



MANUAL FOR TRAINERS AND FACILITATORS



How to Integrate

GENDER EQUALITY AND SOCIAL INCLUSION

in Design, Monitoring and Evaluation

ACKNOWLEDGEMENTS

This Manual for Trainers and Facilitators was developed by World Vision US Gender Equality and Social Inclusion (GESI) Team, in collaboration with Evidence and Learning Design, Monitoring and Evaluation (DME) Team. Special appreciation to the following core team::

Authors and Contributors

Leticia Nkonya, PhD

Senior Technical Advisor

Gender Equality and Social Inclusion

World Vision U.S.

Dr. Jacqueline Ogega

Senior Director

Gender Equality and Social Inclusion

World Vision U.S.

Godfrey Senkaba

Design, Monitoring and Evaluation Manager

World Vision U.S.

Edward Winter

Senior Technical Advisor

Gender Equality and Social Inclusion

World Vision U.S.

Zayid Douglas

Senior Technical Advisor

Gender Equality and Social Inclusion

World Vision U.S.

Graphic Design

Stephanie Pierce-Conway

Pierce Conway Design

World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. We serve all people, regardless of religion, race, ethnicity, or gender.

TABLE OF CONTENTS

MANUAL OVERVIEW	5
Handout 1.1 Training Agenda	7
MODULE ONE: Introducing a GESI Lens	13
SESSION ONE INTRODUCTION	15
SESSION TWO KEY CONCEPTS IN GESI	17
SESSION THREE HOW TO APPLY A GESI LENS	23
SESSION FOUR GESI MINIMUM STANDARDS	30
SESSION FIVE INDIVIDUAL REFLECTION	32
Handout 1.1 Training Agenda	36
Handout 1.2 Pre-test	40
Handout 1.3 Ateni's Story	41
Handout 1.4 Wildeli Health Project Document	42
Handout 1.5 Wildeli Table of Indicators	54
Handout 1.6 Background to Development Food Assistance Program in Manga	57
MODULE TWO: Conducting a GESI Analysis	59
SESSION ONE INTRODUCTION TO GESI ANALYSIS	61
SESSION TWO STEPS ON HOW TO CONDUCT A GESI ANALYSIS	62
Handout 2.1 Background Information on Primary School Education in Ethiopia	76
Handout 2.2 Collective Brainstorming for GESI Analysis in Manga	77
Handout 2.3 Manga Proposed Gender Analysis Methodology	79
Handout 2.4 Manga Summary of Gender Analysis	86
MODULE THREE: GESI Integration in Program Design	91
SESSION ONE GESI INTERGRATION IN PROPOSAL DEVELOPMENT	93
SESSION TWO GESI INTEGRATION IN PROGRAM DESIGN	94
SESSION THREE GESI INDICATORS	97
SESSION FOUR GESI INTEGRATION ACTION PLAN	99
SESSION FIVE GESI-RESPONSIVE BUDGETING	100
Handout 3.1 Liliput Project Proposal	104
Handout 3.2 Partly Completed Proposal Quality Review	118
Handout 3.3 Naruba Project Proposal	123
Handout 3.4 Lilliput Project Budget Narrative	130

MODULE FOUR: Integrating GESI in Program Implementation, Monitoring and Evaluation 137

SESSION ONE | GESI INTEGRATION IN PROGRAM MONITORING 139

SESSION TWO | GESI-RESPONSIVE PROGRAM EVALUATION 140

SESSION THREE | ANALYZING AND REPORTING GESI-RESPONSIVE DATA..... 143

Handout 4.1 | A Mini Case Study on Pastoralist Project in Kobe 148

Handout 4.2 | Terms of Reference (ToR) for Banu Program Evaluation 149

Handout 4.3 | Program Evaluation ToR Pre-review Considerations 156

Handout 4.4 | Guidance on Quality Review of the M&E Plan 157

Handout 4.5 | Project Progress Report 159

MODULE FIVE: Wrapping Up and Closing 163

SESSION ONE | TRAINING RECAP 165

SESSION TWO | LEARNING POINTS AND GESI ACTIONS 165

SESSION THREE | POST-TEST AND FINAL EVALUATION 166

SESSION FOUR | FINAL REMARKS 166

Handout 5.1 | Post-test 168

Handout 5.2 | Training Evaluation Questions..... 169

MANUAL OVERVIEW

This manual is a companion guide to World Vision's Toolkit for Integrating Gender Equality and Social Inclusion (GESI) in Design, Monitoring and Evaluation (DME).¹ The main goal of the manual is to promote capacity building on systematically integrating GESI in DME and applying World Vision's GESI Approach and Theory of Change.

World Vision has a duty to capture and communicate the impact of our work to advance the well-being of the most vulnerable children, their families and communities as per institutional priorities. World Vision also adheres to global commitments including the United Nations Strategic Development Goals (SDGs) and its GESI-related targets. The process of capturing GESI-related impact is challenging, requiring specific tools and skills to understand complex long-term processes of transformational development.

PURPOSE

The purpose of the manual is to:

Guide facilitators and trainers in planning and delivering training on how to integrate gender equality and social inclusion in program design, monitoring and evaluation.

Equip participants with information on how gender inequality and social exclusion affects people's lives and the tools to address it throughout the project cycle.

Advance World Vision's GESI Approach and Theory of Change, and support tools to actualize it in order to improve the quality of our program DME practice.

TRAINING OBJECTIVES

Participants will be able to:

Understand the importance of gender equality and social inclusion as part of World Vision's mission to reach the most vulnerable children and adults, their families, and their communities.

Reflect on how to apply a GESI lens throughout the project cycle.

Learn how to conduct a GESI analysis and integrate key elements of the GESI Approach and Theory of Change in assessments.

Develop GESI-responsive indicators, outputs and outcomes.

Reflect on how to prepare a GESI action plan and budget.

Practice on how to utilize GESI tools for GESI-transformational programming and engagement.

PARTICIPANTS

The manual is intended primarily for World Vision staff that will be required to deliver training on GESI-responsiveness in DME to other staff and partners. The participants should include business development managers, technical advisors, program managers, community development facilitators/officers, and technical staff such as DME, GESI, respective sectors at cluster, regional or national levels as feasible. Where possible, staff involved in budgeting, such as finance officers may be included in this training as they often deal with activity plans and budgeting. To the extent possible, it is necessary to consider gender equality and social inclusion in selecting participants, so that both males and females engage, and intersectional factors such as disability, age, race, ethnicity and so on are considered in the selection process.

STRUCTURE

This manual is divided into five modules, with a training program designed for five days.

Module One introduces World Vision's Gender Equality and Social Inclusion Approach and Theory of Change and offers an overview of the most frequently used concepts. The module also discusses how to apply a GESI lens, GESI minimum standards and individual reflection on GESI.

Module Two introduces a GESI analysis and provides steps on how to conduct a GESI analysis.

Module Three presents a suite of tools that program teams can use to integrate GESI at specific stages in the project management cycle.

Module Four provides guidance on how to integrate GESI in program implementation, monitoring and evaluation.

Module Five is about wrapping up and closing.

METHODOLOGY

This manual uses participatory and inclusive methods based on experiential learning, that considers the diverse experiences, perspectives and needs of participants. It is designed as a resource for face-to-face training, allowing for flexibility and adaptation based on various contexts and backgrounds. Prior to the training, an online pre-test participants assess their baseline knowledge and learning needs.

The facilitator's notes help facilitators present materials in a way that is simple and easy for participants to understand. However, more detailed background information can be obtained from the GESI in DME Toolkit. It is also strongly recommended for facilitators to read other related documents so they can expand their understanding of the materials and topics.

Handouts are documents needed to conduct the activities. Facilitators need to make sure they have enough copies to distribute to participants in order to support the activity.

NOTE! Facilitators are encouraged to modify the content and all resources in this manual to best suit their specific contexts (including audience's professional, cultural, and geographical background, training context, available resources, etc.). The use of relevant country or regional specific data, case studies and examples are strongly encouraged.

AGENDA

The following is a sample training agenda detailing the sessions, timings, methods, and materials needed for each training module over the course of the five days. It can be adapted as needed.

Handout 1.1 | Training Agenda

DAY 1: MODULE ONE OUTLINE INTRODUCING A GESI LENS			
SESSION	DETAILS	MATERIALS	TIME
Session One: Introduction	Welcome and Participant Introduction	Opening Remarks Participant Introduction	30 Minutes
	Introduction to the Training	Flip Charts and Markers PowerPoint Presentation with the Purpose of the Training Handout 1.1: Training Agenda Flip Chart with Expectations and Norms	40 Minutes
	Pre-test	Handout 1.2: Pre-test	10 Minutes
BREAK			10 Minutes
Session Two: Key Concepts in GESI	GESI Gender Equality Social Inclusion	Flip Charts and Markers Annex 1 GESI Glossary of Terms <i>(Page 94-95 of the GESI in DME Toolkit)</i> Facilitator’s Notes: Defining GESI	30 Minutes
	Equality and Equity Intersectionality Agency Empowerment Transformation The Socio-Ecological Model Gender and Social Norms Other Key Concepts	Annex 1 GESI Glossary of Terms <i>(Page 94-95 of the GESI in DME Toolkit)</i> Handout 1.3: Ateni’s Story Flip Chart with types of power and their correct descriptions Index Cards with description of types of power GESI Approach and Theory of Change Document <i>(Pages 4-8)</i>	90 Minutes
LUNCH BREAK			60 Minutes
Session Three: How to Apply a GESI Lens	World Vision’s GESI Theory of Change Steps to Applying a GESI Lens Applying a GESI Lens to Programs and Projects Addressing Vulnerability and Social Exclusion Integrating GESI in the Theory of Change	Figure 3 World Vision’s GESI Theory of Change <i>(Page 6-7 of the GESI in DME Toolkit)</i> Facilitator’s Notes: Applying a GESI Lens TOOL 1.1 How to Apply a GESI lens <i>(Page 4-8 of the GESI in DME Toolkit).</i> What is Our GESI Approach? <i>(Pages 4-8 of the GESI Approach and Theory of Change)</i> Handout 1.4: Wildeli Health Project Document Handout 1.5: Wildeli Table of Indicators Facilitator’s Notes: Applying a GESI Lens to Wildeli Project Facilitator’s Notes: Addressing Vulnerability Handout 1.6: Background to Development Food Assistance Program in Manga Facilitator’s Notes: Manga Theory of Change Facilitator’s Notes: Integrating GESI in the Theory of Change	120 Minutes

ABOUT THE TRAINING MANUAL

BREAK			10 Minutes
Session Four: GESI Minimum Standards	GESI Continuum GESI Reflections on Institutional Practices	Table 1 GESI Integration Checklist <i>(Page 9-12 of the GESI in DME Toolkit)</i> TOOL 1.2 GESI Minimum Standards <i>(Page 8 of the GESI in DME Toolkit)</i> GESI Continuum <i>(Page 15 of the GESI Approach and Theory of Change)</i>	40 Minutes
BREAK			10 Minutes
Session Five: Individual Reflection	Individual Reflection on GESI	TOOL 1.3 Reflection Checklist <i>(Page 12-15 of the GESI in DME Toolkit)</i>	30 Minutes
	Closing and Brief Feedback	Summary of what was covered in Module One	10 Minutes
DAY 2: MODULE TWO OUTLINE CONDUCTING A GESI ANALYSIS			
SESSION	DETAILS	MATERIALS	TIME
Session One: GESI Analysis-Introduction	Recap of Module One	Summary of what was covered in Module One	10 Minutes
	Introduction to GESI Analysis	TOOL 2.1 GESI Analysis <i>(Page 17-18 of the GESI in DME Toolkit)</i> Facilitator's Notes: GESI Analysis	40 Minutes
BREAK			10 Minutes
Session Two: Steps on How to Conduct a GESI Analysis	Step 1 Collective Brainstorming	Flip Charts and Markers Collective Brainstorming <i>(Page 20-22 of the GESI in DME Toolkit)</i> Handout 2.1: Background Information on Primary School Education in Ethiopia Facilitator's Notes: GESI Analysis for Education Program in Ethiopia Facilitator's Notes: Guiding Questions in Doing a GESI Analysis Facilitator's Notes: Collective Brainstorming Handout 2.2: Collective Brainstorming for GESI Analysis in Manga	90 Minutes
	BREAK		10 Minutes
	Step 2 GESI-responsive Desk Reviews and Secondary Data Collection	Flip Charts and Markers Desk Reviews for GESI Data <i>(Page 23 of the GESI in DME Toolkit)</i> Sources of Information <i>(Page 24-25 of the GESI in DME Toolkit)</i> Table 8 Guiding Questions on Secondary Data Collection <i>(Page 30 of the GESI in DME Toolkit)</i>	40 Minutes
LUNCH BREAK			60 Minutes

Session Two: Steps on How to Conduct a GESI Analysis (continued)	Step 3 GESI-responsive Primary Data Collection	Table 11 Planning for GESI-responsive Data Collection <i>(Page 33 of the GESI in DME Toolkit)</i> Barrier Analysis and Social Norms Exploration Tool <i>(Page 48-50 of the GESI in DME Toolkit)</i>	40 Minutes
	BREAK		10 Minutes
	Step 4 Analyzing and Reporting GESI-responsive Data Communicating and Reporting GESI Findings Reflection on GESI Analysis Methodology	TOOL 4.3 Analyzing and Reporting GESI-responsive Data <i>(Page 84-93 of the GESI in DME Toolkit)</i> Table 34 Checklist for Communicating and Reporting GESI Findings <i>(Page 92 of the GESI in DME Toolkit)</i> Table 11 Planning for GESI-responsive Data Collection <i>(Page 33 of the GESI in DME Toolkit)</i> Handout 2.3: Manga Proposed Gender Analysis Methodology Handout 2.4: Manga Summary of Gender Analysis Facilitator’s Notes: Manga Program GESI Analysis	80 Minutes
	Closing and Brief Feedback	Summary of what was covered in Module Two	10 Minutes
DAY 3: MODULE THREE OUTLINE GESI INTEGRATION IN PROGRAM DESIGN			
SESSION	DETAILS	MATERIALS	TIME
Session One: GESI Integration in Proposal Development	Recap of Module Two	Summary of what was covered in Module Two	10 Minutes
	Developing a GESI-responsive Proposal Proposal Quality Review	Flip Charts and Markers TOOL 3.1 Proposal Development Guide <i>(Page 56-58 of the GESI in DME Toolkit)</i> Handout 3.1: Lilliput Project Proposal Handout 3.2: Partly Completed Proposal Quality Review TOOL 3.2 GESI Integration in Program Design <i>(Page 59-65 of the GESI in DME Toolkit)</i> TOOL 3.3 GESI Indicators <i>(Page 66-69 of the GESI in DME Toolkit)</i> TOOL 3.4 GESI Integration Action Plan <i>(Page 70-72 of the GESI in DME Toolkit)</i>	50 Minutes
BREAK			10 Minutes
Session Two: GESI Integration in Program Design	GESI Integration in Program Purpose, Objectives, and Outputs	Table 20 An Example of GESI Integration in Program Purpose, Objectives, and Outputs <i>(Page 61 of the GESI in DME Toolkit)</i> Facilitator’s Guide: GESI in Program Purpose, Objectives, and Outputs TOOL 3.2 GESI Integration in Program Design <i>(Page 59-65 of the GESI in DME Toolkit)</i>	20 Minutes
	GESI Integration in Activities Plan	Table 21 An Example of GESI Integration in Activities Plan <i>(Page 63 of the GESI in DME Toolkit)</i>	20 Minutes
	GESI Integration in Risk Mitigation Strategy	Figure 5 Negative Consequences that may be Caused by Program Activities <i>(Page 63 of the GESI in DME Toolkit)</i> Table 22 An Example of Integrating GESI in Risk Mitigation Strategy <i>(Page 64 of the GESI in DME Toolkit)</i>	30 Minutes
	GESI Integration in Monitoring and Evaluation Plan	Table 23 GESI Integration in M&E Plan <i>(Page 65-66 of the GESI in DME Toolkit)</i>	20 Minutes
LUNCH BREAK			60 Minutes

Session Three: GESI Indicators	Types of GESI Indicators Assessing Indicators in a Multisectoral Project Proposal Reviewing/Selecting Indicators	Facilitator's Notes: GESI Indicators TOOL 3.3 GESI Indicators <i>(Page 66-69 of the GESI in DME Toolkit)</i> Handout 3.3: Naruba Project Proposal Facilitator's Notes: Naruba Project Annex 2 Illustrative GESI Indicators <i>(Page 96-104 of the GESI in DME Toolkit)</i>	80 Minutes
Session Four: GESI Integration Action Plan	Objectives of a GESI Integration Action Plan Developing a GESI Integration Action Plan Applying GESI Action Plan to Own Project	TOOL 3.4 GESI Integration Action Plan <i>(Page 70-72 of the GESI in DME Toolkit)</i> Table 25 GESI Integration Action Plan <i>(Page 73 of the GESI in DME Toolkit)</i> Facilitator's Notes: GESI Integration Action Plan (GESI-IAP)	40 Minutes
BREAK			10 Minutes
Session Five: GESI-responsive Budgeting	Objectives of GESI-responsive Budgeting	TOOL 3.5 GESI-responsive Budgeting <i>(Page 73-77 of the GESI in DME Toolkit)</i>	40 Minutes
	Developing a GESI-responsive Budget	Handout 3.1: Lilliput Project Proposal Handout 3.4: Lilliput Project Budget Narrative Table 26 Developing a GESI-responsive Budget <i>(Page 74-75 of the GESI in DME Toolkit)</i> Facilitator's Notes: GESI in Budgets Facilitator's Notes: Budget Review	
	Closing and Brief Feedback	Summary of what was covered in Module Three	10 Minutes
DAY4: MODULE FOUR OUTLINE GESI INTERGRATION IN PROGRAM IMPLEMENTATION, MONITORING AND EVALUATION			
SESSION	DETAILS	MATERIALS	TIME
Session One: GESI Integration in Program Monitoring	Recap of Module Three	Summary of what was covered in Module Three	10 Minutes
	Objectives of Program Monitoring Conducting a GESI-responsive Program Monitoring	Flip Charts and Markers TOOL 4.1 GESI Integration in Program Monitoring <i>(Page 72-73 of the GESI in DME Toolkit)</i> Facilitator's Note: GESI in Program Monitoring Handout 4.1: A Mini Case Study on Pastoralist Project in Kobe	50 Minutes
BREAK			10 Minutes
Session Two: GESI-responsive Program Evaluation	Conducting a GESI-responsive Program Evaluation Developing/Quality Review of Evaluation Terms of Reference	TOOL 4.2 GESI-responsive Program Evaluation <i>(Page 81-84 of the GESI in DME Toolkit)</i> Table 23 GESI Integration in M&E Plan <i>(Page 65-66 of the GESI in DME Toolkit)</i> Facilitator's Notes: GESI in Program Evaluation Handout 4.2: Terms of Reference (ToR) for Banu Program Evaluation	80 Minutes
	BREAK		10 Minutes
	Quality Review of a Monitoring and Evaluation (M&E) Plan	Handout 4.3: Program Evaluation ToR Pre-review Considerations Facilitator's Notes: Quality Review of Banu Program Evaluation ToR Handout 4.4: Guidance on Quality Review of the M&E Plan	90 Minutes
LUNCH BREAK			60 Minutes

MODULE ONE

INTRODUCING
A GESI LENS



DAY 1: MODULE ONE OUTLINE | INTRODUCING A GESI LENS

SESSION	DETAILS	MATERIALS	TIME
Session One: Introduction	Welcome and Participant Introduction	Opening Remarks Participant Introduction	30 Minutes
	Introduction to the Training	Flip Charts and Markers PowerPoint Presentation with the Purpose of the Training Handout 1.1: Training Agenda Flip Chart with Expectations and Norms	40 Minutes
	Pre-test	Handout 1.2: Pre-test	10 Minutes
BREAK			10 Minutes
Session Two: Key Concepts in GESI	GESI Gender Equality Social Inclusion	Flip Charts and Markers Annex 1 GESI Glossary of Terms <i>(Page 94-95 of the GESI in DME Toolkit)</i> Facilitator's Notes: Defining GESI	30 Minutes
	Equality and Equity Intersectionality Agency Empowerment Transformation The Socio-Ecological Model Gender and Social Norms Other Key Concepts	Annex 1 GESI Glossary of Terms <i>(Page 94-95 of the GESI in DME Toolkit)</i> Handout 1.3: Ateni's Story Flip Chart with types of power and their correct descriptions Index Cards with description of types of power GESI Approach and Theory of Change Document <i>(Pages 4-8)</i>	90 Minutes
LUNCH BREAK			60 Minutes
Session Three: How to Apply a GESI Lens	World Vision's GESI Theory of Change Steps to Applying a GESI Lens Applying a GESI Lens to Programs and Projects Addressing Vulnerability and Social Exclusion Integrating GESI in the Theory of Change	Figure 3 World Vision's GESI Theory of Change <i>(Page 6-7 of the GESI in DME Toolkit)</i> Facilitator's Notes: Applying a GESI Lens TOOL 1.1 How to Apply a GESI lens <i>(Page 4-8 of the GESI in DME Toolkit)</i> What is Our GESI Approach? <i>(Pages 4-8 of the GESI Approach and Theory of Change)</i> Handout 1.4: Wildeli Health Project Document Handout 1.5: Wildeli Table of Indicators Facilitator's Notes: Applying a GESI Lens to Wildeli Project Facilitator's Notes: Addressing Vulnerability Handout 1.6: Background to Development Food Assistance Program in Manga Facilitator's Notes: Manga Theory of Change Facilitator's Notes: Integrating GESI in the Theory of Change	120 Minutes
BREAK			10 Minutes
Session Four: GESI Minimum Standards	GESI Continuum GESI Reflections on Institutional Practices	Table 1 GESI Integration Checklist <i>(Page 9-12 of the GESI in DME Toolkit)</i> TOOL 1.2 GESI Minimum Standards <i>(Page 8 of the GESI in DME Toolkit)</i> GESI Continuum <i>(Page 15 of the GESI Approach and Theory of Change)</i>	40 Minutes
BREAK			10 Minutes
Session Five: Individual Reflection	Individual Reflection on GESI	TOOL 1.3 Reflection Checklist <i>(Page 12-15 of the GESI in DME Toolkit)</i>	30 Minutes
	Closing and Brief Feedback	Summary of what was covered in Module One	10 Minutes

MODULE ONE:

INTRODUCING A GESI LENS

This module introduces World Vision's Gender Equality and Social Inclusion Approach and Theory of Change and offers an overview of the most frequently used concepts. The module also discusses how to apply a GESI lens, GESI minimum standards and individual reflection on GESI. The module is based on section one of World Vision's Toolkit on how to integrate Gender Equality and Social Inclusion (GESI) in Design, Monitoring and Evaluation (DME) and the World Vision GESI Approach and Theory of Change. The module has five sessions:

Session One	Introduction
Session Two	Key Concepts in GESI
Session Three	How to Apply a GESI Lens
Session Four	GESI Minimum Standards
Session Five	Individual Reflection

SESSION ONE | INTRODUCTION

This introductory session sets aside time for participants to get to know one another, and to get an overview of the overall training objectives and agenda. The session also provides opening remarks and clarifies expectations and norms that contribute to a learning environment encourages open discussions, inclusive interaction and sharing of ideas by all participants.

SESSION OBJECTIVES

- Get to know each other.
- Understand the purpose of the training, workshop plan, schedule, and agenda.
- Establish and agree on inclusive norms for engagement.
- Assess participant's familiarity with key concepts in gender equality and social inclusion.

WELCOME AND PARTICIPANT INTRODUCTION (30 Minutes)

Begin the workshop by greeting participants. Introduce yourself and any other key staff working with you. If you have invited a guest speaker, invite her/him to make their opening remarks.

After the opening remarks. Invite participants to introduce themselves so that all participants are aware of who is in the room. Provide guidance on a flip chart of sample questions that participants can ask one another. For example:

- What is your name and title?
- Where do you work (country, field office, department/sector)?
- What do you expect to get out of this training?

Ask participants to form pairs. Tell them to find someone who they do not know very well. Ask them to interview each other using the questions listed on the flip chart, then each person will introduce his/her partner to the large group. When they are done, invite each pair to stand and introduce each other.

INTRODUCTION TO THE TRAINING (40 Minutes)

Purpose

Review the purpose of training and emphasize that the goal is to strengthen participants' capacity to integrate Gender Equality and Social Inclusion (GESI) into all aspects of Design, Monitoring and Evaluation. Explain that integrating GESI in our work is a central component of World Vision's mission to serve the most vulnerable children and adults, their families, and communities. Facilitate a discussion to clarify any questions or concerns about the purpose.

Agenda

Distribute **Handout 1.1: The Training Agenda** and review the daily schedule with the participants. Provide an overview of the sessions and topics for each module.

Expectations and Norms (“Ground Rules”)

Explain that “Ground Rules” are important for creating a safe learning environment. Introduce the “Ground Rules” flip chart that you prepared in advance. The Ground Rules could include:

- Limited cell phones use
- Active listening to the facilitator and other participants
- Punctuality—start on time, end on time
- Respect, understanding, and patience for one another
- Give each other an opportunity to speak and share
- Participate!

Ask participants if there are any other rules they would like to add: discuss and agree.

Ask participants if they agree to abide by these ground rules. Post the ground rule on the wall in the training room, making sure they are visible to all participants.

PRE-TEST (10 Minutes)

Explain that participants will have 10 minutes to complete **Handout 1.2: Pre-test**. Tell them that the purpose of the pre-test is to assess their current familiarity with GESI concepts. The test results will be compared with a training post-test to measure knowledge gained over the course of the training.

Assure participants that the test results will not be shared or discussed in the plenary. It is okay if participants are unfamiliar with GESI; the primary purpose of the training is to build on their existing knowledge and skills.

NOTE! You should use the same question at the end of the workshop (post-test) to check how much the participants have learned.

SESSION TWO | KEY CONCEPTS IN GESI

This session introduces GESI, and the key concepts associated with GESI. This will include a discussion on intersectionality and social-ecological model that are important in ensuring GESI transformative change.

SESSION OBJECTIVES

Participants will be able to:

Define GESI and the key concepts associated with GESI.

Understand the Socio-Ecological Model and how to apply it.

Understand how intersectionality can impact and shape marginalization.

TIP!

DEFINING GESI (30 Minutes)

Individual Task

Ask participants to write down what they understand by the term gender equality and by the term social inclusion. If participants are not confident in developing a definition, ask them to write down the words that come to their mind when they hear the terms gender equality and social inclusion.

Pair Task

After each person has written down their own thoughts, ask them to share what they wrote with another person. Ask the pair to come up with a combined set of thoughts and to write them down on a Post-It or piece of card. Each pair can bring their card or Post-It to the front (if everyone can see them) or share them orally.

Plenary

After the pairs have finished sharing their answers, summarize what all participants have said to understand how inequality and exclusion look and feel like.

To engage all participants:

Asking participants to write down a response means that you can call on anyone for an answer. If you just ask the group for answers without preparation, you may only get answers from the most confident participants.

Also, dividing participants into small groups or pairs will make feel people more comfortable discussing their ideas.

FACILITATOR'S NOTES: DEFINING GESI

Explain that GESI stands for Gender Equality and Social Inclusion. World Vision considers GESI as a process of change that addresses the root causes of inequality and exclusion. Mention that the World Vision understands GESI as a *multi-faceted process of transformation*. *The goal of GESI is to remove barriers and increase access, decision-making and participation of the most vulnerable. It requires creating enabling environments for all to engage in and benefit equally from development interventions.*

Then share the following definition of GESI:

GENDER EQUALITY	Is the state or condition that affords women and girls, men and boys, equal enjoyment of human rights, socially valued goods, opportunities, and resources. It includes expanding freedoms and voice, improving power dynamics and relations, transforming gender roles, and enhancing overall quality of life so that males and females achieve their full potential.
SOCIAL INCLUSION	Seeks to address inequality and/or exclusion of vulnerable populations by improving terms of participation in society and enhancing opportunities, access to resources, voice, and respect for human rights. It seeks to promote empowerment and advance peaceful and inclusive societies and institutions.

DEFINING GESI KEY CONCEPTS

EQUALITY AND EQUITY (10 Minutes)

Explain that treating all people equally does not necessarily result in equal outcomes. To ensure fairness, we must be prepared to remove barriers and encourage inclusion. This means that in some circumstances we need to treat people differently to achieve GESI. You will need to explain the difference between equality and equity. Explain to participants that equality and equity do not mean the same thing and should not be used interchangeably. Invite them to brainstorm their understanding of equality and equity and share examples of each.

EQUALITY The state or condition that affords all people equal enjoyment of human rights, socially valued goods, opportunities, and resources. More than parity or laws, genuine social equality is expanded freedom and improved overall quality of life for all.

EQUITY The process of being fair to all people. To ensure fairness, measures are required to compensate for the cumulative and historical economic, social, and political disadvantages that have and continue to prevent disadvantaged groups from operating on a level playing field.

INTERSECTIONALITY (20 Minutes)

Ask participants to turn to Annex 1 GESI Glossary of Terms ([Page 94-95 of the GESI in DME Toolkit](#)). Read the definition of intersectionality as the interplay of multiple social characteristics (such as gender, race, class, disability, marital status, immigration status, geographical location level of education, religion, ethnicity) that increases vulnerability and inequality in privilege and power, and further entrenches inequalities and injustice. These characteristics are interconnected and cannot be examined separately from one another.

Explain that not all vulnerable populations are equally disadvantaged or excluded. It is necessary to analyze overlapping and inter-related barriers and inequalities. Individuals and groups embody multiple identities, which influence different experiences of inequality and/or exclusion. Some vulnerable populations may face both gender inequality and social exclusion simultaneously, making them more vulnerable than others. These overlapping and inter-related vulnerabilities are known as intersectionality. For example:

- Women with a disability may face double marginalization because of gender norms, stereotypes and stigma towards people with a disability
- Adolescent boys living in extreme poverty may be exposed to higher risks of community violence (due to age and socio-economic status)

Within these groups there is a diversity of experiences and needs to consider. Intersectionality can impact exclusion/barriers to inclusion for those who are members of multiple.

Exploring a Case Study on Intersectionality

Share with the participants a copy of **Handout 1.3: Ateni's Story** ([See Annex for Module One](#)) to illustrate the point on intersectionality.²

Divide participants into smaller groups. Ask them to discuss the following in their groups:

- What are Ateni's vulnerabilities?
- Identify the multiple identities involved and how those impact the inequality and exclusion challenges faced by Ateni
- Where does this exclusion come from? Encourage participants to consider different actors, institutions, practices and systems

When all the groups are done, ask them to share their answers in the plenary. Capture responses on a flip chart. Summarize that Ateni has a range of vulnerabilities. She is hearing impaired, a single woman with a child, she was denied access to school and a survivor of sexual abuse. Poverty is likely a factor, too. Highlight links between disability and poverty.

AGENCY (5 Minutes)

Ask participants to read the definition of agency on Annex 1 GESI Glossary of Terms ([Page 94-95 of the GESI in DME Toolkit](#)). Invite them to discuss what does "agency" mean to them. Write their answers on the flip chart. Summarize their answers using the Facilitator's notes below.

FACILITATOR'S NOTES: AGENCY

GESI FOSTERS AGENCY: When people have 'agency', it means that they have the capacity to act independently and to make their own free choices. They have 'agency' over their life.

World Vision's GESI approach sees development participants as active agents of change, rather than mere victims of exclusion or inactive beneficiaries of development. Our approach raises awareness and fosters demonstration of **agency**. This means that vulnerable individuals (and groups) - who previously exercised little power - develop their own capacities for self-understanding and expression, and gain control over their lives, resources, beliefs, values, and attitudes.

EMPOWERMENT (10 Minutes)

Write the word "empowerment" on a flip chart. Ask participants to review the meaning of empowerment in Annex 1 GESI Glossary of Terms ([Page 94-95 of the GESI in DME Toolkit](#)). Then tell participants that they are going to work in their small groups and enrich their knowledge about empowerment through a matching game. On the flip chart write the types of power. Distribute index cards with the description of a type of power. Ask each group to match the different types of power with their correct descriptions. They will need to write the type of power at the top of each index card. Once each group is done, invite them to share their results with the plenary.

Reveal the flip chart that you prepared with the correct descriptions (see Facilitator's Notes: Types of Power) below. Invite participants to ask questions or share any additional thoughts.

² You can share a video too if available ([Video link: Ateni - End the Cycle](#))

FACILITATOR'S NOTES: TYPES OF POWER

Type of power	Correct Description
Power with	Shared power that grows through social cohesion, mutual support movement building, solidarity, and collective action.
Power to	A person power to shape or transform his or her life. This includes creating something new, or achieve goals.
Power within	Individual's sense of self-worth and self-knowledge and capacity.

Use the text on [Pages 4-8 of the GESI Approach and Theory of Change](#) to explain that agency facilitates self-empowerment – power to and power within – through individual consciousness and the transformation of personal attitudes, self-perceptions, and power relations. Participants develop critical consciousness and see themselves as capable, with a right to choose, act and influence their lives, households, communities, and societies. In addition to self-transformation, agency also facilitates collective empowerment - power with - through social cohesion, movement building and collective action for sustained change. World Vision's GESI approach facilitates empowerment by challenging deep structures of inequality and exclusion and enhancing human rights, power, and agency of vulnerable populations. Empowerment often comes from within and cannot be done to or for anyone by others. However, cultures, societies, and institutions create conditions that facilitate or undermine possibilities for empowerment. Encourage participants to read the GESI Approach and Theory of Change ([Pages 5](#)) to understand different ways how World Vision's GESI approach facilitates empowerment.

TRANSFORMATION AND THE SOCIO-ECOLOGICAL MODEL (15 Minutes)

Explain to participants that GESI is a transformational approach that seeks to:

- Shift harmful **social norms**
- **Establish or re-establish** gender and social relations
- Bring about **structural and systemic change** (economic, social, political, or other)
- Create an **enabling environment** in favour of greater equality and inclusion

GESI transformation requires sustainable change within an ecosystem that considers the interplay between individual, household, community, and societal levels. This is referred to the social ecological model.

FACILITATOR'S NOTES: THE SOCIO-ECOLOGICAL MODEL

Explain that the Socio-Ecological Model is used to understand how social construction disempowers individuals and increases social exclusion. This means considering an interplay of various factors that affect gender equality and social inclusion across four ecological levels—the individual, the household, the community, and the societal level. This will result in agency, empowerment, and transformation of the most vulnerable.

THE SOCIO-ECOLOGICAL MODEL



Use this example of the impact of COVID-19 pandemic to explain the Socio-ecological Model

As COVID-19 continues to have wide-reaching impacts across the globe, it is important to understand the differentiated and intensified impact the pandemic has on the most marginalized, including people with a disability, women and girls, unemployed youth, the elderly, indigenous peoples, and ethnic and racial minorities. For example, many people with a disability have underlying health conditions that may make them particularly vulnerable to severe symptoms of COVID-19, if they contract it. Women and children are affected by increasing rates of domestic violence as a result of lockdowns. Many poor people in rural areas struggle more than ever to access health services and some are excluded from access to basic health services. In some contexts, racially marginalized groups who have been traditionally excluded from the health system have had higher mortality rates than other groups and have experienced difficulty accessing information about the pandemic, access to equitable care, and access to vaccines.³

How to we address this? We start with individual level where we focus on people—their history, attitude knowledge, values, and aspirations—while also focusing on households where these individuals come from, the power dynamics and decision-making, Then we look at the communities where they live and work—the services available and community networks. Too often, development policy focuses on societal level—the national and regional governments or private sector development, while not putting enough attention on developing the communities, particularly those with marginalized or vulnerable populations, or those in conflict or remote areas.⁴ Hence, the social ecological model is a useful model to remind us that the wider environment acts upon, interacts with, reproduces, and shapes individuals, households, communities, and society. Each level is shaped by prevailing social norms, attitudes, and behaviours and relations.

Invite participants to share their thoughts. Conclude by saying that it is necessary to examine various factors that increase inequality and exclusion of vulnerable groups at all levels. It is thus our job to come up with various interventions - prevention, response, and protection - at the various levels of the ecosystem.

³ The World Bank. *Social Inclusion*.

⁴ Ibid.

GENDER AND SOCIAL NORMS (10 Minutes)

Prepare a flip chart and write the following:

What is a social norm?	Unwritten rules of behaviours, beliefs and attitudes that are considered acceptable and appropriate in a particular social group or culture.
What is a gender norm?	Social norms that define acceptable and appropriate behaviours for women and men in a given social group or culture.

Ask: “who can explain the meaning of social norms and gender norms”? Invite participants to share answers until you are satisfied with their answers.

Show the flip chart and review the definition of social norms and gender norms with the group.

Invite them to provide examples of:

- Social and gender norms that influence behavior in their community or area of work
- How social and gender norms can be harmful to vulnerable groups (e.g. women, girls, people with a disability, etc.)

Summarize by saying that gender and social norms contribute to individuals’ differential access to resources and services; aspirations; decision-making; participation; opportunity structures; and overall well-being. Harmful social and gender norms are key barriers to gender equality and social inclusions. They contribute to marginalization and exclusion of the most vulnerable groups, denying them their right to live life to the fullest.

DISCUSSION ON THE OTHER KEY CONCEPTS (20 Minutes)

Invite participants to discuss in their small groups one example of each of the remaining concepts in **Annex 1 GESI Glossary of Terms** ([Page 94-95 of the GESI in DME Toolkit](#)) below.

Terms	Descriptions
1. Disaggregated data	Data broken down by detailed sub-categories. It can reveal deprivations, exclusions and inequalities that may not be fully reflected in aggregated data. Data collected about people can be classified by sex, age, disability status, ethnic group, level of education, and rural–urban differences, among others.
2. Do-no-harm approach	Requires ongoing analysis to ensure the potential risks of unintentionally perpetuating or reinforcing gender inequalities and social exclusion in the context of an intervention are continuously assessed and proactively monitored, and that corrective/compensatory measures are taken, if applicable.
3. Gender roles	Refers to the socially and culturally assigned behaviors, attitudes, attributes, responsibilities and activities of people based on their gender. Social and cultural factors that shape gender roles include country or region, ethnic group, age, economic class or religion.
4. Gender-based violence (GBV)	An umbrella term for any harm that is perpetrated against a person’s will that has a negative impact on the physical or psychological health, development and identity of the person; and that is the result of gendered power inequities that exploit socially ascribed distinctions between males and females, and among males and among females. It is rooted in economic, social, and political inequalities between men and women, and the nature and extent of specific types of “.” vary across cultures, countries and regions.
5. People with a disability	Those who have long term physical, mental, intellectual or sensory impairments, which in interaction with attitudinal and environmental barriers hinders the full and effective participation in society on equal terms.

Then invite each group to share their examples with the whole group. This will allow you to see how well they understand each concept.

SESSION THREE | HOW TO APPLY A GESI LENS

This session discusses how the GESI lens can be applied throughout the project life. This includes a discussion of the GESI Theory of Change, and the four critical steps in applying a GESI lens in project design, monitoring and evaluation processes. This session is based on **TOOL 1.1 How to Apply a GESI Lens** (*Page 4-8 of the GESI in DME Toolkit*).

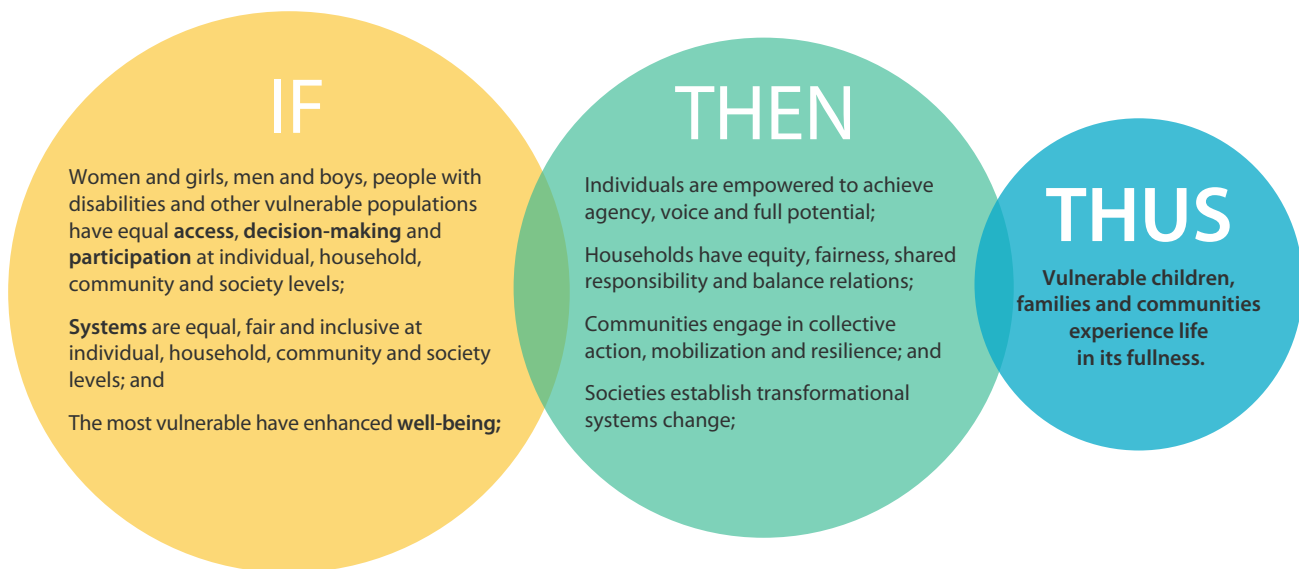
SESSION OBJECTIVES

Participants are able to:

- Understand the GESI Theory of Change and its five domains.
- Apply a GESI lens to the theory of change, and programs/projects.
- Address vulnerability and social exclusion.

WORLD VISION'S GESI THEORY OF CHANGE (15 Minutes)

Ask participants to turn to World Vision's **Figure 3 GESI Theory of Change** (*Page 6-7 of the GESI in DME Toolkit*). You can also draw the diagram on the flip chart. Explain that the purpose of the GESI Theory of Change is to build a common understanding of the pathways of change required to achieve gender equality and social inclusion and to promote and guide the systematic integration of gender equality and social inclusion within and across programming sectors. Read what it says to them.



Explain to participants that the keywords in the first 'IF' circle of the GESI Theory of Change diagram refer to the five GESI domains (access, participation, decision-making, systems, and well-being). Explain to them that the five GESI domains are the core of World Vision GESI approach. It is therefore vital that the GESI Theory of Change is incorporated into any project's theory of change and from there into its interventions.

Post the completed definition of the GESI domains (*Figure 4 on Page 7 of the GESI in DME Toolkit*) on screen or flip charts and have participants review them.

Brainstorm the importance of the five domains in advancing GESI. Participants should talk about the need for moving from just service delivery or improving lives in the short term to changing the external systems and reducing the vulnerability of groups within each system by enhancing their decision-making and participation. Explain that the GESI Theory of Change ensures that the root causes of inequality and exclusion are sufficiently

considered and responsively addressed as part of project implementation. It is therefore vital that the GESI Theory of Change is incorporated into any project’s theory of change and from there into its interventions. Invite them to share examples of activities in their programs that have addressed any of the five domains.

MATCHING DOMAINS TO THE CORRECT ACTIVITY (10 Minutes)

Group participants into five groups and assign one domain to each group. Explain to them that they are going to match GESI domains with appropriate activities. Ask each group to decide which definition (A-E from the flip chart) matches their assigned domain.

GESI DOMAINS

1 ACCESS
2 DECISION-MAKING
3 PARTICIPATION
4 SYSTEMS
5 WELL-BEING

Match these activity examples to the correct domain

- a** Self-reporting of feelings of positive masculinity among men and boys rejecting behaviors of aggression and violence against themselves, women and girls, or other men and boys.
- b** Creation of community health worker associations that include vulnerable groups, considering their specific needs for engagement.
- c** The passing of the Americans with Disabilities Act that mandates changes in education, employment and infrastructure.
- d** Husbands and wives developing joint livelihood plans in savings groups
- e** Wells are established in villages near women and girls, and with user-friendly pumps, taps and ramps to the waterpoints.

Once they are done, invite each group to share a correct answer. Reveal the correct answers on a flip chart and ensure everyone understands each domain.

GESI DOMAINS	Activity examples as matched to the correct domain
1 ACCESS	e Wells are established in villages near women and girls, and with user-friendly pumps, taps and ramps to the waterpoints.
2 DECISION-MAKING	d Husbands and wives developing joint livelihood plans in savings groups
3 PARTICIPATION	b Creation of community health worker associations that include vulnerable groups, considering their specific needs for engagement.
4 SYSTEMS	c The passing of the Americans with Disabilities Act that mandates changes in education, employment and infrastructure.
5 WELL-BEING	a Self-reporting of feelings of positive masculinity among men and boys rejecting behaviors of aggression and violence against themselves, women and girls, or other men and boys.

FACILITATOR'S NOTES: APPLYING A GESI LENS (10 Minutes)

Explain to participants why it is important to apply a GESI lens. Remind them about the earlier discussion on the difference between gender equality and gender equity and that treating all people equally (equality) does not necessarily result in equal outcomes. To ensure fairness (equity), we must be prepared to remove barriers and to encourage inclusion. This means that in some instances we need to treat people differently to achieve this. It all starts with a thorough understanding of what causes unfairness. It is impossible for many of us to see what is causing the unfairness while looking with our own eyes. Many of the factors causing inequality are hidden. Unless you 'live in their shoes' for some time, you may never experience the stigma, physical or cultural barriers and discrimination that limit people's potential. It is by applying a 'GESI lens' to our activities that we develop that understanding.

Applying a GESI lens in everything we do enhances the effectiveness, impact, and sustainability of World Vision's work from a GESI perspective. It helps us gain a better appreciation of the GESI implications of our work.

However, it is not enough to simply look with a GESI lens. It is our mind that processes images and information that come from our new GESI insights. If our mind is not processing the information we are seeing using the GESI lens correctly, then our Design, Monitoring and Evaluation processes will be flawed. When we apply a GESI lens, we ensure our work is equal and inclusive because all potential participants are considered and included.

A GESI lens ensures our work is more effective because our activities will be more targeted and better respond to the needs of vulnerable people. A GESI lens also ensures we address the root causes or drivers of vulnerability, by addressing unequal gendered social roles and relations that limit participants' ability to achieve their full potential.

Go over the materials in **TOOL 1.1 How to Apply a GESI Lens** (*Page 4-8 of the GESI in DME Toolkit*). Explain to participants that there are four steps to applying a GESI lens, each with a key question for you to answer.⁵ Go over each step and provide examples (*Page 5 of the GESI in DME Toolkit*),

PRACTICING HOW TO APPLY A GESI LENS TO PROGRAMS AND PROJECTS (35 Minutes)

Invite participants to form small groups. Tell them they are going to follow each step for applying a GESI lens.

Share a copy of **Handout 1.4: Wildeli Health Project Document** and **Handout 1.5: Wildeli Table of Indicators** (*See Annex for Module One*). You may choose to use any other relevant existing project or program documents that participants use – you could decide to use one project, or you could use more than one depending on the group. If there are participants implementing different technical programs, all of the technical program documents could be reviewed.

Ask participants to use the four steps of applying a GESI lens to check the following:

- | | |
|--------|--|
| Step 1 | Are GESI-related objectives incorporated in the project? Which ones? How? |
| Step 2 | How does the project identify and target the most vulnerable and address overlapping vulnerabilities? |
| Step 3 | Describe how the GESI Theory of Change is incorporated into the project interventions |
| Step 4 | What indicators has the project identified to assess progress against the 5 GESI domains? |

- Are all indicators that will collect personal-level data, disaggregated by sex and age at a minimum? To support social inclusion programming, we also disaggregate data by other vulnerable group status as applicable, for example disability, refugee status, and so on
- How many of the five GESI domains do the indicators measure?
- Will the indicators capture a holistic and comprehensive understanding of how gender and social norms and practices are changing? Selecting a right mix of quantitative and qualitative indicators will help you address this need
- Are there components/aspects in this project that aren't satisfactory from a GESI perspective? If that's the case, what should be done differently?

When each group is done, invite them to share what they came up with. For the Wildeli example share the "Facilitator's Notes: Applying a GESI Lens to Wildeli Project". For the local project example ask all the groups to share their thoughts with the plenary and discuss.

FACILITATOR'S NOTES: APPLYING A GESI LENS TO WILDELI PROJECT

When applying the GESI lens, the first question to ask is, are GESI-related objectives incorporated in the project? If so, which ones and how?

It looks like GESI-related objectives are incorporated to some extent. The program is focused on technical goals but recognizes the importance of gender equality and to some extent social inclusion in realizing those goals. Objective two relates directly to addressing socio-cultural factors that influence service access. Gender and social inclusion are identified as cross cutting themes. Objective three and four refer to gender inclusive decision-making through the Citizen Voice Action (CVA) and GESI processes, but it is not clear how women and female youth will be empowered. While there is mention of engaging men, this is weakened because we are not provided with an assessment of the dynamics between men and women, male and female youth and how that might impact the program. Overall, there is enough program content to justify a much bolder statement related to GESI objectives. An example statement can be: the program is designed to ensure that quality services affecting the well-being of women and children are available to all. This requires that the underlying gender and social norms that drive sexual and gender-based violence, teen pregnancy and impose barriers to accessing services are addressed.

How does the project identify and target the most vulnerable and address overlapping vulnerabilities?

One of the weaknesses of the project is that its approach lacks a data driven justification. It is not clear which groups are currently most at risk of pregnancy and who is not accessing services: their age, sex, location, ethnicity, disability, and socio-economic or linguistic status. Without this information, the approach is weaker and not truly inclusive. It does not consider intersectional factors that exacerbate vulnerability. The targeting population indicates that the highest priority will be given to women of reproductive age, mothers, newborns, children under age 5 years, and youth ages 15 to 19 in hard-to-reach areas as if they were one homogeneous group. It is only in section IR two where we understand that there are differences in access. Factors limiting access include lack of economic access, social cultural factors, and social status, as well as mobile and rural populations that lack essential integrated and quality services. Later on, we understand that it is specifically the Ultra-Conservative Apostolic faith communities that are at risk. In addition, it is not always clear how health services are able to identify those that they are not reaching and it doesn't seem there will be a strategy on how to reach them with services. There is some reference to providing information to people with a disability and other groups that can't be reached by regular community engagement mechanisms.

How the GESI theory of change is incorporated into the project interventions

The project incorporates the five domains: access by addressing access to services; well-being by enhancing overall health and well-being of women and children; systems by incorporating advocacy and social accountability models to tackle health governance systems and by working with faith leaders to address underlying gender norms; participation by including women and youth in key processes; decision-making by supporting the role of women and youth as decision makers.

The project also seeks to work across different levels to promote change: at the individual level by working through youth peer groups to empower young women; at the household level by engaging men and hopes to shift household level dynamics on these issues. In addition, faith leaders are speaking directly to congregations and their families during home visits; at the community level by enhancing community level governance of health systems; and at the societal level by including advocacy.

Overall, the project seeks to be GESI-transformative and to position women and youth as agents of change through their empowerment and engagement in community decision-making processes. The project also seeks to address some of the underlying harmful gender and social norms. However, it is not clear if this would occur given that there are some weaknesses in the approach principally around the following:

- A lack of understanding of the dynamics between men and women as well as female and male youths around sexual and gender-based violence and access to services
- A lack of understanding of different vulnerability factors
- A lack of clarity on the types of people who are not accessing services and the barriers that they face to accessing those services. This could be corrected with a strong GESI analysis prior to the start of the project

What indicators has the project identified to assess progress against the 5 GESI domains?

Almost all the indicators only considered access or well-being domains. Of these, only one focused on disaggregating data by anything other than age or sex. This would be insufficient to inform an equal and socially inclusive approach. Only one of the indicators looked at a change in systems examining the percent of men/husbands who are supportive of their partners reproductive health practices. There were no indicators that would capture enhanced decision-making or participation of women or female youth or other excluded groups. In summary, the indicators are inadequate and should be supplemented by more disaggregation of access and well-being data and by other vulnerability types, such as social economic status, geographic area, language group, faith group, etc. It is also important to have indicators relating to the number and percentage of women or female youth, and other excluded groups participating in HCC and CVA processes, indicators relating to the percentage of women female youths and other groups that feel that their views have been considered in decision-making processes at household and community levels, identifying changes in systems to make them more accessible for excluded groups.

ADDRESSING VULNERABILITY AND SOCIAL EXCLUSION (20 Minutes)

In their small groups, ask participants to share some of the barriers faced by vulnerable populations in their country or community and how those barriers can be addressed to ensure vulnerable groups are not excluded. You can ask them to record their answers in a table format.

Vulnerable population	Barriers faced	Ways to address barriers

When done, invite each group to brainstorm in the plenary. Use Facilitator's Notes: Addressing Vulnerability to guide the discussion. After the initial brainstorm, you could then allocate each group to complete their responses for one of the vulnerable population types.

FACILITATOR’S NOTES: ADDRESSING VULNERABILITY

Barrier	Possible actions
Language	Provide interpreters, provide information in all languages
Poor physical environment	Improve lighting to support those with low vision; reduce noise
Cultural	Hire people from minority groups; train providers to be sensitive to cultural needs
Physical distance	Provide mobile or localized services to supplement existing services
Religious beliefs	Engage religious leaders in behaviour change communication
Financial	Budget for an inclusion fund to support access; Support complementary savings groups or income generation work; when access should be free but isn't, use Community Voice Action (CVA) and advocacy
Lack of physical mobility	Provide assistive devices (e.g., wheelchairs/crutches), accessible transport; ramps; wheelchair accessible latrines and other communal eating and washing facilities
Restrictions on individual travel and agency	Household visits to negotiate permission to access services and provide services; behaviour change communication to increase individual agency.
Attitudinal	Behaviour change communication
Childcare	Provide childcare services at the point of delivery
Security	Provide services in safe locations and times when it is considered safe
Stigma/discrimination	Accompany vulnerable groups; work with service providers to address any stigma or discrimination; promote positive images of excluded groups

INTEGRATING GESI IN THE THEORY OF CHANGE (30 Minutes)

Share with participants **Handout 1.6: Background to Development Food Assistance Program in Manga**. Ask them to read the document first then work in their small groups. They need to have a closer look at the Theory of Change of Manga program and decide how they could better incorporate GESI. They will need to answer the following questions:

- To what extent does the Manga project theory of change incorporate a GESI lens?
- How could GESI be better incorporated into the Manga project theory of change?

When they are done, invite them to share their answers in the plenary. Use the Facilitator’s Notes: Manga Theory of Change to guide the discussion and share feedback on the two questions.

FACILITATOR'S NOTES: MANGA THEORY OF CHANGE

To what extent does the theory of change incorporate a GESI lens?

The program aims to improve gender equitable food security, nutrition, and resilience of 'vulnerable people' but does not identify which type of people are most vulnerable.

The theory of change refers to women and youth but doesn't identify how the program addresses multiple domains of change for these groups.

In reference to youth, it only talks about their lack of access to alternative employment. For women, it looks at their mobility and voice – their participation and decision-making. While systems are mentioned, it is not clear how systems would be changed to make them more equitable.

Overall GESI is not central to the theory of change. Youth have one statement and women another statement, but the importance of equitable and inclusive technical interventions isn't addressed.

How could GESI be better incorporated into the theory of change?

The theory of change should recognize that intersectional issues, including age, caste, education level, disability and socio-economic status, impact vulnerability. To make the assessment more inclusive, it needs to explore these issues and use them to identify the most vulnerable women, girls or other groups that need to be targeted. Once clear on who are the most vulnerable, you can refine the theory of change based on proven ways to address these vulnerabilities across the five domains. For example, the common vulnerability for youth and women may be a lack of access to land and finance. A common vulnerability for people with a disability and for women may be barriers to participation and decision-making. GESI could also be better incorporated by incorporating 'equitable' for the technical interventions and by openly stating that greater participation and decision-making for vulnerable groups as well as more equitable systems is essential to ensuring the long-term food security, nutrition, and resilience of target communities.

You could also choose to do this activity using one of the participants' project or program theory of change. If you use a participant's project or program theory of change, use the guiding questions in the education project example below to facilitate the process.

Education project example:

If the quality of education in schools is improved

AND Communities support classroom teaching and learning

AND Communities and schools can work together to respond to crisis situations

THEN The literacy and socio-emotional skills of all children will improve

In their groups, ask them to take a closer look at the theory of change and answer the following questions:

- What are the barriers faced by vulnerable groups related to each of the domains and the level at which they face the barriers?
- How could GESI be better incorporated into the project's theory of change?
- What are the key actions relating to GESI domains to help transform the current situation?

After they have done, ask each group to share their thoughts in the plenary. Use Facilitator's Notes: Integrating GESI in the Theory of Change to guide the discussion.

FACILITATOR’S NOTES: INTEGRATING GESI IN THE THEORY OF CHANGE

GESI Domain	Barriers	Key Action
1. ACCESS	Children with a disability, girls, and indigenous children are not accessing school	Support actions that will include all children
2. DECISION-MAKING	Parents of these excluded groups are not part of parent-teacher associations or engaged in decisions relating to education	Empower and facilitate vulnerable populations to engage in the design of the education ecosystem
3. PARTICIPATION	Parents of children with a disability, girls, and indigenous children are not providing any learning in the home	Increase the capacity of parents and caregivers from vulnerable populations to support opportunities for their children
4. SYSTEMS	Education systems aren’t designed to include children with a disability. Indigenous children face stigma and language barriers	Address exclusionary attitudes and policies that surround school and help vulnerable populations to advocate for improved systems
5. WELL-BEING	Children are not all safe and need to have better literacy and socio-emotional skills to succeed in their education in the long term	Provide a safe, accessible environment for all children to enhance their literacy and socio-emotional learning

SESSION FOUR | GESI MINIMUM STANDARDS

This session is designed to help participants assess how well they are doing in addressing GESI issues within their programming and organization as a whole. This will include assessing World Vision’s Institutional Practices in nine areas (policy, capacity and culture, participation and partnership, budget, analysis, data collection, indicators, “do no harm,” and accountability) where they should be meeting minimum standards necessary to advance GESI. It is not enough to address GESI issues solely through programming. GESI-responsive programming and GESI-responsive organizational practices complement each other and are both essential for World Vision to fulfil its mission. This session is based on **TOOL 1.2 GESI Minimum Standards** (*Page 8 of the GESI in DME Toolkit*) and the **GESI Continuum** (*Page 15 of the GESI Approach and Theory of Change*)

SESSION OBJECTIVES

Participants will:

Understand the GESI continuum and determine how well they are doing in addressing GESI issues within their programming.

Assess the organizational capacity and performances of World Vision on promoting GESI.

Suggest ways to better integrate GESI.

THE GESI CONTINUUM (25 Minutes)

Share with participants a copy of the GESI continuum from World Vision's GESI Approach and Theory of Change (Page 15). Explain that there are a number of ways in which we assess program's progress towards GESI transformation and identify where projects and programs fall on the continuum. It is important to recognize whether a program is GESI-accommodating, sensitive or GESI-transformative.

FACILITATOR'S NOTES: THE GESI CONTINUUM

Explain to participants that just as World Vision's overall transformational development approach relies on us addressing the five GESI domains, so does GESI transformative programming. We can use the GESI continuum to identify where projects and programs fall on the continuum and ways in which we might make our programming more GESI-transformative.

There are three types of programs that are not GESI-responsive. These are GESI absent, GESI exploitative and GESI insensitive programs. Read out the definitions on the continuum. Tell them you will focus on GESI-responsive programs (GESI-accommodating/sensitive and GESI-transformative).

World Vision® GESI Continuum		SCORE
NOT GESI-RESPONSIVE	GESI Absent Ignores gender equality and social inclusion. <ul style="list-style-type: none"> • There is no consideration of gender differences, gender inequalities, or social exclusion. • There are discriminatory or harmful social norms and unequal power relations, or potential patterns of gender inequality or social exclusion in the design or delivery of program activities. • There is no discussion of the gendered or inclusive dimensions of the operational environment and how this may affect intervention. 	0
	GESI Exploitative Reinforces gender inequality and social exclusion. <ul style="list-style-type: none"> • Acknowledges gender inequalities and social exclusions, works around them, adjusts and adapts to them, but does not take any action to address them. • Reinforces harmful and discriminatory gender and social norms, behaviors, attitudes, roles, and relations. • Uses and/or takes advantage of gender inequalities, discriminating social norms, stereotypes, structures, groupings in society to advance goals. 	1
GESI-RESPONSIVE	GESI Sensitive Acknowledges gender inequality and social exclusion, takes actions to reduce them but not transform them. <ul style="list-style-type: none"> • Interventions include specific measures to reduce the impact of inequality and exclusion. • Integrates practical needs and experiences of vulnerable groups but does not address the underlying root causes of inequality or exclusion. • There is a "missed opportunity" to shift norms that reinforce gender inequality and social exclusion. 	2 (+1)
	GESI Transformative Promotes gender equality and social inclusion. <ul style="list-style-type: none"> • Challenges and shifts discriminating gender and social norms, stereotypes and discriminatory practices. • Transforms unequal power relations, gender roles, and relationships. • Actively seeks to engage with and transform gender inequality and social exclusion. • Promotes equal and inclusive access, decision-making, participation, systems, and well-being, with the goal to achieve sustainable change towards gender equality and social inclusion. 	3 (+2)
TOTAL SCORE FOR GESI-TRANSFORMATIVE PROGRAMS		5

LOCATING PROGRAMS OR PROJECTS ON THE GESI CONTINUUM

Ask participants to break into project or other small groups to:

- Share their stories or examples of GESI-accommodating/sensitive and GESI-transformative programs from their work
- Outline what actions they need to take in order to move programs from not GESI-responsive programs or GESI accommodating to GESI-transformative programs

Once they are done, invite them to share their group discussion in a plenary.

GESI REFLECTIONS ON INSTITUTIONAL PRACTICES (15 Minutes)

Share a copy of **GESI Integration Checklist** (*Page 9-12 of the GESI in DME Toolkit*). Ask participants to individually assess where they think World Vision, as an institution, falls along the nine GESI minimum standards. Explain that in the recommendation column, participants will identify institutional practices that can help World Vision integrate GESI. Then gather participants in their small groups and ask them to discuss what they think is going well and what needs some work. Each group must identify:

- One institutional practice that World Vision deserves recognition for
- One institutional practice that World Vision should/could prioritize for improvement in the short to medium term

These should be captured on separate post-it notes and be placed on the flip charts. Organize the post-it notes so that similar responses are grouped together. Review the main points on the “doing well” flip chart and then the “to prioritize” flip chart.

Reflecting on the institutional practices (and in particular the institutional practices that received low scores and those on the “to prioritize” flip chart), ask participants to identify three strategies World Vision could use to improve GESI.

SESSION FIVE | INDIVIDUAL REFLECTION

This session is designed to help World Vision staff consider their own biases, sources of power and barriers to GESI. This will raise awareness and understanding of World Vision’s GESI goals, and will help to identify what might be needed to progress with GESI-related actions and implement concrete strategies to integrate GESI into their work. The tool can also be used to track changes in staff’s attitudes towards GESI and GESI awareness over time. This session is based on **TOOL 1.3 Reflection Checklist** (*Page 12-15 of the GESI in DME Toolkit*).

SESSION OBJECTIVES

Participants will be able to:

- Engage in self-reflection on individual ability to address GESI.
- Assess the capacity and performances of World Vision on promoting GESI.
- Develop a GESI learning and development plan for their work.

ANNEX

for MODULE ONE

Handout 1.1 | Training Agenda

DAY 1: MODULE ONE OUTLINE INTRODUCING A GESI LENS			
SESSION	DETAILS	MATERIALS	TIME
Session One: Introduction	Welcome and Participant Introduction	Opening Remarks Participant Introduction	30 Minutes
	Introduction to the Training	Flip Charts and Markers PowerPoint Presentation with the Purpose of the Training Handout 1.1: Training Agenda Flip Chart with Expectations and Norms	40 Minutes
	Pre-test	Handout 1.2: Pre-test	10 Minutes
BREAK			10 Minutes
Session Two: Key Concepts in GESI	GESI Gender Equality Social Inclusion	Flip Charts and Markers Annex 1 GESI Glossary of Terms <i>(Page 94-95 of the GESI in DME Toolkit)</i> Facilitator's Notes: Defining GESI	30 Minutes
	Equality and Equity Intersectionality Agency Empowerment Transformation The Socio-Ecological Model Gender and Social Norms Other Key Concepts	Annex 1 GESI Glossary of Terms <i>(Page 94-95 of the GESI in DME Toolkit)</i> Handout 1.3: Ateni's Story Flip Chart with types of power and their correct descriptions Index Cards with description of types of power GESI Approach and Theory of Change Document <i>(Pages 4-8)</i>	90 Minutes
LUNCH BREAK			60 Minutes
Session Three: How to Apply a GESI Lens	World Vision's GESI Theory of Change Steps to Applying a GESI Lens Applying a GESI Lens to Programs and Projects Addressing Vulnerability and Social Exclusion Integrating GESI in the Theory of Change	Figure 3 World Vision's GESI Theory of Change <i>(Page 6-7 of the GESI in DME Toolkit)</i> Facilitator's Notes: Applying a GESI Lens TOOL 1.1 How to Apply a GESI lens <i>(Page 4-8 of the GESI in DME Toolkit)</i> What is Our GESI Approach? <i>(Pages 4-8 of the GESI Approach and Theory of Change)</i> Handout 1.4: Wildeli Health Project Document Handout 1.5: Wildeli Table of Indicators Facilitator's Notes: Applying a GESI Lens to Wildeli Project Facilitator's Notes: Addressing Vulnerability Handout 1.6: Background to Development Food Assistance Program in Manga Facilitator's Notes: Manga Theory of Change Facilitator's Notes: Integrating GESI in the Theory of Change	120 Minutes
BREAK			10 Minutes
Session Four: GESI Minimum Standards	GESI Continuum GESI Reflections on Institutional Practices	Table 1 GESI Integration Checklist <i>(Page 9-12 of the GESI in DME Toolkit)</i> TOOL 1.2 GESI Minimum Standards <i>(Page 8 of the GESI in DME Toolkit)</i> GESI Continuum <i>(Page 15 of the GESI Approach and Theory of Change)</i>	40 Minutes

BREAK			10 Minutes
Session Five: Individual Reflection	Individual Reflection on GESI	TOOL 1.3 Reflection Checklist <i>(Page 12-15 of the GESI in DME Toolkit)</i>	30 Minutes
	Closing and Brief Feedback	Summary of what was covered in Module One	10 Minutes
DAY 2: MODULE TWO OUTLINE CONDUCTING A GESI ANALYSIS			
SESSION	DETAILS	MATERIALS	TIME
Session One: GESI Analysis- Introduction	Recap of Module One	Summary of what was covered in Module One	10 Minutes
	Introduction to GESI Analysis	TOOL 2.1 GESI Analysis <i>(Page 17-18 of the GESI in DME Toolkit)</i> Facilitator's Notes: GESI Analysis	40 Minutes
BREAK			10 Minutes
Session Two: Steps on How to Conduct a GESI Analysis	Step 1 Collective Brainstorming	Flip Charts and Markers Collective Brainstorming <i>(Page 20-22 of the GESI in DME Toolkit)</i> Handout 2.1: Background Information on Primary School Education in Ethiopia Facilitator's Notes: GESI Analysis for Education Program in Ethiopia Facilitator's Notes: Guiding Questions in Doing a GESI Analysis Facilitator's Notes: Collective Brainstorming Handout 2.2: Collective Brainstorming for GESI Analysis in Manga	90 Minutes
	BREAK		10 Minutes
	Step 2 GESI-responsive Desk Reviews and Secondary Data Collection	Flip Charts and Markers Desk Reviews for GESI Data <i>(Page 23 of the GESI in DME Toolkit)</i> Sources of Information <i>(Page 24-25 of the GESI in DME Toolkit)</i> Table 8 Guiding Questions on Secondary Data Collection <i>(Page 30 of the GESI in DME Toolkit)</i>	40 Minutes
LUNCH BREAK			60 Minutes
Session Two: Steps on How to Conduct a GESI Analysis (continued)	Step 3 GESI-responsive Primary Data Collection	Table 11 Planning for GESI-responsive Data Collection <i>(Page 33 of the GESI in DME Toolkit)</i> Focus Group Discussions (FDGs) <i>(Page 35-48 of the GESI in DME Toolkit)</i> Barrier Analysis and Social Norms Exploration Tool <i>(Page 48-50 of the GESI in DME Toolkit)</i>	40 Minutes
	BREAK		10 Minutes
	Step 4 Analyzing and Reporting GESI-responsive Data Communicating and Reporting GESI Findings Reflection on GESI Analysis Methodology	TOOL 4.3 Analyzing and Reporting GESI-responsive Data <i>(Page 84-93 of the GESI in DME Toolkit)</i> Table 34 Checklist for Communicating and Reporting GESI Findings <i>(Page 92 of the GESI in DME Toolkit)</i> Table 11 Planning for GESI-responsive Data Collection <i>(Page 33 of the GESI in DME Toolkit)</i> Handout 2.3: Manga Proposed Gender Analysis Methodology Handout 2.4: Manga Summary of Gender Analysis Facilitator's Notes: Manga Program GESI Analysis	80 Minutes
	Closing and Brief Feedback	Summary of what was covered in Module Two	10 Minutes

DAY 3: MODULE THREE OUTLINE | GESI INTEGRATION IN PROGRAM DESIGN

SESSION	DETAILS	MATERIALS	TIME
Session One: GESI Integration in Proposal Development	Recap of Module Two	Summary of what was covered in Module Two	10 Minutes
	Developing a GESI-responsive Proposal Proposal Quality Review	Flip Charts and Markers TOOL 3.1 Proposal Development Guide <i>(Page 56-58 of the GESI in DME Toolkit)</i> Handout 3.1: Lilliput Project Proposal Quality Handout 3.2: Partly Completed Quality Review TOOL 3.2 GESI Integration in Program Design <i>(Page 59-65 of the GESI in DME Toolkit)</i> TOOL 3.3 GESI Indicators <i>(Page 66-69 of the GESI in DME Toolkit)</i> TOOL 3.4 GESI Integration Action Plan <i>(Page 70-72 of the GESI in DME Toolkit)</i>	50 Minutes
BREAK			10 Minutes
Session Two: GESI Integration in Program Design	GESI Integration in Program Purpose, Objectives, and Outputs	Table 20 An Example of GESI Integration in Program Purpose, Objectives, and Outputs <i>(Page 61 of the GESI in DME Toolkit)</i> Facilitator's Guide: GESI in Program Purpose, Objectives, and Outputs TOOL 3.2 GESI Integration in Program Design <i>(Page 59-65 of the GESI in DME Toolkit)</i>	20 Minutes
	GESI Integration in Activities Plan	Table 21 An Example of GESI Integration in Activities Plan <i>(Page 63 of the GESI in DME Toolkit)</i>	20 Minutes
	GESI Integration in Risk Mitigation Strategy	Figure 5 Negative Consequences that may be Caused by Program Activities <i>(Page 63 of the GESI in DME Toolkit)</i> Table 22 An Example of Integrating GESI in Risk Mitigation Strategy <i>(Page 64 of the GESI in DME Toolkit)</i>	30 Minutes
	GESI Integration in Monitoring and Evaluation Plan	Table 23 GESI Integration in M&E Plan <i>(Page 65-66 of the GESI in DME Toolkit)</i>	20 Minutes
LUNCH BREAK			60 Minutes
Session Three: GESI Indicators	Types of GESI Indicators Assessing Indicators in a Multisectoral Project Proposal Reviewing/Selecting Indicators	Facilitator's Notes: GESI Indicators TOOL 3.3 GESI Indicators <i>(Page 66-69 of the GESI in DME Toolkit)</i> Handout 3.3: Naruba Project Proposal Facilitator's Notes: Naruba Project Annex 2 Illustrative GESI Indicators <i>(Page 96-104 of the GESI in DME Toolkit)</i>	80 Minutes
Session Four: GESI Integration Action Plan	Objectives of a GESI Integration Action Plan Developing a GESI Integration Action Plan Applying GESI Action Plan to Own Project	TOOL 3.4 GESI Integration Action Plan <i>(Page 70-72 of the GESI in DME Toolkit)</i> Table 25 GESI Integration Action Plan <i>(Page 73 of the GESI in DME Toolkit)</i> Facilitator's Notes: GESI Integration Action Plan (GESI-IAP)	40 Minutes
BREAK			10 Minutes
Session Five: GESI-responsive Budgeting	Objectives of GESI-responsive Budgeting	TOOL 3.5 GESI-responsive Budgeting <i>(Page 73-77 of the GESI in DME Toolkit)</i>	40 Minutes
	Developing a GESI-responsive Budget	Handout 3.1: Lilliput Project Proposal Handout 3.4: Lilliput Project Budget Narrative Table 26 Developing a GESI-responsive Budget <i>(Page 74-75 of the GESI in DME Toolkit)</i> Facilitator's Notes: GESI in Budgets Facilitator's Notes: Budget Review	
	Closing and Brief Feedback	Summary of what was covered in Module Three	10 Minutes

DAY4: MODULE FOUR OUTLINE | GESI INTERGRATION IN PROGRAM IMPLIMENTATION, MONITORING AND EVALUATION

SESSION	DETAILS	MATERIALS	TIME
Session One: GESI Integration in Program Monitoring	Recap of Module Three	Summary of what was covered in Module Three	10 Minutes
	Objectives of Program Monitoring Conducting a GESI- responsive Program Monitoring	Flip Charts and Markers TOOL 4.1 GESI Integration in Program Monitoring <i>(Page 72-73 of the GESI in DME Toolkit)</i> Facilitator’s Note: GESI in Program Monitoring Handout 4.1: A Mini Case Study on Pastoralist Project in Kobe	50 Minutes
BREAK			10 Minutes
Session Two: GESI-responsive Program Evaluation	Conducting a GESI- responsive Program Evaluation Developing/Quality Review of Evaluation Terms of Reference	TOOL 4.2 GESI-responsive Program Evaluation <i>(Page 81-84 of the GESI in DME Toolkit)</i> Table 23 GESI Integration in M&E Plan <i>(Page 65-66 of the GESI in DME Toolkit)</i> Facilitator’s Notes: GESI in Program Evaluation Handout 4.2: Terms of Reference (ToR) for Banu Program Evaluation	80 Minutes
	BREAK		
	Quality Review of a Monitoring and Evaluation (M&E) Plan	Handout 4.3: Program Evaluation ToR Pre-review Considerations Facilitator’s Notes: Quality Review of Banu Program Evaluation ToR Handout 4.4: Guidance on Quality Review of the M&E Plan	90 Minutes
LUNCH BREAK			60 Minutes
Session Three: Analyzing and Reporting GESI- responsive Data	Analyzing GESI-responsive Data Preparing and Communicating GESI Program Evaluation Reports	Table 28 Preparing GESI Program Evaluation Reports <i>(Page 83-84 of the GESI in DME Toolkit)</i> Table 34 Checklist for Communication and Reporting GESI Findings <i>(Page 92 of the GESI in DME Toolkit)</i> Handout 4.5: Project Progress Report Facilitator’s Notes: Project Progress Report TOOL 4.3 Analyzing and Reporting GESI-responsive Data <i>(Page 84-93 of the GESI in DME Toolkit)</i>	90 Minutes
	Closing and Brief Feedback	Summary of what was covered in Module Four	

DAYS: MODULE FIVE OUTLINE | WRAPPING UP AND CLOSING

SESSION	DETAILS	MATERIALS	TIME
Session One: Recap of the Training	Recap of the Whole Training	Summary of what was covered in the training Summary of purpose of the training	60 Minutes
BREAK			10 Minutes
Session Two: Learning Points and GESI Actions	Learning Points GESI Actions	Index Cards and Pens	60 Minutes
BREAK			10 Minutes
Session Three: Post-test and Final Evaluation	Post-test Final Evaluation	Handout 5.1: Post-test Handout 5.2: Training Evaluation Questions	30 Minutes
Session Four: Final Remarks	Participants Final Remarks Facilitator/Leadership Final Remarks	Final Remarks	40 Minutes

Handout 1.2 | Pre-test

1. Sector/Department _____ 2. Region of work _____

3. Job title _____ 4. Country of work _____

5. Age range (years) 18-25 26-35 36-45 46-55 56-65 65 and above

6. Sex Female Male

7. GESI stands for: *(choose one)*

Gender Equity and Social Inclusion Gender Equality and Social Integration

Gender Equality and Social Inclusion Gender Empowerment and Social Integration

8. Choose the five domains in World Vision's GESI Theory of Change

Access Systems Agency Decision-making

Empowerment Transformation Well-being Participation

9. Mention 5 factors that may intersect with sex:

a. _____ d. _____

b. _____ e. _____

c. _____

	STRONGLY AGREE	AGREE	NEUTRAL	STRONGLY DISAGREE	DISAGREE
10. I have received training on how to address gender inequalities and social exclusion through World Vision interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I believe I am responsible for integrating GESI in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know how to apply a GESI lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I know how to conduct a GESI analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have participated in GESI integration activities, in program design and/or I know how to integrate GESI into program design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How do you rate your knowledge on integration of GESI in monitoring and evaluation? *(Choose one)*

Very high level of competence (Above 80%)

Moderate high level of competence (Between 70-80%)

Average level of competence (Between 60-69%)

Low level of competence (59% and below)

No knowledge

Handout 1.3 | Ateni's Story

My name is Ateni, from Ghana. I was born without disability but at the age of 9 years, I fell sick. I experienced headaches for about three days. And when I woke up, I couldn't walk, and after about 2 weeks I couldn't talk any longer and I couldn't hear. I couldn't do anything on my own. My body has been weak since then. One of my aunts took me to join her so she could help me get to school. But she didn't do that, but she made me help her brew *pito* instead of allowing me to go to school and learn.

One day one of her customers came and proposed to me. I refused his proposal. He came another time and he brought bread and some drink for my auntie and she took it. My auntie told me to love the man, and I refused. I didn't like him.

But one day, the man deceived me. He convinced me to sit inside his car. He took me far away and turned off the light in the car and had sex with me there. Because of my disability, this is why this man had access to me. Later on, I became pregnant. When my auntie realised that I had become pregnant, she was angry with me and beat me up. She told me I should go back to where I had come from. So she was chasing me, beating me, and I came home to my parents.

After I gave birth, I was in the house with my parents. They have been good, very caring, very loving. When I gave birth, and my son would wake up in the night crying I couldn't hear him. It was my mum who would wake me up, take the child and give it to me to breastfeed. My mum and my dad have been so kind to me since I acquired my disability and since I became pregnant my parents have been wonderful to me.

One day, a member of the local Disabled Persons Organisation (DPO) came to me and asked me to come to Sandema CBR so they could organise and take me to Vocational Training. So I went there, and they took me to the school where they were teaching dress-making, hair-dressing and weaving. I came out successfully with the weaving. So now I am a weaver.

And now, that is my work, and I have a shop doing my weaving. Most people come to see what I'm doing, and they appreciate my job, they give me respect, because I'm the only one weaving in town. When I get some income from my weaving, I will use some parts of the money to buy clothes for my son and also buy food for the family as well.

My son is 10 years old, and he is at school. I'm hoping that I will be able to take good care of my child, to continue his education. What I'm hoping for the future is that my son should be able to be independent. Get married. And I will also be in my shop, doing my weaving. And we will live together happily.⁶

ADVANCING WOMEN AND CHILD WELL-BEING (AWOCHIWE) IN WILDELI

INTRODUCTION

The AWOCHIWE integrated project will contribute to the attainment of the USAID Mission's Development Objective 2: *Increased number of Wildelians living longer and healthier lives*, supported by the Intermediate Result (IR) 2.4: *Improved maternal and child health status in targeted populations* as outlined in the 2016-2020 Country Development Cooperation Strategy (CDCS).

AWOCHIWE will improve integration of maternal, newborn, youth, child, health, and family planning services (Integrated MNCH-FP) in seven targeted districts, communities, and populations, in the Kidewa Region by working with the Ministry of Health and Child Care (MoHCC) and the Regional Directorate.

This will be achieved through the following IRs:

- Improved quality of Maternal Newborn Child Health and Family Planning (MNCH FP) services
- Increased use of MNCH-FP services and targeting hard to reach populations
- Strengthened community systems and linkages to integrated MNCH-FP services
- Improved capacity for policy implementation

And through implementation of cross-cutting approaches for gender equity and increased representation in community level governance, as well as, identifying ways to improve youth engagement and youth-friendly services. A Social Behavioural Change Communication (SBCC) strategy applied across IRs will support adoption of improved health care practices and address social-cultural barriers.

PROJECT DESIGN

Theory of Change (ToC): AWOCHIWE reflects an understanding that health and well-being will be sustainably achieved only when community governance systems serve to strengthen human capacity of all members. Cultivating trust, social cohesion, and collective action are important aspects to improve health care accessibility, equity and delivery of quality services.

Geographic Focus: The project will have a two-pronged approach:

- **Kidewa Region** - intensified implementation of integrated MNCH-FP activities and provision of support to Ministry of Health and Child Care(MOHCC), and
- **National Level** - increased access to a broader range of family planning (FP) methods through outreach services.
- **Program Vision** - Improved health of women, newborns, children, and youth by strengthening access and quality of integrated MNCH-FP services along the continuum of care supported by effective community systems, engaged citizenry and strong linkages to the health care system.
- **Beneficiaries** - The highest priority will be given to woman of reproductive age (WRA), mothers, newborns, children under age five years, and youth (ages 15-19) in hard-to-reach areas.

CROSS-CUTTING THEMES

Gender (Equity): AWOCHIWE recognizes that in order to increase demand for MNCH/RH, women and girls must have information regarding the health of themselves and their children, confidence in health care institutions and health professionals, the means to access health care facilities and services, and the support of their male partners.

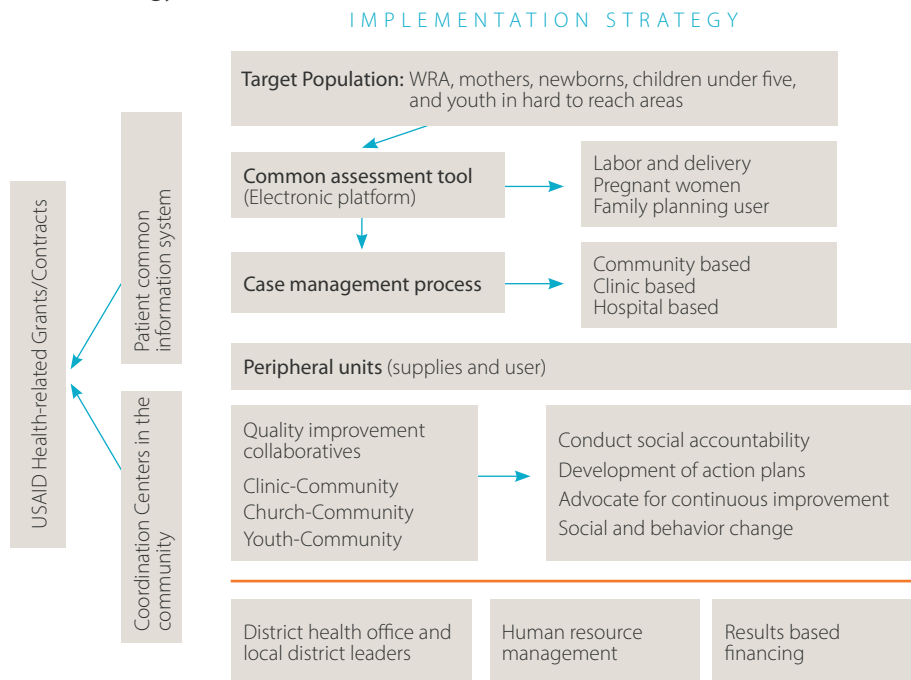
The project will develop a comprehensive gender strategy for AWOCHIWE, paying strong attention to issues of social inclusion. Because of the disproportionate representation of men in community structures, the project will promote greater levels of representation of women and girls in community health structures, engage with men to embrace child spacing and encourage women and girls in accessing ANC services and delivering in health facilities.

Men's Champion groups of positive deviant and influential males at the community level will conduct peer awareness raising sessions on the importance of supporting key maternal and child health-seeking attitudes and behaviors, including changing established cultural norms that impede women, men, girls, and boys from exhibiting health-seeking behaviors.

Adolescent-Youth: A comprehensive assessment of youth-friendly services and youth involvement in the target community will identify SRH priorities for improved engagement in community structures and services, and opportunities for leadership development.

Advocacy and Social Behavior Change Communication (SBCC): A comprehensive SBCC Strategy will be developed and used across IRs to improve knowledge, attitudes and create a conducive environment for adoption of health practices that are culturally appropriate and delivered through a variety of channels and community systems. The strategy will use barrier analyses, dialogue, and participatory approaches to problem solving and promote decision-making to improve the health status of target populations.

In Kidewa Region, AWOCHIWE will work across multiple platforms striving to improve the continuum of care for MNCH-FP services and improve health-seeking behavior for services, as outlined in the graphic on the implementation strategy.



GOAL: IMPROVED MATERNAL AND CHILD HEALTH STATUS IN TARGETED POPULATIONS

IMMEDIATE RESULTS (IR) 1

Improved Quality of MNCH-FP Services

Problem: *The nature of maternal and newborn deaths demonstrates major shortfalls in provision of timely and quality EmONC, PAC, and FP to prevent both direct and indirect causes of maternal and neonatal deaths and substantial barriers to young people accessing services including cost, access to friendly adolescent specific services, location of services, and poor provider treatment.*

.....

Sub IR 1.1: Strengthened health worker knowledge, skills, and attitudes to deliver high quality, integrated MNCH-FP services at facilities and outreach sites.

Output 1.1.1: 420 health facility staff trained on BEmONC, KMC, PAC, Delivery, Maternity Care, and Family Planning

AWOCHIWE technical partners will improve health worker skills and knowledge for MNCH-FP and PAC, skilled care delivery, essential newborn care, BEmONC, Kalamu Mother Care (KMC), postpartum care, youth-friendly and respectful maternity care, family planning and emergency triage assessment and treatment for sick children (ETAT), using supportive supervision, onsite mentoring, and simulation-based training.

A Health Facility Needs Assessment will review the status of each facility against signal functions (skills, training needs, human resources, equipment, referral systems) in collaboration with the provincial and district teams to identify gaps in current services, referral systems, and to strengthen integration of services.

At the health facility level, skill building will include modular onsite simulation training. District health providers will be trained as mentors and supported to provide tailored, structured mentoring in improvement areas related to identified gaps and will conduct onsite observational assessments on quality of care provided to patients, adherence to standards and protocols, and respectfulness of care delivered and will then create tailored mentoring plans for each site.

Once skills have attained proficiency levels, mentors will move on to the next priority gap area, ensuring each health worker is fully competent in each skill. Mentorship will include robust and high-quality data and reporting as a foundation for decision-making and tracking progress and leadership levels will be mentored to design, implement, and monitor data to support quality of care.

The project will improve the standards met for youth friendly MNCH/FP delivery using the MoHCC Adolescent and Sexual Health (ASRH) Strategy 2016-2020 to meet the needs of adolescents in Wildeli. Key gender considerations include ensuring that religious and cultural minorities are represented among VHWs and CBVs advocating for gender balance across health workers and cadres.

Output 1.1.2: Quality Improvement Collaboratives (IC) established

In partnership with MOHCC, AWOCHIWE will implement quality improvement collaboratives (ICs) as a high-impact, high-efficiency approach to build capacity for sustainable, continuous quality improvement and assurance.

Health workers will be trained with available standardized competency-based manuals, social audits, performance audits. Quality improvement teams will be assembled to participate in ICs, reducing time and effort to finding working solutions for priority improvements. The ICs will engage community and facility stakeholders at all levels and backgrounds. and across the district to identify priority targets for improvements. Lessons learned- both successes and failures will be disseminated regularly.

Successes will be adopted and added to the implementation package for the collaborative to spread across the district. Currently, the Provincial Health Executive (PHE) and District Health Executive (DHE) are conducting quality supportive supervision using a ministry checklist on MNCH services. The check list will be revised to include additional indicators on family planning with a focus on youth and adolescents.

Output 1.1.3: Referral system for LAPM functional in 50% of health wards

Referral systems for FP/LAPM will be integrated at all district service points. VHWs, CBDs, and CG- Lead Mothers will identify WRA, including youth in the target communities who are interested in more information on FP options and where to obtain services. These clients will be tracked by primary clinics and VHWs to discuss FP options and refer as needed. Youth peer groups will be offer resources and referral information all FP including LAPM.

Output 1.1.4: Integrated Prevention of Mother-to-Child Transmission of HIV within MNCH-FP services

AWOCHIWE will collaborate with the Wildeli HIV, Care and Treatment (WHCT) building upon the MNCH-FP platforms at health facility and community levels to provide the following integrated services linked in a continuum of care: HIV counselling and testing; linkages of HIV patients to early initiation of ART treatment; follow-up defaulter tracing and adherence support. Community mobilization through CG will increase awareness on the availability of integrated PMTCT with MCHN-FP services; improving patient literacy around HIV care and viral load, newborn breastfeeding, and adherence to treatments.

.....

Sub IR 1.2 Increased # of primary health care facilities to meet standards of BEmONC services and referrals for CEmONC

Output 1.2.1: RBF mechanism established in 47 facilities

HCCs capacity to manage RBF mechanisms in coordination with facilities will be strengthened. At inception, the Provincial Medical Directorate (PMD) and District Health Directorate (DHD) will ensure standards agreed upon for BEmONC and CEmONC services. HCCs will then set measurements for improvement and track facility performance through facility assessments and client surveys. Funds will be managed closely by the HCCs with strong oversight from RBF and financial managers.

The current BEmONC related RBF indicators will be implemented: ANC first booking before 16 weeks, 4 focused ANC visits completed, delivery by skilled birth attendant and 2 PNC visits. Newborn Care for premature and low-birthweight babies will follow BEmONC standards and the guidance of APA modules on Essential Care for the Small Baby and Helping Babies Breathe (HBB) and referral guidance for CEmONC.

Output 1.2.2: In seven districts, health facilities have a BEmONC accreditation process in place

Facilities will be strengthened to have the appropriate equipment, supplies, monitoring and reporting tools and referral systems to meet global standards for BEmONC and referral for CEmONC. To improve quality care and BEmONC services specifically, the consortium will support multiple channels of engagement to increase facility performance and ultimately meet standards.

This will be done through IC, simulation training and mentoring and supportive supervision and assisting primary health clinics to develop strong linkages between facilities and communities for appropriate referrals and counter-referrals. The team of district master trainers, trained in BEmONC standards, will support this process.

Output 1.2.3: Referral system for CEmONC functional

An assessment of primary care and district health facilities referral systems will identify gaps in the referral pathway from community and primary care level to CEmONC facilities. Ambulance availability and functional transportation assessment within the province will also be conducted. Providers will identify where immediate referral medical services are available, and where they are missing or very distant.

A revised referral pathway will be developed for each district. To improve referrals, onsite training by district master trainers will be provided to recognize maternal and newborn danger signs and other indicators that recommend referral to CEmONC services. Communities and HCCs will participate in decision-making to strengthen village emergency transportation systems. The links between Village Health Workers (VHWs) and other community-based volunteers, health facilities will be strengthened including logistical support.

Sub IR 1.3 Increased # of facilities equipped to offer life-saving post-abortion care (PAC)

Output 1.3.1: RBF mechanism for facilities established

As PAC services are integrated into health facilities that have been accredited for BEmONC, RBF mechanisms will be in place to improve access.

Output 1.3.2: PAC training workshops for facility level held in every district.

The Health Facility Needs Assessment will review baseline quality indicators, identify quality measures, and set target goals to improve PAC services at facilities which provide BEmONC. Where weaknesses are found, on-the-job training for staff will be provided, through modular simulation training and mentoring to increase knowledge and skills on the overall assessment management, and follow-up of PAC cases, including the use of MVA and misoprostol, and the provision of post-abortion FP at the point of contact. Training will be in line with MoHCC Guidelines for Comprehensive Abortion Care in Wildeli (2014).

AWOCHIWE will work with facility management to ensure private spaces to perform PAC and FP counselling at the point of treatment. Client registers will be standardized to ensure use and high data quality to clearly capture patient data and track the percentage of post-abortion clients receiving contraceptives by method before leaving the facility and at return visits.

Output 1.3.3: PAC referral system at facility level functional

AWOCHIWE will assist district health facilities, HCCs, and VHWs to develop a Community Awareness Plan on PAC services to be provided, the dangers of unsafe abortion and family planning methods. Health providers

and VHWs will be equipped to disseminate these messages through counselling, health education activities and screening of women who have had abortions for referral to health facilities that have PAC services.

Currently there is not a RBF indicator that covers PAC so expansion of the RBF indicator package will include the number of women who received post-abortion care. The 2010 WDHS reported that 25% of women aged 15-19 stated that their first experience of sexual intercourse was “forced against their will.” AWOCHIWE will support the newly revised PAC that will include standards and referral policies for these cases.

.....

Sub IR 1.4 Increased access to a broader range of family planning methods through outreach services.

Output 1.4.1: Functional outreach and mobile family planning services

The National Family Planning Strategy 2016-2020 and linked Implementation plan 2016-2020 guides the provision of quality integrated FP services within the framework of Sexual and Reproductive Health and Rights to Wildelians through creating an enabling environment, building linkages with other programs, expanding partnerships, and working with communities.

AWOCHIWE will coordinate with MoHCC and WNFPC in line with these plans to support the network of FP programs, procurement and management systems and the National Forum that leads the integration process. Special emphasis will be placed on understanding uptake trends among young people and assessing provider capabilities. Outreaches and mobile family planning services will be strategically planned with relevant community youth activities.

FP outreach services will also focus on integration with other activities, such as community-based ANC, CG, immunization clinics, child health days and school-based events. Attention will be given to inclusivity and reaching clients with HIV and those who are disabled. When possible, specific outreach services (including mobilization efforts) will be provided for first time mothers who may not be effectively reached by either traditional MNCH-FP efforts.

Output 1.4.2: Long-acting modern family planning methods trainings for facility staff

In addition to supporting outreach activities, AWOCHIWE will provide training and ensure competency and quality skill performance in long-acting FP methods for a cadre of staff at district health facilities identified in partnership with the MoHCC to improve access to services within the health system structures.

IMMEDIATE RESULTS (IR) 2

Increase Use of MNCH/FP Services and Targeting of Hard-to-reach Populations

Problem: *Actual coverage of health services is low due to under utilization by hard to reach populations. This is due to lack of economic access, socio-cultural factors, social status, as well as a lack of essential, integrated and quality services for mobile and rural populations particularly.*

Sub IR 2.1 Reduced socio-cultural barriers to improved health and health seeking behaviours

Output 2.1.1: Micro-planning platforms with religious leaders, youth and community leaders established

To enhance effective engagement with religious conservatives, AWOCHIWE will train Apostolic communities on CoH-MNCH. The model targets ultra and semi-conservative religious groups, their spouses, congregants and faith leaders through science-based information and insight from sacred scriptures and faith traditions. It equips faith leaders with both factually correct information and insight into their scriptures and faith traditions, guiding them to become powerful change agents and prepare them to take practical actions in prevention, care and advocacy to promote maternal and child well-being for the most vulnerable in their communities. It does not seek to proselytize or change people's doctrine, but rather to help faith leaders better understand and apply their sacred texts to key social issues and encourage other faith leaders to do the same.

It will be adapted to demystify the religious beliefs that the Apostolic and Zion communities have and sensitize leaders on improved health seeking behaviors, integrating a MNCH-FP lifestyle approach into church policies and practices and using available MNCH referral systems and services, to create an enabling environment and become long-term advocates for the health of mothers, children and adolescents. Youth groups will build on USAID DREAMS project model to influence behavior change, discussed further in output 3.2.3. Key messages about ASRH and where to access services will be disseminated through this platform.

To engage the community on these MNCH-FP messages, the Citizen Voice and Action (CVA) approach discussed in output 4.1.2 will be adapted to not only serve as an advocacy platform, but also a channel for behavior change education to improve MNCH-FP health outcomes at the community level.

Output 2.1.2: Integrate a SBCC approach through Care Groups

AWOCHIWE's SBCC strategy is based on a socio-ecological model and will employ a multi-pronged information, education and communication (IEC) strategy to increase community awareness across the range of MNCH-FP. The primary vehicle for positive MNCH-FP change are the community CG, youth peer groups, VHWs and other community-based volunteers. The multi-sectoral SBCC resources Make Me a Change Agent Strategy (FSN 2015) will be used in training CG using behaviour change messages and visuals that are culturally specific and utilizing the art of "negotiation" for adopting key practices.

AWOCHIWE resources will invest in the following channels for SBCC activities: 1) CG leaders will be trained to deliver essential information and key messages on Integrated-MNCH messaging via monthly meetings and home visits (approximately 15 home visits/ month) using approved MoHCC curriculum materials. CG will be trained to use counselling cards to deliver timed messages to targeted audiences who will influence uptake of designed health and nutrition practices during home visits; 2) Health Facility-based educational sessions given daily across the range of issues including immunization, Integrated-MNCH messaging, FP, childhood illness etc., using MoHCC materials with focus on danger signs and child spacing; and 3) Church Leaders and UDAZIDA staff will meet with influential church leaders to strengthen their capacity to speak authoritatively

with their congregations regarding the importance of ante-natal and post-natal care, as well as delivery at health facilities. Church Leaders may also be very influential on other issues including violence against women and girls (VAWG) and the importance of delaying first pregnancy for the overall well-being of young women and families.

Output 2.1.3: Community contracts for health seeking behaviors piloted in 10 villages in one district

The project will seek out communities that have strong HCCs and RBF management mechanisms in place to pilot “Results-based community contracting” for optimal health seeking behaviours and outcomes. This entails promoting community-centered monitoring and response development, then rewarding communities for achieving results against indicators selected as health challenges that the community sees as a priority and agrees to seek improvement in. The community will be allowed to use the benefit for financing measures to improve health services uptake and their efforts that are essential for achieving better health outcome with a focus on MNCH-FP.

.....

Sub IR 2.2 Improved community knowledge about danger signs in pregnancy, delivery, newborns, child health, family planning and care-seeking behaviours

Output 2.2.1: Care Groups established and functional in 80% of target communities

In line with the draft CSS framework, the project will implement CG in each ward per district where CG are not currently established. CGs will be led by lead mothers or fathers and trained and supervised by a VHW using IEC materials produced under the MoHCC MNCH-FP and related programs. VHWs will be trained on how to monitor the CG sessions and use data collection forms for onward submission to clinics. Each CG discussion session will be conducted at a selected venue once per month and the leaders will report to the VHW on registers that capture specific data, the results of their home visits, and dialogues with individual family members (10-15 families) in their respective village.

Each family will go through modules with CG leaders on birth preparedness, nutrition and breastfeeding, newborn essential care, child health, reproductive health and FP, infection prevention (hygiene, water, sanitation), as well as emergency planning including saving family funds for transportation and medications, and a designated adult to accompany the mother/newborn. CG training sessions will use participatory methods and visuals to communicate the messages of behaviour change and will report social changes in health practices. CG Leaders will conduct home visits for pregnant women, post-partum women and newborns, and those with children who need nutrition/health follow-up.

To engage more men to attend the CG sessions and to participate in MNCH/FP, there will be collaboration with the Ministry of Women’s Affairs, Gender and Community Development (MWAGCD) to conduct Men’s Forum sessions at Ward level. The Forums will develop community-specific action plans to improve MNCH-FP and to promote participation of men in MNCH/FP activities. Youth peer groups will be invited to the CG sessions and VHW and CG Leaders will facilitate youth dialogues on the monthly topics. Under VHW guidance, CGs create a multiplying effect to equitably reach every beneficiary household with interpersonal behaviour change communication messages. Danger signs for pregnant women, post-partum women, newborns, and children will be a prominent topic with intense training on recognition, first response management and safe referral without delays.

Output 2.2.2: Referral system for health care services established in 264 religious conservative communities

The AWOCHIWE consortium will partner with Union for the development of Apostolic and Zionist Churches in the country to influence health-related behaviours, focusing on MNCH-RH and establishing referral pathways acceptable to the faith communities. This behavioural change platform will be complemented by engaging Apostolic traditional birth attendants in serving as a referral link between religious congregations and health services.

Sub IR 2.3 Reduced information, attitudes, and practices harmful to MNCH-FP

Refer to:

- Output 2.1.1: Micro-planning platforms with religious leaders, youth and community leaders established
- Output 2.1.2: Integrate a SBCC approach through Care Groups
- Output 2.2.1: Care Groups established and functional in 80% of wards of every district

IMMEDIATE RESULTS (IR) 3

Strengthened Community Systems and Linkages to Integrated MNCH/FP Services

Problem: *Community health structures and systems have been underdeveloped and linkages between communities and health facilities are weak. HCC are the link between the local health service and the community and are wanting in terms of governance and knowledge and skills to perform expected roles.*

Sub IR 3.1 Improved functioning of Health Centre Committees (HCC)

Output 3.1.1: HCCs trained on capacity assessment

In collaboration with MoHCC, the project will raise awareness of, develop skills for, and demonstrate equal and meaningful participation of men, women, and youth in community-level governance through HCCs. Starting with an assessment on health facility needs, as HCCs are established or strengthened, the committee will learn more about the outcomes of the assessment and how to best focus their efforts. The HCC will increase awareness of rights and responsibilities associated with gender equity, by advocating for gender-inclusive governance structures; contributing to a culture of accountability for GBV and decreasing obstruction of youth and women's roles in promoting gender equity.

Output 3.1.2: HCCs established and functional

HCC mapping will identify health facilities lacking or experiencing dysfunctional HCC. Training and tools to measure functionality of HCC, including composition, frequency, quality of meetings, and supervision will be developed. The HCC will support the MoHCC to ensure implementation of guidelines for functionality, provide supportive supervision, and ensure adequate representation of groups that are biggest users of MNCH/FP services or those with unmet needs such as young people.

.....

Sub IR 3.2: Strengthened household and individual links with integrated MNCH-FP services

Output 3.2.1: Functional Community-based pregnancy and newborn surveillance system

VHWs will implement a community based active case search of pregnant and newborns in the community. Through CG leaders and other volunteers, leaders will report monthly to VHWs on the number and localization of new pregnancies and deliveries in their respective communities through a pictorial tool, aligned with MoH community-based reporting form (VHW monthly return form). VHWs will subsequently, and as part of their routine home-visit program, target these households for health education, danger sign assessment, and ANC/PNC referral.

Output 3.2.2: Youth groups formed and functional

Using the DREAMS approach, Diocese of Mamba Community Care Programme (DOMCCP) will layer young peoples' FP needs within other services and refer accordingly. Working with WNFPC, the project will promote high volume events, such as road shows, youth sport events, galas, which DOMCCP is already conducting in the DREAMS project in two districts with great success. Youth Peer Group leaders will be identified by the collective groups and they will lead the development of Youth Action Plans advocating for improved access to FP services and youth participation in governance structures.

Output 3.2.3: Referral Links strengthened

The referral process of initiating-receiving point of care delivery will be strengthened via a district assessment process and clarification of roles, responsibilities, and the referral network, within a continuum of care and geographical unit. This process will be supported by the creation of a revised referral forms, a directory (list of organizations) of network services, and a monitoring system. As mentioned above (2.2.2), religious platforms will be taken into consideration.

.....

Sub IR 3.3: Strengthened VHW knowledge and skills to promote appropriate MNCH-FP health-seeking behaviours

Output 3.3.1: Trainings on minimum package for MNCH-FP provided to VHWs

AWOCHIWE will review the project's training database and MoHCC records to assess recent training efforts and identify VHWs in need of training on the full package or components of MNCH-FP. Training curriculum for all VHWs will cover the minimum package for the Reproductive, Maternal, Newborn, Child Health and Adolescents components as outlined in the draft MOHCC Community Systems Strengthening Framework for Health in Wildeli, adapting and adopting existing training manuals tested and approved by MoHCC.

Training teams will include facilitation skill building exercises with MoHCC trainers to enhance engagement and ultimately effective knowledge transfer to VHWs. Supporting monthly VHW supervision meeting structure will be improved by standardizing the format, to include structured feedback and mentorship activities, ensuring a feedback loop between clinic staff and VHWs. At monthly group meetings between VHWs and facility staff, AWOCHIWE will work closely with Facilitator's to prioritize information sharing based on high-priority topics through community structures, including HCC, CoH and CVA groups.

Short segments of the meeting will focus on refresher trainings for essential skills or topics for VHWs to improve. Training topics will be selected by reviewing health trends for MNCH/FP components identified in the HMIS monthly district reports. To provide additional day to day aides for VHWs, the project will roll out a mobile application for VHW use when counselling families on MNCH-FP topics and health-seeking behaviour. This tool will also provide case management guidance and referral decision-making components.

IMMEDIATE RESULTS (IR) 4

Improved capacity for policy implementation to enhance quality of MNCH-FP services

Problem: *Challenges to policy implementation exist especially on unclear operational guidelines and responsibilities for implementation, inadequate resources, lack of coordination and collaboration between health system stakeholders and implementers.*

.....

Sub IR 4.1: Increased capacity for policy implementation including advocacy to reduce other barriers to quality integrated MNCH-FP services by health providers

Output 4.1.1: Dialogue sessions between communities and service providers conducted

CVA is a social accountability methodology that brings together citizens, service providers, local government and partners in a collaborative, facilitated process designed to improve the quality of services at the local level and impact national governance change through systematic aggregation of citizen feedback on service performance.

Through key activities such as QI, social audits of government health facility standards, and community service scorecards, a rich dataset is available for service providers, users and government officials to assess during community action planning processes at facility level. CVA includes a preparatory phase called 'organisational and staff preparation,' which focuses on facilitation skills and three implementation phases:

- Enabling citizen engagement
- Engagement via community gathering
- Improving services and influencing policy

Where systemic issues cannot be addressed at sub-national level, citizens and other stakeholders (Ward Health Teams, VHWs) will be supported to act together to influence policy at both local and higher levels. The model allows for regular community dialogues for communities to reflect and address how their social and cultural conditions perpetuate their current health problems and to monitor implementation of the community agreed actions to address restrictive socio-cultural barriers to improved health and health seeking behaviours.

The actions plans will focus on gender relations and youth empowerment to access MNCH/FP services and will seek to influence religious and cultural leaders to embrace norms that promote access to improved health care services and health seeking behaviours. Apostolic and Zionist faith leaders will be mobilised to participate in dialogues between faith healers and health service providers on Apostolic sensitive engagement and service delivery.

.....

Sub IR 4.2: Improved national level health policies based on the activity's lessons learned and best practices

Output 4.2.1: Advocacy agenda developed and implemented for every district

After review of baseline assessment reports, consortium partners will collaborate to develop an advocacy agenda for the project. This agenda will be rolled out through current government platforms through which the consortium will engage. Key issues will be addressed at district and provincial health team meetings and communicated to the provincial platforms through established channels. The consortium will ensure community engagement in these platforms by selecting leaders to speak on the community's behalf in the forums. These leaders will be selected COH, CVA and HCC representatives within the community.

Output 4.2.2: Lessons learned/evidenced documented and used for advocacy and stakeholder forums

AWOCHIWE will document MNCH-FP lessons annually and use the evidence to create advocacy for best practices and conduct annual review meetings with key stakeholders to share lessons, challenges, conduct mini operational research studies on the effectiveness of CoH, and develop an advocacy agenda with consortium partners based on the baseline assessment findings. Emphasis will be on effective implementation of MNCH-FP policies and standards along the continuum of care.

List of Acronyms

AWOCHIWE	Advancing Women & Child Well-being	LARCs	Long-Acting and Reversible Contraceptives
ASRH	Adolescent Sexual Reproductive Health	MCHIP	Maternal and Child Health Integrated Program
BEmONC	Basic Emergency Obstetric and Newborn Care	MEL	Monitoring, Evaluation, and Learning
CBD	Community-Based Distributors	MIP	Malaria in Pregnancy
CBO	Community-Based Organization	MNCH	Maternal, Neonatal, Child Health
CDCS	Country Development Cooperation Strategy	MoHCC	Ministry of Health and Child Care
CEmONC	Comprehensive Emergency Obstetric and Newborn Care	NGO	Non-Governmental Organization
CG	Care Group	NHS	National Health Strategy
CHV	Community Health Volunteers	PAC	Post-Abortion Care
CLA	Collaborating, Learning and Adapting	PHE	Provincial Health Executive
CSO	Civil Society Organization	PNC	Post-Natal Care
CVA	Citizen Voice and Action	PMD	Provincial Medical Directorate
DHE	District Health Executive	PMTCT	Prevention of Mother to Child Transmission of HIV
EmONC	Emergency Obstetric and Newborn Care	PSC	Project Steering Committee
ETAT	Emergency Triage Assessment and Treatment	RBF	Results-Based Financing
FP	Family Planning	RH	Reproductive Health
GBV	Gender-based Violence	SBCC	Social Behavioral Change Communication
GoZ	Government of Wildeli	SRH	Sexual/ Reproductive Health
GSCM	Global Supply Chain Management	ToC	Theory of Change
HCC	Health Center Committees	TWG	Technical Working Groups
HMIS	Health Management Information System	VAWG	Violence Against Women and Girls
IEC	Information, Education, and Communication	VHW	Village Health Workers
IPTp	Intermittent Prevention Treatment in Pregnancy	VMMC	Voluntary Medical Male Circumcision
IC	Improvement Collaboratives	WRA	Women of Reproductive Age
IR	Intermediate Results	WDHS	Wildeli Demographic and Health Survey
KMC	Kalamu Mother Care	WNFPC	Wildeli's National Family Planning Council
LAPM	Long-acting and Permanent Family Planning Methods		

Handout 1.5 | Wildeli Table of Indicators

Performance Indicator Title	Indicator Definition	Data Source and Frequency	Disaggregation
Modern Contraceptive Prevalence Rate (mCPR)	<p>Percentage of women of aged 15-49, married or in union, who are currently using (or whose partner is currently using) a modern method of contraception at a particular point in time.</p> <p>Numerator: Number of women (15-49 years) or partner using any modern method of family planning.</p> <p>Denominator: Number of women of age 15-49 years married or in a union</p>	<p>Household survey</p> <p>>1 year, 5th year</p>	<p>Sex</p> <p>Age</p>
Antenatal care coverage	<p>Percentage of women aged 15 to 49 with a live birth who received antenatal care by a skilled health provider at least four times during pregnancy</p> <p>Numerator: women aged 15-49 with live birth who received ANC by skilled health provided, at 4 times</p> <p>Denominator: total number of women aged 15-49 included in the sample.</p>	<p>Household survey</p> <p>>1 year, 5th year</p>	<p>Age group</p>
Skilled attendant at birth	<p>Percent of live births attended by skilled health personnel.</p> <p>Numerator: number of live births attended by skilled personnel</p> <p>Denominator: total number of live births during the reporting period.</p>	<p>Household survey</p> <p>>1 year, 5th year</p>	<p>Age group</p>
Postpartum care coverage	<p>Percentage of mothers and babies who received postnatal care visit within two days of childbirth</p> <p>Percent of mothers and babies who received postpartum care within two days of childbirth (regardless of place of delivery)</p> <p>Numerator: Number of women and babies who received postpartum care within two days of childbirth.</p> <p>Denominator: Total number of women age 15–49 years with a live birth in the specified time period.</p>	<p>Household survey</p> <p>Health facility assessments and surveys/ Routine facility information systems</p> <p>>1 year, 5th year</p>	<p>Age, facility type</p>
Exclusive breastfeeding for six months	<p>Percent of infants ages 0 to 5 months who received only breast milk during the previous day, with no other solids or liquids, including water (UNICEF/WHO, 2009).</p> <p>Numerator: Mothers who indicator exclusively breast fed their 0-5 months year old children the previous day</p> <p>Denominator: total number of mothers included in the survey</p>	<p>Household survey</p> <p>>1 year, 5th year</p>	<p>Age group (mother)</p>
Three doses of the combined diphtheria, pertussis and tetanus vaccine	<p>Percentage of infants aged 12–23 months who received three doses of diphtheria/pertussis/tetanus vaccine</p> <p>Numerator: number of mothers reporting that their infants received the three doses (verification on the immunization card)</p> <p>Denominator: total number of women/mothers included in the survey</p>	<p>Household survey</p> <p>>1 year, 5th year</p>	<p>Age group of mother</p>
Antibiotic treatment for pneumonia	<p>Percentage of children aged 0–59 months with suspected pneumonia receiving antibiotics</p> <p>Numerator: number of mothers reporting that their infants received Antibiotic treatment for pneumonia (verification on the card)</p> <p>Denominator: total number of women/mothers included in the survey</p>	<p>Household survey</p> <p>>1 year, 5th year</p>	<p>Age group of mother</p>

Performance Indicator Title	Indicator Definition	Data Source and Frequency	Disaggregation
Proportion of PHC facilities with the minimum required equipment and trained personnel to provide MNCH-FP services	<p>Primary Health Care facilities refer to rural health clinics manned with 2 nurses, 1 nurse aid and 1 EHT with min 1 staff trained on CMAM, IYCF, IMCI, Safe Motherhood guidelines. Operational status is assessed through clinic registers (e.g. evidence of women receiving ANC), availability of guidelines in clinic, and functionality of accessory equipment (e.g. scales, blood pressure machines, rapid testing kits, etc.)</p> <p>Numerator: number of PHC facilities with minimum required equipment and trained personnel</p> <p>Denominator: total number of PHC facilities included in the Health Facility Assessment</p>	HF assessment using a service readiness checklist	NA
Percent of pregnant women receiving at least four visits for pregnancy-related reasons	<p>Pregnant women aged 15-49 with a live birth within a given time period who attended antenatal care (ANC) with a skilled attendant at least four times for reasons related to the most recent pregnancy</p> <p>Numerator: Total # of mothers who received antenatal care 4 times or more during the reporting period</p> <p>Denominator: Total births in the same period.</p>	LQAS Survey HF Register Annual	Age groups
Proportion of women transferred from PHC to a referral facility for complications of pregnancy and delivery that had timely and appropriate referrals	<p>Pregnant women with complications in giving birth who were received for definitive treatment at district or provincial after pre-referral treatment (including stabilization) at a PHC.</p> <p>A review of referrals will cover the past 3 months targeting a select district hospital and nearby health facilities.</p> <p>Numerator: number of pregnant women with complications received at PHC and provided timely and appropriate referrals</p> <p>Denominator: Total number of pregnant women with complication of pregnancy and delivery received at PHC.</p>	Case Note Review HF Referral registers Annual	Age
Proportion of men and women who say they do not want more children who are using long acting reversible or permanent contraceptive methods	<p>Among men and women of reproductive age (aged 15-49 years) surveyed who do not want more children, and are using any method of the following contraception methods: intrauterine device (IUD) and the birth control implant</p> <p>Numerator: number of men and women using long activity reversible or permanent contraceptive methods who say they do not want more children</p> <p>Denominator: total number of men and women (age 15-49) included in the survey</p>	LQAS Survey Annual	NA
Number of infants who have died in the year prior to a survey in religious objector communities	Number of children under one year of age who died in especially the Apostolic and Church of Zion faith communities.	Household survey Annual	Religious objector

Performance Indicator Title	Indicator Definition	Data Source and Frequency	Disaggregation
Percent of men (husbands) who are supportive of their partners' reproductive health practices (Gender)	<p>The percent of males who support their partners' reproductive health (RH) practices. This indicator is calculated as:</p> <p>$(\# \text{ of males who support their partners' RH practices} / \text{Total \# of men surveyed}) \times 100$</p> <p>"Supportive" includes attitudes toward specific behaviors (e.g., contraceptive use), responses to hypothetical situations, and reported actions/behaviors.</p> <p>"RH practices": contraceptive use, breastfeeding, delivery in the presence of a skilled birth attendant, and so forth.</p>	Household survey Annual	Age
Proportion of (household heads, mothers, household members 15 years and above) that know their HCC representative	<p>Individuals who are both aware of existence of HCC and correctly identify who their representative-by name or location.</p> <p>Numerator: Total number of individuals (household heads, mothers, household members 15 years and above) that know their HCC representative</p> <p>Denominator: total number of individuals (household heads, mothers, household members 15 years and above) included in the survey</p>	LQAS Survey	Sex Age group
Percent of trained community volunteers who are actively referring clients for MNCH/FP interventions.	<p>This indicator measures the percentage of trained community volunteers who are active and identifying and referring individuals (men, women, adolescents, youth) in need of MNCH/FP services to health facilities</p> <p>Numerator: Number of trained community volunteers identifying and referring individual in need of MNCH/FP Services</p> <p>Denominator: Total number of trained community volunteers</p>	Training database and community coordinators reports Quarterly	Sex
Proportion of community support groups (CSGs) providing timely reports to health facilities through their Village Health Worker	<p>Timely reporting = CSGs reports for a completed month due to the health facility every 10th day of the following month.</p> <p>Numerator: all CSGs that report on time (5/6 times) in a six-month period</p> <p>Denominator: total number of CSGs expected to report over a six-month period</p>	Quarterly Service Reports	NA
Proportion of community members who reported to receive MNCH-FP services from community volunteers	<p>Individuals who received MNCH-FP services through community volunteers three months preceding the survey</p> <p>Numerator: individuals who received MNCH-FP services from Community Volunteers</p> <p>Denominator: total number of individuals included in the survey</p>	LQAS Survey	Age Sex Type of service

Handout 1.6 | Background to Development Food Assistance Program in Manga

Development Food Assistance Program aims to improve gender equitable food security, nutrition, and resilience of vulnerable people within districts using an integrated and evidence-based approach in Manga. Development Food Assistance Program's theory of change presupposes that:

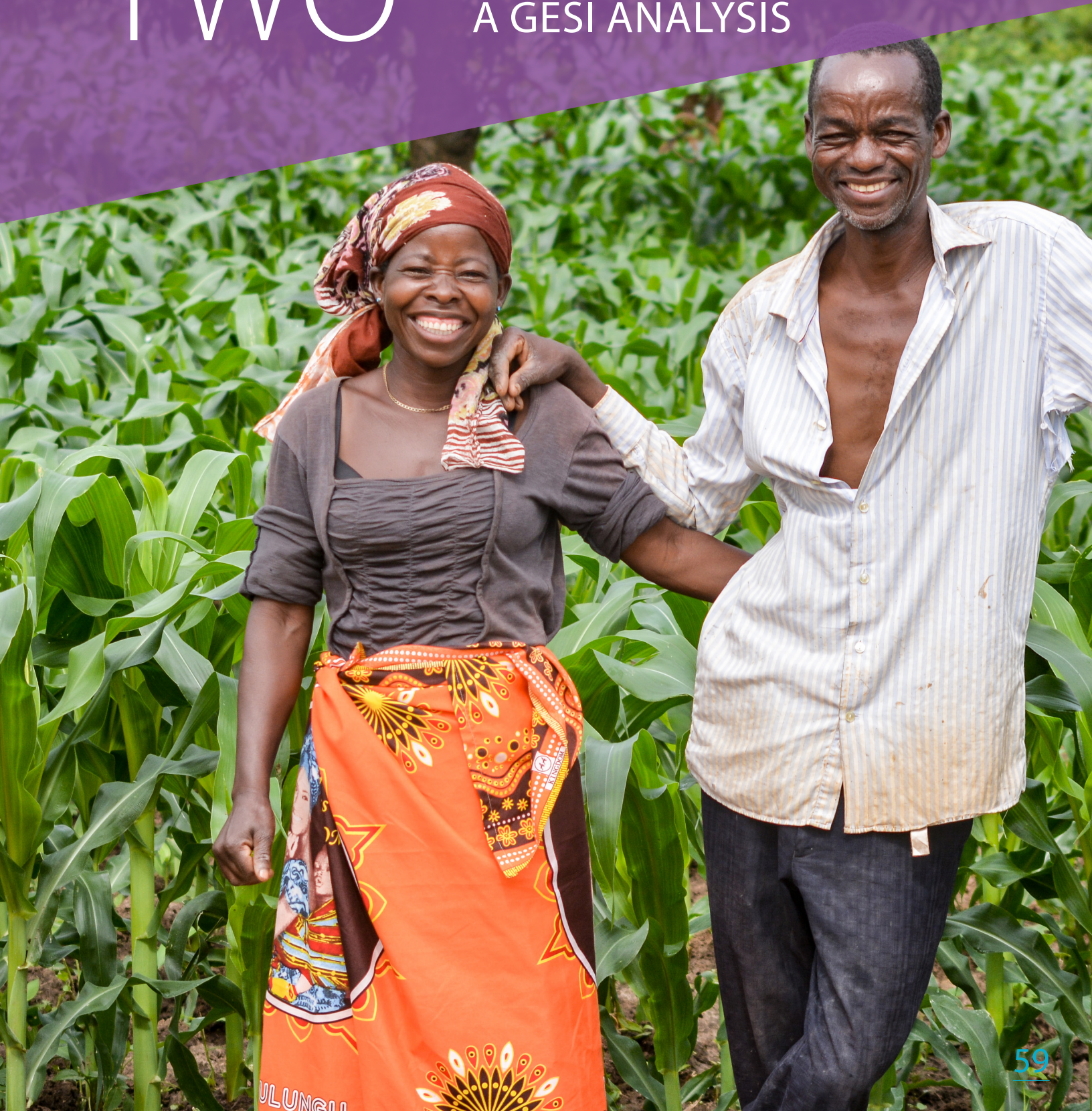
- Increasing access to clean water and improved sanitation;
- Improving maternal and child health and nutrition practices, including infant and young child feeding (ICYF);
- Increasing use of climate smart agricultural techniques and natural resources management (NRM);
- Improving income diversity, asset maintenance, and savings;
- Developing more alternative livelihood opportunities for youth;
- Increasing mobility and voice for women; and
- Communities becoming engaged and influencing change at the national policy level will reduce chronic poverty and improve resilience among households and individuals living in the project implementing areas. The program will deliver a comprehensive support package across multiple complementary sectors. World Vision and partners will support improvements in households' and communities' capacities to absorb shocks, adapt to change, and transform local systems both through direct implementation of activities and in coordination with state and non-state actors.

..... The Situation in Manga

Results from an extensive survey of secondary sources resulted in the development of a background statement. In summary, Manga has seen steady economic growth over the past two decades and rates of poverty have steadily declined. However, these gains have not contributed to improved gender equality. Labor force participation is low, domestic violence is common, and women's property ownership is rare. Cultural norms and water, sanitation, and hygiene (WASH) conditions heavily influence household dietary practices and nutrition outcomes. Women's access to and control over assets and decisions on health and finances, personal mobility, and speaking in public are severely limited. According to the 2011 Manga Demographic and Health Survey (MDHS), in target areas the median age at first marriage among women age 25-49 is 15 years.

MODULE TWO

CONDUCTING
A GESI ANALYSIS



DAY 2: MODULE TWO OUTLINE CONDUCTING A GESI ANALYSIS			
SESSION	DETAILS	MATERIALS	TIME
Session One: GESI Analysis- Introduction	Recap of Module One	Summary of what was covered in Module One	10 Minutes
	Introduction to GESI Analysis	TOOL 2.1 GESI Analysis <i>(Page 17-18 of the GESI in DME Toolkit)</i> Facilitator’s Notes: GESI Analysis	40 Minutes
BREAK			10 Minutes
Session Two: Steps on How to Conduct a GESI Analysis	Step 1 Collective Brainstorming	Flip Charts and Markers Collective Brainstorming <i>(Page 20-22 of the GESI in DME Toolkit)</i> Handout 2.1: Background Information on Primary School Education in Ethiopia Facilitator’s Notes: GESI Analysis for Education Program in Ethiopia Facilitator’s Notes: Guiding Questions in Doing a GESI Analysis Facilitator’s Notes: Collective Brainstorming Handout 2.2: Collective Brainstorming for GESI Analysis in Manga	90 Minutes
	BREAK		10 Minutes
	Step 2 GESI-responsive Desk Reviews and Secondary Data Collection	Flip Charts and Markers Desk Reviews for GESI Data <i>(Page 23 of the GESI in DME Toolkit)</i> Sources of Information <i>(Page 24-25 of the GESI in DME Toolkit)</i> Table 8 Guiding Questions on Secondary Data Collection <i>(Page 30 of the GESI in DME Toolkit)</i>	40 Minutes
LUNCH BREAK			60 Minutes
Session Two: Steps on How to Conduct a GESI Analysis (continued)	Step 3 GESI-responsive Primary Data Collection	Table 11 Planning for GESI-responsive Data Collection <i>(Page 33 of the GESI in DME Toolkit)</i> Focus Group Discussions (FDGs) <i>(Page 35-48 of the GESI in DME Toolkit)</i> Barrier Analysis and Social Norms Exploration Tool <i>(Page 48-50 of the GESI in DME Toolkit)</i>	40 Minutes
	BREAK		10 Minutes
	Step 4 Analyzing and Reporting GESI-responsive Data Communicating and Reporting GESI Findings Reflection on GESI Analysis Methodology	TOOL 4.3 Analyzing and Reporting GESI-responsive Data <i>(Page 84-93 of the GESI in DME Toolkit)</i> Table 34 Checklist for Communicating and Reporting GESI Findings <i>(Page 92 of the GESI in DME Toolkit)</i> Table 11 Planning for GESI-responsive Data Collection <i>(Page 33 of the GESI in DME Toolkit)</i> Handout 2.3: Manga Proposed Gender Analysis Methodology Handout 2.4: Manga Summary of Gender Analysis Facilitator’s Notes: Manga Program GESI Analysis	80 Minutes
Closing and Brief Feedback	Summary of what was covered in Module Two	10 Minutes	

MODULE TWO:

CONDUCTING A GESI ANALYSIS

This module introduces Gender Equality and Social Inclusion analysis (GESI analysis) and explains how to conduct a GESI analysis and provides steps to help carry out a GESI analysis. This module is based on **TOOL 2.1 GESI Analysis** (*Page 17-49 of the GESI in DME Toolkit*) and covers the following sessions:

Session One	GESI Analysis-Introduction
Session Two	Steps on How Conduct a GESI Analysis <ul style="list-style-type: none"> • Step 1 Collective Brainstorming • Step 2 GESI-responsive Desk Reviews and Secondary Data Collection • Step 3 GESI-responsive Primary Data Collection • Step 4 GESI-responsive Data Analysis and Reporting

SESSION ONE | INTRODUCTION TO GESI ANALYSIS

This session explains GESI analysis as an analytical approach that helps identify, understand and explain the gaps and disparities based on gender inequalities and social exclusion. The session presents guidance on when, why and how to conduct a GESI analysis.

SESSION OBJECTIVES

Participants will be able to:

Understand the rationale and principles of a GESI analysis.

Conduct a GESI analysis.

RECAP OF MODULE ONE (10 Minutes)

Provide a summary of what was covered on Module One. Reiterate that Module One was spent on understanding GESI, the terms associated with GESI, applying a GESI lens, GESI minimum standards, and GESI reflection. Invite participants to share what they learnt or ask questions.

INTRODUCTION TO GESI ANALYSIS (40 Minutes)

FACILITATOR'S NOTES: GESI ANALYSIS

Remind participants that GESI is about promoting equal and inclusive access, decision-making, participation, and well-being of all, without distinction of any kind (age, sex, disability, race, ethnicity, religion, economic, or other status), and ensuring systems are fair and inclusive. This applies to programs across all sectors (e.g., health, food security and livelihood, child protection and education, WASH, humanitarian, and economic empowerment). Explain that the five domains support GESI analysis and are critical in helping us to look at GESI issues in a multi-dimensional way that recognizes intersectionality and goes beyond obvious GESI-related issues into the systemic issues that underpin those issues.

Explain the following using [page 17 of the GESI in DME Toolkit](#)

- What is GESI analysis?
- Why conduct a GESI analysis?
- When to conduct a GESI analysis?
- Who participates in a GESI analysis?

Emphasize that without a good GESI analysis, we can't implement an effective GESI-responsive program. We will not be able to achieve our sector-related goals without making our program GESI-responsive.

Tell participants that the GESI analysis tool offers four steps that can be taken to conduct a GESI analysis. Mention these steps and let them know that you will discuss them in detail in the next session:

- Step 1 Collective Brainstorming
- Step 2 GESI-responsive Desk Reviews and Secondary Data Collection
- Step 3 GESI-responsive Primary Data Collection
- Step 4 GESI-responsive Data Analysis and Reporting

Explain that ideally, a GESI analysis will use all the four steps, but sometimes that is not possible. Therefore, each step has been designed as a standalone step. If you face budget or time constraints, you might consider doing a combination of any of the steps. The 'gold standard' approach is to undertake all four steps; the 'silver standard' is three steps, and the 'bronze standard' is to do only one step.

TIP!

It is recommended that you use projects that participants are working on, so that they can develop a GESI analysis outline that they are then able to use after the training.

SESSION TWO | STEPS ON HOW TO CONDUCT A GESI ANALYSIS

This session presents four steps that can make up a GESI analysis. Each of them provides a different way to collect information that helps to inform the analysis. These steps are:

- Step 1 Collective Brainstorming
- Step 2 GESI-responsive Desk Reviews and Secondary Data Collection
- Step 3 GESI-responsive Primary Data Collection
- Step 4 GESI-responsive Data Analysis and Reporting

SESSION OBJECTIVES

Participants will be able to:

Conduct a GESI Analysis.

STEP 1 | Collective Brainstorming

FACILITATOR'S NOTES: COLLECTIVE BRAINSTORMING (15 Minutes)

Provide a brief overview of the focus and objectives of collective brainstorming using the collective brainstorming information ([Page 20-22 of the GESI in DME Toolkit](#)). Explain that the collective brainstorming process provides additional information than the simple vulnerability assessment. It identifies the causes of marginalization and vulnerability, the reference groups that influence behaviours and expectations, and identifies the risk of these groups being excluded from participating or benefiting from the project. Brainstorming also collects information on ways to mitigate this.

Emphasize that collective brainstorming helps to understand who is excluded in a community, the power dynamics involved in the exclusion, and how to ensure full engagement of marginalized groups in development planning. Link this to the work they did on module one where they learned how to identify vulnerable groups.

IDENTIFYING QUESTIONS FOR YOUR GESI ANALYSIS (45 Minutes)

Tell participants to imagine they are part of a team leading a program that aims to improve primary school education in Ethiopia. Ask them to think about some key questions to inform a GESI analysis. Remind them to use the five GESI domains as a guide when thinking about what they need to know about gender and social exclusion in order to develop a sound education program.

You can also choose to use participants' existing education project or any other project instead.

Create two flip charts using the following headings:

Key Questions	Recommendations
Additional information needed	

Once participants complete a list of questions, share a copy of **Handout 2.1: Background Information on Primary School Education in Ethiopia** ([See Annex for Module Two](#)) and ask them to read through the document. Based on the gaps they identify, ask them to complete the 'additional information needed' section.

When the analysis is completed, ask participants to use their findings to provide recommendations that will help to advance GESI in the education system in Ethiopia. Use Facilitator's Notes: GESI Analysis for Education Program to guide the discussion. Responses should have some recommendations in each of the five GESI domains. Note that traditionally our programs have focused on enhancing access, not so much on the other four domains. A program that focuses on the five GESI domains looks quite different from the traditional World Vision programs.

FACILITATOR'S NOTES: GESI ANALYSIS FOR EDUCATION PROGRAM IN ETHIOPIA

Key Questions

Recommendations

Initial brainstorm of questions

- Are learning outcomes different for boys and girls?
What other types of children have lower outcomes? (well-being)
- What differences are there between boys' and girls' attendance at school? How does this differ depending on age?
What other types of children have lower attendance? (access)
- What other factors inhibit school attendance and performance? (access and well-being)
- What barriers are there to girls' and boys' attendance at school? (access)
- What constrains the learning of boys and girls? And other groups? (all domains)
- Who makes decisions about school attendance? (decision-making)
- How do gender norms around time use affect the ability of boys and girls to study after school? (participation)
- How do teachers work differently with girls or boys of children with a disability? (systems)
- How do gender and other issues impact decisions about educating children? (decision-making)
- How welcoming is the school for boys/girls/children with a disability? (systems)

Additional information needed

- How does sex, age, distance from school, language spoken in the home, socio-economic status, religion, ethnicity impact school attendance and performance
- What are the gender norms around time use? (not clear for boys)
- What percentage of children with a disability are in school?
What types of disability are included? Are there separate male and female toilets? Are toilets accessible?
- Do teachers and learning materials promote boys, girls, people with a disability and other excluded groups in a positive way?
- Who makes the decision about sending children to school and what are the key factors in that decision?

- Support to make the school system more inclusive of all children
- Enhance the environment and systems
- Improve teacher training to meet the needs of children with a disability
- Address teacher and community norms and stereotypes
- Provide support to struggling students
- Engage parents and children in decision-making
- Create opportunities for parents and communities to engage in their children's learning
- Use Community Voice Actions (CVA) to improve the quality of education
- Provide transport for children living far away
- Provide school materials and uniforms

RECOMMENDATIONS

Then facilitate a review of the program recommendations. Highlighting any common themes across the recommendations. Draw in lessons learned from previous sessions (e.g., ensuring issues of diversity and intersectionality are considered; seeking to identify and address root causes of exclusion). Ask participants to share any reflections.

If using existing education projects: reflect using Facilitator's Notes: Guiding Questions in Doing a GESI Analysis. It has questions by domain for education or appropriate sector reference guide.

FACILITATOR'S NOTES: GUIDING QUESTIONS IN DOING A GESI ANALYSIS

ACCESS

What formal or informal education services need to be developed or extended to meet the needs of the most vulnerable children?

- Which children are currently supported by school education services? disaggregated by age, sex, disability (by type) or other exclusion factor (such as ethnic or religious minority, lower caste, location (rural/urban), socio-economic status, etc)
- Which children are not supported by school-based services? What are the barriers for these children? To assess participation of children with a disability, you will need to compare prevalence in the broader community with prevalence among the school population or identify an assessment conducted on the number and type of children with a disability that are not in school
- Which children are currently supported by community-based education services? disaggregated by age, sex, disability or other exclusion factor (ethnic or religious minority, lower caste, location (rural/urban), socio-economic status)
- Which children are not supported by community-based services? What are the barriers for these children?
- Which children are not achieving the expected learning outcomes? disaggregated by age, sex, disability, or other exclusion factor (ethnic or religious minority, lower caste, location (rural/urban), socio-economic status).
- Which children cannot learn at primary level in the language that they speak at home? This will likely impact their learning outcomes
- Can all children in the community access school or learning safely? Issues to consider are that the route to school may be unsafe (crossing a river, narrow path through mountains, in an area with landmines) or risk of being attacked (through an area controlled by a rival group or gang, when it is dark)
- Do all children have equitable access to these spaces and services? Issues to consider could be distance from school, accessibility for children who are wheelchair users and have limited mobility to classrooms, latrines, dining and play areas
- Are specialized teachers available to support specific learning needs? Are there Braille and sign language teachers, teachers trained to provide support to people with a disability, individual education plans? Is this support accessible in all schools?
- Can all children access core learning materials such as textbooks? Are there large print versions or magnifiers, Braille, sign language or audio versions? Are all children able to borrow learning materials or do they have to have the money to buy them?
- Can all children access supplementary learning materials? Are there large print versions or magnifiers, Braille, sign language or audio versions? Are all children able to borrow learning materials or do they have to have the money to buy them?
- Are learning materials and programs universal in design? Do they allow multiple forms of receiving information and demonstrating knowledge?

PARTICIPATION

How can the most vulnerable children and their families participate more in education?

- Who are the key actors involved in delivering education services (teachers, school administrators, community learning support)? Disaggregate this information by age, sex, disability, or other exclusion factor (ethnic or religious minority, lower caste, location (rural/urban), socio-economic status) to understand and address the different roles that each group plays in education
- In what ways are parents engaged in supporting their child's learning? This could include helping children with their work, making sure they have the time and right environment to study at home, providing the money for school-related costs and making sure that teachers are working effectively
- Which parents or caregivers are most active in supporting their child's learning? Disaggregate this information by age, sex, disability, or other exclusion factors
- What prevents parents or caregivers from supporting their child's learning?
- What role do disabled person organizations or those representing vulnerable groups play in supporting the families of children with a disability and other children from excluded groups?
- How can children register complaints on violations of their rights and protections? Are they aware of this mechanism? Do they use this mechanism?

DECISION-MAKING

How can the most vulnerable children and their families be engaged in decision-making on education?

- What groups/committees exist to address education issues? At both national, regional, and local government levels and at school level (such as Parent-teacher groups, school management committees and student councils)
- What is the selection process for these groups/committees?
- What role do women, people with a disability, girls and boys, and other excluded groups play in education groups/committees?
- What level of participation do women, people with a disability, girls and boys, and other excluded groups have – token participation, active involvement, decision-making or ownership and control? Are they actively involved and do they feel their voices and opinions are respected?
- How can women, people with a disability, boys and girls, and other excluded groups be more involved or represented in these groups?
- Are children able to choose what they want to learn and how they want to receive the information (from the teacher, reading, audio, visual, physical)? and how they can express their learning? (writing, oral, visual, physical)?

SYSTEMS

How can the current formal and informal education systems be more equal for the most vulnerable children?

- Are laws and policies in place to support education services for all groups, particularly children with a disability? If not, what laws or policies need to be changed or added?
- How are education laws and policies applied? Are they applied equitably among boys and girls and for children from excluded groups?
- What social or gender norms are in place that influence education? Are there broader social or gender norms/attitudes or stigma that make certain children more vulnerable? Who is responsible for upholding these broader social or gender norms? Who would be able to change social and or gender norms?
- What messaging is used to promote education in the community? Is this accessible to both men and women, children and those who don't understand the dominant language? How helpful has this been thus far in achieving attitudinal and behaviour change around education?

WELL-BEING

What issues need to be addressed by education to enhance the well-being of the most vulnerable children?

- Which children are most at risk from different child protection risks in your context such as child marriage, female genital mutilation, child labour, sexual and gender-based violence, corporal punishment? This should be disaggregated by age, sex, disability or other exclusion or vulnerability factor (ethnic or religious minority, lower caste, location (rural/urban), family separation, domestic violence, socio-economic status)
- What does the education system currently do to minimize these different risks?
- Is school or other learning space a safe place for all children? If not, which groups are not safe and why? Both girls and boys may face sexual and gender-based violence
- Is there a way that children can report issues of sexual and gender-based violence (SGBV) that is survivor centered?
- Is there someone in the school or other learning space responsible for identifying children in need of support and referring them to relevant child protection, health, psycho-social and rehabilitation services? If so, how many children are they supporting? Are there some children they are not supporting?
- Are there referral protocols in place to enable schools or other learning spaces to refer children to relevant child protection, health, psycho-social and rehabilitation services?
- If children are referred to these services, are they available to all children? If not, what are the barriers?
- Are all types of children celebrated? Are there positive images of boys, girls, children with a disability and other excluded groups on walls, in reading material?

If you use any other project that participants are working on:

Assemble participants back into the plenary and facilitate a discussion about the analysis part of the exercise.

Ask participants to identify gaps in information that need to be filled. Ask participants:

- Did you devise the right questions? Did any groups have to go back and revise their questions after reading the background?
- Were the five GESI domains helpful for organizing your analysis questions and ensuring sufficient breadth? How did you use the domains to organize your analysis?
- How did the analysis inform your program recommendations?
- GESI analysis is a universal tool that can be applied beyond World Vision programs. What are some ways that GESI analysis could inform other aspects of World Vision work (e.g., human resources, budgeting, etc.)?

Invite everyone to share their thoughts.

CONDUCTING COLLECTIVE BRAINSTORMING (30 Minutes)

Ask participants to go through the collective brainstorming step by step guidance outlined on [page 19-20 in DME Toolkit](#) for few minutes. Invite them to share any feedback or questions. Then share with them

Handout 2.2: Collective Brainstorming for GESI Analysis in Manga ([See Annex for Module Two](#)).

In their small groups, ask them to take a look and discuss on what that entailed.

Then invite them to share their reflections in the plenary on how the results from Manga Project were different from their expectations. Ask them to share their thoughts on what they could have done differently or better within their own brainstorming.

STEP 2 | GESI-responsive Desk Reviews and Secondary Data Collection

FACILITATOR’S NOTES: DESK REVIEWS AND SECONDARY DATA (10 Minutes)

Explain to participants that ideally the next steps for GESI analysis will be informed by the collective brainstorming which identifies gaps in knowledge that need to be filled. Desk review activities include reviewing literature, collecting and analyzing secondary data, and creating a reference list of important documents related to a topic. If you are conducting this step as a continuation of Step 1 (as opposed to a standalone activity), use the findings from Step 1 to guide your searches. For example, there is no need to search for information on youth if that’s not a marginalized cohort identified in Step 1. Ensure to conduct this step according to the GESI domains. It is important that the collected information sheds light on each of the GESI domain. This step identifies important factors affecting various special groups using GESI domains. It also provides important information on the GESI situation explained in literature or captured in secondary data. You may be able to use this information to verify what may have changed over time or may not be accurate anymore. Data collected through desk reviews or secondary sources can be used as a baseline for understanding changes due to project implementation.

Tell participants that a GESI-responsive literature review can collect data that can help to identify gaps in knowledge and relevant GESI challenges and/or opportunities that need to be addressed.

Review the different possible sources of information on [page 24-25 of the GESI in DME Toolkit](#). Remind participants asize that it is important to make sure your topic is GESI-responsive and incorporates the five GESI domains. Remind participants that it is important to collect information in all the five domains and for various vulnerable groups.

HOW TO CONDUCT GESI-RESPONSIVE DESK REVIEWS (30 Minutes)

Draw the following table on a flip chart. Ask participants to list the type of documents that can help collect the needed GESI information. Record their responses. Use information on Desk Reviews for GESI Data ([Page 23 of the GESI in DME Toolkit](#)) to guide the discussion.

Type of document	Information you can collect
1.	Understanding program context If GESI perspective have been integrated DME If there are any gaps in GESI integration
2.	Quantitative, GESI disaggregated, contextual information on GESI dynamics within the country/community
3.	Qualitative, GESI disaggregated, contextual information on GESI dynamics within the country
4.	Understand legal and political context in which program(s)operate Identifying successes and gaps in the rights of men, women, children, people with a disability and other vulnerable groups in relation to the five GESI domain

GESI-responsive Secondary Data Collection

Explain to participants that secondary data sources can be used in collecting baseline data, identifying conditions, challenges, and external factors that might affect the implementation and performance of GESI-responsive programs. We may also gather information on how other similar programs have dealt with these challenges. Emphasize that it is better if the data collected can be disaggregated by the geographic area you are targeting as the situation can vary considerably across contexts within countries.

Ask groups to review the **Table 8 Guiding Questions on Secondary Data Collection** ([Page 30 of the GESI in DME Toolkit](#)) to see what additional tools are available and how this might help them in the secondary analysis. Invite them to share their feedback in the plenary.

STEP 3 | GESI-RESPONSIVE PRIMARY DATA COLLECTION (10 Minutes)

Explain to participants that in step 3, we gather first-hand detailed qualitative and quantitative data from vulnerable populations and key informants in target areas. Step 3 can be time consuming. It is best done after steps 1 and 2 - once it is clear which vulnerable groups you are targeting and what are the gaps in your knowledge that primary data collection can fill.

A project can use quantitative data or qualitative methods for their GESI analysis. In the Toolkit, we prioritized participatory data collection methods used to collect qualitative data that enlightens sensitive GESI issues (Focus Group Discussions (FGDs), key informant interviews, in depth interviews, and observations). However, quantitative methods also play an important role, depending on the purpose and objectives of the GESI analysis.

Provide a brief overview of **Focus Group Discussions (FGDs)** ([Page 35-48 of the GESI in DME Toolkit](#)) that can be used to collect GESI-responsive primary data.

- FGD1: Understanding Vulnerability
- FGD2: Social Mapping
- FGD3: Analysis of Roles and Workloads
- FGD4: Gender and Social Norms Assessment

Tell participants that gender and social norms cut across the five domains, impacting each. It is therefore critical that we have a good understanding of these norms and how they impact a specific behavior that is critical in achieving the project's goals and objectives. Tell them there are many tools that can be used to understand this. Then provide a brief overview of two tools: the Barrier Analysis and Social Norms Exploration Tool ([Page 48-50 of the GESI in DME Toolkit](#))

COLLECTION FOR PRIMARY DATA FOR GESI ANALYSIS (30 Minutes)

Ask participants to review **Table 11 Planning for GESI-responsive Data Collection** ([Page 33 of the GESI in DME Toolkit](#)). Then in their small groups, ask them to use Table 11 to:

- Identify actions they should take to plan for primary data collection in order to answer the questions they had for their project's GESI analysis.
- Review the different focus group discussion options on **Focus Group Discussions (FGDs)** ([Page 35 of the GESI in DME Toolkit](#)) and identify which of the focus groups they would undertake and why. Invite each group to share their thoughts in the plenary.

STEP 4 | GESI-RESPONSIVE DATA ANALYSIS AND REPORTING (5 Minutes)

Explain that the data collected in the three steps are then analyzed and reported within the GESI analysis. Tell participants that the analytical process once you've collected the data is outlined in detail within **TOOL 4.3 Analyzing and Reporting GESI-responsive Data** (*Page 84-93 of the GESI in DME Toolkit*) and this will be discussed in Module Four.

REFLECTION ON GESI ANALYSIS METHODOLOGY (60 Minutes)

Share with participants a copy of **Handout 2.3: Manga Proposed Gender Analysis Methodology** and **Handout 2.4: Manga Summary of Gender Analysis** (*See Annex for Module Two*).

In their groups, ask them to answer the following questions:

- To what extent does the proposed methodology support a quality GESI analysis? Remind them to use **Table 11 Planning for GESI-responsive Data Collection** (*Page 33 of the GESI in DME Toolkit*) as a guide
- How well does it adhere to the four steps we have in the GESI in DME Toolkit?
- Are there any additional activities you would have added to enhance the analysis?
- Are there sufficient questions addressing each of the five domains? What additional questions would you want to ask?

Then ask participants to review the summary of the findings from the analysis and answer the following questions:

- How well do you feel the data was analysed?
- Were results reported across all five GESI domains?
- To what extent did they address intersectionality and other factors for inclusion?
- What could be done to enhance the report?
- How are gaps in the report evident in the original analysis design?

Then invite each group to share their answers or ask any questions in the plenary. Use Facilitator's Notes: Manga Program GESI Analysis to guide the discussion.

FACILITATOR'S NOTES: MANGA PROGRAM GESI ANALYSIS (10 Minutes)

Reiterate that participants were asked to review the proposed methodology for carrying out a GESI assessment on the Manga program. Explain that to do the review of the methodology, we consider three questions:

To what extent does the proposed methodology support a quality GESI assessment? Have a look at the first column in the planning for GESI-responsive data collection tool. Ask participants "do you think that the methodology has indeed addressed these considerations?"

First, the proposed methodology should *identify objectives for collecting GESI focus data*. We find that the objectives are well established but focused entirely on gender. Intersectional elements are excluded, and social inclusion is not considered.

The **second** consideration in the checklist is to *map participants and data sources*. This is to make sure we check whether vulnerable groups are represented. In the methodology, it is stated as follows:

"Vulnerable groups: Every effort will be made to engage participants from vulnerable groups. Equal numbers of women and men from traditionally disadvantaged or marginalized groups (such as the elderly, youth, or people with a disability)."

This statement is concerning as “every effort will be made” is not enough. The elderly, youth, and people with a disability are not an exhaustive list of vulnerabilities. Other factors like socio-economic status, caste, literacy and other socio-economic factors of exclusion need to be considered. If vulnerable groups are only included in focus groups, there is no guarantee that they can participate effectively especially if meetings or activities are held at a time of day when they cannot attend, at a venue that is inaccessible, or in a language or format that they can't understand. Even then they may attend but not have the confidence to participate. It is unclear how these vulnerabilities will be represented in the key informant interviews or individual interviews. Youth organizations, women's and disabled person's organizations and other groups representing vulnerable groups should be part of key informant interviews. For individual interviews there seems to be so few interviewees that it will be hard to collect a statistically significant set of data to provide an understanding of the different vulnerabilities.

The **third** item in the checklist is to *plan for disaggregation*. This is to develop a complete understanding of participants and how to respond to their unique needs. Even if vulnerable populations participate, there is no indication on how their views will be recorded and differentiated from the views of others. Ideally, the analysis should have focus groups specifically for the vulnerable groups as part of the process, allowing the analysis to incorporate their specific needs.

The **fourth** item in the checklist is to *select methods*. The methods should align with the objectives and should vary according to the type of participants. A mixed method is designed and appropriate. The only challenge is that the number of individual interviews may not be enough to understand different intersectional vulnerabilities.

The **fifth** item is to *consider potential risks and ethics*. This is to integrate measures and precautions to protect respondents' rights, dignity, and welfare. How is this covered in the proposed methodology? The study envisages having separate male and female focus groups and will interview husbands and wives separately as well as having mixed focus groups. This is sensitive to a situation where women may not be comfortable expressing themselves around men and allows an understanding of the different perceptions of men and women within the same household to inform an understanding of gender dynamics.

The **final** item is to conduct a *pretest*. Pretesting should mimic the real data collection scenario but on a much smaller scale. It is also an opportunity to pretest specific tools with specific demographics where relevant, such as pregnant women, female youth, or people with a disability. It is not clear if a pretest was conducted. If not, the pretest should have been conducted with different groups including language minority groups, female youth, pregnant women, people with a disability and people from different ethnic and religious backgrounds.

How well does it adhere to the four steps we have in the DME toolkit?

Overall it is compliant following the process of the four steps:

Step 1 is collective brainstorming: This is not directly supported in the program, which has listed vulnerable groups – youth, women and girls as the key focus for examining inclusion. This is likely based on donor priorities and the current program. In the methodology, the following traditionally disadvantaged or marginalized groups are listed as the elderly, youth, or people with a disability. A good step one would have laid out more factors of vulnerability and the intersectionality between them.

Step 2 is GESI-responsive desk reviews and secondary data collection. The gender analysis includes a secondary assessment, but it is not clear on exactly what kind of secondary sources they will be consulting and how it will link to planned data collection. The analysis is also building on secondary data and work.

Step 3 is GESI-responsive data collection: The data collection is focused on gender, rather than social inclusion.

Step 4 is analyzing and reporting GESI-responsive data: The assessment will do this.

Are there any additional activities you would have added to enhance the assessment?

Yes, we would have added:

- A pre-test that tested with different groups including women (including pregnant women), youth (including adolescent girls and young women), language minority groups, people with a disability and people from different ethnic and religious backgrounds
- Additional focus groups, specifically for categories of vulnerable groups
- Additional focus groups that use the four focus group discussions outlined in the toolkit to enhance our understanding of vulnerability, access and control over resources and assets, division of labor within households and gender and social norms
- Key informant interviews for organizations and groups representing vulnerable populations
- Additional individual interviews disaggregated by vulnerability factors

Are there sufficient questions addressing each of the five domains?

Generally, there are plenty of questions addressing the five domains around gender issues. The survey questions, key informant and in-depth interviews focus on all domains and provide a point of comparison between male and female respondents on issues related to the GESI domains. The focus group discussion discusses the domains of decision-making, participation and systems in more detail. The data collected would be very useful in identifying issues around access, well-being, decision-making, participation and systems at the individual, household and community level. In order to ensure that the domains addressed broader societal level issues, the secondary analysis would need to identify the impact of the broader systems – legal, economic, political and social – on the lives of women and other vulnerable groups in the population. The questions also incorporate many of the questions within the toolkit located within the household surveys for participation, well-being and decision-making (page 46). The weakness in the questions is that they don't address intersectional issues.

What additional questions would you want to ask?

There are enough questions addressing the five domains in the process. They just need to be adapted to focus on broader social inclusion as well as gender.

- Focus groups should identify other vulnerability factors in addition to those related to gender. The easiest way would be to use the FGD 1 guidance in the toolkit. This would tease out the vulnerabilities in a community and allow a more in-depth discussion in subsequent focus groups on how vulnerabilities might impact the key issues of child marriage, coping ability, decision-making and domestic violence
- The toolkit also provides suggestions for three additional focus group discussions (FGDs) that would have provided a better understanding of the GESI-related dynamics. FGD 2 – Social Mapping – defines the access and control over resources and services of different groups; FGD 3 – Analysis of Roles – defines the division of labor within households more clearly. FGD4 – Gender and Social Norms Assessment – defines key widely held values that impact individual vulnerabilities. The focus groups in this assessment focused on thematic issues rather than overall dynamics
- There should be focus groups with vulnerable groups on the key issues
- There should be additional key informant interviews with representatives of vulnerable groups with questions to understand their vulnerability in more detail
- There should be additional key informant interviews with persons connected to key systems –including reporting of gender-based violence (GBV), provision of financial services, elections and other political participation processes – so that the data collected from individuals can be matched to an understanding of how inequality is embedded in these systems and what could be done to address these inequalities

Review of the summary of the findings from the analysis:**How well do you feel the data was analyzed?**

The data was analyzed effectively. It drew out gender issues across all the technical areas within the program. The recommendations were actionable. It identified positive deviance in order to help to identify a way of shifting norms.

Were results reported across all five GESI domains?

Yes, they were. The focus of the recommendations was on equal systems, decision-making and participation as being critical for increased access and well-being.

To what extent did they address intersectionality and other factors of exclusion?

The findings didn't at all. This is the weakness of the study.

What could be done to enhance the report?

- Clarify the decision-making process on early marriage to clarify who makes the decision
- Disaggregate findings by geographic area and vulnerability group. It sounds too homogeneous
- Incorporate secondary data that frames the primary data findings

How are gaps in the report evident in the original analysis design?

The biggest gap was that the assessment was not designed to be a GESI analysis, but a gender analysis. For this reason, there is insufficient focus on the intersectional vulnerability factors. In addition, it wasn't clear how the secondary data was needed to back up the collection of primary data. More should have been clarified in the design. The lack of more detailed focus groups on GESI dynamics means that we don't have very clear recommendations on how to shift those dynamics, other than a focus on male engagement. Typically, it is not one group that is responsible for maintaining existing norms.

CLOSING AND BRIEF FEEDBACK (10 Minutes)

Briefly summarize what was covered in Module Two. Thank the participants for their contributions and for making the day very fruitful. Invite them to share any reflections, comments or ask any question. Remind them that the next day will start with a quick review of what has been discussed in Module Two.

ANNEX

for MODULE TWO

Handout 2.1 | Background Information on Primary School Education in Ethiopia⁷

Overall Context

Women in Ethiopia account for 50 percent of the population and the Ethiopian Constitution and its National Policy on Women guarantee them gender equality and the protection of human rights in various spheres of life. However, women do not equally participate in and benefit from development and progress. Women's participation in key sectors and their role in decision-making are still not at par with that of men.

Education

The Government of Ethiopia has made progress towards universal primary education, however approximately 80% of Ethiopian youth are out of school by age 15. Obstacles related to accessing education persist. Children of all ages often become engaged in some aspect of farming and floriculture.

Gender disparities are widely attributed to societal gender roles and socio-economic challenges, including girls' responsibilities for household chores and a lack of gender-sensitive facilities and services around schools. Three million Ethiopian children remain out of school, many of whom are girls. A significant number of out-of-school children are from pastoralist and semi-pastoralist areas in Ethiopia. The nomadic lifestyle of the populations in these areas, combined with conflict and drought, makes girls particularly prone to being taken out of school when families come under stress. Harassment of girls, incidences of sexual abuse, traditional attitudes regarding early marriages and the value of girls learning are barriers to girls' continued education.

Children with a disability are often excluded from the schools, sometimes by choice of the family, or because the facilities make access impossible. Nearly all children with a disability, regardless of the potential impact on their education, are out of school by the age of 14. In rural areas, harmful traditional practices persevere, including segregating certain ethnic groups into social sub-strata, like castes. Also called marginalized peoples, adults from these sub-strata are reportedly discriminated against in workplaces and children are bullied or ignored by teachers so that they do not attend school.

The Program

The overall goal of the program is to increase access to education and the quality of the education.

Once the group work is completed invite each group to share what they came up with. Ask participants:

- Did you devise the right questions? Did any group have to go back and revise their questions after reading the background?
- Were the five GESI domains helpful for organizing your analysis questions and ensuring sufficient breadth? How did you use the domains to organize your analysis?
- How did the analysis inform your program recommendations?

⁷ Center for Evaluation and Development, An Impact Evaluation of Alternative Basic Education in Ethiopia (October 2017); Decentralized Evaluation, Final Evaluation of WFP's USDA McGovern-Dole International Food for Education and Child Nutrition Programme's Support in Afar and Somali Regions in Ethiopia 2013-2017 (June 2018); Lou Witherite, Independent Midterm Evaluation of Engaged, Educated, and Empowered Ethiopian Youth (E4Y) (June 2017).

Handout 2.2 | Collective Brainstorming for GESI Analysis in Manga

Marginalized social groups

	Women, girls	Migrants	Conflict-displaced persons
Causes of marginalization and vulnerability	Socially ascribed low value given to girl / woman resulting in discrimination; Women/ girls seen as pure; Socially constructed and roles and responsibilities attributed to men and women	Lack of protection mechanism targeting women and girls; Voluntary out-migration for employment; migrant status increase risk for subsequent violence, maltreatment related to employment	Women / girls, even with appropriate education, skills and educational level might be relegated to menial labor <ul style="list-style-type: none"> Temporal status limits their access to protection mechanisms, education/ training opportunities
The relevant others who influence the excluded groups' expectations and behaviors (Reference groups)	Traditional leaders (customary chief, religious leaders); grandmothers	Warlords or militia leaders for forced displacement; parents for employment related outmigration; and peers	Armed groups, the government, arms vendors, traditional leaders (customary chiefs and religious leaders) as well as the communities themselves
Risk of project exclusion	Imposition of practices that guarantee community and religious belonging (e.g., female genital mutilation (FGM) and child marriage); laws, penal codes that condone these practices (Personal and family code; Marriage code)	Practices—Area of Responsibility (AoR) cluster arrangements benefit certain groups	Practices—AoR cluster arrangements benefit certain groups
Suggested mitigation strategies	Establishment of a protection mechanism for vulnerable people (women, girls); Inter-religious exchanges targeting faith leaders where these issues can be unpacked; sensitization and advocacy about women and girls' rights; psychological care for survivors of GBV; income generating activities	Sensitization and advocacy about women and girls' rights; psychological care for survivors of GBV; income generating activities	Sensitization and advocacy about women and girls' rights; psychological care for survivors of GBV; income generating activities
What else do you need to know to improve the project's inclusivity?	Those associations, CBOs, International non-governmental organizations (INGOs) and state services in place that may target these groups to ensure there is no duplication	Make sure no duplication for services, first aid currently received through associations and community based organizations(CBOs). <ul style="list-style-type: none"> NGOs and ICRC through support in food, cash, psychosocial and health care UN agencies for registration and support (UNHCR, International Organization for Migration (IOM), ...) State supported social/ economic development 	Make sure no duplication for services, first aid currently received through associations and CBOs. <ul style="list-style-type: none"> NGOs and International Committee of the Red Cross (ICRC) through support in food, cash, psychosocial and health care UN agencies for registration and support (UNHCR, IOM, ...) State supported social/ economic development

RECOMMENDATIONS

The 2016 conflict ushered in further constraints to women's engagement in the labor force. Even though women have moved to take on such roles outside of home, women faced harassment and violence even in the form of GBV when occupying jihadists saw them engaging in market activity – and halted them from continued engagement because of their deeply held perceptions that women should not be outside of the home, much less earning income.

While women were pursuing paid opportunities outside of the home (primarily in the informal sector), this was limited due to domestic care work. Men are more likely to be employed as salaried workers.

It is important that the proposed activities unpack those deeply entrenched norms that prescribe roles and expectations limiting or impeding women's participation in paid work - thus denying women of the opportunity to experience the multiplier effect often associated with women's economic empowerment: that empowering women economically will spill over to her family, her household.

Identifying points for leveraging women's participation in paid labor and understanding how these points can be influenced by conflict, and potentially exacerbate a woman or girl's risk for GBV is important. Furthermore, it is critical as part of this leverage identification process that attention is drawn to supporting vulnerable populations' participation in paid labour including survivors of GBV and women/girls with disabilities and ensuring that engagement with the project does not exacerbate one's vulnerability to GBV.

OUTLINE OF THE PROPOSED GENDER ANALYSIS METHODOLOGY OF THE DEVELOPMENT FOOD ASSISTANCE PROGRAM IN MANGA

OBJECTIVES OF THE GENDER ANALYSIS

The objectives of the Gender Analysis were to build on existing secondary analysis conducted during program design to:

- Better understand the gender dynamics related to nutrition, income generation, and the ability to mitigate and respond to man-made and natural shocks and stresses
- Identify, examine, and analyze gendered vulnerabilities and underlying structural norms that affect the program
- Explore the gendered power relations between men and women and differences in their access to resources, priorities, needs, activities, and constraints that they face in relation to each

PROPOSED RESEARCH METHODS

In brief, the field research team of seven gender specialists to conduct key informant interviews (KIIs) and surveys over the course of six weeks in each target area.

Literature Review: to obtain background knowledge on the context of gender equality in Manga to provide background knowledge on which to base our field inquiry.

Selection of Villages: divide the villages into remote (hard to reach and rarely visited by outsiders) and not remote (in proximity to a nearby town), and then randomly selecting equal numbers from each.

In-depth Interviews: three women and three men individually and in their own house in each village, using topical checklists rather than questionnaires, offering the respondents more freedom on what they want to discuss.

KIIs: At least two Key Informant Interviews (KII) in every village with key stakeholders, such as teachers, the chairperson, members of the UP, and officers in health facilities.

FGD: Focus Group Discussions (FGD) in each village, one for men only, and one for women only, and when indicated, a mixed gender group, using FGD guide.

Survey: with 120 women and 120 men, all married couples, using a questionnaire.

Vulnerable Groups: Every effort will be made to engage discussants from vulnerable groups. Equal numbers of women and men from traditionally disadvantaged or marginalized groups (such as the elderly, youth, or people with a disability).

Research Tools: we will use: the checklist for inquiries, checklist for Union Chairman, checklist for Focus Group Discussions, questionnaire for women of the household, and questionnaire for men of the household.

Data Triangulation: Both quantitative and qualitative data will be collected across multiple groups and complemented by secondary sources to ensure data triangulation. Social desirability bias will be remedied through the collection of data from a variety of alternative sources/methods.

Food Security of Households

Food availability

- Staple foods (that people eat, all year, seasonal)
- Cropping system (cash crops, food crops; who is responsible for what and how much time do they spend in it - women, men, boys, girls)
- Land size and tenure (do women own land/ponds)
- Problems for agricultural production related to salinity (when did saline shrimp cultivation start, and how was the salinity situation before?)
- Traditional fishing vs. farmed fish culture – male and female contributions (tasks, time spent)
- Male and female access to information, services, knowledge for increasing production and livelihood diversity (differences, why?)

Food access

- Own production capacity of household (HH) (farming, fishing, livestock and poultry, home gardens)
- How they cope with food deficits (loans from private money lenders, saving groups; need for women, men, children to engage in daily wage employment, seasonal or permanent migration,
- Women's engagement in income earning activities (what type of work?)
- Wage disparity between women, children, men (for farm labor, construction)
- Who makes choices for household food, who buys, is there consultation with spouses, who spends?
- What technology (improved seeds and crop varieties, mechanization) do men and women farmers use for production? What are their preferences?

Food utilization

- Cultural norms that affect nutrition (for e.g. male children get preference over females in certain foods, women eat last, leftover food?)
- Knowledge on nutritious diet and safe and healthy food preparation
- WASH conditions that affect food hygiene and preparation (lack of safe, sufficient water, lack of knowledge, access to information, lack of time for safe water collection from distant source)
- Influence of other influential persons (mother-in-law, religious leaders) on food intake of women and girls, especially during pregnancy

Vulnerability/Resilience During Disasters

- Access of women/men to early warning systems and post-emergency measures (radio, newspaper, public meetings, mobile phones, smart phones)
- Presence of cyclone shelters and adequacy of this for women and children (privacy, dignity in WASH facilities, separate sleeping arrangements, physical or mental harassment by men), risk of being trafficked
- Women's access to disaster relief (cash, food, paid work) and their control over how to spend it
- Women's involvement in food/cash for work schemes that are part of disaster risk reduction (DRR) strategies (such as road and embankment construction)

- Coping strategies of household members and how this impacts men's and women's work, responsibilities, and vulnerability (for e.g. migration)
- Local capacity at ward, union, UZ level for DRR (strategies, committees, funds, access to information, power)
- Risk of women, adolescents, children to be trafficked during and after disasters
- Migration – has this increased as a result of disasters? (who migrates, where, for how long?)

Men Engagement and Men Care Group

Gender responsibilities in the household

- Men engagement in child-care
- Water collection (*How much time is spent in this? Do men fetch water using van/bicycle?*)
- Fuel collection/preparation?
- Helping wife when she is pregnant or ill
- Joint decision-making about food expenditures, children's education, business investments

Gendered decision-making in SRHR

- Men's control and decision-making in family planning (*Method used, number of children, spacing of children, support to women during ante- and post-natal periods*)
- Men's involvement with sanitation (*Is there consultation with women during design and installation of latrine, help with cleaning the toilets?*)

Child marriage, dowry, violence against women and children

- Men's decision-making and control over age of marriage of girl child
- Men's decision-making and control over practice of giving and/or taking dowry
- How do men think about violence against women and children in their house, in other's houses?

Empowerment and its four elements (economic, social, political, and physical)

Economic empowerment

- Right to choose one's education (*Priority of education of male children over female?*)
- Same income for same work
- Women's control over own/HH income vs men (*to spend, to save, to invest*)
- Right to work that one enjoys (*vs time spent in drudgery work*)
- Right to water (*Ease of access, reliability, safety, sufficient amounts*)
- Access to relevant resources of production (*Land, ponds, livestock, equipment, credit, farm inputs, improved technology*)
- Do women, men have their own bank accounts, mobile phones, smart phones, farmer card, food ration card?
- Mobility of women (*to sell in markets, to move freely outside the homestead*)

Social Empowerment

- **Self-image of women/men** (For e.g. different age, class and ethnic group. How do you see yourself? How do others see you?)
- **Social status** (Are they member of a CBO, savings group, or women's group (WMG)? Are they working as health volunteer? Is he/she an entrepreneur?)
- **Is your voice heard? Does your opinion matter?** (For e.g. as a group member or to discuss decisions about schooling, marriage, or work for yourself/others?)
- **Education and school drop-out rate of girls and boys** (Is there a difference in how long girls/boys stay in school? Why do boys/girls drop out of school? Do boys/girls study after marriage?)

Political Empowerment

- The right to organize oneself
- The right to vote and to be voted, to take active part in CBO and other groups
- Participation in ward-level, union-level, and UZ level politics and institutions
- Ability to effectively participate in decision-making to influence development efforts (be member in institutions set up as part of project)

Physical Empowerment

- Underage/child marriage (What is the average age of first marriage for men and women? Is there a difference, if so, why? To what extent are girls/boys able to choose or influence the timing and circumstances of their marriages?)
- Practice of giving and taking dowry (How are women/men able to exert influence on this?)
- Polygamy and remarriage (Do men have more than one wife at one time? Do men and women who have lost their spouses remarry? Is this more common for men or women? Why?)
- Decision-making on family planning (Age of first birth, number of children and birth spacing)
- Access to safe and adequate sanitation (Hanging toilet, private sanitary latrine, bathing chamber?)
- Access to proper healthcare (Satisfaction of women and men with these services)
- Access to proper menstrual management (Information, what they use – ready-made pads, or homemade cloth pads?)
- Ability to resist domestic violence (Ask indirectly on this at the start, for e.g. 'Does domestic violence happen in your neighbourhood? What do you do when this happens? Is it settled by a group – if so, who? – or left to be managed personally by the husband-wife?')
- Situation of physical harassment of women in public areas or at work
- Specific problems faced by widows, women household heads (WHH), old women, women with disabilities adolescents (For e.g. safety, security, harassment, mobility)

QUESTIONS FOR KEY INFORMANTS, ESPECIALLY LOCAL GOVERNMENTS STAFF

- What are the different committees at the local government level? List them please.
- Are members empowered in how they are able to spend the budget allocated to them? How are priorities in budgeting (for WASH, DRR) decided by them?
- How many women members are there? And in the different committees? Do they hold any official positions? Do they contribute to decision-making in their committees, and priorities of women they represent?
- What kind of data is collected at local government level (by the different committees)? Do they know for e.g. how many extreme poor, WHH have been given subsidies, asset-transfer, cash-grants? Is this information available for all to see (like on a public notice board outside the local government office)?

- What is their disaster preparedness strategy? WASH strategy? How was this affected by experiences from last disaster?
- What is their experience with reporting of incidence of child marriages, domestic violence? Do women and men come forward for this? And how do they respond in these cases?
- Do the committees work together or mostly separately on certain issues?
- Do the local government or the committees collaborate with other agencies (NGOs, CBOs). If so, which? And how?

CHECKLIST FOR FOCUS GROUP DISCUSSIONS

Child Marriage and how this affects empowerment of women

- To continue education, engage in training
- Mobility to work outside home
- Decide how to spend own income
- To resist violence
- Knowledge on nutrition and health

Coping ability and vulnerability to external shocks (disaster, economic crises)

- Experience of recent disasters (*Differences in men and women, sub-divided by age, ethnic group, disabled*)
- How they cope with disasters, and economic shocks (*Loss of work*)
- Particular threats, and constraints faced by women/men
- Institutional response to women and men (*How is this experienced differently by different categories of women and men?*)
- Different experiences of disaster relief

Decision-making in the household

- On WASH (*Sharing of work in water collection*)
- In sanitation (*MHM, toilet cleaning, Solid waste management*)
- Child-care and education of children
- Food choices, access to nutritious food
- Spending own income
- Participation in groups (*WVG, village WASH committees*)

Domestic violence and perceptions of women and men on it (separate sex groups, indirect questioning – see example in checklist)

- Why do men use violence?
- Why do women accept it?
- Do women resist it? How?
- Is there violence against children? Do women and men beat their children? Why?

FOR FEMALE RESPONDENTS

Personal Information

Name	Age
Address	Education level
Phone (mobile)	
Are you married? If yes, what was your age at marriage?	
Do you have children? If yes, what was your age at the birth of your first child?	
No. of children and their age	
Are there any family members with disabilities in your household?	
Assets of household	Source of income

Survey Theme 1: Agriculture and Food Security

1. What do you eat every day?
2. How many meals do you eat per day?
3. Are there some months a year that you less meals or more meals? If so, when and how many months?
4. What crops do you produce?
5. What specific task do you have in food production?
6. How much time do you spend on above activities
7. What is the size of the plot of land that you farm?
8. Is the land your own? In whose name is the ownership paper?
9. What problems do you face in agricultural production?
10. What Access to information and services for farming do you have?
11. Do you have a Farmer Card?
12. Are you member of a Farmer Group?
13. What is your Household Production capacity?
14. Is there a time you face food shortage? When and how long?
15. How do you cope with food shortage or deficit?
16. Are you, your husband, and, children engaged in extra work, off farm employment etc.?
17. How much do you earn per day? Do the men in the same work earn more? How much?
18. Do you have control over your own income?
19. Can you decide what the family eats, and do you buy it?
20. Do you use any new varieties of seeds and technology in farming?
21. Do you know how to prepare nutritious and safe food for your family?
22. Do you eat together with your husband and children?
23. Do you eat the same food as your husband and children?
24. Do you give your sons the same food as your daughters?
25. Where do you get drinking water from? And how far is this from your home as well as how much time spent?
26. Are you member of a WASH committee? If yes, please specify which committees, and your position in it.
27. Are you satisfied with the water quality?

Survey Theme 2: Vulnerability/Resilience during Disaster

28. Do you have access to early warning system in disasters? If so, how are you informed
29. Do you have a mobile phone or smart phone? Can I see it?
30. Are you able to remain in your house during a cyclone?
31. Is your house going under the water of storm surge?
32. Do you go to Cyclone centers during disasters?
33. Are the WASH and sleeping facilities in the cyclone centers adequate for women and young girls?
34. Do you have a ration card?
35. What kind of disaster relief have you got?
36. Have you been involved in food/ cash for work schemes that are part of DRR strategies?
37. Do you get paid the same as men for this work?
38. How were you affected by the last disaster?
39. Are you engaged in local Disaster management committee? If yes, please mentioned your position.

Survey Theme 3: Intra Household Gender Relations and Empowerment

40. Does your husband/brother/father help you with household work? If so what type of work?
41. Do you and your husband decide jointly on: Contraception (what type)/ No. of children/Education of children/Household budgeting and purchases/ Investment in farming or business?
42. Do you have knowledge on MHM?
43. Are you satisfied with the quality of the local health care provided?
44. Do you need to seek permission to visit public areas?
45. Do you agree that a husband is justified in hitting or beating his wife for specific reason?
46. Do you have ability to resist domestic violence? How do you do it?
47. Are you a member of CBOs or local committees in your village? If yes, please specify which committees, and your position in it.
48. Do you take loans? If yes, how much? From what source? Interest rate? Who borrows? Who repays?
49. Do you vote in local elections? If yes, please say was you influenced by someone in your choice?
50. Have you stood as candidate in local elections? If yes, please specify which elections, and if you were successful?

FOR MALE RESPONDENTS

NB: Almost all the questions in the questionnaire for men were as same as questionnaire for women but there were a few questions in the questionnaire for men were different from women. These are mentioned below:

51. Are you, your wife, and children engaged in extra work, off farm employment etc?
52. How much do you earn per day? Do the women in the same work earn more? How much?
53. Do you eat together with your wife and children?
54. Do you eat the same food as your wife and children?
55. Do you help your wife to get drinking water for the household? How far is this from your home? How do you fetch it and how much time is spent?
56. Do you get paid the same as women for this work?
57. Do you help your wife with household work? If so what type of work?
58. Do you and your wife decide jointly on: Contraception (what type)/ No. of children/ Education of children/ Household budgeting and purchases/ Investment in farming or business?
59. Do you individually decide on spending your benefits and income?
60. Do you have knowledge about women's needs in MHM?
61. Does your wife/daughter/mother need to ask your permission to visit public areas?
62. Do you think that a woman should have the right to resist domestic violence? How can she do it?

EXECUTIVE SUMMARY OF GENDER ANALYSIS FOR DEVELOPMENT FOOD ASSISTANCE PROGRAM IN MANGA

KEY FINDINGS

Water Salinization: Increasing salinity of water has caused women to travel far distances to obtain water that is less saline, from one to five hours per day. Fetching water is considered a female responsibility thus the burden of traveling long distances is added to an already full schedule of traditional domestic duties, limiting women's ability to engage in income generating activities and placing women at risk of violence and abuse along the route. Further, the salinity of the soil has decreased the possibility for homestead gardens and the raising of livestock and poultry for many villagers, a practice that had traditionally served as income generation for females in this region.

Sanitation: While women are considered responsible for cleaning latrines it is the responsibility of men to repair and replace facilities when they are broken or to evacuate the contents when full. Temporary and permanent migration of men for employment has rendered latrines unusable and unhygienic as women have not been trained to manage these tasks which are perceived to be men's work. Safety concerns held by women inhibit their use of community latrines, further decreasing latrine use.

Child Marriage: Marriage at a young age is common for both boys and girls in the implementing areas though girls are often married near the age of 15 while boys marry closer to the age of 20. Early marriage significantly influences the trajectories of young girls whose mobility and work opportunities become restricted after marriage. The practice of dowry (the provision of monetary and other tangible assets by the bride's family to the groom's family) was noted as a driver of the child marriage as was the community's response to "eve-teasing" (a form of sexual harassment directed at adolescent girls). When girls marry early they are more easily dominated by their husbands and by older male and female members of her husband's family, decreasing an already limited sense of voice and agency within the home.

Women's Limited Mobility and Decision-Making Power: Gender norms perpetuate perceptions about women's roles, mobility, and status. In the household, men make most decisions, particularly those related to investments, land, agriculture, large expenditures, and marrying of the sons and daughters. In the making of smaller decisions women are sometimes included, if it relates directly to housekeeping, food choices, or small purchases. Decision-making on food consumption is also gendered. Often solid food is introduced earlier for boys than for girls. Traditional custom promotes that women eat last, meaning they receive the least amount and often the less nutritious foods. Fears of large babies and caesarean births perpetuate limited food intake by pregnant women which is detrimental to their nutritional status and that of their child.

Disaster-Related Vulnerabilities: Women are vulnerable to fatality due to gender differences in access to timely information on disasters, suitability of cyclone shelters, and poor participation in disaster management committees. Women are also responsible for the protection of stored food, fuel, valuables, candles, and kerosene as well as collecting water, tending to livestock, and caring for children, the elderly, and the sick. The rate of trafficking was noted as problematic for women and girls with higher risks occurring after disasters.

Greater Gender Role Flexibility in Times of Disaster: Study participants routinely noted that greater fluidity in gender norms has been seen as a result of a Cyclone in 2009. This varies by village but has materialized as greater freedom of movement and improved decision-making power for women in some areas. Women's engagement in the labor market has increased to meet the needs of some families while men have taken on greater care responsibilities in some households, though men's embrace of traditionally female duties is less common than female participation in traditionally male spheres. Further, as women began to engage in paid labor outside of the home, their work was considered instrumental to family survival and thus they were allowed to eat at the same time as the men.

Land and Asset Ownership: Only one woman across all study areas reported land registered in her name. When women do earn income from working in the fishpond or through kitchen gardening or livestock, they are required to turn the income over to their husbands. Despite the designation of household livestock raising as a women's duty, these assets are considered the property of the husband. Men have control over financial decisions even though they often migrate for employment and are not physically present. Some cases of positive deviance exist with women put in charge of financial matters due to a husband's migratory status. However, at the time of this study, these cases were considered rare.

Access to Employment and Equity of Wage Earnings: Only 20 percent of women in the survey reported having paid employment with an average daily wage of \$1.25 USD. Men's wages are also low, but still twice as high as women's. Community residents perceived there to be very few opportunities for paid work, especially for women. Women who work long hours outside of the home are subjected to social scrutiny and gossip. The high burden of domestic responsibilities also prevented women from seeking paid employment.

Meaningful Participation in Public Decision-making: Lack of time, poor access to information and poor governance also inhibits active participation of women in local WASH committees that would ultimately benefit the larger community. Lack of participation is also related to diminished voice and agency for women in most implementing areas. This study found that the overwhelming majority of women felt their voices and opinions were not considered in household decision-making. Such feelings at the intra-household level can discourage women from participating more broadly within society for fear of either not being taken seriously or other forms of retribution.

Gender-Based Violence: Gender-based violence is a common phenomenon. Even in villages that have made notable progress to reduce child marriage and improve the educational retention and performance of females, physical abuse remains a problem. Sexual harassment is a typical occurrence suffered by school-going girls in the form of "eve-teasing". Concerns over safety and harassment have influenced women's decisions not to take up stay at cyclone shelters and have also influenced women's decisions not to use community latrines, creating vulnerabilities for women in terms of disaster preparedness and hygiene management.

KEY RECOMMENDATIONS

Maximize opportunities for behavior change among men and boys

In the program implementing areas, gendered roles and division of responsibilities are prescribed and rigid. Dialogue about these roles and their impacts on food security, nutrition, and resilience should be discussed. There are opportunities to highlight cases throughout program areas, offering examples of more flexible and efficient role division. Development Food Assistance Program can also build upon the role flexibility that was accepted after the Cyclone as a way to better meet basic needs. Dialogue around “eve-teasing” and concepts of “honor” are critical as they are considered drivers of child marriage. Development Food Assistance Program should prioritize dialogue on these concepts and practices within its messaging on child marriage and raise them as issues for Child Protection Committees. Lastly, as the project focuses on improving equitable gender relations, it will be essential to address issues of GBV, the ultimate expression of power imbalance, within the MenCare component and other dialogue groups.

Tailor project activities within the context of men’s migration

Given that men often seasonally migrate for work within the project areas, project activities should reflect this phenomenon. Messaging around equitable control of income and assets can integrate a pragmatic approach within a gender equality framework. Similarly, messaging on WASH and nutrition should both account for male absence while highlighting the practicality of greater decision-making agency for women.

Learn from effective programming to reduce child marriage

Eliminating child marriage in the program areas has the potential to significantly and positively impact project outcomes in food security, nutrition, and resilience. As several villages within the implementing areas have found success in reducing or eliminating child marriage, it would be useful to determine what strategies was most effective to do so. Further, messaging on birth registration, particularly in villages with low registration rates for girls, will improve the government’s statistics on child marriage, a key element in the sustainable reduction of the practice.

Adapt livelihoods activities to fit within the changing environmental landscape

Throughout the study areas, women expressed frustration over the salinity of the soil and its detrimental impact on household gardens, an income generating activity that was traditionally assigned to them. Training men and women in agricultural techniques and affording access to saline-resistant seed varieties, will increase opportunities for project beneficiaries to earn income, particularly women in villages where work outside of the home remains restricted. There is also a need to promote creative thinking around labor and time saving techniques to reduce women’s burden related to household chores, tasks that have increased in duration due to climate change.

Use life skills and leadership training to address gender inequality, preparing females for equitable roles in household finance and labor force participation

The life skills training for adolescent girls, proposed under this program, should integrate concepts of basic financial literacy and asset development to prepare this cohort for equitable responsibility and decision-making over household finances. Similarly, leadership training can be a venue for topics of economic agency and wage equality, two predominant issues affecting women's empowerment in the region. By gaining awareness on these issues, female leaders can mobilize grassroots efforts for change that will have a sustainable impact on gender equitable food security, nutrition, and resilience moving forward.

Increase the participation of women in committees with decision-making roles

The number of women participating in committees or in elected roles was found to be very limited in the project areas. The project is right to prioritize female participation which is likely to influence the structure of sanitation facilities and conceptualization of disaster planning, allowing for these interventions to be more attractive to females thereby increasing their utilization. These trainings should underscore the importance of including female voices, with opportunities to interview or shadow female leaders in neighbouring villages. Where feasible, mentorship matching can provide support and guidance for women and female youth who are new to governance. Dialogues on childcare, including responsibility sharing between household members, will be essential to facilitate as childcare can afford women equal opportunity to generate income and participate in civic affairs while children are supervised and protected from harm.

Train Development Food Assistance Program staff on gender equality

Locally-based community workers may overtly adhere to or hold implicit biases related to gender norms. As such, Development Food Assistance Program staff should be trained on concepts of gender equality and the pathways for change that such equality can have on MCH and nutrition; agricultural and economic development; and resilience.

MODULE THREE

GESI
INTEGRATION
IN PROGRAM
DESIGN



DAY 3: MODULE THREE OUTLINE GESI INTEGRATION IN PROGRAM DESIGN			
SESSION	DETAILS	MATERIALS	TIME
Session One: GESI Integration in Proposal Development	Recap of Module Two	Summary of what was covered in Module Two	10 Minutes
	Developing a GESI-responsive Proposal Proposal Quality Review	Flip Charts and Markers TOOL 3.1 Proposal Development Guide <i>(Page 56-58 of the GESI in DME Toolkit)</i> Handout 3.1: Lilliput Project Proposal Handout 3.2: Partly Completed Proposal Quality Review TOOL 3.2 GESI Integration in Program Design <i>(Page 59-65 of the GESI in DME Toolkit)</i> TOOL 3.3 GESI Indicators <i>(Page 66-69 of the GESI in DME Toolkit)</i> TOOL 3.4 GESI Integration Action Plan <i>(Page 70-72 of the GESI in DME Toolkit)</i>	50 Minutes
BREAK			10 Minutes
Session Two: GESI Integration in Program Design	GESI Integration in Program Purpose, Objectives, and Outputs	Table 20 An Example of GESI Integration in Program Purpose, Objectives, and Outputs <i>(Page 61 of the GESI in DME Toolkit)</i> Facilitator's Guide: GESI in Program Purpose, Objectives, and Outputs TOOL 3.2 GESI Integration in Program Design <i>(Page 59-65 of the GESI in DME Toolkit)</i>	20 Minutes
	GESI Integration in Activities Plan	Table 21 An Example of GESI Integration in Activities Plan <i>(Page 63 of the GESI in DME Toolkit)</i>	20 Minutes
	GESI Integration in Risk Mitigation Strategy	Figure 5 Negative Consequences that may be Caused by Program Activities <i>(Page 63 of the GESI in DME Toolkit)</i> Table 22 An Example of Integrating GESI in Risk Mitigation Strategy <i>(Page 64 of the GESI in DME Toolkit)</i>	30 Minutes
	GESI Integration in Monitoring and Evaluation Plan	Table 23 GESI Integration in M&E Plan <i>(Page 65-66 of the GESI in DME Toolkit)</i>	20 Minutes
LUNCH BREAK			60 Minutes
Session Three: GESI Indicators	Types of GESI Indicators Assessing Indicators in a Multisectoral Project Proposal Reviewing/Selecting Indicators	Facilitator's Notes: GESI Indicators TOOL 3.3 GESI Indicators <i>(Page 66-69 of the GESI in DME Toolkit)</i> Handout 3.3: Naruba Project Proposal Facilitator's Notes: Naruba Project Annex 2 Illustrative GESI Indicators <i>(Page 96-104 of the GESI in DME Toolkit)</i>	80 Minutes
Session Four: GESI Integration Action Plan	Objectives of a GESI Integration Action Plan Developing a GESI Integration Action Plan Applying GESI Action Plan to Own Project	TOOL 3.4 GESI Integration Action Plan <i>(Page 70-72 of the GESI in DME Toolkit)</i> Table 25 GESI Integration Action Plan <i>(Page 73 of the GESI in DME Toolkit)</i> Facilitator's Notes: GESI Integration Action Plan (GESI-IAP)	40 Minutes
BREAK			10 Minutes
Session Five: GESI-responsive Budgeting	Objectives of GESI-responsive Budgeting	TOOL 3.5 GESI-responsive Budgeting <i>(Page 73-77 of the GESI in DME Toolkit)</i>	40 Minutes
	Developing a GESI-responsive Budget	Handout 3.1: Lilliput Project Proposal Handout 3.4: Lilliput Project Budget Narrative Table 26 Developing a GESI-responsive Budget <i>(Page 74-75 of the GESI in DME Toolkit)</i> Facilitator's Notes: GESI in Budgets Facilitator's Notes: Budget Review	
	Closing and Brief Feedback	Summary of what was covered in Module Three	10 Minutes

MODULE THREE:

GESI INTEGRATION IN PROGRAM DESIGN

Module three presents a suite of tools that staff can use at specific stages in the project management cycle. The module is based on section three of World Vision's Toolkit on how to integrate GESI in DME ([Page 51-69](#)). This module consists of five sessions:

Session One	GESI Integration in Proposal Development
Session Two	GESI Integration in Program Design
Session Three	GESI Indicators
Session Four	GESI Integration Action Plan
Session Five	GESI-responsive Budgeting

SESSION ONE | GESI INTERGRATION IN PROPOSAL DEVELOPMENT

This session presents key considerations in developing and/or conducting a quality review of proposals that address GESI from the outset of program design. This session is based on **TOOL 3.1 Proposal Development Guide** ([Page 56-58 of the GESI in DME Toolkit](#)).

SESSION OBJECTIVES

Participants will be able to:

- Develop GESI-responsive proposals.
- Conduct a quality review of a proposal using a GESI lens.

RECAP OF MODULE TWO (10 Minutes)

Provide a summary of what was covered on Module Two. Reiterate that Module Two was spent on learning about GESI analysis and how conduct a GESI analysis. Invite any questions or comments.

DEVELOPING A GESI-RESPONSIVE PROPOSAL (10 Minutes)

Review the **GESI Proposal Quality Review Checklist** ([Page 51-53 of the GESI in DME Toolkit](#)). Explain that the GESI Proposal Quality Review Checklist is used to guide the design process. It may also be used as a project design quality review tool.

Let participants know that they may want to adapt the checklists to their project's requirements. If they would like a tool to review the quality of project proposals but are not directly involved in the proposal development process, then they can use the **GESI Integration Action Plan** ([Page 70-73 of the GESI in DME Toolkit](#)). This tool can be used to provide a quick but focused review of the GESI responsiveness of a project proposal. However, any review team may use this tool in addition and/or alongside checklists from tools **TOOL 3.2 GESI Integration in Program Design** ([Page 59-65 of the GESI in DME Toolkit](#)), **TOOL 3.3 GESI Indicators** ([Page 66-69 of the GESI in DME Toolkit](#)) and **TOOL 3.1 Proposal Development Guide** ([Page 56-58 of the GESI in DME Toolkit](#)) as applicable.

Note: The development of the GESI-responsive project design tools assumes a typical project design following the standard processes and addressing standard design elements. It is possible that some of the elements in the tools are not addressed/required in the project proposal/design.

PROPOSAL QUALITY REVIEW (40 Minutes)

Ask participants to turn to **Tool 3.1 Proposal Development Guide** (*Page 56-58 of the GESI in DME Toolkit*). Then share a copy of **Handout 3.1: Lilliput Project Proposal** and **Handout 3.2: Partly Completed Proposal Quality Review** (*See Annex for Module Three*) or any other proposal that participants are working on. Ask participants to spend few minutes reading the proposal. Then ask them to work in their small groups and use the partly completed proposal quality review checklist to evaluate whether GESI has been integrated satisfactorily in the Lilliput Project Proposal. They will focus on the following tasks:

- Assess the program description (the first section in the checklist)
- Assess the implementation plan (the second section in the **checklist**)

After the groups have filled the proposal review checklist, ask them to share their rationale behind the scores. Use the Facilitator's Guide: Completed Proposal Checklist to guide the discussion.

Some probing questions:

- What is the overall feedback on the proposal?
- Can you mention one component in the proposal where you think you can apply a GESI lens?

SESSION TWO | GESI INTEGRATION IN PROGRAM DESIGN

This session is intended to guide the program design process, which includes the development of various frameworks and plans. This will help World Vision staff to take a deep dive into GESI matters under the five domains (access, participation, decision-making, systems, and well-being) as the program is designee. This session is based on **Tool 3.2 GESI Integration in Program Design** (*Page 59-66 of the GESI in DME Toolkit*) and will cover the following topics:

GESI Integration in Program Purpose, Objectives, and Outputs

GESI Integration in the Activities Plan

GESI Integration in the Risk Mitigation Strategy

GESI Integration in the Monitoring and Evaluation Plan

SESSION OBJECTIVES

Participants will be able to:

Integrate GESI in program design.

Improve project-level outcomes and minimize risk of unintended consequences.

GESI INTEGRATION IN PROGRAM PURPOSE, OBJECTIVES, AND OUTPUTS (20 Minutes)

Ask participants to read **Table 20 An Example of GESI Integration in Program Purpose, Objectives, and Outputs** (*Page 61 of the GESI in DME Toolkit*). After the groups have read the table, write the following statement on a flip chart:

- Increased use of diverse nutritious food for children under two, pregnant and lactating women, and adolescent girls; increased utilization of health and nutrition services and reduced prevalence of diarrhea and water borne diseases.
- Improve food security and nutrition for rural households vulnerable to food insecurity.
- Access, participation, decision-making and well-being.
- Improved nutritional of children under two years of age, pregnant and lactating women, and adolescent girls.

Ask each group to match the statements with program purpose, objective, output, related GESI domains, same as **Table 20 An Example of GESI Integration in Program Purpose, Objectives, and Outputs** (*Page 61 of the GESI in DME Toolkit*). When they are done, ask them to share their answers in the plenary. Use the Facilitator's Guide: GESI in Program Purpose to guide the discussion.

Some probing questions:

- What is the program you are currently working on?
- How can the program purpose, objective and output incorporate GESI?

FACILITATOR'S GUIDE: GESI IN PROGRAM PURPOSE, OBJECTIVES, AND OUTPUTS

Program Purpose	Improve food security and nutrition for rural households vulnerable to food insecurity
Objective	Improved nutritional status of children under two years of age, pregnant and lactating women, and adolescent girls
Output	Increased utilization of diverse nutritious food for children under two, pregnant and lactating women, and adolescent girls; increased utilization of health and nutrition services and reduced prevalence of diarrhea and water borne diseases
Related GESI domains	Access, participation, decision-making and well-being

GESI INTEGRATION IN ACTIVITIES PLAN (20 Minutes)

Ask participant to turn to **Table 21 An Example of GESI Integration in Activities Plan** (Page 63 of the *GESI in DME Toolkit*) below.

Economic empowerment sector		Related GESI domains
Activity 1	World Vision facilitator organizes women into business and savings groups	Participation Access
Activity 2	Group members appoint their own leaders and decide group accountability mechanisms that enable them to take part in decisions about their own affairs and statutes	Decision-making Well-being
Activity 3	World Vision facilitator trains women in budgeting, accounting, and saving skills	Access Participation
Activity 4	Group leaders facilitate business planning session	Participation

Invite them to share any examples of GESI-responsive activities in their programs or work. They need to come up with examples of activities in each GESI domain.

GESI INTEGRATION IN RISK MITIGATION STRATEGY (30 Minutes)

Ask participants to review **Figure 5 Negative consequences that may be caused by program activities** (Page 63 of the *GESI in DME Toolkit*). Draw a table with three columns on the flip chart titled harm, time poverty and conflict insensitivity.

Harm	Time Poverty	Conflict Insensitivity

Ask them to choose one program they are working on. Then work in their groups and discuss examples of each item in the three columns and their related GESI domain. After they have identified potential risks and unintended consequences, create additional mechanisms which can be utilized to mitigate the risks and negative impact in the program. Use **Table 22 An Example of Integrating GESI in Risk Mitigation Strategy** (Page 64 of the *GESI in DME Toolkit*) as an example.

Unintended Negative Consequence	Mitigation Strategy	Related GESI Domains

Tell them if the strategy requires additional resources and activities, to add these into the activity plans and budgets. Then invite each group to share their examples with the plenary. These can be outlined and applied to their project within the GESI Integration Action Plan.

GESI INTEGRATION IN MONITORING AND EVALUATION (M&E) PLAN (20 Minutes)

Ask participants to review **Table 23 GESI Integration in M&E Plan** (*Page 65 of the GESI in DME Toolkit*).

Ask them to reflect on what they understand from the table using these questions:

- What do they understand about the data collection plan? What are the factors considered in this section?
- What do they understand about the indicators and data analysis plan? What are the factors considered in this section?
- What do they understand about the monitoring and evaluation plan? What are the factors considered in this section?

Note: Participants may use their own M&E plan for this activity – and should identify the changes they need to make to their own M&E plans? This can then feed into the GESI Integration Action Plan.

SESSION THREE | GESI INDICATORS

This session presents GESI indicators which are intended to measure program-driven change. The session will provide an overview of the importance of GESI indicators, consideration in selecting indicators, and how to assess indicators using a GESI lens. The session also presents a suite of illustrative GESI indicators which are intended to measure program driven change. This session is based on **Tool 3.3 GESI Indicators** (*Page 66-70 of the GESI in DME Toolkit*).

SESSION OBJECTIVES

Participants will be able to develop and identify GESI-responsive indicators.

FACILITATOR'S NOTES: GESI INDICATORS (10 Minutes)

Explain to participants that developing GESI monitoring and evaluation indicators can strengthen the monitoring and evaluation systems and enable the collection and analysis of data disaggregated by sex, disability status and other social attributes. Using an array of quantitative and qualitative indicators allows program teams to assess and monitor how the program is addressing the needs and challenges of diverse marginalized groups and contributing to increased gender equality and social inclusion.

Review the material in **Tool 3.3 GESI Indicators** (*Page 66-70 of the GESI in DME Toolkit*). Invite participants to share their thoughts on GESI-related Indicators, GESI-targeted indicators, and quantitative and qualitative indicators.

ASSESSING INDICATORS IN A MULTISECTORAL PROJECT PROPOSAL (40 Minutes)

Share a copy of **Handout 3.3: Naruba Project Proposal** with the participants (*See Annex for Module Three*).

This is a multisectoral proposal focused on Food Security and Livelihoods, Water, Sanitation, and Hygiene and Child Protection and Education. In their small groups, ask them to have a look at the list of indicators in the proposal. The goal is for them to suggest the best GESI-responsive indicators in a multisectoral context. Remind them to make sure that each sector needs to have indicators that capture the five GESI domains.

Write the following guiding questions on a flip chart:

- Is data disaggregated in a way that would provide enough information to inform a GESI approach? If not, what would need to be done?
- What indicators has the proposal identified in each sector to assess progress against the five GESI domains? Do the indicators cover all of the five domains? If not, which indicators would you add?
- Are there sufficient indicators to assess progress against all the objectives?

Then invite each group to share in the plenary. Use Facilitators Notes: Naruba Project to guide the discussion.

FACILITATORS NOTES: NARUBA PROJECT

1. Is data disaggregated in a way that would provide enough information to inform a GESI approach? If not, what would need to be done?

Most indicators in the proposal were not disaggregated. The few that were disaggregated focused mostly on age or sex. To be more inclusive, it is important to add more disaggregation by other vulnerability types such as refugee and disability status. Therefore, all data on individuals should be disaggregated by sex, age, disability, and refugee status.

2. What indicators has the proposal identified in each sector to assess progress against the five GESI domains? Do the indicators cover all of the five domains? If not, which indicators would you add?

In each objective, the indicators did not cover all the five GESI domains. For example:

- **Objective 1:** Improved economic, livelihoods and resilience opportunities for refugees and host communities.
There were no indicators that would capture enhanced decision-making or systems. You may need to add indicators for those domains.
- **Objective 2:** Improved hygiene practices and community management of WASH facilities in host communities and the refugee camps.
There were no indicators that would capture enhanced decision-making participation or well-being of vulnerable groups such as females, youth, refugees, and people with a disability. You may need to add indicators for these domains.
- **Objective 3:** Improved capacities of existing protection systems and support provided to vulnerable refugee and host populations.
There were no indicators that would capture access, decision-making, and participation of vulnerable groups such as females, youth, refugees, and people with a disability. You may need to add indicators for those domains.

3. Are there sufficient indicators to assess progress against all the objectives?

Remind participants that they need to carefully look at the objectives and determine if the indicators are sufficient to measure progress for each objective in each sector.

REVIEWING INDICATORS IN OWN SECTOR/DEPARTMENT (30 Minutes)

Ask participants to sit in groups based on their area of focus or sectors. Cross cutting sectors may join any group. Tell them to take a look at **Tool 3.3 GESI Indicators** (Page 66-70 of the *GESI in DME Toolkit*) and **Annex 2 Illustrative GESI Indicators** (Page 96-104 of the *GESI in DME Toolkit*). This will help them identify GESI indicators that they could use in their sector or department.

Ask each group to do the following:

- Review indicators in their sector/department and discuss whether the indicators they have are GESI-responsive or not
- Identify at least one indicator for each GESI domain then discuss how they can make that indicator to be a GESI-responsive indicator?
- Remind participants that the toolkit has a list of illustrative GESI indicators that they may consider using

After they are done, invite each group to share what GESI-responsive indicators they came up with for consideration in their programs or work. Then ask participants to submit a list of those indicators for follow-up after the training.

SESSION FOUR | GESI INTEGRATION ACTION PLAN

This session is designed to assist project teams to develop a GESI Integration Action Plan (GESI-IAP). A GESI-IAP entails mapping integration of GESI considerations into project design and throughout the project cycle. This will help to ensure all members of the target population share the benefits and opportunities of the project, regardless of their social and economic characteristics (gender, age, disability status, income, and others). This session is based on **Tool 3.4 GESI Integration Action Plan** (Page 70-73 of the *GESI in DME Toolkit*).

SESSION OBJECTIVES

Participants will be able to:

Outline specific GESI strategies and actions that must be taken to ensure GESI.

Develop a GESI integration action plan for a project they are involved in.

FACILITATOR'S NOTES: GESI-IAP (10 Minutes)

Do a quick review of **Tool 3.4 GESI Integration Action Plan** (Page 70-73 of the *GESI in DME Toolkit*). Explain the objectives of a GESI integration action plan and the key considerations in developing a GESI integration action plan. Invite participants to share their thoughts.

APPLYING A GESI ACTION PLAN TO OWN PROJECT (30 Minutes)

Ask participants to work in their small groups and identify one project they are working on. Then read the guidance on **Tool 3.4 GESI Integration Action Plan** (Page 64-67 of the *GESI in DME Toolkit*) and identify how this applies to their project. Ask participants to then complete **Table 25 GESI Integration Action Plan** (Page 73 of the *GESI in DME Toolkit*) for the project that they are working on.

Invite them to share their thoughts on each of the items on their action plan.

SESSION FIVE | GESI-RESPONSIVE BUDGETING

This session aims at integrating GESI perspectives in the budgeting processes that has been found to be one of effective approaches for achieving GESI outcomes. The session is based on **Tool 3.5 GESI-responsive Budgeting** (*Page 73-75 of the GESI in DME Toolkit*).

SESSION OBJECTIVES

Participants will be able to:

Ensure that budget allocations are fair, equitable and inclusive of all project participants.

Allocates funds to ensure the implementation of program plans include GESI impacts or results.

FACILITATORS NOTES: GESI IN BUDGETS (5 Minutes)

Explain to participants that applying a GESI lens to budgets helps to ensure that the budget, revenues and expenditures consider the different needs of everyone (women and men, girls, boys, people with a disability and other social groups). This involves analyzing how the budgets will affect different social groups at all stages of the budget process. It also involves transforming these budgets to ensure that gender equality and social inclusion commitments are implemented and realized.

Emphasize that failure to allocate human and financial resources to GESI activities can reduce the efficiency and effectiveness of the programs. In order for GESI to be properly reflected in budget decisions, it is important to first carry out a GESI analysis to understand the needs of various social groups. If women or other marginalized groups are not visible and their needs not planned for during early program or design phases or policy cycles, it is harder to “retro-fit” resources and budget lines.

Remind participants to consider the following criteria when allocating/preparing a budget during program design to ensure the desired GESI plan will be implemented:

- Budget is allocated for activities related to enhancing the capacity of programs in implementing GESI-responsive programs
- Budget is allocated for accessibility inclusion and reasonable accommodations to provide support and assistive technologies to people with a disability and enhance their ability to participate in and benefit from the project
- Budget is allocated to accommodate gender equality in terms of the number of men and women staff members, particularly at field level

DEVELOPING A GESI-RESPONSIVE BUDGET (35 Minutes)

Review the **Tool 3.5 GESI-responsive Budgeting** (*Page of 73-75 of the GESI in DME Toolkit*). Tell participants that the budget has three components: summary budget, detailed budget and budget narrative. Explain that usually we start the review with the summary budget to understand the major cost categories, then go to the detailed budget and lastly to the budget narrative to understand the costs. For the purpose of this training, the detailed budget is not attached. Participants will review the summary and narrative budget only.

Ask them to turn to **Handout 3.1: Lilliput Project Proposal** that they reviewed in session one. Ask them to take a look at the summary budget. When they are done, share **Handout 3.4: Lilliput Project Budget Narrative** that explains all the costs (*See Annex for Module Three*).

- Explain that they need to use **Table 26 Developing a GESI-responsive Budget** ([Page 74-75 of the GESI in DME Toolkit](#)) to do this review. They will need to give a score for each item in the checklist, as well as add a short explanation why they decided to give these scores. Ask them to score (1=None; 2=Poor; 3=Fair; 4=Good; 5=Excellent) the proposal as per the questions in the table on developing a GESI-responsive budget.

Discuss with the groups their scores and the reasons behind their scoring. The discussion can be guided by the Facilitator’s Notes: Budget Review and the following questions:

- How might they use this tool in their projects? At the proposal stage?
- What do they think the average World Vision budget scores on this?
- Why might this need to change/improve? and how?
- What should they add to their GESI Integration Action plan related to budgets?

FACILITATOR’S NOTES: BUDGET REVIEW

Questions	Score 1=None 2=Poor 3=Fair 4=Good 5=Excellent
Is there a budget item for conducting a GESI analysis/assessment, or has one already been conducted and the findings from it used to develop this budget?	3 - A baseline, mid-line and end-line will include some GESI analysis as will the SBCC work carried out by one of the partners but given the lower budgets, this may not be enough to produce good results to inform GESI programming
Are GESI-focused activities given a specific budget allocation?	3 - Each of the GESI activities outlined in the proposal seem to have been budgeted adequately but without a detailed budget for partners, it is not possible to assess fully
Is the development of GESI knowledge products (e.g., factsheets, translated documents, large print for those with visual impairment, lessons learnt summary, best practice guide and alternative modes of communication) included in the budget?	3 - There is no budget for materials development. It is not clear that alternative modes of communication have been included in the partner budget for SBCC but accessible books will be produced by the project as outlined in Outcome 2 activities
Is there an explicit budget allocation for staff GESI capacity-building?	1 - No, there is no budget at all for capacity building on GESI or other issues for World Vision staff. Budget for local implementing partners focuses on issues of security, grant management and MEAL.
Does the project plan to recruit a person from a marginalized social group (e.g., people with a disability) and are there resources allocated?	2 - This was stated in the proposal, but no indication was given on how that would happen
Is there a commitment in the proposal and program design to ensure that neither men nor women should make up more than 60% of project staff?	1 - No such target was made in the proposal, just a mention of hiring women and other marginalized groups

<p>Is there a budget for GESI technical support to the project (i.e., a Project GESI Position, short-term GESI consultant or % time for a GESI Advisor at Support/National/Regional Office)?</p>	<p>3 - There is a GESI specialist budgeted but there is no budget for either HQ technical support or for short term consultancy.</p>
<p>Are there resources allocated for an inclusion fund to meet the additional costs for program participants who require childcare, transport assistance, caregiver support, sign language interpretation or other expenses necessary for their participation</p>	<p>1 – No, an inclusion fund doesn’t exist, unless it was budgeted as part of grants to partner</p>
<p>Are there activities that have been budgeted that address the specific needs of individual groups – literacy instruction, provision of assistive devices etc.</p>	<p>2 – Some inclusive activities are budgeted but there is no explicit mention of budget to meet specific needs</p>
<p>Does the budget include activities to address identified potential GESI risks and unintended GESI consequences to project participants or staff?</p>	<p>1 – No GESI risks or unintended consequences were identified</p>
<p>TOTAL SCORE OUT OF 50</p>	<p>20/50</p>

CLOSING AND BRIEF FEEDBACK (10 Minutes)

Briefly summarize what was covered in Module Three. Thank the participants for their contributions and for making the day very fruitful. Invite them to share any reflections, comments or ask any question. Remind them that the next day will start with a quick review of what has been discussed in Module Three.

ANNEX

for MODULE THREE

Handout 3.1 | Liliput Project Proposal

LILIPUT READING PROJECT CONCEPT PAPER

APPLICATION OVERVIEW

Proposed Activity Name/Title: Reading Project

Chosen Principle/Element(s) of Focus

PRINCIPLE

- Focusing and concentrating investments on measurably and sustainably improving learning and educational outcomes
- Strengthen systems and develop capacity in local institutions.
- Work in partnership and leverage resources.
- Drive decision-making and investments using evidence and data.
- Promote equity and inclusion.

INTERVENTIONS PROPOSED

Problem Analysis/Context

The education system in LILIPUT country faces many challenges, with 3.5 million primary-aged children not enrolled in school and only 67% of students completing Grade 6 (USAID, 2018). Findings from Word Vision's December 2019 in-depth education needs assessment in Campbell Territory using the STAR Early Literacy methodology showed that only 12% of grade 3 students were able to recognize the French alphabet and 18% could use numbers and arithmetic operations⁸. A 2016 USAID Grade 5 Early Grade Reading Assessment (EGRA) demonstrated that even at grade 5 students still had low oral reading fluency (ORF).⁹ Student's ORF scores that included zero scores were mostly below 18 words per minute.¹⁰

Therefore, students are inevitably struggling with reading comprehension. Contributing to this crisis is the chronic overcrowding of classrooms; only 15% of surveyed schools were found to be respecting the government standards of 55 students per classroom. Moreover, the qualitative assessment data demonstrated that major problems of insufficient access to schooling and poor school results by children are due to the poor quality of service delivery in primary schools, poor governance, low confidence in government institution, corruption, child protection issues (such as stigma against girls who are menstruating), limited teachers' pedagogical skills, violence against children (including sexual violence or child marriage), and low resilience both among Internally Displaced Peoples and indigenous populations.

These issues at the root of the education system in LILIPUT are not new. LILIPUT has the highest extreme poverty rate (73%) in the region.¹¹ Decades of conflict and war have led to an underfunded, underdeveloped education system. Despite the work that the LILIPUT government and donor community have done to double primary school enrollment over the past several years, an estimated 3.5 million children aged 6-11 remain out

8 Education Sector Assessment in Campbell Territory, December 2019, World Vision, funded by DFAT/ANCP.

9 USAID Education Evaluation Services in Liliput): The LILIPUT 2015 Early Grade Reading Assessment and Snapshot of School Management Effectiveness Grade 5 Report of Findings.

10 Ibid

11 www.worldbank.org/en/country/Liliput/overview

of school. The enrollment push has led to overcrowded schools with as many as 100 students per grade in the early primary years. Learning levels remain low, with students reading between two and five words per minute at the end of Grade 2, and comprehension skills nearly nonexistent according to the EGRA administered in 2018.¹² While a recent new policy has abolished school fees, until very recently schools relied entirely on parental income in the guise of school fees to pay for day-to-day operations. To-date, there are no concrete plans at the national or provincial levels to compensate for the loss of family financial contributions, and without this income stream it is likely that school quality will further deteriorate, further impacting the literacy rates.

Supplies are scarce, teachers lack motivation, and children do not feel safe as violence—by teachers, students, community members or armed groups—is common. Children with disabilities, from minority groups, migrants working families, and indigenous populations. Sexual and gender-based violence is a potent risk for adolescent girls (and some boys) particularly in conflict settings, leading to early pregnancy, stigmatization, child marriage and school drop-out. Psychosocial support and building social and emotional skills for teachers, students and community members is a critical need. The USAID Social & Emotional Learning & Soft Skills Education Policy Brief recognizes that children who acquire strong social and emotional skills or soft skills do better in school and life, and at work because they gain the skills needed to lead productive lives and contribute positively to society.¹³

COVID-19 has likewise already drastically impacted the education landscape and ecosystem. From March 2020, children were out of school with little-to-no plans for remote learning. While in some areas of the country, educational lessons were broadcast over the radio, in the targeted areas of Campbell Territory no adaptations were made to ensure that girls and boys still had access to key educational content. Children who were already vulnerable and struggling to read are now even further behind due to the COVID-19 pandemic.

Despite these constraints, including the weak community and low home literacy environment, families and communities in Campbell possess many assets that will assist them in supporting children to learn to read. In general, families are supportive of sending both girls and boys to school, placing large value and emphasis on education. In Focus Group Discussions conducted in May 2020 with families in Campbell, parents stressed the importance of sending their children to school. It was noted that children often skip school to work in mines against their parents' wishes. In addition to community resiliency and support for education, partners have invested heavily in the creation of resources, such as teacher and student manuals in Liliuputian and local languages, that can be used to support effective, quality, and timely implementation of literacy programs.

12 USAID 2018 Early Grade Reading Monitoring Assessment in LILIPUT. School to School International.

13 USAID Social & Emotional Learning & Soft Skills Education Policy Brief

THEORY OF CHANGE AND HOW TO PRODUCE IMPACTS/RESULTS

The theory of change is grounded in four principles: 1) equity and inclusion, 2) systems strengthening and capacity building of local institutions, 3) partnering and leveraging resources and 4) using evidence to drive decision-making and investments at the local level. While these are the direct principles that Reading Project elements are aligned to, the project is designed to have greater impact by embedding itself in the principle of focusing and concentrating investments on measurably and sustainably improving learning and educational outcomes. This principle cuts across the theory of change to contribute towards the goal of enhanced foundational literacy for improved educational resilience for children ages 6-9. The project will be following LILIPUT's education standards and guidelines at the local level to use evidence-based approaches to improve teacher reading instruction and coaching support, use proven locally driven and sustainable models and pilot innovations which if scaled up will contribute towards the government of LILIPUT's national education system.

Therefore, the project posits that: **If** it establishes partnership with local organizations that are resilient and dedicated to improve children's literacy and well-being and leverages existing printed and digital content, electronic platforms, technical support and resources and training materials; and **If** the learning ecosystem is strengthened at the local level through capacity building of local organizations in social accountability and effective foundational literacy and social and emotional skills strategies; and **If** monitoring data and evidence are collected and used through continuous assessment and evaluation for adaptive management and to inform the project's decision on classroom, household and community level investments in foundational literacy and SEL interventions; and **If** schools and community systems are strengthened through conflict sensitive, social and behavior change approaches and mobilization to ensure that all girls and boys have access to equitable, inclusive and safe learning environments and experiences to build foundational literacy skills and SEL competencies; **Then**, children ages 6-9 in Campbell will have improved foundational literacy and social and emotional skills.

Our experience of being responsive to be able to quickly pivot in the fragile context of Campbell will allow us to achieve the desired outcome of the project so that children will be able to read and have strong social and emotional skills.¹⁴ Reading Project will deploy three approaches to demonstrate our ability to learn and adapt:

1. We will establish a robust MEAL framework with an electronic monitoring system to regularly capture data for feedback on interventions and a social accountability process to monitor the delivery of education standards. World Vision's Measuring Evidence of Quality Achieved (MEQA) electronic monitoring system will allow the project to use data and evidence for decision-making by using a handheld digital monitoring and assessment platform that monitors the quality of implementation on a mobile device by collecting school, classroom and reading club information to be instantaneously compiled, analyzed and presented in user-friendly formatting so that on-the-spot immediate feedback can be provided to teachers, school directors, Youth Community Literacy Leaders (YCLLs) and parents. The tool also provides fast, easy data collection and analysis of broad customizable data set for decision-making and adaptive management at higher levels in the system. MEQA allows for direct compilation and presentation into dashboards of compiled or disaggregated indicators into actionable, easy-to-understand points for program improvement, including sex disaggregated information (such as on attendance, enrollment and classroom participation and indications on the use of gender-responsive pedagogy). This innovative tool is currently being used in 7 countries and at various stages of launch in 7 more.

¹⁴ World Vision implements 8 programmes in Campbell, including a USAID-funded DFSP; an OFDA-funded COVID-19 emergency response; a multi-year, multi-sectoral emergency response funded by the Dutch Relief Alliance; a 5-year DFAT funded inclusive education project; WFP-funded general food distributions, cash transfers, and school feeding; and a long-term research consortium on the combatting the worst forms of child labor.

2. The project will implement World Vision's social accountability process (*Citizen Voice and Action*) using score cards that rate quality against education government policy standards as a basis for dialogue and joint-action planning with government stakeholders. This training will also be available to all partners to enhance school level governance, government and community partnerships and accountability.
3. Foundational to our monitoring approach is the ability to mitigate risk and plan for spurts of conflict and likely health emergencies, such as COVID-19. Therefore, World Vision will use its fragile context monitoring for adaptive management. Since 2018, World Vision LILIPUT has been piloting its innovative Fragile Contexts Programming Approach, which is based on promotion of social cohesion, continuous context monitoring and aggressive scenario planning to ensure the organization and its programming is able to remain nimble and agile, despite the often turbulent context.¹⁵ The theory of change will be grounded in this monitoring framework to ensure the success of Reading Project.

PROJECT APPROACH

As a child-focused and community-based institution World Vision has been present in Campbell Territory since 2000 and is committed to **systems strengthening and local capacity building** as a core tenet for sustainability and resilience building. Our experience in Campbell has shown that parents place great value on their children's education. Additionally, youth and their communities have demonstrated assets that support their resiliency and are protective factors in a conflict and crisis-affected environment where families continue to be exposed to periodic violence and displacements. Therefore, the project will use these assets and experiences to implement an approach that will strengthen the local education ecosystem to promote equitable learning opportunities for all girls and boys. This is demonstrated through **Table 2 Reading Project's Elements** that will involve addressing local systemic gaps by engaging **existing school and community structures and accessing reading resources**, developing the capacity of **local organizations**, identifying **change agents and community influencers**, using social and behavior change practices, establishing a robust MEAL framework and facilitating **holistic integration** of reading strategies and SEL activities to improve literacy and social and emotional competencies. These strategies are aligned with some of the key instructional and well-being elements of the USAID Reading MATTERS Framework.

The project will work with youth community facilitators, teachers and School Directors as change agents (MENTORS, ADMINISTRATORS & TEACHERS), providing texts at school and community level (TEXTS), implementing reading strategies for extra support in the community and at home (EXTRA SUPPORT), offering home-based formative assessment (REGULAR ASSESSMENT), all while reinforcing education STANDARDS at the local level. Students will also experience safe, protective and fun spaces for learning that will enhance their WELL-BEING (children feel safe, well rested and protected from traumatic stress). By leveraging national comprehensive policies/standards and documenting best practices/successes from local level strategies Reading Project will reinforce policies to be effective in resource-deprived and conflict-affected contexts.

Table 2 Principles and Reading Project Elements supporting these Principles

PRINCIPLES	READING PROJECT ELEMENTS
Focusing and concentrating investments on measurably and sustainably improving learning and educational outcomes	Reading Project aims to leverage existing USAID investments, strengthen the local learning ecosystem, use data-driven decision-making, and ensure equity and inclusion to improve foundational literacy and social & emotional outcomes for 14,000 6-9-year-old children in 70 schools target areas of Campbell.
Strengthen systems and develop capacity in local institutions.	Reading Project will strengthen the capacity of four local implementing partners to do the following: implement an social and behavior change communication (SBCC) approach, train communities (e.g. youth, local and faith leaders etc.) and school/local education officials in social accountability, establish reading clubs and Social Emotional Learning (SEL) sessions, support parents with home-based literacy and SEL strategies, train teachers in reading instruction, integrated with the innovative SEL Kernels of Practice approach and school directors and inspectors in coaching approaches for enhancing foundational literacy and social and emotional skills in children ages 6-9 years.
Work in partnership and leverage resources.	Reading Project will work in partnership with local, public and private actors to leverage and re-print materials, a diverse set of local language print and digital resources for children to read, especially those with print disabilities and school and community structures to improve learning outcomes. Forming sustainable partnerships are a pivotal part of our fragile context approach planning to effectively prepare for the transition from humanitarian to development assistance.
Drive decision-making and investments using evidence and data.	Reading Project will have a comprehensive MEAL system anchored in three components: (a) a systematic electronic monitoring system called MEQA which measures the quality of learning environments in and out of schools that can be aggregated at village and program level for decision-making; (b) score cards that rate quality against Education government policy standards as a basis for dialogue and joint-action planning with government stakeholders (CVA approach); and (c) continuous context monitoring and aggressive scenario planning based on World Vision's LILIPUT fragile context programming approach which promotes social cohesion and includes specific triggers and thresholds to objectively inform potential crisis modifiers. All three components are a strong foundation for a comprehensive adaptive management system.
Promote equity and inclusion.	Reading Project will give attention to the needs of girls, children with a disability and Pygmies in schools in Campbell by training teachers on gender responsive pedagogies, inclusive methods and positive discipline to promote a safe learning environment. The project also will adapt resources using Universal Design for Learning principles to support students with print disabilities and to create local content that is born accessible. The Pygmy population will be actively engaged in content creation to reflect their culture and language.

RESULT 1: Increased access to inclusive and quality community-based reading & SEL opportunities for children ages 6-9

To launch community level interventions, World Vision will implement a 4-prong strategy as follows:

1. Conflict sensitive formative research on barriers to children's learning to develop a locally-led Social Behavior Change Communications (SBCC) strategy and refine interventions to ensure inclusion of the most vulnerable, mitigate conflict drivers and enhance social cohesion;
2. Establishment of Reading Clubs and SEL sessions;
3. Strengthen community structures through Local Implementing Partners that will train on CVA, youth-led community reading activities, and ensure female representation in all leadership structures and activities;
4. Parenting program that integrates SEL, engages influencers such as village and faith leaders and makes use of a home-based accessible reading app (*Feed the Monster*). The co-development of a SBCC strategy beginning with a barrier analysis in coordination with local implementing partners using a socio-ecological model will serve as a foundational approach. The strategy will reinforce community motivation to promote a culture of reading for children and mobilize the inclusion of girls, children with a disability and Pygmy children in learning opportunities. For the campaign and materials produced the Reading Project will follow the *INEE Guidance Note and Reflection Tool on Conflict Sensitive Education* to mitigate conflict drivers and ensure that campaign messages do no harm.

To promote enthusiasm for young children's reading, World Vision will use a training of trainers' model with selected LIPs that will then train YCLLs. Youth that have completed their secondary education will be identified and nominated by their communities to be champions for supporting young children to learn to read. Based on the geographic area the local partners will work with YCLLs to build their capacity for delivering a holistic community-level package of services for all girls and boys to have increased opportunities to read and build SEL competencies, especially pygmy children and those with a disability. Under the leadership of YCLLs, such activities include the establishment of reading clubs by communities (safe, fun and joyful learning spaces), children's story writing competitions, and community storytelling to promote understanding and appreciation of different cultures and local indigenous languages. Girls and boys will attend a weekly 2-hour reading club session led by 2 YCLLs after school hours (e.g. weekends) and participate in structured, fun and sequenced activities that address the foundational aspects of reading, including letter knowledge, phonemic awareness, vocabulary, reading fluency and comprehension through fun, playful and child-centered methodologies. Students will also participate in 2-hour SEL sessions once a week guided by explicit lessons from the *Safe and Healing Learning Spaces Toolkit*. To energize the YCLLs to stay motivated to learn, the Reading Project teams will also facilitate the establishment of a WhatsApp non-formal community of practice group for the youth to share experiences of being leaders in their community and encourage each other with new ideas. While the YCLL plays a pivotal role in the reading clubs and most community interventions, teachers will be linked as mentors to reading clubs for monitoring quality using the MEQA platform, which will support the youth facilitators based on actionable concrete observation data.

This will also ensure continuity between what students learn in the classroom and how they are supported at home and in the community.

Through years of community-based interventions in the targeted areas, World Vision has found that volunteers

are most easily retained when they are linked to local savings groups and their service recognized by relevant authorities. To ensure sustainability and volunteer retention, World Vision will work with the MoE to recognize the invaluable contribution of volunteers and will link them to savings groups implemented by World Vision and Mercy Corps under the USAID-funded Development Food Assistance Program (DFAP) in the same targeted area. Mandated school-level structures will also be mobilized and trained through LIPs to implement School Improvement Plans (SIPs) that will feature activities to support literacy and SEL outcomes, such as school/community read-a-thons and memory card games for brain building. The project will also build their capacity to implement World Vision's evidence-based social accountability process, CVA to increase parental and community engagement in the improvement of education services to improve learning outcomes. CVA is a social accountability approach designed to improve the relationship between communities and government, in order to improve services, like education, that impact the daily lives of children and their families. They will be supported to understand the education standards by government, how to develop a score card to rate the standards and ultimately develop an action plan to enhance service delivery in collaboration with local education actors. Oxford University researchers used Randomized Control Trials to study the impact of the CVA Score Card in 100 Ugandan primary schools. After one year, in the schools using the CVA score card, they found: test scores rose by an average of 9%; pupil attendance increased by 8-10%; teacher absenteeism dropped by 13%; 16% increase in community's ability to solve collective action problems.¹⁶

To support learning at home, the Reading Project will offer a playful home-based learning activity to motivate parents, older siblings and other family members to engage in literacy at home. A partner will engage mothers, especially female-headed households to ensure girls who are often excluded are engaged in reading at home. LIPs will be trained on how to deliver Parental Awareness Workshops (PAW), which is a curriculum of 7 sessions on how parents can use playful methodologies at home to help young children learn to read. A core component of the PAW is the use of an activity booklet on *Community Strategies for Promoting Literacy*, that provides guidance on activities for non-literate and literate parents to use for building in daily literacy experiences (e.g. when cooking or shopping). The activity booklet also encourages dialogic reading, while not impactful for phonological awareness, it has been demonstrated to be a successful approach to improve oral language development for both children with and without a disability.¹⁷ This is especially important to develop the receptive and expressive skills of children from minority language groups. LIPs will engage adult community facilitators to lead on this parental initiative and conduct outreach to parents through home visits to reinforce learning. World Vision experience has revealed that parents respond well when another adult, including local and faith leaders engages them to support their children's reading.

Reading Project also considers the importance of having such a robust home learning package for children to continue to learn during displacements and health emergencies, such as COVID-19 where schools may be closed for a long period of time. Approximately 40% has access to smartphones in Campbell. Therefore, Curious Learning will adapt a proven game-based literacy app, *Feed the Monster* and pilot its use in 500 households, to reach 1500 students. Not only has *Feed the Monster* demonstrated positive outcomes in early grade reading, a 2018 Impact and Technical Evaluation¹⁸ also revealed promising results in improving psychosocial outcomes, such as peer relationships and social behaviors, both of which support improved social and emotional skills. To amplify our SEL approach World Vision will integrate SEL content into the PAW sessions, which already takes a holistic child well-being approach. The project will hire a consultant to lead the localization process of SEL

16 Andrew Zeitlin, Management and Motivation in Ugandan Primary Schools: Impact Evaluation Final Report (2011).

17 Hayes, A., Turnbull, A., and Moran, N. (2018). UNIVERSAL DESIGN FOR LEARNING TO HELP ALL CHILDREN READ: Promoting Literacy for Learners with Disabilities (First Edition). Washington, D.C.: USAID

18 Koval-Saifi, N., & Plass, J. (2018). *Feed the Monster: Impact and technical evaluation*. Washington, DC: World Vision and Foundation for Information Technology Education and Development.

content to prioritize what SEL material will be integrated into parent sessions for highest impact, not only considering sequencing, but also bearing in mind parents' availability to attend sessions regularly. By running reading and SEL activities alongside each other this will allow for the development of holistic competencies, including reading, social, cognitive and emotional skills. In conflict-affected communities it will be especially important to support children to develop self-confidence, social awareness and stress management, among other skills. Our local partner will be instrumental in supporting the training of YCLLs and parents in SEL. There will also be a psychologist hired to lead this component.

RESULT 2: Increased access to gender equitable & inclusive materials that support foundational reading and SEL

Reading Project will implement a cost-effective four-pronged approach to ensuring age-appropriate, leveled and decodable content is accessible to all girls and boys, especially marginalized children including young pygmy children, girls and children with a disability. The approaches will include: 1) content creation and adaptation for children with print disabilities, 2) curating and purchasing books on the market 3) e-learning through printing of digital stories from the Global Digital Library (GDL) and use of reading content through gaming, 4) leveraging relevant curricular resources by printing, adapting these for children with print disabilities and distributing these to the Teacher Resource Center.

CONTENT CREATION & BOOK PURCHASE

Content creation will take place to deliver culturally relevant materials to classroom reading corners where children will engage in reading and writing activities and community-based reading club book banks. Based on feedback from the MoE in Campbell, World Vision and LIPs will explore innovative community-based solutions to securing the book banks from potential theft. The project will use our experience from other countries and leverage expertise from the *All Children Reading: A Grand Challenge for Development* initiative to train LIP in a 5-day writer's workshop to create born-accessible books to be inclusive of children with a disability and support minority languages using Bloom software. We will engage the Pygmy ethnic group, especially local leaders, women and youth in the content creation process to collect stories that reflect their history and culture to support children to learn in their first language and be proud of their heritage. Our resource partner will support the content creation process by training and advising local publishers, curriculum producers and World Vision staff on the options and industry standards to produce accessible books. This investment supports long-term sustainability of inclusive education, so that materials are accessible as they are created without the need for retrofitting.

Reading Project will create 50 leveled, decodable and age-appropriate titles over the life of the project to place across the book banks. LIPs will be supported to train the YCLLs to establish community book banks for reading clubs and teachers will be oriented on how to set up child-friendly classroom reading and writing corners. The project will deliver 100 decodable and leveled titles to the classroom reading corners after conducting book market research or creating materials to address the dearth of books. Both classroom and community-based reading spaces will establish a book lending system for children to take books home for reading practice approximately 20 minutes a day. World Vision has established thousands of reading clubs globally with lending systems that have been very successful. The parenting skills component will include motivating parents to support their children's reading at home by establishing reading friendly spaces and ensuring children have the time to enjoy reading at home.

DIGITAL RESOURCES, E-LEARNING & SBCC MATERIALS

After adapting and pilot testing the *Feed the Monster* literacy app, the consortium will benefit from technical support from our technical partner to effectively scale up the *Feed the Monster* app to reach more children in Campbell to improve literacy and SEL competencies, while also making available relevant content from the Global Digital Library. This app once contextualized will be available to all partners and education actors in eastern LILIPUT to improve literacy outcomes for girls and boys in fragile contexts and to strengthen the currently weak community and home literacy environment. Resource partner will also provide training to staff, teachers, school directors and LIPs on its platform, the world's largest accessible e-book library to support the project to create accessible materials for use in school reading corners and community book banks to eliminate barriers to reading for girls and boys with print disabilities. To further support the development of literacy and SEL skills, our partner OSC will use their evidenced-based and in-depth formative research process to understand barriers that families have to support children's reading, such as resistance to studying in local languages. Based on that they will create materials for parents that support social and behavior change to address barriers and embrace reading in children's home language for improved literacy outcomes in early grades.

RE-PRINTING CURRICULAR MATERIALS

Finally, Reading Project will leverage resources from USAID-funded program by reprinting and distributing existing Grades 1 & 2 Student manuals and Student Take home books and Teacher's Guides. We will also reprint and distribute the Oral Teachers' Guide. All materials that have been created or adapted to be accessible for children with deafness/hearing impairment, blindness/low vision, or dyslexia will be made available, open-source, to other partners, to other education actors in eastern LILIPUT, and to the Ministry of Education to be used in classrooms to reach students that have been excluded from learning in eastern LILIPUT due to reading barriers. While the project will make these resources available at the Teacher Resource Center (TRC), experience has shown us that teachers do not voluntarily and regularly access the TRC that is distant for many teachers and may pose some traveling risks. Therefore, it often goes unused. However, the inspectors and some school directors are based at the TRC. The project will need to increase school and community buy-in for the TRC by raising awareness about its purpose. We will make use of formative research data from the project's barrier analysis to also understand the barriers in using the TRC before raising awareness, conducting TOTs and assessing the security situation to be aware if it is safe for selected teachers to travel for training. As a safe and cost-effective measure we will distribute the Teachers' Guides and Student Manuals (not Student Take Home Books) to the Teacher Resource Center for teachers to access them during the week they will be trained on the Unlock Literacy Teacher training methodology. They will interact with the guides during the workshop and as 'homework' by taking notes, preparing lessons, etc. Following the training they will leave all materials at the TRC for others to use.

RESULT 3: Improved teachers' and school directors' skills in reading instruction and delivery of SEL

World Vision will implement our research-based literacy package for teachers– *Unlock Literacy* - and will integrate SEL Kernels of Practice¹⁹ as an innovation to the training model during the adaptation and translation of the toolkit. We will use gender transformative and inclusive pedagogy and positive discipline techniques to ensure all students find their place and are able to experience a classroom environment that is safe and nurturing to counterbalance some of the turbulent, unstable or violent conditions they may face around them. Once the toolkits have been translated, adapted and localized (including SEL content) to the context, there will be a 2-phased training and ongoing coaching, reflection and learning process for teachers focused on: 1) building a cadre of training of trainers to train, coach and monitor; 2) teacher training and continuous learning.

TRAINING OF TRAINERS

Reading Project will train World Vision staff in the ToT methodology using World Vision short term technical assistance. Selected teachers, school directors and inspectors will participate in three 5-day experiential workshops at the TRC sequenced through the school years. The first TOT workshop will focus on reading skills and formative assessment. During TOT 2 later in year 1, the directors, inspectors and selected primary school teachers will be trained on coaching, gender transformative and inclusive pedagogy, positive discipline strategies and the MEQA platform. TOT 3 will take place in year 2 and will include the integration of SEL Kernels of Practice (small nuggets of social emotional learning activities) after a landscape review of potential SEL practices in Eastern LILIPUT and localization process led by the SEL consultant during the adaptation of the *Unlock Literacy* Toolkit. The 5 core reading skills will also be reinforced in this last TOT.

TEACHER TRAINING & CONTINUOUS LEARNING

Teachers will be trained over 5 days by the TOTs using content from the 3 TOT cycles (trained twice per year over 3 years). Selected primary school teachers who have attended TOTs will be instrumental to support other teachers in understanding and delivering the content. They will hold ongoing monthly cluster workshops at no cost to train and support peers in reading and SEL through year 5. The project will also support these teachers to launch WhatsApp teacher learning circles for continued learning, problem solving of challenges and exchanging new ideas. To be able to adequately support teachers to teach reading in lower grades, we will train inspectors and school heads over 5 days in years 2 and 4 in *World Vision's Coaching Guide for Instructional Supervisors*, including relevant aspects of *INEE's Teaching and Crisis Context Toolkit*, such as Peer Coaching for Teachers in Crisis Contexts. They will also be trained during 5 days on the use of the MEQA platform in years 2 & 4.

¹⁹ Kernels of Practice for SEL: Low-Cost, Low-Burden Strategies; Jones, Stephanie; Bailey, Rebecca, Brush, Katharine; Kahn, Jennifer, Harvard Graduate School of Education, December 2017, Harvard University Easel Lab, Wallace Foundation

GEOGRAPHIC AND BENEFICIARY TARGETING

Reading Project will take a whole-of-community approach to reach children and their families in Campbell territory. Of the 14,000 6-9 year olds who will directly benefit from this project in 70 targeted schools, World Vision and its LIPs will specifically target:

- Displaced girls and boys
- Returnees
- Host community girls and boys who have been out of school
- Children with a disability, including those with deafness/hard of hearing and blind/low vision
- Pygmy and other indigenous girls and boys

In addition, indirect beneficiaries will include children in other areas of eastern LILIPUT who will benefit from the resources that are made available to other education actors and the broader community who will benefit from SBCC.

In 2020, World Vision LILIPUT conducted a comprehensive, Most Vulnerable Children, mapping exercise for the entirety of LILIPUT to inform the geographic and sectoral focuses of the upcoming five-year office strategy. In Campbell, girls and boys face some of the worst forms of violence against children, including forced and exploitative labor (23.6% of girls and boys are involved in the worst forms of child labor), 97.8% of children have experienced violence from their families or teachers, and 40% of children have been subject to extreme deprivation of resources resulting in stunting. Out of 1000, 673 individuals in Campbell are displaced. Moreover, as part of comprehensive report on the state of children in Campbell commissioned by the DFID-funded Partnership Against Child Exploitation (PACE), which World Vision LILIPUT leads, World Vision LILIPUT found that many of the children in Campbell are unable to attend school as they work in the surrounding mines for a pittance to support their families. This context likewise informs the low levels of literacy in Campbell and demonstrates the importance of targeting girls and boys in this area of LILIPUT.

Over the course of the project, World Vision and its LIPs will target 70 primary schools throughout Campbell. The consortium recognizes that school administrators, and the MoE will be key project participants in seeking to increase quality education and improve the education ecosystem. The project therefore expects to benefit 1400 teachers and school directors by providing capacity building in promoting literacy for 6–9-year-olds. 700 community members will be trained to ensure quality education and school management accountability, This will create greater trust between different communities to advocate for universal primary school access and literacy skills.

Children throughout Eastern LILIPUT are expected to benefit from the contextualization and distribution of Curious Learning's Feed the Monster app. This app will be made available to all education partners, local and international, for integration into their programming. Equally, children with a disability in Eastern LILIPUT will benefit from the conversion of materials into accessible formats such as audio books, large print versions, and braille.

World Vision will train all LIPs on its CVA, social accountability project model, which will allow them to reach more communities in other sectors as well to improve the delivery of services by the government of LILIPUT. At the request of USAID, World Vision will train all partners on CVA and its particular application to community-based education advocacy.

USE OF EXISTING MATERIALS

USAID and other partners have invested countless resources into the development of materials to promote literacy, teacher competency, and positive educational outcomes in LILIPUT. World Vision and its partners will capitalize on this investment and re-print existing materials to ensure that the project is as cost effective as possible, and that implementation is conducted in a timely manner. Moreover, in order to ensure that these pre-existing materials are accessible to children with a disability, including deaf and blind children, resource partner will convert materials into accessible formats.

CONFLICT RESOLUTION AND RESILIENCY

Through this program, World Vision aims to mitigate drivers of conflict and enhance social cohesion through targeted education interventions. To do so, World Vision will employ both the Conflict Sensitive Education Package from the INEE across the project cycle to inform context analysis/assessment, design, monitoring²⁰, and our own Fragile Context Programming Approach (FCPA). Ongoing context monitoring using FCPA will inform decisions on where and when to maintain programming as planned, and where and when to trigger shifts in programming through the use of a crisis modifier. The FCPA involves a one-week design workshop during the inception phase during which program teams engage in contextual analysis and program design tailored to three possible scenarios: a stable scenario, a, improving scenario, and a deteriorating scenario, as well as the identification of triggers that would lead to each given scenario. This analysis will be undertaken and reviewed periodically with key project stakeholders, including LIPs.

World Vision has been present in the targeted area for nearly two decades and has a long history of promoting social cohesion through community-led and participatory interventions, such as our social accountability model: CVA. There is a risk that conflict could be created if the targeting of the 70 schools is not done in a participatory and equitable manner. To mitigate this risk, World Vision and its LIPs will involve in the MoE, key regional and local leaders, and community members in the targeting exercise to ensure that access is distributed in a reasonable manner throughout the targeted areas. World Vision will build off its experience in the same targeted area through the USAID-funded DFAP program which has promoted social cohesion through shared livelihoods and WASH opportunities for displaced, returnee, and host families.

STAFFING

World Vision will work with partners to ensure that women and other marginalized groups will be representing within World Vision and partner staff.

SUMMARY TIMELINE

Quarter 1 July 1- Sept. 30, 2021	Kick-off workshop; Capacity building for LIPS (i.e. Gateway to Grants, MEAL, finance, and security training); Sign contracts to reprint Accelere materials; Market research on available Kiswahili books; Baseline assessment using EGRA*; Create and pilot accessible reading materials (Benetech)*; Translate community engagement content from UL; Train LIPs on UL & CVA.
Quarter 2 Oct.1-Dec. 31, 2021	CVA community gatherings to develop dashboards and set up community action plans; Create a WhatsApp platform for youth leaders in community literacy; Organize PAWs to support reading at home*; Create and print 50 titles (5-7 copies/title) for 70 book banks*; Purchase/create 100 titles for classroom reading corners*; Reprint and distribute planned Accelere materials; Adaptation and translation of UL teacher training materials; Teachers hold monthly cluster workshops at no cost to train peers in reading and SEL through year 5*; Mobilize COGES, COPA and community members to raise awareness of education service standards and start CVA; COPA, COGES training on SIP development to improve SEL literacy and skills; Training capacity empowerment session for COPA and COGES on their roles and responsibilities and participation in SIP.
Quarter 3 Jan.1- Mar.30, 2022	Barrier analysis (OSC); Organize a campaign to support community reading and SEL cores of practical activities and strengthen the school-home connection (e.g. radio, SMS, IEC material).

*An activity that begins in one trimester and continues into the next trimester.

In quarter 1, Reading Project will build the capacity of local partners, including associated support on MEAL, financial management, and security management. World Vision will train 10 staff members from each of the LIPs on its certified USAID grant management course. To lay a solid foundation for effective school and community engagement, within the first 9 months the baseline assessment and formative research on barriers and motivators to children's learning will be conducted. Based on this formative research, a social behavior change communication strategy will be developed in collaboration with LIPs and the MoE. UL, CVA, and other project models will be rolled out by LIPs in 40 schools with an average project cycle of two years. It is expected that the creation of more than 50 unique book titles in local languages through a participatory process with communities will take approximately one year. Use of the Feed the Monster app will commence in Y2. In Y3, while still supporting the original 40 schools and community volunteers, an additional 30 schools will be targeted with the same interventions, capturing lessons learned from the first implementation cycle. Throughout the project, World Vision will support LIPs with refresher trainings to position them for sustainable implementation once the project ends.

SUMMARY BUDGET

Applicant	World Vision, Inc.
Country/Region	Liliput
Program Name	Reading Project
Program Dates	July 2021- June 2026
Requested from USAID	\$5,000,000
Cost Share:	15% \$750,000

Cost Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total All Years
Personnel	200,762	204,591	208,808	214,165	223,817	1,052,143
Fringe Benefits	92,354	92,736	93,414	94,557	101,636	474,697
Travel	12,852	12,984	12,874	12,954	13,537	65,201
Equipment	66,533	-	-	-	-	66,533
Supplies	26,770	61,864	3,792	31,632	2,086	126,144
Contractual/ Subaward	713,198	637,875	593,606	466,117	372,537	2,783,333
Construction	-	-	-	-	-	-
Other Direct Costs	46,123	44,176	44,382	61,073	65,541	261,298
Total Direct Charges	1,158,592	1,054,229	956,876	880,498	779,154	4,829,349
Indirect Charges	211,095	203,782	184,964	170,200	150,610	920,651
TOTALS	1,369,687	1,258,011	1,141,840	1,050,698	929,764	5,750,000

Handout 3.2 | Partly Completed Proposal Quality Review

Item	Score- Yes (1) No (2) Partially (3)	Recommendations
1. Program Description		
1.1 Does the situational analysis consider the different social, economic, cultural and political situations of men, women, boys, girls and other marginalized group as identified through GESI analysis?		
1.2 Does the situational analysis incorporate findings from the GESI analysis and reflect an awareness of the identified gender disparities and social discrimination?		
1.3 Does the problem statement define the gender gaps and social exclusion issues that the program intends to address?		
1.4 Are sex and age disaggregated data, and gender and disability statistics provided as background and/or justification for the intervention?		
1.5 If not, then have a reason (e.g., unavailability of such data, inappropriateness of disaggregation against an indicator) been given for the omission?		
1.6 Is the target participant group considered excluded or marginalized and is this supported through the statistics/evidence presented		
1.7 Does the risk analysis include a lack of capacity to reach and work with excluded groups and women, along with a mitigation strategy?		
1.8 Does the risk analysis include the potential for empowered groups (e.g. men) to actively resist the empowerment of marginalized groups (e.g. women), along with a mitigation strategy?		
2. Implementation Plan		
2.1 Does the implementation plan appropriately address the dimensions of gender inequality and social exclusion as described in the GESI analysis? If not, does it recommend how gaps can be filled?		
2.2 Do the proposed activities include specific action on gender and exclusion? Are they appropriate and sufficient to make sure inequality does not increase? Do they cover at least three of the five GESI domains?		

2.3	Do the activities include interventions to advance the empowerment of women and other vulnerable groups (e.g., formation of women's collectives, support to these groups, capacity-building for vulnerable groups gender training with men, creation of opportunities for women to participate in decision-making, increased access to resources, support for entry into non-traditional roles and spaces)?		
2.4	Do the activities include interventions to advance empowerment of marginalized people (e.g., targeting people with different disabilities, support to these groups, capacity-building for these people, increased their access to services and resources, enhance their participation and decision-making in the project)?		
2.5	Is there a budget for capacity building for project staff to reflect on, understand, and champion GESI?		
2.6	Is the development of GESI knowledge products and practices included as specific outputs? For example, a case study is conducted to assess the impact of gender norms on women's empowerment.		
3. Monitoring and Evaluation (M&E) Plan			
3.1	Does the M&E plan include addressing the gender and social inclusion data gaps identified in the project?	3	The initial analysis partially does this
3.2	Is the data collection over the course of the project period disaggregated by sex, disability, age, among other categories?	3	Sex disaggregation is stated. No other forms
3.3	Have participatory qualitative research methods that involve marginalized groups been included as part of the monitoring plan?	3	Not stated but likely this is part of the barrier analysis
3.4	Does the monitoring plan include collective moments of reflection and workshops on GESI?	1	This is built in as part of MEQA
3.5	Are success and impact parameters and indicators appropriately gendered and inclusive?	3	Not explained clearly but the MEQA does collect information on learning outcomes that can be disaggregated by sex, age and disability status
3.6	Does the monitoring framework include measurable gender equality and social inclusion indicators appropriate for the program?	N/A	Indicators aren't listed
3.7	If only general indicators have been included, are there specific indicators that could be suggested to trace GESI issues?	N/A	No indicators listed

4. Budget			
4.1	Is there there funding in the budget to support social inclusion and for personnel dedicated to implementation of GESI initiatives?	3	We don't have the budget detail but if the proposed activities are budgeted correctly, this would be good. In addition, there would be support necessary to ensure we provide specific support to meet the needs of children with a disability and pygmies
4.2	Have adequate resources for the proposed GESI activities and M&E been provided for?		
4.3	Is there adequate funding for staff members to participate in GESI-related capacity building activities and skills refreshment trainings?	N/A	Unclear without a detailed budget
5. Additional			
5.1	Are detailed findings from the GESI analysis included in the proposal's annex?	N/A	No annexes were required and no specific GESI analysis was conducted

FACILITATOR'S GUIDE: COMPLETED PROPOSAL CHECKLIST

Item	Score- Yes (1) No (2) Partially (3)	Recommendations
1. Program Description		
1.1	3	Mention was made of vulnerability but wasn't backed up by data. The assessment done in Campbell referenced in the targeting section wasn't disaggregated or used to inform approaches.
1.2	3	Very little – states that “Children from minority groups, disabled children, migrant working families, and indigenous populations face even more hardship.” But this isn't backed up by evidence. Also talks later about children with print disabilities, with hearing and visual impairments as part of the solution.
1.3	2	No – there is a lack of clarity here. The statement identifies children working in the mines and SGBV affecting older children that the program is not addressing. On the other hand, we talk about approaches to support pygmies, but no mention is made in the problem statement of their situation.
1.4	2	No and we should have some data if we are already present in that region
1.5	2	No

1.6	Is the target beneficiary group considered excluded or marginalized?	3	Some, not all; The program aims to provide an inclusive environment, benefitting all students. Apart from providing adapted print materials, it is not clear how the program will meet the specific needs of pygmies and children with a disability. Only one side of the 'twin-track' is addressed
1.7	Does the risk analysis include a lack of capacity to reach and work with excluded groups and women, along with a mitigation strategy?	2	No real section on this.
1.8	Does the risk analysis include the potential for empowered groups (e.g. men) to actively resist the empowerment of marginalized groups (e.g. women), along with a mitigation?	2	No, but the intervention is not solely targeted at marginalized groups and will benefit all children studying in the school
2. Implementation Plan			
2.1	Does the implementation plan appropriately address the dimensions of gender inequality and social exclusion as described in the GESI analysis? If not, does it recommend how gaps can be filled?	3	The plan proposes activities that address the needs of pygmies, girls, boys, children with visual and hearing impairments, print and other disabilities. As the analysis is weak, we don't know the real needs of these groups and can't therefore assess if gaps will be filled.
2.2	Do the proposed activities include specific action on gender and exclusion? Are they appropriate and sufficient to make sure inequality does not increase? Do they cover at least three of the five GESI domains?	1	Yes, there are a lot of actions to address gender and exclusion issues. They will address access and well-being. They also include pygmies so they can participate in the process of materials development. Efforts are made to create more equal systems at school level by working with teachers, administrators and community members on inclusion.
2.3	Do the activities include interventions to advance the empowerment of women and other vulnerable groups (e.g., formation of women's collectives, support to these groups, capacity-building for vulnerable groups gender training with men, creation of opportunities for women to participate in decision-making, increased access to resources, support for entry into non-traditional roles and spaces)?	1	Pygmy groups can develop learning resources in their own language. Socio-emotional learning is intended to enhance the resilience of all marginalized and vulnerable children. Community story telling advances different cultures. Targeting of female-headed households for support although not clear on why. Social and behavior change communication will target harmful norms.
2.4	Do the activities include interventions to advance empowerment of marginalized people (e.g., targeting people with different disabilities, support to these groups, capacity-building for these people, increased their access to services and resources, enhance their participation and decision-making in the project)?	3	People with a disability are included but only as beneficiaries. No mention is made of their role in the project.
2.5	Is there a budget for capacity-building; working with men and women and other marginalized people and training project staff to reflect on, understand and champion GESI?	N/A	Not clear as this is a summary budget
2.6	Is the development of GESI knowledge products and practices included as a specific output, for example, a case study on the impact of gender norms on women's empowerment?	3	No but there should be data arising from the Barrier analysis that could address the gendered aspects.

3. Monitoring and Evaluation (M&E) Plan			
3.1	Does the M&E plan include addressing the gender and social inclusion data gaps in the project?	3	The initial analysis partially does this
3.2	Has collection of sex-, disability- and age-disaggregated (and on any other form of exclusion) data been specified in the baseline and all subsequent data gathering?	3	Sex disaggregation is stated. No other forms
3.3	Have participatory qualitative research methods that involve marginalized groups been included as part of the monitoring plan?	3	Not stated but likely this is part of the barrier analysis
3.4	Does the monitoring plan include collective moments of reflection?	1	This is built in as part of MEQA
3.5	Are success and impact parameters and indicators appropriately gendered and inclusive?	3	Not explained clearly but the MEQA does collect information on learning outcomes that can be disaggregated by sex, age and disability status
3.6	Does the monitoring framework include measurable gender and social inclusion indicators appropriate to the program and its activities?	N/A	Indicators aren't listed
3.7	If only general indicators have been included, are there specific indicators that could be suggested to trace GESI issues?	N/A	No indicators listed
4. Budget			
4.1	Have adequate resources for the proposed GESI activities and M&E been provided for?	3	We don't have the budget detail but if the proposed activities are budgeted correctly, this would be good. In addition, there would be support necessary to ensure we provide specific support to meet the needs of children with a disability and pygmies
4.2	Is there adequate funding for staff members to participate in GESI-related capacity building, and to refresh the skills and capacities of staff who have had previous training?	N/A	Unclear without a detailed budget
5. Additional			
5.1	Are detailed findings from the GESI analysis included in the proposal's annex?	N/A	no annexes were required and no specific GESI analysis was conducted

LIVELIHOODS, PROTECTION AND WATER, SANITATION, AND HYGIENE (LIPROWASH) PROJECT IN NARUBA

INTRODUCTION

Ndama is a country severely affected by civil wars and many other crises affecting various regions. In the neighboring country of Naruba, mainly Malu Region, specifically county of Laki, Waki, Badi and Lua, Naruba is facing the challenge of migration movements leading to large amounts of displaced children and unaccompanied children. Further, 80% of children have experienced violent discipline, four in ten children do not have a birth certificate, and 28% of girls are married before 15 and 76% before 18, versus 50.2% of boys. The most vulnerable, mainly children and women, face malnutrition, insecurity food, recurrent epidemics, cyclical floods, drought and forced displacement. Recent studies shows that 2.9 million people were in humanitarian need in Naruba (51% women, 57% children, and 4% people with a disability). The most vulnerable girls in Naruba are characterized by one or more of the following five conditions:

1. Being an early mother
2. Getting married early
3. Not having access to prenatal care by a skilled provider
4. Being illiterate
5. Not having access to a source of information; improved drinking water. While 11% of girls suffer from five conditions simultaneously, there are great disparities in terms of wealth, level of education and especially residence. Adolescents, particularly teenage mothers and children with special needs, do not receive services adapted to their needs

Livelihoods

Naruba has seen a rapid increase of 93% agricultural cultivated lands in the last 45 years. This has recently been affected due to climate change which has caused desertification, land degradation, drought and loss of biodiversity. To improve livelihoods and food security in Naruba large-scale restoration is needed in rural areas to help people adapt to climate change. Laki county specifically has seen growth in the agriculture sector, in a traditionally pastoralist region, as it has productive sandy soils of the valleys. To increase viable land for agricultural production among refugees and communities in Naruba, land restoration is needed.

Protection

Overall, the whole of last year, 500 protection incidents were reported by the protection cluster in Laki region and 400 protection incidents in Waki region. Increasingly, child migration has become an issue which has increased protection risk and incidents including unaccompanied children. The security situation further affects the protection of children with increased attacks, large population movements, the closure of schools, limited humanitarian access, and constant threats against the population. Current child protection risk includes early child marriage, forced marriage, child abuse, child labor, and exploitation.

In Waki and Laki, there has been a growing number of kidnappings by armed groups. UNICEF has documented that there is strong need for child protection actors with a proper understanding of the context and access to create a strong Child Protection strategy to reach children in sensitive locations and connect them to additional support.

The gendered risks against women are mainly linked to day-to-day activities as women go in search of basic amenities, such as food, wood and water. In conflict-affected areas, an alarming rate of sexual and gender-based violence (SGBV) has been observed. These include sexual violence, abuse and exploitation, trafficking, forced and early marriage, and unwanted pregnancies. Negative coping mechanisms such as sex for cash has been noted and an increasing number of men promising false marriages.

Water, Sanitation, and Hygiene (WASH)

Poor access to clean water and sanitation is a major issue in Naruba. 85% of households (HHs) practice open defecation in rural Naruba and less than 19% of the population has access to improved sanitation facilities and only 35% of HHs have easy access (distance and time) to a protected water source. In Badi county, 1 in 10 HHs highlights the lack of access to a functional latrine close to the shelter and 60% report not having a latrine within 500m from the shelter. In Lua County, 1 in 12 HHs highlights the lack of access to a functional latrine close to the shelter and 65% report not having a latrine within 500m from the shelter. It is common for open defecation takes place in both areas. To prevent another layer of vulnerability to an already a complex humanitarian and crisis, urgent WASH interventions are needed.

PROGRAM DESCRIPTION

LIPROWASH project will deliver an integrated package of support tailored to the differing needs of the most vulnerable populations in Laki, Waki, Badi and Lua. The goal of this project is reduction of livelihood and humanitarian protection risks among refugee & the most vulnerable households (HHs) in Laki, Waki, Badi and Lua. This will help ensure self-sufficiency, economic & resilience opportunities for Naruba refugees in Laki and Waki improved, access to potable water, sanitation facilities and hygiene knowledge enhanced in Badi and Lua and that formal and informal protection mechanisms are functional and effective to protect the most vulnerable girls, women and children from abuse, exploitation, neglect and other forms of violence in Laki and Waki. Targeting for activities will prioritize women and people with a disability led HHs, single mothers, and survivors of violence.

Beneficiary Selection: Beneficiaries will be UNHCR-recognized refugees, returnees or Naruba's host community members from the targeted refugee camps and surrounding areas. Beneficiary identification and selection will be a transparent, community-led process using evidence-based tools like the Household Economy Approach (HEA) vulnerability tool assessment. Community-wide workshops will be held to share the final targeting approach (based on needs assessments), agree on criteria for individuals/HHs, and on vulnerable beneficiary groups. The active participation by vulnerable groups such as women, refugees, the elderly, people with a disability and youth as individuals or associations will be encouraged and supported throughout. Inclusive involvement will ensure that the different impacts of the emergency and specific hardships they face are considered in program implementation to ensure Do No Harm.

There will be systematic inclusion and integration of returnees and host communities outside of the camps

into all programming. In order to prevent conflict between refugee and host populations, beneficiary selection will be based on vulnerability, instead of status. The project will directly target 40,000 beneficiaries in the counties of Laki, Waki, Badi and Lua, located in Southern part of Naruba.

OBJECTIVE 1 - LIVELIHOODS: ECONOMIC, LIVELIHOODS & RESILIENCE OPPORTUNITIES FOR NDAMA REFUGEES & HOST COMMUNITIES OF LAKI AND WAKI IMPROVED:

LIPROWASH will focus on increasing the autonomy of refugees in Laki, and Waki, camps and within the surrounding villages which includes building on their previous strong livestock rearing experience, increasing sustainable food production and income, strengthening of humanitarian protection and integration of these populations into the wider community.

Outcome 1.1: Knowledge and practice of climate-sensitive agricultural practices enhanced

In Year 1 and Year 2 of this project will facilitate the development of market gardens in Laki and Waki refugee camps to address immediate needs of the population. These market gardens will generate income and consumption for unemployed households

Activity 1.1.1: Construction & equipping of 3 market gardens in Laki, and Waki refugee camps

Activity 1.1.2: Identification & targeting of market garden beneficiaries

Activity 1.1.3: Set up market garden management committees (2 in year 1 & 1 in year 2)

Activity 1.1.4: Select, train and equip village agents to work with producers and private entities

Activity 1.1.5: Train 300 market garden producers in climate sensitive agricultural practices and value chain addition (200 in year 1 & 100 in year 2)

Activity 1.1.6: Purchase and distribute seeds and gardening tools (Year 1 & Year 2)

Outcome 1.2: Improved economic and resilience opportunities for refugee and host communities

Through this outcome, the LIPROWASH project will improve the economic resiliency of refugees using saving groups. Due to the need for relationship building between refugees, the project will begin strengthening advocacy among refugees at the start of the project. In Year 2, project will start Cash for Work activities to restore land for livestock feed production.

Activity 1.2.1: Establish and/or strengthen women's savings groups

Activity 1.2.3: Organization of cash for work activity for the benefit of vulnerable HHs

.....

Outcome 1.3: Enhanced economic & employment opportunities for vulnerable refugee and host community adolescent girls and boys

Our research showed that whilst there have been youth vocational training programs in the targeted areas, the level of integration into labor market remains low.

In year 2, the project will specifically target youth as youth unemployment is high and youth are more at risk of recruitment into violent armed groups.

Activity 1.3.1: 60 refugee and host community youth receive vocational skills training in the government-run vocational training centers

Activity 1.3.2: Youth receive entrepreneurship training at Laki vocational center

Activity 1.3.3: Startup grants and exit kits given to each graduating student

OBJECTIVE 2 - WASH: ACCESS TO POTABLE WATER, SANITATION FACILITIES AND HYGIENE KNOWLEDGE ENHANCED:

Project LIPROWASH will lead to increased access to essential water & sanitation facilities. The project's WASH intervention in Badi and Lua seeks to plug essential gaps, by building on previous efforts and affecting deep change through a multi-year intervention that addresses access, safety sanitation and hygiene concerns in Badi and Lua.

.....

Outcome 2.1: Refugees & host communities have access to safe drinking water

Two autonomous water stations to guarantee increased access to safe drinking water. Technical meetings with the local technical water services and the WASH Cluster will take place. The project's WASH facilitator will collaborate with other implementing NGOs actively participate in the cluster.

Activity 2.1.1: Extension of limited mechanized system of two solar-powered water points (PEA) in Badi and Lua

Activity 2.1.2: Establishment & capacity building of 20 community representatives into water management committees

.....

Outcome 2.2: Refugees, returnees and host community have adequate, appropriate, safe and acceptable latrines in their homes

HHs without latrines will be identified and selected for latrine construction, and HHs with disabled or very elderly members prioritized. PwD will be involved at all levels of design periodic consultations. World Vision will provide guidance, materials and support to facilitate the building of tippy taps (hand washing facilities) near the latrines.

Activity 2.2.1: Construction of 1000 emergency family latrines-showers (500 each site)

Activity 2.2.2: Construction of 10 blocks of institutional latrines institutional in schools, health centers and markets (Year 2)

Activity 2.2.3: Provide 20 hand-washing kits to accompany institutional latrines

.....

Outcome 2.3: Access to hygiene knowledge and practices enhanced

Activity 2.3.1: Conduct the Sesame Street WASH UP! Initiative for children in rural communities

Activity 2.3.2: Distribution of 1100 hygiene kits (Year 1 & 2)

Activity 2.3.3: Distribution of 2115 dignity kits to women and girls in refugee camps and host HHs (Year 1 & 2)

OBJECTIVE 3 – Protection: Improved capacities of existing protection systems and support provided to the most vulnerable refugee and host populations:

UNHCR Naruba encourages its partners to provide community-based assistance through the families and villages hosting the displaced. Local committees have been set up and function to varying degrees in camps. LIPROWASH seeks to better comprehend the individual disparities among the protection systems in Laki and Waki and improve the existing formal & informal protection mechanisms so actors can respond in a more holistic way to the increasing protection issues.

.....

Outcome 1: Regional, local and community capacity to deal with protection issues is strengthened

Activity 3.1.1: Conduct Protection Rapid Assessment of local formal and informal child protection mechanisms, service providers and their functionality

Activity 3.1.2: Strengthen the coordination of protection stakeholders

Activity 3.1.3: Conduct community wide GBV and Child Rights awareness raising events

.....

Outcome 2: Services of protection, alternative care, reporting and referral mechanism put in place and functional

Activity 3.2.1: Set up Child friendly Spaces

Activity 3.2.2: Strengthen the capacity and commitment of faith leaders to address protection issues

Activity 3.2.3: Sensitize refugee & host communities on Gender-based violence (GBV) and social cohesion through radio and TV broadcasts

OBJECTIVES AND INDICATORS

Objective 1: Economic, livelihoods and resilience opportunities for refugees and host communities in improved				
Indicator	Indicator type	Target # and/or %	Baseline # and/or %	How measured/ documented/ collected
Indicator 1 (Year 1, 2): Percentage of beneficiaries who report an improved sense of safety and well-being at the end of the program, disaggregated by age and gender	Outcome	Y1: 40% Y2: 60% (1540)	20%	Baseline, Midline Evaluation, end line Evaluation
Indicator 2 (Year 1 & 2): Total volume (USD value) transferred through cash (transfer value only, excluding overhead/support costs)	Output	Y2: \$ 90,000	0	Activity monitoring report
Indicator 3 (Year 1&2): Number of beneficiaries receiving cash assistance, disaggregated by gender and age	Output	Y2: 400	0	Activity monitoring report
Indicator 4 (Years 1 & 2): Self- reported Number and percentage of targeted beneficiaries that have continued livelihood activities for more than 12 months.	Outcome	Y2: 80% 21	13%	Baseline, Midline Evaluation, end line Evaluation
Indicator 5 (Years 1 & 2): Self- reported percentage increase of household income after participating in program activities	Impact	Y2: 30% (120)	0	Baseline, Midline Evaluation, end line Evaluation
Indicator 6 (Year 2): Number and percentage of program participants, disaggregated by gender and population (refugee, national) who self-report increased income by end of program period as compared to the pre-program baseline assessment	Outcome	Y2: 60% (180)	5%	Baseline, Midline Evaluation, end line Evaluation
Indicator 7 (Years 2): Number and percentage of beneficiaries who gained wage employment because of PRM assistance.	Outcome	Y2 30% increase	0	Baseline, Midline Evaluation, End line Evaluation
Indicator 8 (Years 2): Number and percentage of beneficiaries using skills obtained in a vocational training for income generation within six months of completion of training.	Outcome	Y2: 100	0	Course graduation records will be reviewed monthly
Objective #2: Improved hygiene practices and community management of WASH facilities in host communities and the refugee camps				
Indicator 9 (Years 1 & 2): Percentage of targeted households who know where and when they will next get their water	Outcome	Y1:60% Y2: 80%	30 %	Baseline, Mid-line, End line Evaluation, Monitoring Reports
Indicator 10 (Years 1 & 2): Number of people directly utilizing improved water services	Outcome	Y1:65% Y2: 75% (4000)	53%	Baseline, Midline Evaluation, Endline Evaluation Activity reports

Indicator 11 (Years 1 & 2): Number and percentage of beneficiaries receiving at least 15 liters of water per person per day	Output	Y1:45% Y2:60% (3400)	30%	Monthly Monitoring Reports
Indicator 12 (Years 1 & 2): Percentage of water systems/facilities that have functional and accountable management system in place	Output	Y1:10 Y2:10 Total=20	0	Monthly Monitoring Reports
Indicator 13 (Years 1 & 2): Percentage of affected people who collect drinking water from protected water sources	Outcome	Y1:55% Y2:70% (4000)	40 %	Baseline, Endline Evaluation Activity reports
Indicator 14 (Years 1 & 2): Number and percentage of beneficiary population with access to a toilet or latrine < 50m from dwelling, disaggregated by gender.	Outcome	Y1:65% Y2: 70% (7000)	42%	Baseline, Midline & Endline Evaluation, Monitoring Reports
Objective #3: Improved capacities of existing protection systems and support provided to vulnerable refugee and host populations				
Indicator 15 (Year 1, 2) Percentage of beneficiaries who report an improved sense of safety and well-being at the end of the program, disaggregated by age and gender.	Outcome	Y1:20% Y2:30 % Total: 4,000	0	Baseline Midline Evaluation, End line Evaluation
Indicator 16 (Years 1 & 2): % of respondents who report an improvement in the prevention and handling of GBV incidents (disaggregated by sex).	Outcome	Y1:30% 60% (2400)	0 %	Baseline, Midline Evaluation, End line Evaluation
Indicator 17 (Years 1 & 2): % of children, youth, caregivers or community members surveyed who have knowledge safe behavior to prevent injury to children.	Outcome	Y1:50% Y2: 70% (3,000)	20 %	Baseline, Midline Evaluation, End line Evaluation
Indicator 18 (Years 1 & 2): % of refugee/host community members who report having a positive relationship with the other group.	Outcome	Y1: 55% Y2: 80% (3,000)	30%	Baseline, Midline Evaluation, End line Evaluation
Indicator 19 (Years 1 & 2): Proportion of targeted girls and boys 6-12 years in programs reported to be showing an increase in psycho-social well-being.	Outcome	Y1: 30% Y2: 65% (1500)	10%	Baseline, Midline Evaluation, End line Evaluation

Handout 3.4 | Lilliput Project Budget Narrative

Country/Region: Lilliput

Program Name: Education Program

Cost Description	Assumptions	Additional Info
PERSONNEL		
Expatriate Staff	Description	Cost Basis
EZ Senior Program Officer	Responsible for overseeing overall project implementation, reporting and liaison for all World Vision programs. The position will ensure compliance to policy and integration with other projects being implemented by World Vision in the same areas. These tasks are expected to require the services of this position at 10% LOE for 12 months each year.	The total compensation, including benefits, is estimated 10% per month will be charged to this project according to the actual time spent supporting the day-to-day implementation.
EZ Finance Manager	Responsible for providing oversight and strategic leadership to the Finance, Supply Chain Management, Administration, Risk & Corporate Security and ICT Departments at East zone, including direct monitoring of OFDA for payments processing and reconciliation, timeliness and quality in processing financial reporting versus program reporting, goods and services procurement etc. These are key areas of the project that require the services of this position at 10% LOE for 12 months each year for the life of the project.	The total compensation, including benefits, is estimated 10% per month will be charged to this project according to the actual time spent supporting the day-to-day implementation.
National Program Staff - Head Office	Description	Qualifications
Education Technical Advisor	Responsible for overseeing the technical aspects of implementation in all education focused grants and privately funded projects. He is based in Capital City and will meet with the teams regularly to review progress, review project tools, etc. He is budgeted at 10% LOE for 12 months each year for the life of the project.	
National Operational Staff - Head Office	Description	Qualifications
Grant Finance Manager	Responsible for oversight of grant budgets, including knowing donor rules and regulations. Budgeted at 10% LOE for the Life of the project.	
Supply Chain Coordinator	Responsible for managing World Vision Lilliput's procurement processes. She is directly and indirectly involved in processing the procurement of goods and services for all Programs and projects. The position will ensure procurement support and coordination with project team. These tasks are expected to require the services of this position for an average of 10% for 12 months for the life of the project, though some months may be higher or lower depending on the procurement needs of the project.	

HR Coordinator	Responsible for managing World Vision Lilliput's HR processes, including hiring, staff retention, payment processes, etc. Significantly involved in the management of sub-contracts/ sub-grants as well.	
ICT Coordinator	The ICT Coordinator ensures that all World Vision systems and equipment (laptops, phones, tablets) are running as needed and secured.	
Bookkeeper	The Bookkeeper is responsible for documenting financial transactions in keeping with World Vision Lilliput financial policies and procedures.	
National Program Staff - Field Office	Description	Qualifications
Consortium Manager	100% dedicated to the program. This position will oversee all aspects of USAID funded activities and be responsible for smooth program implementation. The Consortium Manager will provide leadership, vision, and supervision for the team, and will ensure objectives and plans are carried out. This Project Manager will also be responsible for reporting to USAID on achievements of the project.	
Education Specialist	100% dedicated to the program. The Education Specialist will oversee the technical implementation of the project, including capacity building of local implementing partners. The Education Specialist will lead ToT trainings for LIPs.	
Gender & Social Inclusion Specialist	100% dedicated to the program. The GESI Specialist will ensure that gender and social inclusion, including accessibility, remain a priority of the program and is mainstreamed throughout. The GESI Specialist will lead trainings for LIPs.	
Social & Emotional Learning Specialist	100% dedicated to the program the SEL Specialist will ensure the SEL is effectively integrated into all program activities and provide trainings and capacity building to LIPs	
National Operational Staff - Field Office	Description	Qualifications
Grant Finance & Compliance Coordinator	Duties, responsibilities, number of staff in this position, professional level, period of performance and base rate.	
MEAL Coordinator	The MEAL Coordinator will supervise all M&E aspects of the program for both World Vision and LIPS, including conducting capacity building sessions and follow-up for LIPs.	
Driver	The driver will be responsible for the daily care and maintenance of the project-owned vehicle and for drive staff safely to/from project sites in accordance	
Travel	Local travel between offices	
Equipment	Description	Cost Basis
VEHICLES		
Toyota Landcruiser	World Vision will purchase one vehicle (Toyota Land Cruiser or similar) for project use. This vehicle will only be driven by the project driver/mechanic who will be employed specifically for this use. This vehicle will have local plates and will be used on a daily basis for project activities. After an analysis of the area, it was determined that purchasing a vehicle will be better for the project activities since World Vision can then find a car that is durable enough to withstand the hazardous road conditions. Moreover, quality and reliable vehicles are not available for long-term rentals in the targeted area. By purchasing a vehicle, World Vision can ensure that the security systems in it are up to date.	The estimated total cost for the purchase of a vehicle is \$65,000. This is the most recent price that World Vision paid for a vehicle procured locally from CFAO in May 2020.

CAPITAL EQUIPMENT (NON-PROGRAM)		
SUPPLIES		
General Equipment	General equipment a unit price greater than \$0 but less than \$5,000	
Motorcycles	4 motorbikes will be purchased, each at approximately \$4500. This price is based on the current prices for our certified Yamaha dealer PRODIPEX for use by project staff.	Each bike costs \$4500, based on the most recent cost analysis done by the supply chain/procurement team in Lilliput.
Computers	6 computers will be purchased for the project in Y1. These computers will be used by direct project staff. Each computer will cost \$1,100, including all necessary accessories. It is anticipated that at least 2 of the computers will need to be replaced by Y3.	Each computer will cost \$1100, based on the most recent supply chain/procurement team analysis.
Tablets	Over the course of the project, 750 tablets will be purchased to facilitate children's access to literacy apps. Estimated at \$120 each based on recent purchases by World Vision Lilliput procurement team.	Each smart phone/tablet will cost \$120 based on the most recent purchase of items of similar size and value in Lilliput.
CONTRACTUAL		
General Program Activities		
Outcome 1: Increased access to community-based reading & SEL opportunities for children ages 6-9		
Translation of community engagement content from UL into local language (~200-250 pages)	Translation expected to cost \$5 per page X 250 pages - \$1250	Current translation cost
Printing of community engagement materials for trainers	5 Trainings, \$350 per block of training materials	Standard price based on World Vision experience
Outcome 2: Increased access to materials that support foundational reading and SEL for children ages 6-9		
Create 50 titles to place across 70 book banks and print 5-7 copies per title for each book bank	\$3.51 per book X 7 copies per title X 50 books X 40 book banks in Y2 and 30 book banks in Y4	Printer quote
Purchase/create 100 titles to place across classroom reading corners (not sure where we place titles in minority languages in out of school work)	\$3.51 per book X 7 copies per title X 100 books X 40 book banks in Y2 and 30 book banks in Y4	Printer quote
Market research to survey what books are available in local language– purchase these	\$500 to hire a consultant to create the report	
Reprint and distribute existing Grade 1 Student manual, Take home book and Teacher's Guide	15,000 total copies at \$3.66 per copy	Printer quote
Reprint and distribute existing Grade 2 Student manual, Take home book and Teacher's Guide	15,000 total copies at \$3.51 per copy	
Reprint and distribute Oral Language Teachers' Guide	400 copies at \$3.77 per copy	

Outcome 3: Improved teachers' and administrator skills in reading instruction and delivery of SEL for children ages 6-9		
Adaptation and translation of UL teacher training materials (consultancy and translation services);	No cost	
Teachers hold monthly cluster workshops at no cost to train peers in reading and SEL through year 5	No cost	
Play kits for SEL integration in the classrooms	70 schools X play kits valued at \$250 which includes balls, art supplies, etc.	
Ongoing support for high quality implementation	\$250 per month in travel costs for Education Specialist, SEL Specialist, and GESI Specialist to support LIP implementation	
Training		
Outcome 1: Increased access to community-based reading & SEL opportunities for children ages 6-9		
5 day TOT for Local Implementing Partners (LIPs) on community engagement reading approach years 1, 3 &5		
5 day TOT for LIPs on Citizen Voice and Action		
3 Day training of LIPs to support school improvement planning for reading		
3 Day training of LIPS to support SEL outcomes		
Outcome 2: Increased access to materials that support foundational reading and SEL for children ages 6-9		
LIPs trained on how to establish community book bank and lending system & classroom reading corners & lending system		
5 day writer's workshop to create born accessible books (accessible by children with a disability) using Bloom software		
Outcome 3: Improved teachers' and administrator skills in reading instruction and delivery of SEL for children ages 6-9		
World Vision staff train school inspectors in reading (whatever the title is in DRC for those that provide teacher support) over 5 days in 2 cycles (TOT 1 & TOT2)		
Inspectors train selected teachers in reading across primary school in 5 days (2 cycles year 1) & 1 cycle year 2 and 3		
World Vision train inspectors in SEL kernels of practice – 1 cycle per year of 3 days over 3 years		
Inspectors trained in 3 days to train school heads in World Vision's coaching guide for reading		

Local Partner Capacity Building Plan		
SAINT training	World Vision Security in National Theaters Training – SAINT: World Vision trains each of its staff members working in a medium-to-high risk project area in security procedures. The total cost per participant is \$250. World Vision will train 10 staff from MDF.	
Gateway to Grants: USAID Rules & Regs (World Vision version)	Gateway to Grants is World Vision's certified course on USAID Rules & Regulations. In order to support high quality implementation and foster an understanding of USAID rules & regs, World Vision will train 50 individuals on G2G, in two cohorts of 25. This includes the cost of renting a facility for 10 days total, hotel and travel for the trainers from the US (estimated at \$3000 each), printed materials for each participant (\$100 ea.), meals and snacks (\$15 per day per participant). A shorter refresher course will be held in Y3 to account for staff turnover and to review key concepts.	
Financial Management workshop	World Vision will train 50 participants in 2 cohorts of 25 on financial management in years 1 and 3. Total cost is expected to be \$100 per person and includes printed materials (\$25), meals/snacks (\$15 per person per day X 4 days), room rental (\$15 per person)	
Best practices in MEAL	World Vision will train 50 participants in 2 cohorts of 25 on MEAL in years 1 and 3. Total cost is expected to be \$100 per person and includes printed materials (\$25), meals/snacks (\$15 per person per day X 4 days), room rental (\$15 per person)	
Planning for Closeout Training	World Vision will train 50 participants in 2 cohorts of 25 on planning for close out and practicing close out in years 4 and 5. Total cost is expected to be \$100 per person and includes printed materials (\$25), meals/snacks (\$15 per person per day X 4 days), room rental (\$15 per person)	
Design, Monitoring and Evaluation		
Partner Monitoring	World Vision will conduct quarterly joint monitoring missions with LIPs. This line includes travel related expenses, per diem, and printing. World Vision will visit LIP offices to ensure that project documents are up to date and observe implementation of activities	
Baseline	The baseline will be conducted in Y1 in a participatory process with LIPs and is estimated to cost \$20,000 which includes the cost of enumerators, per diem, printed materials, and analysis. Includes a GESI analysis	
Mid-term review	The baseline will be conducted in Y3 in a participatory process with LIPs and is estimated to cost \$15,000 which includes the cost of enumerators, per diem, printed materials, and analysis. Includes a GESI analysis	
Endline	The endline will be conducted in Y5 in a participatory process with LIPs and is estimated to cost \$20,000 which includes the cost of enumerators, per diem, printed materials, and analysis. Includes a GESI analysis	
EXPATRIATE CONSULTANT		

LOCAL CONSULTANTS		
SUBGRANTS - Us Organizations = Fully Detailed Budget For Subawards At \$1 Million Or Above		
Partner 1	Support to SBCC work including design of materials, barrier analysis includes addressing GESI issues	
Partner 2	Development of app games to support literacy	
SUBGRANTS - Local Agencies = Fully Detailed Budget For Subawards At \$1 Million Or Above		
Partner 3	Local implementation of activities, lump sum	
Partner 4	Local implementation of activities, lump sum	
Partner 5	Local implementation of activities, lump sum	
Partner 6	Local implementation of activities, lump sum	
CONSTRUCTION		
CONSTRUCTION - PROGRAM		
OTHER DIRECT COSTS		
HEAD OFFICE COSTS		
FIELD OFFICE COSTS		
Vehicle Rent/Lease	While World Vision will purchase one vehicle, it is estimated that on average, a rental car will be needed 25 days per year at an estimated cost of \$120/day which is World Vision's current internal lease policy.	
Vehicle Fuel	Vehicle fuel is currently \$1.1 per liter and for a project of this size is estimated to cost \$800/month.	
Vehicle Repairs and Maintenance	World Vision has budgeted for 4 repairs on the vehicle per year at an estimated cost of \$600 per time, based on experience of projects of similar size.	
Vehicle Insurance	Vehicle insurance is currently \$500 per year per vehicle.	
Temporary Labor	World Vision estimates needing to employ temporary laborers (cleaners, drivers, enumerators) at an average cost of \$20/day to cover gaps in staff coverage and vacations. \$150/month is budgeted for the life of the project.	
Branding and Marking	\$3515 is budgeted over the course of the project for branding of books and book banks, vehicles, trainings, etc.	
Office Rent	In Y1 - Y3, project will cover 25% of the office rent at a total of \$400/month. In Y4 and Y5, project will cover the full rent at \$1600/month.	

Office Utilities	Project will cover 25% of the office utilities at an estimated cost of \$120 month.	
Office Repairs and Maintenance	Project will cover 25% of the office security at an estimated cost of \$400 month.	
Office Supplies	the Project team is estimated to use \$120/month in general office supplies such as stationary, pens, printer ink, etc.	
Mobile/Cellular Communications	\$250/month based on the number of staff and World Vision policy.	
Internet Communications	Project will cover 25% of the office internet costs at \$400/month.	
Printing and Photocopying	<Estimated monthly cost>	
INDIRECT COSTS		
Overhead	World Vision's current provisional NICRA rate is 19.33%, which has been applied to total direct costs.	

MODULE FOUR

INTEGRATING GESI IN
PROGRAM IMPLEMENTATION,
MONITORING AND
EVALUATION



DAY4: MODULE FOUR OUTLINE GESI INTERGRATION IN PROGRAM IMPLIMENTATION, MONITORING AND EVALUATION			
SESSION	DETAILS	MATERIALS	TIME
Session One: GESI Integration in Program Monitoring	Recap of Module Three	Summary of what was covered in Module Three	10 Minutes
	Objectives of Program Monitoring Conducting a GESI-responsive Program Monitoring	Flip Charts and Markers TOOL 4.1 GESI Integration in Program Monitoring <i>(Page 72-73 of the GESI in DME Toolkit)</i> Facilitator’s Note: GESI in Program Monitoring Handout 4.1: A Mini Case Study on Pastoralist Project in Kobe	50 Minutes
BREAK			10 Minutes
Session Two: GESI-responsive Program Evaluation	Conducting a GESI-responsive Program Evaluation Developing/Quality Review of Evaluation Terms of Reference	TOOL 4.2 GESI-responsive Program Evaluation <i>(Page 81-84 of the GESI in DME Toolkit)</i> Table 23 GESI Integration in M&E Plan <i>(Page 65-66 of the GESI in DME Toolkit)</i> Facilitator’s Notes: GESI in Program Evaluation Handout 4.2: Terms of Reference (ToR) for Banu Program Evaluation	80 Minutes
	BREAK		10 Minutes
	Quality Review of a Monitoring and Evaluation (M&E) Plan	Handout 4.3: Program Evaluation ToR Pre-review Considerations Facilitator’s Notes: Quality Review of Banu Program Evaluation ToR Handout 4.4: Guidance on Quality Review of the M&E Plan	90 Minutes
LUNCH BREAK			60 Minutes
Session Three: Analyzing and Reporting GESI- responsive Data	Analyzing GESI-responsive Data Preparing and Communicating GESI Program Evaluation Reports	Table 28 Preparing GESI Program Evaluation Reports <i>(Page 83-84 of the GESI in DME Toolkit)</i> Table 34 Checklist for Communication and Reporting GESI Findings <i>(Page 92 of the GESI in DME Toolkit)</i> Handout 4.5: Project Progress Report Facilitator’s Notes: Project Progress Report TOOL 4.3 Analyzing and Reporting GESI-responsive Data <i>(Page 84-93 of the GESI in DME Toolkit)</i>	90 Minutes
	Closing and Brief Feedback	Summary of what was covered in Module Four	

MODULE FOUR:

INTEGRATING GESI IN PROGRAM IMPLEMENTATION, MONITORING AND EVALUATION

This module provides guidance on how to integrate GESI in program implementation, monitoring and evaluation. It is most useful when a GESI analysis has been completed and initial activities have already been identified. The module is based on section four of World Vision's Toolkit on how to integrate GESI in DME ([Page 78-93](#)) and consists of three sessions:

Session One	GESI Integration in Program Monitoring
Session Two	GESI-responsive Program Evaluation
Session Three	Analyzing and Reporting GESI-responsive

SESSION ONE | GESI INTEGRATION IN PROGRAM MONITORING

This session presents GESI integration in program monitoring, which is an ongoing activity of assessing the processes and activities of program implementation and how programs affect vulnerable groups. This session will cover objectives of program monitoring and how to conduct a GESI-responsive program monitoring to ensure staff are monitoring a program using a GESI lens. This session is based on **Tool 4.1 GESI Integration in Program Monitoring** ([Page 79-80 of the GESI in DME Toolkit](#)).

SESSION OBJECTIVES

Participants will be able to:

- Ensure that processes and activities of program implementation address the different needs of vulnerable groups
- Identify and address any program needs, challenges and problems related to GESI

RECAP OF MODULE THREE (10 Minutes)

Summarise what was covered in Module Three. Reiterate that Module Three was spent learning about integrating GESI in proposal development, program design, indicators, action plan and budgeting. Invite participants to share their thoughts or ask any questions.

FACILITATOR'S NOTE: GESI IN PROGRAM MONITORING (20 Minutes)

Start by quickly reviewing the meaning of monitoring and evaluation (M&E):

- **Monitoring:** Monitoring is the systematic and routine assessment of program activities to track progress toward achieving program objectives. Monitoring provides useful information for managers and decision makers so they can improve the effectiveness of their programs.
- **Evaluation:** Evaluation is the systematic and objective assessment of the relevance, coherence, effectiveness, efficiency, impact and sustainability of on-going and completed programs and projects.

Explain that integrating GESI in program implementation, monitoring and evaluation is the key to understanding whether the project's planned activities are achieving GESI goals - by addressing the different needs and priorities of women, men, girls, boys, people with a disability and other vulnerable groups. It helps to assess the impact of the program on different social groups and to determine gaps in terms of GESI aspects that need to be integrated into monitoring and evaluation (M&E) systems. Effective GESI-responsive M&E needs to include both qualitative and quantitative data, disaggregated by sex, age, disability status and other social characteristics, to measure the impact of a program on different social groups.

Briefly go over the objectives of program monitoring and step by step guidance on how to conduct a GESI-responsive program monitoring ([Page 79-80 of the GESI in DME Toolkit](#)).

Emphasize the importance of GESI analysis in integration of GESI in monitoring. Tell participants that a GESI analysis will help to establish a baseline. The baseline should be established at the beginning of the program and should contain GESI disaggregated data. The GESI analysis will provide information on GESI specific potentials, challenges, and risks and how the project can help to promote GESI. This will provide a basis for assessing the results and impact of the program. It will also help in determining whether change is happening or not, and how much of an impact the program has towards achieving GESI goals.

CONDUCTING A GESI-RESPONSIVE PROGRAM MONITORING (30 Minutes)

Share with participants a fictional case study, **Handout 4.1: A Mini Case Study on Pastoralist Project in Kobe** ([See Annex for Module Four](#)). Ask them to discuss in their small groups: What could the project do differently to be able to demonstrate World Vision's good work on GESI?

Then ask each group to share one idea that is different to what was shared by the groups before them. (*This does not apply to the first group to share ideas*). They should also identify ways in which they can better integrate GESI in monitoring their programs. They can add this to their GESI Integration Action plan.

SESSION TWO | GESI-RESPONSIVE PROGRAM EVALUATION

This session presents GESI-responsive program evaluation which is crucial in enhancing gender equality and social inclusion in our programming. The session discusses GESI-responsive program evaluation objectives, key considerations, important questions to ask, developing/conducting quality review of terms of reference and reviewing Monitoring and Evaluation (M&E) Plan using a GESI lens. This session is based on **TOOL 4.2 GESI-responsive Program Evaluation** ([Page 81-84 of the GESI in DME Toolkit](#)) and **Table 23 GESI Integration in M&E Plan** ([Page 65-66 of the GESI in DME Toolkit](#)).

SESSION OBJECTIVES

Participants will be able to:

Conduct a GESI-responsive Program Evaluation.

Measure the GESI impact of a program to vulnerable groups.

Identify and address gaps and challenges in implementing GESI programming.

FACILITATOR'S NOTES: GESI IN PROGRAM EVALUATION (20 Minutes)

Explain to participants that GESI-responsive evaluation is crucial in enhancing gender equality and social inclusion in our programming. It assesses the relevance, coherence, effectiveness, efficiency, impact and sustainability (both intended and unintended) of the project on women, men, people with a disability and other vulnerable groups. The evaluation integrates GESI domains into approaches, methods, and processes.

A program evaluation can be conducted:

- Before or at the start of the program (for example, baseline)
- In the middle of the program (for example, mid-term evaluation)
- At the end of the program (for example, final/end line evaluation)
- Long after the program has ended (for example, post-project evaluation)

This can help to identify gaps that need to be addressed for our programming to be GESI-transformative.

Go over the objectives, key considerations, and important questions to ask in doing a **GESI-responsive Program Evaluation** ([Page 81-84 of the GESI in DME Toolkit](#)). Invite participants to share their thoughts or ask any questions.

QUALITY REVIEW OF PROGRAM EVALUATION TERMS OF REFERENCE (TOR) (60 Minutes)

Share with the participants a copy of **Handout 4.2: Terms of Reference (ToR) for Banu Program Evaluation** ([See Annex for Module Four](#)). You can also use an evaluation ToR for a project that participants are engaged in.

Explain the assumptions for this Evaluation Terms of Reference (ToR) as follows:

- The reviewer is not a direct implementer of the project. S/he has/will be been involved in providing technical or managerial support to the project
- This Program Evaluation ToR is being reviewed prior to submission to the Donor/National Office/Support Office for approval
- The reviewer is a Design, Monitoring and Evaluation (DME) Specialist, GESI Specialist, or Program Manager/Quality Assurance Advisor
- Whereas a comprehensive quality review (GESI as one issue of focus) is recommended for every evaluation, the current case study focuses on review of GESI integration in evaluation either done independently or as part of the broader quality review

Share with participants **Handout 4.3: Program Evaluation ToR Pre-review Considerations** ([See Annex for Module Four](#)), and ask them to read carefully. Invite them to ask questions they might have. Then ask them to work in their groups to generate evaluation questions, outcomes indicators methods and data analysis plan. They will need to think about how to improve the terms of reference for the Banu project evaluation and answer the following questions:

1. **Evaluation questions:** Are there any GESI-specific questions that this program could ask?
2. **Indicators for measurements:** Are the indicators GESI-responsive?
3. **Evaluation methods:** Do the evaluation methods help address the evaluation questions? Do they measure the indicators?

When groups are finished invite them to share their answers in the planetary. Use Facilitator's Notes: Quality Review of Banu Program Evaluation ToR to guide the discussion and responding to each of the three questions. If you are using your own ToR for a project, you will have to prepare your feedback/observations in advance.

FACILITATOR'S NOTES: QUALITY REVIEW OF BANU PROGRAM EVALUATION TOR

After reflecting on the evaluation objectives of the Program Evaluation ToR Pre-review Considerations, we read through the evaluation questions asking ourselves if there are any GESI specific questions that this project could ask. We are careful not to suggest GESI questions that are beyond the limits of the project or for which it is impossible to measure given the evaluation budget. Considering the program logic and theory of change and the GESI domains of change applicable to this project, we could focus our recommendations for GESI specific question on any of the three categories of GESI responsiveness issues at evaluation:

- Understanding GESI differentials in outcomes of interest to the program
- Assessing effectiveness of GESI strategies on the outcomes of interest to the program
- Influence of GESI norms of the specific thematic outcome or sub thematic measures of interest to the program

Evaluation questions

The outcome one of the project targeted protections for women, children, and people living with a disability. Therefore we propose the following as addition to the current sub-questions for the project:

Impact thematic question: What are the effects of the program activities on women, men, children (including girls) and people with a disability? Has the removal of GESI based constraints in disaster risk management in the community improved protections for women, children, and people with a disability? What do women, men, and people with a disability think about women, children, and people with a disability's participation in disaster risk reduction activities?

Indicators for measurements

Evaluations typically measure changes on outcomes or impact indicators. We read through each of the indicators the project has identified for this evaluation to both check if this outcome indicators and if any are GESI-targeted or potentially GESI-related. What did we conclude? We would challenge the necessity of including output level indicators in this evaluation especially if they are already collecting monitoring data. However, we choose to concentrate on GESI-related issues.

We recommend that data for people-based indicators is listed for the project goal impact; outcome one and outcome three are disaggregated by sex and disability status. This approach should be done for the full list of indicators listed for outcomes 1,2 and 3 as all the outcome and goal indicators to be measured in this evaluation are GESI-related. We would recommend adding GESI targeted indicators relevant to the project outcomes. The indicators can be measured qualitatively for example extent to which males, females, children and people with a disability feel safe and protected during emergency, the GESI domain covered here being well-being.

Evaluation methods

The best evaluation methods are those that align with and help address the evaluation questions. They also measure the indicators as applicable. The evaluation terms of reference propose to use both quantitative and qualitative data collection methods. In addition, participatory qualitative methods have been selected. This is commendable, however, it needs to specify from whom data will be collected for each of the data collection methods listed. A few details are shared on the sampling strategy particularly the sampling framework mentioning that the sampling framework will be developed based on the participant register to reflect the target population. This gives the impression that women, girls, children and people with a disability will be considered. However, the ToR mentioned that households will be interviewed without providing details. Since men are typically the household heads in this project context, it's not good to assume that women and all people with a disability will be interviewed in the selected households unless explicitly stated.

Despite the best intentions in improving GESI responsiveness of the evaluation as expressed in the evaluation objectives, questions and methods, this intent can be lost if there isn't a good data analysis plan for the project. We recommend that under the Section 5 analysis plan to add a sentence that states that the consultant will be expected to develop a detailed data analysis plan which will outline the evaluation questions, indicators, data analysis method, type of analysis, and an

illustrative example of results. Also data can be analyzed to highlight differences between men, women, children, and people with a disability. For instance, how gender and disability status impacted the safety and protection of people in an emergency or during disaster.

Another important thing to add about a group under section 6 resources and personnel is the preferred qualifications and experience of the evaluation consultant. Besides knowledge and experience in evaluating emergency or Disaster Risk Reduction interventions the consultant should have working knowledge or skills in measuring GESI or GESI-related programs. In addition, when more than one person consulting team is proposed, include both female and male consultants. Section four of the GESI in DME toolkit has additional information about reviewing the consultant's evaluation design proposal or inception report data collection analysts and reports.

In conclusion, the evaluation terms of reference for the Banu Project is weak. World Vision already has general evaluation guidance, in addition to donor guidance (in this case U.S. Government Food and Drug Administration) guides on evaluations. Emphasize that the review should utilize these resources in guiding the project team to improve the quality of this evaluation. Furthermore the quality review needs to be done with specific focus on the GESI issues to improve the proposed evaluations' GESI responsiveness.

QUALITY REVIEW OF A MONITORING AND EVALUATION (M&E) PLAN (90 Minutes)

Ask participants to review **Table 23 GESI Integration in M&E Plan** ([Page 65-66 of the GESI in DME Toolkit](#)). Share a copy of a M&E plan for one of the projects that participants are implementing and **Handout 4.4: Guidance on Quality Review of the M&E Plan** ([See Annex for Module Four](#)). Ask participants to read the M&E plan along with the Guidance on Quality Review of the M&E Plan. Tell them to assume that they are reviewing the M&E Plan prior to submission to the donor for approval.

Once they have completed reading, ask them to :

- Review the plan and complete the checklist for **Table 23 GESI Integration in M&E Plan** GESI Integration in M&E Plan ([Page 65-66 of the GESI in DME Toolkit](#)). Indicate "Yes", "No" or "Not Applicable" to each question on the checklist and include a comment for a response other than "Yes". Provide a summary of their review highlighting key issues that need attention by the program team. Once they are done, ask them to share their thoughts in the plenary.

SESSION THREE | ANALYZING AND REPORTING GESI-RESPONSIVE DATA

This session presents an overview of how GESI-responsive data should be analyzed and reported.

This session is based on **TOOL 4.3 Analyzing and Reporting GESI-responsive Data** ([Page 84-93 of the GESI in DME Toolkit](#)).

SESSION OBJECTIVES

Participants understands how GESI-responsive data should be analysed and reported.

FACILITATOR'S NOTES: GESI DATA ANALYSIS AND REPORTING (10 Minutes)

GESI-responsive data can be analyzed and reported using a mixed method approach that integrates both quantitative and qualitative methods. GESI-responsive quantitative analysis is concerned with analysis of GESI disaggregated numerical data (data that can be quantified) such as age, family size, and income. It helps to answer the question “what.” For example, what is the average age of women, men and people with a disability who have access to safe drinking water? Quantitative analysis allows for comparison of numerical data disaggregated by sex, disability status and other social characteristics such as ethnicity, age, class, and caste. These comparisons highlight gaps and inequalities and encourage qualitative (non-numerical) analysis to identify why these gaps and inequalities exist.

Qualitative analysis analyses non-numerical GESI disaggregated data such as feelings, thoughts, and perceptions.

It is important that data is analyzed regularly and at all stages during the DME process in order to:

- Identify constraints and opportunities that either impede or facilitate the achievement of GESI objectives
- Assess changes in social and gender norms, roles, and responsibilities
- Assess whether the practical needs, strategic interests, and priorities of different social groups are being addressed
- Measure and evaluate the different impacts of the program on different social groups
- Inform changes in program implementation to improve outcomes for social groups

Once the analysis is completed, it is important to triangulate the data to explain some of the findings from quantitative results using qualitative data. You could use focus group discussions or secondary data measuring the same thing. Where appropriate, outline differences in data between types of people, for example women, men, people with a disability and other vulnerable groups. You may use verbatim quotes from various social groups if you need to support your arguments or provide examples. Discuss the implications of those findings for each social group, provide recommendations, and strategies for transformative gender equality and social inclusion programs.

CONSIDERATION IN GESI-RESPONSIVE DATA ANALYSIS AND REPORTING (30 Minutes)

Go over the suggested preparation for GESI-responsive data analysis ([Page 83 of the GESI in DME Toolkit](#)) and remind participants that it is critical that all data collected is analysed carefully to produce a GESI analysis that can inform a GESI-transformative program.

Tell participants that after the analysis is done, GESI findings and recommendations should be widely shared with World Vision staff and other partners in a way that enlightens programming and challenges discriminating social norms.

TIP!

Data analysis, especially quantitative data analysis may not be for everyone. Encourage staff who are involved in this kind of analysis to reflect on **Tool 4.3: Analyzing and Reporting GESI-responsive Data** ([Page 84-92 of the GESI in DME Toolkit](#)).

PREPARING AND COMMUNICATING GESI PROGRAM EVALUATION REPORTS (40 Minutes)

Review **Table 28 Preparing GESI Program Evaluation Reports** (Page 83-84 of the *GESI in DME Toolkit*) and **Table 34 Checklist for Communicating and Reporting GESI Findings** (Page 92 of the *GESI in DME Toolkit*). This tool provides a checklist to ensure that any report achieves this. Invite participants to share their thoughts.

Share a copy of **Handout 4.5: Project Progress Report** (See *Annex for Module Four*). Ask participants to work in their groups and review how GESI findings have been reported. They should use **Table 34 Checklist for Communicating and Reporting GESI Findings** (Page 92 of the *GESI in DME Toolkit*).

When they are done, invite each group to share their reviews. Use the Facilitator's Notes: Project Progress Report to guide the discussion.

FACILITATOR'S NOTES: PROJECT PROGRESS REPORT

DOES THE REPORT/KNOWLEDGE PRODUCT: 1=Yes 0=No

Use positive images or photos of women and men, people with a disability and people without a disability and other marginalized groups?	1
Use images that challenge stereotypes? For example, are there photos of men looking after children; Are there pictures showing children with a disability in a local school rather than a special school?	1
Disaggregate achievements by sex, age, abilities, etc.?	0
Include a section on GESI that specifically discusses GESI lessons learned?	0
Integrated GESI throughout the other sections?	0
Use neutral language? For example, "human power" instead of "manpower"; "humankind" instead of "mankind" or "people with a disability" instead of "disabled"?	1
Describe women and people with a disability as vulnerable only, or are their strengths and achievements also reported?	1
Report on GESI indicators and outcomes along with other indicators and outcomes?	1
Discuss the differences between social categories and the reasons for those differences? or does it use generic terms such as "farmer"?	0
Identify limitations related to the data sampling? For example, if particular groups (women, people with a disability etc.) were not included in the process and the implications on the results	0
If women and marginalized groups are not equitably represented in the sample of respondents, is this explained in the limitations section of the methodology?	n/a
Quote and consult groups that represent marginalized social groups?	1
Quote GESI-responsive literature (e.g. does it quote authors from the Global South?)	n/a
Discuss how the positive impacts of GESI are promoted and how the negative impacts are mitigated or eliminated?	0
Comment on the impact of activities on women's and vulnerable groups' empowerment (self-esteem, capacity for leadership and self-organization)?	1
Report on the proportion of women and men who participate in project activities (as beneficiaries, decision-makers or change agents) during the reporting period?	1
TOTAL SCORE	7

Women are represented as strong and independent

Indicators are aligned with the GESI domains but could be disaggregated further to show results for different groups

There is no disaggregation within women by age, disability or socio-economic or marital status

Women are quoted in the report

ANNEX

for MODULE FOUR

Handout 4.1 | A Mini Case Study on Pastoralist Project in Kobe

The Pastoralist Project in Kobe aims to improve the food security and income of poor and disadvantaged farmers in pastoralist area of Kobe. Some women only cooperatives and self-help groups were formed that had an impact on women's leadership, increased confidence, knowledge, income and feelings of empowerment. Women said they were eating better and wearing new clothes because they were earning more money and could spend it as they liked. After the World Vision project officer gave a GESI training, the women's cooperative decided that there should be a self-help group for people with a disability. They asked the project to help form one and they would bring the participants. This group has successfully increased the income of 10 women living with a disability. Two of them experienced disabilities as a result of gender based violence (GBV). The group still meets every week as they enjoy the moral support.

The project only reported on numbers of women who participated in community groups, particularly in reference to the indicator "Women and low-income pastoralists are represented in cooperatives and training." The project officer wanted the head office to visit the community to capture case studies on the women. He felt proud of what the project had achieved. However, there was no budget for the trip. As no project indicators gathered this type of information, the project was unable to prove their impact on women's well-being.

Handout 4.2 | Terms of Reference (ToR) for Banu Program Evaluation

TERMS OF REFERENCE BANU PROJECT EVALUATION

Background

World Vision has been implementing a one-year (12 months) project named BANU Phase II that aims to strengthen community resilience by managing risks and impact caused by disasters per the National Government Disaster Management Plan 2015-2019. This project continues the BANU Phase I and will produce three Disaster Risk Reduction (DRR) outputs: 1) community awareness building, 2) capacity building, and 3) public-private partnership. Through these three outputs, the BANU Project Phase II will implement its program goal by:

- Assisting small local NGOs through Capacity Development Programs conducted by SAVE EVERYONE DRR CBO.
- Continuing engagement with communities and faith leader on Psychosocial Support.
- Increasing partnerships with the private sector for Public-Private Partnership interventions.
- Empowering adolescent girl through Girls in Risk Reduction Leadership training series.
- Collaborating with the government to utilize digital technology Disaster Risk Management(DRM).

Evaluation Objectives

The overall objective of this final evaluation is to analyze the level of achievement of the project goal, objectives and results and to understand how these have been achieved.

Specifically, the final evaluation will serve the following purposes:

- Evaluate the achievements of the project in relation to the goal, objectives, results and targets.
- Evaluate the project's effects on the community, and how it helps the community in disaster preparedness.
- Identify best practices, lessons learned, strengths, and challenges in the activity design, including the Log frame, and implementation for achieving project achievements.
- Recommended strategies for other projects or new interventions.

The final evaluation will measure final achievement toward goal and outcome indicators to allow the project to compare with the baseline survey done at the beginning of the project. Similar to the baseline, a random sample of participants will be used in order to produce values that are representative of the target population. The final quantitative survey will use the same data collection instrument, statistical precision, and statistical power as was used at baseline in order to ensure comparability of data and detect statistically significant changes from baseline to end line.

The final evaluation will be in the form of an external review and will be conducted by an independent third-party consultant. The methodology of the evaluation will be based on the collection and analysis of quantitative and qualitative data.

This document describes the objectives and goals of this evaluation. It also explains the logistical details to be considered during the data collection process and steps, technical procedures and tools to be used.

Evaluation Questions/Topics

The final evaluation will raise and analyze the key learnings and challenges as well as the strengths, weaknesses, opportunities and threats, the project and its' implementation have passed through and how well the project has managed them. It will investigate effects or impacts of the project on participants and their community knowledge, attitudes and practices.

Illustrative evaluation questions include:

Project Relevance – Did the project address priority problems faced by the target areas and communities and was the project consistent with recipient governments or agencies?

Project Efficiency – Were inputs (staff, time, money, equipment) used in the best possible way to achieve outputs; could implementation been improved/was there a better way of doing things?

Project Effectiveness – Whether activities, outputs and outcomes have been achieved?

- How successful was the project in accomplishing each of its objectives?
- What are the major factors influencing the achievement or non-achievement of the objectives?

Project Impact – what changes are observed in the lives of the target group as a result of the implementation of the project?

- What are the unintended positive and negative impacts of the implementation of the project?
- Did the response reduce future vulnerabilities?

Evaluation Methods and Tools

The methodology of the final evaluation will be based on the collection and analysis of quantitative and qualitative data and information in the intervention area. Results will be analysed against the baseline study findings.

Key indicators to be measured include:

Objective	Indicator	Office of U.S. Foreign Disaster Assistance (OFDA) Indicator
GOAL To strengthen community resilience by managing risks and impact caused by disasters in accordance with the Nepalusian National Government Disaster Management Plan 2015-2019.	# of evidence-based policy or service improvement recommendations on disaster risk management	
	% of people who report having disaster coping mechanism	
OUTCOME 1 Strengthened Disaster Risk Management capacity of community, civil Society and private sector to protect women children and people with a disability(PWD).	% of people trained with improved knowledge and skill in disaster risk management	Number of people trained in disaster preparedness, risk reduction and management
		Number of people passing final exams or receiving certificates
		Percentage of people trained who retain skills and knowledge after two months
		Number of people trained in First Aid, Search and Rescue, or health related Disaster Risk Reduction activities
		Number of action plan on DRR initiatives is implemented

Output 1.1 Strengthen the capacity of government, civil society and community to apply preparedness measures for psychosocial support in emergencies	# of people trained in preparedness for psychosocial support in emergencies (men, women, boys and girls)	
	# of community actions that accommodate the needs of vulnerable groups in the community	
Output 1.2 Strengthen the capacity and preparedness to respond at community level	# of community-level risk assessment developed	
	# of contingency plan developed	
	# of people participate in Community Based Disaster Risk Management (CBDRM) training (men, women)	
	# of Village DRR forum	
Output 1.3 Schools, including ECCD (Early Child Care Development), have established disaster preparedness mechanisms	# of schools with updated disaster preparedness plan	
	# of children who have demonstrated knowledge on preparedness to response	
Output 1.4 Private sectors have enhanced capacity in disaster management focusing on women, children and people with a disability (PWD)	# of private sector businesses directly engaged in response or DRR-related activities as a result of the program	Number of private sector businesses directly engaged in response or DRR-related activities as a result of the program Targeted total number of individuals indirectly benefiting from DRR related program activities Number of government disaster contingency plans that incorporate private-sector aspects as a result of the program
Output 1.5 Household social safety net is strengthened	# of insurance institutions partnership has been built	
	# of communities aware of micro insurance product	
OUTCOME 2 Enhanced disaster risk management policy for effective preparedness, response and recovery	% of schools implementing safe school policy	
	# of documents of DRM has developed	Number of hazard risk reduction plans, strategies, policies, disaster preparedness, and contingency plans developed and in place
		Number of people participating in discussions regarding national risk reduction strategies as a result of the program
		National and local risk assessment, hazards data and vulnerability information is available within targeted areas (Y/N)

Output 2.1 Enhanced safe school policy implementation at city/district and school level	# of safe school policy implementation has been enhanced	
	# of people participating in Safe School policy implementation	
Output 2.2 Improve the implementation of humanitarian clusters framework at city/district level	# of humanitarian organizations actively participated in the proposed area of work	
	# of government unit has developed on concepts and components of humanitarian clusters	
Output 2.3 Developed guidelines on cash transfer programming at national and local level	# of local government unit and civil society increase knowledge on CTP	
	# of stakeholders assessed related to cash programming	
Output 2.4 Project Management Assured	Baseline and endline report are available	
	# of learning documentation (video, flyers, etc)	
OUTCOME 3 Utilize digital and technology for building community awareness of disaster management	% of people access the campaign	Number of people participating in training
		Percentage of people trained who retain skills and knowledge after two months
		Percentage of attendees at joint planning meetings who are from the local community
Output 3.1 Increase public awareness through disaster management through disaster management public communication and digital	Percentage of attendees at joint planning meetings who are from the local community	
Output 3.2 Increasing the capacity of partners and the community in utilizing digital technology on DRR	Number of people participating in DRR digital training	

METHODS

Qualitative data will be collected through semi-structured in-depth interviews, focus group discussions, and observation. The evaluators must utilize a qualitative methodology, complemented by the review of secondary data related to the program. In the qualitative part of the evaluation, evaluators will utilize a purposeful sampling method that will include participants targeted by the project. Evaluators will develop a fuller description of the proposed implementation for the qualitative research that utilizes the following tools/techniques:

Primary Tools/Techniques (Required)

- Key informant interviews
- Focus groups discussions
- Direct observation
- Review of secondary sources of information

Quantitative data will be collected with structured questionnaires. Data collected will allow the validity and comparison of key indicators to be calculated; baseline values will be compared to final evaluation values using a statistical package (i.e. SPSS, STATA, SAS, CPro, etc.).

Sampling Strategy

The project will utilize a two-stage sampling technique from the selected districts. The first stage will include the selection of zones with considerable representation of potential beneficiaries. The second stage of the sampling will include the selection of beneficiary households from the selected zones using simple random sampling. To ensure representation of sample collected by each target district, the proportional size will be estimated using the probability proportional to size (PPS) technique.

The sampling framework will be developed based on the participant register to appropriately reflect the target population. The sampling unit is the household.

The actual households to be interviewed will be selected from the participant register/database using systematic random sampling. This will help to ensure the sample size is statistically representative of program participants in the implementation areas.

Analysis Plan

The quantitative data will be analyzed using a statistical package such as SPSS, STATA, etc as seen appropriate. Data will mainly be analyzed descriptively to describe the basic features of the data under study by comparing between baseline and endline. Data will be presented with simple graphic analysis which form the basis of virtually every quantitative analysis of data. In addition, cross tabulation might be needed to explain relations between variables. Similarly, the results will be presented in table and graphs and the inference for statistical significances of the correlations will be derived from a multivariate analysis.

The qualitative analysis will group, categorize and code the textual data. The consultant might use qualitative analysis software such as Nvivo to facilitate analysis. The analysis will mainly be explanatory to interpret the emergence of pattern and themes in order to answer the evaluation questions. Quantitative and qualitative data will be triangulated to conclude a stronger evidence of answering the evaluation questions.

Resources and Personnel

Budget

The budget needed for final evaluation is \$21,505. Funds are allocated for consultant fee (package), enumerator fee, transportation, and logistics (accommodation, meals). The budget will be charged to activity 07.01.11.

Key Personnel

Team Member	Primary Task
Project Manager	Participate in external consultant recruitment process Provide secondary data as needed
DME Coordinator	Advisor for ToR especially about methodology Lead the external consultant recruitment process Coordinate with Community Based Disaster Risk Management contract for consultant. Get all the required approvals
Technical Specialist	Adviser for ToR especially about content and methodology Participate the external consultant recruitment process
Program Officer	Make contact with Support Office (SO) for ToR and SOW review Send final report to SO
External Consultant	Develop all evaluation tools with project team Calculate sample size Arrange training schedule and survey for approval by the Research Council Licensing to government, community and school Lead quantitative and qualitative data collection with enumerators, conduct data management, cleaning, analysis, and communication in report Integrate the Evaluation result of BANU Phase I and BANU Phase II in one report. Finalize report and facilitate feedback. Present final findings in workshops.
World VisionI	Review Instruments Review evaluation survey design draft Coordinate the data collection in each field or school in their respective targeting areas
PO, SO	Giving feedback about the evaluation result and draft review Review evaluation report PO send final report to SO

Risks, Limitations, and Mitigating Measures

Risks and Limitations	Mitigating Measures
COVID-19 Pandemic risk: community access and minimizing exposure during data collection	Closely follow Ministry of Health guidelines at the local level to ensure that the consultant, project team, and community are aware of risks Conduct data collection using online tools Social distancing during KII/FGD and data collection Limit the size of FGDs to 5
Month of Ramadhan and Eid Mubarak Holiday	Proactively ensure respondents have time to take surveys Complete all data collection and surveys before Eid
Low literacy	Particularly the risk for school children at the PAUD and SLB level participating in the project and compounded by the need to do as much virtual data gathering as possible during the pandemic. Conduct phone calls and conduct surveys accompanied by teachers as needed
Following up with participants with new phone numbers	Within the context, people frequently change phone numbers and phone carriers. This can pose a problem when following up with participants of previous trainings, assessments, evaluations, etc. Where possible, the project team will ask for multiple phone numbers and rely on local staff and partners to find new contact information for people as needed.

Timeline

The evaluation will be conducted from **April/2021** to **June/2021**. The final draft will be ready on **June 25th 2020**. Below is a timeline of the activities to be completed.

Key Final Evaluation Activity	Month/Year
Develop TORs for consultancy	February/2021
Recruit/hire consultant	February/2021
Submission of inception report	March/2021
Evaluation design and tool design	April/2021
Data collection	April/2020
Data entry and analysis	May/2020
Draft report writing, submission and presentation	June/2020
Refining and submission of final report	June/2020

Handout 4.3 | Program Evaluation ToR Pre-review Considerations

When we receive the Terms of Reference (ToR) for a project and are asked to do a GESI review there are few things we do before we start.

First, we do a quick read or refresher on the project's logic or theory of change to ensure we understand the causal pathways for the project. We also look at the performance results achieved to date by the projects which are reported in the last annual program management report. We specifically review the indicator tracking table or ITT to get an impression of the performance trends particularly on the outcome indicators.

What do we do if the project design didn't integrate GESI? Unless it's a baseline or mid-term evaluation, it's often late to correct a project design that didn't integrate GESI. However, the project team can use the evaluation as an opportunity to raise awareness of differential status and outcomes. For example, education stages of the project on the target participants population and gender inequalities. We keep this point in mind as we review the evaluation objectives and questions.

Second, we check the donor guidelines on conducting evaluations and all specific commitments made to the donor on our project proposal. If this is a technical program evaluation. We revisit the World Vision Learning through Evaluation with Accountability and Planning (LEAP) 3 guidance on evaluation. The guidelines help to clarify what type of final evaluation is needed, the purpose and appropriate methodology, including sampling and methods, data analysis and use. We also select an evaluation quality review tool to guide the quality review if the project's donor has a standard evaluation quality tool or checklist. We will note the issues prioritized for GESI. We will also review the World Vision recommended GESI in evaluation which is **Tool 4.2 GESI-responsive Program Evaluation** ([Page 81-84 of the GESI in DME Toolkit](#)) to ensure we focus our review on the most important issues.

Once we have done all these, we are then ready to review the terms of reference document. Depending on the donor, a project final evaluation terms of reference may cover different topics. We must pay special attention to the following sections under which GESI issues must be well articulated: *evaluation objectives, evaluation questions, evaluation methods, data analysis reporting and use, and indicators to be measured.*

How do we review?

We start with the evaluation objectives. We read through the evaluation objectives with a view of refining how they are stated and to improve the evaluations GESI responsiveness if needed. We use the **Tool 4.2 GESI-responsive Program Evaluation** ([Page 74-77 of the GESI in DME Toolkit](#)) to remind ourselves of the typical objectives to focus on evaluation to improve its GESI responsiveness. In the Banu Project we propose refinements to the second evaluation objective, so it reads as: "evaluate the project effect on the community and how it helps the community, women, children, and people living with a disability and other vulnerable groups in disaster preparedness."

Handout 4.4 | Guidance on Quality Review of the M&E Plan

CONTEXT: HERE ARE THE ASSUMPTIONS FOR PROGRAM M&E PLAN REVIEW

- The reviewer is not a direct implementer of the project. S/he has/will be been involved in providing technical or managerial support to the project.
- This M&E Plan is being reviewed prior to submission to the Donor for approval.
- The reviewer is a DME Specialist, GESI Specialist, Program Manager/Quality Assurance Advisor.
- This is a quality review of the Program M&E Plan using a GESI lens.

Pre-review Considerations

The following considerations will inform a GESI-responsive quality review of the M&E Plan:

- The M&E Plan is defined differently and presented in various formats across programs according to their respective Donors requirements, or by World Vision. Ideally, a M&E Plan presents a program's Theory of Change (ToC) and program logic; monitoring strategy; data flow; data quality assurance and management; evaluation strategy; reporting and communication strategy; capacity building strategy; and performance indicator tracking tables and indicator reference sheets.
- Some donors require a M&E Plan to be presented in the form of a matrix table with indicators against definitions, and data management strategy. Others require a detailed narrative with the matrix as an Annex, and other donors are open to the World Vision format (usually a Matrix Table). Additionally, some Programs write the M&E Plan on a separate section or Annex of the proposal design document. Some donors require that a detailed M&E Plan is developed within 90 days of project start.
- No matter the nature, timing and format in which a M&E Plan is presented, we need to review the following program documentation to ensure GESI is well integrated in the *Program's measurement system: purpose/objectives for M&E; indicators; data management; and capacity for M&E.*
- Where any of the above (see # 2c) are not available, you will need to follow up with the Program Team 1 for their proposed plan.

Review Activities

- Review the stated purpose and guiding principles of the M&E Plan. Ensure that the M&E Plan will capture differences in terms of gender and social inclusion under the project as well as results and impact on men, women, children, youth, people with a disability and other vulnerable groups, continually assessing ways to highlight GESI integration.
- Review the M&E Plan's GESI responsiveness using **Tool 3.2 GESI in DME** particularly the checklist on **Table 23 GESI Integration in M&E Plan** (*Page 66-70 of the GESI in DME toolkit*) to review the M&E Plan and check if it incorporates GESI-responsive data collection methods, indicators, and expected results.
- Review of the project's theory and logic to have a good framework for understanding the program, and to understand the breadth and depth of the proposed measurements, and what more can be done to improve GESI-responsiveness.
- Check if the program's theory of change and each of the causal pathways of change target GESI and include a focus on women, men, children, people with a disability, youth and other vulnerable groups.

- Check if program purpose statements call out specific vulnerable populations. In addition to that see if the desired outcomes and proposed interventions integrate GESI.
- Check if there is an opportunity to have the logic more refined to include more clarity on GESI domains. This is something you can address with the program Team separately.
- If you are reviewing the M&E Plan as part of the Program Proposal (stage) Quality Review, **Tool 3.1 Proposal Development Guide** (*Page 56-58 of the GESI in DME Toolkit*) is all you need to use. If you are reviewing the M&E plan after the program has started or changes made during implementation but for which the donor must approve, **Tool 3.2 (Table 23)** should be used.
- If you been requested to review a Program M&E Plan for an on-going program, you will use the GESI Integration in M&E Checklist (*see Table 23, GESI DME Toolkit*) to review the M&E Plan's GESI responsiveness.

Please note: Table 23 is written illustratively. The reviewer must adapt the questions to suit the M&E Plan status and overall Program context.

- After reviewing the M&E Plan document and associated annexes, Indicate a "Yes", or "No" or "Not Applicable" to each question on the checklist on **Table 23 GESI Integration in M&E Plan** (*Page 65-66 of the GESI in DME toolkit*) and include a comment for a response other than "Yes".
- After completing the checklist, provide a summary of your review highlighting key issues that need attention by the Program Team to ensure GESI is integrated.

Handout 4.5 | Project Progress Report

PERFORMANCE MONITORING TABLE

GESI Domains	Desired Outcomes	Monitoring Indicators	Life of Project (LOP) Progress Tracking		FY20 Progress Tracking			
			LOP Targets	LOP Actuals	YTD Target	YTD Actuals	Quarter 4 Target	Quarter 4 Actuals
DECISION-MAKING (cross-cutting): The ability to make decisions free of coercion at individual, family, community, and societal levels. This can include control over assets and ability to make decisions in leadership.								
WELL-BEING The sense of worth, capability status, confidence, dignity, safety, health, and overall physical, emotional, psychological, and spiritual well-being. This includes living free from gender-based violence, HIV, and all forms of stigma and discrimination.	Project participants are equipped with a transformed mindset through Empowered World View (EWW)	# of women participating in EWW training	7920	6231	845	786	388	195
		# of women leading EWW Trainings	80	46	30	26		
		# of women with improved attitudes towards future financial prospects						
ACCESS The ability to access, use, and/or own assets, resources, opportunities, services, benefits, and infrastructure.	Savings 4 Transformation Groups are formed and sustained	# of women in savings groups	7920	6684	1000	551	422	228
		Average savings per woman (USD)	150	108	130	108		
		Average savings per woman (USD)	7920	5008	6000	5008		
		Average value of loans for Income generating activities (IGA) (USD)	100	27	100	27		
PARTICIPATION The ability to participate in or engage in societal affairs and systems of power that influence and determine development, life activities, and outcomes.	Participants equipped with financial literacy skills; Microfinance partnership established and supported	# of women trained on household financial management						
		# of women who develop a plan and undergo basic business training						
		# of women who receive IGA loans from Vision Fund	3168	484	120	158	100	31
		Average value of IGA loans from Vision Fund (USD)						

PROGRESS ON CORE ACTIVITIES

THE NUMBER OF WOMEN PARTICIPATING IN EMPOWERED WORLD VIEW TRAINING

Empowered World View being the foundation for the Building Secure Livelihoods (BSL) model, which focus on mind-set change, entrepreneurship skills and principles of self-reliance by focusing on the use of locally available resources. The project has around 53% of the registered farmers being females. So far around 7,920 women have been trained in EWW which has now opened up their minds hence having the courage to start projects such as goat management, Horticulture and Maize farming at large scale using the Empowered World View lens.

The project has even started mentorship and coaching based on Empowered World View messaging with Community Conversations across all the registered farmers focusing more on the women.

Figure 1 THRIVE women participating horticulture farming



NUMBER OF WOMEN WITH IMPROVED ATTITUDES TOWARDS FUTURE FINANCIAL PROSPECTS

The project has continued to work with women to promote their financial growth by encouraging them to participate in value chains of focus. A total of 155 Commercial Producer Groups (CPGs) with a membership of 7812 (3943 female) registered farmers have been established.

In FY20, Farmers witnessed a very competitive marketing season especially for the rain feed agriculture produce. The average price shift for the value chains/commodities promoted was about 62%. It can be concluded that performance of the market was good for the farmers. The project has continued to train more women in improved agriculture production methodizes for increased productivity.

Figure I Properly managed maize field and a field with intercropping



SAVINGS 4 TRANSFORMATION (S4T) GROUPS ARE FORMED AND SUSTAINED

Despite the impact induced by the Coronavirus Pandemic, 82 more Savings for Transformation Groups (S4TGs) were formed in Kapi and Zawa adding 996 more people to the membership S4TGs. This brings the total membership for S4TGs to 9245 (6684 females). The total accumulated savings for this period stood at USD 218,244.00. The project has continued to work with project beneficiaries, and partners to ensure that savers observe preventive measures during the saving meeting. In addition, other measures such as developing a digital saving platform that allows savings group member to save without physical meeting are being piloted in Teka and Zawa APs in partnership with Central bank.

PARTICIPANTS EQUIPPED WITH FINANCIAL LITERACY SKILLS; MICROFINANCE PARTNERSHIP ESTABLISHED AND SUPPORTED

THRIVE Uplifts Livelihoods of Widows

After losing a partner and sole sponsor, life sometimes becomes unbearable for women in most rural communities. Biblically a man must provide for his wife and children. When the man dies, women face challenges to sustain their household's livelihood.

However, that trend is becoming a thing of the past in Northern Province as World Vision in Rubina through the Transforming Household Resilience in Vulnerable Environments has empowered women with onion farming and Savings for Transformation skills.

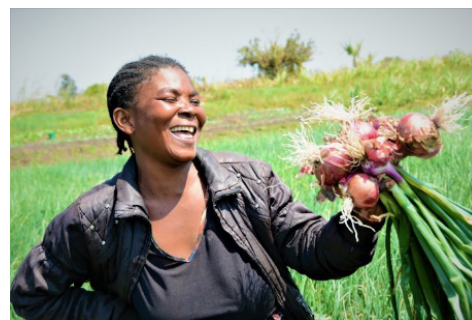


Glory Wisa 48: "When I lost my husband in 2017, I had no idea how I was going to survive because he was the one providing for everything at home. It was a challenge for me, especially in the first eight months after he died. My children and I would go a day or two in a week without food. We would use soap for both bathing and applying as a lotion. But after I was trained in Savings for Transformation and onion farming by World Vision, I started onion farming and joined a Savings Group," says Glory. Today, I can provide food and other households' needs from the money I make from the sale of onions and the Savings Groups."

I have two children, one born in 1998 and another in 2004. I am separated from my husband; he left us when my second-born daughter was two years. To feed my children, I engaged in farming though there was nothing

other than the harvest for home consumption, and it was not easy to even sustain for the entire year and meet my children's school needs.

Since I was trained in onion farming back in 2016, I have improved my harvest from the initial ten bags to 30 bags in the 2018-2019 farming season. I am expecting to harvest over 60 bags when I harvest my 2019-2020 season onion. I use the profits from my onion farming to pay for water, electricity, food, bathing soaps, and school fees for my children. So at the moment, I am constructing a house for my children and me. I am using the money from onion farming and the seasonal farming of maize.



I also sponsor my child, who is studying Agro-management. All this is possible because of the exposure to new farming skills and farming as a business concept introduced to us by World Vision Rubina.

And 65 year old **Naomi Yacha**, a farmer in Mahasa, said farming had made her a role model in society to all women who lost their husbands to flourish.

"I am widow, my husband died in 1996, and he left me with six children that I have had to look after all by myself. I lost my firstborn child, but through God's Grace, I managed to survive through farming. In the initial stages, it was not easy to harvest enough food for my children and me. I would go to my siblings to ask for food assistance so that I feed my children. I was not comfortable asking from my relatives, so I thought of remarrying so that the man can help provide for my children. The marriage didn't last because of the number of children I had; the man complained and started becoming violent towards my children. As a result, I opted to divorce and continued with my small farming. In 2017, a lead farmer under World Vision approached me. And I attended the workshop where I was trained in Empowered World View and Onion farming. Since the training, I have improved my harvests and made three times what I used to make. Previously I used to harvest 5 to 9 bags of 50kg Onion and 10 to 15 bags of maize. In terms of money, I used to make Rubina dollar 1000 to 2000, but now my income has increased to about Rubina dollar 20,000. THRIVE has not only made me a successful farmer but also a successful mother as I can provide for my family," says Naomi. Therefore, she is one of the women who helped establish an income-generating venture to sustain herself and her family through the THRIVE project by World Vision Rubina.

KEY LEARNINGS

- Exposure of women to other women doing well have helped to have more women participating in the programs.
- The project need to be intentional on women involvement through the engagement of traditional leadership to support women participation in agriculture.

MODULE FIVE

WRAPPING UP
AND CLOSING



DAY5: MODULE FIVE OUTLINE WRAPPING UP AND CLOSING			
SESSION	DETAILS	MATERIALS	TIME
Session One: Recap of the Training	Recap of the Whole Training	Summary of what was covered in the training Summary of purpose of the training	60 Minutes
BREAK			10 Minutes
Session Two: Learning Points and GESI Actions	Learning Points GESI Actions	Index Cards and Pens	60 Minutes
BREAK			10 Minutes
Session Three: Post-test and Final Evaluation	Post-test Final Evaluation	Handout 5.1: Post-test Handout 5.2: Training Evaluation Questions	30 Minutes
Session Four: Final Remarks	Participants Final Remarks Facilitator/ Leadership Final Remarks	Final Remarks	40 Minutes

MODULE FIVE: WRAPPING UP AND CLOSING

This is a final module for the training. The module has four sessions:

Session One	Recap of the Training
Session Two	Learning Points and GESI Actions
Session Three	Post-test and Final Evaluation
Session Four	Final Remarks

SESSION ONE | TRAINING RECAP

PURPOSE OF THE TRAINING (30 Minutes)

Review the purpose of the training and workshop structure from all modules. Remind participants that the purpose of the training was to strengthen their knowledge on GESI as well as their ability to integrate GESI in DME.

REVIEW OF THE TRAINING (30 Minutes)

Review the key points from each module covered during the workshop, session by session. Highlight examples to illustrate how participants illustrated and applied their knowledge. Invite participants to share their thoughts or ask questions.

SESSION TWO | LEARNING POINTS AND GESI ACTIONS

LEARNING POINTS (20 Minutes)

Ask participants to reflect on what they have learned over the course of the training and write three learning points or suggestions for future actions. Ask them to submit the learning points to you for future follow-ups.

GESI ACTIONS (40 Minutes)

Ask participants to sit in their small groups according to their sectors or departments. Staff from cross cutting departments may join any group. Ask each group to discuss specific plans to enhance GESI in their work. This may include GESI integration in action plan, adjusting their M&E plans, refine their GESI analysis, enhance an evaluation ToR, etc. – so that they have good documents that they can leave with and take action with. Once done, invite each group to share what they are planning on doing and submit a copy of their decisions at the conclusion of training for future follow-ups.

Ask participants if they have any outstanding questions about how to apply GESI in their own work. Invite them to ask any questions or share any comments they might have.

SESSION THREE | POST-TEST AND FINAL EVALUATION

All workshops should be evaluated by both the participants and the trainer. The participants get the chance to evaluate what they have learned, and to give valuable feedback to the trainer about how the training could have been improved. The trainer gets the opportunity to find out how the participants experienced the training, and to gain insights into how to improve such workshops in the future. The trainer's evaluation is also an opportunity to note interesting comments or stories which may be followed up in the future.

Explain that participants will need to complete a training post-test and evaluation. Tell them that just like the pre-test, both the post test and evaluation will be anonymous. The results of both the post-test and evaluation will contribute to World Vision institutional learning on GESI.

Explain the purpose as follows:

POST-TEST (10 Minutes)

The purpose of the post-test is to measure knowledge gained over the course of the training by comparing with participants' pre-test results.

FINAL EVALUATION (20 Minutes)

The purpose of the evaluation is to provide participants with the opportunity to evaluate what they have learned, assess the content and delivery of the training, identify areas of excellence and give valuable feedback on how the training could be improved.

Share **Handout 5.1: Post-test** (*See Annex for Module Five*) This is the same test that was used for pre-test. Please allow few minutes for participants to complete.

Once done, share **Handout 5.2: Training Evaluation Questions** (*See Annex for Module Five*) and allow them time to complete.

SESSION FOUR | FINAL REMARKS

PARTICIPANTS REMARKS (20 Minutes)

Invite participant to share any final remarks they might have. Then share a closing remark for the training.

FACILITATOR/LEADERSHIP REMARKS AND CLOSING (20 Minutes)

Acknowledge what has been achieved during the workshop and how the outcomes relate to the initial workshop objectives. Highlight some examples of important insights and action items that were accomplished through the workshop. Acknowledge the hard work done by the participants and thank them for their contributions and for making the training a success. Respond to some of their concerns, agree on what could have been better/different and explain what you have learnt as a trainer. Reiterate the overall commitment to GESI by the leadership.

Emphasize that GESI integration goes beyond making sure programs have GESI components in them. GESI is reflected in how programs are implemented and how staff work together and with others to achieve lasting change.

Encourage participants to hold each other accountable for the concrete strategies identified in the Individual Reflections on GESI.

Thank the participants and your team for their hard work and commitment to GESI.

ANNEX

for MODULE FIVE

Handout 5.1 | Post-test

1. Sector/Department _____ 2. Region of work _____

3. Job title _____ 4. Country of work _____

5. Age range (years) 18-25 26-35 36-45 46-55 56-65 65 and above

6. Sex Female Male

7. GESI stands for: *(choose one)*

- Gender Equity and Social Inclusion Gender Equality and Social Integration
- Gender Equality and Social Inclusion Gender Empowerment and Social Integration

8. Choose the five domains in World Vision's GESI Theory of Change

- Access Systems Agency Decision-making
- Empowerment Transformation Well-being Participation

9. Mention 5 factors that may intersect with sex:

a. _____ d. _____

b. _____ e. _____

c. _____

	STRONGLY AGREE	AGREE	NEUTRAL	STRONGLY DISAGREE	DISAGREE
10. I have received training on how to address gender inequalities and social exclusion through World Vision interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I believe I am responsible for integrating GESI in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know how to apply a GESI lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I know how to conduct a GESI analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have participated in GESI integration activities, in program design and/or I know how to integrate GESI into program design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How do you rate your knowledge on integration of GESI in monitoring and evaluation? *(choose one)*

- Very high level of competence (Above 80%)
- Moderate high level of competence (Between 70-80%)
- Average level of competence (Between 60-69%)
- Low level of competence (59% and below)
- No knowledge

Handout 5.2 | Training Evaluation Questions

Statement	Choose one				
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. The objectives of the training were clearly defined					
2. Participation and interaction were encouraged					
3. The topics covered were relevant to me					
4. The content was organized and easy to follow					
5. The materials distributed were helpful					
6. This training experience will be useful in my work					
7. The trainer was knowledgeable about the training topics					
8. The trainer/s was well prepared					
9. The training objectives were met					
10. The time allotted for the training was sufficient					
11. The meeting room and facilities were adequate and comfortable					
12. What was most useful and why?					
13. What was least useful and why?					
14. What else would you like to see included in this training?					
15. What recommendations, if any, can you provide for enhancing future trainings?					

