

EMPOWERED AID

TOOLKIT TRAINING FOR HUMANITARIAN PRACTITIONERS FACILITATION GUIDE

The Global
Women's Institute

THE GEORGE WASHINGTON UNIVERSITY

Lebanon Partners:



اتحاد الجمعيات الإغاثية و التنمية
Union of Relief & Development Associations

Uganda Partners:



World Vision 

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EMPOWERED AID'S RESEARCH REPORTS, POLICY BRIEFS, TOOLKITS, WEBINARS, FACILITATION GUIDES, AND OTHER RESOURCES ARE AVAILABLE AT: [HTTPS://GLOBALWOMENSINSTITUTE.GWU.EDU/EMPOWERED-AID-RESOURCES](https://globalwomensinstitute.gwu.edu/empowered-aid-resources)

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Suggested Citation: *The Global Women's Institute (GWI). (2020). Empowered Aid Toolkit Training for Humanitarian Practitioners and Others Involved in Aid Distribution. Washington, DC: The Global Women's Institute at The George Washington University.*

INTRODUCTION

The Global Women's Institute's "Empowered Aid" study is feminist, participatory action research (PAR) that recognizes women and girls as contextual safeguarding experts and engages them as co-producers of knowledge, supported to safely take an active role in asking and answering questions about their own lives. PAR proactively acknowledges and addresses power imbalances—in this case, between men and women; aid workers and those receiving aid; and researchers and those being researched. Just as participation lies at the center of accountable humanitarian response, it is a critical element for research that seeks to shift power imbalances.

Empowered Aid is organized in three phases. This facilitation guide is part of a set of resources used during the second phase, which applied recommendations from women and girls (during phase 1) to help make aid distributions safer.

During phase one, women and girls identified sexual exploitation and abuse (SEA) risks in relation to accessing four different types of aid, which they selected: food, shelter, WASH, cash (in Lebanon), and fuel & firewood (in Uganda). In both Lebanon and Uganda, SEA was reported as occurring across all types of aid explored, in all stages of the distribution cycle—from communicating and receiving information; to registering or being verified for aid; at the distribution site; traveling to and transporting aid from these sites; and safely storing aid. In addition, women and girls reported multiple barriers to reporting cases of SEA, including lack of knowledge or faith in reporting mechanisms, stigma and other negative repercussions from community and family members, and the normalization of SEA meaning that for many, they and their families and communities see it as the cost of receiving life-saving assistance.

During the second phase, women and girls' observations guided the identification and prioritization of ways to improve aid distributions, which were then piloted with NGO operational partners in Lebanon and Uganda using an implementation science approach. The Empowered Aid team developed and pilot tested a set of tools for point-of-



Women and men stand in separate lines while waiting to enter a food distribution point during a pilot in Uganda – one recommendation made by women and girls.

distribution and post-distribution monitoring to see how these adaptations improved safety for women and girl aid recipients.

The third phase of Empowered Aid focuses on research uptake and peer-to-peer capacity building through the development and rollout of an online course based on our learning. In this phase, women and girls and other research team members in Uganda and Lebanon have a platform to share what they've learned and build capacity for women and girl-led, participatory action research in refugee settings.

WHAT IS THIS GUIDE & HOW DID WE USE IT?

The Toolkit Training Facilitation Guide was developed to support a brief, two-day overview training on the Empowered Aid [*Toolkit for Planning and Monitoring Safe Aid Distributions: Applying findings from participatory research on how to reduce SEA in aid distribution*](#) (herein referred to as “The Toolkit”) for purpose of encouraging uptake. This guide was first developed by members of the Empowered Aid team at CARE in Lebanon to give an overview of the contents and use of the Toolkit for their country staff. A more thorough training should be conducted for team members who intend to use each tool within the Toolkit. There are tool-specific facilitation guides within the Toolkit that can help teams plan detailed training on the application of each tool in their context.

This Toolkit Training Facilitation Guide can be used with program staff, M&E staff, researchers, managers, and others who work in organizations that conduct aid distributions or research on SEA surrounding aid distributions. This guide will help trainees understand how the Empowered Aid Toolkit can be used to design and monitor safer aid distributions, reducing the risk of SEA associated with distributions. We encourage you to use and adapt this guide further for your programming, research, or advocacy needs. If a tool or tools will be used for distribution monitoring, we encourage using the training guide within the toolkit for each tool. It is important to build in further understanding of the questions and time for practice.

For questions, or to share how you are using these, contact Alina Potts, Principal Investigator, at [apotts \(at\) gwu.edu](mailto:apotts@gwu.edu).

How to Prepare to Use this Guide:

Refer to the *Empowered Aid Toolkit for Planning and Monitoring Safe Aid Distributions* as you plan your training. This facilitation guide is intended to be used alongside all materials contained in the Toolkit, and you will find handouts and examples within the toolkit. Be sure to print copies of the main body of the Toolkit, and any Annexes you will need as part of your training.



FACILITATOR AGENDA

*Note: This facilitation guide is divided into two full days. If you are conducting an online training, it may be beneficial to create shorter training periods across 3-4 days.

Agenda – Day 1:

<u>Timing</u>	<u>Topic</u>	<u>Objectives</u>	<u>Facilitator(s)</u>	<u>PowerPoint Slides?</u>	<u>Preparation / Supplies</u>
15 minutes	Welcome, Ground rules, and Icebreaker	To set the tone, welcome all participants, and establish ground rules for the training			Flips chart and markers
45 minutes	Overview of Empowered Aid Toolkit	To introduce the Empowered Aid (EA) Toolkit and its objective		Yes: slides on EA study phases and overview of toolkit	
45 minutes	Safety Audit	To introduce the Safety Audit tool To show how the tool is used To introduce analysis of the findings		Yes: slides on over of Safety Audit	
15 minutes	BREAK				
1 hour	Practice the Safety Audit	To review and practice the Safety Audit and apply learning		Share screen to show tool (or have participants follow along on handout)	Handout: Safety Audit Tool
1 hour	Point of Distribution Questionnaire (PODQ)	To introduce the PODQ		Yes: slides on overview and purpose of the PODQ, examples of analysis and write-up	PointPoint slides
1 hour	BREAK				

1 hour	PODQ Continued	To discuss interviewing skills for PODQ, informed consent, and referral mechanisms		Yes: slides on interviewer skills and tips, lessons learned, and informed consent Share screen to show tool (or have participants follow along on handout)	Handout: PODQ Tool (including informed consent)
50 minutes	WHO Ethical Considerations in information gathering	To go over the ethical considerations in information gathering		Yes: slides on ethical considerations in information gathering	Handout: WHO Ethical and safety recs for researching, documenting and monitoring sexual violence in emergencies
10 minutes	BREAK				
10 minutes	Practice the Informed consent	To pilot the informed consent			
45 minutes	Practice the PODQ	To pilot the PODQ		Yes: interviewer tips	Handout: Observer guide, scenarios practice document, PODQ tool
5 minutes	Debrief and Close				

Agenda - Day 2

<u>Timing</u>	<u>Topic</u>	<u>Objectives</u>	<u>Facilitator(s)</u>	<u>PowerPoint Slides?</u>	<u>Preparation / Supplies</u>
15 minutes	Review & overview of the day	Ask questions to review key learnings from Day 1			Flip chart + markers can be used
45 minutes	Trauma-informed interviewing	To understand how to conduct trauma-informed interviewing		Yes: slides on trauma-informed interviewing, special considerations, steps to take, and referral	
		To discuss staff care		Yes: slides on staff care	
30 minutes	Household Survey (HHS)	To introduce the HHS		Yes: slides on HHS purpose, sampling, ethics, and interviewer tips	
45 minutes	Review the HHS Tool	To understand and review the HH survey		Share screen to show tool (or have participants follow along on handout)	Handout: HHS Tool
15 minutes	BREAK				
1 hour	Practice the HHS	To pilot and practice the questions and report back learnings from practicing the HHS Tool		Yes: Tips for HHS administration	Handout: HHS Scenarios

30 minutes	Focus Group Discussion (FGD) Tool	To introduce the FGD tool		Yes: FGD Tool slides	Handout: FGD Tool
1 hour	BREAK				
1 hour	FGD Facilitation and Tool Review	To introduce how the FGD is facilitated To review the FGD Tool, with EA examples		Share screen to show tool (or have participants follow along on handout)	
50 minutes	Practice the FGD	To pilot the FGD			Handout: FGD scenarios Paper + markers to practice body mapping
15 minutes	Debrief and Closing				Flip chart + markers

An agenda is also available for 4-day online training:

Agenda- Day 1 (4 hours)

Timing	Topic	Objectives	Facilitator(s)	PowerPoint Slides?	Preparation/ supplies
15 minutes	Welcome, Ground rules, and Icebreaker	To set the tone, welcome all participants, and establish ground rules for the training			
40 minutes	Overview of Empower	To introduce the EA Toolkit and its objective		Yes, slides on: <ul style="list-style-type: none"> • Overview of EA and the three phases • Overview of the toolkit 	

	d Aid Toolkit			<ul style="list-style-type: none"> • Talk about the importance of post-distribution monitoring for PSEA • Introduce the PDM tools and how the measurement tools were adapted • Information triangulation 	
40 minutes	Safety Audit	To introduce the Safety Audit		<p>Yes, slides on:</p> <ul style="list-style-type: none"> • What is the safety audit and what are the key components of safety? • What characterizes a conducive environment to conduct the SA? • How do we compile, analyse, and use safety audit data? • Example of how findings are written up 	
40 minutes	Ethical Considerations in Information Gathering	To introduce the WHO Ethical & Safety Recommendations		<p>Yes, Slides on:</p> <ul style="list-style-type: none"> • What information is gathered? • Introduce the WHO guide and share with participants • Interactively go through the 8 WHO recommendations • Children & Information Gathering 	WHO Ethical and Safety Guideline.

				<ul style="list-style-type: none"> • Questions to ask when undertaking data collection 	
15 minutes	Break				
20 minutes	Review the Safety Audit	To read and understand the sections and questions of the Safety Audit	(Insert name/s)		Safety Audit Tool Break out rooms to review and understand the questions under each section in the Safety Audit
40 minutes	Practice the Safety Audit	To pilot the safety audit	(Insert name/s)		Activity: show video and fill out the safety audit. Safety Audit Tool and Distribution Video Link
5 minutes	Debrief and closing				

Agenda- Day 2 (4 hours)

<u>Timing</u>	<u>Topic</u>	<u>Objectives</u>	<u>Facilitator(s)</u>	<u>PowerPoint Slides?</u>	<u>Preparation/ Supplies</u>
1 hour	Point of Distribution Questionnaire	To introduce the PODQ		Yes, slides on: <ul style="list-style-type: none"> • What is the PODQ and what is its purpose? • Touch upon sampling • Example of how PODQ findings are written up 	

		To discuss interviewing skills and voluntary participation		Yes, slides on: <ul style="list-style-type: none"> • Characteristics of a good interviewer and lessons learnt for asking questions • Voluntary nature of participation 	
40 minutes	Referral mechanism and informed consent	To go over the ethical considerations, informed consent, and referral mechanisms		Yes, slides on: <ul style="list-style-type: none"> • Guiding principles and steps taken for referrals • What do we mean by informed consent and why do we need to get informed consent before conducting the PODQ? 	
15 minutes	Practice the Informed consent	To pilot the informed consent		<ul style="list-style-type: none"> • Read the informed consent and understand it • Ask two participants to practice the informed consent Infront of the group 	The Informed Consent Word Document
20 minutes	Break				
40 minutes	Review the PODQ	To read and understand the sections and questions of the PODQ		<ul style="list-style-type: none"> • Break out rooms to review and understand the questions under each section in the PODQ 	PODQ Tool
40 minutes	Practice the PODQ (Scenarios)	To pilot the PODQ		<ul style="list-style-type: none"> • Review the PODQ and understand the questions 	PODQ Tool, Scenarios Guide, Observers Guide

				<ul style="list-style-type: none"> • Scenario practice split into groups • Tips and lessons learnt 	
5 minutes	Debrief and closing				

Agenda- Day 3 (4 hours)

<u>Timing</u>	<u>Topic</u>	<u>Objectives</u>	<u>Facilitator(s)</u>	<u>Details</u>	<u>Preparation/ supplies</u>
45 minutes	Trauma-informed interviewing	To understand how to conduct trauma-informed interviewing		Yes, slides on: <ul style="list-style-type: none"> • Data collector role during interviews • Steps to take when a woman who reports violence becomes distressed • Special considerations ie. Triggers, panic attacks, dissociation 	
		To discuss staff care		Yes, slides on: <ul style="list-style-type: none"> • Team self-care and the key components • Managing burnout • Psychological first aid • Brainstorm activity 	
30 minutes	Household Survey	To introduce the household survey		Yes, slides on: <ul style="list-style-type: none"> • Purpose of the HH survey 	

				<ul style="list-style-type: none"> • Sampling • Voluntary nature of participation • Recap of informed consent, safety and ethical considerations, interviewing skills and referral mechanisms used for the HHS 	
20 minutes	Break				
45 minutes	Review the HH survey	To understand and review the HH survey			Review the HH survey tool and understand the questions HHS Tool Word Document
1 hour	Practice the HH Survey	To pilot and practice the questions			HHS tool Word Document, Breakout rooms to practice the HHS
10 minutes	Report Back	To report back learnings from practicing the HHS Tool		<ul style="list-style-type: none"> • Yes: Tips for HHS administration 	
5 minutes	Debrief and closing				

Agenda- Day 4 (4 hours)

<u>Timing</u>	<u>Topic</u>	<u>Objectives</u>	<u>Facilitator(s)</u>	<u>Details</u>	<u>Preparation/ Supplies</u>
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20 minutes	Recap	To summarize main learnings from Day 1-3		<p>Yes, slides on:</p> <ul style="list-style-type: none"> • Ask the teams to recap about what was learned yesterday • Ask the group to add anything missed out • Recap on the objective of each tool and at which point of distribution it is used 	
1 hour	Focus Group Discussion tool	To introduce the FGD tool		<p>Yes, Slides on:</p> <ul style="list-style-type: none"> • Purpose of the FGD • Objectives, strengths and weaknesses • Organization, how to conduct a FGD, and approaches • The FGD guide and probes from the toolkit • Process, post data collection 	
30 minutes	FGD facilitation	To introduce how the FGD is facilitated		<p>Yes, Slides on:</p> <ul style="list-style-type: none"> • Roles of a FGD and facilitation • Ethics and Do's and Don't's 	

				<ul style="list-style-type: none"> Generalizability and risk minimization 	
20 minutes	Break				
30 minutes	FGD facilitation-continued	To continue introduction of FGD facilitation with EA examples		Yes, Slides on: <ul style="list-style-type: none"> Free listing & ranking Open-ended stories Body mapping EA Activity example-Community mapping 	
50 minutes	Practice the FGD	To pilot the FGD			The FGD tool Word Document, Review the FGD and understand the questions Break into small groups and practice the FGD with a staff present in each group
15 minutes	Debrief and closing				

TRAINING FACILITATION GUIDE

*Note: text in *italics* throughout indicates that this portion should be read aloud or communicated aloud to participants.

Day 1

15 minutes: Welcome

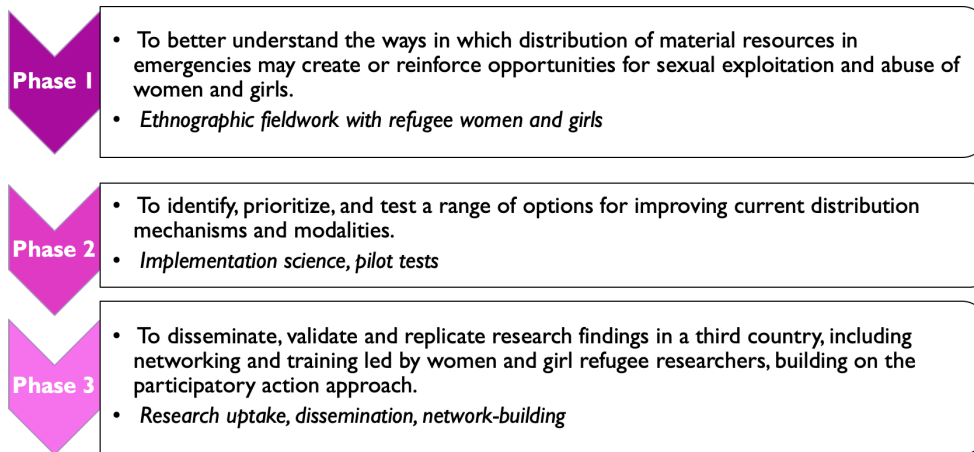
- Welcome & ground rules
- State the purpose of the training: *to give an overview of the Empowered Aid Toolkit for Planning and Monitoring Safer Aid Distributions. This will help familiarize staff with the toolkit, and encourage its use for aid distribution monitoring to help ensure safer aid distributions.*

- Icebreaker / Introductions
- Overview of the day
- Assign eyes and ears

45 minutes: Overview of Toolkit

- Overview of Empowered Aid as a background to the Toolkit (see Introduction section of this Guide)

Say: *The goal of Empowered Aid was to mitigate risks of SEA through the creation or adaptation of aid delivery models that actively work to reduce power disparities and give women and girls a sustained voice in how aid is delivered.*



- **Define key terms** as needed, based on participant knowledge (see: 1. Inter-Agency Standing Committee (IASC) (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*. Retrieved from <https://gbvguidelines.org>, and 2. United Nations Secretariat. 2003. 'Secretary-General's Bulletin on Special Measures for Protection for Sexual Exploitation and Abuse.' ST/SGB/2003/13)
 - Gender
 - Power
 - GBV: gender-based violence
 - SEA: sexual exploitation and abuse
 - PSEA: protection from sexual exploitation and abuse

- Talk about the importance of post-distribution monitoring for prevention of sexual exploitation and abuse (PSEA) associated with aid distributions
- Introduce the ***Empowered Aid Toolkit for Planning and Monitoring Safer Aid Distributions***:

Say: This toolkit is designed to be used by humanitarian aid workers who are involved in aid distributions, monitoring and evaluation staff, or researchers.

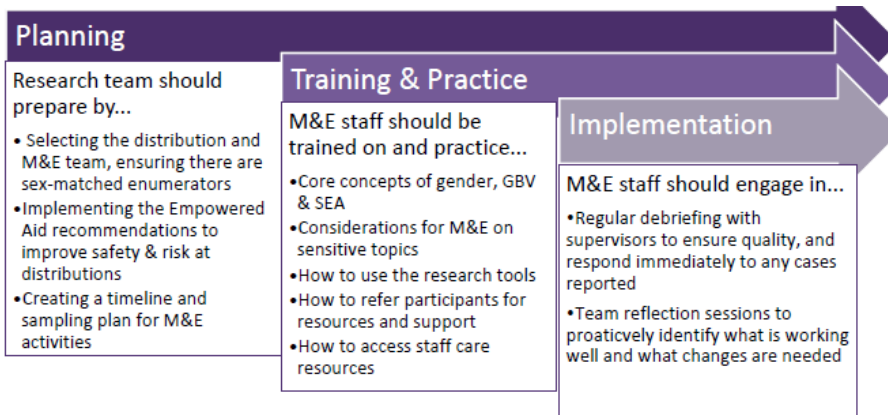
The tools here were developed by GWI in partnership with women and girl aid recipients and NGO partners through a participatory process over two years. These tools have been piloted in two countries and across multiple types of aid distributions, and revised with input from women and girls and NGO partner staff.

There are four main tools, which have been adapted from tools that humanitarian organizations already use in distribution monitoring.

- *A safety audit or observational tool*
- *A point of distribution questionnaire*
- *A household survey - post distribution monitoring*
- *Focus group discussion guide*

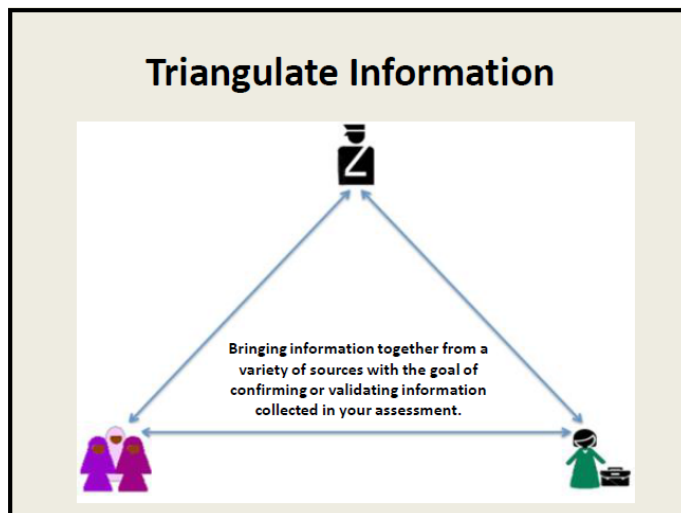
Every tool has guidance on planning and training for using the tool, what the tool is used for, who administers it, how its used, how the data analyzed, and an example of how EA used this tool

The toolkit is meant to take into account these three crucial steps:



- Discuss the importance of triangulation in aid distribution monitoring

Say: *It is important to utilize multiple tools for monitoring aid distributions in order to triangulate information and get a fuller picture of safety and SEA risk associated with a distribution.*



45 minutes: Introduction to the Safety Audit Tool (see the Toolkit and utilize PowerPoint slides)

- What is the Safety Audit and what are the key components of safety?
- What characterizes a conducive environment to conduct the Safety Audit?
- How do we compile, analyse, and use Safety Audit data? (show example from the Toolkit)
- Show an example from the Toolkit of how findings are written up

15 minutes: BREAK

1 hour: Practice the Safety Audit Tool

- Display the Safety Audit tool by sharing your screen, or have participants follow along with a handout. Review the Safety Audit questions together, reading them aloud and making sure all questions are understood.

ACTIVITY

- *Say: We will now watch a video together from an aid distribution context. I want you to pretend that you are a safety auditor observing this distribution in preparation to fill out the Safety Audit Tool in private after. Take down mental notes while you are watching the video. Then, we will give time for you to complete the tool.*
- Show video (or pictures) of an distribution in a refugee setting from your context, and have participants fill out the Safety Audit
 - **Example photos (Lebanon):** *see next page*



- Debrief: Have participants report back what they observed for each section of the Safety Audit tool. Answer any questions.

1 hour: Point of Distribution Questionnaire (see the Toolkit and utilize PowerPoint slides)

- What is the PODQ and what is its purpose?
- Talk briefly about sampling approach for the PODQ
- Present an example of how PODQ findings are written up (see example in Toolkit)
- Pull up the PODQ Tool on your screen, or have participants follow along on a paper handout version. Read through the PODQ together (excluding the informed consent process for now) and make sure questions are understood

1 hour: BREAK

50 minutes: WHO Ethical Considerations for Research (utilize PowerPoint slides)

- Introduce the topic: *Obtaining information about sexual violence requires individuals to confront and discuss an issue that is extremely sensitive, both culturally and socially. In particular, survivors are often asked to describe difficult and painful past or recent experiences, which may result in distress. In some emergency settings, simply participating in sexual violence inquiries can have serious, even life-threatening implications, not only for the participants themselves, but for the community and those involved in collecting information.*

A range of ethical and safety issues must be considered and addressed prior to the commencement of any such inquiry. Failure to do so can result in harm to the physical, psychological and social well-being of those who participate and can even put lives at risk.

- Discuss the type of information gathered for effective assessments and/or research

*Collecting data in an emergency setting, a humanitarian setting, or a setting of displacement from a 'vulnerable population' around sexual violence is EXTREMELY SENSITIVE. We will talk about risk/benefit assessment when making decisions around data collection. Effective assessments or research **only** collects information that may be used for research, programming and advocacy. Also, all other data sources should be explored before pursuing primary data collection with survivors or about survivors.*

Research team members must demonstrate an understanding of the ways in which assessments can increase violence against women and girls and must not purposefully target survivors when collecting information from community members.

- Teach participants about the WHO safety and ethical recommendations

Handout copies of the ***WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies***.

Say: *This guide aims address the complex safety and ethical issues associated with researching, monitoring and documenting sexual violence in emergencies.*

ACTIVITY

- Show 1-2 slides with the following recommendations from the WHO guide listed:
 - Benefits outweigh risks
 - Methodology grounded in best practice
 - Survivor care & support are available
 - Safety & security of those gathering information is paramount
 - Confidentiality
 - Informed consent
 - Information collection team has specialized training
 - Safeguarding for children is in place
 - Ask participants to: *find an explanation of what each of these guidelines means in the WHO guide and raise your hand when you have one*. Go through the meaning aloud. It can be helpful to have an incentive (e.g. candy or another fun item) to reward correct answers!
 - When you get to “informed consent” explain that this will be covered in more detail later.
- Note for facilitator: if your data collection will include children or adolescents under 18 years of age, go through the recommendation on children and information gathering in more detail.

Explain to participants: *If you identify any of the following criteria during consultations with other actors, you should advocate strongly **against** collecting information with/for/about children:*

- *Children's safety and well-being will be put at risk.*
- *Basic care and support services do not exist for children.*
- *Skilled interviewers are unavailable.*
- *Information can be gathered elsewhere.*

- Go through simple questions to ask when undertaking any data collection:
 - What is the goal of the activity?
 - How likely is it to achieve this goal?
 - What are the risks?
 - How can risks be reduced?
 - Is it fair to the people included?
 - **How can the information be used to safely promote protection (which includes all prevention and response activities) for those at risk?**
- If there is time, do a quick recap of this topic. Ask: *Who can tell me, what were the WHO ethical and safety recommendations?*

Say: Remember, the highly sensitive nature of sexual violence poses a unique set of challenges for any information gathering activity. Failure to address the WHO recommendations can result in harm to the physical, psychological and social well-being of those who participate and can even put lives at risk.

1 hour: PODQ Interviewing Skills, Informed Consent, and Referral Mechanisms (see Toolkit and utilize PowerPoint slides)

- Go through the characteristics of a good interviewer (see slides) and lessons learned for asking questions (see box below)
- Emphasize the importance of the voluntary nature of participation
- Explain how we apply the WHO safety and ethical considerations when conducting the PODQ (see slides)

Say: We apply the WHO Ethical and safety recommendations by:

1. *Interviewing respondents in private locations*
2. *Not writing down any identifying information about the respondent*
3. *Keeping all information you learn about the respondents private*
4. *Providing referral information for respondents experiencing violence and/or referring them to an organizational focal point*

***Note to facilitator:** give examples (from slides) of each of these

Lessons learned administering the PODQ in Lebanon to take into consideration as you plan to use the tool:

- Respondents may be in a rush to leave the distribution site and answer questions quickly
- Respondents may want to have lengthier discussions or ask unrelated questions
- Respondents were hesitant to share details if another family member was standing with them or if they were standing out in public (consideration for door-to-door distribution)
- Respondents were happy to see a familiar face (i.e. a team member from the local NGO who manages the camp)
- Respondents were often confused about the purpose of PODQ. Need to explain clearly and manage expectations.

- Guiding principles and steps taken for referrals

Go through the guiding principles of referral:

- *Do no harm*
- *Confidentiality*
- *Non-discrimination*
- *Respect the individual*
- *Do not make promises or create expectations*
- *Informed consent/assent*
- *Best interest of the child*
- *Safety and security*

Go through the steps taken for referral:

***Note for facilitator:** Your steps should look something like this. Be sure to identify the referral mechanism in place in your country and organization context, and be prepared to share.

1. *Explain the available services to the beneficiary*
2. *Refer the beneficiary either internally or externally to the same organization or a different one*
3. *Conduct referral based on the interagency referral pathway using the interagency referral form*
4. *If consent is not obtained for referral, provide the beneficiary with the hotline number for the relevant organization*

- Ask: *What do we mean by informed consent and why do we need to get informed consent before conducting the PODQ? (Go over WHO definition if needed)*

10 minutes: BREAK

10 minutes: Practice Informed Consent

ACTIVITY

- Have different participants read aloud sections of the PODQ informed consent, and make sure everyone understands it
- Break into groups of 3 and have one person practice administering the informed consent

- Answer any questions that came up

45 minutes: Practice the PODQ

ACTIVITY

- Have participants stay in the same groups
- Let each group know that they should choose an interviewer, a survey respondent, and an observer. Handout the scenario to the survey respondent. Give groups 30 minutes to practice.
- Debrief after the practice, asking for reflections from the survey respondent first, then the observer, then the interviewer.
- Remind participants of the **interviewer tips** (see slide on characteristics of a good interviewer and interviewer tips) and **lessons learned** (above) to help respondents improve their interviewing skills

5 minutes: Debrief and close

Day 2

15 minutes: Review Day 1 and overview of Day 2

- It may be useful to write a few review questions up on a flip chart ahead of time, and do a verbal review of key learnings from Day 1.
- Give a brief overview of the agenda for Day 2.

45 minutes: Trauma-informed Interviewing (see Toolkit and PowerPoint slides)

Introduce the topic

- Ask: *What is the role of the interviewer during data collection?*
 - Your role as an interviewer is to record women's responses to questions, *Not* to provide counselling or advice
- Steps to take when a woman who reports violence becomes distressed
 - Take time to talk with kindness and sensitivity
 - Be patient and composed
 - Use sympathetic comments, such as "I know this is difficult"
 - Offer tissue (or similar gesture of meeting a physical need)
 - Offer to take a break, finish interview later
 - Only terminate the interview
 1. If woman states that she does not want to continue
 2. If you feel that it would be highly detrimental to continue

- Handling interruptions
 1. Explore ways to obtain privacy
 2. Re-schedule remaining section of interview
 3. Turn to “dummy” questions
- Special considerations i.e. Triggers, panic attacks, dissociation
 - Hyper-arousal and panic attacks:
 - Hyperarousal can present at different levels: From tense body, sweating, startle response up to panic
 - Panic attacks can be alarming to those who witness them because we feel helpless
 - They are NOT life-threatening, and they will pass
 - Anyone can help a person recover from an acute panic attack
 - The MOST important thing we can do is stay calm
 - Dissociation:
 - The major characteristic of all dissociation is that it is a detachment from reality
 - Range of experiences from mild detachment from immediate surroundings to more severe detachment from physical and emotional experience
 - In mild cases, dissociation can be regarded as a coping mechanism or defence mechanisms in seeking to minimize or tolerate stress, often due to triggers
 - Can be related to the re-experiencing cluster of PTSD symptoms
 - The individual may be experiencing a flashback or intrusive memory

TRIGGERS	PANIC ATTACKS	DISASSOCIATION
Can cause panic attacks or dissociation	Can be alarming, but they pass. The main thing is to stay calm.	The major characteristic of all dissociation is that it is a detachment from reality
Always remember that the subject matter you are discussing is sensitive and aware that a woman or girl may be in distress. Offer to take a break if you notice any language / information as “triggering” and to begin again later.	Step 1: End the interview Step 2: Help the person feel safe. Step 3: Ground them. Step 4: Help them Reality-Check Step 5: Encourage them to try to control and slow their breathing Step 6: Do NOT leave them alone. Step 7: Wait it out.	Step 1: Help them Reality-Check Step 2: Reorient them to current environment Step 3: Ground them using sensory cues

Discuss staff care:

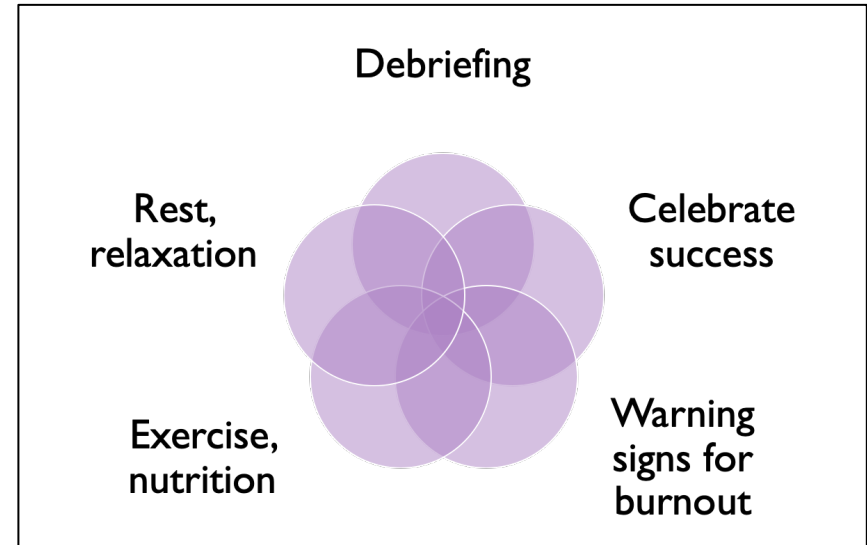
- Team self-care and the key components
- Managing burnout




Read quote:

*“If all the knowledge and advice about how to beat burnout could be summed up in one word, that word would be **balance**. Balance between giving and getting, balance between stress and calm, balance between work and home.”*

- C. Maslach, *Burnout: The Cost of Caring*, Prentice-Hall, New York, 1982, 187

- Psychological first aid



PREPARE	<ul style="list-style-type: none"> • Learn about the crisis event. • Learn about available services and supports. • Learn about safety and security concerns. 	
LOOK	<ul style="list-style-type: none"> • Check for safety. • Check for people with obvious urgent basic needs. • Check for people with serious distress reactions. 	
LISTEN	<ul style="list-style-type: none"> • Approach people who may need support. • Ask about people's needs and concerns. • Listen to people, and help them to feel calm. 	
LINK	<ul style="list-style-type: none"> • Help people address basic needs and access services. • Help people cope with problems. • Give information. • Connect people with loved ones and social support. 	

ACTIVITY

- BRAINSTORM: What are your signs that you are getting stressed and need a break? What do you know you *need* to have in your life in order to cope with stress?
- Discuss

30 minutes: Household Survey (see Toolkit and PowerPoint slides)

- Purpose of the HH survey
- Sampling (Example)
 - Statistically, we will have the lowest **margin of error** if we talk to as many of the 133 people who participated in the distribution as possible.
 - We will interview the same respondents after the 'normal' & 'adapted' distributions. This allows us to calculate **within household change**.
- Voluntary nature of participation
 - Recap of informed consent, safety and ethical considerations, interviewing skills and referral mechanisms used for the HHS

	Participated in distribution	Sample for survey	Sample for focus groups
Women	56	40	3 groups x 5 women each
Men	77	40	3 groups x 5 men each
Totals	133	80	30

45 minutes: Review the Household Survey

- Show the HHS Tool on your screen, or have participants follow along with the tool on a handout.
- Review the HH survey tool and understand the questions

15 minutes: BREAK

1 hour: Practice the Household Survey

ACTIVITY

- Break into pairs and practice the tool. The facilitator(s) can stop into groups and observe different members doing different parts of the tool with different respondent scenarios – providing comments.
- Report Back: Ask the teams to talk about what they noticed about administering the HHS tool
 - What are tips for successful administration?
 - What are some challenges? How to overcome?
 - Comments from facilitator observations

30 minutes: Introduce the Focus Group Discussion Tool (see Toolkit and PowerPoint slides)

- Definition of a Focus Group Discussion: *Focus Group Discussions are group meetings with 6-8 people, facilitated by a researcher, with the aim to identify group norms, elicit opinions about group norms, or discover variety in a group.*
- Purpose of the FGD in this Toolkit:
 - To help us monitor how participants, especially women and girls, feel in terms of both **safety** and **risk** surrounding a distribution.
- Strengths and weaknesses

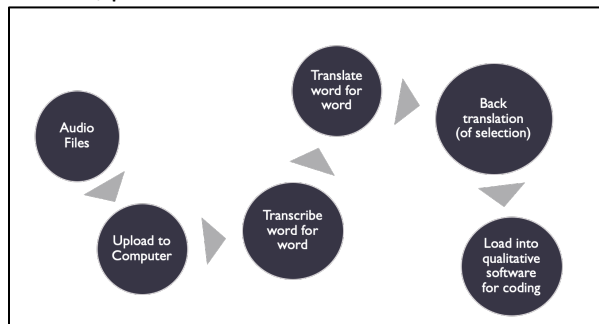
Strengths	Weaknesses
<ul style="list-style-type: none"> - Exploratory - Identifying group norms and opinions in a short time - Group dynamic stimulates conversation, reaction - In-depth information, good to inform community-level programming - Flexible format, allows for creative methods 	<ul style="list-style-type: none"> - “Group think” - Not for gathering individual stories (we cannot guarantee confidentiality from other group members) - Risk of re-traumatization around sensitive topics - Not generalizable - Overused in your context?

- Organization, how to conduct a FGD, and approaches
 - Groups chosen because of certain characteristics
 - Should be similar (e.g. sex, age, marital status, language/culture)
 - Should be selected because they can provide information to address the research question
 - Between 6 – 8 participants (if online, include fewer participants)
 - Segmentation (by similar characteristics, e.g. sex, age, etc.)
 - Saturation (carry on until no new ideas are emerging, and then shift the general focus to explore other aspects of the topic. Typically something like 3-6 groups per segment, but it depends on the context)
 - Approaches:
 - Traditional focus group guide
 - Participatory methods (e.g. body mapping, community mapping, open-ended stories, listing and ranking)
- The FGD guide and probes from the toolkit
 - An FGD guide uses open-ended questions, where the respondents are encouraged to give considerable detail in their answers.
 - You can use probes to elicit more detail, for example:

Question: According to you, what could be done in this community to create a safer environment for women and girls to access food aid? Have any improvements already been made?

Probes: increase in female staff, increase in number of police or female police, community safety groups, awareness raising around risks

- Process, post data collection



1 hour: BREAK

1 hour: Focus Group Discussion Facilitation

- FGD roles and facilitation
 - Facilitator
 - Note-taker
 - Interpreter (if needed)
 - Referral pathway / service providers
 - After: Transcription and translation

Ask: What do you think are some characteristics of a good FGD facilitator?

- *Trained in FGD facilitation*
- *Trained in trauma informed facilitation*
- *Same-sex*
- *Aware of power / role*

- *Knows the subject matter (could have a glossary on hand)*
- *Able to listen, draw out discussion, create trust*

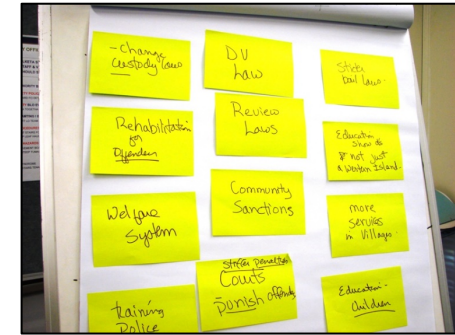
- Ethics and Do's and Don't's
 - Do...**
 - Create welcoming environment (food, drinks, relaxed space, smile, friendliness)
 - Recognize & manage discomfort
 - Explain: No right or wrong answers
 - Support shy participants having a voice
 - Use probes to elicit further response or generate discussion
 - Be flexible!

 - Do Not...**
 - pressure anyone to talk
 - ask leading questions (“don’t you think...”) or give personal opinions
 - lecture or preach
 - judge the women or girls
 - scold or respond negatively
 - simply read from a script (it should feel natural)

- Generalizability and risk minimization
 - *The findings of a qualitative research are not generalizable in a numerical sense. For example, you cannot say that “Fatema, who was part of our focus group, speaks for all low-income Syrian women in Tripoli.”*
 - *How can we minimize risk during a FGD?*
 - *Total privacy*
 - *Consent*
 - *Referrals to specialized care as needed*
 - *Train data collectors on safety procedures and responding to potential negative effects of the FGD*

Now, let's go over some participatory methods that can be used in focus groups. In the Toolkit, we use Body Mapping and Open-ended stories.

- Free listing & ranking
 - Free listing
 - Useful to explore a subject that little is known about
 - Participants are asked to generate a list of issues on a particular topic
 - Can be used to compare attitudes and experiences between groups
 - Can be the starting point to ranking
 - Ranking
 - Useful technique to help prioritise problems and solutions
 - Participants may be given a series of problems or categories and asked to rank in priority, urgency, severity
 - It can be carried out with different sectors of the community to gauge differences of opinion



Free listing & ranking using sticky notes



Free listing & ranking using objects arranged on the ground

- Open-ended stories / vignettes
 - Useful in exploring beliefs and opinions and identifying problems and solutions
 - Helps stimulate discussion, particularly among communities with lower literacy or less education
 - In an open ended story, the beginning, middle or end is purposefully left out. The participants then discuss:
 - Would you believe this story?
 - What do you think might have happened (in the part of the story that is left out?)
- Body mapping
 - Facilitates conversation about physical and emotional experiences with a group
 - In GBV research, can be used to look at experiences of violence, protective mechanisms, and felt experiences
 - Draw body outline (either 1 per group or 1 per person)
 - Mark observations on the body, prompted by questions about how an experience has affected you in terms of thoughts, emotions, social connections, physically?



**Body mapping
example**

50 minutes: Practice the Focus Group Discussion

- Show the FGD Tool on your screen, or have participants follow along with a handout.
- Review the FGD and understand the questions and participatory activities
- Break into groups of 5-6 and practice the FGD with a staff present in each group (if fewer people, can do a demo of the FGD tool, casting the participants as note-taker and focus group participants with specific scenarios)
- Debrief the activity

15 minutes: Debrief and closing

- Do a debriefing activity
- Thank participants for their time
- Point them to where they can find the Toolkit, and all Empowered Aid resource, online