

EMPOWERED AID TOOLKIT  
WORKSHOP:  
DAY 1: SAFETY AUDIT AND POINT  
OF DISTRIBUTION QUESTIONNAIRE

*Global Women's Institute, CARE Lebanon*  
Insert date



ICEBREAKER

# Empowered Aid: Study Design

## Phase 1

- To better understand the ways in which distribution of material resources in emergencies may create or reinforce opportunities for sexual exploitation and abuse of women and girls.
- *Ethnographic fieldwork with refugee women and girls*

## Phase 2

- To identify, prioritize, and test a range of options for improving current distribution mechanisms and modalities.
- *Implementation science, pilot tests*

PDM tools are our measure of success

## Phase 3

- To disseminate, validate and replicate research findings in a third country, including networking and training led by women and girl refugee researchers, building on the participatory action approach.
- *Research uptake, dissemination, network-building*

# MEASURING CHANGE

## قياس التغيير

- Goal: to be able to measure *change in perceptions of safety/risk* for women and girls in a relatively short period of time i.e. between 2 distributions **الهدف: التمكن من قياس التغيير في تصورات السلامة / الخطر للنساء والفتيات في فترة زمنية قصيرة نسبيًا، أي بين توزيعتين**
- How: By adapting measurement frameworks & tools, i.e. post-distribution monitoring tools, grounded in women and girls' conceptions of what constitutes safety (applying findings from Phase I) **كيف: عن طريق تكييف أطر وأدوات القياس، أي أدوات مراقبة ما بعد التوزيع ، (تطبيق نتائج المرحلة الأولى) والتي تستند إلى مفاهيم النساء والفتيات حول ما يشكل الأمان**

# OUR POST-DISTRIBUTION MONITORING (PDM) TOOLS

**During  
Distribution**

**SAFETY AUDIT**

**Point of Distribution  
Questionnaire (PODQ)**

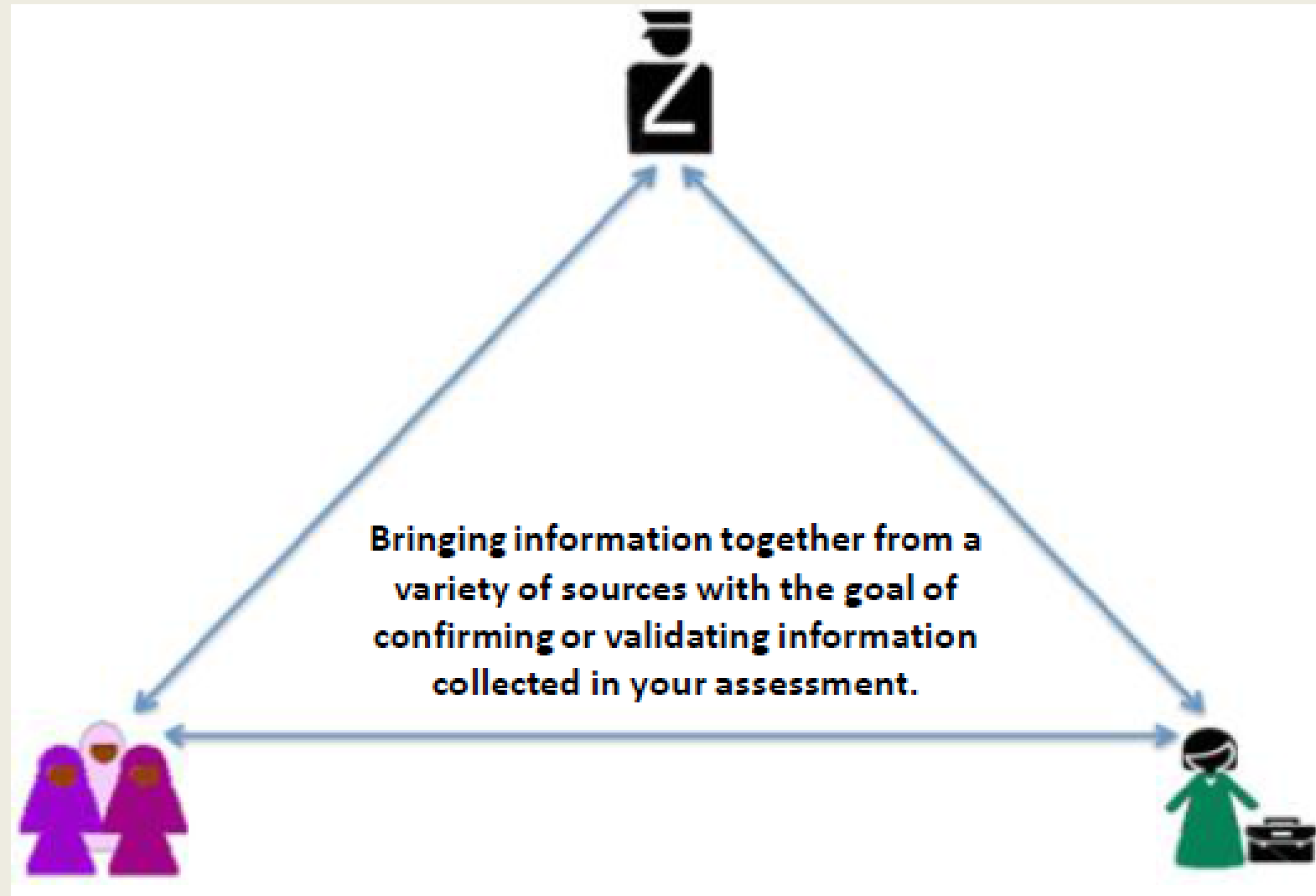
**After  
Distribution**

**FOCUS GROUP  
DISCUSSION**

**HOUSEHOLD  
INTERVIEW**

These tools help us monitor how participants, especially women and girls, feel in terms of both safety and risk.

# Triangulate Information



# OVERVIEW OF THE TOOLKIT

## Who is the Toolkit for?

- Humanitarian aid workers, M&E staff, researchers

## What is included in the Toolkit?

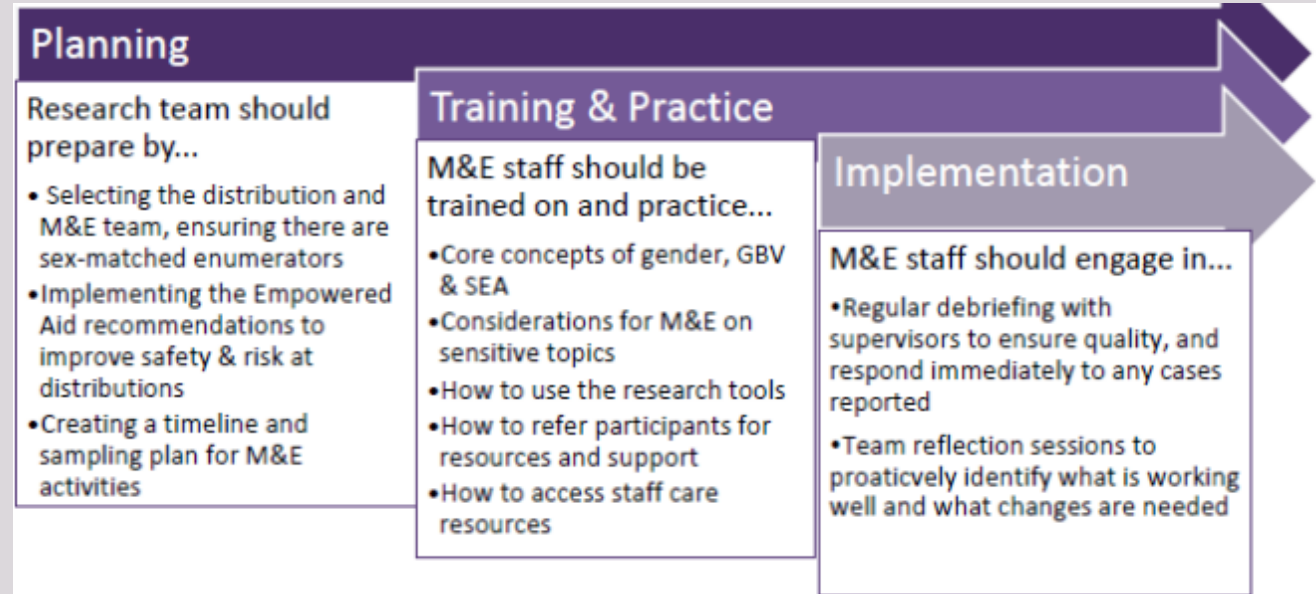
- Four adapted tools
  1. Safety Audit
  2. Point of Distribution Questionnaire (PODQ)
  3. House Hold Survey
  4. Focus Group Discussions
- Guidance on how to plan, train, collect data, analyze the data, and write up the findings



# OVERVIEW OF THE TOOLKIT

## How to use to the toolkit

- Familiarize yourself with the basics of the Toolkit and see if it works for you
- Prepare by reviewing the tools, training staff, and choosing recommendations to implement



**Remember:** *The tools and adjoining materials are made to be utilized and further adapted at distributions.*



# SAFETY & SAFETY AUDITS

Informed by IRC & UNICEF's work

# SAFETY

Acceptability

Accessibility

Quality

Participation

Dignity

Satisfaction

Usage/utilization

Privacy

Well-being

Availability

## KEY COMPONENT

- **Observation:** Walk around a camp, community or facility and visually identify potential safety risks.

**Important!** Record observations when in a **private area** (i.e. vehicle, office, NGO facility), not while walking around in public. *Why is this important?*



Joint safety audits involving multiple sectors can be particularly effective.

# SAFETY AUDIT

## MOST USEFUL / APPROPRIATE

Camp or setting with well-defined geographic boundaries

Skilled team available, able to observe, remember and later record

## NOT USEFUL / APPROPRIATE

High presence of armed actors

High distrust of external actors entering the community

# SAFETY AUDIT

## MASS DISTRIBUTION

One Safety Audit per site per day

## DOOR-TO-DOOR DISTRIBUTION

One Safety Audit per distribution team

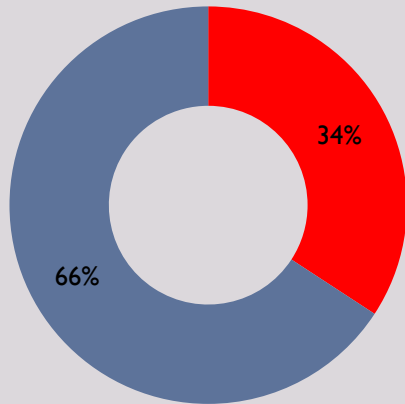
Can be multiple Safety Audits at each distribution

# Compiling, analyzing and using safety audit data

**Quantitative calculations and/or qualitative descriptions**



**Coordination/advocacy with relevant actors**







“66% of assessed shelters lacked lockable doors.”

“Safety auditor reported that women mentioned they do not feel comfortable leaving their shelter after dark.”



# Example: Lebanon Fuel Distribution Safety Audit

- Safety Audits conducted at 3 sites across 2 Cazas
- Focus on distribution access, layout, WASH, complaint mechanisms, security, dignity and equity, and information on the distribution

**EMPOWERED AID – ADAPTED POST-DISTRIBUTION MONITORING TOOL**  
**FIELD OBSERVATION / PROTECTION MONITORING TOOL – FUEL VOUCHERS**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Initials & organization(s) of staff filling this out: \_\_\_\_\_

This tool can be used at sites where fuel vouchers are distributed and/or received. It is designed to capture observations about the safety, accessibility and equity of these distributions in a structured and systematic way. After circling 'yes' or 'no', add additional information in the notes section.

ACCESS	Circle one	Add Additional Information Here
1. Is the distribution area defined (by a rope, wooden fence, concrete walls, etc.)?	1.Yes 2.No	
2. Are there separate access points for men and women?	1.Yes 2.No	
3. Are there separate access points for persons with specific needs (PSNs)? (Such as unaccompanied/separated minors, elderly, people living with disabilities, pregnant women.)	1.Yes 2.No	
3b. Are these separated by sex?	1.Yes 2.No	
4. Is the distribution area kept "clean", i.e. without a lot of visible trash or potentially dangerous objects around?	1.Yes 2.No	
5. Is there a clear method for handling distribution complaints?	1.Yes	

1

Biodata community										
Name of Staff	District	Area	Date	Methodology	Individuals Monitored	5. Is the distribution area defined (by a rope, wooden fence, concrete walls, etc.)?	6. Are there separate access points for men and women?	7. Are there separate access points for persons with specific needs (PSNs)? (Such as unaccompanied/separated minors, elderly, disabled, pregnant women.)	Are these separated by sex?	8. Is the distribution without a lot of visible dangerous objects?
Loujine	Akkar	Halba	19.02.2020	Safety Audit	40	Yes concrete walls	There were two different access points but all women and men were entering from the same entry point	No		Yes the hall was clean dangerous objects were
Farah	Akkar	Halba	19.02.20	Safety Audit	40	Yes ,concrete walls	No but the hall has two doors where men can women can enter seperately	No but a path for handicapped persons is still under construction	No	Yes the hall was clean dangerous objects were some dirt and gravel
Farah	Bebnine	Bebnine	20.02.20	Safety Audit	38	Yes,concrete walls	No same entry point for women and men	No all refugees including PSN like elderly people and pregnant women were entering from the same access point	No	No.. the room where wasn't clean at all, the tables no chairs no light
Georgette	Akkar	Bebnine	20.2.2020	Safety Audit	38	Yes, defined by concrete walls, Mosque hall and on the outside of the hall	No, no previous identified access points for Men and Women but	No	N/A	From the beginning the need to be cleaned.
Loujine	Tripoli	TS	26.02.20	Safety Audit	54	Yes concrete walls	No same entry point for women and men	No..A long stair is to be crossed before accessing the distribution point so it is harder for PSN to access it alone	No	Yes





**BREAK**

## REVIEW THE SAFETY AUDIT

We will divide ourselves into equal groups and take 15 minutes to read and understand the titles of the different sections of the Safety Audit and skim through the questions.

We will then come back for a 5-minute discussion to answer any additional questions.

## PRACTICE THE SAFETY AUDIT

We will take watch a video of a distribution and you will be asked to put on a gendered lens and audit the environment to point out any safety risks by answering the questions of the safety audit tool.

# POINT OF DISTRIBUTION QUESTIONNAIRE (PODQ)

## PURPOSE OF THE PODQ

- PDM meant to include: Safety Audit, Focus Groups, Household Interviews—had to adapt due to COVID-19
- PODQ designed in response to COVID: administered quickly, at the distribution site in a socially distanced manner, to capture women's **access** to distribution information, **safety and SEA and/or GBV risks** related to distribution processes during the COVID-19 pandemic, access to **complaint mechanisms** and services, and observations on how to make distributions safer

## WHAT IS THE PODQ?

- **Why:** understand how pandemic affected access to information, concerns related to SEA and other forms of violence, and knowledge of reporting mechanisms and services
- **What:**
  - Short verbal informed consent at beginning
  - Short, multiple choice questionnaire
- **How:** Conducted in-person at distribution site (outdoor, at a distance, ~15 min per interview)

## PURPOSE OF THE PODQ

- Sampling plan
  - Aim: 20% of overall sample
  - Approach: *Is random sampling possible? If not, how systematic can we be in convenience sampling?*

- **Sampling in Lebanon:** Randomly asked female aid recipients at distribution or during door-to-door visits
- Discuss Data Collection Protocol (approaching respondents at normal vs. door-to-door distribution, data entry and saving, uploading, tracker, etc.)



## PURPOSE OF THE PODQ

**Supervisor(s)**: present at all times at normal distribution, checking in by phone with various teams during door-to-door distribution, completing tracker, answering questions that arise, can conduct interviews if needed, collecting phones and uploading all forms at end of the day, charging phones and bringing spares, liaising w other staff, ensuring any Kobo updates are applied to all phones between days

\*multiple supervisors so one person doesn't carry all phones for security reasons

**Referral Focal Point**: female, on-site, can be approached for complaints or referral

**Data Collectors**: female, interviewing and entering responses in Kobo, saving Kobo form once complete, reporting all completed forms to supervisor, making referral

**MEAL Staff**: check Kobo survey is ready to go on all phones, update survey as necessary to resolve any glitches and ensure all phones are updated, respond to Kobo and data entry questions from Supervisor, collect all uploaded data and review with Supervisor

**Translator**: someone from the team to review Arabic responses, due to specialized training around SEA

# EXAMPLE OF DATA SET

No	Name of Staff	District	Distribution Site	Area	Date	Methodology	1. How do you and other refugee [women and girls / men and boys] typically find out when a distribution is happening?	2. Since COVID-19 restrictions began, please indicate whether you felt any fear at various points of aid distribution processes (only for notes not related to a-f):
1	Loujine Fattal	Akkar	Unmanaged Camp	Sahel	5-May-20	Point of Distribution Survey	URDA focal points informs them beforehand	No fear
2	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	The Shawish of the camp usually tells us when a distribution is taking place	I have never felt fear whenever a distribution happens in the camp,here I feel safe and I rarely
3	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	The Shawish usually use the microphone to tell us when a distribution is happening	We rarely go outside the camp and we feel safe and comfortable in this camp
4	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	The Shawish usually use the microphone to tell us when a distribution is happening	I don't leave the camp unless for emergencies .The distributions happen inside the camp and here I
5	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	We usually tell each other	I don't leave this camp and safety is the best thing in this camp
6	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	The Shawish tell all the families living in the camp.Sometimes, he uses a microphone in	We never leave the camp and all is safe here
7	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	The Shawish distributes cards to each family in the camp and during the dsitribution we show	Since the beginning of Covid-19 all the camp was sanitized .We rarely leave the camp, here we feel
8	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	The shawish usually distributes cards before a distribution happens and women are most	We just have fear of getting infected by Covid-19 but not a fear related to our safety
9	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	The shawish usually tells all the families in the camp	I rarely go outside the camp and the distributions usually happen inside the camp where I feel safe
10	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	The shawish and his assistant usually tell all the families in the camp	We don't leave the camp and it's safe here
11	Farah Hallak	Akkar	URDA Managed Camp	Mohammara	5-May-20	Point of Distribution Survey	The responsible of the camp usually tells all the families when a distribution is taking	No fear ..All safety measures are taken in the camp

EXAMPLE OF HOW PODQ FINDINGS ARE WRITTEN UP

The Global Women's Institute  
THE GEORGE WASHINGTON UNIVERSITY

care URDA

Empowered Aid - Lebanon  
Food Distribution (Pilot 2): Point of Distribution Questionnaire  
Summary of Findings

Table of Contents

Executive Summary..... 1

    Key findings ..... 2

    Recommendations ..... 3

Overview and Methodology .....

Findings .....

    Information and communication mechanisms.....

        Sources of information on the distribution .....

        Methods of receiving information communication.....

        Who do these information mechanisms reach most? .....

    Distribution-related fears since the COVID-19 pandemic began.....

    SEA risk in the managed and unmanaged ITS.....

    Other types of COVID-19-related violence .....

    Complaints & reporting mechanisms and help-seeking .....

    Safety measures women have observed being put in place to minimize SEA risk.....

    Recommendations .....

Key findings

Distribution information was communicated by URDA to the *Shawish*, or leader of the ITS, and respondents also reported the *Shawish* as their most common source of information about aid. A majority of the respondents said they did not feel fear in the distribution process, that COVID-19 prevention measures are practiced in the ITS, and that they do not leave the informal settlement unless there is an emergency. This was especially true among those who lived in the managed ITS.

*"Yes, I heard about that [SEA] but outside this camp. No one [does] a good thing unless there is something in return..." – Syrian woman living in Lebanon as a refugee*

Of the 38 respondents, 11% (4) reported that they had seen or heard of SEA occurring. Of these, about three-fourths of the incidents described were related to aid, occurred outside the informal settlement, and were perpetrated by aid workers.

Figure 1: SEA risk women identified during aid distribution (n = 38)



Figure 2: Characteristics of SEA Risk during aid distribution (n=4)



<sup>2</sup> We will use "ITS" and "informal settlement" interchangeably throughout the rest of this report.

Lebanon Food PODQ Findings Report

**BREAK**

## WHAT ARE SOME CHARACTERISTICS OF A GOOD INTERVIEWER?

- Being respectful
- Listening well
- Not interrupting
- Turning off phones
- ...others?

# STARTING THE INTERVIEW

- Dress appropriately
- Make a good first impression
- Have a positive approach
- Explain that you are meeting to ask a few follow up questions on their experience with distributions during COVID-19
- Ensure privacy where you are talking
  - *Discuss the varying sites of PODQ (at distribution vs. at homes) what to do if someone else walks in, if the windows are open, etc.*

# CONDUCTING THE INTERVIEW

- Obtain informed consent (verbal)
  - ***If no consent given, do not proceed with interview.***
- Be neutral
- Never suggest answers
- Do not change the wording or sequence of questions (think about with regard to 3amiyya/fusha Arabic especially)
- Use tact with hesitant respondents
- Do not judge the respondent
- Do not skip questions
- Do not hurry the interview (think about with bad weather, etc.)

# ASKING QUESTIONS

- Do not suggest one response over another
- Follow instructions on how to read the questions
- Do not emphasize one response choice over another (tone, etc.)
- Can probe after answers for:
  - *Correctness*
  - *Clarity*
  - *Completeness*



## LESSONS LEARNED

- 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 is standing with them or if they were standing out in public (consider 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.

# Voluntary Nature of Participation

- **A person's decision to participate or not, will not affect their access to aid positively or negatively!**
- **A person can choose to 'skip' any question at any time!**
- **A person can choose to stop the interview at any time!**

# AFTER THE INTERVIEW

- Give the participant time to decompress
- Offer referral services & information

QUESTIONS?

# Referral

## - Guiding Principles:

- 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

# **Steps taken for referrals**

- 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 CARE or for the needed organization**

# Steps taken for referrals- Continued

- If the referral form contains **GBV** or other sensitive information, make sure the form is password protected and the password is sent in a separate email.

- **CARE's helpline:**



+961 4 727 961



+961 76 524 380

# Informed Consent

- What do we mean by “informed consent”?
- Why do we need to get informed consent before conducting an interview?



# **ETHICAL CONSIDERATIONS IN INFORMATION GATHERING**

## WHAT INFORMATION IS GATHERED?

Effective assessments or research **only** collect information that may be used for research, programming and advocacy.

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.

## Key text

### In English:

[https://www.who.int/gender/documents/OMS\\_Ethics&Safety10Aug07.pdf](https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf)

### In Arabic:

[https://apps.who.int/iris/bitstream/handle/10665/43709/9789241595681\\_ara.pdf?sequence=2](https://apps.who.int/iris/bitstream/handle/10665/43709/9789241595681_ara.pdf?sequence=2)

## WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies



World Health  
Organization

# WHO Ethical & Safety Recommendations

**BENEFITS OUTWEIGH RISKS**

**METHODOLOGY GROUNDED IN BEST PRACTICE**

**SURVIVOR CARE & SUPPORT ARE AVAILABLE**

**SAFETY & SECURITY OF THOSE GATHERING INFORMATION IS PARAMOUNT**

# WHO Recommendations, continued...

**CONFIDENTIALITY**

**INFORMED CONSENT**

**INFORMATION COLLECTION TEAM HAS SPECIALIZED TRAINING**

**SAFEGUARDS FOR CHILDREN ARE IN PLACE**

# Children & Information Gathering

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.*

# 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?**

# **We Apply the WHO Ethical and Safety principles by:**

- **Interviewing respondents in private locations**
- **What should we do if someone interrupts?**
  - Ask them (politely) to leave
  - Ask the respondent if there is somewhere else we can go to complete the interview
  - Reschedule the interview for another time



## **We Apply these principles by:**

- Interviewing respondents in private locations
- **Not writing down any identifying information about the respondent**
- What do we mean by identifying information?
  - Name, address, phone number, etc

## **We Apply these principles by:**

- Interviewing respondents in private locations
- Not writing down any identifying information about the respondent
- **Keeping all information you learn about the respondent private**
  - Ensure tablets are password protected and kept in locked cabinet when not in use
  - Keep data entry forms password protected and only accessible to study team **staff**

**BREAK**

PILOT THE INFORMED CONSENT

## REVIEW THE PODQ

We will divide ourselves into equal groups and take 15 minutes to read and understand the titles of the different sections of the Safety Audit and skim through the questions.

We will then come back for a 5-minute discussion to answer any additional questions.

## PRACTICE THE PODQ

We will pilot the PODQ by splitting into groups and conducting a scenario. Each group will have a scenario and each team member will be assigned a role: We will have one interviewer (preferably female), one interviewee playing the assigned role, and the rest of the team members will be observers.

We will then come back for a discussion to answer any additional questions.

## Tips:

- Probe! Before entering “other” or “don’t know”
- In choose-all-that-apply questions, go slowly, define terms, get their yes/no as you go
- Don’t read aloud: “other,” “don’t know,” “non-response”
- Follow-up questions are good – think of this as a conversation from the respondent’s point of view (YOU know it’s an interview on your side)
- Refer back to previous responses to demonstrate listening / reflecting back
- Use phrases like: “thank you for sharing” “that sounds like a difficult situation” to show empathy

# DEBRIEF AND CLOSING



EMPOWERED AID TOOLKIT  
WORKSHOP:  
DAY 2: HOUSEHOLD SURVEY AND  
THE FOCUS GROUP DISCUSSION

*Global Women's Institute, CARE Lebanon*  
Insert date



# RECAP

Safety Audit

PODQ

WHO Ethical Considerations

Informed Consent

# TRAUMA-INFORMED INTERVIEWING

## DATA COLLECTOR ROLES DURING INTERVIEWS

- Your role as an interviewer is:
  - To record women's responses to questions
  - *Not* to provide counseling or advice
- However, it is important for you to understand and be able to identify potential signs of distress or re-trauma and to be able to respond appropriately: referral and/or setting up a time to talk as social worker.

## WHAT TO DO IF A WOMAN REPORTS VIOLENCE/BECOMES DISTRESSED

If a woman 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
- Offer to take a break, finish interview later

## WHAT TO DO IF A WOMAN REPORTS VIOLENCE/BECOMES DISTRESSED

- Only terminate the interview
  - If woman states that she does not want to continue
  - If you feel that it would be highly detrimental to continue
- Handling interruptions
  - Explore ways to obtain privacy
  - Re-schedule remaining section of interview
  - Turn to “dummy” questions

# SPECIAL CONSIDERATIONS

1. Triggers
2. Panic attacks
3. 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**



## STEPS TO TAKE IN CASE OF PANIC ATTACK/HYPER-AROUSAL

- **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

# 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 defense 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

## STEPS TO TAKE IN CASE OF DISSOCIATION

- **Step 1:** Help them Reality-Check
- **Step 2:** Reorient them to current environment
- **Step 3:** Ground them using sensory cues

## SPECIAL CONSIDERATIONS SUMMARY

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

STAFF CARE

## CARING FOR THE CARERS AT CARE 😊

“Helping clients deal with physical abuse, sexual abuse, or HIV infection is emotionally draining. Issues that surface during counselling sessions may address painful or unresolved experiences of the counsellor.

Counsellors often experience emotional **burn out**, depression, and difficulties in their own relationships”

(Southern African Aids Training Program, *Counselling Guidelines on Domestic Violence*, SAT, 2001, p. 21).

# TEAM SELF CARE

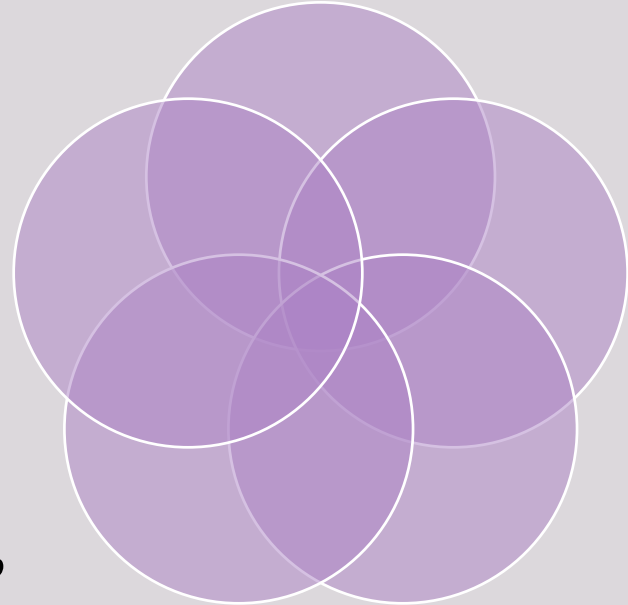
Debriefing

Rest,  
relaxation

Celebrate  
success

Exercise,  
nutrition

Warning  
signs for  
burnout



## MANAGING BURNOUT

“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 (PFA)

## PREPARE

- Learn about the crisis event.
- Learn about available services and supports.
- Learn about safety and security concerns.

## LOOK

- Check for safety.
- Check for people with obvious urgent basic needs.
- Check for people with serious distress reactions.



## LISTEN

- Approach people who may need support.
- Ask about people's needs and concerns.
- Listen to people, and help them to feel calm.



## LINK

- Help people address basic needs and access services.
- Help people cope with problems.
- Give information.
- Connect people with loved ones and social support.



**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?

© 2001 Randy Glasbergen.  
www.glasbergen.com



**“It’s a smoke detector. The boss thinks I might be headed for a burnout.”**

# HOUSEHOLD SURVEY TOOL (HHS)

# PURPOSE

## Post- distribution monitoring tool

- To understand how the participant interacted with the distribution process, and whether there is a change between the 'normal' and 'adapted' distributions.
- We are also trying out some different ways of asking about safety and risk, to see what questions are most useful.

## HOW DO WE SELECT OUR SAMPLE?

- 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**.

	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
<b>Totals</b>	<b>133</b>	<b>80</b>	<b>30</b>

# Voluntary Nature of Participation

- **A person's decision to participate or not, will not affect their access to aid positively or negatively!**
- **A person can choose to skip any question at any time!**
- **A person can choose to stop the interview at any time!**

## WHAT ARE SOME CHARACTERISTICS OF A GOOD INTERVIEWER?

- Being respectful
- Listening well,
- Not interrupting
- Turning off phones
- ...others?

# Informed Consent

- What do we mean by “informed consent”?
- Why do we need to get informed consent before conducting an interview?



# AFTER THE INTERVIEW

- Give the participant time to decompress
- Offer referral services & information

## REVIEW THE HHS

We will take some time to read and understand the titles of the different sections of the HHS and skim through the questions.

We will then come back for a discussion to answer any additional questions.

BREAK

## PRACTICE THE HHS

We will pilot the HHS by splitting into groups. We will have one interviewer, one interviewee, and the rest of the team members will be observers.

We will then come back for a 5-minute discussion to answer any additional questions.

# FOCUS GROUP DISCUSSION

# OBJECTIVES

1. Learn why and when to use focus group discussions as a data collection tool
2. Learn practical techniques, including the participatory methods used in Empowered Aid's Toolkit
3. Learn key approaches for trauma-informed focus group facilitation

## WHAT IS 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.*



Focus groups discussion are in important part of post distribution monitoring.

These tools help us monitor how participants, especially women and girls, feel in terms of both **safety** and **risk** surrounding a distribution.



# WHAT ARE SOME STRENGTHS & WEAKNESSES OF FGDS?

## Strengths

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

## Weaknesses

“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?

# ORGANIZATION OF FOCUS GROUPS

- 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)

## HOW MANY FOCUS GROUPS TO CONDUCT?

- Segmentation
- 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

# APPROACHES TO FOCUS GROUPS DISCUSSIONS:

**Focus Group Guide:** open-ended questions to spark conversation, elicit participant's perceptions and experiences

## Participatory Methods:



## DEVELOPING THE FOCUS GROUP GUIDE

- Who defines violence in this context?
- The open nature of the data collection means that concepts do not need to be formally operationalized to develop data collection tools.
- Data collectors should have a common understanding of the terms they will be collecting data on.
- Questions should be related to your overall research question(s)

# THE FGD GUIDE

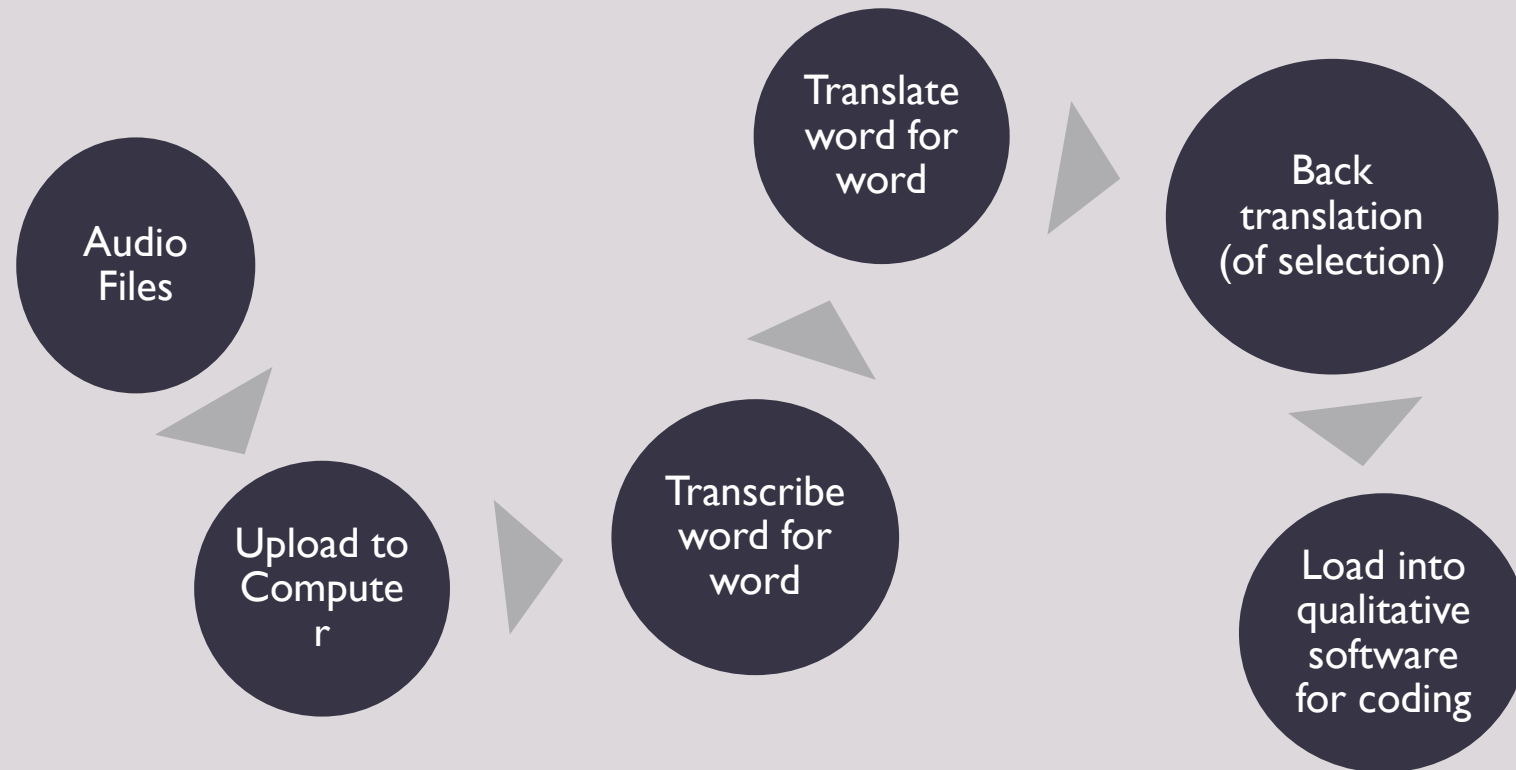
- Use 'open-ended' questions – where the respondents are encouraged to give considerable details in their answers.
- Use probes after questions for:
  - Correctness
  - Clarity
  - Completeness

## PROBES – EXAMPLE FROM TOOLKIT

*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:





BREAK

# RUNNING A FOCUS GROUP: ROLES

## During

- Facilitator
- Note-taker (with & without audio recording)
- Interpreter
- Referral pathway / service providers

## Later

- Transcription
- Translation

# FACILITATION

Skilled, same-sex facilitator

Facilitator has to be aware of their role and how they influence the FGD

- Non-biased, supportive listening

Privacy and confidentiality

Training in trauma-informed data collection

## DATA COLLECTOR ROLES DURING AN FGD

- Your role as a facilitator is:
  - To facilitate discussion flow, ensure women's responses are recorded
  - *Not* to provide counseling or advice
- However, it is important for you to understand and be able to identify potential **signs of distress or re-trauma** and to be able to respond appropriately: referral and/or setting up a time to talk as social worker.

# ETHICS

- Always begin only after receiving informed consent.
- Privacy and confidentiality are important!
- Ask members of the group to keep what they are hearing confidential.
- **IMPORTANT:** Ask participants not to share any identifying names in the group discussion, as this is a group format and we cannot guarantee privacy.
- Explain that note taking + audio recording may be used *if consent is received from all participants of the focus group.*
- If any identifying information is shared (see point above to avoid this) it will be removed from the notes.
- Always begin and end by reminding participants they can speak with a social worker (identify who) privately afterward, for any reason including to seek referrals.

# DO'S AND DON'T'S OF FOCUS GROUP FACILITATION

## Do...

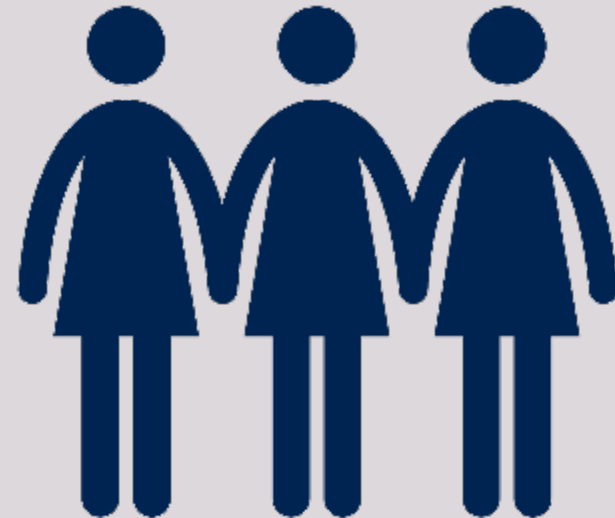
- Create welcoming environment (food, drinks, relaxed space, smile, friendliness)
- Recognize & manage discomfort
- Explain: No right or wrong answers
- Support shy participants having a voice
- Use probes to elicit further response or generate discussion
- Be flexible!

## 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

- The findings of qualitative research are not generalizable in a numerical sense
- You cannot say that e.g. “Fatema speaks for all low-income, Syrian women in Tripoli”



## HOW TO MINIMIZE RISK TO PARTICIPANTS

- Total privacy
- Consent
- Referrals to specialized care as needed
- Train data collectors on safety procedures and responding to potential negative effects of the FGD



# FREE LISTING & RANKING – HOW?

## Flip Chart / Sticky Note Method

Ask the group to list all the types of risks or violence that occur at a food aid distribution.

Write each on a sticky note and place on a flip chart during discussion.

Ask the group to work together to rank this list in order of most common (or important or urgent) to least.

Move sticky notes on the flip chart, most at the top to least at the bottom.



# FREE LISTING & RANKING – HOW?

**Proportional Piling Method**  
(with stickers or stones)



**Rank Numerically** based on discussion

- 1.
- 2.
- 3.
- 4.

# FREE LISTING & RANKING – HOW?

**Moving photos/objects across and imaginary line**



## **OPEN-ENDED STORIES / VIGNETTES – WHY?**

- Useful in exploring beliefs and opinions and identifying problems and solutions
- Helps stimulate discussion, particularly with less educated communities

## OPEN-ENDED STORIES / VIGNETTES – HOW?

- In an open ended story the beginning, middle or end is purposefully left out.
- The audience discusses
  - Would you believe this story?
  - What do you think might have happened (in the part of the story that is left out?)

# BODY MAPPING

## Why?

- 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

## How?

- 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?



## ACTIVITY EXAMPLE – COMMUNITY MAPPING

Start by dividing into 3-4 groups by which neighborhood you know the best:  
Abou Samra, Wadi Nahle, Tabbaneh or Jabal Mohsn

Steps:

1. Draw map of your neighborhood, adding important landmarks (schools, places of worship, markets, cultural markers)
2. Think about the types of aid distributions or services in that neighborhood (e.g. shelter, PSS, protection, food, cash), add these to your map.

## ACTIVITY – COMMUNITY MAPPING

3. Go through these questions as a group to understand risk factors and services for women and girls.

- Think about some of the challenges and risks we have discussed over the last few months. Of the distribution points identified on your map, are there places that are not safe for women and girls? What are the main risks that happen in these locations?
- Where do women and girls go if they want to express a concern about safety?
- Is there a place where women and girls can go to discuss problems together?
- Where might a woman or girl go for help if she is the victim of violence?



## ACTIVITY – COMMUNITY MAPPING

4. Now we will add another layer: people. Are there types of people that are associated with these places? Add them to your map. (Example: aid worker, transport driver, store owner, family member, etc.)

- Are there certain types of people that are generally helpful to women and girls? Put a plus sign (+) by them.
- Are there certain people that can pose dangers to women and girls? Put a negative (-) sign by them.
- Remember, we are not looking for specific names but rather types of people. If it is appropriate, you may place both a plus and a negative sign by the same type of person.

5. Is there anything missing that we should add to this map?

## PRACTICE THE HHS

We will pilot the FGD by splitting into groups. Each group will pilot one of the activities in the FGD.

We will then come back for a discussion to answer any additional questions.

# DEBRIEF AND CLOSING