



Gender-Based Violence Case Management: Outcome Monitoring Toolkit

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Part 1: Introduction

The humanitarian community has more knowledge and guidelines than ever to support quality comprehensive gender-based violence (GBV) response, including the Interagency GBV Case Management Guidelines, Caring for Child Survivors of Sexual Abuse, and Clinical Care for Sexual Assault Survivors.¹

Monitoring and evaluation (M&E) is an important part of accountable and effective GBV response, but traditionally the sector has focused on outputs (# of survivors receiving services, # of staff trained and # of dignity kits distributed).

The GBV Case Management Outcome Monitoring Toolkit aims to measure outcomes, not outputs: the **impact of gender-based violence (GBV) case management on psychosocial well-being and felt stigma**.

This toolkit was inspired by IRC's commitment to measure outcomes as part of its [Outcomes and Evidence Framework](#), specifically the outcome "[Women and girls are protected from and treated for the consequences of GBV](#)".

This toolkit was developed using validated scales measuring changes related to psychosocial wellbeing and stigma experienced by women survivors of GBV in the Democratic Republic of Congo². The IRC has adapted this toolkit for use with women and older adolescent girls receiving GBV case management support from Somali and Syrian populations.

What does the GBV Case Management Outcome Monitoring Toolkit measure?

- The **Psychosocial Functionality Scale** is a 10-item questionnaire that measures a women and older adolescent girls' ability to carry out important tasks in their daily lives.
- The **Felt Stigma Scale** is a 10-item that measures women and older adolescent girls' both perceived and internalized experiences of stigma.

Do I need to administer both scales?

No. With each client, you can choose to administer only one of the scales, or you can administer both of the scales (either during the same case management session or split across two sessions), depending on what aspects you and the client agree together to monitor.

With whom can I use the GBV Case Management Outcome Monitoring Toolkit?

The toolkit has been tested and validate for use with female survivors, 15 years old and over. The toolkit is not suitable for use with girls 14 years old or younger.

When do I use the GBV Case Management Outcome Monitoring Toolkit?

¹ <https://gbvresponders.org/response/>

² <https://www.ncbi.nlm.nih.gov/pubmed/26460106>

This tool can be used by GBV case managers, as part of the survivor's psychosocial assessment. In the Interagency GBV Case Management Guidelines, this corresponds to Step 2 Assessment, Section 3: Psychosocial Needs and Support.

It takes approximately 10-20 minutes to administer each of the questionnaires.

- **For a one-time measure of psychosocial well-being and/or felt stigma:** The tool only needs to be administered once. We recommend that the monitoring tool be administered only after a minimum of three visits, in order for the most urgent needs of the survivors to be addressed and to give time for trust-building. Part 3 of this toolkit provides information on how to interpret the scores.
- **To measure improvement of women and older adolescent girls recovery over time during case management:** To monitor change in survivors' well-being over time, the monitoring tool questionnaire should be administered at baseline (typically, the fourth case management session with a survivor) and again after three additional sessions (typically at session 7). If possible, complete a final questionnaire at the end of the case management intervention plan, if it exceeds case management seven sessions. Part 3 of this toolkit provides information on how to interpret the scores and level of change over time.

Part 2: How to use the GBV Case Management Outcome Monitoring Toolkit

Step 1: Introduce the tool to the survivor

Explain: *“In today’s session, I’d like to ask if you’d be interested in completing an activity together which will help us to understand how you are feeling currently in recovering from the violence you have experienced. These questions help us assess your feelings, your daily life activities and your relationships. Together, we can use your responses to help develop an action plan. Would you like to complete this activity together?”*

If the survivor agrees, proceed to step 2.

Step 2: Lead the survivor through the questionnaire

Show the survivor the contextualized illustration in Annex 1 or displayed on the wall of the GBV case management area and/or safe space.

Explain: *“Now I will ask you some questions about the feelings, activities and relationships which you have chosen as important to your recovery. Here is a picture which shows a woman holding a burden (basket, water can, etc) who is finding a task not difficult, a little difficult, Difficult, very difficult or so on. When you think about whether an activity or feeling is difficult or not, you can refer to this picture as a guide”*

Do: Read out the questions from the Psychosocial Functionality Scale and/or Felt Stigma Scale (depending on what you wish to monitor) (see questionnaires for each scale in Annex 1).

Do: Make sure that you are using the correct visual guidance / pictures. There are two versions: one for the psychosocial functioning scale, and one for the felt stigma scale.

Remind: *“If you feel uncomfortable or wish to stop this activity at any time, please let me know.”*

Step 3: Support the survivor to select relevant feelings, activities and relationships

Explain: *“Thank you for answering all of these questions. You shared with me aspects of your life, including some which are currently difficult. Of all those items that we just discussed, which **three** tasks & activities or thoughts & feelings that you would most like to prioritize as we develop your action plan? If you’d like, we can look through the questions that I just asked you, as a reference. You do not need to select those that you rated as most difficult, but rather the ones that are most important to you in terms of developing an action plan.”*

Do: Share the list of feelings and activities below with the survivor either on paper or verbally if the survivor has lower literacy levels. Pause after each section and ask her to select the examples most relevant to her action planning to support her recovery.

Do: Review the items from the Psychosocial Functionality Scale and/or the Felt Stigma Scale with the survivor, as relevant.

Step 4: Return to the action planning activity within your case management session

Now you have supported the survivor to document how she is currently feeling and functioning, move to action planning process and support the survivor to identify her goals for the coming week before you meet again.

Part 3: Compile and Analyze the Results

Psychosocial Functionality Scale

All items in the questionnaire are based on a 5-point scale, with the following values:

- Not difficult at all (**0 point**)
- A little bit difficult (**1 point**)
- Difficult (**2 points**)
- Very difficult (**3 points**)
- So difficult that you often cannot do it (**4 points**)

Step 1: Calculate the results for an INDIVIDUAL woman or older adolescent girl

- 1) Add the points across all 10 items
- 2) Divide the total by 10.

If the survivor skipped one or more item in the questionnaire, add the points for all answered questions, and divide *by the total number of questions answered*. For example, if the survivor answered 8 questions, divide the sum by 8.

Step 2: Interpret the results for an INDIVIDUAL woman or older adolescent girl

Score	Interpretation & Action Planning
0-1	Survivor is experiencing little to no difficulty in accomplishing tasks.
1-1.5	Survivor is experiencing minimal and sometimes moderate amount of difficulty in accomplishing tasks. → Check whether the survivor indicated that specific items in the questionnaire were more difficult to carry out (for example, she indicated that one item is 'very difficult') and ask the survivor if these 'more difficult' items should be the focus of her action plan.
1.5-2.25	Survivor is experiencing moderate to significant difficulties in at least some accomplishing tasks. → It will be important to work with the survivor to help identify which tasks to prioritize for the survivor's action plan. Note that the items do not necessarily need to be those that the survivor scored as most difficult, but can also be the tasks that are most relevant to the survivor's daily life.
2.25-4	Survivor is experiencing significant difficulties in accomplishing tasks, and may often not be able to carry these tasks out at all. → It will be important to work with the survivor to help identify which tasks to prioritize for the survivor's action plan. Note that the items do not necessarily need to be those that the survivor scored as most difficult, but can also be the tasks that are most relevant to the survivor's daily life. It may be advisable for the case manager to discuss cases with very high scores with their supervisors, in order to get additional advice on how to support these survivors as they may have specialized needs.

Step 3: Interpret CHANGE OVER TIME for an INDIVIDUAL woman or older adolescent girl

If you would like to measure improvements in survivors' well-being during the course of case management, and you have at least two scores for a survivor over time (for example at session 4 and again at session 7), you can compare the average for each questionnaire and calculate the difference between the average scores.

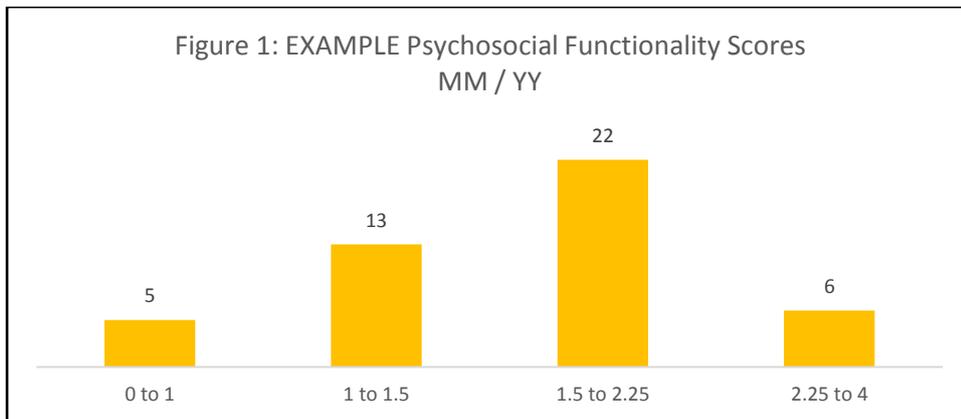
Once you calculated the difference between scores, how do you interpret whether it is a “small” vs. a “large” change in the survivor’s scores? Based on the testing we conducted in Jordan and Kenya, we suggest the following rule of thumb:

Level of change	Difference between scores (2 nd score MINUS 1 st score)
Small	0.17
Medium	0.34
Large	0.67

Step 4: Calculate the results across a CASELOAD of multiple women or older adolescent girls

In order to get a good overview of the psychosocial functioning across your caseload, a visual representation is most useful (see example graph in figure 1 below).

We recommend a bar graph indicating the number of survivors in each score category (average scores of 0 to 1; 1 to 1.5; 1.5 to 2.25; 2.25 to 4) **plus** the average across all survivors. Why not just use the average? It may hid a lot of variation across your caseload that requires specific attention. For example, you may have a number of woman or older adolescent girls with very high scores that require additional support, for example specialized therapies.



Average Psychosocial Functionality score across 46 clients: 2.33.

Felt Stigma Scale

The Felt Stigma questions are based on a 4-point scale, with the following values:

- Not at all (0 point)
- A little bit (1 point)
- A moderate amount (2 points)
- A lot (3 points)

Step 1: Calculate the results for an INDIVIDUAL woman or older adolescent girl

- 1) Add the points across all 10 items
- 2) Divide the total by 10.

If the survivor skipped one or more item in the questionnaire, add the points for all answered questions, and divide *by the total number of questions answered*. For example, if the survivor answered 8 questions, divide the sum by 8.

Step 2: Interpret the results for an INDIVIDUAL woman or older adolescent girl

Score	Interpretation & Action Planning
0-1	Survivor is experiencing little to no felt stigma
1-2	Survivor is experiencing minimal to moderate amount of felt stigma Check whether the survivor indicated that specific items in the questionnaire were more difficult (for example, she indicated that one item is 'very difficult') and ask the survivor if these 'more difficult' items should be the focus of her action plan.
2-3	Survivor is experiencing moderate to significant difficulties in accomplishing tasks. The survivor is likely having difficulties related to a number of feelings related to felt stigma. It will be important to work with the survivor to help identify which feelings to prioritize for the survivor's action plan. Note that the items do not necessarily need to be those that the survivor scored as most difficult, but can also be the feelings and experiences that are most relevant to the survivor's daily life.

Step 3: Interpret CHANGE OVER TIME for an INDIVIDUAL woman or older adolescent girl

If you would like to measure change in survivors' experiences of felt stigma during the course of case management, and you have at least two scores for a survivor over time (for example at session 4 and at session 7), you can compare the average for each questionnaire and calculate the difference between the scores.

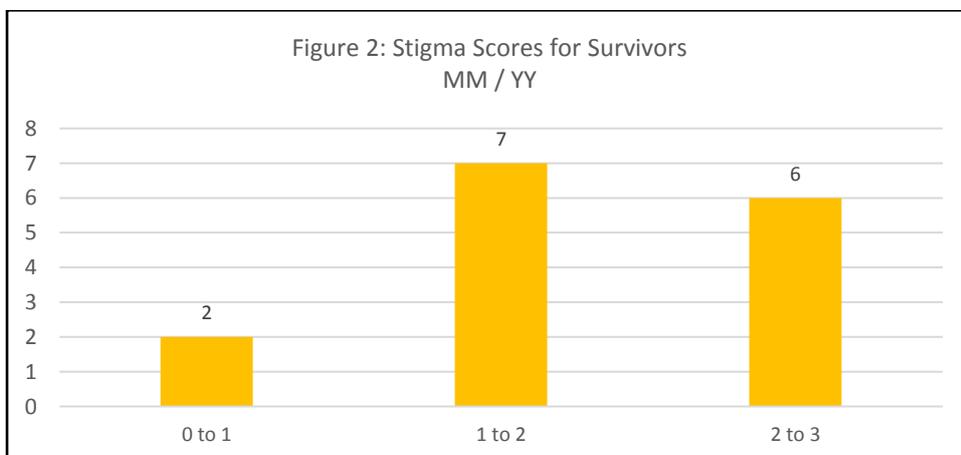
Based on the testing we conducted in Jordan and Kenya, we suggest the following rule of thumb to assess level of change between scores:

Level of change	Difference between scores (2 nd score MINUS 1 st score)
Small	0.2
Medium	0.6
Large	1.2

Step 4: Calculate the results across a CASELOAD of multiple women or older adolescent girls

In order to get a good overview of the experiences of felt stigma across your caseload, a visual representation is most useful (see example graph in figure 2 below).

We recommend a bar graph indicating the number of survivors in each score category (average scores of 0-1; 1-2; 2-3) **plus** the average across all survivors. Why not just use the average? It may hid a lot of variation across your caseload that requires specific attention.



Average Felt Stigma score across 15 clients: 2.3.

Part 4: Use the Results

There are two main objectives of the GBV Case Management Outcome Monitoring Toolkit, one is to help provide GBV case managers with a tool to support their work with individual women and older adolescent girls. Measuring progress together can inform better targeted psychosocial support strategies by the case manager and action planning by the client. It can also inform referrals for higher level mental health care where needed.

The second objective is to provide GBV response teams with high-quality, aggregated data on psychosocial functioning and stigma across your client caseload to inform programming improvements. To achieve this second objectives, it is critical that the aggregated results collected from the Psychosocial Functionality Scale and Felt Stigma Scale are analyzed and discussed in order to develop actionable recommendations.

The de-identified³ results from the Outcome Monitoring Toolkit can be used:

- To report on case management outcomes to stakeholders (including women and girls themselves).
- To measure change in the woman or older adolescent girls well-being over time, during the course of case management (*requires each survivor answered the questionnaire at least twice, for example at session 4 and again at session 7).
- To inform improvements in GBV case management approaches, to better address needs of women and girl survivors of GBV; and,

³ De-identified data should not include : first names of subjects, last names of subjects, dates of birth, dates of birth, addresses or GPS locations, identifying photos, phone numbers, unique ID numbers (such as national IDs).

Annex 1: GBV Case Management Outcome Monitoring Questionnaires

PSYCHOSOCIAL FUNCTIONALITY SCALE

I will ask you about specific tasks and activities. Thinking about the last four weeks, please tell me how difficult it is for you to carry out these activities. You will tell me if it is [point at the same time to Visual Aid 1]:

- Not difficult at all
- Difficult
- A little bit difficult
- Very difficult
- So difficult that you often cannot do it.

1. Giving advice to family members	1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts) 5. So difficult that you often cannot do it (4 pts)
2. Exchanging ideas with others	1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts) 5. So difficult that you often cannot do it (4 pts)
3. Uniting with other community members to do tasks for the community	1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts) 5. So difficult that you often cannot do it (4 pts)
4. Asking/getting help from people or organizations when you need it	1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts) 5. So difficult that you often cannot do it (4 pts)
5. Making important decisions about daily life	1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts) 5. So difficult that you often cannot do it (4 pts)
6. Taking part in family decisions	1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts) 5. So difficult that you often cannot do it (4 pts)
7. Learning new skills	1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts) 5. So difficult that you often cannot do it (4 pts)
8. Concentrating on your tasks or responsibilities	1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts)

	5. So difficult that you often cannot do it (4 pts)
9. Interacting or dealing with people you don't know	<ol style="list-style-type: none"> 1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts) 5. So difficult that you often cannot do it (4 pts)
10. Keeping your household clean	<ol style="list-style-type: none"> 1. Not difficult at all (0 pts) 2. A little bit difficult (1 pt) 3. Difficult (2 pts) 4. Very difficult (3 pts) 5. So difficult that you often cannot do it (4 pts)

FELT STIGMA SCALE

Thinking about the last four weeks, please tell me how much you have had these thoughts and feelings. You will tell me if it is [point at the same time the visual aid 2]:

- Not at all
- A little bit
- A moderate amount
- A lot

1. Feelings of worthlessness, of having no value	<ol style="list-style-type: none"> 1. Not at all (0 pts) 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)
2. Feeling detached or withdrawn from others	<ol style="list-style-type: none"> 1. Not at all (0 pts) 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)
3. Feeling badly treated by community members	<ol style="list-style-type: none"> 1. Not at all (0 pts) 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)
4. Feeling shame	<ol style="list-style-type: none"> 1. Not at all (0 pts) 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)
5. Blaming yourself for past events.	<ol style="list-style-type: none"> 1. Not at all (0 pts) 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)
6. Feeling rejected by everybody	<ol style="list-style-type: none"> 1. Not at all (0 pts) 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)
7. Feeling stigma	<ol style="list-style-type: none"> 1. Not at all (0 pts) 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)
8. Wanting to avoid other people or hide	<ol style="list-style-type: none"> 1. Not at all (0 pts)

	<ul style="list-style-type: none"> 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)
9. Feeling like your family gazes at you like they are blaming you	<ul style="list-style-type: none"> 1. Not at all (0 pts) 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)
10. Feeling like community members gaze at you like they are blaming you	<ul style="list-style-type: none"> 1. Not at all (0 pts) 2. A little bit (1 pt) 3. A moderate amount (2 pts) 4. A lot (3 pts)

Annex 2: Visuals Guides

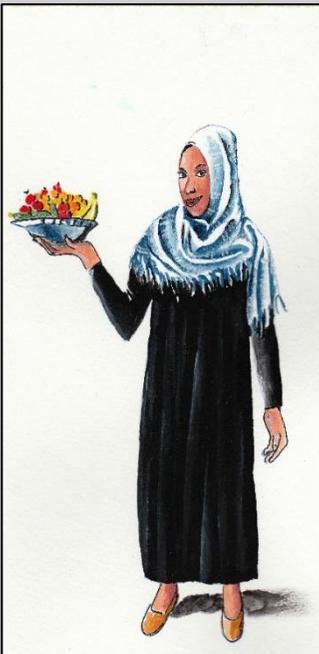
Adapted for Syrian Refugee Populations



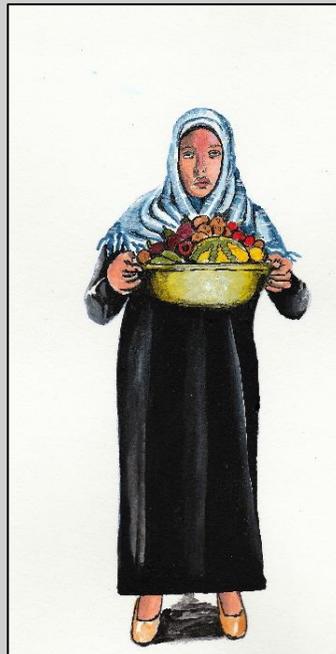
**Visuals for Psychosocial
Functionality Scale**



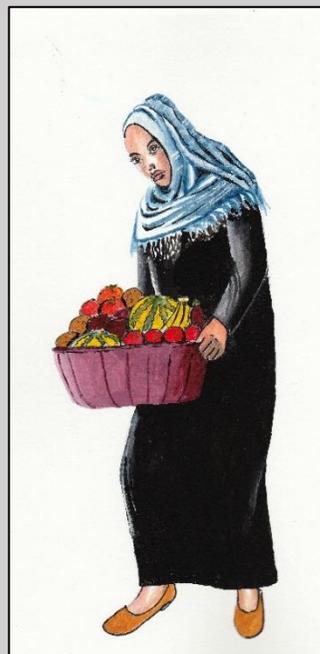
**Not difficult at
all**



**A little bit
difficult**



**Moderate
amount**



Very difficult

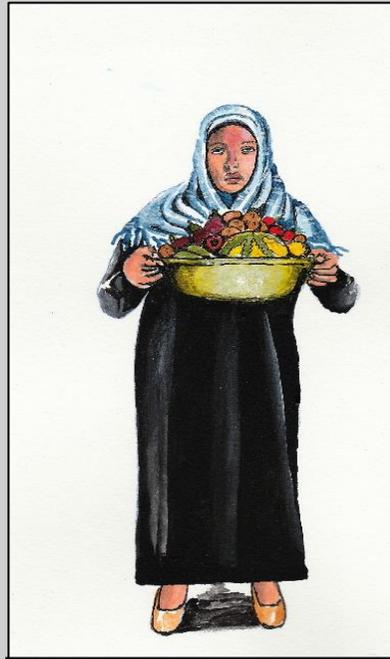


**Unable to carry
this out**

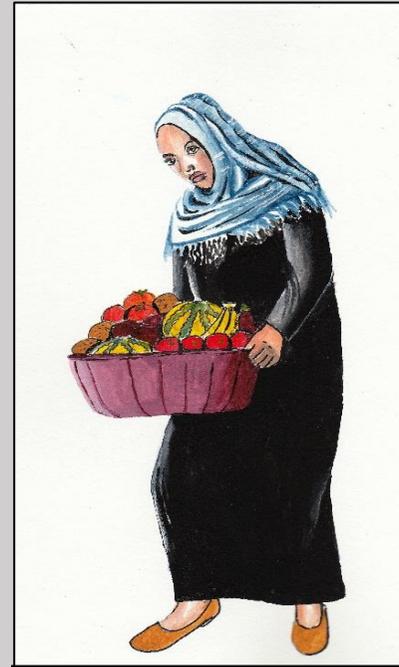
Visuals for Felt Stigma Scale



Not at all



A little bit



A moderate amount



A lot

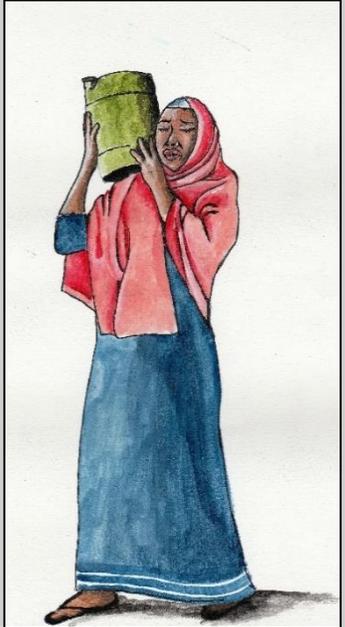
**Visuals for Psychosocial
Functionality Scale**



**Not difficult at
all**



**A little bit
difficult**



**Moderate
amount**



Very difficult



**Unable to carry
this out**

Visuals for Felt Stigma Scale



**Not difficult at
all**



**A little bit
difficult**



**Moderate
amount**



Very difficult

Visuals for Psychosocial Functionality Scale



**Hakuna shida
ao magumu**

Aucune difficulté



**Shida ao
magumu
kidogo sana**

Un peu de
difficulté



**Shida ao magumu
kwa kadiri**

Un niveau moyen de
difficulté.



**Shida ao magumu
zaidi**

Beaucoup de
difficulté



**Shida ao magumu
sana hata hawezi
kuifanya**

Tellement de difficulté
qu'elle ne peut pas le
faire

Visuals for Felt Stigma Scale



Hata kamwe

pas du tout



Kidogo

un peu



Kiasi ya kadiri

un niveau moyen



Mingi

beaucoup

Annex 3: Contextualization and Adaptation Guide

Steps to Adapt the Outcome Monitoring Tool to your Context

The GBV Case Management Outcome Monitoring Toolkit was tested and validated for two different populations of women and older adolescent girls: Syrian refugees and Somali refugees, and the initial version of the scales were developed for the eastern region of Democratic Republic of Congo. The 10-item Psychosocial Functionality Scale and the 10-item Felt Stigma Scale are effective and culturally-appropriate measures in these and similar settings. For any other populations, we also recommend that you use the two scales without modifications or deletions.

However, you can choose to add additional questions that are addressing specific aspects of your programming context, especially if there are certain daily activities, experiences of relationships, or expressions of feelings that are prevalent to that context. **Be mindful of the additional time it will take to answer additional items** and whether this additional information will provide critical information to improve your program and/or advocacy efforts.

For example, for the **Psychosocial Functionality Scale**, the **standard items** (which we recommend for use in all settings, without modifications or deletions) are as follows:

1. Giving advice to family members
2. Exchanging ideas with others
3. Uniting with community members to do tasks for the community
4. Asking/getting help from people or organizations when you need it
5. Making important decisions about daily life
6. Taking part in family decisions
7. Learning new skills
8. Concentrating on your tasks/responsibilities
9. Interacting or dealing with people you do not know
10. Keeping your household clean

However, you may decide to add **additional, optional** items from this list:

11. Giving advice to other community members
12. Uniting with other family members to do tasks for the family
13. Socializing with others in the community
14. Taking part in family decisions
15. Taking part in community events
16. Go to church or to mosque as usual, or praying as usual
17. Go to the market or grocery store or purchase other needed goods
18. Present yourself well (e.g. having good hygiene, getting dressed).

For the Felt Stigma Scale, the **standard items** (which we recommend for use in all settings, without modifications or deletions) are as follows:

1. Feelings of worthlessness, of having no value
2. Feeling detached or withdrawn from others
3. Feeling badly treated by community members
4. Feeling shame

5. Blaming yourself for past events.
6. Feeling rejected by everybody
7. Feeling stigma
8. Wanting to avoid other people or hide
9. Feeling like your family gazes at you like they are blaming you
10. Feeling like community members gaze at you like they are blaming you

However, you may decide to add **additional, optional** items from this list:

11. Feeling badly treated by family members
12. Feeling like friends and classmates at school gaze at you like they are blaming you

Step 1: Deciding Whether or Not to Adapt

The existing case management data in your programming area can provide important information on whether to adapt the GBV Case Management Outcome Monitoring Toolkit:

- **Age**: the monitoring toolkit was developed and has currently only been tested with female survivors aged 15 years and older. For female survivors 15-19 years old, you will want to consider whether they have similar social roles to women who are more than 19 years old. For example, if many are in school, you may want to add a few questions related to their feelings and perceptions of stigma at school, for example.

We do not recommend adapting the toolkit for younger girls (14 years old and younger) before rigorous testing is available with this younger population of girls.

- **Heterogeneity of origin, cultural background and religion**: the Outcome Monitoring Toolkit was adapted for use with women and older adolescent girls who are Syrian refugees and Somali refugees as well as women and girls from Eastern DRC. If you decide to adapt the tools, it will be important to include perspectives that are representative of your intervention population (religion, ethnicity, etc) to ensure that the tool is appropriate.
- **Gender**: the monitoring toolkit was developed and has currently only been tested with female survivors. We do not recommend adapting the tool for male survivors of sexual violence before rigorous testing is available with adult men and adolescent boys who have experienced sexual assault.

Step 2: Focus Group Discussion with Service Providers

We recommend Focus Group Discussions with GBV response teams to help identify any additional items for inclusion in the scale.

Preparations:

- We recommend that the focus groups be conducted by a female facilitator and supported by a female note-taker.
- If available, and if all participants consent, use a recording device to create an audio file of the focus group discussion.

- Note that we recommend that a note-taker write “bullet point” notes of the focus group discussions even when you planned for audio recording, in case of any issues with the recording or if not all participants consent to the use of audio recording.

Number of Focus Groups and Participants:

- Consider holding two focus groups per location/or by population group (especially in areas which are spread out over a large area).
 - If your programming covers a large number of areas and it is not feasible or cost-efficient to hold two focus groups per location then aim to reach a diverse sample of women and older adolescent girls. Consider holding focus groups which will reach GBV response teams working in urban/rural contexts, with host/refugee populations, with different cultural and religious groups, as well as by location.
- Include 6-8 GBV response staff per focus groups including case managers, psychosocial counsellors (if applicable), management and other prevention or empowerment programming GBV staff.
- You may also invite women and older adolescent girls to participate in a separate focus group. A few considerations:
 - Consider whether there is established trust between women and older adolescent girls and your program.
 - What are the ethical risks of a focus group discussion? Consider:
 - Confidentiality (e.g. risks that not all individuals participating in the focus group will keep the discussion confidential)
 - Psychological risks (e.g. risk of re-traumatization by asking questions related to thoughts, feelings and behaviours following experiences of gender-based violence)
 - Risk of stigma e.g. (inadvertently disclosing that certain individuals are survivors and put them at risk of social exclusion)

Time and Setting:

- Plan for a focus group discussion of 60-90 minutes.
- The focus group discussion should be held in a private area, and minimize risk of intrusions.
- Focus groups participants should be instructed to not name any individuals outside of the participants (for example, do not name a client as an illustrative example).

Probing Questions:

As you review the questionnaire as a group, ask participants to:

- Add in relevant items (e.g., asking participants what activities women or older adolescent girls perform on a regular basis to care for themselves, their families, and their communities.
- Ask the participants about word choices for the proposed additional questions (do the questions actually make sense? Are there other words that convey the meaning more clearly?), idioms (are there any idioms that are more appropriate to use (e.g., feeling blue?), and positive / negative words (does changing the phrasing change comprehension?)

Step 3: Adapting Visuals Guides

Annex 2: Visuals Guides are pictures that aim to help survivors answer questions based on a Likert scale of:

- **Five items** (not at all difficult / a little bit difficult / moderate amount / very difficult / unable to carry this out), for use with the **psychosocial functioning scale**
- **Four items** (not at all / a little bit / a moderate amount / a lot), for use with the **felt stigma scale**

Images are currently adapted for 1) the eastern Democratic Republic of Congo; 2) Somali refugees and 3) Syrian refugees. The drawings can be adapted and replaced for use other contexts, including to better represent local dress and physical traits, as well as choose items that represent the “burden” to be carried to better represent local realities.

Step 4: Piloting the Adapted Monitoring Tool

We recommend that you test the adapted monitoring tool questionnaire with 20-25 women and older adolescent girls.

- Aim for variation in the age, ethnicity, cultural background, region of origin (if displaced), and current location, as relevant to your area of programming.
- Ensure that all client participants have provided informed consent.

The persons administering the questionnaire (for example, GBV case managers) should report back on:

- Questions that were difficult for women and older adolescent girls to understand, had to be rephrased, etc.
- Questions that seemed to make clients uncomfortable
- Questions that many clients choose to not answer
- Any issues with the translation

What are indications that new items are not functioning well?

- A majority of the respondents are not answering the question, or the item does not apply to them.
- Respondents overwhelmingly provide the same answer to one item (e.g. 85% or more of the respondents answered “a moderate amount” on that item).
- Respondents overwhelming provide answers at the ‘extreme’ end of the scale (e.g. 85% or more of the respondents answered “no difficulty at all” or “unable to carry this out”).