in Annex 1.



HOW DO SOCIAL NORMS CHANGE?

Social norms are constantly changing. Many of the forces that have been shown to influence social norm change are beyond the control of humanitarian actors, such as the introduction of new legislation, changes in political leadership, access to education and economic development more broadly. Shifting social norms directly through community outreach activities can be difficult, simply because no-one wants to be the first one to change (especially if it results in disapproval from others). However, there are some strategies that have emerged from research and evidence-based practice, which have demonstrated to be effective in shifting social norms.

CONSENSUS-BUILDING

It is not sufficient to simply raise awareness of the harmful nature of social norms or tell participants how they should behave. Shifting social norms starts with changing individual attitudes within a reference group. At least some people must be ready to change and think that other people will also change, otherwise they will be afraid of sanctions. Building consensus within the reference group through critical reflection and dialogue will be important. This requires groups to come together and learn about and discuss an issue and through a deliberate process, decide whether they are willing to negotiate change as a group.

BUILDING NEW NORMS

Expecting people to challenge or abandon harmful social norms can be difficult, especially if they have existed for a long time, or the social sanctions for transgressing them are very severe. When implementing community outreach activities, it may be easier and more strategic to support participants to replace harmful social norms with new, more positive ones. For example, in some locations where Female Genital Mutilation/Cutting (FGM/C) is practiced, organisations are trying to encourage families towards non-violent rites of passage that celebrate their daughter's progression into adolescence in an empowering way. Facilitators can also consider opportunities to build strategies around "meta norms" that drive multiple behaviours. For example, by challenging the norm that violence is an appropriate form of discipline, facilitators can simultaneously address corporal punishment in schools, harsh punishment at home, and intimate partner violence.



TARGETING ‘OPINION LEADERS’

Even within reference groups, some people are more important than others in maintaining (and transforming) social norms. People who others look to as role models, or who are influential in determining what is or is not appropriate or desirable ways to behave are called opinion leaders or ‘norm setters’. Opinion leaders and norm setters vary greatly between contexts, for example, celebrities might be norm setters among adolescent girls and boys in urban areas, while religious leaders may be norm setters in faith observing communities. Project teams can seek to identify and engage opinion leaders and norm setters in their community outreach activities, either as direct participants, co-facilitators or supporters. They can also assign status to those who transgress negative and harmful social norms. A tool for identifying reference groups of male and female caregivers, which can be used to recruit opinion leaders for community dialogues is included in **Annex 1**.

ORGANISED DIFFUSION

In most community outreach programmes, only a small proportion of the total population will directly participate in the activity. For social norms to change, the positive effects of community outreach activities need to ‘diffuse’ from participants, to their families, networks and eventually the broader community, until widespread adoption is achieved. When implementing community outreach activities, project teams implement deliberate strategies to support norm diffusion. Examples include providing participants with tools to discuss their newfound knowledge and ideas with their families and opportunities for participants to develop and implement community actions in theirs and other communities.

PROMOTING GENDER EQUALITY AND WOMEN’S EMPOWERMENT

Some people are more compelled to comply with social norms than others, especially those who lack agency or autonomy (personal freedom). People who have less agency and autonomy, including women, are less likely to be able to make choices for themselves and prioritise their needs. This increases sensitivity to negative social sanctions and makes it much harder to abandon harmful social norms. Leveraging opportunities to promote gender equality and women’s empowerment, such as creating leadership opportunities for women and girls within programme implementation, can be an effective part of a multi-faceted strategy for social norm change.



PART 2



THE IMPLEMENTATION GUIDE

WHAT IS THIS GUIDANCE?

The purpose of **The Implementation Guide** document is to provide guidance to managers and practitioners on the design, implementation and monitoring of the CEFM Programme. This includes instructions specific for facilitators responsible for conducting the activities, the Theory of Change that demonstrates a logical path between toolkit activities and measurable outcomes.

The Implementation Guide also provides details for application of the individual tools included in the **ENGAGE Toolkit**.



BASICS OF FACILITATION

Facilitators play a crucial role in the success of the **ENGAGE** programme implementation. They are the ones who will be at the forefront of guiding communities in uncovering hidden aspects about harmful social norms and making crucial decisions for their long-term change. For that reason, this section is included to provide some general guidance on facilitating an effective group work that applies to all the activities in the **ENGAGE Toolkit**.

PLANNING AHEAD

Facilitators should prepare to facilitate each activity well in advance. As a general rule, facilitators should spend twice as long planning for the activity as they spend facilitating it (e.g., a 1-hour session requires up to two hours of planning and preparation).

In addition to revising their knowledge of the session topic, it might be helpful for the facilitators to:

- Understand the demographics of the participants (e.g., age, religious and ethnic background, marital status, etc.) and how it might affect their participation and engagement.
- Consider whether participants have any accessibility needs, including relating to gender and disability. For example, is the time and location of the session safe and convenient for women and children? Is the venue accessible for those who might have different physical, hearing, seeing or language abilities?
- Anticipate the needs and expectations of participants regarding the activity, including managing unrealistic expectations.
- Establish ground rules relating to photography. If photos/videos will be taken, then participants have a right to choose if they will be included in a photo/video or not. Rules relating to children under the age of 18 are stricter and you should refer to the relevant Child Safeguarding Policy or exclude them from photos/videos.
- Role play or step-through the facilitation of the activity with colleagues, including checking that the timing provided for the session is accurate, and you have a plan for how you will adapt the activity if you run over time.


CREATING A SAFE SPACE

Group activities must be conducted in a way that is physically and psychologically secure to ensure that participants feel safe and comfortable when participating. Make sure that you know in advance the security protocol for the location and venue. Ensure at the start of the workshop that participants are informed of the location of toilets, appropriate spaces for taking personal phone calls, and emergency exits. You should also be aware of the availability and location of a first aid kit. Familiarise yourself with the details of service providers in the area and ensure appropriate reporting and referral pathways are in place.

It is particularly important to consider gender when creating a safe space. Women and girls should be consulted regarding the potential risks they might face, this includes venue location (and the route to get there) and timing of activities. Facilitators should recognise the unique and gendered barriers that women face to participating in public activities and ensure that no harm is done to the participants. Special considerations should be taken for adolescent girls, who should be provided with a girl-only space which they help to identify. In humanitarian settings, this could include a women's safe space, child/youth friendly space, rooms in community facilities. Additionally, the programme could be conducted in mobile safe spaces.

The safe space checklist should include:

- ✔ Accessibility to adolescents
- ✔ Can items be left in the space when the programme is not in session? Can facilitators keep supplies in a safe location if this is not an option?
- ✔ Can the space be locked when not in use?
- ✔ What procedures need to be put in place to ensure that the space remains safe and confidentiality is ensured?
- ✔ Does the community understand the programme objectives and agree to allow the programme to take place?
- ✔ Who needs to be involved to ensure that the space remains safe and accessible for the programme cycle?

 **NOTE:** For activities targeting adolescent girls, the community mapping activity included in Annex 3 can be used before commencing the programme to ensure that the location of the activity is safe and accessible.

COMMUNICATING EFFECTIVELY

Facilitating group work requires not only subject matter expertise, but excellent communication and interpersonal skills. Some tips for communicating effectively with groups include:

- Use clear and easy to understand language (avoid complicated words or jargon).
- Use a loud and confident voice so people can hear what you are saying.
- Make good use of humour when appropriate.
- Be friendly, use eye contact (where culturally appropriate) and remember people's names.
- Facilitate sessions with a sense of excitement and energy.
- Use effective body language as well as verbal language. Also be mindful of body language that might be distracting (wringing hands, etc.).
- 'Be yourself' and develop your own effective communication style.

REMEMBER, anyone can develop communication skills with practice over time!

MANAGING GROUP DYNAMICS

The ability to manage group dynamics is an important skill for facilitators.

- Create a participatory environment for the participants by creating open seating arrangements such as sitting in circles and encouraging games and activities for participants to interact with one another.
- Participants may find it easier to focus if there is continuity between sessions and they know and can anticipate the session format. Make sure you begin each session with a review of the learning objectives and conclude with the key messages of the session.
- Ensure that all participants have an opportunity to speak and actively participate if they choose. Sometimes a dominant participant might not let others talk or reject others' opinions and point of view. It is important to not criticise the person but rather thank them for their participation and invite others to share. If the individual continues to be dominant, speak to them privately at the end of the session and explain that it is important for everyone to have an opportunity to speak.
- Provide psychological first aid to participants who become distressed. It is important to validate a participant's distress and to also provide them an opportunity to calm down either on their own or through breathing exercises. If you are unable to manage within the group context, ask the participants to take a 10-minute break so you are able to sit with the individual. Invite the distressed participant to re-join the group if they are ready or take an additional 10 minutes on their own. Follow up with the individual privately after the session. Secure an opportunity to refer the individual to a specialised service provider as needed.

Strategies toward conflict resolution & for managing some challenging behavior while facilitating adolescents' groups⁸:

- Establish ground rules with the adolescent group members and ensure these are agreed with all members from the start.
- If a young person is being very disruptive, try engaging him or her by drawing them into the activity.
- Respond but do not react angrily.
- Address the most challenging behavior after it begins to demonstrate its boundaries. Make sure your expectations are reasonable.
- Use a voice that is not aggressive, but still strong, use eye contact.
- Try inviting the young person to be involved, supporting you in the facilitation. However, if they continue to be disruptive then they will have to miss part of the activity as agreed in the ground rules.
- Give participants an option to leave and return next week.

! CONTEXT AND CULTURAL CONSIDERATIONS

On occasion, the curricula will need to be adapted due to context and cultural considerations. *Adaptation* describes all the changes, inclusions, and omissions that facilitators make to the toolkit activities during the process of implementation. It is important to strike a balance between *adaptation* (reasonable changes made to the activity to make it fit in the local context), which is seen as a positive process, and *drift*, which is a misapplication of the programme model, often involving either technical error, abandonment of necessary or core components, or the introduction of counterproductive elements, which often results in poorer outcomes.

There are several reasons for misapplication of the programme model:

- The facilitator did not understand the instructions
- The facilitator was unprepared
- There was insufficient/too much time for the activity
- The activity content might have offended the participants (i.e., it was inappropriate)
- The activity did not interest participants (i.e., was too boring)
- The resources required to facilitate the activity were not available
- Some external event beyond the control of the facilitator interpreted the event (e.g., bad weather, political unrest, etc.)

⁸ Adapted from Adolescent Programming Coaching Handbook, World Vision International, 2022.

 **NOTE:** Differences in the group interfere with the group dynamics. For instance, you may need to discuss these differences openly with the group during the group rules discussion. You might need to monitor group discussion to make sure participants are respecting others with different backgrounds or beliefs.

Adaptations and reasonable changes, where a facilitator may change an activity, include:

- Extending or shortening the length of the activity (including the number of sessions and timing of each session)
- Including, omitting, or changing certain key messages, names or activities
- Using examples different to those provided (e.g., that are more contextually relevant)
- Changes to the participants, including way participants are grouped
- Changes to the time/date/location of the activity
- Changing the way that words and phrases are translated

DISCUSSING SENSITIVE TOPICS⁹

Some of the topics in the activities, such as child, early and forced marriage; gender inequality; sexual and reproductive health; wellbeing, can be sensitive for some people. Some topics are considered to be taboo to talk about, either with girls, women, or the wider community. However, the topics themselves are incredibly important and may include lifesaving information for the participants. Mentors/facilitators may not be comfortable giving this information to participants. Participants themselves may feel uncomfortable receiving the information. Furthermore, the wider community may be resistant to this information. When implementing these sessions, it is important to remember that this information is sensitive but critical for the participants to know, and so it is important to try to find a way to give this information to them in the safest possible way, where relevant. It is important not to omit or avoid certain topics or messages, simply because they are sensitive. Rather, facilitators should understand both the culture, context, and the community they are working in and anticipate in advance how to approach sensitive topics while still delivering the key messages of the activity. Facilitators should discuss and share effective strategies for discussing sensitive topics during regular reflection session.

 **NOTE:** The individual tools in the **ENGAGE Toolkit** include specific guidance and tips for facilitating activities with sensitive topics.

⁹ Adapted from IRC, GIRL SHINE, <https://gbvresponders.org/adolescent-girls/girl-shine>

It is important to assess the content of the session material to ensure that it will not increase risk or harm toward participants. Consider which adaptations to the content need to be made to decrease potential risks to the participants or to the programme in general.

Some of the key considerations for implementing sensitive content is **safety, comfort** and **relevance**. Mentors/facilitators should consider the following questions:

SAFETY

Is this something that can be done in a group setting, or does it need to be provided on a one-to-one basis?

Should this sensitive topic be covered by the mentor/facilitator or is it better to refer participants who may require this information to a caseworker?

Is the approach used to discuss sensitive topics, such as for example ASRH, appropriate to the context? It is important to ensure that the language used is in line with what is commonly used in that specific context. In contexts where it is not possible to present certain information in a direct manner, an alternative could be to present it through scenarios.

Is the mentor/facilitator equipped on how to manage GBV disclosures during a group activity, do they have updated information about the referral pathways and services so that they can safely refer the participants to case management if they seek support and provide consent?

COMFORT AND TRUST

- Has trust been built with the participants before the sensitive session takes place?
- Is the information being provided at the appropriate time (for example, due to sensitivity of the topic, is it better to wait until more trust has been built)?

⚠️ NOTE: *It might be possible to deliver sensitive content to participants without any adaptation. The issue may be in relation to how comfortable participants feel and how much trust has been established within the group before dealing with these topics. Sequencing of sessions may need to be adapted to include these sessions later in the curriculum.*

- Has the mentor/facilitator prepared the sensitive session and are they fully aware of the information they need to provide? Are mentors/facilitators equipped with the necessary skills and attitudes to deliver sensitive information to participants? Do they feel comfortable and equipped with the knowledge and skills to present this information?

⚠ NOTE:

- *If facilitators and mentors are not equipped to give sensitive information to participants, are there specialised staff who can deliver these specific sessions (for example, health workers, nurses, etc.)? If not, consider other options for delivering this information.*
- *Although issues with mentors/facilitators can be addressed through training, it can take a long time before mentors/ facilitators are fully comfortable with providing this information, so ensure the curriculum is not overly ambitious in its assumptions about what a mentor/ facilitator can do.*
- Do the mentors/facilitators hold specific beliefs about limiting participants' access to this information or that contradict curriculum content?
 - ⚠ **NOTE:** *Adapt sessions based on the level of the mentors/ facilitators. The training room is a safe space where participants should feel free to express whatever feeling and opinion they wish, and the facilitator should listen and guide the conversation rather than interject their personal beliefs and opinions. If country staff don't feel that mentors/ facilitators are able to deal with complex questions that participants bring up, think about adapting questions in the sessions to ensure harm is mitigated. For example, do not include questions in the adolescents life skills workshops about sexuality, if it could lead to mentors/facilitators sharing harmful beliefs.*
- Have they considered how they will respond to sensitive questions?
- Have they asked for help from a supervisor to support them with the session?

RELEVANCE

Have the mentors/facilitators made sure that the session content is relevant to the group they are working with?

Do the adolescents or caregivers' mistrust the programme or believe the intervention is relevant?

Have adaptations been made for the context?

Tips for facilitating Health Sessions¹⁰

Given that control of sexuality plays such a pivotal role in early marriage, there is a lot of content on sexual reproductive health, particularly in the tools to work with adolescents.

The health content is designed to empower girls and boys to stay healthy while learning how their bodies function. When adolescents know their bodies, know about puberty, and the core facts about reproductive health and sexual reproduction, they will be better protected from misconceptions and distortions they may hear from friends, the community, and those who wish to do them harm. The content of the health and hygiene sessions will be considered controversial in some cultures and settings, as it empowers adolescents to know about their own sexual health and well-being. They may learn concepts that are not even talked about among close family members or caregivers at home. To do this well and safely, mentors/facilitators should take great care on the content chosen and how it is delivered.

- Become comfortable with being uncomfortable! Much of this information may also be new to mentors/facilitators, and so it might be challenging to talk about at first. Spend extra time with the material and concepts that are unfamiliar or more complicated. Always use the correct terminology for body parts and functions, be clear about how the male and female reproductive systems work and be honest about the impact of reproductive health risks. The more comfortable you are with the content, the more comfortable and safe the participants will feel as well.
- Use positive body talk. Now is the opportunity to model, particularly to adolescents, positive self-image. Be sure to frame menstruation in a positive way, and highlight that it is a key factor in girls staying healthy. Be sure to acknowledge experiences that fall outside of the norm, like that menstruation might start during a wide range of ages, how it may last longer for some than others, or that some girls may not menstruate at all.
- Identify areas of the content that, if taught in a certain way or to the full extent, may put the participants or the programme at greater risk in the community. While maintaining programme integrity is critical to programme objectives, each team must determine what content can safely be delivered in each context.
- Invite health professionals from your organisation or the broader community to present the health and hygiene topics. Make sure selected speakers use accurate information and are in line with the philosophy and approach of **ENGAGE**.

¹⁰ Adapted from IRC, GIRL SHINE, <https://gbvresponders.org/adolescent-girls/girl-shine>

- Pay close attention to misconceptions that are shared by programme participants, and ensure those misconceptions are addressed and clarified. Pay attention to how the conversation about health and hygiene affects participants or triggers certain reactions. Notice if any participants bring challenging behaviors to the group. Disruptive behaviors should be addressed but not punished. For example, adolescents will often act out or remain guarded when they feel unsafe or a certain topic is triggering something personal for them (Refer also to tips for “*Managing some challenging behavior while facilitating adolescents’ groups*”, outlined in ‘**Managing Group Dynamics**’ section).
- Take the “safety temperature” of the group if necessary. Use numbers or pictures/symbols of faces for participants to indicate how safe they feel coming to group, talking about the specific health topics, and applying what they learnt at home or in the community.
- Remind the participants that confidentiality is part of the group agreement, and that anything they share in group will stay in group.
- Use icebreakers as needed to warm participants up for the topics and increase their familiarity, safety, and comfort with each other (refer to section “**Icebreakers and Energisers**”, as needed).

Below are a few tips to help mentors and facilitators to be prepared for facilitating sensitive topics and being ready to address sensitive issues:

Before the sessions:

<p style="text-align: center;">TRUST</p> <p style="text-align: center;">Building trust before these sessions is crucial.</p>	<p style="text-align: center;">PLAN AHEAD</p> <p style="text-align: center;">What do you want to achieve during the session? Are you confident about the information you are presenting?</p>
<p style="text-align: center;">SET YOUR LIMITS</p> <p>You may feel embarrassed to answer some of the questions participants ask. Be honest and tell them if you are unable to answer their questions. However, take the responsibility to follow-up on the questions raised with other respective specialists and come back to the participants with an answer.</p>	<p style="text-align: center;">GET ADVICE</p> <p>Talk to your colleagues or supervisor to get their advice on how to tackle these topics. Ask for their help if you need to. When seeking advice, remember to respect participants’ privacy and abstain from sharing information about them with others.</p>
<p style="text-align: center;">LANGUAGE</p> <p style="text-align: center;">Think about how you will explain sensitive terms to the participants, such as sex and pregnancy.</p>	

! **NOTE:** If you do not feel comfortable giving information on these topics due to your personal beliefs, values, etc., please talk to your supervisor. It is essential that information provided to participants is factual, not biased, and given in a sensitive and non-judgmental way.

During the sessions:


Be prepared to deal with shyness.	Remind participants of the ground rules and confidentiality.
Establish what they know first, before giving them information (they may be able to explain it in a way that other participants understand better).	Provide participants with accurate and factual information.
Ask them at each stage if they are happy to continue to the next topic. Get their consent to continue. If you do not know the answer, be honest. Try to find the answer for the next session.	Do not push the participants to answer questions they are not comfortable answering.
Do not ask them direct questions related to their personal experience.	If they share their personal experiences, thank them for sharing.

After the sessions:

Ask participants if anything remains unclear.	Give them the opportunity to write their comments/ feedback/suggestions in a confidential way (for example, give them paper that they can write on and hand in if they are not comfortable verbalising certain issues).	Remind them of confidentiality.
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DEALING WITH DIFFICULT EMOTIONS AND DISCLOSURES BY PARTICIPANTS

Sometimes participants will share personal information that might make others feel uncomfortable. This may include disclosing that they are currently or have in the past perpetrated or experienced physical or sexual violence. When someone shares personal information (including making a disclosure) it is important to try not to let it interrupt the flow of the activity. Facilitators should show empathy and validate feelings of the person who is speaking. If appropriate, they may ask the group to share supportive statements to the person who disclosed a painful or traumatic event or ask others to share their experiences as well (e.g., “Thank you for sharing this with the group. It seems like a difficult situation. Do others have other experiences they would like to share?”).

 **NOTE:** *A skilled facilitator may be able to make the discussion a beneficial opportunity for the participants to express their feelings and be heard, or even just express natural human emotion. People also might find comfort in knowing that their experiences and perspectives are considered valuable. However, this should not be attempted by facilitators without extensive skill and experience working with people in distress.*

If the information being shared by the participants is not relevant or too personal, the facilitator can gently redirect the discussion by acknowledging people’s experiences and reminding them of the objective of the session. After the session, it is important to speak with the individual, provide Psychological First Aid (PFA) if necessary (see the section below) and refer them to case management services as appropriate.

There might be instances where a disclosure cannot be managed within the group and requires immediate response. This includes situations where participants are highly distressed or there is disruption within the group. Should this occur, nominate one to two persons to lead an activity. As a facilitator, deal with the situation outside the venue room and seek support immediately from another staff member.

 **NOTE:** *Facilitators need to know and be prepared to report and refer a case of abuse to be sure that the person who experienced violence gets help.*

How can you understand that a person is becoming distressed?

Be vigilant about participants mood changes, take note of the following:

- Physical symptoms, such as shaking, headaches, feeling very tired, loss of appetite, aches and pains
- Crying, sadness, depressed mood, grief, anxiety and fear
- Being 'on guard' or 'jumpy'
- Worried that something really bad is going to happen
- Insomnia or nightmares
- Irritability or anger
- Guilt or shame
- Confused or emotionally numb; disorientation
- Appearing withdrawn or very still
- Not responding to others or not speaking at all

Suggested steps to take if a person becomes distressed during an activity:

- Show empathy and validate feelings.
- If appropriate, ask the group to share supportive statements to the person who disclosed a painful or traumatic event.
- Gently ask the participant if they want to leave the activity without making a public scene.
- If they choose to do so, the facilitator should then ensure that the person feels safe and secure (which may or may not involve removing them from the setting), helping the person to calm down using calming techniques, listening carefully to the person's concerns, and then addressing their concern in an appropriate manner.
- However, if the matter is more serious and the person is distressed due to abuse within the home, for example, the facilitator should reassure that supportive service providers are available to assist them and take appropriate action to report the case and ensure the person's safety. Speak with the individual and refer to case management or other relevant services as appropriate.
- Ensure closure if you observe that participants are affected by a sensitive subject or disclosure by practicing PFA or relaxation exercises.

PROVIDING PSYCHOLOGICAL FIRST AID¹¹

During the programme, it might be necessary for facilitators to provide Psychological First Aid (PFA) to support the participants as they learn and practice new strategies. PFA provides initial support to participants to reduce their level of distress. It is common for individuals to feel anxious, confused, angry and depressed in humanitarian settings, especially adolescents who might not have the necessary tools and assets to cope with challenging situations. PFA is not psychosocial counselling nor a therapeutic debriefing but rather a one-time intervention to provide basic support in an informative and caring manner until the individual is referred to a specialised care provider.

The delivery of PFA should reflect confidence in the abilities of the individual being supported.¹² The fundamental principles of PFA are to **Look, Listen, and Link**.¹³



LOOK

When responding to an emergency situation, the provider of PFA must observe the immediate environment and look for the following:

- Risks to their own physical safety
- People with very evident, basic, and urgent needs
- People with severe distress reactions



LISTEN

Upon identifying a distressed individual, approach them gently:

- Ask about their needs and concerns
- Listen to them, and help them to feel calm



LINK

Help them to address basic needs and access to services:

- Help them to cope with their immediate concerns
- Give honest information
- Connect them with a trusted adult and social supports

¹¹ UNICEF (2020). Adolescent Emotional Wellbeing Toolkit.

¹² Psychosocial Interventions, A Handbook. (2009). IFRC Reference Centre for Psychosocial Support. p102.

¹³ Psychological First Aid: Guide for Field Workers. (2011). WHO with War Trauma Foundation and World Vision International. Pg. 18.

In some cases, higher-level assistance and medical care is needed.

! **NOTE:** *Psychological First Aid is not enough when it appears that:*

- The distressed person has life-threatening injuries requiring urgent medical care
- The distressed person may hurt themselves
- The distressed person may hurt other people¹⁴

ENSURING CONFIDENTIALITY AND GAINING CONSENT

It is important to establish the concept of confidentiality early in the programme, including:

- ✓ How identifying information gathered during the programme will be used and protected.
- ✓ How information disclosed during the training, such as personal stories, examples, and general discussion among participants will be used, shared and protected.
- ✓ On what grounds confidentiality may be breached (e.g., in the case of mandatory reporting laws and/or if a child threatens to harm themselves or others).

Many of the monitoring and evaluation tools included in the toolkit require the facilitator or interviewer to obtain informed consent from participants before administering the tool. This includes explaining to the participants how the assessments will be conducted, and the results presented and reported. Unless specific consent to do so has been obtained, personal information must not be disclosed or transferred for purposes other than those for which they were originally collected, and for which the consent was given.

Participants must be fully aware of any risks or potential discomfort that may arise during the programme. It should also be made known that participation is voluntary and that the participants can withdraw from the discussion group or any part of the programme at any time.

Participants must also understand that there are special circumstances whereby confidentiality may be breached, such as cases where a person is being abused or exploited and there is a legal requirement to seek outside assistance.

! **NOTE:** *Gaining informed consent and assent for children generally requires more stringent standards of consent, and specific guidance is provided in various tools where the respondents are likely to be under the age of 18.*

¹⁴ Ibid.

PROMPTS FOR FACILITATORS IN THE TOOLS¹⁵

Each session in all tools in **ENGAGE** comes with detailed instructions. The instructions are listed in the order in which they should be implemented. Please try to follow the instructions as outlined. If you prefer, you can use your own words to explain each point, instead of reading directly from the guide. The guide clearly identifies sections where you should say things to the participants, where there are open questions for discussion, and where you will ask questions.

Examples of the instructions in various tools include:

SAY

This is what the facilitator should say out loud. Usually, the facilitator is introducing a new topic, idea, providing information or sharing their own experience. You can always share your experiences to help participants better understand the topics. This will help introduce the topic and provide the necessary information for the participants to build an understanding of the session content.

EXPLAIN

This is detailed information that the facilitator is expected to provide to the participants. This builds upon the 'SAY' instruction to provide examples and in-depth information to ensure that the message and information is clear and understood.

ASK

These are guiding questions the facilitators will ask the participants to help get them thinking about the session topic. After asking a question, always allow time for the answer. Sometimes questions are just meant to get the participants thinking and talking about their own experience or how they feel. The questions are there to establish what the participants already know about a specific topic or issue. It is not necessary to ask every single question, for instance if you are running out of time.

DO

These are activities the facilitator will lead with the participants. Follow the instructions, as they will keep you organised. Activities may involve having the participants to get up and move around, draw a picture, act, or share in a small group. Have fun with these activities!

¹⁵ Girl Shine Life Skills Curriculum, Features of the Learning Session, p. 13

NOTE

This prompt gives guidance to the mentor/facilitator on a specific activity or on addressing common challenges/issues they may face in the activity.

REFER

This is found in the training materials only, and guides the participants (i.e., staff) to the participant workbook included in the training package. This helps the facilitator to reference key learning points, review discussion questions and direct participants to handouts throughout the training.

ICEBREAKERS AND ENERGISERS¹⁶

The games listed below can help with skill practice and concept application, as well as shake things up, get participants focused, increase safety and comfort, and support the group in just having fun. Below are some examples that mentors/facilitators can pull into the group time as appropriate. These activities can also be adapted for female/male caregivers as well to demonstrate what the adolescents are doing in their groups. Common local games can be facilitated also, keeping in mind that all activities should provide a safe, fun, inclusive and participatory experience for all involved. Remember to also take account of age, gender, culture and abilities so that everyone can participate comfortably.

FOR ADULTS AND ADOLESCENTS:

NAME GAME:

Form a circle with everyone standing up. The first person says their name and makes a motion or symbol to represent themselves. The next person repeats the name and symbol of the person before them, then says their own names and adds their own motion or symbol. The next person repeats the name and symbol of everyone before them and then adds their own. Repeat until everyone in the circle has gone. This game supports the participants in getting to know each other and learning everyone's names.

THE WAVE:

Form a straight line with participants standing behind each other. The leader starts off making an arm motion; the group members repeat this motion one at a time immediately following each other to make a wave. See how fast they can go. The leader can change the motion and the pattern of the wave.

¹⁶ Girl Shine Life Skills Curriculum, Girl Shine Games & Icebreaker Menu, p. 31

GROUP LAP SIT:

The group will start standing in a circle, shoulder-to-shoulder. Everyone then turns to the right and puts their hands on the shoulders of the person in front of them. The group will need to work together to communicate. At the count of 1-2-3, everyone is instructed to sit on the knees/lap of the person behind them. If this is done too quickly, group members will fall over. Once this has been completed, the group may wish to try to walk in this formation. This is a dynamic activity, and one that will make the group feel a great sense of accomplishment when successfully completed!

HUMAN KNOT:

Participants stand shoulder-to-shoulder in a circle, placing both hands in the centre. When the leader says “Go” everyone grabs the hands of someone else, being careful not to grab both hands of same person or the hands of someone right next to them. Once everyone is connected, the object is to untangle the knot, without releasing the grip, except for permissible pivoting, as long as all hands continue to touch.

TELEPHONE:

Everyone stands in a line. The person at the front of the line whispers something into the ear of the next person, and so on and so on, until the last person hears the whisper from the person in front of them. The last person then says what the sentence was to the whole group and checks to see if it’s the same thing the first person started with. Most often, it isn’t!

FRUIT FESTIVAL:

Ask the participants to form groups according to their favourite fruit, or divide them into groups and ask each group to agree on a kind of fruit. Ask each fruit group to find a very small song (two or three words, and/or vocals and sound effects) and dance (a pattern of rhythmic movement) for their group. Act as a “maestro” and call them group by group to present their performance. Then start mixing them together, for example mangoes and bananas, so the groups who are called together have to perform together. From time to time, shout “fruit carnival” at which time all fruit groups should perform together. Try and explore exotic arrangements and variations. Be creative!

ANIMAL GAME:

Give slips of paper to each member of the group. Write the name of an animal on each slip (maximum three to four different animals total, depending on the size of the group). Hand the papers out at random. After you count to three, each person should make the sound of the animal on their paper and find the other members of their animal group. The first group to find each other the quickest, wins.



FOR YOUNGER BOYS AND GIRLS¹⁷:

CLAPPING NAME GAME:

The leader starts clapping in a rhythm. To this rhythm the leader calls out their own name, and then calls out someone else's name. For example, the line could be in alphabetical order of their given name. This continues until everyone's name has been called.

NAMES IN ORDER:

Tell the children that this is a silent game. Ask them to stand up and try to form a line in the order of their names, without talking. For example, the line could be in alphabetical order of their given name. When they are all lined up (still no talking!), they can say their names one by one along the line and see if they are in the right place.

COCONUT:

The facilitator shows the group how to spell out C-O-C-O-N-U-T by using full movements of the arms and the body. Then all participants try this together.

BODY WRITING:

Ask the children to write their name in the air with a part of their body. They may choose to use an elbow, for example, or a leg. Continue in this way, until everyone has written his or her name with several body parts.

THE SUN SHINES ON:

The children sit or stand in a tight circle with one person in the middle. The person in the middle calls out, "The sun shines on..." and names a colour or articles of clothing that some in the group possess. For example, if the person says, "The sun shines on all those wearing blue," everyone wearing blue has to try to change places with one another. The person in the middle tries to take one of their places as they move, so that there is another person left in the middle without a place. The person in the middle shouts out "The sun shines on..." and continues the game.

¹⁷ IFRC and World Vision International: A Toolkit for Child Friendly Spaces in Humanitarian Settings; The Activity Catalogue for Child Friendly Spaces in Humanitarian Settings, p. 27

IMPLEMENTING SERVICE DELIVERY ACTIVITIES

This section provides guidance for the implementation of **service delivery activities**, including planning, monitoring and evaluation.

The goal of the service delivery activities included in the **ENGAGE Toolkit** is to prevent, mitigate and *respond* to CEFM and minimise the harm caused to women and girls who have experienced it or are at risk of experiencing it. The activities seek to achieve this goal through providing life skills training to build assets, create awareness and promote positive coping mechanisms, with the focus on adolescent girls and boys.

The service delivery related activities, including the timeframe and sequencing relating to other activities, are highlighted in the table below:

	PREPARATION PHASE (WEEKS 1-5)	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
ACTIVITY	<ul style="list-style-type: none"> Train community outreach workers and caseworkers in how to implement the community outreach and service delivery activities <p>Who is Responsible Programme managers, supervisors</p>	4 weeks	
	<ul style="list-style-type: none"> Conduct baseline rapid social norms assessment (community outreach activities) and opinion leader identification tool (caregivers' sessions only) <p>Who is Responsible Programme managers, supervisors and/or M&E team</p>	1 week	
	<ul style="list-style-type: none"> Conduct pre- assessment with adolescent girls (service delivery activities) <p>Who is Responsible Facilitators and/or caseworkers</p>	1 hour per individual	

	IMPLEMENTATION- PHASE 1 (WEEKS 6-27)	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
Service Delivery	<ul style="list-style-type: none"> Life skills workshops for adolescent girls and adolescent boys <p>Who is Responsible Facilitators and/or caseworkers</p>	11-15 weeks	<p>Implementation of the service delivery component is not phased, rather, activities are implemented continuously in cycles as eligible participants are identified.</p> <p>A 'stepped care' approach must be taken to service delivery activities, whereby the focused care sessions build on the life skills workshops (eligible participants can attend one or both)</p>
	<ul style="list-style-type: none"> Focused adolescent girl groups <p>Who is Responsible Facilitators and/or caseworkers</p>	7 weeks	
Community Outreach	<ul style="list-style-type: none"> Male and female caregivers' sessions <p>Who is Responsible Community outreach workers</p>	17-22 weeks	<p>The minimum amount of time required for Phase 1 of the community outreach component is 22 weeks, assuming all activities are delivered concurrently, however it may be extended for as long as required to complete Phase 1 activities.</p>
	<ul style="list-style-type: none"> Religious leaders' workshops (optional) <p>Who is Responsible Community outreach workers</p>	7 weeks (spread over 14 weeks)	
	<ul style="list-style-type: none"> Teacher's workshop (optional) <p>Who is Responsible Community outreach workers</p>	Anytime during phase 1	
	<p>Weekly and monthly supervision meetings, monitoring activities</p> <p>Who is Responsible Supervisors and frontline workers</p>	Every week	

IMPLEMENTATION- PHASE 2 (WEEKS 28- 42 AND AFTER)		TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
ACTIVITY	<ul style="list-style-type: none"> Community dialogues <p>Who is Responsible Community outreach workers</p>	16 weeks	The community dialogues should not begin until Phase 1 activities have concluded.
	<ul style="list-style-type: none"> Implementation of community-led social norms change <p>Who is Responsible Community dialogue members, supervised by community outreach workers</p>	TBC	
MONITORING AND EVALUATION		TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
ACTIVITY	<ul style="list-style-type: none"> Conduct end line rapid social norms assessment (community outreach activities) <p>Who is Responsible Programme managers, supervisors and/or M&E team</p>	6-12 months after intervention ends	
	<ul style="list-style-type: none"> Conduct post-assessment with adolescent girls (service delivery activities) <p>Who is Responsible Facilitators and/or caseworkers</p>	1 hour per individual	

OVERVIEW OF SERVICE DELIVERY COMPONENT

The service delivery component of the **ENGAGE** programme includes two sequenced activities delivered in a single implementation phase, with the option of referral to case management or specialised services for girls who require additional support.

LIFE SKILLS WORKSHOPS

The life skills tools consist of 14 sessions for adolescent girls and 13 sessions for adolescent boys (1 session per week over 13-14 weeks or 2 sessions per week over 7 weeks), with adaptations according to chronological and developmental age and marital status of adolescent girls.

FOCUSED CARE SESSIONS

This tool consists of 7 sessions for adolescent girls who are at imminent risk, already married, widowed, and divorced. These sessions are designed to build their assets and develop positive coping mechanisms for challenging situations. Participants should only be referred to participate through case management services.

CRITERIA FOR SELECTING SERVICE DELIVERY FACILITATORS

The life skills workshops will be delivered by experienced facilitators who should complete the full training in the CEFM toolkit during the Preparation Phase before beginning. Facilitators should also possess the following skills and experience:

- Literacy (in the language the toolkit is published) so as to be able to review and use the tools.
- Experience in group facilitation with young people.
- Prior knowledge of core concepts relating to GBV and gender (in addition to this CEFM training).
- Strong understanding of and commitment to gender equality.
- If possible, specific facilitation experience on gender equality or other sensitive topics is desirable.

The focused care sessions should be delivered by case workers, psychologists or someone who possesses extensive training in delivering GBV interventions. These facilitators should have a sound knowledge of the available services and referral pathways in their area, so that they can provide referral to supports as needed.

TARGETING AND RECRUITING PARTICIPANTS

The service delivery activities are designed for adolescent girls and boys aged 10-19 years old. All adolescents are invited to participate in the activities; however, participants will be grouped depending on the needs, age, sex and marital status.

It is crucial that country teams map and identify adolescent girls and boys from a specific community to participate in the service delivery activities, including girls and boys in isolated and hard to reach areas, those with disabilities or those who may be excluded for other reasons, such as their ethnicity or religion. The mapping should include discussions with community groups, teachers, service providers, community leaders and older girls and women to identify participants. To identify boys and unmarried girls, staff should speak with women and girls, men and boys attending existing activities, especially those related to adolescent programming. In addition, the mapping should be guided by a recruitment strategy, with appropriate tools (see **Building Girls' Protective Assets** tool below) to ensure mobilisation does not miss segments of young people with the greatest need for services and support.

The service delivery activities **ARE NOT** suitable for adolescents who:

- Have attempted or who are contemplating suicide in the last year
- Are impaired from severe mental, neurological or substance use disorder
- Display aggressive behaviours or who are continually disruptive



NOTE:

This guide does not contain detailed information about acute mental health disorders, apart from identifying possible distressing symptoms and referral to specialised agencies.

PARTICIPANTS FOR LIFE SKILLS WORKSHOPS

The following participants are eligible to participate in the adolescent life skills workshop activities:

Adolescent girls at risk of CEFM	Adolescent girls who are at imminent risk, already married, widowed, and divorced	Adolescent boys
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Participants for the life skills workshops should be **grouped** as follows:

Young girls (aged 10-14) who are currently unmarried and at risk of CEFM	Older girls (aged 15-19) who are currently unmarried and at risk of CEFM
Young girls (aged 10-14) who are at imminent risk, already married, widowed or divorced	Older girls (aged 15-19) who are at imminent risk, already married, widowed or divorced
Young boys aged 10-14	Older boys aged 15-19

NOTE: When selecting boys to participate in the groups, it's important to consider selecting members to reflect the diversity of the young people in your context. You should make a special effort to include minority and marginalised boys in your group, including young people living with disabilities.

If it is not possible to facilitate 4 separate girls groups, you can consider grouping the younger girls to form one group.

When recruiting girls, it's important to understand which girls you want to participate. Consider:

Who are you currently reaching?	Are most of the girls you access in school and/or unmarried?	Are these the girls who are most in need of support?
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EXAMPLE FROM THE FIELD

As outlined in the Child Marriage Guidance Note for Iraq¹⁸, girls who are more exposed to the risk of child marriage are:

! PRIORITY GROUPS	
Girls who live in economically vulnerable families	Girls who are out of school or those who have never attended school
Girls living in Female Headed Households	Girls living with elderly caregivers
Girls living in large families	IDP and refugee girls are at higher risk

One of the key priority groups are out of school girls. Furthermore, **married adolescent girls and adolescent mothers** are also vulnerable and should also be considered priority groups that need particular attention and focus.

Consider if the groups mentioned above (priority groups), are significantly represented in your activities and services.



Do you know where the girls from the priority groups are?



Do you know how to find them?

A useful tool to identify adolescents to participate in the life skills workshops activity is the Building Girls' Protective Assets tool,¹⁹ which consists of a household questionnaire that provides an estimation of the number of girls in the programme area and a rapid analysis tool that further segments the population by age, schooling, marital, childbearing and living arrangement status. **NOTE:** Refer to footnote below to access the worksheet and tool.

18 Prevention of and Response to Child Marriage Kurdistan Region of Iraq (KRI) October 2015

19 Available at https://www.popcouncil.org/uploads/pdfs/2016PGY_GirlsProtectiveAssetsTools.pdf

NOTE: There should be 9 - 12 individuals in each girls' group. There can be up to 15 individuals participating in each boys' group. This will make sure that all group members receive the attention they deserve. It is important to note that the group members do not need to be able to read and write or need to be attending school to participate in the sessions. The participants should be the same throughout the cycle, with no new persons enrolled during the cycle.

PARTICIPANTS FOR FOCUSED CARE SESSIONS

These sessions are designed to build the assets and develop positive coping mechanisms for challenging situations and participants should only be referred to participate through case managements services. The following participants are eligible to participate in the focused care sessions activity:

Adolescent girls at imminent risk of CEFM

Adolescent girls who are already married

Adolescent girls who were married as children but who are widowed or divorced

NOTE: Eligible girls can participate in the focused care sessions as a stand-alone or complementary intervention to life skills workshops.

Participants for the focused care sessions activity should be grouped as follows:

Younger girls (aged 10-14) at imminent risk of CEFM

Younger girls (aged 10-14) already married girls, widowed and divorced

Older girls (aged 15-19) at imminent risk of CEFM

Older girls (aged 15-19) already married girls, widowed and divorce

NOTE: Up to 10 adolescent girls can participate in each focused care groups. The participants should be the same throughout the cycle, with no new persons enrolled during the cycle.

TIPS FOR INCLUDING ADOLESCENTS WITH SPECIAL NEEDS²⁰

TIPS AND SOLUTIONS

Talk to the parents or other members of the child's family about how he or she prefers to communicate (siblings can tell you a lot about what their preferences or experiences of communicating)

Find out:

- how the child says yes and no, and also 'don't know'.
- how they ask for basic needs to be met (like going to the bathroom)
- what you need to know or do to understand the child. Or if you will need assistance (perhaps from members of the family)

Consider making any charts or materials with larger print, or use pictures and symbols.

Be patient and don't try to control the situation. Don't disempower the child. Let them try to communicate in their own way and speed.

Make an effort to keep your language simple and clear.

When talking with parents, caregivers, and children with disabilities use positive language rather than unintentionally disrespectful language.

In communicating with an adolescent with disabilities, look and speak directly to the child. Parents or caregivers can help only when needed.

Be flexible and creative with children's different communication needs. Some children may use body movements, gestures, and facial expressions as their primary means of communicating.

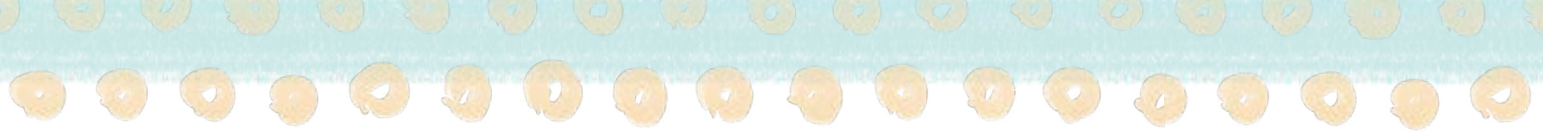
Be prepared to help children with disabilities with reading the activity instructions, turning pages, or marking responses to questions.

Recognise some children will need more assistance and time than others.

Don't assume that if a child doesn't speak that they don't have a lot to say!

Don't pretend to understand the child. Don't be embarrassed when you don't understand what the child is trying to say. Keep trying until you get it right.

20 Adapted from IFRC and World Vision International: Training for Facilitators of Activities for Child Friendly Spaces in Humanitarian Settings



TIPS AND SOLUTIONS

IMPAIRMENT

VISUAL

- Allow the child to be in a position where s/he can see and hear best
- Identify yourself before speaking for the benefit of the children with visual difficulties. For example, 'It's Maria' or 'My name is...'
- Use large print, large, clear writing on flip charts or posters
- Read out instructions
- Clearly describe what is on a visual aid or poster being used in an activity
- Try to reduce background noise and avoid distraction from other sounds
- Allow the children to feel visual aids if they cannot see them

INTELLECTUAL

- Many of the same tips above apply to adolescents with intellectual impairments
- It is important to create an inclusive environment - having an 'able bodied' buddy or friend to help support adolescents with both intellectual and physical impairments really helps those individuals to feel included and get the support they need.

PHYSICAL

- Ensure that the group's structure is accessible for adolescents with physical impairments – doors, stairs, bathrooms, table height and seating, etc.
- Think about how the materials for activities are laid out for easy access
- Consider safe and neutral locations – those which do not have a history of discrimination against children with disability.

ADAPTING ACTIVITIES

The content of the activity sessions will be tailored to the unique needs of different participants including those who are already married or widowed and divorced girls. This allows for each group to receive knowledge and skills relevant to their own experiences. Facilitators and their supervisors need to consider the culture and context of each group to ensure safety of the participants and acceptability of the session content, for example, sessions on healthy boundaries and ASRH might need to be tailored for different groups, depending on their age and marital status.

While the service delivery activities are suitable for boys and girls of different developmental stages, adolescents develop at different rates, therefore sessions should also be tailored according to chronological and development stages of participants. Guidance on adjusting the activities to suit the evolving capacities of children and youth are provided below.²¹

BEFORE THE SESSION:

- ✔ Read the instructions for each session beforehand. This will reduce the need to read from the manual and (which may lose the attention of participants) and complete the activity in a timely and engaging manner.
- ✔ Consider in advance whether each session will be suitable for your groups' age. For example, might it be too childish or too complex to understand? If necessary, consult with young people of a similar age who are not participating in the activity (e.g., your children or a friend's children). Alternative activities are suggested throughout the tool. You can also make your own adjustments, but it is recommended to seek the advice of your coach and/or supervisor to ensure that the session still conveys the key messages as intended.
- ✔ Ideas for adaptation include introducing group discussions, role plays, debates and drawing of concepts. Younger participants will enjoy being active more than talking, while older participants may prefer group discussions over games.

²¹ WHO (unpublished). *Helping Young Adolescents Cope: Group psychological help for young adolescents impaired by distress in communities exposed to adversity.*

DURING THE SESSION:

- ✔ Adolescents might be reluctant to discuss certain topics, especially those related to healthy relationships and sexual and reproductive health. These topics are important for both boys and girls to make healthy decisions and should not be avoided simply because they are uncomfortable to discuss.
- ✔ Use concise language which is both culturally and contextually appropriate. Speak in a way that matches your groups' capacity to grasp the information. For younger participants:

Use simple words

Avoid difficult examples (i.e., some of the examples and stories might need to be adapted to be more understandable for younger participants)

Where possible, use pictures or objects to help explain a concept

- ✔ Be aware of the attention of your participants. If they are starting to look around the room, fidget or talk to each other, this means you are losing their attention and you need to do something to get them involved. Younger and less mature participants will usually have a shorter attention span than older participants. You may need to adjust your length of teaching time accordingly. Sessions are divided into sections to allow for flexibility in the teaching time. It is very important that all concepts are understood before moving to the next activity. In consultation with your supervisor, you might need to allocate additional time. Wherever possible look for opportunities to repeat the key messages.

AFTER THE SESSION:

- ✔ Ask participants which parts of the session they enjoyed the most
- ✔ Do not forget to share effective adaptation strategies with your colleagues!

SCHEDULING ACTIVITIES AND SESSIONS

The service delivery activities (excluding case management) are delivered in cycles. The recommended group size and participation is 9-12 participants per group/cycle. **⚠️ NOTE:** *You can consider including up to 15 participants in boys' groups.*

For example, the first group of 9-12 participants begin the programme and complete all sessions together (Cycle 1). When enough eligible adolescents have been identified and recruited, a new group of 9-12 participants begin the programme and complete all sessions together (Cycle 2) and so on.

⚠️ NOTE: *At no point should new participants be invited to join the group mid-way through the cycle. This is to maintain rapport and trust among the participants and minimise disruption to the group (e.g., having to re explain concepts previously discussed).*

The **length of each session** is in average between 1.5 – 2 hours.

THE STANDARD SESSION AGENDA INCLUDES:

 TOPIC / OBJECTIVES (5 MINUTES)	 FACILITATOR'S NOTES
<ul style="list-style-type: none"> • Introducing a topic and the activities • Discussion on why this topic is important to discuss • Review agenda of the specific session 	<ul style="list-style-type: none"> • Key facilitation notes • Extension activity ideas
 WARM UP (15 MINUTES)	 DISCUSSION ACTIVITIES (30-45 MINUTES)
<ul style="list-style-type: none"> • Quick activity related to the session to energise participants • Recap of last session and overview of the aims 	<ul style="list-style-type: none"> • Group discussion related to the specific skill/ emotion identified • Discussion on why it is important • Activity and discussion on how to apply the skill/tool to the participants' life

THE STANDARD SESSION AGENDA INCLUDES:



POSITIVE STRATEGIES (30-45 MINUTES)

- Creating positive reinforcement
- Building an individual coping toolkit and peer resource



REFLECTION (15 MINUTES)

- Thanking participants for their effort today
- Individual participant reflection on what they learnt and how to apply this to their life
- Provision of information where one to one support is available

⚠ NOTE: *It is important that participants complete all sessions in a cycle and attendance should be mandatory.*

As the sessions are modular, facilitators have the option of using specific sessions as refresher or 'short' interventions. Sessions for both activities must be delivered by an experienced facilitator who is already familiar with core concepts related to GBV and gender. Additionally, the focused care session activities should be delivered by a caseworker or skilled facilitator with a background in social work and/or psychology.

⚠ NOTE: *The adolescents life skills workshops and focused care sessions should not be conducted remotely. When implementing the sessions, consider and apply good facilitation principles and practices, as outlined in the section "Basics of Facilitation". This will help the participants to work together effectively and achieve the desired outcomes.*

INDIVIDUAL LIFE SKILLS ASSESSMENT FOR ADOLESCENTS


The main outcome that will be evaluated for life skills activities is participating adolescents' psychosocial wellbeing. The following section provides advice on administering the psychosocial wellbeing assessments recommended for use in the **ENGAGE** programme.

At the point of recruitment (i.e., before the first session) participants will undertake an assessment of psychosocial wellbeing using the '**Strengths and Difficulties Questionnaire**' (refer to **Annex 4**).

In addition to serving as a basis for measuring future change, this will support facilitators/caseworkers to determine whether an individual is a suitable participant, or whether they would benefit more from being referred to specialised services.

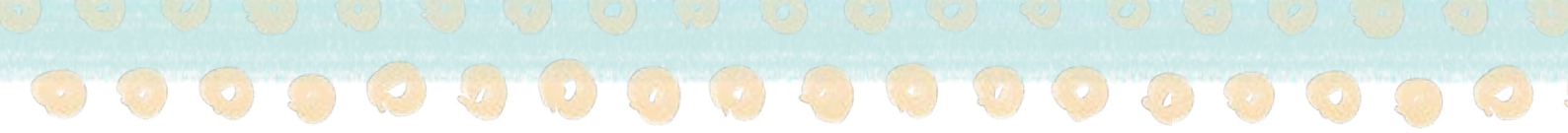
The assessment provides the facilitator the opportunity to:

- ✔ Meet participants individually
- ✔ Hear a participant's story
- ✔ Decide if a participant is suitable to join the activity
- ✔ Gather specific information about participants practical and emotional problems you may be helping them with during the activity

 **NOTE:** *The assessment must be conducted by a skilled practitioner that is familiar with both the context and the measure being used.*

When conducting the assessment:

- Allocate a sufficient amount of time to introduce the process to participants and to explain why it is being done
- Be kind, respectful and non-judgmental
- Speak appropriately for the participant's age, sex, culture and language
- Use clear and simple language
- Respond appropriately to sensitive and distressing information



Like all data collection for the purposes of research and evaluation, informed assent/consent must be taken from the caregiver and the adolescent before commencing the assessment. While planning to conduct an assessment with adolescents, you will need to get consent of parents or caregivers in advance of the survey. This is both an ethical requirement and a way to inform and address any fears parents or caregivers may have.

Use the Consent Form attached in **Annex 5**. Make clear that the participants do not have to agree, and that there will not be any negative consequences if they choose not to participate in the assessment.

ABOUT THE MEASURE

The main measure used to evaluate the outcomes of the service delivery activities is the Adolescent Questionnaire adapted from IRC Girl Shine Curriculum. The tool measures the outcomes for adolescents, including norms and attitudes, knowledge of available services and relationships.

Implementation Guidance: This tool should be conducted with adolescent girls and boys that have been selected for the **ENGAGE** curriculum before the first session takes place and again, after the end of the last session.

The tool needs to be conducted for each adolescent **individually** and it is important to be able to identify the pre and post data for each person, which is why asking for their name, or giving them a reference or symbol, will help to keep track of each person.



Who are the participants?

Participants are adolescent girls and boys who have been selected to participate in the curriculum.



Who conducts the assessment?

The assessment can be conducted by someone who is planning to facilitate the sessions, someone who is aware of the programme, and/or someone with whom participants will feel comfortable giving open and honest answers to.



What to consider while conducting the assessment?

- Participants should be strongly encouraged to answer the questions themselves. The person, facilitating the assessment, should read the statement and the participants indicate which box they feel represents their opinion best.
- If participants have low literacy or struggle to complete it, the facilitator can support them.
- Facilitators should not react to any responses participants may share out loud and should stay neutral.
- If participants do not want to answer any of the questions, they may leave it blank.
- We recommend that you screen the completed questionnaires to make sure there are no major gaps, big portions of missing data or multiple responses to a single question. In such situations, you may ask the participant to clarify his/her choices.



How to use the data generated from the assessment?

The information generated as a result of this assessment will constitute the baseline data for the adolescents participating in the adolescent groups activities.

It is required to use the same questionnaire again, after the end of the last session with adolescents, to compare the results and to document the progress on the intervention on the participated adolescents' personal wellbeing.

REFERRALS TO SPECIALISED SERVICES²²

Some adolescent participants may need additional support, including girls at risk of child marriage and those who are already married and should be referred to case management services. The **ENGAGE** programme has been designed to be implemented alongside existing local case management and GBV response services. When making the decision to refer the individual, the person's informed assent / consent is required. The facilitator must seek out information about the type and availability of services in their context and must be trained on how to manage GBV disclosures and safely make referrals. Facilitators should follow the referral pathway in their community. In communities without case management services, the facilitator must consult with their supervisor.

! **NOTE:** *The role of the caseworker is not to intervene to stop CEFM, rather to provide information, referrals to specialised services, support and ensure safety planning for those who are either at imminent risk of CEFM or who are already married. The safety of a girl is a priority and as such if there is an immediate safety threat, the girl should be connected with services which can provide short-term protection which might lead to a longer-term option. If a girl who is already married does not seek case management services, she should be supported to participate in group focused sessions.*

PROMOTING THE CHILD'S BEST INTEREST

A child's best interest is central to good care. A primary best interest consideration for children is securing their physical and emotional safety—in other words, the child's well-being—throughout their care and treatment. Service providers must evaluate the positive and negative consequences of actions, with participation from the child and her/his female/male caregivers (as appropriate). The least harmful course of action is always preferred. All actions should ensure that the child's rights to safety and ongoing development are never compromised.

IRC and UNICEF. 2012. Caring for Child Survivors of Sexual Abuse - <http://gbvresponders.org/response/caring-child-survivors>

22 UNICEF/Syrian Ministry of Education. (2015). Facilitator's Guide. Psychosocial Support in Emergencies.

The role of the mentor/facilitator is NOT that of a GBV caseworker²³.

 <p>A MENTOR/FACILITATOR CAN</p>	 <p>A MENTOR/FACILITATOR CANNOT</p>
<ul style="list-style-type: none"> ✓ Facilitate the ENGAGE Life Skills Curriculum with adolescent girls and boys and carry out Focused care sessions with girls. 	<ul style="list-style-type: none"> ✗ Be an assistant to a member of staff.
<ul style="list-style-type: none"> ✓ Link adolescents to caseworkers by way of introduction to caseworker, familiarising the adolescent with the caseworker, help build trust between the adolescent and the caseworker. 	<ul style="list-style-type: none"> ✗ Replace the duties done by another member of staff.
<ul style="list-style-type: none"> ✓ Refer adolescents to the caseworker if they disclose GBV and want to be referred. 	<ul style="list-style-type: none"> ✗ Provide case management: the mentor/facilitator should not be dealing with GBV cases, but they can make referrals to a caseworker if the adolescent requests this.
<ul style="list-style-type: none"> ✓ Provide adolescents with information. 	<ul style="list-style-type: none"> ✗ Mediate with female/male caregivers on issues related to GBV disclosure.
<ul style="list-style-type: none"> ✓ Be a role model for the girls and boys and support them through an established and formalised mechanism. 	<ul style="list-style-type: none"> ✗ Share information about disclosures with anyone, unless the adolescents requests to do so (for example, during referral to a caseworker).
<ul style="list-style-type: none"> ✓ Bring common safety issues and concerns being raised by adolescents to the attention of staff. 	

23 Adapted from IRC Girl Shine Part 1: <https://resourcecentre.savethechildren.net/pdf/irc-girl-shine-part-1.pdf/>

There is no standard protocol for identifying individuals who might need specialised care or case management services, but **individuals always must be referred when:**

- The individual needs urgent medical treatment due to evident injury or case of recent rape
- The individual becomes exceptionally distressed
- The individual seems to be at risk of hurting someone
- The individual seems to be at risk of hurting themselves

⚠ NOTE: Consider referral of sexually active adolescents to SRH services, particularly when there are risks of STIs, or need for HIV testing, treatment and management. Besides, in cases of adolescent pregnancy the referral for antenatal care is required.

Possible indicators of more severe emotional and psychological distress that may require further care include:

- Intense aggression
- Depression
- Severe psychosomatic responses
- Prolonged conditions such as bed-wetting and nightmares

Always report the case through appropriate reporting channels and refer to case management when:

- Child who is married and is below 15 (with and without children)
- Child who is married and exposed to an additional protection risk or concern (including disability, neglect and no outside support)
- Child at risk of committing suicide because of forced marriage
- Child who was raped and forced to marry perpetrator
- Unaccompanied or separated child spouse
- Child engaged to be married and marriage in imminent
- Child is married to another child
- When you have difficulty maintaining real contact with the person
- When a person hints or talks openly of suicide
- When a person hints or talks openly about harming others
- When a person presents imaginary or real ideas or details of persecution
- When you become aware of child abuse or any criminal activity

- When you see persistent physical symptoms developing. (Common physical problem includes flashbacks, sleeping problems, headaches, extreme reactions to loud noises)
- When you become aware there is a dependency on alcohol or drugs
- When you see the person engaging in risky behaviour (showing carelessness towards oneself/others)
- When emotions or behaviours suddenly change or become persistent, including:

Sadness/ Anxiety	Difficulty concentrating	Isolation
Aggression/ self-destructive behaviour	Regression in development	Difficulty trusting others
Lack of interest in school/ previous activities		

IMPLEMENTING COMMUNITY OUTREACH ACTIVITIES

This section provides guidance for the implementation of **community outreach activities**, including planning, monitoring and evaluation.

The goal of the community outreach activities included in the **ENGAGE Toolkit** is to prevent CEFM from happening in the future. The activities seek to achieve this goal by changing the social norms that enable CEFM to occur.

The community outreach related activities, including the timeframe and sequencing relating to other activities, are highlighted in the table below:

	PREPARATION PHASE (WEEKS 1-5)	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
ACTIVITY	<ul style="list-style-type: none"> Train community outreach workers and caseworkers in how to implement the community outreach and service delivery activities <p>Who is Responsible Programme managers, supervisors</p>	4 weeks	
	<ul style="list-style-type: none"> Conduct baseline rapid social norms assessment (community outreach activities) and opinion leader identification tool (caregivers' sessions only) <p>Who is Responsible Programme managers, supervisors and/or M&E team</p>	1 week	
	<ul style="list-style-type: none"> Conduct pre- assessment with adolescent girls (service delivery activities) <p>Who is Responsible Facilitators and/or caseworkers</p>	1 hour per individual	

	IMPLEMENTATION- PHASE 1 (WEEKS 6-27)	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
Service Delivery	<ul style="list-style-type: none"> Life skills workshops for adolescent girls and adolescent boys <p>Who is Responsible Facilitators and/or caseworkers</p>	11-15 weeks	<p>Implementation of the service delivery component is not phased, rather, activities are implemented continuously in cycles as eligible participants are identified.</p> <p>A 'stepped care' approach must be taken to service delivery activities, whereby the focused care sessions build on the life skills workshops (eligible participants can attend one or both)</p>
	<ul style="list-style-type: none"> Focused adolescent girl groups <p>Who is Responsible Facilitators and/or caseworkers</p>	7 weeks	
Community Outreach	<ul style="list-style-type: none"> Male and female caregivers' sessions <p>Who is Responsible Community outreach workers</p>	17-22 weeks	<p>The minimum amount of time required for Phase 1 of the community outreach component is 22 weeks, assuming all activities are delivered concurrently, however it may be extended for as long as required to complete Phase 1 activities.</p>
	<ul style="list-style-type: none"> Religious leaders' workshops (optional) <p>Who is Responsible Community outreach workers</p>	7 weeks (spread over 14 weeks)	
	<ul style="list-style-type: none"> Teacher's workshop (optional) <p>Who is Responsible Community outreach workers</p>	Anytime during phase 1	
	<p>Weekly and monthly supervision meetings, monitoring activities</p> <p>Who is Responsible Supervisors and frontline workers</p>	Every week	

	IMPLEMENTATION- PHASE 2 (WEEKS 28- 42 AND AFTER)	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
ACTIVITY	<ul style="list-style-type: none"> Community dialogues <p>Who is Responsible Community outreach workers</p>	16 weeks	The community dialogues should not begin until Phase 1 activities have concluded.
	<ul style="list-style-type: none"> Implementation of community-led social norms change <p>Who is Responsible Community dialogue members, supervised by community outreach workers</p>	TBC	

	MONITORING AND EVALUATION	TIME REQUIRED	GENERAL RULES TO CONSIDER FOR IMPLEMENTATION
ACTIVITY	<ul style="list-style-type: none"> Conduct end line rapid social norms assessment (community outreach activities) <p>Who is Responsible Programme managers, supervisors and/or M&E team</p>	6-12 months after intervention ends	
	<ul style="list-style-type: none"> Conduct post-assessment with adolescent girls (service delivery activities) <p>Who is Responsible Facilitators and/or caseworkers</p>	1 hour per individual	

OVERVIEW OF THE COMMUNITY OUTREACH COMPONENT

The community outreach component of the programme includes four activities delivered in two implementation phases. In Phase One the workshops with male and female caregivers, teachers and religious leaders are organised. Phase Two is about facilitating community dialogues.

In Implementation Phase One, workshop components can all be facilitated at the same time as with the service delivery component (refer to the example shared in the “**Timeline for the Toolkit Activities**” sections). In Implementation Phase Two, community members and opinion leaders come together for a series of community dialogues, which concludes with the development and implementation of community-level harmful social norm change action plans.

PHASE ONE

CAREGIVER'S SESSIONS

The caregivers' sessions consist of 22 sessions (1 session per week for 22 weeks or 2 sessions per week for 11 weeks), with adaptations for male and female caregivers, and caregivers of unmarried and married girls. The sessions target caregivers who have adolescent girls ages 12-19 that are participating in the adolescent girls' programme or are at risk of child, early and forced marriage.

TEACHER'S WORKSHOP

The teachers' workshop consists of 5 topics to be delivered in a workshop format. The workshop can be delivered over 2 days or 3 half-day sessions over a period of a month. The workshop targets teachers of adolescent-aged students.

RELIGIOUS LEADER'S WORKSHOPS

The religious leaders' workshops consist of 7 sessions to be delivered every two weeks (1 session every second week for 14 weeks). The religious leaders' workshops are optional and should only be delivered in contexts where there is sufficient expertise engaging with religious leaders and religious texts.

PHASE TWO

COMMUNITY DIALOGUES

The community dialogues consist of 32 sessions delivered over 16 weeks (2 sessions per week for 16 weeks). They target opinion leaders and influential community members to change social norms in the participant group and to take action to change social norms driving child marriage in the wider community.

CRITERIA FOR SELECTING COMMUNITY OUTREACH FACILITATORS

All community outreach components should be facilitated by two facilitators wherever possible, according to the capacity of the staff. Sessions that are separated by sex should be facilitated by facilitators from the same sex. Mixed group sessions should have a female and male facilitation team, who debrief after each of their sessions.

All facilitators should complete the full CEFM training before beginning and also have experience in the following:

- Literacy so as to be able to review and use the toolkit
- Experience in group facilitation with adults
- Training on GBV core concepts in addition to the CEFM training package
- Strong understanding of and commitment to gender equality
- If possible, specific facilitation experience on gender equality or other sensitive topics is desirable
- Facilitators working with religious leaders on topics relating to religious texts, should have familiarity and authority as a leader of a faith-based NGO or a faith leader themselves.

⚠ NOTE: *Do not engage in these sessions without a qualified facilitator*

TARGETING AND RECRUITING PARTICIPANTS

This section continues guidance for targeting and recruiting participants for each community outreach activity:

CAREGIVERS SESSIONS

A maximum of 15 caregivers should participate in each caregiver group (in correlation to the number of participants in the adolescents' group). Groups should be divided by sex, with separate groups for male and female caregivers. In locations where programmes are working with married girls, caregivers of married girls can form separate groups, especially in contexts where married girls live with the family of the husband this is particularly important. Caregivers should be targeted according to the age of their adolescent daughters and their risk level. Caregivers who have daughters participating in the adolescent girls' programme should be engaged in the Caregivers sessions. However, caregivers that fall under the second criteria category below can also be included. Groups will be formulated as follows:

GROUP	FIRST CRITERIA	SECOND CRITERIA	NOTES
FEMALE CAREGIVERS OF UNMARRIED GIRLS	Have daughters in the adolescent girls' programme	Have daughters aged 10-17 that are at risk of child marriage	
MALE CAREGIVERS OF UNMARRIED GIRLS	Have daughters in the adolescent girls' programme	Have daughters aged 10-17 that are at risk of child marriage	
FEMALE CAREGIVERS OF MARRIED GIRLS (ESPECIALLY MOTHERS-IN-LAW)	Have married daughters in the adolescent girls' programme	Play a caregiving role for a married girl (under age 18)	If you are not working with married girls, this group may be optional.
MALE CAREGIVERS OF MARRIED GIRLS (ESPECIALLY FATHERS-IN-LAW)	Have married daughters in the adolescent girls' programme	Play a caregiving role for a married girl (under age 18)	If you are not working with married girls, this group may be optional.

TEACHERS WORKSHOP

Approximately 20-25 teachers can participate in each teachers workshop (2 full days or 3 ½ day sessions). These workshops should target teachers that work with students aged 10-17. Typically workshops should be mixed sex, however if you feel teachers may be more comfortable in women/men only group, consider separating the sexes.



RELIGIOUS LEADERS WORKSHOPS

Approximately 10-15 religious leaders can participate in the workshop. They can be organised as single faith or multi-faith workshops, according to the context and expertise of the facilitators. Multi-faith workshops should be facilitated by expert resource persons from experts or members of all faiths invited. For example, if the workshop is for Christians and Muslims, at least one facilitator should be an expert in the religious texts of each faith. Religious leaders can be selected from among those that the programme has previously worked with in or by following the below identification guidance. It is important to consider the literacy of religious leaders as the sessions will be dealing with written material and religious texts frequently. However, adaptations are given for participants that may have lower levels of literacy.

With a small team of staff who have knowledge about religion in the working context, host a short brainstorming session to answer the below questions to determine who should be invited to the religious leaders' workshops.

Consider whether you should work with religious leaders or not:

- First decide if you should work directly with religious leaders at all. How will your organisation be perceived? Is it safe for your organisation and for the religious leaders who you will work with?
- For example, if the main reason that religious leaders are resistant is fundamentalism, it may be better to not work with those leaders and focus on engaging only progressive religious leaders or work indirectly with resistant religious leaders through engaging other religious actors.

Select participants carefully by asking the following questions:

- Who has the greatest reach within the community?
- Who has the greatest trust?
- Who is a potential blocker that can prevent intervention?
- Who has the more progressive/moderate views and could influence others?

Explore engaging with different types of leaders:

- Formal and/or informal religious leadership?
- Male and/or female religious leaders?
- Adult and/or youth religious leaders?
- Religious leaders involved in politics, or avoid all politically involved leaders?
- Top, mid-level and/or grassroots religious leaders?
- Engagement with religious training spaces/institutions?

- Work directly with religious community members?
- Work with individual religious leaders, or with the religious institution as a whole?
- Interfaith or with a single religious group?
- Avoid or include religious fundamentalists?
- Religious leaders of all the different castes?

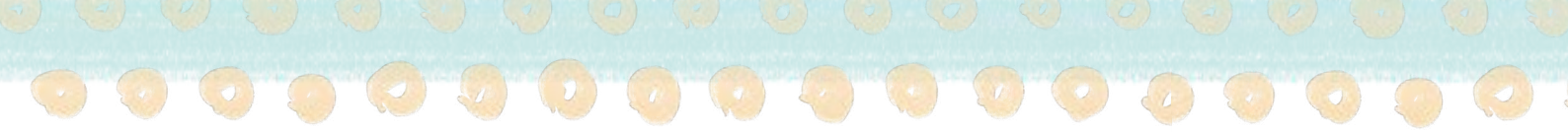
COMMUNITY DIALOGUES

A maximum of 25 participants should participate in each community dialogue group. Identification of participants for the community dialogues will be completed at the same time as the baseline **Social Norms Survey** (see Annex 6). When administering the baseline social norms survey with caregivers, the **Opinion Leader Identification Tool** (Annex 1) should also be used. The information from the tool will provide names of opinion leaders in the community who are influential in marriage-decision making in the extended family as well as community and among religious leaders. After administering the tool with caregivers, the compiled names that were elicited from the Opinion Leaders Identification Tool can be used to form the following groups:

FEMALE OPINION LEADERS (COMMUNITY AND RELIGIOUS LEADERS)	MALE OPINION LEADERS (COMMUNITY AND RELIGIOUS LEADERS)
FEMALE REFERENCE GROUP MEMBERS (SUCH AS EXTENDED FAMILY AND NEIGHBOURS)	MALE REFERENCE GROUP MEMBERS (SUCH AS EXTENDED FAMILY AND NEIGHBOURS)

It is important that these identified opinion leaders and reference group members are contacted in the weeks following the completion of the **Opinion Leader Identification Tool**. The purpose of this initial contact is to:

- Introduce yourself as a facilitator of **ENGAGE** Community Dialogues Programme.
- Explain the **ENGAGE** programme, including the intermediate and long-term outcomes of the Community Dialogues Programme.
- Explain that they have been identified as an influential decision makers. Invite them to attend the programme, which will be taking place in the coming months (after the caregiver's programme).
- Inform that you will be in touch again closer to the start date, and they can reach you meanwhile with any questions.



Refer to **Annex 2** for script and key points to guide this initial contact.

If it is not within staff capacity to have four separate groups or if there are not enough participants to make up a 25-member group, female opinion leaders and reference group members can be combined, as with male opinion leaders and reference group members. In some contexts, it may be appropriate to have mixed-sex groups.

ADAPTING ACTIVITIES

Some of the activities included in various workshops will need to be adapted to the context. In each session, areas for possible adaptation are clearly marked '*requires CONTEXTUALISATION*' and include suggestions for how to adapt. Many suggested adaptations are case studies and scenarios where, for example, names of characters and details of the story may need to be slightly adjusted to fit with the context.

SCHEDULING ACTIVITIES AND SESSIONS

CAREGIVER'S SESSIONS

Workshops for male and female caregivers can be organised with 1 session per week for 22 weeks or 2 sessions per week for 11 weeks. Each caregiver session is approximately 2 hours in duration. Use the table below to plan which optional sessions will be included to determine the total number of weeks for the caregiver programme.

OUTLINE OF CAREGIVERS SESSIONS

#	TOPIC	CORE OR OPTIONAL	
♀ ♂	Pre-Session	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 1	Introduction to the Programme	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 2	Celebrating Our Family	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 3	My Experience as a Caregiver	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 4	The Family Environment	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 5A	Exploring Our Relationships with Adolescent Girls	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 5B	Exploring our relationships with boys	<input type="checkbox"/> Core	<input checked="" type="checkbox"/> Optional
<i>Optional for caregivers of adolescent boys.</i>			
♀ ♂ 6	Power in the Home	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
👤 👤 7	Communicating with Adolescent Girls about their Aspirations	<input type="checkbox"/> Core	<input checked="" type="checkbox"/> Optional
<i>This is a joint dialogue session between groups of caregivers and their adolescents who are participating in the adolescent sessions.</i>			
♀ ♂ 8	Parenting for Equality	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 9	Marriage in our Community	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 10	Dowry/Bride Price	<input type="checkbox"/> Core	<input checked="" type="checkbox"/> Optional
<i>Only for caregivers of unmarried girls.</i>			

#	TOPIC	CORE OR OPTIONAL	
♀ ♂ 11	Household Decision Making (with additional session for male caregivers on anger management)	<input type="checkbox"/> Core	<input checked="" type="checkbox"/> Optional
<i>Only for caregivers whose spouse/partner is also attending the caregiver sessions should participate.</i>			
♂ 12	Planning the Family Budget	<input type="checkbox"/> Core	<input checked="" type="checkbox"/> Optional
<i>Joint session with married couples who are both participating in caregiver sessions.</i>			
♀ 13	Violence Women and Girls Experience	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♂ 13	Safety and Violence	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 14	Supporting Girls Who Experience Violence	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 15	Family Honour and CEFM	<input type="checkbox"/> Core	<input checked="" type="checkbox"/> Optional
<i>Only for groups of caregivers of unmarried girls.</i>			
♀ ♂ 16	Our Vision for the Family	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 17	Adolescent Girl Development	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 18	Supporting Adolescent Girls	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 19	Change Begins with Us	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 20	Supporting Girls in Our Community	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♂ 21	Leading the Way to Change	<input checked="" type="checkbox"/> Core	<input type="checkbox"/> Optional
♀ ♂ 22	Forming caregiver support groups (follow up sessions)	<input type="checkbox"/> Core	<input checked="" type="checkbox"/> Optional

TEACHERS WORKSHOP

The teachers workshop includes 2 days of workshop content, however it may be preferable to deliver the workshop over three ½ days, as teachers are unlikely to be available. A tentative agenda for both facilitation options of the workshop are provided below. Option A involves delivering the workshop content over 2 days. Option B involves delivering the sessions for 2 – 3 hours per day over three days.

	Module	Session	Time required	
OPTION A: DELIVERY OVER TWO, HALF DAYS	Day 1			
	8:30-10:45	Introduction	Introductions, Expectations and Ground Rules, pre-test	2 hours 15 min
	10:45-11:00	Break		15 min
	11:00-12:00	Gender	Gender roles	1 hour
	12:00-1:00	Lunch		1 hour
	1:00-3:00	Changing Body & Hygiene	Puberty and hygiene	2 hours
	Day 2			
	8:30-10:30	Risks and response to Child Marriage	Child Marriage	2 hours
	10:30-11:00		Break	30 min
	11:00-12:00		Identification and referral of girls at risk of child marriage (part 1)	1 hour
12:00-1:00	Lunch		1 hour	
1:00-2:30	Risks and response to Child Marriage, continued	Identification and referral of girls at risk of child marriage (part 2)	1.5 hours	
2:30-3:00	Closing session	Post-test, evaluation and wrap up	30 minutes	
OPTION B: DELIVERY OVER 3 HALF-DAYS	Day 1			
		Introduction	Introductions, Expectations and Ground Rules, pre-test	2 hours 15 min
		Gender	Gender roles	1 hour
	Day 2			
		Changing Body & Hygiene	Puberty and hygiene	2 hours
		Risks and response to child marriage	Child Marriage	2 hours
	Day 3			
	Risks and response to child marriage	Identification and referral of girls at risk of child marriage	2.5 hours	
	Closing session	Post-test, evaluation and wrap up	30 minutes	

RELIGIOUS LEADERS WORKSHOPS

The religious leaders' sessions are organised as a series of workshops with emphasis on gaining input and insight from religious leaders and viewing them specifically as agents of change in their communities. As noted previously, religious leaders' workshops are optional and should only be implemented in contexts where programmes work with a strong faith-based partner or resource persons who have experience working with religious texts and with religious leaders on sensitive topics. The timing of the workshops should be determined by the availability of the religious leaders. It is recommended that one workshop be held every two weeks. To facilitate the planning of the workshop schedule together with religious leaders, using the table below.

SESSION	TIME REQUIRED
1. Introduction to the Programme	2 hours
2. Gender, power and restrictions on adolescent girls	2 hours 15 mins
3. Child marriage in our community	1 hour 45 mins
4. What our religion says on CEFM	2 hours
5. Honour/reputation and sexuality in our society	2 hours
6. Our role in preventing CEFM in the community	2 hours 20 mins
7. Planning conversations with our congregation on CEFM	2 hours

COMMUNITY DIALOGUES

Community dialogue meetings should occur twice weekly, over a period of 16 weeks. Each session is 90-minutes long. Some sessions are optional. Use the table below to plan whether they will be included in the schedule or not.

		Topics	Meeting topics	
PHASE 1: MOTIVATION	1	Getting to know each other	1	Welcome and introductions
			2	Working together
	2	Imagining Our Ideal Community	3	Sharing our hopes and dreams
			4	Our vision for healthier, safer, peaceful families and communities
	3	Human dignity, religion and culture	5	What is human?
			6	Religions, culture and dignity
	4	Needs of adolescent girls and boys	7	Different types of needs and wants
			8	Responsibilities for meeting needs
	5	Fairness	9	Fair rules
			10	Rules in our family and our community
	6	Non-discrimination	11	Discrimination and restrictions on adolescent girls
			12	Promoting tolerance and non-discrimination
	7	Child Rights	13	What are human rights and child rights?
			14	Girls' rights in our community

		Topics	Meeting topics				
PHASE 2: REFLECTION AND DELIBERATION	Week Number	8	Power	15	Exploring empowerment and disempowerment		
				16	Different sources and uses of power		
		9	The Practice of Marriage in Our Community	17	The ideal age of marriage		
				18	Mapping root causes of child marriage in our community		
		10	Exploring Alternatives to Child, Early and Forced Marriage	19	Understanding paths to marriage for girls		
				20	Supporting girls with alternatives to child marriage		
		11	Beliefs and norms about CEFM	21	Personal beliefs about child marriage		
				22	Countering community beliefs about child marriage		
		12	Exploring Norms that Drive Child Marriage (optional sessions)	23	Dowry and Bride Price		
				24	Honour and Sexuality		
		PHASE 3: ACTION/DIFFUSION	Week Number	13	Rules for behaviour	25	Affirming positive rules
						26	Building on positive rules
14	Change			27	Ideas for new rules		
				28	What can we do?		
15	Making an action plan			29	Brainstorming actions		
				30	Beginning to agree on actions		
16	Communicating our commitment to others to create new norms			31	Reaching out to others		
				32	Making a public commitment		

DELIVERING ACTIVITIES

CAREGIVERS SESSIONS

In order to ensure that caregivers' sessions are successful and well-attended, it is particularly important to pay attention to the timing of the sessions themselves and plan carefully together with male and female caregivers according to their availability and responsibilities. Make sure to pay attention to responsibilities related to gender roles in the community and the household. For example, if men work outside of the home during the week, it is preferable to schedule the sessions on a weekend or afternoon. For female participants, it may be important to pay attention to household and childcare responsibilities. The **Daily Tasks Timeline Tool** (Annex 7) can be used to help map out when male and female caregivers might be available by asking about their daily tasks from the time they wake up until the time they go to sleep. The activity could be conducted in advance of the first session to decide together with participants when to schedule the sessions.

TEACHERS WORKSHOPS

The school environment is a major entry point to a community through which messages can be shared, especially in relation to security, child, early and forced marriage, and adolescent health. Teachers and school administrators form a natural network of support and are capable of including activities that promote the growth and development of all children, in addition to recognising children at risk of CEFM and those in need of additional support.²⁴ They are often on the front lines of populations exposed to stress and have insight to the dynamics of community reactions to events. They are well positioned to identify needs, vulnerabilities, and risk factors among children who can be referred to trained professionals for further support.

RELIGIOUS LEADERS WORKSHOPS

Before engaging with religious leaders, it is important to understand whether they oppose child marriage or whether they are resistant to opposing child marriage and why. There are several identified reasons religious leaders may be resistant to opposing child marriage²⁵, including:

- Marriage, including child marriage, is required by religion and religious leaders play a key role in the ritual as gatekeepers. If they give up child marriage, they will be losing status and power in the community.

24 Mainstreaming Psychosocial Care and Support. Trainer's Guide for Training Teachers in Conflict and Emergency Settings. Psychosocial Wellbeing Series. (January 2010). REPSSI. P20.

25 Girls Not Brides (2018), "What lies beneath? Tackling the roots of religious resistance to ending child marriage".

- Religious leaders may not be aware of the consequences of child marriage or that it is illegal.
- Some interpretations of religious traditions and texts may legitimise child marriage.
- Child marriage is endorsed as a solution to premarital sex and pregnancy.
- Religious traditions may reinforce patriarchal values and practices, including child marriage.
- Child marriage may be framed by religious leaders as a form of protection for girls to their parents. Parents may also pressure religious leaders to marry girls.
- Religious fundamentalism, which may politicise religion to challenge aspects of modernity such as gender equality.

In addition, it is important to keep in mind that religious leaders are expert resource persons themselves and should be treated as sources of knowledge and experience during the workshops.

Below are some key tips to keep in mind when implementing the religious leaders' workshops.

Key tips for engaging religious leaders²⁶

DO'S: RECOMMENDATIONS OF THINGS TO DO

- ✓ Do draw on the 'other identities' of religious leaders, not just seeing them through a religion-only lens (i.e., as fathers/mother's themselves)
- ✓ Do use positive language (e.g., "encouraging positive fatherhood"), rather than negative (e.g., "ending harmful traditional practices") within how the programme is conceptualised and presented
- ✓ Do focus on finding common ground to build a shared agenda. Compromises by both may be needed here
- ✓ Do respect religious leader ownership/agency at all stages of the process, from design to accountability
- ✓ Do select and be open to working with religious leaders at multiple levels, formal and informal
- ✓ Do prioritise the intentional engagement of women and youth
- ✓ Do use existing avenues and/or structures of engagement within and outside religions
- ✓ Do recognise and respect the diversity of religious groups, both across and within faiths
- ✓ Do know the context and do research on the community, child marriage and religious leaders
- ✓ Do build capacity of facilitators, so they are equipped and skilled to engage religious leaders
- ✓ Do design long-term interventions, which allows for relationships and trust to grow over time

²⁶ Girls Not Brides (2018), "What lies beneath? Tackling the roots of religious resistance to ending child marriage".

DON'TS: RECOMMENDATIONS OF THINGS TO AVOID

- ⊗ Don't use confrontational language or words that may cause a knee jerk backlash
- ⊗ Don't get caught up indirectly in 'taking sides' in wider religiously-fuelled conflicts
- ⊗ Don't try to engage sacred texts directly, if not equipped and qualified; use a credible partner/ staff member
- ⊗ Don't write off already married girls as 'beyond help'
- ⊗ Don't use facilitators that have no community credibility or relevant expertise
- ⊗ Don't expect to persuade every last person – remember the 80/20 rule (in other words, aim to persuade 80% of the group)
- ⊗ Don't engage with the media in ways that demonise religious leaders
- ⊗ Don't set up a different 'silo' or parallel structure for addressing child marriage alone if other structures are already in place
- ⊗ Don't assume religions are static and homogenous
- ⊗ Don't have 'ending child marriage' as the only success measure worth using
- ⊗ Don't exclude or scapegoat independent religious groups

COMMUNITY DIALOGUES

The community dialogues are organised in three phases according to Cislighi's theoretical framework for a three-step process for effective community-led programmes to transform harmful gender norms:



27 Cislighi, B., (2019) 'The Potential of a community-led approach to change harmful gender norms in low- and middle-income countries'; https://www.alignplatform.org/sites/default/files/2019-01/community_led_approach_report.pdf

DEVELOPING AND MONITORING COMMUNITY ACTION PLANS²⁸

Action plans are a key element of the how social norms change will diffuse to the wider community, outside of the direct participant group for the community dialogues. Action plans are developed in meetings 29 and 30 of week 15. The action plans should be developed, implemented and monitored by the participants themselves; the more they feel a sense of ownership, the more sustainable the social norms change will be in the long-term. The action plan implementation and monitoring should continue well after the 16-week structured community dialogues have ended. Staff should decide beforehand how long they will continue to support community leaders and members to implement their action plans and communicate this clearly in order to manage expectations.

Examples of relevant activities that may be included in community action plans include:

Local advocacy²⁹

Part of the action plan may include local-level advocacy to change harmful policies or to develop and fund local prevention and response programmes. It is important to engage with local stakeholders, if this is included in the action plans, in order to understand their priorities and advocate to change or adopt new policies and programmes.

Some suggested ways to engage with local authorities are listed below:

- Conducting discussions with decision makers about new norms;

Sharing data about the prevalence of child, early and forced marriage

Conducting a review of existing laws or rules to identify those that are harmful to women and girls

Advocating for introduction of local by-laws that reinforce zero tolerance for child marriage

Advocating for girls who are already married to be treated with respect and dignity and have access to education, healthcare and other services and rights

²⁸ Adapted from UNICEF, "Communities Care: Part 4 Catalyzing Change, Section 1: Information and Guidance," p. 36-37.

²⁹ Adapted from UNICEF, "Communities Care: Part 4 Catalyzing Change, Section 1: Information and Guidance," p. 59-60.

When working with community dialogue groups to refine a local advocacy strategy, consider the below questions:

What do we want?	Who can make it happen?	What do they need to hear?
Who do they need to hear it from?	How can we make sure they hear it?	What do we have?
What do we need?	How do we begin to take action?	How do we tell if it is working?

Organising events to support public demonstrations of commitment³⁰

In the last phase, it is particularly important to ensure that a public commitment is made in order to make it visible to community members who did not participate directly in the community dialogues that the leaders of the community are abandoning harmful social norms underlying child marriage in their community. The public commitment is planned together with the community dialogue members during the last week (week 16). It is recommended to organise a public event with the participants of the community dialogues to demonstrate this public show of commitment. Each group may have a different public commitment, such as a pledge, an oath, or signing a written statement. The size and type of event will depend on the type of public commitment. Events should be festive and celebratory. Inviting public officials is recommended to give the event increased importance and attention. It is also important to publicise the event to reach the invitees.

Here are a few guiding questions to help decide how to plan the event:

- ① Who is the target audience? Who are the people who should be attending and how do you reach them?
- ① What is the purpose of the event? What specific commitment will be made at the event? Who will make the commitment?
- ① When will it take place - date and time?

³⁰ Adapted from UNICEF, "Communities Care: Part 4 Catalyzing Change, Section 1: Information and Guidance," p. 34-35.

- ② Where will it take place - location and venue?
- ② Who should be invited to attend? How big will the event be? Will there be special guests such as public officials?
- ② What specific tasks need to be completed to organise the event? Write a list of tasks – for example, obtaining permission from local authorities to use the marketplace/venue; inviting special guests; hiring equipment such as a sound system; making a banner; printing copies of the declaration; arranging for someone to take photos.
- ② Who will be responsible for each task? Agree on who is responsible for each task and a timeline for carrying them out.

MEASURING THE OUTCOMES OF COMMUNITY OUTREACH ACTIVITIES

The main outcome that will be evaluated for community outreach activities is changes in social norms. Measuring changes in social norms has been chosen because evidence from past programming around the world has demonstrated that collective change, not just individual change, is critical for preventing CEFM. To measure these changes, it is recommended to conduct a rapid social norms assessment.

RAPID SOCIAL NORMS MEASUREMENTS TOOLS

The **ENGAGE Toolkit** contains two tools that have been designed to measure changes in perceptions of social norms that may result from the community outreach activities: **story-based group discussions** (qualitative measure) and a **rapid social norms survey** (quantitative measure). This section provides advice on administering these tools and using the results to improve your programming.

The tools have been developed using the Social Norms Analysis Plot (SNAP), designed by CARE International, previously mentioned in the implementation guide. You can use one or both of these tools, depending on the resources that you have available. If you use both tools, you can compare the results to strengthen your claim that change has occurred.

TOOL 1: STORY-BASED GROUP DISCUSSIONS

An open-ended story (sometimes called a vignette) is a qualitative evaluation tool that can be used to measure changes in perceptions of social norms over time. Researchers have found that when participants are asked to comment on a realistic but fictional scenario, rather than their own reality, they are more open and honest about their thoughts.

The story-based discussion tool consists of five different stories, each told from the perspective of a different character. Each story has been designed to measure changes in a specific social norm that enables CEFM in most contexts:

1

Ahmed and Hanan's story relates to the social norm that families will seek to protect their 'honour', even if it places their daughter at risk of harm.

2

Abdul's story relates to the social norm that when faced with limited resources, families will prioritise their sons' education over their daughters'.

3

Imani's story relates to the social norm that daughters will agree with their parent's decisions about marriage for the good of the family.

4

Jameal's story relates to the social norm that men prefer to marry a girl under the age of 18.

5

Shaik Mohamed's story relates to the norm that religious leaders will always agree to officiate the marriage of girls under the age of 18.

The stories are followed by a series of group discussion questions, that explore what participants think about the stories. The discussion questions are structured according to the five components of a social norm outlined in the SNAP. Participant's responses to the discussion questions provide the qualitative data that will be analysed as part of this tool.

 **NOTE:** See the stories included in Annex 8.

TOOL 2: RAPID SOCIAL NORMS SURVEY

A survey is a quantitative evaluation tool that can be used to measure changes in perceptions of social norms over time. Surveys enable project teams to collect data from a larger number of people, although the depth of information collected is much less than qualitative tools. The rapid social norms survey includes 30 questions that are designed to measure empirical expectations and normative expectations, as defined in the SNAP (if you want to explore sanctions, sensitivity to sanctions and exceptions, then you should use the story-based group discussions tool).

NOTE: See the *Social Norms Survey Questionnaire* included in Annex 6.

The survey is divided into three parts:

1

Demographic questions that collect basic information about the respondent and their circumstances. The remaining survey results can be analysed according to this demographic information to identify trends in different segments of the community.

2

Questions relating to empirical expectations relating to CEFM (things that the respondent thinks other people in the community actually do). These questions ask the respondent to nominate what proportion of people within their reference group they think behave in a certain way.

3

Questions relating to normative expectations (things that the respondent thinks other people in the community expect them to do). These questions ask the respondent to nominate what proportion of people within their reference group would disapprove of someone behaving in a certain way.

NOTE: These tools have been designed to measure changes in specific social norms that enable CEFM in most contexts. If these social norms are not relevant in the context you are working in, then the questions will need to be adapted.

AUDIENCE: WHO TO INCLUDE IN THE SOCIAL NORMS CHANGE ASSESSMENT?

Both tools can be used to measure changes in perceptions of social norms among two groups:



DIRECT PARTICIPANTS (PRIORITY):

At a minimum, you should use these tools to measure changes in perceptions of social norms among the people who directly participate in your activities (e.g., people who attend sessions or workshops). Changes in perceptions of social norms are likely to occur among direct participants first, as they are the ones who are directly exposed to the activity.



BROADER COMMUNITY (OPTIONAL):

You can also use these tools to measure changes in perceptions of social norms among a sample of the entire community. Measuring changes at the community level may help understand whether ‘norm diffusion’ is occurring from participants to the broader community. This approach is more time consuming and is only recommended as an option if the resources are available.

TIMEFRAME: WHEN TO CONDUCT THE SOCIAL NORMS CHANGE ASSESSMENT?

The timeframe for collecting data will differ depending on whether you are using the tools at the participant or community-level.

When using the tools at the participant-level, baseline data should be collected **after** participants have been identified, but **before** the activity has started. As outlined in the “Timeline for the toolkit activities” section, the two tools are to be conducted as the last step of Preparation Phase, before moving on to Implementation Phase.

When using the tools at the participant-level, end line data should be collected approximately 6-12 months after the entire activity has concluded (not immediately after the activity has concluded). This is because participants may need some time to internalise what they have learnt before changes in perceptions of social norms become evident.

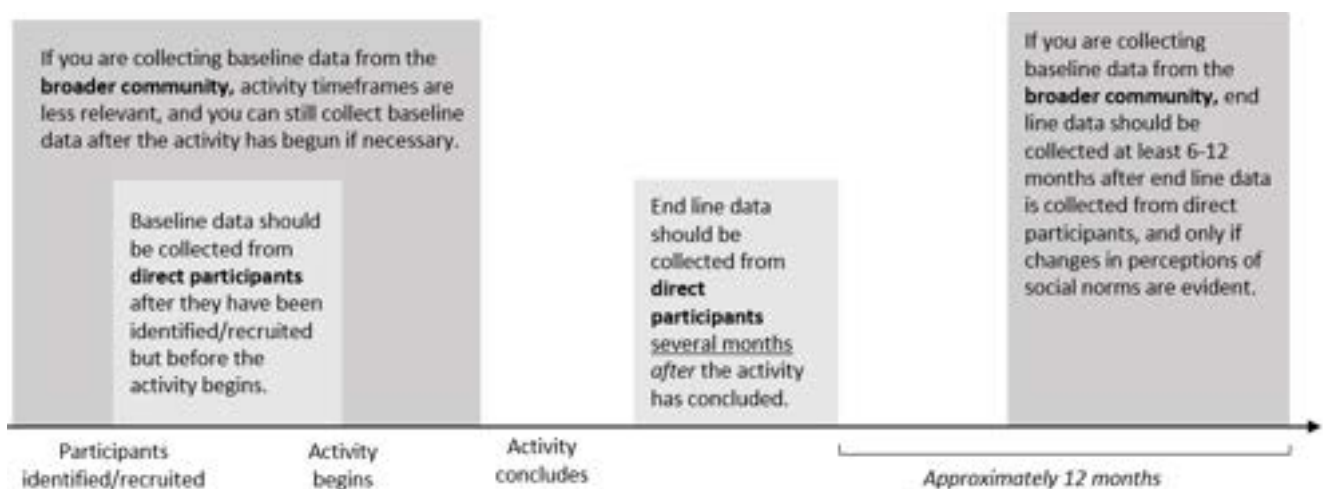
When planning end line data collection, it is important to keep in mind that in humanitarian settings, people may be highly mobile, and it may be difficult to locate them after a long period of time. In order to be able to locate the participants 6 – 12 months after the programme has finished, it is recommended to:

- Ensure participants are aware that you will be reaching them to conduct the endline assessment in 6 – 12 months time. Try give a specific timeline if possible and ask them to inform you if they change their contact details.
- Inform influential community members that the endline will be taking place and ask for their support in tracking and locating participants.
- Check in with participants, when possible (i.e., every few months), to ensure contact details remain up to date.

If you are also using the tools at the community-level, the most reliable time to collect baseline data is before the activities have started. However, if resources are not available to collect baseline data from the broader community at this time, you can still collect baseline data after the activity has begun. End line data should be collected around 12-24 months after baseline data is collected. In humanitarian settings, programming can occur in shorter term cycles and it may not be feasible to collect end line data this far in the future. If this timeframe is not feasible (for example, your programme is already intending on withdrawing at a future point in time) then it is not recommended to measure changes at the community-level to focus your available resources on measuring change at the direct participant-level instead.

NOTE: *End line data should not be collected at the community-level until there is evidence of some changes in perceptions of social norms at the direct participant-level. This is because it is logical to suggest that some changes would need to be observed at the direct participant-level before they could be diffused into the broader community*

A timeline showing when you should collect data for both approaches is compiled in the graphic below:



APPLYING THE TOOLS: HOW TO ADMINISTER THE TOOLS FOR CONDUCTING THE SOCIAL NORMS CHANGE ASSESSMENT?

This section provides advice on administering the story-based group discussions and rapid social norms survey tools.

NOTE: *The story-based group discussions guide is included in Annex 8 and the questionnaire for rapid social norm change survey you can find in Annex 6.*

Administering the story-based group discussions tool

USING THE STORY-BASED GROUP DISCUSSIONS TOOL

STEP 1:

SELECT AND CUSTOMISE STORIES (IF REQUIRED)

This tool includes five separate stories, each designed to test a specific social norm relating to CEFM in most contexts. You can use all the stories to collect data, or only a few, depending on the resources you have available. If you do not have the resources to use all five stories, you should prioritise measuring the social norms that you think are most likely to change because of your activities.

NOTE: *Each story will take approximately 45-60 minutes to read and discuss, therefore it is only practical for each group to discuss one story at a time with each group.*

Each of the stories contain **words in red** or blank spaces (_____) that indicate that they can be changed to be more relevant to the specific context you are working in. The tools are also designed to test specific social norms that drive CEFM in most humanitarian settings. However if these norms are not relevant to the context that you are working in, then you may be able to change or omit them. It is important that you do not change other aspects of the storyline, discussion or survey questions without guidance from technical staff, to maintain the integrity of the tools.

STEP 2:

IDENTIFY RESPONDENTS

The story-based group discussions tool is administered to small groups of no more than 8-15 people. Discussion groups should be segregated by gender, age and any other relevant factors that may influence how social norms are perceived (e.g., religion, ethnicity). This will allow people to participate safely and share their opinions.



If you are using the story-based group discussions tool with **direct participants**, then the discussion groups will usually be the same as the groups established for activity implementation. If your activity groups are not already gender and age segregated, then you can split the activity group into multiple discussion groups.



If you are using the story-based group discussions tool also with the **broader community**, then you will need to establish new discussion groups for the purposes of data collection. Alternatively, you can use existing gender and age disaggregated groups in the community (e.g., a local women's savings group or girls' club, etc. as a discussion group) and ask them whether they are willing to be surveyed. When using this approach, it is important to ensure the respondents are broadly representative of the community.

Example 1: Direct Participants

A country office plans to use the story-based group discussions tool to collect baseline data from participants of a caregivers' sessions. The group can be divided in half, forming smaller groups of between 6 – 8 people, using one story per small group. The same two stories are used for male and female caregivers' groups, so the results can be compared. The remaining stories are reserved for different community outreach activities, or future caregivers' groups (each group only discusses one story once).

Example 2: Broader Community

A country office plans to also use the story-based group discussions tool to collect baseline data from a sample of the broader community. They plan to use all five stories and explore how perceptions of social norms differ between people of different genders and ages. The project team facilitates the stories to 20 separate discussion groups (5 for adult men, 5 for adult women, 5 for adolescent boys and 5 for adolescent girls), with each group listening to and discussing one story, as shown in the table below:

Discussion Groups																					
		GIRLS					BOYS					WOMEN					MEN				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
STORY	STORY 1	x					x					x					x				
	STORY 2		x					x					x					x			
	STORY 3			x					x					x					x		
	STORY 4				x					x					x					x	
	STORY 5					x					x					x					x

Assuming that discussion groups are disaggregated by age and sex, the total number of groups required for the total number of stories used in shown in the table below:

# STORIES USED	# GROUPS REQUIRED
1	20
2	16
3	12
4	8
5	4

STEP 3:

CONVENE DISCUSSION GROUPS

It is important to convene the groups at a time and place that is convenient and safe for participants. Ideally, this will be a place they are familiar with and is not far from their home. The following gender considerations are important when convening discussion groups:

- Is the location and the route to get there safe, especially for women and children?
- Are women able to bring their young children, or have arrangements been made for childcare?
- Is the group convened at a convenient time that takes into account women's unpaid care work burdens?

Each discussion group should be facilitated by at least two people: one storyteller and one notetaker. Ideally, the gender of the facilitators should match the gender of the participants. Each discussion group will take approximately 45-60 minutes. If the session lasts less than 45 minutes, it may mean that the discussion was not in-depth enough and the resulting data will be less meaningful.

STEP 4:

GAIN PARTICIPANT'S CONSENT

Like any data collection that occurs for the purposes of research and evaluation, it is essential that you gain the informed consent of respondents before administering the tool. This includes explaining to the participants how the research will be conducted, presented and reported. Participants must be fully aware of any risks or potential discomfort that may arise during the research. It should also be made known that participation is voluntary and that the participants can withdraw from the discussion group at any time. Gaining informed consent for children generally requires more stringent standards of consent.

A basic script for gaining consent from participants (which can be adapted to your local context) is provided below:

"We have asked you here today to participate in a group discussion about parenting, children and marriage. The results of this discussion will be used to better understand what people in this community think about these topics. The information you provide will help us understand whether the activities we are implementing are effective and meaningful. Some of the information that we discuss today may be sensitive and we want to reassure you that your participation is voluntary, and you can choose to leave now or at any time during the discussion if you feel uncomfortable. You can also come to any of the facilitators at the conclusion of the discussion and ask for help if you need it. I want to remind you that everything that you say in this discussion is anonymous and confidential. While we are taking notes/recording the discussion, we will only identify you by using a number and we will never use your name. We ask everyone else in the group to respect others' confidentiality and not repeat anything that is said within this group. Knowing this, does everyone agree to participate in today's discussion group (ask each person in the group to respond individually)?"

NOTE: *It is important to ask each participant to individually consent to participating in the discussion group, as opposed to asking the group collectively whether they agree. This is because some people may find it difficult to disagree with the group.*

STEP 5:

READ AND DISCUSS THE STORY

The role of the storyteller is to read the story in a way that is accurate and engages the audience. Each story is divided in two parts. The first part of the story introduces a relevant, hypothetical situation by describing the setting and the main characters. It goes on to describe an event which leads the main character in the story to a decision point about how to act (Sample stories are included in **Annex 8**).

NOTE: *It is important that the first part of the story ends in suspense and does not tell the audience what choice the characters make.*

Explain to the audience that you are going to be reading them a story about a fictional family that lives in a community just like their own. Tell the audience that the story is not based on a true story and the characters do not represent any real people in this community, even if they might share the same name.

After reading the first part of the story, the storyteller should ask the audience the first set of discussion questions. The objective of these questions is to surface:

EMPIRICAL EXPECTATIONS

What the audience thinks that the main character would most likely do next, if the story was set in their community?

NORMATIVE EXPECTATIONS

What the audience thinks that most people in their community would expect the main character to do next?

In the first set of questions, the facilitator should **AVOID** asking questions that surface moral beliefs and attitudes including:

- What the audience thinks the characters in the story should do
- What they would personally do if they were in that situation
- What they think is the right or wrong thing to do

If the facilitator finds that the audience is responding with moral beliefs and attitudes, they can bring the conversation back on track by asking ‘so what do you think that *most* people in your community would do?’ or ‘regardless of whether it is right or wrong, what do you think most people would *actually* do in this situation?’.

After the audience have had a chance to respond to the first set of discussion questions, the facilitator should complete the second part of the story, in which the main character chooses to defy the dominant social norm, in other words, respond in a way that would not normally be expected or approved by the community.

NOTE: *It is important that the second part of the story does not describe any negative consequences of the main character's decision to defy the norm (that is the focus on the second set of discussion questions).*

After reading the second part of the story, the storyteller should ask the audience the second set of discussion questions. The objective of these questions is to explore:

Sanctions - the negative social consequences that the main character(s) might experience as a result of defying the norm.

Sensitivity to sanctions - the extent to which the sanctions are likely to change the main character(s) behaviour.

Exceptions - Situations in which it may be considered more acceptable to act outside the norm.

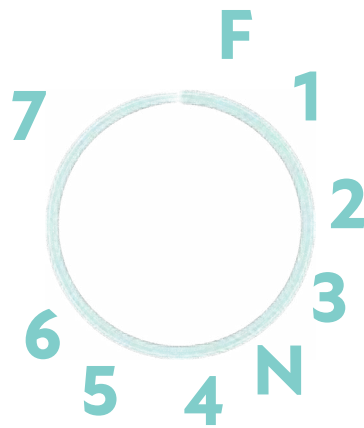
The storyteller can also ask the audience whether the main character's response would ever occur in their community, as a possible sign of the perceived strength of sanctions is whether publicly defying the norm is even possible in the local context.

STEP 6:

TAKE NOTES

The role of the notetaker is to make detailed summary notes of the discussion group, which can be used for analysis. The responses of the audience to the discussion questions will form the data that will be used to determine whether changes in social norms have occurred, therefore it is essential that the notetaker make clear (legible), detailed and confidential notes of what is being said in the discussion. If possible and with the consent of the participants, the discussions can also be recorded on an audio device to assist with note taking.

Start by providing each participant with a number (written on a name badge or sticker). It may also be useful to record the way the participants are seated in the room, by their number, for quick reference during note taking (as shown below). This will allow the notetaker to quickly identify who is speaking without using their name.



When taking notes, the notetaker should record:

- ✓ The number of the question being asked (refer to discussion questions), so that the data can be linked back to a question.
- ✓ The number of the participant who is speaking, which can be cross-referenced with some basic demographic information about them (e.g., gender and age).
- ✓ A summary of what is being said. If possible, the notetaker should also try and capture direct quotes that are meaningful in demonstrating a particular point.
- ✓ Any other non-verbal information that might describe the context in which the comment was made, such as gestures and tones.

NOTE: A template for taking notes, which can be adapted to suit your needs, is included in Annex 9.

STEP 7:

ANALYSE RESULTS

Transcripts or summary notes from the story-based discussions should be analysed to identify key themes. This can be done manually by underlining themes using different colour pens or highlighting passages of text using word processing software (e.g., Microsoft Word). A summary report of key themes across all discussion groups should be prepared and kept on file for comparison against end line data.

The table below provides signs that may suggest that perceptions of a social norm may have changed between baseline and end line. The more evidence you have of these signs, including evidence that can be triangulated (compared) between both tools, the stronger the evidence of changes in perceptions of social norms will be.

SNAP COMPONENT	DEFINITION	SIGNS OF POSITIVE CHANGES IN SOCIAL NORMS
Empirical Expectations	What someone thinks other people do	<ul style="list-style-type: none"> • What the group thinks the main character in the story will do next has changed (to be more gender transformative or supportive of gender equality) • Perspectives within the group and between groups on what the main character in the story will do next are more polarised, where they were previously unanimous
Normative Expectations	What someone thinks others expect them to do (What someone thinks they should do, according to others)	<ul style="list-style-type: none"> • What the group thinks the main character in the story will be expected by others to do next has changed (other people's expectations are more gender transformative or supportive of gender equality) • The group thinks that the main character in the story will be expected by others to defy the dominant norm • Perspectives within the group and between groups on what the main character in the story will be expected to do next are more polarised, where they were previously unanimous • There is evidence of discordance (inconsistency) between empirical expectations and normative expectations (what the group thinks the main character will actually do is different from what the group thinks the main character will be expected to do by others)
Sanctions	The real or anticipated reaction of others if the dominant norm is defied	<ul style="list-style-type: none"> • The likelihood that possible sanctions will be applied decreases • The number of different types of sanctions that may be applied decreases • The severity of sanctions that may be applied decreases • There is more disagreement within the group and between groups in relation to sanctions

SNAP COMPONENT	DEFINITION	SIGNS OF POSITIVE CHANGES IN SOCIAL NORMS
Sensitivity to sanctions	The extent to which someone would change their behaviour (to be more norm compliant) because of negative sanctions	<ul style="list-style-type: none"> • The reaction of the main character to any negative sanctions identified has changed • The likelihood that the group reports that the main character would change their behaviour (to be more norm compliant) because of negative sanctions identified decreases • The likelihood that the group reports that the main character would maintain their behaviour (in defiance of the norm) despite negative sanctions increases
Exceptions	The circumstances in which it may be acceptable for someone to defy the dominant norm without sanctions	<ul style="list-style-type: none"> • The likelihood that the group reports that someone in their community would defy the norm increases • The nature of the circumstances in which it would be acceptable for the main character in the story to defy the norm changes • The number of circumstances in which it would be acceptable for the main character in the story to defy the norm increases.

USING THE RAPID SOCIAL NORMS SURVEY TOOL

This section provides advice on administering the rapid social norms survey tool

 **NOTE:** *The questionnaire for the survey is included at Annex 6.*

STEP 1:

CUSTOMISE SURVEY

The questionnaire should be translated into the local language. It is recommended to ‘field test’ the survey questions on a small number of people to ensure that they understand the questions before administering the survey to actual respondents.

STEP 2:

IDENTIFY RESPONDENTS. SAMPLING.



If you are using the rapid social norms tool with **direct participants** then you should aim to administer the survey to as many participants as possible (ideally all of them) therefore there is no need to determine a sample size.



If you are also using the rapid social norms survey tool with the **broader community** then you will administer the survey to a **sample** of the entire community in which you are working. More advice on determining the number of people who you need to administer the survey to is provided below.

A ‘**sample**’ refers to a smaller number of people whose, if selected correctly, responses are representative of a larger number of people. You can calculate the total number of respondents you will need to survey using a free sample size calculator online³¹, if you know the following information:

³¹ <https://www.surveymonkey.com/mp/sample-size-calculator/>

1. TOTAL POPULATION SIZE

To determine the size of your sample you need to know the total number of people living in the community you are working in. Do not worry if you do not know the exact number. It is common to have an unknown number or an estimated range.

2. CONFIDENCE INTERVAL

The confidence interval describes how much error you are willing to accept in your survey results. If you are unsure, start by selecting 0.05 as your margin of error, which means your results will be accurate + or – 5%

3. CONFIDENCE LEVEL

The confidence level deals with how confident you want to be that the actual mean falls within your margin of error. The most common confidence intervals are 90% confident, 95% confident, and 99% confident.

4. STANDARD DEVIATION

This step asks you to estimate how much the responses you receive will vary from each other and from the mean number. Since you have not yet run your survey, a safe choice is a standard deviation of .5 or lower, which will help make sure your sample size is large enough

⚠ NOTE: *If the calculator returns a sample size that is not feasible with the time and resources you have available, you can manipulate the figures in 2, 3 and 4 to allow for a greater margin of error. This may reduce the sample size needed, although it will also reduce the reliability of your results.*

A sample that is selected randomly means that everyone living in the community has an equal chance of being selected as a survey respondent. Selecting a random sample does not necessarily require a sophisticated technique. The most important thing is that you do your best to ensure that everyone living in the community you are working in has a roughly equal chance of being selected to participate in your survey.

Some options for collecting a random sample include:

- ✓ Researchers create a map of households or dwellings within the community and decide to include every 'nth' house (e.g., third or fourth house) in the survey. Within each household, the names of family members can be written down and one respondent from each household selected at random.
- ✓ Researchers conduct the survey in a public place that is accessible to most people, such as a market or town square. Researchers then 'spin a bottle' on the ground and walk in the direction where the bottle points, asking the first person they encounter to participate in the survey.
- ✓ In smaller communities where the total number of families is known or documented, it may be possible to write names of families on a piece of paper and draw them at random from a 'hat'. Within each family unit, the same selection process can then be repeated with the individual members of that family, ensuring that only one person from each family unit participates in the survey.

As much as possible, your sample should aim to be representative of the demographic characteristics of the community you are working in. For example, if your community comprises of roughly 10% Christians and 90% Muslims, your sample should aim to include 10% Christians and 90% Muslim respondents.

STEP 3:

COLLECT DATA

The rapid social norms survey can be administered on a tablet or smart phone using survey software (such as KOBO or Qualtrics) or using pens and paper, although this is more resource intensive as the results will need to be manually transferred into a database (such as Excel).

The gender of the enumerator (data collector) should match the gender of the respondent; therefore, it is practical for enumerators to work in mixed-gender teams.

Like any data collection that occurs for the purposes of research and evaluation, it is essential that you gain the informed consent of respondents before administering the tool. This includes explaining to the participants how the research will be conducted, presented and reported. Participants must be fully aware of any risks or potential discomfort that may arise during the research. It should also be made known that participation is voluntary and that the participants can withdraw from the discussion group at any time. Gaining informed consent for children generally requires more stringent standards of consent.

A basic script for gaining consent from participants (which can be adapted to your local context) is provided below:

*“Hello, my name is _____. I work with an organisation called _____. We are conducting a survey about parenting, children and marriage. The results of this survey will be used to better understand what people in this community think about these topics. The information you provide will help us understand whether the activities we are implementing are effective and meaningful. **You have been randomly selected to take part in this survey** (optional for community members). Are you willing to participate today?”*

(If yes) I want to let you know that some of the questions may be sensitive and I want to reassure you that your participation is voluntary and you can choose to skip a question or stop taking the survey at any time if you feel uncomfortable. I want to remind you that your responses are anonymous and confidential and I will not ask or record your name. Are you ready to begin the survey?”

STEP 4:

ANALYSE RESULTS

The results of the survey should be totalled and disaggregated by demographic questions. Baseline survey results can be compared with the end line survey results and changes observed. Baseline results can also be compared to the baseline results for the story-based discussion groups to triangulate the information (i.e., compare data from different tools). This can be done in a programme such as Excel or if you are collecting responses electronically, the programme you use will perform this function for you. The table below provides signs that may suggest that perceptions of a social norm may have changed (positively) between baseline and end line. The more evidence you have of these signs, including evidence that can be triangulated (compared) between both tools, the stronger the evidence of changes in social norms will be.

POSSIBLE SIGNS OF POSITIVE CHANGES IN SOCIAL NORMS

SNAP Component	Definition	Signs of positive changes in social norms
Empirical Expectations	What someone thinks other people do	<ul style="list-style-type: none">The proportion of other people in the community that respondents think behave or think in a certain way has changed:<ul style="list-style-type: none">There is an increase in the # and % of respondents who reply 'most' or 'all' to questions 12,14,16,18 &20There is an increase in the # and % of respondents who reply 'none' or 'some' to questions 11,13,15,17,19,21Changes in perceptions about what other people do are evident between different segments of the population (e.g., men and women).

POSSIBLE SIGNS OF POSITIVE CHANGES IN SOCIAL NORMS

SNAP Component	Definition	Signs of positive changes in social norms
Normative Expectations	What someone thinks others expect them to do (What someone thinks they should do, according to others)	<ul style="list-style-type: none"> The proportion of other people in the community that respondents think would behave or think in a way that is gender transformative or supportive of gender equality increases, in other words: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid #ccc; padding: 5px; background-color: #f0f0f0;"> There is an increase in the # and % of respondents who reply 'most' or 'all' to questions 12,14,16,18,20,22,24, 25,27 & 29 </div> <div style="border: 1px solid #ccc; padding: 5px; background-color: #f0f0f0;"> There is an increase in the # and % of respondents who reply 'none' or 'some' to questions 23,26,28 & 30 </div> </div> Changes in perceptions about what others approve or disapprove of are evident between different segments of the population (e.g., men and women) There is more discordance (difference) between empirical expectations and normative expectations at baseline and end line. In other words, what the respondent thinks people actually do is different from what the respondent thinks people are expected to do (this may suggest that people are more willing and able to defy social norms).

USING THE RESULTS FROM THE SOCIAL NORMS CHANGE ASSESSMENT

This section outlines two of the most common ways that you can use the results of these social norms measurement tools in your programme.

IMPROVING PROGRAMME EFFECTIVENESS

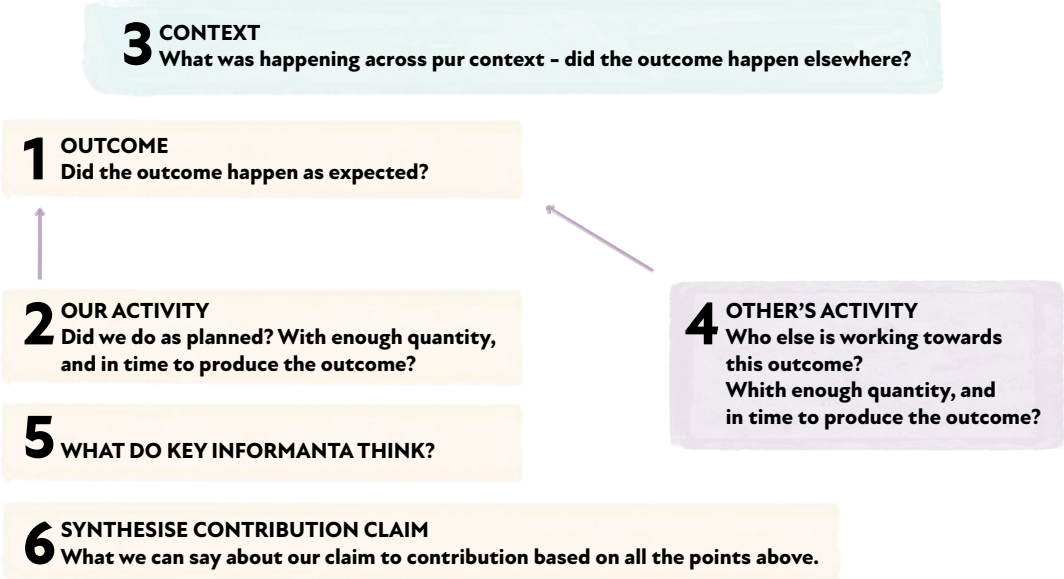
Collecting data from activity participants and community members (especially on sensitive issues such as CEFM) can only be ethical and accountable if humanitarian actors use this information to improve the effectiveness of their programmes and activities.

The results of these social norms measurement tools will provide your team with valuable insights into the nature and extent of social norms relating to CEFM in the context you are working in, including differences within and between sub-groups. This information may help facilitators identify ‘entry points’ for current and future programming. For example, if the data shows that a particular social norm is not common in the context you are working, then facilitators may choose to focus on addressing a social norm that is more relevant. Similarly, if perceptions of a particular harmful social norm appear to be changing, facilitators may choose to increase their focus on that norm with a view to reaching a ‘tipping point’ at which the new norm becomes accepted by the majority.

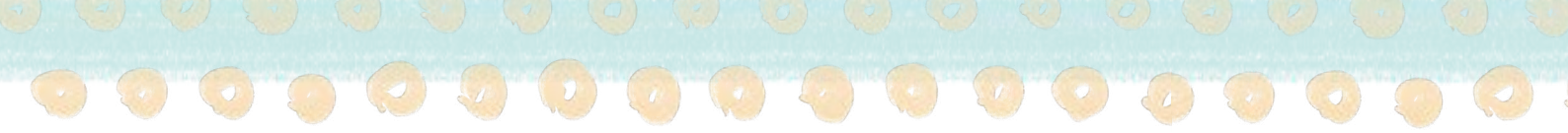
CLAIMING A CONTRIBUTION TO CHANGE

In addition to improving programming effectiveness, humanitarian actors may also want to attribute the changes measured to their intervention or activity (e.g., to demonstrate impact for a donor as part of regular reporting). Demonstrating a causal relationship between an activity and an outcome requires experimental methods and is often not feasible in humanitarian settings. An alternative approach is to acknowledge that the activities you are implementing are likely to be one of several things that may result in changes in social norms relating to CEFM and to instead seek to demonstrate the specific contribution that your activity made alongside other possible contributing factors. This approach is known as contribution analysis and is particularly relevant in humanitarian settings, where fundamental shifts in people’s lives are occurring at a rapid pace (e.g., changes in family composition, economic and social circumstances, etc.) and there are many actors delivering activities in the same communities. There are several methods for conducting a contribution analysis, which vary in complexity. Here, we recommend a ‘light’ version of contribution analysis, known as the ‘what else?’ test.³²

The 6 steps of a basic ‘what else’ test are shown in the diagram:



32 Clear Horizon (n.d.) The What Else Test: A basic tool for strengthening contribution claims. Available at: <https://www.clearhorizonacademy.com/wp-content/uploads/2020/05/What-else-test.pdf>



Step 1) Start by demonstrating that there is a positive change in perceptions of social norms that is worthy of ‘claiming’ that your activity contributed to. This information will normally be included in a report that compares the results of the data collection at baseline and end line. Ideally apply at least one form of data triangulation to cross-check whether the changes observed have really been achieved.

Step 2) Decide whether, based on what you know about how the activity was implemented and any data you have from implementation monitoring tools, the activity that you implemented was sufficient (including in quality and dose) to have caused the outcomes you have documented in Step 1. The activity also needs to have happened in timeframes that make sense to have contributed to the results, keeping in mind that it is generally accepted that changes in perceptions of social norms are slow.

Step 3) Check to see whether the outcome is also showing up in places you are not implementing the activity (this would be a big clue that something other than your activity is contributing to the observed outcomes!) This can be done by interviewing people not involved in your programme or reviewing secondary from baseline/end line studies from similar programmes operating in other areas.

Step 4) Undertake an environmental scan to find out what else may have contributed to the observed changes. This is especially important in humanitarian situations where there are often many actors working in the same area. Consider who else has been working in the same place (currently or in the past) and see if you can eliminate those activities as plausible explanations of the changes observed.

Step 5) Collect new (or review existing data) from activity participants to test your claim. For example, evidence from participant feedback forms or observation reports may support that positive changes are occurring. Ideally, can complement this data with a few interviews in which you pose questions about the counterfactual (what participants think would have happened without the intervention). Make sure you choose people who have no vested interest in your programme, so as it avoids social desirability bias (i.e., participants telling you what you want to hear).

Step 6) Synthesise everything you have discovered in Steps 1-5 in a ‘contribution claim’ (1-2 paragraphs) that will form part of your final report. The objective of the contribution claim is to make a case as to the likelihood that your activity contributed (and to what extent) to the changes in perceptions of social norms, measured using these tools. Remember, the goal is not to prove that your activity was the ONLY thing that contributed to the observed changes, but that it was one of a number of possible things that did.

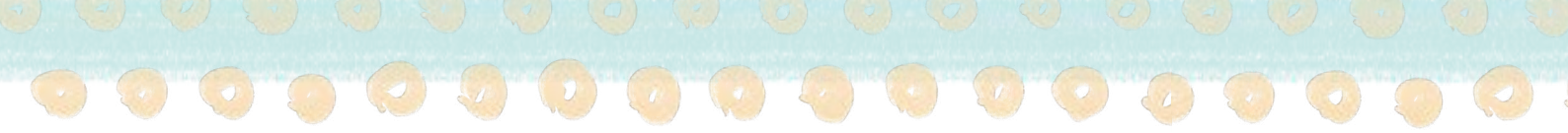
IMPLEMENTING CAPACITY BUILDING ACTIVITIES

The main goal of the capacity building component of the **ENGAGE Toolkit** is to increase the skills, knowledge and confidence of staff and partners to prevent and respond to CEFM in humanitarian settings. The capacity building component consists of two main activities: an initial training for facilitators using the facilitators guide and participant's workbooks and the ongoing provision of coaching, supervision and peer support.

INITIAL TRAINING FOR FACILITATORS

Before implementing the activities in this toolkit, it is essential that facilitators and caseworkers participate in an initial training, which provides an in-depth overview of the activities and the tools to support the quality implementation, monitoring and evaluation of the programme. The 4 modules are anticipated to take about 4 weeks in total, so it is essential that time and resources are allocated appropriately. The modules and target audience include the following:

MODULE	TRAINING TOPIC	DAYS	TARGET AUDIENCE
1	Core Training Module	4.5	All staff, including programme managers, community outreach workers, life skills facilitators and caseworkers
2	Facilitation Skills and Considerations	4.5	All staff, as above
3	Implementation of Service Delivery Components	4.5	All facilitators of the life skills and focused care tools, caseworkers and supervisors
4	Implementation of Community Outreach Components	6.5	Facilitators of community outreach components, programme managers




Each of the four training modules contains an overview of the sessions with specific time allocations to cover each topic. This information can be used to develop specific training agenda for each module. Then, these can be adapted to suit how the training will be facilitated (for example, in one 4-weeks block, or split up into modules over a longer period).

 **NOTE:** *A sample of the training agenda used in Iraq for facilitating Module 4: Implementation of Community Outreach Components, is included in Annex 10.*

There is also a pre/post test questionnaire with answers included in this toolkit (**Annex 11**).

A **Participant Workbook** is also included as part of the **ENGAGE Toolkit**. It includes key takeaway messages, plus the annexes and handouts in sequential order. It is strongly advised that the workbook is printed for each participant, as this resource will encourage group members to engage in discussions rather than copying powerpoint slides. Plus, it collates all the handouts into one location.

It is also recommended that the programme does not begin until all 4 modules of training are complete. This is because the Adolescent Girls Life fSkills programme (Module 3: Service Delivery) and Male and Female Caregivers Sessions (Module 4: Community Outreach) are designed to complement each other, hence it is important that they are facilitated in the community at the same time.

 **NOTE:** *The respective Pre / Post Test Questionnaire is included in each of the four Workbooks. Participants should tear this test out of their workbooks when complete and give it to the facilitator of the training. The facilitator will score and confidentially share pre and post test results after the training with each participant.*

ONGOING COACHING, SUPERVISION AND PEER SUPPORT

Peer support is a process where people who share common experiences or face similar challenges come together as equals to support each other.³³ Supervision “is a relationship that supports the [facilitator’s and caseworker’s] technical competence and practice, promotes wellbeing and enables effective supportive monitoring of [work].”³⁴ Supervision can be provided through one-on-one support, through on-the-job observation and coaching in teams. Supervision should include capacity strengthening for frontline workers as well as supporting self-care and positive coping mechanisms, especially for those who are working with adolescents.

Coaching is part of supervision. The supervisor’s role is to coach the facilitator to use specific practices, which assist the facilitator and/or caseworker to recognise their strengths and challenges, achieve realistic goals, promote self-reflection and comply with good practices and relevant protocols. Peer support and supervision have the same objective: to improve the skills, confidence and performance of facilitators, leading to better quality implementation of activities and ultimately, more positive outcomes for individuals and communities.

The toolkit includes five tools that can be used for the provision of supervision, coaching and peer support:



1 INDIVIDUAL SUPERVISION MEETINGS

DEFINITION:

Individual supervision meetings are regularly scheduled one-on-one sessions between the supervisor and facilitator that address the accountability/administrative, educational/professional development, and supportive functions of supervision.

33 Riessman, F. (1989). *Restructuring help: A human services paradigm for the 1990's*. New York, NY: National Self-help Clearinghouse.

34 Alliance for Child Protection in Humanitarian Action. (2014). *Inter-agency Guidelines for Case Management and Child Protection*.

SCOPE:

Individual supervision meetings are mandatory for facilitators and caseworkers working with adolescents (i.e., facilitators of service delivery activities), however the tool can also be adapted for community outreach facilitators.

FREQUENCY/DURATION:

Individual supervision meetings should be held for approximately one hour, once a week or according to the needs of the facilitator. Irregular or ad hoc supervision should be avoided.

PREPARATION:

Supervisors and facilitators are both responsible for preparing for the individual supervision meetings by gathering information to share based on their week's activities, as well as any pre-determined topics (as discussed in a previous meeting and/or as decided within a capacity building plan). This can include discussions on identified emotional problems, identified during the session and sharing of best practices in response, presentation of challenges of provision of psychological first aid and discussion on best practice in response and referrals to specialised services and questions from the facilitator and feedback or guidance from the supervisor. Supervisors should create an environment of openness, where all are encouraged to reflect honestly.

INSTRUCTIONS:

The Individual Supervision Record³⁵ (**Annex 12**) should be used by a supervisor to track the progress made with the facilitator over the course of each period. The tool assists the supervisor to facilitate a constructive dialogue.

3 REFLECTIVE PRACTICE

DEFINITION:

Reflective practice is the ability to reflect on one's actions so as to engage in a process of continuous learning. It involves looking back on past actions and events and learning from their own professional experiences, successes, and failures, rather than from formal learning.

SCOPE:

Reflective practice is suitable for all activities in the programme, including community outreach and service delivery components.

35 *Ibid.*

FREQUENCY/DURATION:

The reflective practice record can be used after each activity/session or as often as it is useful for facilitators/caseworkers.

PREPARATION:

Facilitators/caseworkers should ensure that they have set aside at least 30 minutes for individual reflection at the conclusion of the activity/session.

INSTRUCTIONS:

Immediately following the facilitation of the activity/session, facilitators/caseworkers should make time for individual reflection. The Reflective Practice Record (**Annex 13**) can be used to record the results, which can be discussed during individual supervision (if used).

2 SESSION OBSERVATION

DEFINITION:

Observation is a tool with the dual purpose of providing supervision and coaching as well as monitoring activity implementation. It involves an independent but experienced third-party observing the implementation of an activity/session and recording their observations against key criteria. The observation is then followed by a rapid de-brief with the facilitator to identify strengths, weaknesses and areas for improvement.

SCOPE:

Activity/session observation can be conducted for all group activities, including community outreach and service delivery groups.

FREQUENCY/DURATION:

Observation should be conducted at least once during each cycle and/or implementation phase.

PREPARATION:

Facilitators should be advised when the observation will be taking place so that they can prepare and notify participants in advance. While some people argue that observations should be conducted without notice, so that the facilitator does not have time to prepare, this can result in the facilitator becoming nervous, which can detract from the effectiveness of the activity/session.

INSTRUCTIONS:

The observation should be conducted by a senior member of staff who has experience implementing the activity they are observing, such as a senior or experienced staff member (including the facilitator's line manager) or a person within the organisation who is responsible for monitoring and evaluation.

When observing an activity, it is important that the observer:

- ✓ Introduces themselves to participants
- ✓ Explains that the activity is being observed as part of routine programme monitoring
- ✓ Ensures that everyone participating in the activity consents to the activity being observed
- ✓ Reminds participants that everything that is observed during the activity is confidential
- ✓ Stands away from the main group (does not participate in, or interrupt the activity in any way)
- ✓ Observes the entire activity (i.e., does not arrive or leave halfway through the activity)
- ✓ Provides constructive feedback to the facilitator at the conclusion of the activity

The Activity Session Observation Template (**Annex 14**) can be used to record the outcomes of the observation and to provide feedback to the activity facilitator so that they can improve their facilitation skills and the overall quality of the activity.

4 BELIEFS AND ATTITUDES REFLECTION

DEFINITION:

Reflecting on our own beliefs and attitudes is a critical part of reflective practice more broadly. Facilitators/caseworkers can use this tool to reflect on how their own beliefs and attitudes might influence their work to prevent and respond to CEFM.

SCOPE:

Beliefs and attitudes reflection is suitable for all activities in the programme, including community outreach and service delivery components. The tool is flexible and can be used as part of individual supervision and as a point of reflection during peer action reflection circles.

FREQUENCY/DURATION:

The tool can be used once, or repeated periodically at intervals, depending on the context it is being used. It is recommended that this tool is used at hiring and/or the start of the programme for existing staff new to this toolkit. The individual's attitudes and beliefs should be reassessed 3-6 months after hire / beginning use of the toolkit to measure a potential change in attitudes and beliefs and to inform their capacity building and development actions.

PREPARATION:

None.

INSTRUCTIONS:

The **Beliefs and Attitudes Reflection Tool (Annex 15)** contains 12 statements relating to CEFM. The respondent should record extent to which they agree with the statement, on a scale of 1 (strongly disagree) to 4 (strongly agree). **A lower score reflects beliefs and attitudes that are less accepting of CEFM and harmful gender norms.** The tool can be used anonymously or not, depending on the context, however it should be noted that asking facilitators to record their name on the responses may affect the honesty of their responses.

5 PEER ACTION LEARNING CIRCLES

DEFINITION:

Action-reflection (also known as action learning) is a deliberate and structured process of critically examining our experiences, beliefs and actions and then analysing them so we can learn from them, and ultimately improve our future performance. When action reflection is undertaken with a group of people who are all in a similar situation (in this case colleagues who are also implementing toolkit activities) it is called peer action reflection.

SCOPE:

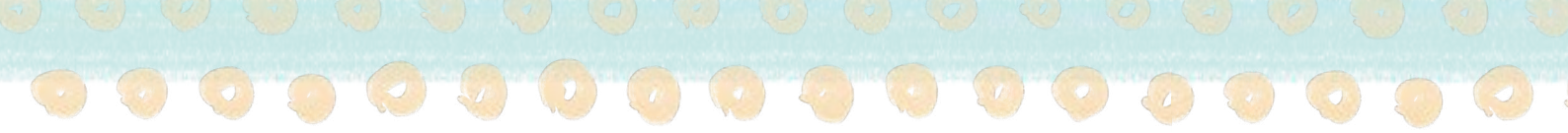
Peer action reflection circles can be used for all group activities, including service delivery and community outreach activities.

FREQUENCY/DURATION:

In the early stages of implementation, it is recommended that action-reflection sessions convene after each activity to allow for rapid iteration and improvement. As facilitators improve their performance, action-reflection circles can occur less frequently (e.g., after the completion of a toolkit module). Peer action-reflection circles may periodically meet for cross-circle reflection and learning, for example, circles for service delivery and community outreach activities may periodically meet to discuss ways of improving common challenges, such as recruitment and referral pathways.

PREPARATION:

At least three people are needed to form a peer action reflection circle and the group should not exceed 6-8 people. If there are more than eight people, consider creating multiple action-reflection circles. It may be useful to nominate a circle chair (to loosely guide the discussion) and notetaker on a rotating basis.



Members of the circle should have experience facilitating the same type of toolkit activity (e.g., community dialogues, life skills workshops). If there is more than one type of toolkit activity being implemented, separate action-reflection circles should be created. Ideally, membership of the action-reflection circle should stay the same across the implementation of the project to allow circle members to develop trust.

Peer action-reflection circles are also a supportive environment to provide staff care. In addition to a space to discuss psychosocial support for activity participants, the circles can provide facilitators who might need additional technical guidance on psychosocial support provision and referral mechanisms a safe, supportive environment for reflection and share lessons to identify new training needs.

INSTRUCTIONS:

A typical action-reflection circle meeting should take between 45-60 minutes.

A suggested agenda for an action-reflection circle meeting is as follows:

- Brief welcome and introduction
- Participants ‘check-in’ and share self-care needs and strategies
- Discussion of facilitator/caseworkers’ experiences of activity implementation, including:

Which activities/topics/components have worked well, and which ones haven’t?

Strategies that have proven effective and addressing barriers (such as dealing with resistance, translating key messages in the given context, promoting attendance by difficult to reach groups, etc.)

- Discussion of any feedback received from participants or independent observers (the group may use this time to reflect on the results of participant feedback forms, etc.)
- Discussion on what needs to change to improve the activity moving forward

Group suggests specific actions to improve the activity (e.g., changes to the toolkit, facilitation materials or the location of dialogues) and decides who will be responsible for achieving them and within what timeframe

- Discussion about difficulties experienced when facilitating sessions
- Discussion about difficulties managing groups
- Role-play how to manage difficulties or to practice skills
- Self-care

 **NOTE:** *The minutes of the Peer Action Reflection Circle can be recorded on the template provided in Annex 16.*

MONITORING ACTIVITY IMPLEMENTATION

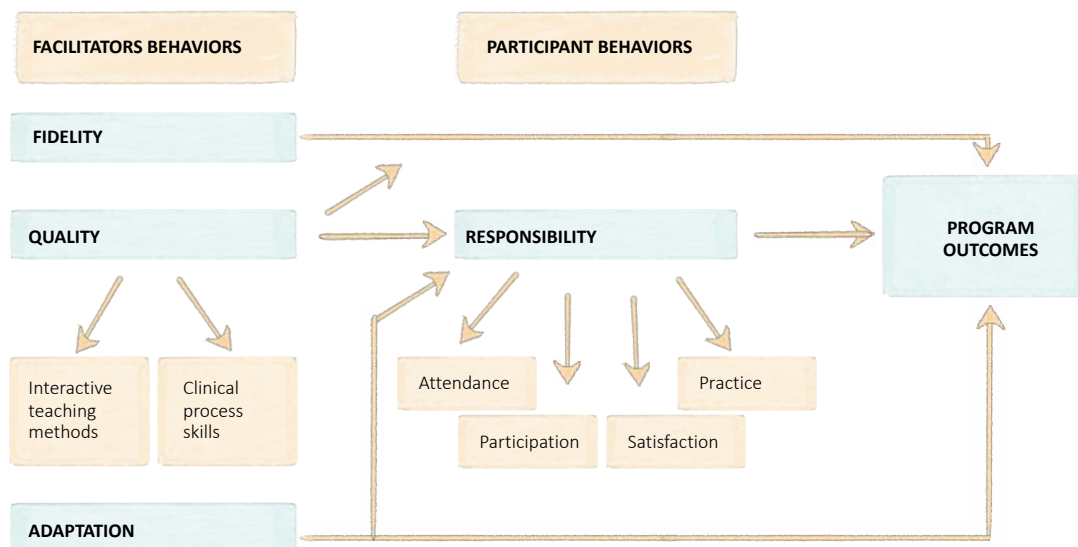
This section includes guidance and tools for monitoring the implementation of the **ENGAGE Toolkit** activities. The objective of these tools is to elicit feedback from participants and facilitators on the activities, which will then be used to generation the learning to inform the revision of the toolkit or to make adjustments to the activities. These tools are generally the same for community outreach and service delivery activities (with variations noted).

This package includes five tools that can be used to monitor the implementation of toolkit activities:

1. Facilitator Logbook
2. Participant/Client Feedback Form
3. Participant/Client Feedback Discussion
4. Participant/Client Feedback 1-1 (one-on-one) Interview
5. Activity/Session Observation

It should be noted that the Activity/Session Observation tool (**Annex 14**) can be used for monitoring activity implementation (as well as providing supervision, coaching and peer support).

The tools are designed to explore the four dimensions of implementation that have the greatest influence on programme outcomes, as proposed by Berkel et. al. in their *Integrated Model of Programme Implementation*³⁶, shown below.



36 Berkel, C., Mauricio, A., Schoenfelder, E., Sandler, L. (2014). Putting the Pieces Together: An integrated model for programme implementation. *Prevention Science*, 12:23-33. doi: 10.1007/s11121-010-0186-1.

EXPLANATION OF KEY TERMS:

ADAPTATION

Adaptation describes changes that are made to the activity to 'fit' with the context you are working in. It is important to make note of adaptations so that the activity and the instructions can be improved.

Examples of common ways that a facilitator may adapt the activity include:

- Extending or shortening the length of the activity
- Including, omitting or changing certain key messages or activities
- Using examples different to those provided (e.g., that are more contextually relevant)

Common reasons for adaptation include:

- The facilitator or participants did not understand the activity instructions
- There was insufficient/too much time for the activity
- The activity content might have offended the participants (i.e., it was inappropriate)
- The activity did not interest participants (i.e., was too boring)
- The resources required to facilitate the activity were not available

Adaptation is measured using the **facilitator/caseworker logbook** and the **activity/session observation**.

ATTENDANCE

Attendance describes participation in the activity by different segments of the community. It is only necessary to consider those who were eligible to attend the activity. For example, 'attendance by men' will not be relevant for activities that are only open to women. In this case, the observer can circle **NA/UNK** (not applicable/unknown).

The observer is also asked to consider the extent to which people who attended the activity were representative of all people who were eligible to attend (also called activity 'reach'). For example, if a community consists of both Muslims and Christians, but only Muslims attend the activity, then the group is not representative of the community. When considering representativeness, the observer may ask themselves 'who appears to be missing from this group?'

Attendance is measured using the **facilitator/caseworker logbook**, the **1-1 participant interview** and the **activity/session observation**.

ACTIVE PARTICIPATION	<p>Participation describes the extent to which participants were actively involved in the activity. Participants may sit and listen quietly, or they may demonstrate active questioning by asking questions and responding to questions posed by the facilitator and engage in dialogue by discussing the topic amongst each other. The observer is also asked to consider the extent to which participants seemed interested in the topic, comprehended (understood) and appeared to agree with the key messages.</p> <p>Active participation is measured using the facilitator/caseworker logbook and the activity/session observation.</p>
FIDELITY	<p>Fidelity describes the extent to which the activity was facilitated as intended by the people who designed it. This includes the extent to which all the key messages and activities were facilitated, and in the order or sequence shown.</p> <p>Fidelity can only be determined by an independent observer with a knowledge of the programme model, therefore this outcome is measured using the activity/session observation. The observer is also asked to consider the extent to which the facilitator role modelled gender equality. Examples of role modelling gender equality include asking male and female participants for their opinions, interacting with co-facilitators in a way that demonstrates equality, using statements and examples that are gender transformative, etc.</p>
HOME PRACTICE	<p>Home practice describes participants' attempts at practicing assigned skills at home or their intentions to do so.</p> <p>This outcome is measured using the 1-1 participant interview. Some questions relating to home practice are measured using the participant feedback form/discussion.</p>
SATISFACTION	<p>Satisfaction describes what participants thought of the activity, including whether they found it interesting and enjoyable, as well as appropriate and relevant to their context.</p> <p>This outcome is measured using the 1-1 participant interview and the participant feedback form/discussion.</p>
QUALITY	<p>Quality describes the skill with which the activity was facilitated. It includes the facilitator's knowledge of the subject matter and presentation style. As it is difficult for facilitators to independently assess the quality of their own work, this outcome is measured using the participant feedback form/discussion and the activity/session observation tool.</p>

FACILITATOR/CASEWORKER LOGBOOK

PURPOSE:

The purpose of the Facilitator/Caseworker Logbook is to gain feedback from the person implementing the activity on their experience implementing the activity (e.g., the extent to which the activity instructions were easy to understand, and the key messages resonated with participants). This feedback can be used by the project team to adapt and improve the activity and improve its effectiveness.

SCOPE:

The facilitator logbook can be used for all toolkit activities but is most suitable for group activities (service delivery and community outreach).

FREQUENCY/DURATION:

During the pilot/field testing phase, the facilitator logbook should be filled out after each activity session to provide rapid feedback to help the project team adapt and iterate the tools. It may also be useful to use the facilitator logbook on an ongoing basis as the activities are implemented in new communities or with new participant groups.

INSTRUCTIONS:

The logbook (**Annex 17**) should be completed by the facilitator at the conclusion of each activity, while the memory of the activity is still fresh in their mind.

PARTICIPANT FEEDBACK FORM

PURPOSE:

The purpose of the Participant Feedback is to gain feedback from participants on their perceptions of and satisfaction with the activity content. This information can then be used to improve facilitator performance and the overall quality of the activity.

! **NOTE:** *This tool is suitable if the participants have basic literacy skills and you have access to some resources (e.g., pens and paper). If the participants cannot complete this form, you can use the Participant Feedback Discussion Guide instead (see below).*

SCOPE:

The Participant Feedback Form can be used for both community outreach activities and service provision activities. The rows of the form can be changed as required to ensure they are relevant to the activity.


FREQUENCY/DURATION:

The Participant Feedback Form (**Annex 18**) should be used after every session on an ongoing basis, as frequently as required.

INSTRUCTIONS:

When using the Participant Feedback Form, the facilitator should:

- ✓ Complete Section A (activity details) prior to providing the form to participants/clients.
- ✓ Give the form to participants/clients at the conclusion of the activity and ask them to complete it before they depart the vicinity.
- ✓ Tell participants that you are collecting feedback from them as part of routine project monitoring and that their opinions are important and essential to providing the best possible service to themselves and others.
- ✓ Explain to participants that completing the feedback form is optional.
- ✓ Show the form to the participants and explain how to complete it, including the meaning of the icons, which represent a scale from low (strongly disagree to the statement) to high (strongly agree with the statement).
- ✓ Explain to the participants/client that they should place a circle or cross through the answer that corresponds to how they feel about each statement.
- ✓ Remind participants that the form is confidential and not to write their name on the form.
- ✓ Give the participants a few minutes to complete the form in private (do not rush them or watch them while they are completing it).
- ✓ If possible, a secure 'feedback box' should be provided for people to leave their feedback forms at the conclusion of the activity.

 **NOTE:** *There are also exercises incorporated in the individual tools that can help the facilitators to obtain feedback from the participants (for example, using evaluation jars and counting pebbles during caregivers' sessions). The facilitators can decide if additional forms, such as this 'Participant Feedback Form', should be used.*

PARTICIPANT FEEDBACK GROUP DISCUSSION

PURPOSE:

The purpose of the Participant Feedback Group Discussion is to get feedback from participants on the toolkit activities in instances where participants are unable to complete the participant feedback form. This information can then be used to provide feedback to the facilitator on their performance and improve the overall quality of the activity. A summary of participant feedback can also be provided to the design team during the field-testing period.

SCOPE:

This Participant Feedback Group Discussion Guide can be used for all the toolkit activities. Like all the tools in this toolkit, they can be adapted to meet your needs and the context you are working in. You can do these by adding or deleting rows as required.

FREQUENCY/DURATION:

The Participant Feedback Group Discussion should be used after every session during the pilot/field testing phase and can be used on an ongoing basis, as frequently as required.

INSTRUCTIONS:

The Participant Feedback Group Discussion should be conducted by someone other than the facilitator, ideally someone of the same gender as the participant/client. The interviewer should contact participants as soon as possible after the activity, while the experience is still fresh in their mind. One option is for the Discussion Guide to be used in tandem with the Activity/Session Observation, and for the two monitoring activities to be conducted by the same person (i.e., the independent observer conducts the focus group/interview immediately after the activity concludes).

When using the Participant Feedback Group Discussion, the interviewer should:

- ✓ Convene the discussion as soon as possible after the conclusion of the activity.
- ✓ Explain to the participants/clients that you are collecting feedback from them as part of routine project monitoring and that their opinions are important and essential to providing the best possible service to themselves and others.
- ✓ Explain to participants that participating in the feedback discussion is optional.
- ✓ Remind participants that the discussion is confidential and although a summary of feedback may be provided to the facilitator, their names or identifying details will not be used.
- ✓ Ask the discussion questions and summarises the responses in the template provided in **Annex 19**.

PARTICIPANT FEEDBACK

1-1 INTERVIEW

PURPOSE:

The purpose of the Participant Feedback 1-1 Interview is to get in-depth feedback from participants on the toolkit activities. This information can then be used to provide feedback to the facilitator on their performance and improve the overall quality of the activity. A summary of participant feedback can also be provided to the design team during the field-testing period.

SCOPE:

This Participant Feedback 1-1 Interview can be used for all the toolkit activities. Like all the tools in this toolkit, they can be adapted to meet your needs and the context you are working in. You can do these by adding or deleting rows as required.

FREQUENCY/DURATION:

Unlike the Participant Feedback Discussion Group, the Participant Feedback 1-1 Interview is conducted in the weeks and months after the activity, which allows the project team to collect data on outcomes such as Home Practice (the extent to which the participant has practiced knowledge/skills in their lives).

INSTRUCTIONS:

The Participant Feedback 1-1 Interview should be conducted by someone other than the facilitator (to reduce bias), ideally someone of the same gender as the participant/client. If the interview is conducted in the person's home then two people should attend.

When using the Participant Feedback 1-1 Interview, the interviewer should:

- ✔ Contact the participant/client in the weeks and months following the conclusion of the activity (it may be useful to ask participants on the attendance sheet whether they are willing to be contacted for a follow up activity).
- ✔ Explain to the participant/client that you are collecting feedback from them as part of routine project monitoring and that their opinions are important and essential to providing the best possible service to themselves and others.
- ✔ Explain to participants that participating in the interview is optional and that the information they provide will be kept strictly confidential (their names or identifying details will not be used).
- ✔ Ask the interview questions and summarise the responses in the template provided in **Annex 20**.

GLOSSARY

TERMS

Assent	To express broad agreement with an opinion. Assent refers to a simple agreement and generally has no legal validity.
Attitudes	A feeling or opinion about something or someone.
Beliefs	A moral opinion about whether something is right or wrong.
Bride Price	An amount of property or money brought by a husband (or their family) to a bride (or their family on their marriage (or vice versa), also called Dowry in some cultures.
CEFM	Child, early and forced marriage.
Consent	To explicitly agree to let something happen or agree to do something. Can be provided in writing or verbally.
Chastity	The state or practice of refraining from extramarital, or especially from all, sexual intercourse.
Descriptive norms	A social norm that is only based on an empirical expectation (see below) and not a normative expectation (see below).
Dowry	An amount of property or money brought by a husband (or their family) to a bride (or their family on their marriage (or vice versa), also called Bride Price in some cultures.
Empirical expectations	Beliefs about what people <i>actually</i> do e.g. “All my neighbours marry their daughters as soon as they reach puberty”.
FGM/C	Acronym for Female Genital Mutilation/Cutting.
Honour	The quality of knowing and doing what is morally right.
Impact	A description of the desired change that a programmatic intervention seeks to contribute to.
Intermediate	Occurring in between two things

TERMS

Menses	Menstruation
Mitigate	Intervene to lessen the negative impact of a situation
Normative expectations	Beliefs about what someone thinks they are expected to do by others e.g. “My neighbours think that one should marry one’s daughter as soon as she reaches puberty”.
Outcomes	Intrinsic (belonging to the subject) changes brought about by a programmatic intervention.
Participatory	An approach that encourages participation of others
Psychosocial wellbeing	One’s level of psychological happiness/health, encompassing life satisfaction, and feelings of accomplishment.
Reference groups	Describes the people whose opinions are considered important by an individual.
Referral	The process of directing a client to another service or programme that better meets their needs
Rewards	A form of social ‘feedback’ which suggests that a person’s behaviour is approved of.
Root cause	The main or underlying cause of something (referring to the roots of a tree).
Sanctions	A form of social ‘feedback’ which suggests that a person’s behaviour is disapproved of.
Sample	A smaller group of the population whose, if selected correctly, responses statistically represent those of the entire population.
Shame	A feeling of humiliation or distress caused by the consciousness of wrong or foolish behaviour.
Social norms	The unwritten rules about how people should behave, based on expectations that are either normative or empirical (see above).
Stigma	A mark of disgrace associated with a particular circumstance, quality, or person.
Virginity	The state of never having had sexual intercourse.

ACRONYMS

A/SRH	Adolescent/ Sexual and Reproductive Health
CEFM	Child, early and forced marriage.
FGM/C	Female Genital Mutilation/Cutting.
GBV	Gender Based Violence
M&E	Monitoring and Evaluation
NCA	Norwegian Church Aid
PFA	Psychological First Aid
SDQ	Strengths and Difficulties Questionnaire
SNAP	Social Norms Analysis Plot
VAW(G)	Violence Against Women (and Girls)



ANNEXES



ANNEX 1: OPINION LEADERS IDENTIFICATION TOOL

Instructions:

1. Use this tool at the same time as administering the baseline survey for direct participants of caregiver groups.
2. Ask the respondent at the end of the social norms survey whether there is anyone they would talk to in order to get their opinion of advice about when to marry their daughter.
3. If the respondent answers yes, ask them to tell you the full name of everyone they would talk to and their relationship to them, using the numerical options listed below.

 **NOTE:** *As these records contain identifying information, they should be kept strictly confidential.*

4. Ask respondents if your organisation can contact the nominated people, to invite them to a community dialogues programme, which is the final phase of the **ENGAGE** programme.
5. The list of names generated should be compiled according to the groupings described, with the number of times the name was mentioned. These most frequent names that appear should be invited to participate in the community dialogues.
6. Facilitators should contact identified opinion leaders shortly after completing this tool. They should then be contacted again in the weeks leading up to the community dialogues sessions.

OPINION LEADERS IDENTIFICATION TOOL

1. Is there anyone you talk to in order to get their opinion or advice about when to marry your children?

- ✓ **2** Yes
- ✗ **1** No
- **0** Refuse to answer

If yes-> go to Q. 1.1
If no-> End survey.

1.1 Who are these people in relation to you?

Ask for and list the names of each person the respondent would talk to. Then, starting with the first name, ask the person's status or role to the respondent (e.g. mother, friend, religious leader, etc.).

INTERVIEWER WRITE-IN NAME AND RELATION TO RESPONDENT (REFER TO CODES)

#	Name	Relation to respondent											
		Options for relation to respondent: 1. Mother 2. Father 3. Brother 4. Sister 5. Neighbour 6. Uncle 7. Aunt 8. Father-in-Law 9. Mother-in-Law 10. Religious leader 11. Village chief 12. Other (specify)											
1		1	2	3	4	5	6	7	8	9	10	11	12
2		1	2	3	4	5	6	7	8	9	10	11	12
3		1	2	3	4	5	6	7	8	9	10	11	12
4		1	2	3	4	5	6	7	8	9	10	11	12
5		1	2	3	4	5	6	7	8	9	10	11	12

1.2 How much does the opinion of (name each person listed above) influence your decision on when to marry your children?

SINGLE CODE EACH ROW

#	Name	A lot	A little	Not at all	Unsure/Don't know	Refuse to answer	Contact
1		3	2	1	99	0	
2		3	2	1	99	0	
3		3	2	1	99	0	
4		3	2	1	99	0	
5		3	2	1	99	0	

1.3 Do you think that (name each person listed above) thinks you should marry your daughters/ female household members before she turns 18?

SINGLE CODE EACH ROW

#	Name	Yes	No	Unsure/Don't know	Refuse to answer
1		2	1	99	0
2		2	1	99	0
3		2	1	99	0
4		2	1	99	0
5		2	1	99	0



ANNEX 2: KEY POINTS FOR CONTACTING IDENTIFIED OPINION LEADERS

Introduce yourself, your organisation, and your role and explain that:

- You are responsible for facilitating a programme in your community that aims to prevent and respond to child marriage.
- You are reaching out to them as they have been identified as an important person in the community who is influential in marriage-decision making.
- The programme is called **ENGAGE** which includes different activities, including a community dialogues programme.
- The purpose of this programme is to support the community to become more aware of the harmful impacts of child marriage and discuss the alternative options for girls, and promote an increased willingness to challenge unequal, harmful gender norms.
- there are 32 sessions which will take place over 16 weeks, starting in approximately 2 or 4 months (this will depend on your workplan, based off how many caregivers' sessions will be conducted each week).

Ask if they would like to join the group and answer any questions they may have.

Thank them for their time and offer to be available for follow up.



ANNEX 3: COMMUNITY MAPPING ACTIVITY

COMMUNITY MAPPING

Instructions:

Divide participants into groups of 4-5 each.

Give each group a sheet of flip chart paper and a marker. Allow 30 minutes to draw a map of their community. **Tell** them to start drawing the outline, and then to fill it in with all of the major landmarks (schools, churches, mosques, clinics, bus stops, major roads, etc.).

Give each group sticky notes and tell them to write the name of one location in the community on each note card.

Hand out another sheet of flip chart paper to each group.

Ask the participants to prioritise the place in the community according to safety for the participants themselves. They should put the cards in a diamond shape, with the safest on the top and least safe on the bottom. Each group should present their map, describe the location in the community they identified, and then have them share their safety ranking diamond.

Ask the following questions:

What makes <the location>
safe?

What could make <the
location> safer?

Are there certain times of
the day when a place is safe
and other times when the
same place becomes unsafe?
When? Why?



ANNEX 4:

INDIVIDUAL LIFE SKILLS ASSESSMENT FOR ADOLESCENTS 'STRENGTHS AND DIFFICULTIES' (PRE/POST QUESTIONNAIRE)

⚠ **NOTE:** Read the “Individual life skills assessment for adolescents” section for instructions on how to use this tool.

Materials you Need: Printed questionnaires, pens.


⚠ **NOTE:** Remove the rating points from the questionnaire or hide from respondents when conducting the assessment.

INDIVIDUAL LIFE SKILLS ASSESSMENT FOR ADOLESCENTS

Guidance for introducing yourself and the purpose of the assessment:

GREET the adolescent

INTRODUCE YOURSELF AND THE ORGANISATION

 **SAY:** “You are invited to participate in this assessment as you join the **ENGAGE** adolescent life skills building group. As you may know, **ENGAGE** – *Enhancing Girl’s Agency and Gender Equality Programme*, aims to empower and provide additional support to adolescents, mobilise families and communities to address the issue of child, early and forced marriage. Adolescents’ life skills building is part of the **ENGAGE** programme. The course will last approximately for 7 weeks, meeting twice each week for group sessions³⁷.”



NOTE:

For married or divorced girls emphasise: “We hope this is a place where married girls (or other diverse girls) feel supported.”

For unmarried girls add: “we will discuss marriage and the importance of waiting until girls are ready.”


During our time together we will learn new things, make new friends and have time to reflect on our experiences and how they influence us. We will go through a number of topics, covering issues on safety, trust, our body, valuing girls but more importantly this is a space to hear your ideas and experiences.

Each week will start with a check in on how everyone is doing and then move on to activities on the subject we’re discussing. After the activities we will think about how we can use what we have learnt in our homes and community. We want all girls participating to feel safe and comfortable in the space. To help achieve this, we want all group members to attend all sessions and commit to coming for each session. By the end of the group, we hope that all girls will feel able to take more decisions related to their own lives in their homes and community and work together to support other girls.


³⁷ Adjust the information accordingly, if the meetings are planned to be organised once a week.

We need to collect some information about you and would also like to ask you some questions about your views and opinions on topics related to women and girls. There are no right or wrong answers and this is not a test, we are just interested in knowing if your views and opinions on these topics changes over the duration of the sessions. Your participation in this assessment will also help to measure and see what kind of change the adolescent life skills programme is bringing, what kind of difference it is making in addressing the issue of child marriage.”

 **EXPLAIN** that the discussion will last for about 30 minutes.

 **ASK** the adolescent for their permission to interview them.

- ② If an adolescent does not want to participate, thank her/him and allow to leave the room.
- ② Also mention that if at any time they do not want to answer a question, it is perfectly fine. They are always allowed to decline an answer and may leave it blank.
- ② Adolescents have the right to opt-out at any time
- ② There is no need to name any specific children or families
- ② Emphasise that the questionnaire is about their opinion and how they personally feel – so, there are no such things as wrong answers

 **NOTE:** *In order to respect children’s agency, they should also sign a consent form. Adapt a child-friendly version of the Consent form, particularly for the use with younger age children.*

INDIVIDUAL LIFE SKILLS ASSESSMENT QUESTIONNAIRE³⁸

GENERAL INFORMATION *(to be filled by the interviewer)*

Date:	Name of Community:
<input type="checkbox"/> urban <input type="checkbox"/> semi-urban <input type="checkbox"/> rural	Name of Interviewer:

Name of Respondent (this can also be a code, if preferred):

DEMOGRAPHICS

1.1	How old are you?	Number: <i>(If they don't know their age, ask them to guess how old they are)</i> Prefer not to say		
1.2	What is your marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Living with partner <input type="checkbox"/> Engaged <input type="checkbox"/> Married as only wife/spouse <input type="checkbox"/> Married as one of ___ wives (please specify) <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to say		
1.3	How many children do you have? Or are you responsible to care for? Please write how many of each gender and then list their ages.		Ages	Number
		Girls		
		Boys		
1.3a	Are you Pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Not applicable for boys	

38 Adapted from IRC, GIRL SHINE, <https://gbvresponders.org/adolescent-girls/girl-shine>

1.4	Are you regularly attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.5	How many people are currently living in your house? <i>By house we mean under your roof. Please specify gender and number.</i>		Number
		Female	
		Male	
1.5a	How many people are currently working that live in your house? <i>Please specify gender and number.</i>		Number
		Female	
		Male	
1.5b	Do you live with:	<input type="checkbox"/> One parent (m/f) <input type="checkbox"/> Both parents <input type="checkbox"/> Husband/Wife <input type="checkbox"/> One in-law (m/f) <input type="checkbox"/> Both in-laws <input type="checkbox"/> Other (please specify)	
1.5c	Are you currently working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.6	Do you have a birth certificate or any other identification document (ID card/passport)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't know

SPECIAL NEEDS

1.7	Do you have difficulties doing certain activities because of a HEALTH PROBLEM? ³⁹	
1.7a	Do you have difficulty seeing, even if wearing glasses?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all
1.7b	Do you have difficulty hearing, even if using a hearing aid?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all
1.7c	Do you have difficulty walking or climbing steps?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all
1.7d	Do you have difficulty remembering or concentrating?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all
1.7e	Do you have difficulty (with self-care such as) washing all over or dressing?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all
1.7f	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all

³⁹ The Washington Group Short Set of Questions on Disability <http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/The-Washington-Group-Short-Set-of-Questions-on-Disability.pdf>

PSYCHOLOGICAL WELL-BEING

Now please share how you have been feeling?⁴⁰

1.7g	How often do you feel worried, nervous or anxious?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Never <input type="checkbox"/> N/A (don't understand question or don't want to answer)
1.7h	<p><i>*Skip this question if you answered "Never" and No" to the last question.</i></p> <p>Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?</p>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Never <input type="checkbox"/> N/A (don't understand question or don't want to answer)
1.7i	<p>How often do you feel depressed?</p> <p><i>You can probe if the term is not understood by asking:</i></p> <p>Have you experienced feeling loneliness, lack of motivation, and having unhealthy behaviors for the last 2 months?</p>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Never <input type="checkbox"/> N/A (don't understand question or don't want to answer)

⁴⁰ The Washington Group Extended Set of Questions on Functioning <http://www.washingtongroup-disability.com/washington-group-question-sets/extended-set-of-disability-questions/>

INSTRUCTIONS: Now we are going to move into some questions about your views and opinions on women and girls. After reading each statement you should select the box that most reflects your view or opinion. (**NOTE:** if the participant struggles with this, the facilitator can help to check the boxes.)

PART A: NORMS AND ATTITUDES

Circle how much the respondent agrees with each statement.

Do not show the respondent the points that accompany the response options.

		3	2	1	0	NR
A1	In my family, girls are treated equally to boys.					
	<input type="checkbox"/> Strongly Agree <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Somewhat Agree <input checked="" type="checkbox"/>	<input type="checkbox"/> Somewhat Disagree <input checked="" type="checkbox"/>	<input type="checkbox"/> Strongly Disagree <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Prefer not to answer <input checked="" type="checkbox"/>	
A2	Girls with disabilities should have the same opportunities as everyone else.					
	<input type="checkbox"/> Strongly Agree <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Somewhat Agree <input checked="" type="checkbox"/>	<input type="checkbox"/> Somewhat Disagree <input checked="" type="checkbox"/>	<input type="checkbox"/> Strongly Disagree <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Prefer not to answer <input checked="" type="checkbox"/>	
A3	My opinion should count when choosing what age I should get married.					
	<input type="checkbox"/> Strongly Agree <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Somewhat Agree <input checked="" type="checkbox"/>	<input type="checkbox"/> Somewhat Disagree <input checked="" type="checkbox"/>	<input type="checkbox"/> Strongly Disagree <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Prefer not to answer <input checked="" type="checkbox"/>	
A4	A girl's role is limited to marriage, household chores and childbearing.					
	<input type="checkbox"/> Strongly Agree <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Somewhat Agree <input checked="" type="checkbox"/>	<input type="checkbox"/> Somewhat Disagree <input checked="" type="checkbox"/>	<input type="checkbox"/> Strongly Disagree <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Prefer not to answer <input checked="" type="checkbox"/>	

PART B: KNOWLEDGE OF AVAILABLE SERVICES/SUPPORT

B1	<p>Where would you go to seek support if you or someone you know experienced violence?</p> <p>⚠️ NOTE to facilitator: Do not give the adolescents any options, just circle the answer(s) as she/he says them.</p>	<p><input type="checkbox"/> Family member <input type="checkbox"/> Community leader <input type="checkbox"/> Police <input type="checkbox"/> NGO working with women <input type="checkbox"/> Any female aid worker <input type="checkbox"/> Friend <input type="checkbox"/> Don't Know <input type="checkbox"/> Other If "other," please specify:</p>
B2	<p>What type of support would you seek if you or someone you know experienced violence?</p> <p>⚠️ NOTE to facilitator: write exactly what she says in the box to the right.</p>	<p><input type="checkbox"/> Family member <input type="checkbox"/> Community leader <input type="checkbox"/> Police <input type="checkbox"/> NGO working with women <input type="checkbox"/> Any female aid worker <input type="checkbox"/> Friend <input type="checkbox"/> Don't Know <input type="checkbox"/> Other If "other," please specify:</p>

PART C: RELATIONSHIPS

C1	How many female friends do you have outside of your family?	Number:								
C1a	How many male friends do you have outside of your family?	Number:								
C2	I do not feel comfortable disagreeing with my family when they make a decision that affects me.	3	2	1	0	NR				
	<table border="0"> <tr> <td data-bbox="284 1402 400 1547"><input type="checkbox"/> Strongly Agree ✓ ✓</td> <td data-bbox="427 1402 544 1547"><input type="checkbox"/> Somewhat Agree ✓</td> <td data-bbox="571 1402 687 1547"><input type="checkbox"/> Somewhat Disagree ✗</td> <td data-bbox="715 1402 831 1547"><input type="checkbox"/> Strongly Disagree ✗ ✗</td> <td data-bbox="858 1402 1062 1547"><input type="checkbox"/> Prefer not to answer —</td> </tr> </table>	<input type="checkbox"/> Strongly Agree ✓ ✓	<input type="checkbox"/> Somewhat Agree ✓	<input type="checkbox"/> Somewhat Disagree ✗	<input type="checkbox"/> Strongly Disagree ✗ ✗	<input type="checkbox"/> Prefer not to answer —				
<input type="checkbox"/> Strongly Agree ✓ ✓	<input type="checkbox"/> Somewhat Agree ✓	<input type="checkbox"/> Somewhat Disagree ✗	<input type="checkbox"/> Strongly Disagree ✗ ✗	<input type="checkbox"/> Prefer not to answer —						
C3a	My family listens to me when I share my opinion.	3	2	1	0	NR				
	<table border="0"> <tr> <td data-bbox="284 1641 400 1787"><input type="checkbox"/> Strongly Agree ✓ ✓</td> <td data-bbox="427 1641 544 1787"><input type="checkbox"/> Somewhat Agree ✓</td> <td data-bbox="571 1641 687 1787"><input type="checkbox"/> Somewhat Disagree ✗</td> <td data-bbox="715 1641 831 1787"><input type="checkbox"/> Strongly Disagree ✗ ✗</td> <td data-bbox="858 1641 1062 1787"><input type="checkbox"/> Prefer not to answer —</td> </tr> </table>	<input type="checkbox"/> Strongly Agree ✓ ✓	<input type="checkbox"/> Somewhat Agree ✓	<input type="checkbox"/> Somewhat Disagree ✗	<input type="checkbox"/> Strongly Disagree ✗ ✗	<input type="checkbox"/> Prefer not to answer —				
<input type="checkbox"/> Strongly Agree ✓ ✓	<input type="checkbox"/> Somewhat Agree ✓	<input type="checkbox"/> Somewhat Disagree ✗	<input type="checkbox"/> Strongly Disagree ✗ ✗	<input type="checkbox"/> Prefer not to answer —						

C3b	Ask married girls only: My in-laws listen to me when I share my opinion.					3	2	1	0	NR
	<input type="checkbox"/> Strongly Agree ✓✓	<input type="checkbox"/> Somewhat Agree ✓	<input type="checkbox"/> Somewhat Disagree ✗	<input type="checkbox"/> Strongly Disagree ✗✗	<input type="checkbox"/> Prefer not to answer —					
C4	I feel valued by my family					3	2	1	0	NR
	<input type="checkbox"/> Strongly Agree ✓✓	<input type="checkbox"/> Somewhat Agree ✓	<input type="checkbox"/> Somewhat Disagree ✗	<input type="checkbox"/> Strongly Disagree ✗✗	<input type="checkbox"/> Prefer not to answer —					
C5	My caregiver does <u>NOT</u> feel comfortable talking to me about difficult topics.					3	2	1	0	NR
	<input type="checkbox"/> Strongly Agree ✓✓	<input type="checkbox"/> Somewhat Agree ✓	<input type="checkbox"/> Somewhat Disagree ✗	<input type="checkbox"/> Strongly Disagree ✗✗	<input type="checkbox"/> Prefer not to answer —					
C6	I would talk to my caregiver if I needed support.					3	2	1	0	NR
	<input type="checkbox"/> Strongly Agree ✓✓	<input type="checkbox"/> Somewhat Agree ✓	<input type="checkbox"/> Somewhat Disagree ✗	<input type="checkbox"/> Strongly Disagree ✗✗	<input type="checkbox"/> Prefer not to answer —					

Is there anything else you want to tell us?

⚠ NOTE to facilitator:

- Thank participants for their participation and check to see if they need any information about services.
- Explain when the first group session will take place.

PHOTO / VIDEO CONSENT AND RELEASE FORM



NORWEGIAN CHURCH AID
actalliance

I confirm that I am informed and understand the purpose of the interviews / photographs / videos. I do not expect any financial compensation for participation, and I know that I can freely refuse to participate now or at any moment during the interviews / photographs / videos being taken. The interview/ photographs / videos must be taken and used in a way that uphold my dignity. I understand that if my image or name is published online it can be seen by people anywhere in the world for an unlimited amount of time.

I give my consent to Norwegian Church Aid (NCA) and its partner organizations to use images / videos of me and interviews I gave on their website, on social media, in its publications, and/or in other media activities.

I give my consent to NCA to:

- interview, film, photograph, tape, or otherwise make a video, photographic, or audio reproduction of me / my child;
- use the interviews, films, photographs, tapes, voice of me / my child in any publications, radio and television broadcasting, online, and archive them in NCA's database;
 Yes No
- use my full name

Name: _____

Signature: _____

Date: _____

Parent or Guardian

The below signed parent or legal guardian of the above-named minor child (below 18) hereby consents to and gives permission to the above on behalf of such minor child.

Signature or thumbprint of parent or legal guardian: _____

Print name: _____

NCA Responsible Person

I, _____, employed/contracted by NCA as _____

_____ hereby declare that I have received the informed consent in line with NCA's policies and Code of Conduct, including reading and explaining the contents of this release to the signed above in full as needed.

Name: _____

Signature: _____

Date: _____

ANNEX 6:

SOCIAL NORMS CHANGE SURVEY QUESTIONNAIRE

NOTE: The term daughter can be interchanged as wife. It is essential that when daughter is discussed the facilitator makes it clear that they are referring to daughter

Demographic Information						
Enumerator says: "I would like to know a few basic things about yourself before we start the survey questions."						
1	What is your gender?	MALE	FEMALE	OTHER		
2	What is your age group?	< 18	18-30	30 - 60	60 +	
3	What is your status in this community?	IDP	HOST	REFUGEE	RETURNEES	OTHER
4	What is your ethnic origin? ^{2,43}					OTHER REFUSE
5	What is your role in the community?	Religious Leader	Community Leader	Caregiver/parent	Teacher	OTHER REFUSE
6	How long have you lived in this place?	< 6 MTH	6- 12 MTH	1-2 YRS	2-5 YRS	5 + YRS
7	What is your marital status?	MARRIED	DIVORCED	WIDOWED	SINGLE	OTHER
8	Do you have children?	YES	NO			
9	If yes, how many sons do you have?	1	2	3	4	5 6+

⁴¹ Before administering the survey, the implementing organisation should pre-fill this question with relevant options (including 'other') and cross all blank boxes

#	QUESTION	RESPONSE					
		1	2	3	4	5	6+
10	If yes, how many daughters do you have?						
Empirical Expectations (what the respondent thinks other people in the community actually do)							
<i>Enumerator says: "I would like to ask you what you think most people in this community who you know think or do when it comes to family life."</i>							
11	How many families in this community that you know would allow their daughters get married under the age of 18?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
12	How many families in this community that you know insist that their daughters complete their secondary education if it is available? ⁴⁴	NONE	SOME	MOST	ALL	UNSURE	REFUSE
13	How many people in this community that you know think if a girl gets pregnant outside of marriage, it is shameful for her family?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
14	How many families in this community that you know would allow their daughter to leave the house alone unsupervised during the evening?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
15	How many families in this community that you know would forbid their adolescents from attending a programme where they learnt about things such reproductive rights, for example family planning?	NONE	SOME	MOST	ALL	UNSURE	REFUSE

42 For this question, completion of secondary education means completion of at least four years of education following at least six years of primary education.

#	QUESTION	RESPONSE					
16	How many families in this community that you know openly discuss marriage and relationships with their children?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
17	How many people in this community that you know would keep it a secret if their daughter was raped or sexually assaulted?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
18	How many people in this community that you know would intervene if they witnessed a girl/woman being harassed or assaulted by a boy/man in a public place?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
19	If a woman was raped or sexually assaulted, how many people in this community that you know would say that she must have done something to cause it to happen?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
20	How many families in this community who you know would reject a good offer of marriage for their son, because the bride was aged under 18?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
21	If they did not have enough money to educate all of their children, how many families in this community that you know would send their sons to school instead of their daughters?	NONE	SOME	MOST	ALL	UNSURE	REFUSE

Normative Expectations (what the respondent thinks other people in the community expect them to do)

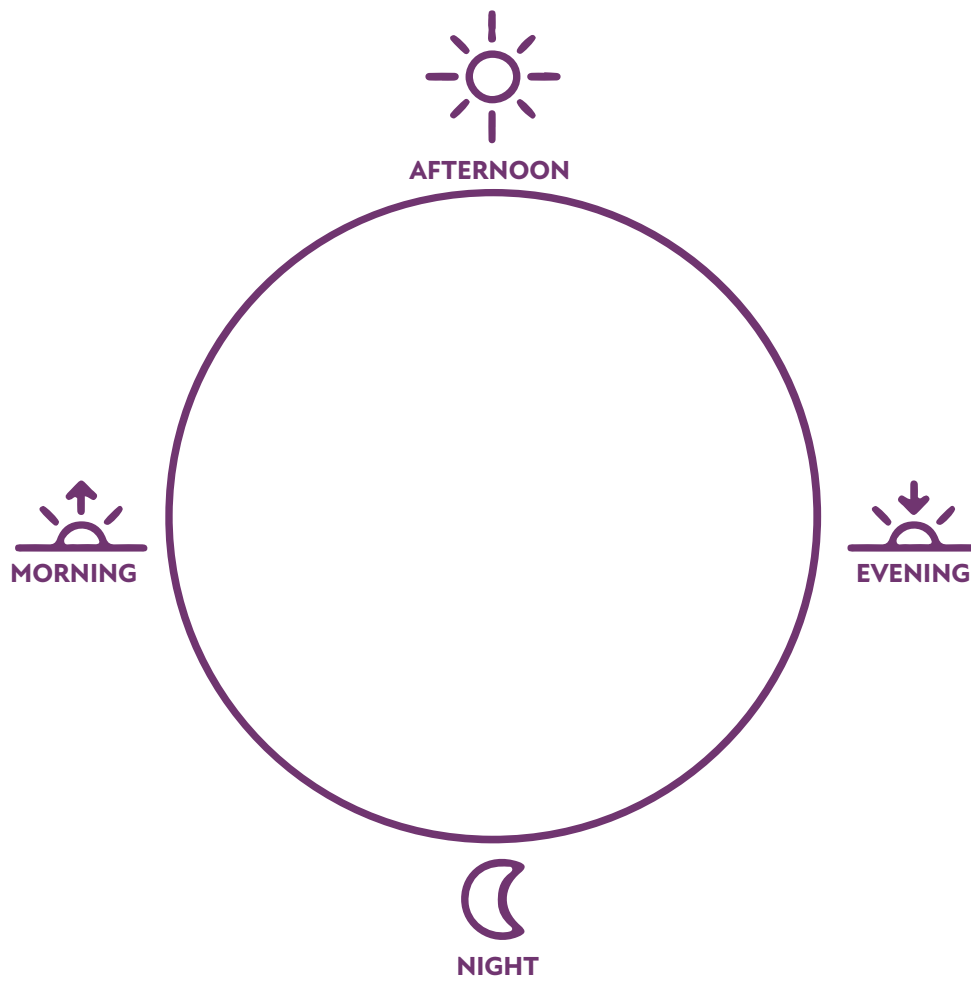
Enumerator says: "I would like to ask you what you think other people in this community who you know expect you to do when it comes to family life."

#	QUESTION	RESPONSE					
22	How many people in this community who you know would disapprove if a family let their daughter get married under the age of 18?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
23	How many people in this community who you know would disapprove if an unmarried girl was seen socialising with a boy/man in public?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
24	How many people in this community who you know would disapprove if a man beat his daughter for disobeying him?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
25	How many people in this community who you know would disapprove if a family allowed their young daughter to leave the house alone unsupervised during the evening?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
26	How many people in this community who you know would disapprove if a family allowed their adolescents to attend a programme where they learnt about things such as reproductive rights, for example contraception?	NONE	SOME	MOST	ALL	UNSURE	REFUSE
27	How many people in this community who you know would disapprove if a family sent their sons to school but not their daughters?	NONE	SOME	MOST	ALL	UNSURE	REFUSE

#	QUESTION	RESPONSE						
28	How many people in this community who you know would disapprove if a girl expressed her opinion regarding who and when she married?	NONE	SOME	MOST	ALL	UNSURE	REFUSE	
29	How many people in this community who you know would disapprove if a man refused to let his wife take up a good offer of employment outside the home?	NONE	SOME	MOST	ALL	UNSURE	REFUSE	
30	How many people in this community who you know would disapprove if a family rejected a good offer of marriage for their son, because the bride was aged under 18?	NONE	SOME	MOST	ALL	UNSURE	REFUSE	

ANNEX 7: DAILY TASKS TIMELINE TOOL

Instructions: Ask people about their daily tasks from the time they wake up until the time they go to sleep. Such mapping can help to identify people's availability timeslots to participate in the workshops.



ANNEX 8:

STORIES TO USE FOR STORY-BASED GROUP DISCUSSIONS TOOL

STORY 1: Ahmed and Hanan's story

Part One:

"This is the story of **Ahmed Bishara** and his family, which includes his wife **Hanan**, his 12-year-old son **Abdul** and his 16-year-old daughter **Imani**. **Ahmed's** family was forced to flee their village, _____, six months ago because of ongoing conflict. They are currently living in a **camp** called _____ in another part of the country until it is safe to return home or they can resettle in another location. Before the conflict, Ahmed owned a **small building supply store** in their village. While the family was not wealthy, they had enough money to meet their daily needs, including paying school fees for their children, including **Imani**, who had dreams of attending university in the city. Like most other families, **Ahmed and Hanan** have now spent most of their savings and are unable to find employment in the **camp**. The few educational opportunities that exist are a long walk away and there have been rumours about girls being sexually assaulted or even raped on the way to school, so **Ahmed** feels like he has no choice but to keep **Imani** at home most of the time.

One day, Ahmed arrived home from the **mosque/church** to find his wife crying. She tells **Ahmed** that other women in the community are gossiping that **Imani** has been seen with **Jameal**, an older man who they say is her boyfriend. They are also saying that **Imani** looks like she might be pregnant! They are saying that **Hanan** is an incompetent mother and that **Imani** is a sinful child. Now the other mothers will not let their daughters be friends with **Imani** or even speak to her in the street. **Ahmed** is enraged and embarrassed at the thought of his family's reputation being damaged! **Ahmed** seeks out his closest friend for advice on what he should do about this situation".

Discussion Questions (Part 1):

Imagine this story was set in your own community...

- ① What do you think most fathers would do if they were in Ahmed's position? Why?
- ① What do you think most mothers would do if they were in Hanan's position? Why?
- ① What do you think most girls would do if they were in Imani's position? Why?
- ① What do you think others in the community would expect Ahmed and Hanan to do? Why?
- ① What do you think Ahmed's friend would advise him to do? Why?

Part Two:

“Ahmed returns home from his friend’s house several hours later. He tells Hanan that his friend thinks that it is best for Imani to just get married to this man to protect their family’s honour. However, Ahmed and Hanan decide that before they decide what to do with Imani they should first hear her side of the story. Imani tells her parents that a few months ago she was raped by a stranger while walking home from the market, however she was too fearful to tell them. The man who did this to her is not her boyfriend and she does not want to marry him. Imani does not know if she is pregnant or not. Having heard their daughter’s side of the story they decide it would be unfair for Imani to marry this man, instead, Ahmed reports the matter to the authorities and Hanan takes Imani to the clinic for counselling and a pregnancy test.”

Discussion Questions (Part 2):

- ② How likely would it be that families in this community would do what Ahmed and Hanan did? Why/why not?
- ② How might other people in the community react to Ahmed and Hanan’s decision? What might they do or say?
- ② Do you think the reactions and opinions of others would cause Ahmed and Hanan to change their mind and decide that Imani should marry the man? Or would they stand their ground?
- ② (If there are sanctions) Can you think of a circumstance in which it might be acceptable for Ahmed and Hanan to do what they did? If so, what might those circumstances be?

STORY 2: Abdul's Story

Part One:

"This is the story of **Abdul Bishara**, who is 12 years old, and his family, which includes his father **Ahmed**, his mother **Hanan**, and his 16-year-old sister **Imani**. **Abdul's** family was forced to flee their village, _____, six months ago because of ongoing conflict between _____. They are currently living in a **camp** called _____ in another part of the country, _____, until it is safe to return home or they can resettle in another location. Before the conflict, Abdul's father owned a **small building supply store** in their village. While the family was not wealthy, they had enough money to meet their daily needs, including paying school fees for **Abdul** and his sister. Before the conflict, **Abdul** was an average student and was more interested in fixing machinery for his father's customers. **Imani**, however, was an A grade student who had dreams of attending university in the city. Things are much different now. In the camp, there are fewer opportunities to attend school and **Abdul** and **Imani** are required to travel further than before, which is very costly.

That evening, **Abdul** and **Imani** return home from school with a letter from the school asking for advance payment of the next year's school fees. Imani's letter includes a handwritten note from her teacher saying that **Imani** came the top of her class this year. Like most families, **Abdul's** parents have spent the last of their savings fleeing the conflict and can no longer afford to send both of their children to school. What's more, a man from his local **mosque/church** is looking for a bride for his son **and is willing to pay a substantial bride price/dowry.**"

Discussion Questions (Part 1):

Imagine this story was set in your own community...

- ② What do you think most families would do if they were in Ahmed and Hanan's situation? Why?
- ② What do you think most girls would do if they were in Imani's situation? Why?
- ② What do you think most boys would do if they were in Abdul's situation? Why?
- ② What would other people in the community expect Ahmed and Hanan to do in this situation? Why?

Part Two:

“That evening, Abdul and Hanan discuss the matter of their children’s education at length. They decide that Abdul should drop out of school and try and find a job as an apprentice mechanic in the camp. They will use what little money they have left to pay Imani’s schools fees for the following year and decline the other man’s offer of a bride price/dowry for Imani to marry their son as she is not yet turned 18”.

Discussion Questions (Part 2):

- ② How likely would it be that families in this community would do what Ahmed and Hanan did? Why/why not?
- ② How might other families that Ahmed and Hanan know react to their decision? What might they do or say?
- ② How might the man at the mosque (who is looking for a bride for his son) react to Ahmed and Hanan’s decision? What might he do or say?
- ② Do you think the reactions and opinions of others would cause Ahmed and Hanan to change their mind?
- ② Can you think of a circumstance in which it might be acceptable for Ahmed and Hanan to prioritise their daughter’s education ahead of their sons?

STORY 3: Imani's story

Part One:

“This is the story of Imani Bishara and her family, which includes her father Ahmed, her mother Hanan, and her 12-year-old brother Abdul. Imani's family was forced to flee their village _____ six months ago because of ongoing conflict between government and opposition forces. They are currently living in an IDP camp in another part of the country until it is safe to return home or they can resettle in another location. Before the conflict, Imani's father owned a small building supply store in their village. While the family was not wealthy, they had enough money to meet their daily needs, including paying Imani's school fees. Imani is a good student and dreams of attending university in the city. Like most other families, Imani's parents have now spent most of their savings and are unable to find employment in the camp. While there are some basic education facilities operating in the camp, they are a long walk away and there have been rumours about girls being sexually assaulted or even raped on the way to school, so Ahmed insists that Imani stays at home. More and more, Imani has noticed her father looking stressed and tired. He spends most of his time deep in prayer.

One day, Ahmed asks Imani whether she has given any thought to her own marriage. He says that he has met a nice man called Yusuf at the mosque/church who has a 35-year-old son called Jameal. Ahmed tells Imani that Jameal's family want to find him a wife and that they are kind and wealthy and have offered to pay a handsome bride price/dowry, which would allow him re-establish his building supply store if Imani agrees to the marriage.”

Discussion Questions (Part 1):

Imagine this story was set in your own community...

- ② What do you think most girls would do if they were in Imani's position? Why?
- ② What would Imani's family expect her to do in this situation? Why?
- ② What would Imani's friends advise her to do in this situation?? Why?
- ② What do you think other people in the community might expect Imani to do? Why?



Part Two:

“Imani is conflicted. It pains her to see her father like this and she knows how much it would mean to him if he could work again. She also knows that marriage would surely be the end of her dreams to attend university. Imani cannot fathom the prospect of being married to a man almost twice her age. She begs her father not to agree to her marriage until she has finished her education. She tells him that a local organisation has been offering livelihood skills workshops not far from their home and that if her father agrees, she can go and learn a new skill and help support the family.”

Discussion Questions (Part 2):

- ② How likely would it be that girls in this community would respond as Imani did? Why/why not?
- ② How might Ahmed and Hanan react to Imani’s response? What might they do or say?
- ② How might Imani’s friends react to her response? What might they do or say?
- ② How might other people in the community react to Imani’s response? What might they do or say about her and her family?
- ② Do you think the reactions and opinions of others would cause Imani to change her mind and agree to marry Jameal?
- ② (If there are sanctions) Can you think of a circumstance in which it might be acceptable for Imani to respond in the way that she did? If so, what might those circumstances be?

STORY 4: Jameal's story

Part One:

"This is the story of **Jameal Issack** and his family, which includes his father **Yusuf**, his mother **Yasmin** and his many brothers. **Jameal** is 35 years old and works in his father's business and spends all his spare time socialising with his many friends. The town where **Jameal's** family live used to be small but is now host to a large number of displaced people, who have fled their villages because of ongoing conflict. Most of these families are living in **IDP camps** that have been established in his community by the **United Nations**. **Jameal's** family own several businesses in the community and have enough money to meet all their needs. Despite ongoing pressure from his father **Yusuf** to get married, **Jameal** is not interested.

One day, **Jameal's** father **Yusuf** returns from the **mosque/church** and tells **Jameal** that he has met a nice man called **Ahmed** whose family have been displaced by the conflict and are living in the camps. **Ahmed** has an exceptionally beautiful and smart 16-year-old daughter called **Imani**. **Yusuf** says that **Imani** is good natured and hard-working and would be a good help to **Yasmin** around the home. He tells **Jameal** that it is time to stop being frivolous and settle down and start a family. **Yusuf** tells **Jameal** that if he approves of the idea, he will ask his friend **Shaik Mohamed Salah**, a local religious leader, to officiate the marriage between him and **Imani** as early as next week.

Discussion Questions (Part 1):

Imagine this story was set in your own community...

- ② What do you think most men would do if they were in Jameal's position? Why?
- ② What would Jameal's family expect him to do in this situation? Why?
- ② What would Jameal's friends advise him to do in this situation? Why?

Part Two:

“**Jameal** thinks about his father’s idea and the prospect of getting married. Maybe his father is right? Perhaps it is time for him to start a family after all. While **Jameal** knows his marriage is important to his father, he wonders whether he will have anything in common with a girl who is so young. He also thinks that 16 is not the right age for girls to be married and have children anyway. That night, **Jameal** does not sleep and spends most of the night deep in prayer, seeking guidance. The next morning, he finds his father **Yusuf** and thanks him for his generous offer but tells him that he has decided that **Imani** is too young to be married and that he will wait for an older woman to come along.”

Discussion Questions (Part 2):

- ② How likely would it be that men in this community would respond as Jameal did? Why/why not?
- ② How might Yusuf react to Jameal’s decision? What might he do or say?
- ② How might Jameal’s friends react to his decision? What might they do or say?
- ② How might other people in the community that Jameal is close to react to his decision? What might they do or say about him and his family?
- ② Do you think the reactions and opinions of others would cause Jameal to change his mind and agree to marry Imani?
- ② (If there are sanctions) Can you think of a circumstance in which it might be acceptable for Jameal to refuse to marry a girl under the age of 18? If so, what might those circumstances be?

STORY 5: Shaik Mohamad Salah's story

Part One:

“This is the story of **Shaik Mohamed Salah**, a learnt religious leader. The town where **Shaik Mohamed** and his family live used to be small but is now host to a large number of displaced people, who have fled their villages because of ongoing conflict between **the government and opposition forces**. Most of these families are living in **IDP camps** that have been established in his community by the **United Nations**. **Shaik Mohamed** is active in his local community and is often called on by families to officiate marriages, for which he earns a small fee. It is common where **Shaik Mohamed** lives, both among IDPs and members of the host community, for families to marry their daughters before they turn 18. **Shaik Mohamed** is friends with **Yusuf Issack**. He knows **Yusuf's** family well because he officiated the marriage of another one of his sons. He also knows that **Yusuf** is deeply embarrassed that his other son **Jameal** will turn 35 this year and is not yet married, or even interested at the thought of marriage!

One day, **Yusuf** comes and sees **Shaik Mohamed** and tells him that he has some exciting news to share! He has just met a man called **Ahmed** whose family has been displaced by the conflict. They have an exceptionally beautiful and smart 16-year-old daughter called **Imani** and **Yusuf** is convinced that she might be the girl that finally makes his son **Jameal** settle down and start a family. **Yusuf** tells **Shaik Mohamed** that he has invited **Ahmed** and his wife to his home later in the week and asks whether he can attend, with a view to officiating the marriage of **Jamael** and **Imani** as soon as possible.”

Discussion Questions (Part 1):

Imagine this story was set in your own community...

- ① What do you think most religious leaders would do if they were in Shaik Mohamed's position? Why?
- ② What do you think other religious leaders would expect Shaik Mohamed to do? Why?
- ③ What do you think other people whose opinion Shaik Mohamed respects would advise him to do?

Part Two:

“**Shaik Mohamed** thinks long and hard about **Yusuf’s** proposition. He knows how much this marriage means to his friend and would hate to disappoint him; however, he also knows that if **Imani** was his own daughter, he would not approve of her marrying a man more than twice her age. That night, **Shaik Mohamed** does not sleep and spends most of the night deep in prayer, seeking guidance. The next morning, **Shaik Mohamed** goes and finds **Yusuf** and informs him that he must refuse to officiate the marriage of **Imani** and **Jameal** because he thinks she is too young. **Shaik Mohamed** advises **Yusuf** that if he wants to find a wife for **Jameal**, he should look for one that is no longer a child.”

Discussion Questions (Part 2):

- ② How likely would it be that religious leaders in this community would do what Shaik Mohamed did? Why/why not?
- ② How might Yusuf react to Shaik Mohamed’s decision? What might he do or say?
- ② How might other people whose opinions Shaik Mohamed respects (e.g. other people at the mosque/church) respond to his decision?
- ② Do you think the reactions and opinions of others would cause Shaik Mohamed to change his mind and agree to officiate the marriage of Imani?
- ② (If there are sanctions) Can you think of a circumstance in which it might be acceptable for Shaik Mohamed to refuse to officiate the marriage of a child? If so, what might those circumstances be?

ANNEX 9:

NOTETAKING TEMPLATE FOR CAPTURING STORY-BASED GROUP DISCUSSIONS

RECORD OF STORY-BASED DISCUSSION GROUP

Date:		Location:		Time:	
Facilitator Name:			Notetaker Name:		
Observer Names:					
Group Description: (e.g. adult men from community x)					
Participant #	Age:	Seating Diagram (optional)			
1					
2					
3					
4					
5					
6					
7					
8					
Question #	Participant #	Summary:	Non-verbal cues		

ANNEX 10: TRAINING AGENDA (Example from Iraq)

MODULE 4: Implementation of Community Outreach Components

Target audience: Facilitators of community outreach components, programme managers

Duration/Dates: 7 days

Location: Dohuk, Kudistan, Iraq

DAY 1	OVERVIEW OF COMMUNITY OUTREACH ACTIVITIES AND INTRODUCTION TO TEACH BACK PROCESS	
8.30-9.45	Introductions and Group Norms	75 mins
9.45-10.15	Overview of CEFM Program	30 mins
10.15-10.30	Tea Break	15 mins
10.30-11.15	Pre Test and Beliefs and Attitudes survey	45 mins
11.15-11.30	Overview of Community Outreach Activities	15 mins
11.30-11.45	Introduction to the Teach Back Process	15 mins
11.45-12.45	Giving and Receiving Feedback	60 mins
12.45-1.45	Lunch	60 mins
1.45-3.15	What we need to know when working with Religious Leaders	90 mins
3.15-3.20	Hot Potato	5 mins
DAY 2	IMPLEMENTING THE CAREGIVER SESSIONS	
8.30-8.45	Recap of Yesterday	15 mins
8.45-10.00	How to Implement the Caregiver Sessions	75 mins

10.00-10.30	Preparing Teach Back Female Caregivers Session	30 mins
10.30-10.45	Tea Break	15 mins
10.45-11.45	Preparing Teach Back Female Caregivers Session	60 mins
11.45-12.45	Practicing Teach Back Female Caregivers Session	60 mins
12.45-1.45	Lunch	60 mins
1.45-3.15	Practicing Teach Back Female Caregivers Session	90 mins
DAY 3	IMPLEMENTING THE CAREGIVER SESSIONS	
8.30-8.45	Recap of Yesterday	15 mins
8.45-10.30	Preparing Teach Back Male Caregivers Session	1 hour 45 mins
10.30-10.45	Tea Break	15 mins
10.45-12.45	Practicing Teach Back Male Caregivers Session	2 hours
12.45-1.45	Lunch	60 mins
1.45-2.45	Practicing Teach Back Male Caregivers Session	60 mins
DAY 4	Implementing The Religious Leaders' Workshops	
8.30-9.30	How to Implement the Religious Leaders' Workshops	60 mins
9.30-10.30	Preparing Teach Back Religious Leaders' Workshops	60 mins
10.30-10.45	Tea Break	15 mins
10.45-11.15	Preparing Teach Back Religious Leaders' Workshops	30 mins
11.15-12.45	Practicing Teach Back Religious Leaders' Workshops	90 mins

12.45-1.45	Lunch	60 mins
1.45-2.45	Practicing Teach Back Religious Leaders' Workshops	60 mins
DAY 5	IMPLEMENTING THE TEACHERS' WORKSHOP	
8.30-9.30	How to Implement the Teachers' Workshop	60 mins
9.30-10.30	Preparing Teach Back Teachers' Workshop	60 mins
10.30-10.45	Tea Break	15 mins
10.45-11.15	Preparing Teach Back Teachers' Workshop	30 mins
11.15-12.45	Practicing Teach Back Teachers' Workshop	90 mins
12.45-1.45	Lunch	60 mins
1.45-2.45	Practicing Teach Back Teachers' Workshop	60 mins
DAY 6	IMPLEMENTING THE COMMUNITY DIALOGUES AND SOCIAL NORMS CHANGE PROGRAMME	
8.30-10.00	How to Implement the Community Dialogues and Social Norms Change Programme	90 mins
10.00-10.15	Tea Break	15 mins
10.15-11.45	Preparing Teach Back Community Dialogues and Social Norms Change Programme	90 mins
11.45-12.45	Practicing Teach Back Community Dialogues and Social Norms Change Programme	60 mins
12.45-1.45	Lunch	60 mins
1.45-3.15	Practicing Teach Back Community Dialogues and Social Norms Change Programme	90 mins

DAY 7	IMPLEMENTING THE COMMUNITY DIALOGUES AND SOCIAL NORMS CHANGE PROGRAMME AND TRAINING CLOSURE	
8.30-9.30	Preparing Teach Back Community Dialogues and Social Norms Change Programme	60 mins
9.30-10.30	Practicing Teach Back Community Dialogues and Social Norms Change Programme	60 mins
10.30-10.45	Tea Break	15 mins
10.45-12.15	Practicing Teach Back Community Dialogues and Social Norms Change Programme	90 mins
12.15-1.15	Lunch	60 mins
1.15-2.00	Post Test and beliefs and attitudes survey	45 mins
2.00-3.00	Closing Remarks and Certificates	60 mins

ANNEX 11:

PRE / POST TEST QUESTIONNAIRE WITH ANSWERS

NOTE: The respective Pre / Post Test Questionnaire is included in each of the four Workbooks. Participants should tear this test out of their workbooks when complete and give it to the facilitator of the training. The facilitator will score and confidentially share pre and post test results after the training with each participant.

MODULE 1	
# of points for the correct answer	
<p>1. Why is it useful to reflect on our own attitudes and beliefs?</p> <p>Correct answer</p> <ul style="list-style-type: none">• To understand how you can have a positive impact on communities• Attitudes and beliefs influence our behaviour both personally and professionally.• To avoid making value judgements that affect our professional work.	1
<p>2. Attitudes and beliefs can change over time.</p> <p><input type="checkbox"/> True - <input type="checkbox"/> False</p> <p>Correct answer</p> <p><input checked="" type="checkbox"/> True</p>	1
<p>3. What is the definition of child, early and forced marriage?</p> <p>Correct answer</p> <p>A formal or informal union before the age of 18. It is considered a form of forced marriage as one of both persons have not given their full, free and informed consent due to lack of physical and psychological maturity to make informed adult decisions.</p> <p>Is largely the same as child marriage, but can also sometimes refer to marriages or unions in which one or both spouses are 18 or older but have a compromised ability to grant consent. For example, the marriage of a 19-year-old who is not mature (physically or emotionally), and/or who does not have sufficient information about her choices.</p> <p>Forced marriages are marriages in which one and/or both parties have not personally expressed their full and free consent to the union, regardless of age. Forced marriage can also refer to a union in which one or both spouses are unable to end or leave the marriage.</p>	1

4. Name three rights that are violated by CEFM.

Correct answer

- Article 28: Right to education
- Article 6: Right to a full life
- Article 19: Protection from violence & abuse
- Article 34: Protection from sexual abuse
- Article 24: Right to health
- Article 2: Right to equality
- Article 12: Right to participation in decisions that affect one's life

3

5. What is the root cause of CEFM?

Correct answer

The 'root cause' of CEFM is gender inequality

Other drivers include poverty, culture and tradition, poverty, insecurity and violence, weak government systems, limited opportunities for girls (education, work in the formal economy), lack of awareness.

1

6. Name two ways that humanitarian situations might increase CEFM.

Correct answer

- **INSECURITY AND VIOLENCE** - Where there is war and conflict, girls are at high risk of harassment and physical or sexual assault; parents see this as a way to protect their girls
- **LIMITED EDUCATION AND ECONOMIC OPPORTUNITIES** - For most families, conflicts and disasters severely restrict their social, economic, and educational opportunities.
- **POVERTY** - Allows parents to decrease family expenses as they have one less person to feed, clothe and educate.

2

7. What are two negative consequences of CEFM on girls?

Correct answer

- Physical, psychological, economic and sexual violence
- Poor physical health including harm from early pregnancies, STIs and injury from IPV
- Poor emotional and mental wellbeing
- Restricted to develop managerial and leadership capacities
- Restricted to contribute to family & society
- Early and frequent pregnancies, and forced continuation of pregnancy
- High maternal and infant morbidity and mortality rates
- Obstacles to ensuring educational
- Obstacles to ensuring employment and other economic opportunities

2

8. What are two positive benefits of delaying marriage until after 18?

Correct answer

- **ECONOMIC BENEFITS:** Less dowry, cost of treatment, girl can economically contribute if educated and earning income
- **PHYSICAL HEALTH:** No harm from early pregnancies and potential reduced risk of physical abuse
- **EMOTIONAL WELLBEING:** Feels mentally prepared for both marriage and motherhood, better connections with support networks. Happiness contributes to good health, less disease and less expenditure
- **ASPIRATIONS FULFILMENT:** Greater chance of finishing school & achieving personal goals
- **MANAGERIAL AND LEADERSHIP CAPACITIES DEVELOPED:** Increased opportunity to develop important life skills
- **CONTRIBUTION TO FAMILY AND SOCIETY:** Ability to contribute to the wellbeing of the family and society

2

9. What is the difference between sexual rights and reproductive rights?

Correct answer

Sexual rights generally include individuals' control over their sexual activity and sexual health. Reproductive rights usually concern controlling the decisions related to fertility and reproduction.

2

10. Name two reasons why is it important to ensure girls have access to ASRH information during emergencies?

Correct answer

- The disruption of family and community structures, and education and health services during emergencies may leave adolescents without access to sexual and reproductive services and information during a time when they are at heightened risk, making them vulnerable to unwanted pregnancy, unsafe abortion, STIs and HIV infection
- Access to information will also help girls be more prepared and can help girls negotiate with their family to delay marriage

2

11. What is a reference group?

Correct answer

The group of people whose actions and opinions matter most when someone makes an interdependent decision. Reference groups have the most influence.

1

12. People's behaviour is most likely to be influenced by:

- Their immediate family - The community they live in
- People they respect and admire - The peer groups they belong to
- All of the above

Correct answer

- All of the above

1

13. Legal norms are usually written down in the form of a constitution or individual laws.

- True
- False

Correct answer

- True

1

14. What are two of the key terms used in a Theory of Change?

Correct answer

- **Activities** are the specific interventions that will be implemented to respond to the problem at hand
- **Outputs** are the 'product' of the activities (i.e., a workshop, brochure, etc.).
- **Outcomes** are the endogenous (internal) changes that occur within participants as a result of the activities/outputs.
- **Impact** describes the ultimate desired change that the programme team or implementing organisation seeks to achieve, in collaboration with others
- **Assumptions** are the implicit conditions that underpin the programme logic at different points (i.e., they must be true if the change is to occur as predicted). Assumptions are tested and validated through the process of implementation.
- **Context** describes the things happening in the external environment, which are beyond the control of the programme team but which may influence the outcomes.

2

15. Provide two examples of how adolescents are affected by emergencies.

Correct answer

Emergencies can have negative effects on communities as they are disruptive and displace and separate families and potentially overwhelm families and individuals. This might lead to a break down in traditional support networks and exacerbate social and financial inequities. Daily stressors which existed prior to the emergency can also worsen. These stressors include poverty, lack of food and separation. Distress can affect adolescents resulting in:

PHYSICAL:

- *Fatigue*
- *Aches & pains*
- *Excessive appetite or no appetite*
- *Excessive alertness*

EMOTIONAL:

- *Anger and anxiety*
- *Fear, detachment and sadness*
- *Guilt or regret, overwhelmed*

BEHAVIOURAL:

- *Socially withdrawn*
- *Avoiding places and disengaging in activities*
- *Loss of interest in activities*
- *Inactive or hyperactive*

SOCIAL:

- *Change in friendship circles*
- *Financial and social pressures resulting in CEFM*
- *Increased safety and security risks*

2

16. Give one example of how to adapt the session content for children.

Correct answer

- Active activities rather than discussions, i.e., role plays and drawing of concepts
- Use language that can be understood including simple words
- Avoid difficult examples
- Use pictures or objects
- Use repetition to explain key concepts
- Short time sessions

1

Total # of points

25

MODULE 2

of points for the correct answer

1. Explain the principle of Do No Harm.

Correct answer

“Do no harm” is to avoid exposing people to additional risks through our action. “Do no harm” means taking a step back from an intervention to look at the broader context and mitigate potential negative effects on the social fabric, the economy and the environment.

1

2. Day to day stress is common to all people:

True

False

Correct answer

True

1

3. Explain the difference between adult learners and child learners.

Correct answer

Adults learn through experience. They build up knowledge and skills through their life experiences and they bring them, along with a wide range of backgrounds, learning styles, needs and interests, to group discussions. Adults are internally motivated and self-directed, goal oriented, relevancy oriented and practical. Adult learners like to be respected.

Children are adult-dependent learners and children depend upon adults for the next lesson, the next assignment, and the next subject matter. Adults challenge new information, but younger students implicitly accept it.

1

4. The best way to facilitate a group discussion is by standing at the front of the room lecturing the participants:

True

False

Correct answer

False

1

<p>5. Facilitators are responsible for managing only the content during the session, not the process.</p> <p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p> <p>Correct answer</p> <p><input checked="" type="checkbox"/> False</p>	1
<p>6. Underline the four stages of group formation:</p> <p><input type="checkbox"/> meeting - <input type="checkbox"/> talking - <input type="checkbox"/> playing - <input type="checkbox"/> celebrating - <input type="checkbox"/> forming, - <input type="checkbox"/> storming, - <input type="checkbox"/> norming,</p> <p><input type="checkbox"/> performing - <input type="checkbox"/> beginning, - <input type="checkbox"/> doing, - <input type="checkbox"/> closing, - <input type="checkbox"/> celebrating - <input type="checkbox"/> gathering,</p> <p><input type="checkbox"/> arguing, - <input type="checkbox"/> agreeing, - <input type="checkbox"/> leaving</p> <p>Correct answer</p> <p><input checked="" type="checkbox"/> forming - <input checked="" type="checkbox"/> storming, - <input checked="" type="checkbox"/> norming, - <input checked="" type="checkbox"/> performing</p>	1
<p>7. List 3 examples of participatory techniques for learning.</p> <p>Correct answer</p> <p>Role-plays and other dramatic activities, case studies, games, sharing personal stories and other story-telling, discussion and reflection in pairs or small groups.</p>	3
<p>8. What are three types of non-verbal cues?</p> <p>Correct answer</p> <p>Common non-verbal cues include facial expression, posture, seating (close or far), eye contact, holding body rigid or relaxed, use of hands and nervous gestures.</p>	3
<p>9. What is a group agreement?</p> <p>Correct answer</p> <p>A set of statements that establish the norms for how people are expected to behave within the group.</p>	1
<p>10. Provide two examples when confidentiality might be breached?</p> <p>Correct answer</p> <ul style="list-style-type: none"> • When a participant threatens to harm themselves or others • In cases involving minors, survivors with disabilities and a non-offending caregiver must be involved • Where mandatory reporting policies exist. 	2

11. Explain two strategies for managing conflict within group members.

Correct answer

- Remind group members of group agreement/group norms if the conversation becomes heated.
- Stop the conversation if it becomes personal or confrontational.
- Take a short break.
- Speak to individuals privately and ask them to follow the group agreement.

2

Why is it critical that facilitators address power dynamics among group members?

Correct answer

Power dynamics can affect participation. To make people feel safe to participate in group discussions, we need to address power relations. Otherwise, those with less power may not speak out.

1

Total # of points

18

MODULE 3

of points for the correct answer

1. Explain the difference between informed consent and informed assent?

Correct answer

Informed consent is the voluntary agreement of an individual who has the legal capacity to give consent. To provide “informed consent” the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent.

Informed assent is the expressed willingness to participate in services, given by someone under the legal age, or without full capacity or maturity.

1

2. List two safety points that you need to consider for already married adolescent girls when conducting the case management action plan.

Correct answer

- *Identify what the survivor has been doing since the incident to keep themselves safe from the perpetrator/husband or others who might harm them. Discuss if what they have been doing is something they can continue to do and identify what resources or support they might need to continue using these strategies.*
- *If there are particular places that are unsafe, discuss whether there are strategies for avoiding those places or for mitigating the associated risks (such as having a friend supportive person in their life and if none are available, work on preserving the girl's access to case management series and programmes.*

2

3. List three instances where the facilitator must refer an individual to specialised services.

Correct answer

- a. Child who is married and is below 15 (with and without children)
- b. Child who is married and exposed to an additional protection risk or concern (including disability, neglect and no outside support)
- c. Child at risk for committing suicide because of forced marriage
- d. Child who was raped and forced to marry perpetrator
- e. Unaccompanied or separated child spouse
- f. Child engaged to be married and marriage in imminent
- g. Child is married to another child
- h. When you have difficulty maintaining real contact with the person.
- i. When a person hints or talks openly of suicide.
- j. When a person hints or talks openly about harming others.
- k. When a person presents imaginary or real ideas or details of persecution.
- l. When you become aware of child abuse or any criminal activity.
- m. When you see persistent physical symptoms developing.
- n. Common physical problem includes flashbacks, problems sleeping, headaches, extreme reactions to loud noises.
- o. When you become aware of dependency on substances
- p. When you see the person engaging in risky behaviour (showing carelessness towards
- q. one self/others).
- r. When emotions or behaviours suddenly change or become persistent

3

4. What are two steps in a case management process which are not considered when adapting to emergencies?

Correct answer

- a. Follow up
- b. Case closure

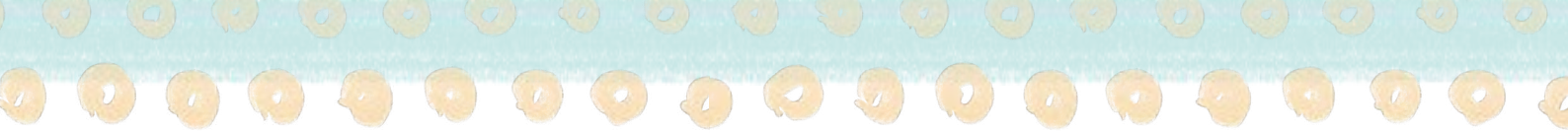
2

5. What is the goal of the teach back process?

Correct answer

To practice facilitating activities in the curriculum, and the opportunity of practicing how to provide feedback, how to receive feedback, how to frame comments and observations in a way that are constructive and encouraging.

1



<p>6. The life skills considers eligible participants to be adolescent boys and girls aged 12-25:</p> <p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p> <p>Correct answer</p> <p><input checked="" type="checkbox"/> False</p>	<p>1</p>
<p>7. What are two things to consider when adapting activities?</p> <p>Correct answer</p> <ul style="list-style-type: none">• Consider in advance whether each session will be suitable for your groups' age, gender and context• Adolescents might be reluctant to discuss certain topics, especially those related to healthy relationships and sexual and reproductive health• Use concise language which is both culturally and contextually appropriate. Speak in a way that matches your groups' capacity to grasp the information.• Be aware of the attention of your participants	<p>2</p>
<p>8. Why should new participants never be invited to join the group mid-way through the cycle?</p> <p>Correct answer</p> <ul style="list-style-type: none">• To maintain rapport and trust among the participants and minimise disruption to the group	<p>1</p>
<p>9. What is one long term outcome of the life skills and/or focused care sessions?</p> <p>Correct answer</p> <ul style="list-style-type: none">• Girls (married and unmarried) experience improved wellbeing, resilience and happiness• Girls at risk of CEFM participate in decisions that affect them, including regarding relationships• Girls (unmarried, married, divorced or widowed) have increased access to essential services including health, including mental health, sexual and reproductive health and rights, education, comprehensive sexuality education, child protection, gender based violence support, economic assistance and legal support	<p>1</p>
<p>10. What is an ideal number of participants for life skills or focused care sessions?</p> <p>Correct answer</p> <ul style="list-style-type: none">• 9-12	<p>1</p>
<p>Total # of points</p>	<p>15</p>

MODULE 4

of points for the correct answer

1. Name 3 key target groups for community outreach activities related to CEFM.

Correct answer

- Male caregivers
- Female caregivers
- Religious leaders
- Teachers
- Influential community members/community decision makers

3

2. What is one key consideration to keep in mind when deciding on the timing of the caregivers' sessions?

Correct answer

- Availability of the participants
- Responsibilities related to gender roles in the community and the household
- To check with the participants themselves

1

3. What are the two criteria for selection of caregivers to participate in the caregivers' sessions?

Correct answer

- A maximum of 15 caregivers should participate in each caregiver group.
- Groups should be divided by sex, with separate groups for male and female caregivers (Female caregivers of unmarried girls or of married girls; especially mothers-in-law and male caregivers of unmarried girls or married girls' especially fathers-in-law)
- It is highly recommended but not mandatory to select caregivers of girls who are participating in the adolescent girls' sessions.

2

4. Name three examples of why some religious leaders are resistant to opposing child marriage.

Correct answer

- Marriage, including child marriage, is required by religion and religious leaders play a key role in the ritual as gatekeepers. If they give up child marriage, they will be losing status and power in the community.
- Religious leaders may not be aware of the consequences of child marriage or that it is illegal.
- Some interpretations of religious traditions and texts may legitimise child marriage
- Child marriage is endorsed as a solution to premarital sex and pregnancy.
- Religious traditions may reinforce patriarchal values and practices including child marriage.
- Child marriage may be framed by religious leaders as a form of protection for girls to their parents. Parents may also pressure religious leaders to marry girls.
- Religious fundamentalism which may politicise religion to challenge aspects of modernity such as gender equality

3

5. In some contexts (for example where there is fundamentalism) it may be better to work indirectly rather than directly with religious leaders.

True

False

Correct answer

True

If the main reason that religious leaders are resistant is fundamentalism, it may be better to not work with those leaders and focus on working with engaging only progressive religious leaders or work indirectly with resistant religious leaders through engaging other religious actors.

1

6. What are three considerations for selecting which religious leaders to work with?

Correct answer

- Who has the greatest reach within the community?
- Who has the greatest trust?
- Who is a potential blocker that can prevent intervention?
- Who has the more progressive/moderate views and could influence others?
- Formal and/or informal religious leadership?
- Male and/or female religious leaders?
- Adult and/or youth religious leaders?
- Religious leaders involved in politics, or avoid all politically-involved leaders?
- Top, mid-level and/or grassroots religious leaders?
- Work directly with religious community members?
- Work with individual religious leaders, or with the religious institution as a whole?
- Interfaith or with a single religious group?
- Avoid or include religious fundamentalists?
- Religious leaders of all the different castes?

3

7. What is the reason for using the Opinion Leader Identification Tool to select participants for the community dialogues?

Correct answer

This is an evidence-based way to recruiting the participants who will be the most influential in spreading positive norms around child marriage after they complete the community dialogues.

1

8. Why is it important that the community action plans are developed, implemented and monitoring by the members of the community dialogue group?

Correct answer

The more they feel a sense of ownership, the more sustainable the social norms change will be in the long-term

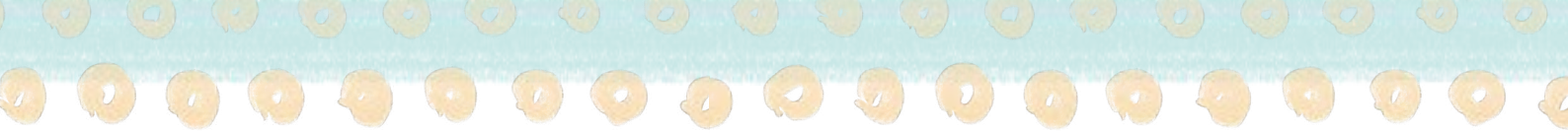
1

9. What is the purpose of the public declaration in the community dialogues?

Correct answer

In order to make it visible to community members who did not participate directly in the community dialogues that the leaders of the community are abandoning harmful social norms underlying child marriage in their community

1



10. Give two examples of how community action plans might include local advocacy or work with lo-cal authorities on child marriage?

Correct answer

- Conducting discussions with decision makers about new norms;
- Sharing data about the prevalence of child, early and forced marriage;
- Conducting a review of existing laws or rules to identify those that are harmful to women and girls;
- Advocating for introduction of local by-laws that reinforce zero tolerance for child marriage;
- Advocating for girls who are already married to be treated with respect and dignity and have access to education, healthcare and other services and rights.

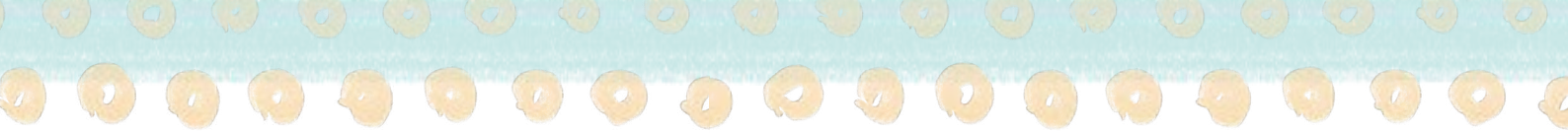
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Total # of points

18

ANNEX 12: INDIVIDUAL SUPERVISION RECORD

Date	
Facilitator/Caseworker Name:	
Supervisor Name:	
Supervision Period (dates)	
# Shadowing Visits	# Observation Visits
Agenda	Sample discussion questions
Opening and check-in: <ul style="list-style-type: none"> ▪ Review action points from the previous meeting and any challenges faced ▪ Set and agree upon agenda 	<p>How was the week/period for the facilitator? Are there issues that s/he would like to add to the agenda?</p> <p>What are the facilitator's priorities within the hour?</p>
Notes from discussion	



Agenda

Sample discussion questions

Administrative:

- If adolescents were referred for additional support, how was this documented?
- Other logistics, human resource, operations points for discussion.

What are some particular challenges the facilitator is facing in the sessions and on which, would like some feedback or guidance?

Notes from discussion

Development:

- Attitudes
- Knowledge
- Communication Skills

Application of facilitation knowledge/ skills from training or coaching in your daily work?
Are there any skills or information that the facilitator would like to work on?

Notes from discussion

Supportive:

- Check in with facilitator
- Explore possible self-care strategies or support needed

How is facilitator feeling in his/her work?
Are there any triggers/red flags that may be an indication of needing extra support or of potential burnout?

Notes from discussion

Agenda

Sample discussion questions

Discussion of supervision practices utilised in the past week/period:

- Concrete and detailed (positive and constructive) feedback for facilitator on the exercise

What does the facilitator think about the shadowing, observation sessions?

Does the facilitator have any questions or concerns?

Notes from discussion

Closing and action points:

- Agree on the main action steps to be taken following the meeting and the time frame for accomplishing these tasks.

What are the facilitator's main priorities for improving practice and outcomes for adolescents?

What are the supervisor's main priorities for the facilitator to improve practice and outcomes for adolescents?

Notes from discussion

ACTIONS TO BE TAKEN:

Action:

Person responsible:

Timeframe:

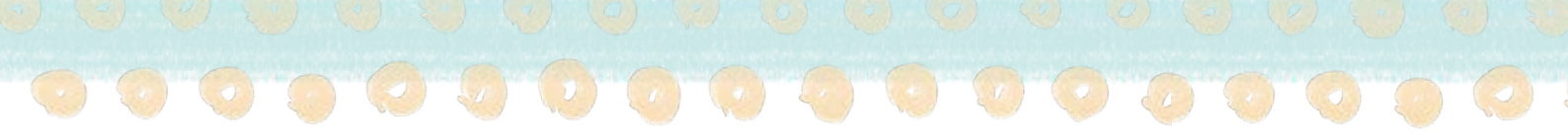
ANNEX 13: REFLECTIVE PRACTICE RECORD⁴³

REFLECTIVE PRACTICE RECORD

Activity Details

Date: / /		Community/Location:	
Facilitator 1 Name:		Facilitator 2 Name:	
ACTIVITY:	<input type="checkbox"/> Community dialogue	<input type="checkbox"/> Religious leaders' workshop	<input type="checkbox"/> Teachers' workshop
	<input type="checkbox"/> Girls Life skills workshop	<input type="checkbox"/> Boys Life skills workshop	<input type="checkbox"/> Girls Focused sessions
	<input type="checkbox"/> Female Caregivers sessions	<input type="checkbox"/> Male Caregivers sessions	<input type="checkbox"/> Other
	<u>Activity Details:</u> (e.g., topic/module being facilitated)		

⁴³ Adapted from Community based social work with children and families: Manual on Prevention and Reintegration (2005), Save the Children UK Bulgaria.



1. Describe the situation
(what did you do / say)

2. How did you feel about
what happened?

3. What were you trying to
achieve?

4. What choices did you
have?

5. What were the outcomes
(for you / the child / others)?

6. What knowledge / skills /
competencies did you draw
on?

7. What did you learn from
the experience?

8. What might you do
differently next time?

9. What are your learning and
development needs now?

ANNEX 14: ACTIVITY/SESSION OBSERVATION TEMPLATE

ACTIVITY/SESSION OBSERVATION TEMPLATE

Activity Details

Date:	/ /	Community/Location:		
Observer Name:		Observer Designation:		
Facilitator 1 Name:		Facilitator 2 Name:		
Activity Participants:	# Adult Women	# Adult Men	# Adolescent Girls	# Adolescent Boys

ACTIVITY:	<input type="checkbox"/> Community dialogue	<input type="checkbox"/> Religious leaders' workshop	<input type="checkbox"/> Teachers' workshop
	<input type="checkbox"/> Girls Life skills workshop	<input type="checkbox"/> Boys Life skills workshop	<input type="checkbox"/> Girls Focused sessions
	<input type="checkbox"/> Female Caregivers sessions	<input type="checkbox"/> Male Caregivers sessions	<input type="checkbox"/> Other
	<u>Activity Details:</u> (e.g., topic/module being facilitated)		

Observation Findings (circle one number for each row)

1 = None 2 = Poor 3 = Satisfactory 4 = Very good 5 = Excellent NA/UNK = Not applicable or unknown

Attendance

Attendance by men	1	2	3	4	5	NA/UNK
Attendance by women	1	2	3	4	5	NA/UNK
Attendance by adolescent girls	1	2	3	4	5	NA/UNK
Attendance by adolescent boys	1	2	3	4	5	NA/UNK
Attendance by community leaders	1	2	3	4	5	NA/UNK
Representativeness of the target group	1	2	3	4	5	NA/UNK

Observer Notes: Explain reasons for scores and any contextual information that may have affected attendance

Active Participation

Active questioning by men	1	2	3	4	5	NA/UNK
Active questioning by women	1	2	3	4	5	NA/UNK
Active questioning by adolescent girls	1	2	3	4	5	NA/UNK
Active questioning by adolescent boys	1	2	3	4	5	NA/UNK
Participants engaged in dialogue	1	2	3	4	5	NA/UNK
Participants overall level of interest in the topic	1	2	3	4	5	NA/UNK
Participants agreeableness with ideas	1	2	3	4	5	NA/UNK
Participants comprehension of key messages	1	2	3	4	5	NA/UNK

Observer Notes: Explain reasons for scores and any contextual information that may have affected engagement

Fidelity

The components of the activity were facilitated in the correct order/sequence	1	2	3	4	5	NA/UNK
The facilitator relayed key messages in full and with accuracy	1	2	3	4	5	NA/UNK
Facilitator kept to the time limit for the activity	1	2	3	4	5	NA/UNK
Facilitator role modelled gender equality	1	2	3	4	5	NA/UNK

Quality

Facilitator appeared to be knowledgeable on the topic	1	2	3	4	5	NA/UNK
Facilitator responded to participant questions accurately	1	2	3	4	5	NA/UNK
Facilitator used a dynamic and enthusiastic presentation style	1	2	3	4	5	NA/UNK
Facilitator encouraged participation (including by women and youth)	1	2	3	4	5	NA/UNK
Facilitator dealt with conflict and resistance by participants appropriately	1	2	3	4	5	NA/UNK

Adaptation

CONTENT/ACTIVITY ADAPTED

REASON (WHY)

Observer Notes: Explain reasons for scores and any contextual information that may have affected facilitator performance

Part B: Observer Feedback (complete 1 for each facilitator)

1 = Poor 2 = Satisfactory 3 = Good 4 = Very good 5 = Excellent

Date:

Facilitator Name(s):

Overall assessment of facilitator performance

1

2

3

4

Key Strengths:

Areas for improvement:

Observer Comments:

Observer Name:

Date:

/ /

ANNEX 15: BELIEFS AND ATTITUDES REFLECTION TOOL

BELIEFS AND ATTITUDES REFLECTION TOOL

Instructions: Circle the box that describes the extent to which you agree with the following statements

	1 Strongly disagree	2 Somewhat disagree	3 Somewhat agree	4 Strongly agree
There are times when it is in a girl's best interests to get married	1	2	3	4
Girls should not be told about sensitive topics such as sex and contraception, as this can be culturally inappropriate, and they are not ready for this information	1	2	3	4
If a girl is in love with a boy/man, they should be allowed to get married, regardless of age	1	2	3	4
Boys are equally as affected by child marriage as girls	1	2	3	4
Women (e.g. mothers, mothers-in-law) are helpless to stop child marriage from happening	1	2	3	4
If a girl has been raped, she is better off getting married	1	2	3	4
If child marriage is not against the law, then it is permissible	1	2	3	4
Child marriage is ok if the age difference between the couple is only small	1	2	3	4
Women do not have the right to get divorced, even if they are married as children	1	2	3	4
Marrying girls as children is ok if it is to protect a family's honour/reputation	1	2	3	4
If a girl is already pregnant to a boy/man, they may as well just get married	1	2	3	4
Realistically, once a girl is already married, there is little that can be done to help them	1	2	3	4
TOTAL SCORE				

ANNEX 16: PEER ACTION REFLECTION CIRCLE TEMPLATE

PEER ACTION-REFLECTION MEETING TEMPLATE

Meeting Date:	/	/	Meeting time:
Members Present:	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Member Apologies:	1.		
	2.		

MEETING MINUTES

Speaker	Summary of key points

ACTION PLAN (NOW WHAT)

Action Required	Person Responsible	Timeframe

ANNEX 17: FACILITATOR/CASEWORKER LOGBOOK

FACILITATOR/CASEWORKER LOGBOOK

Activity Details

Date:

/ /

Community/Location:

Facilitator/Case Manager Name:

ACTIVITY:	<input type="checkbox"/> Community dialogue	<input type="checkbox"/> Religious leaders' workshop	<input type="checkbox"/> Teachers' workshop
	<input type="checkbox"/> Girls Life skills workshop	<input type="checkbox"/> Boys Life skills workshop	<input type="checkbox"/> Girls Focused sessions
	<input type="checkbox"/> Female Caregivers sessions	<input type="checkbox"/> Male Caregivers sessions	<input type="checkbox"/> Other
	<u>Activity Details:</u> (e.g., topic/module being facilitated)		

Activity

Participants:

Adult Women

Adult Men

Adolescent Girls

Adolescent Boys

Observation Findings (circle one number for each row)

1 = None 2 = A few 3 = About half 4 = Almost all 5 = All **NA/UNK** = Not applicable or unknown

Attendance

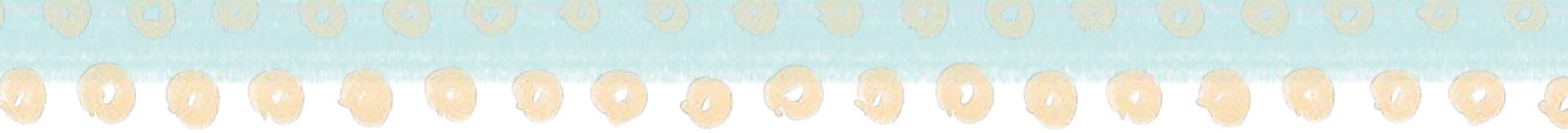
Attendance by men	1	2	3	4	5	NA/UNK
Attendance by women	1	2	3	4	5	NA/UNK
Attendance by adolescent girls	1	2	3	4	5	NA/UNK
Attendance by adolescent boys	1	2	3	4	5	NA/UNK
Attendance by community leaders	1	2	3	4	5	NA/UNK

Observer Notes: Explain reasons for scores and any contextual information that may have affected at-tendance

Active Participation

Active questioning by participants	1	2	3	4	5	NA/UNK
Participants engaged in dialogue	1	2	3	4	5	NA/UNK
Participants overall level of interest in the topic	1	2	3	4	5	NA/UNK
Participants agreeableness with ideas	1	2	3	4	5	NA/UNK
Participants comprehension of key messages	1	2	3	4	5	NA/UNK

Observer Notes: Explain reasons for scores and any contextual information that may have affected engagement.



Facilitator/Case Manager Feedback

The activity instructions were easy to understand	1	2	3	4	5	NA/UNK
The timing for the activity and individual components was enough	1	2	3	4	5	NA/UNK
The activity key messages were appropriate for the context	1	2	3	4	5	NA/UNK
Participants seemed to understand the content/key messages	1	2	3	4	5	NA/UNK
Participants mostly agreed with the content/key messages	1	2	3	4	5	NA/UNK
Participants seemed to find the activity interesting	1	2	3	4	5	NA/UNK

What activities/components worked well?

What activities/components did not work well?

Facilitator/Case Manager

Notes: Explain scores and provide recommendations for changes and revisions to the toolkit:

ANNEX 18: PARTICIPANT/CLIENT FEEDBACK FORM

PARTICIPANT/CLIENT FEEDBACK FORM

A: Activity Details






Date:	/ /	Community/Location:	
Facilitator Name(s):		Facilitator Name(s):	
ACTIVITY:	<input type="checkbox"/> Community dialogue	<input type="checkbox"/> Religious leaders' workshop	<input type="checkbox"/> Teachers' workshop
	<input type="checkbox"/> Girls Life skills workshop	<input type="checkbox"/> Boys Life skills workshop	<input type="checkbox"/> Girls Focused sessions
	<input type="checkbox"/> Female Caregivers sessions	<input type="checkbox"/> Male Caregivers sessions	<input type="checkbox"/> Other
	Activity Details: (e.g., topic/module being facilitated)		

**** THIS FORM IS CONFIDENTIAL. DO NOT WRITE YOUR NAME ON IT****

B. Participant Feedback: Circle or cross the box that corresponds with your thoughts

				
Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree

Activity Content

Today's session was interesting to me					
---------------------------------------	--	---	---	---	---

The information provided was in keeping with my cultural and religious beliefs					
I will discuss what I learnt in today's session with my friends					
I will discuss what I learnt in today's session with my family members					
Today's session was relevant to my needs and circumstances					
I plan to keep attending these sessions					
<add more questions as required>					

Activity Delivery

The facilitator explained the information well					
The facilitator was energetic and exciting					
The facilitator gave me the opportunity to ask questions					
The facilitator answered my questions					
The facilitator seemed knowledgeable about the topic					
The facilitator respected by opinions					
The facilitator made me feel comfortable participating and sharing my opinions					



<add more questions as required>

What did you like most about this session?

What did you dislike about this session?

How can the facilitator improve next time?

ANNEX 19: PARTICIPANT/CLIENT FEEDBACK DISCUSSION GUIDE

PARTICIPANT/CLIENT FEEDBACK DISCUSSION GUIDE

A: Activity Details

Date: / /		Community/Location:		
Activity Facilitator Name:		Activity Facilitator Name:		
Interviewer Name:		Notetaker Name:		
Total Participants:	# Adult Women	# Adult Men	# Adolescent Girls	# Adolescent Boys
ACTIVITY:	<input type="checkbox"/> Community dialogue	<input type="checkbox"/> Religious leaders' workshop	<input type="checkbox"/> Teachers' workshop	
	<input type="checkbox"/> Girls Life skills workshop	<input type="checkbox"/> Boys Life skills workshop	<input type="checkbox"/> Girls Focused sessions	
	<input type="checkbox"/> Female Caregivers sessions	<input type="checkbox"/> Male Caregivers sessions	<input type="checkbox"/> Other	
	<u>Activity Details:</u> (e.g., topic/module being facilitated)			



Session Content

Question

Summary of response

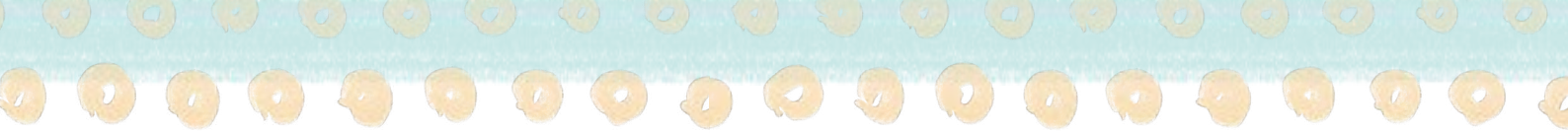
Did you find today's session interesting? Why/why not? What did you find most interesting about today's session?

Did you agree with the information that was shared with you today? Why/why not?

Did you think today's session was relevant to your local context and circumstances? Why/why not?

Do you plan to keep attending these sessions? Why/why not?

Do you plan to discuss what was shared today with your friends and family? Why/why not? Who will you share it with?



Session Delivery

Question

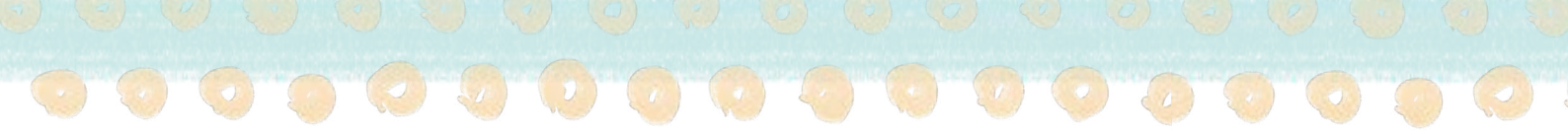
Summary of response

Did the facilitator explain the information clearly (did you understand what was being said?) Why/why not?

What did you think about the way the facilitator delivered the session (facilitation style)?

Did the facilitator give you the opportunity to ask questions? Did the facilitator answer your questions knowledgeably? Why/why not?

Did the facilitator give you the opportunity to actively participate in the session if you wanted to?



What did you like most about today's session?

What did you dislike about today's session?

Do you have any recommendations on how today's session can be improved?

ANNEX 20: PARTICIPANT/CLIENT FEEDBACK 1-1 INTERVIEW GUIDE

PARTICIPANT/CLIENT FEEDBACK INTERVIEW GUIDE

A: Interview Details

Date: / /		Community/Location:		
Activity Facilitator Name:		Activity Facilitator Name:		
Interviewer Name:		Notetaker Name:		
Total Participants:	# Adult Women	# Adult Men	# Adolescent Girls	# Adolescent Boys

B: Activity Details (which activities did the participant/client attend?)

ACTIVITY:	<input type="checkbox"/> Community dialogue	<input type="checkbox"/> Religious leaders' workshop	<input type="checkbox"/> Teachers' workshop
	<input type="checkbox"/> Girls Life skills workshop	<input type="checkbox"/> Boys Life skills workshop	<input type="checkbox"/> Girls Focused sessions
	<input type="checkbox"/> Female Caregivers sessions	<input type="checkbox"/> Male Caregivers sessions	<input type="checkbox"/> Other
	<u>Activity Details:</u> (e.g., topic/module being facilitated)		

Interview
Questions

Summary Notes:

Attendance:

Can you tell me how many of the prescribed sessions you attended?

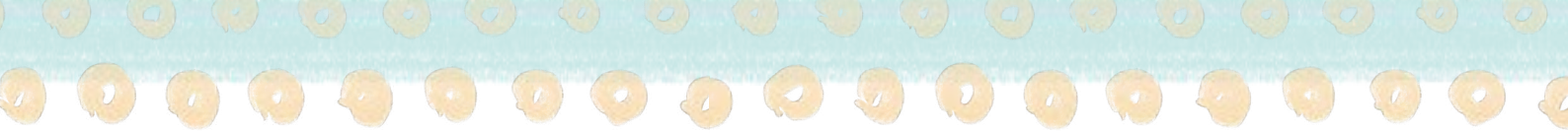
- Every session (100%)
- Most sessions (60-100%)
- Some sessions (40-60%)
- A few sessions (<40%)

If you missed some sessions, can you tell me why?

Participation:

How actively do you feel like you participated in the activity? Why?

Was there anything that made it difficult for you to participate?



Was there anything that could have been done to make it easier for you to participate?

Do you have any thoughts on how participation of others in the activity could have been improved?

Home Practice:

Have you used any of the skills and knowledge you learnt in the activity in your own life?

 **NOTE:** *Encourage the participant to provide specific examples rather than just answering 'yes' or 'no'*

Have you shared any of the information you learnt in the activity with anyone else? If so, who?



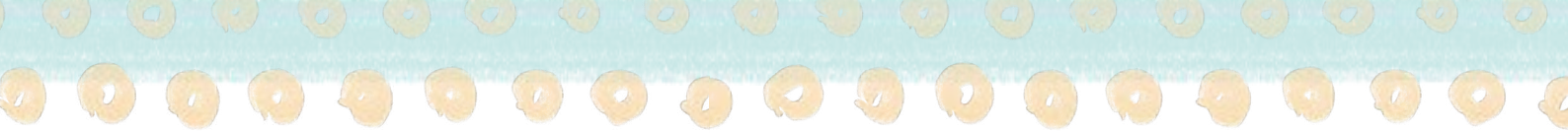
Satisfaction:

Did you find the activity interesting? Why/why not? What did you find most interesting about the activity?

Did you agree with the information that was shared in the activity? Why/why not?

Did you think the activity was relevant to your local context and circumstances? Why/why not?

Do you plan to keep attending the activity? OR Would you recommend the activity to someone else? Why/why not?



What did you think of the activity facilitator?

- Did the facilitator explain the information clearly (did you understand what was being said?)
- What did you think about the way the facilitator delivered the session (facilitation style)?
- Do you have any confidential feedback on their performance that could help them improve?

How would you describe your overall level of satisfaction with the activity?

What did you like most/least about the activity?

Do you have any recommendations on how the activity can be improved?

ANNEX 21: BUDGET FORECAST TEMPLATE FOR ENGAGE PROGRAMME



NORWEGIAN CHURCH AID
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**BUDGET FORECAST TEMPLATE
FOR ENGAGE PROGRAMME**

Project ID	
Proposal title	
Implementing stakeholders	
NCA Rep.	
Local currency	
Donor's currency	
Exchange rate	
Project period	
Donor's information	

ADOLESCENT BOYS TOOL	Unit number	Frequency	Groups	Cost of Item of each item	Total Cost
Pens	12	2	2		
Flip chart paper	5	1	2		
Crayons	12	2	2		
scissors	6	1	2		
Glue sticks	12	1	2		
Learning journal	12	1	2		
Refreshments (Including initial intro session for caregivers)	12	11	2		
Certificates	12	1	2		

ADOLESCENT GIRLS – FOCUSED CARE SESSIONS	Unit number	Days		Cost	Total Cost
Pens	6	2	3		
Flip chart paper	3	1	3		
Crayons	6	1	3		
scissors	3	1	3		
Glue sticks	6	1	3		
Learning journal	6	1	3		
Refreshments	6	6	3		
Certificates	6	1	3		

ADOLESCENT GIRLS - LIFE SKILLS TOOL	Unit number	Days		Cost	Total Cost
Pens	12	2	2		
Flip chart paper	5	1	2		
Crayons	12	1	2		
scissors	6	1	2		
Glue sticks	12	1	2		
Learning journal	12	1	2		
Refreshments (Including initial intro session for caregivers)	12	12	2		
Certificates	12	1	2		

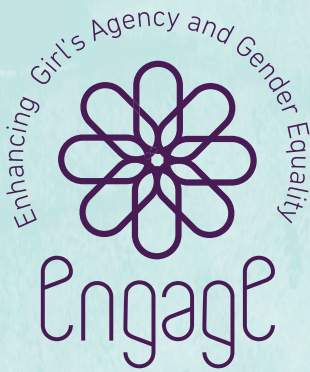
FEMALE CAREGIVERS SESSION	Unit number	Days		Cost	Total Cost
Ball	1	1	2		
Packet of stickers (75 total)	1	1	2		
Packet of post-it notes	5	1	2		
pens	12	2	2		
tape	5	1	2		
flip chart paper	5	1	2		
markers	10	1	2		
Refreshments	12	22	2		
Certificates	12	1	2		

MALE CAREGIVERS SESSION	Unit number	Days	Cost	Total Cost
Ball	1	1	2	
Packet of stickers (75 total)	1	1	2	
Packet of post-it notes	5	1	2	
pens	12	2	2	
tape	5	1	2	
flip chart paper	5	1	2	
markers	10	1	2	
Refreshments	12	22	2	
Certificates	12	1	2	

RELIGIOUS LEADERS WORKSHOPS	Unit number	Days	Cost	Total Cost
Flipchart	3	1	2	
Markers	10	1	2	
Ream of Paper	1	1	2	
Pencils	15	1	2	
Pens	15	1	2	
Packet of post-it notes	5	1	2	
Refreshments	15	7	2	
Certificates	15	1	2	
Action plans	3	1		

TEACHER WORKSHOPS	Unit number	Days		Cost	Total Cost
Pens	15	2	4		
Flip chart paper	1	1	2		
Ream of Paper	1	1	2		
Tape	1	1	4		
Refreshments	15	2	4		
Certificates	15	1	4		

COMMUNITY DIALOGUE	Unit number	Days		Cost	Total Cost
Flip chart paper	5	1	2		
Cups	15	1	2		
Ream of coloured paper	1	1	2		
Scissors	15	1	2		
Glue	5	1	2		
Pens	15	1	2		
Pencils	15	1	2		
Markers	15	1	2		
Tape	5	1	2		
Refreshments	15	32	2		
Action Plans	3	1	2		
Certificates	15	1	2		



SAVE LIVES AND SEEK JUSTICE

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Norwegian Church Aid is a member of the ACT Alliance, one of the world's largest humanitarian coalitions. Together, we work throughout the world to create positive and sustainable change.

To save lives and seek justice is, for us, faith in action.

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Norwegian Ministry
of Foreign Affairs



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