

REAL-TIME LEARNING & EVALUATION FOR
VISUAL GBV POCKET GUIDE ADAPTATIONS

Guidance

ON MEASURING OUTCOMES AND DISSEMINATING LEARNING



VISUAL GBV POCKET GUIDE

LEARNING-BY-DESIGN PACKAGE

BACKGROUND & OVERVIEW¹

Building on a collaboration with the Beth Israel Deaconess Medical Center at Harvard Medical School and learnings from data collection and analysis in South Sudan, Mali, and Honduras, this guidance document provides a primer on measuring outcomes and disseminating learnings on Visual GBV Pocket Guide adaptations. For more information about the GBV Pocket Guide and/or the recently concluded Visual GBV Pocket Guide adaptation project, please visit our [WEBPAGE](#) on the GBV Guidelines website.

This resource is part of the Visual GBV Pocket Guide Learning-by-Design package, a multi-resource package that offers other humanitarian agencies/actors good practices on translating and adapting the GBV Pocket Guide, and other GBV guidance tools, into more visual and accessible versions that can be utilized by wider audiences.

Learnings and evidence gathered through the real-time evaluation in South Sudan and other data collection activities in Mali and Honduras is captured across multiple products in the package. The Learning-by-Design package is a living learning product and will be updated periodically to reflect learnings from across the globe.

Per the Visual GBV Pocket Guide Adaptation Standards of Practice, also part of the Visual GBV Pocket Guide Learning-by-Design Package, practitioners interested in developing a Visual GBV Pocket Guide are advised to reach out to the GBV Pocket Guide Adaptations Working Group to kickstart a coordinated inter-agency adaptation process.

1 This guidance document benefited tremendously from the work and contributions of Dr. Vandana Sharma, Dr. Elysia Larson, and Dr. Jennifer Scott at Beth Israel Deaconess Medical Center (BIDMC) at Harvard Medical School

MEASURING OUTCOMES & DISSEMINATING LEARNINGS TO-DATE

In South Sudan, CARE partnered with the Beth Israel Deaconess Medical Center (BIDMC) at Harvard Medical School to develop a methodology and conduct a real-time project evaluation. The real-time project evaluation was designed to inform the development, validation and evaluation of the Visual GBV Pocket Guide and associated materials in South Sudan. The goal of this evaluation and learning component of the project was to generate learning and evidence to inform the development, validation and dissemination process.

This guidance note provides guidance on conducting various data collection exercises, the aim of which is to fill gaps in the existing evidence base on interventions to strengthen the ability of non-traditional actors to provide safe and effective support for GBV survivors.

The research component of the South Sudan visual GBV Pocket Guide development process primarily aimed to answer the following question:

HOW CAN GLOBAL TOOLS DEVELOPED TO ASSIST NON-GBV SPECIALISTS IN SUPPORTING GBV SURVIVORS BE ADAPTED FOR USE BY NON-TRADITIONAL ACTORS IN LOW LITERACY POPULATIONS TO PROVIDE SAFE AND EFFECTIVE PSYCHOLOGICAL FIRST AID AND REFERRALS?

Building on the work in South Sudan, CARE Mali, CARE Honduras, and partners led limited data collection activities to gather comparable data from two additional implementation contexts. This current guidance document consolidates key areas of inquiry, outlines steps for data collection, and recommendations for data synthesis and dissemination.

KEY OBJECTIVES FOR LEARNING



Understand user experience, usage patterns, and uptake of the new visual version of the GBV Pocket Guide and accompanying mobile app.



Identify and mitigate any potential safety risks / harms associated with these tools both among end users and women and girls at risk of violence.



Continuously inform the development and refinement of the visual GBV Pocket Guide and accompanying visual mobile app.

Please see Annex I for the full Theory of Change of the comprehensive real-time evaluation conducted in South Sudan.

WHAT DO WE NEED TO MEASURE? HOW CAN WE MEASURE IT?

The table on the next page provides an overview of the full suite of the mixed methods real-time evaluation design. **Should resources be available, it is advisable that practitioners build in all the real-time evaluation approaches included below.** Doing so will help to build the evidence base for the relatively new field of visual adaptations of complex written GBV messaging and help to inform future adaptations.

Where resources are limited, it is critical that practitioners first begin by understanding the context-specific disclosure environment. Doing so will inform the visual adaptation of the GBV Pocket Guide and accompanying training materials and ensure that regular monitoring and evaluation approaches integrate data collection to assess knowledge transfer related to the visual GBV Pocket Guide trainings (more details below and sample data collection guide in Annex II).

SUMMARY OF EVALUATION AIMS AND METHODS

	AIM	APPROACH	DATA COLLECTION METHOD*
1	REQUIRED To understand the context-specific disclosure environment and identify disclosure channels being used by survivors of GBV to disclose their experience/seek services.	Mapping of existing referral pathways (where available) Baseline assessment among humanitarian practitioners and community members regarding common disclosure channels outside of formal referral pathways.	<ul style="list-style-type: none"> ■ Qualitative data collection via review of referral pathways (where available), ■ Baseline survey, key informant interviews, and focus group discussions among humanitarian practitioners and community members. ■ For more information, please see Annex II.
2	OPTIONAL BUT RECOMMENDED To understand the context and GBV-related knowledge, attitudes, and resources in order to inform the visual adaptation of the GBV Pocket Guide and accompanying training materials.	Baseline assessment among humanitarian practitioners and community members.	<ul style="list-style-type: none"> ■ Quantitative data collection via a baseline quantitative survey among humanitarian practitioners and community members. ■ Qualitative semi-structured interviews with humanitarian practitioners at baseline.
3	REQUIRED To inform the refinement of the Visual GBV Pocket Guide and accompanying training materials as part of the validation process.	Review of the Visual GBV Pocket Guide during validation workshops with humanitarian practitioners and community members.	<ul style="list-style-type: none"> ■ Qualitative data collection via semi-structured interviews with humanitarian practitioners during the validation process.
4	REQUIRED To assess competencies and skills of master trainers and knowledge transfer related to the visual GBV Pocket Guide trainings. This tool is designed to measure changes in knowledge transfer related to cascade trainings.	Scores on Master Trainer Competencies Checklist. Pre-post survey among GBV Pocket Guide trainees.	<ul style="list-style-type: none"> ■ Score Master Trainers using Master Trainer Competencies Checklist. ■ Pre- and post-training quantitative survey conducted among humanitarian practitioners trained to use the Visual GBV Pocket Guide. ■ For more information, please see Annex II, Annex III, and Annex IV.
5	OPTIONAL BUT RECOMMENDED To evaluate the effectiveness of the adapted GBV Pocket Guide among a sample of humanitarian practitioners, specifically non-GBV specialists, specifically its relevance, acceptability, and potential for knowledge, attitudinal and behavior change, including improved confidence in supporting GBV survivors.	Pre-post study among GBV Pocket Guide trainees.	<ul style="list-style-type: none"> ■ Building on pre- and post- training quantitative survey, quantitative data collection via an endline quantitative survey conducted among humanitarian practitioners and community members 3 months after the training.

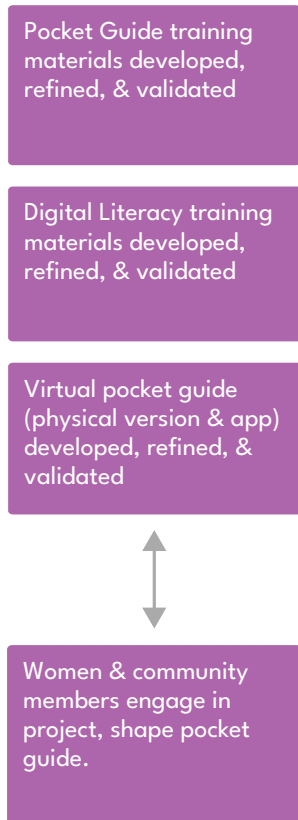
DISSEMINATING LEARNINGS

Once you embark on developing a new visual adaptation of the GBV Pocket Guide and determine what real-time evaluation and learning approaches may be feasible in your context/considering your resources, learnings from your visual adaptation process can iteratively contribute to building the evidence base on adapting written GBV guidance to more accessible visual versions. Learnings, reflections, or raw data are always welcome, and will always have a home on the GBV Guidelines website. The GBV Guidelines Coordination team can support the wide dissemination of learnings from future adaptation—please don't hesitate to reach out!

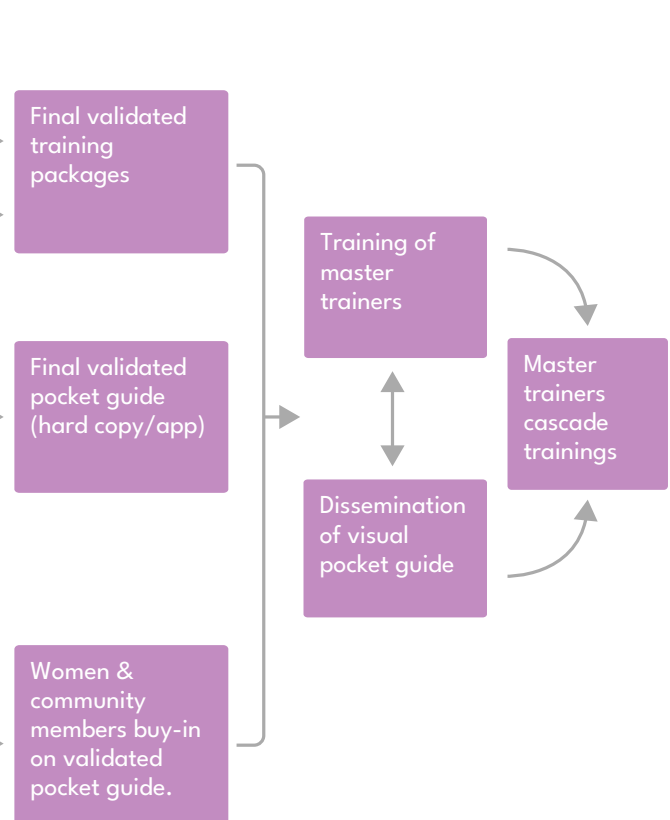
*see Annexes for more detailed info

ANNEX I DETAILED THEORY OF CHANGE

CORE ACTIVITIES



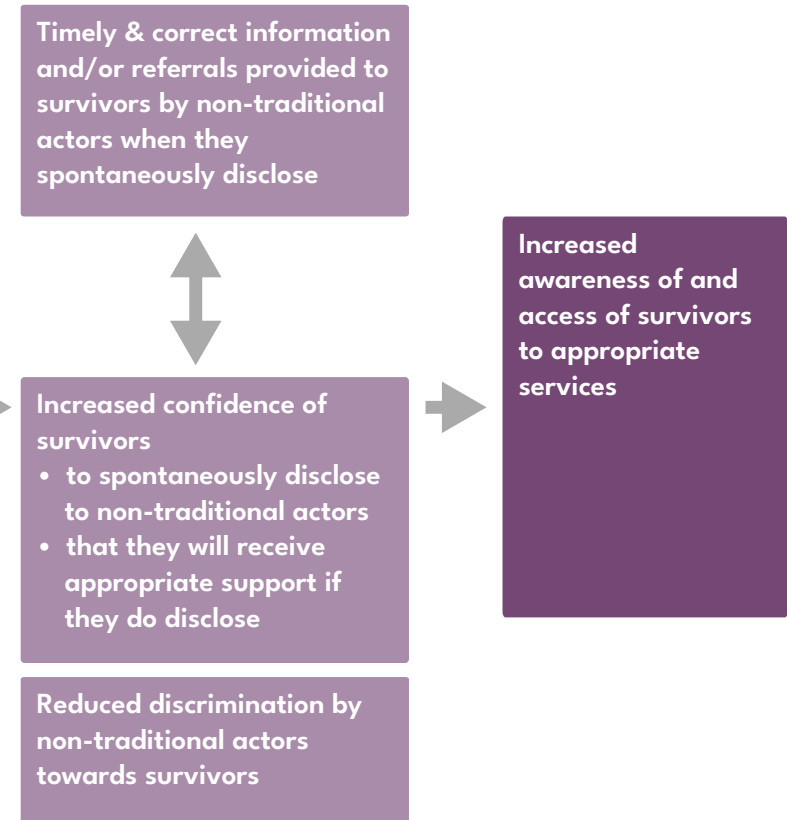
OUTPUTS



SHORT-TERM OUTCOMES



LONG-TERM OUTCOMES



IMPACT



RESEARCH, LEARNING & DISSEMINATION



ANNEX II

UNDERSTANDING THE DISCLOSURE ENVIRONMENT

The purpose of this study is to identify the channels (including community-based/informal disclosure channels) being used by survivors of GBV to disclose their experience/seek services and to identify and document key challenges in reporting GBV and barriers to help-seeking. This annex presents a brief, stepwise approach that you can adapt to your context to understand the GBV disclosure environment and includes sample FGD/KII questions.

STEP 1: Review referral pathways (in contexts where they exist) to understand “formal” or official disclosure channels and available services in the community.

STEP 2: Conduct FGDs and KIIs with humanitarian practitioners and community members to understand common experiences of women and girls when they disclose an experience of GBV and common disclosure channels/ persons.

STEP 3: Synthesize information from your review of referral pathways (where applicable) and findings from FGDs and KIIs to develop a brief inception report. As you synthesize this information, remember that it is critical that you identify common types of actors, people, or networks/groups that seem to commonly receive disclosures from women and girls in the community (e.g., frontline nutrition workers, frontline health workers, women group leaders, community leaders... etc.), even and especially when these actors may NOT be included in a formal or official referral pathway.

This is what was used in South Sudan. Feel free to adapt/meant as a Guide/is a sample for whatever is relevant in your context



Please ensure that all enumerators that are engaged for this study, and particularly those undertaking consultations with community members, are trained on safe and ethical data collection on GBV. It is especially critical that enumerators know NOT to: 1). convene groups of (only) GBV survivors and NOT to 2). ask about direct experiences of violence. This **CONSULTATIONS TIP SHEET** provides additional information on ensuring safe and ethical consultation practices.

SAMPLE FGD/KII QUESTIONS



Who do women tell if they experience violence? What about girls? What about men? Has this changed at all in [adapt: the last three months/during the current crisis... etc.]? Are there people they would tell before but not now, or new people they can tell?



Are there any services available in your community that support survivors of violence? [Probe about health, legal, police, psychosocial as relevant]



Why do people use these services? What prevents them from using these services?



What are some of the places/ people may share their experiences or seek services?



I'm going to read to you the beginning of a story about a girl in a community like yours. I want your help in filling in her story with what would happen to her if she were in your community²:

“Sunday is 14 years old. She is unmarried and has no children. One day, she was walking back from the market and an armed man who she did not know forced her to have sex with him. This is the first time this has happened to Sunday.”

2 For these vignettes, please adapt and contextualize names, experiences, etc. as relevant for your context.



What would Sunday do?



Who (if anyone) will Sunday tell about what happened to her?



What do you think the responses of the people she told would be? Were they helpful?



Will Sunday try to go anywhere to get help? Will she try to access any services? If so, what are they?



What will happen to Sunday when she gets to the services? Will she be satisfied with these services and how she is treated?



Where wouldn't Sunday go?



What do you think will happen to Sunday?



Where should Sunday have gone? Why couldn't she go to (name of service that they mention)? What services do you think she could have received if she could go there?



I'm going to read to you the beginning of a story about a woman in a community like yours. I want your help in filling in her story as if she were in your community:

“Sara is 25 years old. She is married and has three children. Sara and her husband argue often, and he has beaten her several times, sometimes very severely. Her neighbors have overheard on a few occasions and know this is happening.”



What would Sara do?



Who (if anyone) will Sara tell about what happened to her?



What do you think the responses of the people she told would be? Would they be helpful?



Will Sara try to go anywhere to get help? Will she try to access any services? If so, what are they?



What will happen to Sara when she gets to the services? Will she be satisfied with these services and how she is treated?



What do you think will happen to Sara?



Where wouldn't Sunday go?



Where should Sara have gone? Why couldn't she go to (name of service that they mention)? What services do you think she could have received if she could go there?

ANNEX III

SAMPLE LITE DATA COLLECTION GUIDE

Building on data collection in South Sudan, Mali, and Honduras, this lite data collection guide is a tool for practitioners to assess and measure changes in knowledge transfer related to cascade trainings.

Certified master trainers (i.e. facilitators of the cascade trainings) will administer two brief surveys by asking each workshop participant a series of questions before and after each cascade training.

PRE-SURVEY

1 Age	_____ years	
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2 Sex	<ol style="list-style-type: none">1. Male2. Female3. Other4. Prefer not to answer	
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3 Education level	<ol style="list-style-type: none">1. None2. Some primary3. Completed primary4. Some secondary5. Completed secondary6. Some university7. Completed university	
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4 Primary area of focus	<ol style="list-style-type: none">1. INGO2. UN3. Community organization or network4. Religious5. Education6. Health7. Other, please specify.	Before you undertake the survey, confirm that these categories are reflective of cascade training audiences
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5 How frequently do you interact with women in the community?	<ol style="list-style-type: none">1. Daily2. Weekly3. Monthly4. Rarely	
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6 How confident do you feel in providing referrals to GBV services?	<ol style="list-style-type: none">1. Very confident2. Confident3. Only somewhat confident4. Not confident at all	
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7 Do you feel that you have sufficient knowledge and skills to be able to appropriately respond to a GBV disclosure should you receive it?	<ol style="list-style-type: none">1. Yes, very much2. Yes, a little3. No, not at all	
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8 How much of a concern is your own safety if and when you receive a disclosure of GBV?	1. Very high 2. High 3. Medium 4. Low 5. Don't know
9 In the past month, how many women and girls have disclosed a case of GBV to you?	Open-ended, insert number
10 I will read a series of statements to you. Please indicate whether you think the following is true or false. GBV can happen to anyone. It mostly happens to women and girls.	0. True 1. False
11 If a GBV survivor does not know what to do, you should make the decision for them.	0. True 1. False
12 You should force a GBV survivor to get help if they do not want to.	0. True 1. False
13 You should proactively seek out GBV survivors so you can help them.	0. True 1. False
14 Do you have access to a mobile phone or tablet for use during work?	1. Yes 2. No → END the survey
15 Are you able to download apps onto your phone or tablet? [If they respond "I don't know", but have the phone with them, the trainer can ask to check the phone and then respond.]	1. Yes 2. No 3. I don't know

POST-SURVEY

-
- 1** How confident do you feel in providing referrals to GBV services?
1. Very confident
 2. Confident
 3. Only somewhat confident
 4. Not confident at all
-

- 2** Do you feel that you have sufficient knowledge and skills to be able to appropriately respond to a GBV disclosure should you receive it?
1. Yes, to a great extent
 2. Yes, to some extent
 3. No, not at all
-

- 3** How much of a concern is your own safety if and when you receive a disclosure of GBV?
1. Very high
 2. High
 3. Medium
 4. Low
 5. Don't know
-

- 4** Are you able to download apps onto your phone or tablet? [If they respond "I don't know", but have the phone with them, the enumerator can ask to check the phone and then respond.]
1. Yes
 2. No
 3. I don't know
-

- 5** Do you feel you could safely use the visual GBV Pocket Guide mobile application? [only ask for trainings where the app was discussed]
1. Yes
 2. No
-

- 6** Do you feel like this training equipped you with the knowledge and skills that you need to respond to disclosures of GBV?
1. Yes, a lot
 2. Yes, a little
 3. No, not at all
-

ANNEX IV

MASTER TRAINER

COMPETENCIES CHECKLIST

PARTICIPANT NAME _____

PARTICIPANT WAS:	DID NOT DO/ UNABLE TO DO	NEEDS REVIEW / PRACTICE	ACCOMPLISHED	REVIEWED BY: (INITIALS OF FACILITATOR)	RECOMMENDATIONS
1. Able to navigate and use the GBV Visual Pocket Guide and training manual in individual context(s)					
a. Able to locate and navigate to specific sections of the visual pocket guide					
b. Demonstrates understanding of the key messages, principles, and concepts of the GBV Visual Pocket Guide and training manual					
c. Able to use and adapt parts of the pocket guide during activities as needed					
2. Able to download, navigate and use the GBV Visual Pocket Guide mobile application					
a. Successfully downloaded the GBV Visual Pocket Guide application onto their mobile device (if they have one)					
b. Able to match and locate sections of the GBV Visual Pocket Guide to the mobile app version					
3. Understands and is able to explain and apply key GBV concepts and survivor-centered approaches, such as the GBV guiding principles (safety, confidentiality, respect, and non-discrimination)					
a. Able to explain the root causes, contributing factors, and consequences of GBV					
b. Able to explain the benefits and risks of seeking support for GBV survivors					

PARTICIPANT NAME _____

PARTICIPANT WAS:	DID NOT DO/ UNABLE TO DO	NEEDS REVIEW / PRACTICE	ACCOMPLISHED	REVIEWED BY: (INITIALS OF FACILITATOR)	RECOMMENDATIONS
1. Able to navigate and use the GBV Visual Pocket Guide and training manual in individual context(s)					
a. Able to locate and navigate to specific sections of the visual pocket guide					
b. Demonstrates understanding of the key messages, principles, and concepts of the GBV Visual Pocket Guide and training manual					
c. Able to use and adapt parts of the pocket guide during activities as needed					
2. Able to download, navigate and use the GBV Visual Pocket Guide mobile application					
a. Successfully downloaded the GBV Visual Pocket Guide application onto their mobile device (if they have one)					
b. Able to match and locate sections of the GBV Visual Pocket Guide to the mobile app version					
3. Understands and is able to explain and apply key GBV concepts and survivor-centered approaches, such as the GBV guiding principles (safety, confidentiality, respect, and non-discrimination)					
a. Able to explain the root causes, contributing factors, and consequences of GBV					
b. Able to explain the benefits and risks of seeking support for GBV survivors					
c. Able to explain the importance and reasoning for the GBV guiding principles of safety, confidentiality, respect, and non-discrimination, and what can go wrong if these guidelines are not followed					

PARTICIPANT WAS:	DID NOT DO/ UNABLE TO DO	NEEDS REVIEW / PRACTICE	ACCOMPLISHED	REVIEWED BY: (INITIALS OF FACILITATOR)	RECOMMENDATIONS
d. Applies the GBV guiding principles of safety, confidentiality, respect, and non-discrimination during discussions and/or roleplay activities during the training					
4. Exhibits empathy and positive interpersonal skills, including cultural competence					
a. Able to recognize and appropriately respond to their own and others' feelings, such as when they are emotional or uncomfortable					
b. Provides constructive feedback in a respectful manner, and shows sensitivity towards others' differences (e.g. gender, culture, age, background)					
c. Expresses opinions, information, and key points in a clear manner.					
d. Able to adapt or change communication style based on situation, people, and cultural context					
e. Demonstrates good active listening skills (e.g. not talking when someone else is talking, not interrupting the speaker, paraphrasing what they heard in their own words, acceptable body language)					
f. Encourages full participation from other participants in common activities; supports and recognizes others' contributions					
g. Able to respond appropriately to a question they do not know how to answer					

PARTICIPANT WAS:	DID NOT DO/ UNABLE TO DO	NEEDS REVIEW / PRACTICE	ACCOMPLISHED	REVIEWED BY: (INITIALS OF FACILITATOR)	RECOMMENDATIONS
5. Able to apply appropriate facilitation techniques and skills when leading activities					
a. Able to respond to group conflict situations and apply de-escalation techniques					
b. Practices facilitation during at least one activity to a group of at least three other people					
c. Participates in co-leading at least one ice breaker, energizer activity, or check-out discussion					

ADDITIONAL COMMENTS FROM FACILITATOR(S)

ANNEX V

MASTER TRAINER KNOWLEDGE ASSESSMENTS

KNOWLEDGE CHECK #1: GENDER AND GBV

PARTICIPANT NAME: _____

DATE OF QUIZ: _____ QUIZ SCORE: _____ / 6

You will have 15 minutes to finish this knowledge check. Please write your answer in the space provided.

TRUE OR FALSE QUESTIONS	PLEASE CIRCLE YOUR RESPONSE
1. GBV can happen to anyone, though it mostly happens to women and girls.	TRUE or FALSE
2. Domestic violence between a husband and wife is considered to be a form of GBV.	TRUE or FALSE
3. Anyone can perpetrate GBV.	TRUE or FALSE
SHORT-ANSWER QUESTIONS	PLEASE WRITE YOUR ANSWERS BELOW
4. Name three consequences of GBV.	
5. Name three contributing factors to GBV.	
6. What is a root cause of GBV?	

KNOWLEDGE CHECK #2: GBV VISUAL POCKET GUIDE

PARTICIPANT NAME: _____

DATE OF QUIZ: _____ QUIZ SCORE: _____ / 10

You will have 15 minutes to finish this knowledge check. Please write your answer in the space provided.

SHORT-ANSWER QUESTIONS	PLEASE WRITE YOUR ANSWERS BELOW.
1. What are three benefits to GBV survivors when they seek support?	
2. What are three risks to GBV survivors when they seek support?	
3. Name the four steps of providing psychological first aid (PFA).	
TRUE OR FALSE QUESTIONS	PLEASE CIRCLE YOUR RESPONSE.
4. If you receive a GBV disclosure and there is a GBV actor in your location, you should go to them first.	TRUE or FALSE
5. If the survivor does not know what to do, you should make the decision for them.	TRUE or FALSE
6. You should force a survivor to get help even if they do not want to.	TRUE or FALSE
7. If the survivor told you their story, it's okay to tell others.	TRUE or FALSE
8. You should proactively look for GBV survivors so you can help them.	TRUE or FALSE
9. If a survivor experiences GBV, it is your job to prevent it from happening again.	TRUE or FALSE
10. ALL humanitarian actors should understand how to use the GBV Visual Pocket Guide in case they receive a GBV disclosure.	TRUE or FALSE

END-OF-TRAINING KNOWLEDGE ASSESSMENT QUIZ

PARTICIPANT NAME: _____

DATE OF QUIZ: _____ QUIZ SCORE: _____ / 8

You will have 10 minutes to finish this quiz. These questions require you to find the page number for a section in the GBV Visual Pocket Guide.

On what page can you find this information in the pocket guide? Please write the page number (OR page range) in the space provided.

INFORMATION	PAGE NUMBER
1. Introduction	
2. Key Messages	
3. Step-by-Step Guidance	
4. How the Survivor Might Feel	
5. The Power of Listening	
6. Protection from Sexual Exploitation and Abuse	
7. Supporting Children Under 18 Years	
8. Information Sheet	

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