



SIBLING SUPPORT TO ADOLESCENT GIRLS IN EMERGENCIES:

Implementation Toolkit



Acronyms

AMAL	Adolescent Mothers Against all Odds
BPRM	Bureau of Population, Refugees, and Migration
CP	Child protection
CSE	Comprehensive Sexuality Education
GBV	Gender-based violence
HCD	Human-centered design
IPV	Intimate partner violence
IRC	International Rescue Committee
MHPSS	Mental health and psychosocial support
NGO	Non-governmental organization
PFA	Psychological first aid
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psychosocial support
REAL FATHERS	Responsible, Engaged, and Loving Fathers
SAFE	Supporting Adolescents and their families in emergencies
SSAGE	Sibling Support to Adolescent Girls in Emergencies
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WGSS	Women and girls' safe space
WRC	Women's Refugee Commission

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Table of Contents

Part 1: Introducing the SSAGE Approach	1
Why the whole-family approach to strengthen girls’ protective assets?	2
How to Use this Toolkit	4
Part 2: SSAGE Program History and Theory of Change	5
Origins of SSAGE	5
SSAGE Theory of Change and Desired Outcomes	7
Part 3: Core Elements of the SSAGE Intervention	9
SSAGE Frequently Asked Questions	19
Part 4: Human-centered Design for Participatory Contextualization	21
Understanding Human-centered Design	22
Why utilize HCD in an adolescent girl-centered intervention?	24
Part 5: Participatory Contextualization of SSAGE: Program Cycle Guidance	26
Phase 0: Preparation for the Intervention	28
Phase 1: Primary Curriculum Contextualization	30
Phase 2: Secondary Curricular Design	33
Phase 3: Implementation, Vetting, and Adjustment	34
Phase 4: Curriculum Iteration and Preparation for Next Cycle	35
Part 6: Troubleshooting for Common Challenges	36
Adapting SSAGE to Limited Literacy Environments	39
Considerations for Remote Implementation of SSAGE	44
Addressing SRH Informational Needs in a Context and Age-Appropriate Manner.....	45
Consultation Fatigue and Dropout	47
Contending with Multi-lingual Settings and Language Barriers.....	48
Enabling the Participation of Persons Living with a Disability	48
Admissions of Violence Perpetration during Group Sessions	49
Mitigating the Risk of Reinforcing of Harmful Attitudes and Behaviors	50
Implementing in Highly Insecure Contexts	51
Enabling Participation in SSAGE in Contexts of High Economic Vulnerability	51
Part 7: SSAGE Implementation Case Studies: Niger and Jordan	53
Case Study 1: Niger: Contending with Insecurity and Limited Levels of Literacy in Camp and Host Communities	53
Case Study 2: Jordan: Contending with COVID-19 Restrictions in Formal Camp Settings.....	59
Part 8: ANNEXES	64

PART 1: INTRODUCING THE SSAGE APPROACH



A cascade of evidence has emerged in recent years documenting the challenges and opportunities associated with working with adolescent girls in humanitarian settings.¹ Girls in fragile settings worldwide frequently lack decision-making power over their bodies, their time, and their futures—decisions that are often left to (primarily male) family members or intimate partners.² The effects of the ongoing COVID-19 pandemic in many cases exacerbate the disadvantages girls face due to their age and gender.³ In countries that have enacted restrictive measures to control the pandemic, these have often resulted in greater anxiety and economic stress to all household members, and women and girls have been especially affected by even greater rates of gender-based-violence (GBV).⁴

Sibling Support for Adolescent Girls in Emergencies (SSAGE) is an intervention that aims to **reduce violence against adolescent girls** in humanitarian settings via **a gender-focused, family-based life skills curriculum for girls, their male and female caregivers, and older male siblings**.⁵ This toolkit draws on learning from SSAGE implementation and research in Nigeria, Niger, and Jordan, co-led by Mercy Corps, Women’s Refugee Commission, and Washington University in St. Louis. SSAGE was made possible through the generous support of the Bureau of Population, Refugees, and Migration (BPRM) of the United States government who funded this toolkit, and by the Government of Canada who funded the pilot in Nigeria.

SSAGE seeks to learn from and complement the rich technical resources and learning developed by a number of development and humanitarian organizations working with adolescent girls and their families, most notably Girl-Centered Program Design and other foundational work by the Population Council,⁶ the Girl Shine⁷ and Supporting Adolescents and their Families in Emergencies (SAFE)⁸ approaches developed by the International Rescue Committee (IRC), and Tipping Point developed by CARE International.⁹ SSAGE also draws inspiration from other approaches aimed at building life skills, promoting sexual and reproductive health (SRH), and tackling violence developed by different organizations working around the world.

- 1 “Adolescent girls” throughout this toolkit are defined as girls between the ages of 10-19.
- 2 See Women’s Refugee Commission and Mercy Corps, “I’m Here: Steps and Tools to Reach Adolescent Girls in Crisis,” womensrefugeecommission.org/research-resources/im-here-steps-tools-to-reach-adolescent-girls-in-crisis; International Rescue Committee, “A Safe Place to Shine: Creating Opportunities and Raising Voices of Adolescent Girls in Humanitarian Settings,” rescue.org/report/safe-place-shine.
- 3 “Evidence Review: Promoting Adolescent Girls’ Health and Well-Being in Low-Resource Settings in the Era of COVID-19,” popcouncil.org/uploads/pdfs/2020PGY-CovidAdolGirlsLowResourceSettingsStudyDescription.pdf.
- 4 See, for example, Peterman et al., “Pandemics and Violence Against Women and Children,” Center for Global Development, Working Paper 528, April 2020, Anderson, K. (2020) Daring to Ask, Listen, and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls’ Rights and Sexual and Reproductive Health. UNFPA. [jordan.unfpa.org/sites/default/files/resource-pdf/20200511_Daring to ask Rapid Assessment Report_FINAL.pdf](https://jordan.unfpa.org/sites/default/files/resource-pdf/20200511_Daring%20to%20ask%20Rapid%20Assessment%20Report_FINAL.pdf).
- 5 Male siblings are defined as boys or young men who have a close familial or quasi-familial relationship with adolescent girls – most often brothers (whether through blood or marriage) or cousins.
- 6 Available at popcouncil.org/uploads/pdfs/2010PGY-AdolGirlToolkitComplete.pdf.
- 7 The entire Girl Shine resource package is available at gbvresponders.org/adolescent-girls/girl-shine.
- 8 The SAFE resource package is available at: rescue.org/resource/supporting-adolescents-and-their-families-emergencies-safe-project-brief.
- 9 Available at: caretippingpoint.org/resources.

SSAGE shares some important similarities with other approaches that aim to be gender-transformative targeting girls and their families. SSAGE is distinguished by three main characteristics:

1. The explicit engagement of the **older male siblings** of adolescent girls.
2. The **simultaneous engagement** of adolescent girls, male and female caregivers, and older male siblings to create a “layering” approach that is intended to intensify the effect of the intervention within families.
3. The recommended **application of human-centered design** (HCD) to contextualize the approach in order to maximize creativity and community ownership while minimizing backlash and resistance.

Through SSAGE, Mercy Corps and the Women’s Refugee Commission (WRC) seek to contribute to the global toolkit for GBV, child protection (CP), and youth actors working with adolescent girls in humanitarian settings and the larger knowledge base around violence prevention within families.

Why the whole-family approach to strengthen girls’ protective assets?

SSAGE targets the nuclear family in order to tackle the multiple forms of violence that tend to occur within the household. The rationale for the whole-family approach is based on existing knowledge around the experience and perpetration of violence within families. For example:

- › Women and girls are most likely to experience violence at the hands of **someone they know**, most often a **male perpetrator** with whom they live. For example, 30% of women worldwide who have been in a relationship have experienced physical and/or sexual violence from an intimate partner over their lifetime.^{10,11}
- › **Violence is learned, internalized, and reinforced within families:** one of the strongest predictors of young people perpetrating or being a victim of GBV is if, during their childhood, they witness violence against a female caregiver in their household (usually perpetrated by a male partner).¹² **Adolescent boys who witness violence in the household are more likely to perpetrate violence themselves.**¹³
- › The majority of men who perpetrate sexual violence **begin during their teenage years**, and many men who perpetrate sexual violence will do so more than once in their lives. To counter the risks that boys will reproduce patterns of violence within their families later, it is critical to influence boys and young men when their attitudes and beliefs around gender are still developing, and prior to the first perpetration of violence.¹⁴
- › **Attitudes and behaviors that reinforce gender inequity are often demonstrated at the household level;** for example, unequal burden for adolescent girls to conduct unpaid household labor, preference for boys to attend school over their sisters, and greater trust and autonomy placed in adolescent boys than girls.

Programs that empower girls through building their protective assets have demonstrated potential to achieve positive outcomes at the level of girls’ self-esteem, knowledge, social connectedness,

- 10 World Health Organization and London School of Hygiene & Tropical Medicine and MRC (South African Medical Research Council). 2013. *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*. Geneva: WHO.
- 11 Stark, L., K. Asghar, G. Yu, C. Bora, A. A. Baysa, K. L. Falb. 2017. Prevalence and associated risk factors of violence against conflict-affected female adolescents: a multi-country, cross-sectional study. *Journal of Global Health* 7(1).
- 12 Abramsky, T., C. Watts, C. Garcia-Moreno, K. Devries, L. Kiss, M. Ellsberg, H. Jansen and L. Heise. 2011. “What Factors Are Associated with Recent Intimate Partner Violence? Findings from the WHO Multi-Country Study on Women’s Health and Domestic Violence.” *BMC Public Health* 11, pp. 109.
- 13 Kreman SE, Zimmerman MA, Morrel-Samuels S, Hudson D. Chapter 12: adolescent violence: risk, resilience, and prevention. In: DiClemente RJ, Santelli JS, Crosby RA, eds. *Adolescent health: understanding and preventing risk behaviors*. San Francisco, CA: Jossey-Bass, 2009: 213–32.
- 14 “A key challenge in primary sexual violence prevention...is to intervene before the first perpetration of rape or sexual violence occurs and to reach boys and young men when their attitudes and beliefs about gender stereotypes and sexuality are developing.” Peacock, D. and G. Barker. 2014. *Working with men and boys to prevent gender-based violence: Principles, lessons learned, and ways forward*. *Men and Masculinities* 17(5): 578-599.

and ability to make wise decisions.¹⁵ Research also shows the positive impact that engaging parents of girls can have in cultivating positive parenting skills and more compassion for their girls. Evidence shows that violence prevention programs that engage men and boys through a gender-transformative approach that is accountable to the experience and voices of women and girls are promising.¹⁶

One factor distinguishing SSAGE from other adolescent girl-focused approaches is the explicit inclusion of girls' older male siblings, *in addition* to girls and their male and female caregivers. Through this engagement, **SSAGE aims to realize the potential of brothers to act as a positive support in their sisters' lives**, through cultivating empathy for girls and encouraging a mutually beneficial interpersonal bond with their sisters, and for acting as an advocate for their sisters' well-being and agency within the family. In addition, the SSAGE curriculum aims to improve psychosocial outcomes for all four cohorts (girls, boys, female caregivers, and male caregivers), recognizing the different stresses and vulnerabilities that they face.

15 For results of evaluations of the IRC's adolescent programming, see, for example, International Rescue Committee, "A Safe Place to Shine: Creating Opportunities and Raising Voices of Adolescent Girls in Humanitarian Settings," 2017, rescue.org/sites/default/files/document/2248/irccompassglobalreport.pdf; Kelly Hallman, Marie-France Guimond, Berk Ozler, and Elizabeth Kelvin, "Girl Empower Impact Evaluation: Mentoring and Cash Transfer Intervention to Promote Adolescent Wellbeing in Liberia," 2018, rescue.org/sites/default/files/document/4346/girlempowerimpactevaluation-finalreport.pdf.

16 Casey, E., Carlson, J., Bulls, S., Yager, A. 2016. Gender Transformative Approaches to Engaging Men in Gender-Based Violence Prevention: A Review and Conceptual Model. Social Work & Criminal Justice Publications. 433.

RESEARCH NOTES

Changes in household gender equity through the involvement of male siblings in northeast Nigeria

SSAGE's explicit involvement of male siblings in the SSAGE program stemmed from evidence in multiple settings that highlighted the decision-making role that older male siblings often have in the lives of adolescent girls. Findings from the SSAGE implementation in Nigeria confirmed this to be true and demonstrated the different ways in which accountably engaging brothers can have a positive impact on adolescent girls' safety and well-being.

For example, in research activities conducted at the end of the SSAGE intervention, male siblings shared that the curriculum sessions focused on violence and power encouraged them to reduce practices of corporal violence towards their sisters. The boys also described mutually beneficial changes in their relationships to their sisters, in the form of improved communication and greater mutual respect and labor-sharing. Adolescent girl participants echoed these changes and were particularly appreciative that their brothers supported them more with household responsibilities, and their parents and caregivers treated their children more equally.

In addition to these positive changes in brother-sister dynamics, the research found positive changes in boys' attitudes toward emotional vulnerability, communication, and conflict resolution. Boys better understood that certain traditional male roles and behaviors could be harmful, and felt able to apply the good practices they learned to current and future relationships. Thus, while the main focus of the SSAGE intervention is to build the protective assets of adolescent girl participants, involvement of male siblings also has the potential to promote improved family relationships in the future, thus breaking inter-generational cycles of violence.

How to Use this Toolkit

This toolkit is geared towards practitioners in the field of **gender-based violence, child protection, and youth** operating in humanitarian or development settings who are interested in increasing the protective assets of adolescent girls and their families through a family-based intervention. This toolkit is intended to be practical and concise, and to complement the existing approaches developed by other organizations to support adolescent girls.

The **toolkit roadmap** below provides an overview of the different sections.

PART 1: INTRODUCING SSAGE	This section presents an introduction to the SSAGE programs objectives and justification.
PART 2: SSAGE PROGRAM HISTORY AND THEORY OF CHANGE	This section describes the background of SSAGE and the theory of change.
PART 3: CORE ELEMENTS OF THE SSAGE INTERVENTION	This section articulates the core elements that must be in place for an organization to implement SSAGE. Utilize this section to determine if the program is right for your organization. This section also clarifies frequently asked questions about the intervention structure.
PART 4: HUMAN-CENTERED DESIGN FOR PARTICIPATORY CONTEXTUALIZATION	A description of human-centered design techniques and terminology, and the potential benefits in adolescent programming.
PART 5: PARTICIPATORY CONTEXTUALIZATION OF SSAGE: PROGRAM CYCLE GUIDANCE	This section breaks down each step of SSAGE intervention, concisely describing the essential components to each step of the intervention, the action points to be taken, and listing suggested tools to facilitate the action points.
PART 6: TROUBLESHOOTING FOR COMMON CHALLENGES	An overview of common challenges that can arise during implementation with potential mitigation strategies.
PART 7: INTERVENTION CASE STUDIES FROM NIGER AND JORDAN	Case studies describing the experience of implementing SSAGE in Abala, Niger, and in Za'atari and Azraq refugee camps in Jordan.
PART 8: LIST OF ANNEXES	Description of documents referenced throughout the toolkit.

PART 2: SSAGE PROGRAM HISTORY AND THEORY OF CHANGE



This section provides more information on the SSAGE program background and presents the theory of change.

Origins of SSAGE

SSAGE was born out of Mercy Corps' and WRC's collective experience working with adolescent girls, boys, and their families in fragile settings throughout the world. WRC developed "I'm Here," an operational approach that enables humanitarian actors to reach adolescents through mapping, assessment, and engagement of girls within humanitarian communities to ensure their active engagement.¹⁷ Mercy Corps was among the humanitarian actors who piloted "I'm Here" in 2014 and has since integrated aspects of the "I'm Here" tools in its adolescent programming in various global contexts. "I'm Here" was based off groundbreaking work by the Population Council, and was developed in a context of rising awareness of adolescent girls' challenges in the humanitarian community, and the rollout of an array of approaches centering on engaging and empowering adolescent girls, and, in some cases, caregivers and/or boys. These included the IRC's Creating Opportunities through Mentoring, Parental Involvement, and Safe Spaces (COMPASS) program, My Safety, My Wellbeing, Girl Shine,¹⁸ and Supporting Adolescents and their Families in Emergencies (SAFE) (which targets adolescent girls and boys); UNICEF and UNFPA's Adolescent Girls Toolkit,¹⁹ and CARE International's Tipping Point.²⁰ The SSAGE approach was thus developed amidst this momentum for supporting adolescents and is grounded in the solid technical approaches and tools developed by these organizations. Additionally, advocacy efforts by humanitarian actors working with adolescent girls led to a greater interest among donors in funding adolescent-specific programming, and more international and national humanitarian actors.²¹

Through funding from the Government of Canada, SSAGE was first piloted in 2019 and 2020, when WRC partnered with Mercy Corps and Washington University to develop, pilot, and evaluate a 12-week, family-based intervention in Borno State in northern Nigeria. SSAGE sought to build upon Mercy Corps' existing portfolio of work with adolescent girls in Nigeria, which was predicated around girl-friendly community spaces, mentor-led sessions, community trainings and sensitizations, and leveraging of existing peer networks to empower adolescent girls. SSAGE sought to advance this work based on the findings of the aforementioned research that links family functioning, witnessing of violence within the family, and men and boys' engagement to girls' risk of violence.

- 17 The "I'm Here" approach is summarized by the three pillars of 1 Find them, 2 Listen to them, and 3 Design, implement, and evaluate with them. The approach can be found at: [womensrefugeecommission.org/special-projects/im-here-approach/#introduction](https://www.womensrefugeecommission.org/special-projects/im-here-approach/#introduction).
- 18 To access the IRC's different adolescent girl approaches, visit gbvresponders.org/adolescent-girls.
- 19 Available from [unicef.org/media/73606/file/Adolescent-Girls-Toolkit-2017.pdf](https://www.unicef.org/media/73606/file/Adolescent-Girls-Toolkit-2017.pdf).
- 20 Available from [caretippingpoint.org](https://www.caretippingpoint.org).
- 21 For example, UNFPA's Whole of Syria hub developed a regional strategy for responding to the needs of adolescent girls across GBV, SRH, and youth programming. The strategy is available from [gbvaor.net/sites/default/files/2019-07/A Strategy To Address The Needs of Adolescent Girls in WoS GBV SC 2018_0.pdf](https://www.gbvaor.net/sites/default/files/2019-07/A%20Strategy%20to%20Address%20The%20Needs%20of%20Adolescent%20Girls%20in%20WoS%20GBV%20SC%202018_0.pdf).

Rationale Behind the Creation of the SSAGE Program Pilot

- › Witnessing violence against a female caregiver is one of the strongest predictors of both experiencing and perpetrating GBV later in life.
- › Girls are most likely to experience violence from someone they know, and certain risk factors are exacerbated during displacement.
- › Involvement of men and boys in GBV programming is potentially effective at reducing GBV, however:
 - › Limited evaluations
 - › Interventions typically focus on husbands and partners²²

HYPOTHESIS: Gender-transformative programming for a household unit, including adolescent girls, male siblings, and parents and caregivers, will advance gender-equitable attitudes and behaviors within families, reduce girls' vulnerabilities to violence, build resilience, and break intergenerational cycles of harmful norms and violence.

Mercy Corps and WRC engaged a men and boys' engagement specialist to develop four base curricula targeting adolescent girls, their older male siblings, and their male and female caregivers. These four curricula were comprised of 12 weekly sessions predicated around themes of power, violence, bodily knowledge and autonomy, relationships, communication, and decision-making. The curricula borrowed from several technical curricula utilized in GBV, youth, and child protection interventions globally, developed by different actors.²³ Using these curricula as a base text, Mercy Corps then contextualized the approach to northeast Nigeria, layering the intervention into existing adolescent girl programming. Mercy Corps staff led community engagement efforts, which included focus group discussions, meetings with community leaders, and feedback sessions with family units. Community-based mentors were then recruited and trained, and the intervention was subsequently piloted in the latter part of 2020. WRC carried out research examining changes in program participants' knowledge, attitudes, and behaviors related to gender equity, violence, and family functioning.²⁴

Following the pilot in northeastern Nigeria, Mercy Corps and WRC in 2020 obtained a grant from BPRM to expand the SSAGE approach to two of Mercy Corps' other geographies: Abala refugee camps and surrounding host communities in western Niger, and Azraq and Za'atari refugee camps in Jordan. Building off of the approach of the pilot, in 2021 Mercy Corps teams worked with community members to contextualize the approach to their communities following steps of human-centered design, with participants lead the development of specific content and modality of the curriculum. Following this, Mercy Corps implemented two cycles of the curriculum in Jordan in Niger, and the learnings of this experience form the basis of this guidance.

› For a more detailed description of the case studies of SSAGE implementation in Niger and Jordan, see **Part 7**

22 It should be noted that the evidence on the effectiveness of programs that seek to reform perpetrators of GBV is not strong, and therefore working with known active perpetrators is not recommended. See, for example, Perpetrator Intervention Programmes in Emergencies, Research, Evidence and Learning Digest, GBV AoR Help Desk. sddirect.org.uk/media/1945/20200428-perpetrator-programming-evidence-digest_final-1.pdf.

23 The SSAGE curriculum utilized in the pilot borrowed from the following toolkits: "Girl Shine – Life Skills Curriculum"; "Gender Equity and Diversity Module Five: Engaging Men and Boys for Gender Equality"; "Health, Life Skills and Financial Education Curriculum"; "One Man Can - Working with Men and Boys to Reduce the Spread and Impact of HIV and AIDS"; "El Significado de Ser Hombre".

24 More information on the SSAGE pilot in Borno state, Nigeria, can be found at nigeria.mercycorps.org/blog/nigeria-pilots-ssage-program.

SSAGE Theory of Change and Desired Outcomes

SSAGE was initially conceptualized as a GBV prevention intervention, aimed at reducing the perpetration and experience of violence against adolescent girls. Following collaborative work in designing the program's theory of change and the results demonstrated by the pilot in northeast Nigeria, greater emphasis was placed on outcomes around the well-being of other participating family members, improvement in family functioning, and changes in gender equitable attitudes within the household. Therefore, while desired ultimate impact is that adolescent girls are safer from violence as a result of the intervention, the primary and secondary outcomes emphasize improved emotional connection and more gender-equitable attitudes among all family members, as well as strengthened parenting skills.

In many humanitarian contexts, meaningfully reducing violence against women and girls in the long-term is an ambitious goal. It is therefore important to be realistic about what can be achieved when trying to transform beliefs and behaviors cultivated and reinforced over generations in 12 weeks. Instead, organizations should strike a balance between the need to push boundaries where possible, and to hold back when the intervention might do harm to girls or family members. A more realistic goal, particularly for a first round of the intervention or when implementing in a low-resource setting, is for SSAGE to provide a space for openly discussing the roles of men and women and boys and girls with the family and the community, and to support participants to cope as positively as possible with the stresses of their daily lives led under non-ideal circumstances. Additionally, the act of participation in the contextualization process and the intervention in and of itself can lead to a greater sense of agency and decision-making, which infers its own values.

Primary and secondary outcomes emphasize improved emotional connection and more gender-equitable attitudes among all family members, as well as strengthened parenting skills.



TABLE: SSAGE THEORY OF CHANGE

RISKS	INTERVENTION	PRIMARY OUTCOMES – INDIVIDUAL AND HOUSEHOLD			SECONDARY OUTCOMES	IMPACT
<p>Adolescent boys at risk for internalizing drivers of GBV & replicating cycles of violence</p> <p>Witnessing violence against a female caregiver one of the strongest predictors of being a perpetrator of GBV</p> <p>Men who perpetrate sexual violence often begin during adolescence</p>	<p>Family-focused gender-transformative intervention delivered to adolescent boys, adolescent girls, and caregivers</p>	<p>Boys have increased knowledge on the harmful effects of gender inequality and violence</p>	<p>Boys feel more emotionally connected to peers and household members</p>	<p>Boys provide more physical protection and emotional support to younger sisters</p>	<p>Improvement in overall family functioning and gender equitable attitudes and behaviors, including equitable division of household labor, decrease in perpetration and experience of violence within the household, and increase in positive interactions between family members</p>	<p>Adolescent girls in humanitarian settings are safer from violence and the threat of violence</p>
<p>Adolescent girls are most likely to experience violence from someone they know</p> <p>Witnessing violence against a female caregiver is one of the strongest predictors of being a victim of GBV</p>		<p>Boys demonstrate more gender equitable attitudes towards girls, including their younger sister</p>	<p>Boys demonstrate less favorable attitudes towards violence, including IPV and other inter-personal violence</p>	<p>Girls feel physically safer both inside and outside the household, including increased physical protection from male siblings</p>		
		<p>Girls have increased knowledge on the harmful effects of gender inequality and violence</p>	<p>Girls feel empowered and more emotionally supported by household members</p>			
<p>Broader contexts of conflict can increase levels of IPV</p> <p>Caregivers hold attitudes resulting in differential treatment toward daughters and sons</p> <p>Caregivers' inequitable treatment can adversely impact safety and wellbeing of adolescent girls</p>		<p>Girls demonstrate more equitable attitudes</p>	<p>Girls demonstrate less favorable attitudes toward violence, including IPV and other inter-personal violence</p>	<p>Caregivers provide more positive parenting with gender equitable perspective</p>		
		<p>Caregivers have increased knowledge on harmful effects of gender inequality and violence</p>	<p>Caregivers report providing more emotional support to their sons and daughters</p>			
		<p>Caregivers demonstrate more gender equitable attitudes regarding their sons and daughters</p>	<p>Caregivers demonstrate less favorable attitudes toward violent discipline</p>			

PART 3: CORE ELEMENTS OF THE SSAGE INTERVENTION



This section explains the core elements of the SSAGE intervention that should be in place for successful implementation. SSAGE is a time- and labor-intensive intervention and requires a strong organizational commitment. Note that all but the final two elements are essential for implementation, while the latter are preferred but not obligatory. Interventions that do not take into account core elements can pose safety risks to girls, damage family and community relationships, and cause reputational issues for staff and volunteers.

ESSENTIAL *Staff with adolescent-friendly attitudes and adequate technical knowledge*

SSAGE requires significant investment in staff training, supportive supervision, and monitoring. SSAGE is not possible without committed staff with compassionate attitudes towards girls, and recruiting, training, and supporting staff is one of the most time- and resource-intensive aspects of the SSAGE intervention. The chart below illustrates an optimal staffing structure for the SSAGE intervention. The number of staff needed depends in a large part on the scope of the intervention and the number of persons needed, keeping in mind that smaller groups of curriculum sessions (no more than 15 individuals per group) are preferred. It is also optimal for mentors to work in pairs; when this is not possible, sessions should be shortened, or mentors should be well-supported by staff during facilitation. Note that your organization may utilize different terms for position names, however the core tasks remain consistent regardless of the organizational structure.



CHART: SUGGESTED STAFFING STRUCTURE

TITLE	RESPONSIBILITY	ESSENTIAL COMPETENCIES AND CHARACTERISTICS	DESIRABLE COMPETENCIES AND CHARACTERISTICS
SSAGE PROJECT COORDINATOR	<ul style="list-style-type: none"> › Lead the administrative aspects of the project, including overseeing the budget, activity planning, and arrangement of trainings › Represent the project in all relevant coordination forums (such as coordination meetings, meetings with local and national authorities) › Provide supportive supervision to staff and facilitators 	<ul style="list-style-type: none"> › Empathy towards girls and interest in girls' empowerment › Technical knowledge of GBV, child protection, and/or youth › Solid educational attainment per context (must be able to write reports, etc.) 	<ul style="list-style-type: none"> › Previous experience in adolescent girls programming › Background in men and boys' engagement
SSAGE TECHNICAL OFFICER	<ul style="list-style-type: none"> › Provide supportive supervision and technical support to all staff and mentors › Design and/or adapt technical tools for all stages of the intervention › Supports staff with making referrals to specialized services 	<ul style="list-style-type: none"> › Empathy towards girls and interest in girls' empowerment › Strong background in GBV, complex adolescent girl interventions, as well as a solid grasp of child protection core concepts › Solid educational attainment per context 	<ul style="list-style-type: none"> › Background in men and boy's engagement
SSAGE PROJECT ASSISTANT	<ul style="list-style-type: none"> › Oversee daily in-field activities, including providing regular support to mentors/facilitators, ensuring that community are adequately equipped 	<ul style="list-style-type: none"> › Empathy towards girls and interest in girls' empowerment › Experience in community mobilization and working with youth › Solid educational attainment per context 	<ul style="list-style-type: none"> › Experience in GBV and/or child protection
MONITORING AND EVALUATION OFFICER	<ul style="list-style-type: none"> › Design appropriate feedback mechanisms, and analyzing and sharing data with team members › Support the program staff and mentors to carry out the essential data collection activities, including monitoring attendance, soliciting participant feedback, and conducting surveys, in-depth interviews, and focus group discussions. 	<ul style="list-style-type: none"> › Empathy toward girls and interest in girls' empowerment › Understanding of ethical stipulations around data collection and GBV/child protection › Solid educational attainment per context 	<ul style="list-style-type: none"> › Knowledge of GBV and/or child protection
MENTORS/ FACILITATORS	<ul style="list-style-type: none"> › Participate in all technical trainings, continuing education sessions, and meetings › Engage in the participatory curriculum adaptation process › Lead SSAGE curriculum sessions for girls, caregivers, and male siblings 	<ul style="list-style-type: none"> › Empathy towards girls and an interest in their empowerment › Must be chosen by and/or validated by participants › Must have a mastery of the language/s spoken by program participants › Must commit to undergo all SSAGE training and additional capacity-building activities, such as continuing education sessions 	<ul style="list-style-type: none"> › A level of literacy that enables mentors to read curriculum content and complete paper or mobile-based tools › Previous experience with community facilitation with children/young people

ESSENTIAL > Life Skills Curricula

The life skills curricula tailored to the four intervention target cohorts (adolescent girls, male siblings, female caregivers, male caregivers) form the foundation of SSAGE. Life skills address themes relevant to each cohort and seek to encourage positive engagement within families while supporting the safety and respect of adolescent girls. These curricula span 12 weekly sessions, with all four cohorts attending sessions simultaneously. An original set of curricula was developed for the SSAGE pilot in northern Nigeria and was the basis from which the curriculum was adapted in Niger and Jordan. The participatory contextualization process is the basis for systematically adapting the approach and will help determine which specific topics should be discussed with each cohort, and how they are to be best approached. As such, different contexts may develop different approaches based on their needs. There are, however, a set of core thematic areas that hold relevance in most contexts. The roadmap below outlines the thematic areas that should ideally be covered in the SSAGE intervention. Other adolescent toolkits broach similar themes (and the original SSAGE curricula draw from several of these),²⁵ given the universality of certain concerns to all four cohorts such as health, keeping safe from violence, and positive emotional coping skills. The participatory contextualization process may identify other themes and topics that are important to girls and their family members that are not listed below, that organizations may wish to add as an additional session, or swap in the place of other sessions.

25 For example, the IRC's Girl Shine approach organizes the themes according to Trust, Social and Emotional Skills, Health and Hygiene, Safety, Solidarity, and Visioning. Other adolescent girl curricula may take a stronger SRH focus, such as CARE's Adolescent Mothers Against All Odds, though there are still discussions of life skills, communication, etc.

CHART: THEMATIC ROADMAP FOR ORIGINAL SSAGE CURRICULA PILOTED IN NIGERIA

ADOLESCENT GIRLS	MALE SIBLINGS	FEMALE CAREGIVERS	MALE CAREGIVERS
<ul style="list-style-type: none"> Establishing trust/ground rules for the girl group Healthy relationships Positive communication skills Sound decision-making Gender socialization Understanding power Understanding violence Keeping safe from violence Bodily knowledge and health (including avoidance of substance abuse) Puberty (including menstruation) 	<ul style="list-style-type: none"> Establishing trust/ground rules for the boy group Healthy relationships Positive communication skills Sound decision-making Gender socialization Understanding power and discrimination Understanding violence Preventing violence and GBV Bodily knowledge and health (including avoidance of substance abuse) Puberty 	<ul style="list-style-type: none"> Establishing trust/ground rules for the women's group Social and emotional skills and relationships Gender socialization Power and discrimination Keeping safe from violence Healthy families and parenting Understanding adolescent girls Keeping girls safe from violence 	<ul style="list-style-type: none"> Establishing trust/ground rules for the men's group Social and emotional skills and healthy relationships Gender socialization Power and discrimination Violence and its impacts on families and communities Preventing violence and GBV Healthy families and parenting Understanding adolescent girls Keeping girls safe from violence

ESSENTIAL › Girl-friendly Community Spaces

Girl-friendly community spaces are the physical or virtual spaces in which curricular sessions are implemented. This will ideally take the form of a community-based space that has been identified in cooperation with girls, their families, and other relevant community members, that is readily and safely accessible by all intervention participants.²⁶ A girl-friendly community space may take the form of a community center or structure, a women and girls’ safe space (WGSS)²⁷ for organizations that offer existing GBV services, a child-friendly-space that is accessible to adolescents, or even a part of a school, an MHPSS center, a nutrition center, or anywhere that is safe and comfortable for the cohorts, and depending on your organization’s resources and the specific context of the intervention. In many cases, existing spaces where girls are already participating and that are already accepted and recognized by the community (e.g., spaces where adolescent programming already takes place and where the community respects and trusts the program and staff) will be the most logical choice. A space can additionally be virtual, for programs that are obligated to implement sessions remotely due to restrictive COVID-19 measures, though in-person implementation is always to be preferred when this is possible.

› See **Part 6** *Troubleshooting for more information on the virtual implementation of SSAGE*

Regardless of the nature of the space, it should ideally conform to the criteria outlined in the chart below:

SELECTION/ VALIDATION BY GIRLS (AND FAMILY MEMBERS)	<ul style="list-style-type: none"> › Girls should define space criteria. › Space should ideally be selected by girls; at minimum, the space should be validated by girls as a place where they feel comfortable. › If the space is shared with other groups (men, boys, adult women), girls should have a room that is private to them in which they feel safe (or a time that is uniquely for them to attend). › Men and boys should be comfortable coming to the space as well (unless they have a separate space).
ACCESSIBILITY	<ul style="list-style-type: none"> › Conveniently accessible to girls and their families.²⁸ › Girls, adult women, boys, and men might encounter different access challenges when accessing the space. As these may not be immediately evident, it is essential to speak with each group to identify these challenges. › Should ideally be accessible to individuals living with physical disabilities, for example containing a safe ramp if there are stairs to enter rooms › See Part 6 <i>Troubleshooting for more information on inclusion</i> › Activities and services should be scheduled at the times of day that women and girls may be able to access them; for example, they may not be available at mealtimes when they are cooking for their families.
SAFETY AND PRIVACY	<ul style="list-style-type: none"> › Located in an adequately discreet location: for example, there should not near a place where men and boys might linger, such as a café. › Should be in a location where the risk of fighting or violence is very low, to the extent possible.
SPATIAL ASPECTS	<ul style="list-style-type: none"> › A community space need not be complex; it is not necessary, for example, to construct a new space if an appropriate existing space can be identified and validated. › Should contain a large room for group activities with basic furniture and support materials for activities. › Should to the extent possible provide privacy so that activities can be conducted discreetly.

26 It is important to note that terminology can sometimes be confusing, as different organizations designate different names and specific functions to spaces in which they implement adolescent girl programming. SSAGE utilizes the term “girl-friendly community space” to encompass the idea that the space must first and foremost function for girls, but also meet the needs of other intervention participants.

27 For technical guidance on establishing WGSS in humanitarian contexts, consult the comprehensive guidance on WGSS developed by the IRC and International Medical Corps, available at gbvaor.net/sites/default/files/2020-02/IRC-WGSS-Toolkit-Eng.pdf. The IRC’s “Girl Shine Advancing the Field” also provides helpful guidance on the characteristics of a girl-friendly space and how to ensure that WGSS are girl-friendly on pages 31-36.

28 Ideally, participants should be able to easily come on foot or safely use public transportation that is available, affordable, and safe.

CHART: ESSENTIAL CHARACTERISTICS OF A SSAGE GIRL-FRIENDLY COMMUNITY SPACE

It is likewise important to identify a space that will be suitable for male participants, yet that does not pose any risks to adolescent girls and female caregivers. In this sense, traditional WGSS may not be appropriate spaces in which to hold sessions with men and boys; WGSS by definition belong solely to women and girls, and they may not feel comfortable if men and boys are attending the same center. Both girls and boys may not feel comfortable accessing the space at times when their parents, siblings, or other family members are present, even if they are in different rooms. In such cases, it is preferable to identify a separate community location where sessions with male family members can be held. Depending on the context, this may be places that are closer to men and older boys' places of work, or near their homes. For example, during the piloting of sessions in Jordan, men in some cases attended remote sessions outdoors next to their caravan. However, they were able to do this as men tend to have fewer concerns related to privacy and reputational risk when discussing curricular topics. In settings where it may not be possible to identify an alternative space it is then recommended to set strict separate hours for activities with girls and women and with men and boys.

ESSENTIAL > Community Outreach and Engagement

It is critical to secure community²⁹ buy-in for working with girls and their families to ensure the wider environment will be safe and conducive for the intervention. There is helpful guidance on community outreach that SSAGE has utilized and can be easily adapted: in particular, the IRC's Girl Shine approach provides helpful, in-depth guidance on community outreach that can serve as a reference for SSAGE during community outreach activities.³⁰ The chart below summarizes a list of tools that can be used during the stages of community outreach.

- 29 The term "community" can be vague and context-specific. Most often, it refers to people who hold power and/or influence over the intervention participants, and whose support will facilitate the program. This may mean official local authorities, religious leaders, as well as formal and informal organizations. For more exploration of this issue, see the Population Council, "More than a Backdrop: Understanding the role of communities in programming for adolescent girls," popcouncil.org/uploads/pdfs/2019PGYCommunityActionGuide.pdf.
- 30 See "Girl Shine: Advancing the Field: Designing Girl-Driven Gender-Based Violence Programming in Humanitarian Settings," Chapter 5, The Girl Shine Community, pages 82 to 86, for an overview of the community outreach process. For concise guidance on community outreach, the IRC's SAFE program guidance is also helpful. rescue.app.box.com/s/6fxwxks4fmicxa580776jcy5s55kdd0pi.
- 31 Available from popcouncil.org/research/girl-roster. Note that the Population Council's tool is trademarked and doesn't identify individuals, and is originally intended more for program design than outreach. WRC developed the "Boy Matrix" to be included alongside the Girl Roster in "I'm Here."

Engaging community leaders, including traditional and religious leaders to explain the program and encourage buy-in	<ul style="list-style-type: none"> > Girl Shine tool A16, <i>Community Leadership Tool</i> > Girl Shine tool A17 <i>Planning Community Conversations</i>
Mapping and identification of key segments of girls and boys	<ul style="list-style-type: none"> > Population Council, Girl Roster™³¹, or the WRC "I'm Here" Approach (including the Roster and Boy Matrix) > Girl Shine, tool A3, <i>Identification of Adolescent Girls in the Community Tool</i>
Engaging caregivers and other decision-makers of girls and their families to enable participation	<ul style="list-style-type: none"> > Girl Shine tool A4 <i>Focus Group Discussion Tool for Female/Male Caregivers</i> > Girl Shine tool A8 <i>Explaining Services to Girls and Female/Male Caregivers</i>
Reaching out to other service providers in the area to ensure the availability of services for referrals	<ul style="list-style-type: none"> > Consult local service mappings through the GBV sub-cluster, Child Protection sub-cluster, and Protection cluster, if these exist > Utilize the service mapping tool from WRC's "I'm Here" approach
Establishing contact with and developing SOPs with providers and coordination mechanisms	<ul style="list-style-type: none"> > Follow organizational and cluster processes for coordination and referrals

CHART: SUGGESTED TOOLS FOR COMMUNITY OUTREACH STEPS

RESEARCH NOTES

Benefits of community outreach and engagement in northeast Nigeria

While the focus of SSAGE is at the household level, WRC’s research found that outreach and engagement with participant communities was an important factor in changing knowledge and attitudes during the SSAGE pilot in northeast Nigeria. Participants in WRC’S research were keen to share what they learned from the SSAGE program with friends and neighbors who were not taking part and felt that the community should play an important role in supporting adolescent girls. Notably, parents and caregivers reported that greater community cohesion would have important benefits for adolescent girls, including reduced violence, greater support for girls’ education, and a more supportive environment for girls to develop friendships. Male siblings discussed how choosing the right friends and feeling united as a community would help them in becoming better role models for their sisters.

These findings reveal the critical role of the surrounding environment in peoples’ lives, and their understanding and application of the concepts learned in the intervention, thus reinforcing the importance of thorough community outreach and engagement. Mercy Corps Nigeria spent several months conducting community outreach, including discussions with community members to inform curriculum content and engaging with community leaders to garner buy-in and support for the SSAGE program. Male caregiver participants were often members of community groups and would meet with other male community members, during which time they shared information about the SSAGE program. In addition, program mentors were trusted and respected community members, and were also able to discuss the SSAGE program outside of the formal sessions.

ESSENTIAL *Presence of Qualified GBV and Child Protection Services for Referral*

Working in humanitarian settings inevitably means working with populations who have experienced or are currently experiencing violence or trauma in some form. The SSAGE intervention should never ask participants or mentors to share personal experiences of violence of any kind at any time; doing so can trigger emotional distress, breach confidentiality, and result in shame and stigma for survivors, potentially harming their safety. The objective of the life skills curricula is not to encourage the sharing of traumatic personal stories or events. However, it can be expected that as participants build trust with mentors and each other and discuss their life experiences, they will disclose difficult experiences that may merit more specialized support. As such, the ideal setting for SSAGE is one in which organizations are providing case management services for GBV and child protection. However, it is not obligatory for SSAGE to accompany projects with case management capabilities. It is essential, nevertheless, that organizations assess locally available GBV and child protection services to determine that there is a minimum level of support in communities and that these organizations are prepared for referrals. It is additionally desirable—though not obligatory—to implement in areas where specialized MHPSS services are available, given that these are rare in humanitarian settings.

› See **Annex 4**, *Service Referrals Decision-making Tool*, to help guide decision-making on whether it is advisable to implement SSAGE given the presence of other services that can receive referrals in the context in which you are working.

It is essential that organizations assess locally available GBV and child protection services to determine that there is a minimum level of support for referrals.



ESSENTIAL › *Participatory Contextualization (preferably through Human-centered Design)*

Adolescent girl interventions must be carefully contextualized to the area of implementation, to tailor content to cultural values, the experience and capacity of staff and mentors, and the specific challenges faced by girls and their families. Contextualization is a crucial step in observing a Do No Harm approach, particularly since inadequately contextualized GBV interventions may put women and girls at greater risk of violence and can lead to reputational issues for implementing organizations and staff in conservative communities. Several existing toolkits contain guidance on contextualization³². In the SSAGE approach, there is a particular focus on participatory adaptation, ideally through human-centered design due to its potential to reduce the risk of program backlash, encourage creativity, and improve local trust and ownership. However, given the labor- and time-intensive nature of HCD, it may not be relevant for all organizations.

› *An explanation of human-centered design, as well as the specific steps for systematic participatory adaptation of SSAGE carried in both Niger and Jordan, is explored in greater detail in **Part 7***

32 See, for example, the IRC's "Girl Shine: Advancing the Field, Designing Girl-driven Gender-based Violence Programming in Humanitarian Settings," which devotes a chapter on the topic of contextualization, [gbvresponders.org/adolescent-girls/girl-shine](https://www.gbvresponders.org/adolescent-girls/girl-shine).

ESSENTIAL *Data Collection to Inform Implementation*

Meaningful data collection and utilization is important for any protection intervention to ensure that the program is achieving its intended results, having a measurable benefit for participants, and not causing any unintended harm for participants or their communities. This is especially the case for program approaches that include sensitive information related to gender, household roles, and violence. As such, the SSAGE model includes data collection throughout the program cycle to monitor implementation and measure changes in knowledge, attitudes, and behaviors among participants. An intense level of monitoring may not always be possible depending on staff capacity and resources. Nevertheless, there are ways in which the program team can collect and utilize data and information.

Core data collection should include:

- Attendance tracking
- Feedback sessions with program participants throughout the intervention
- Focus group discussions with participants at the end of the program
- Pre- and post-intervention surveys (before the first session and after the last session) to assess changes in knowledge

› See **Annex 12** and **Annex 13** for further information on desired outcomes, as well as the sample monitoring tools.

PREFERRED *Integration within a Larger Multi-sectoral Program or Portfolio*

As with other protection interventions, SSAGE is best implemented as a component of a larger program or portfolio of programs that offers a package of (ideally multi-sectoral) services to all vulnerable groups of the community. Interventions that have a protection and/or a psychosocial focus—while often appreciated and deemed useful by participants—may not always be prioritized by communities experiencing stark needs related to basic survival. It is therefore desirable to implement SSAGE in contexts where there is a package of interventions and services to support these urgent basic needs. In Niger and Jordan, for example, SSAGE is implemented in a context where interventions in food security and economic empowerment is provided by Mercy Corps and/or other actors.

PREFERRED *Mentor Facilitation*

SSAGE, like a number of other adolescent girl curriculum-based approaches, ideally relies on members of the community (termed “mentors”) to lead curriculum sessions, under the close and supportive supervision of organizational technical staff. Mentor facilitation is preferred as it can be helpful in securing local buy-in, especially as mentors can sometimes be more approachable to girls and their families than humanitarian staff. However, mentor facilitation is in no way a means of reducing staff time and effort; on the contrary, mentors require a considerable investment in training, supervision, and follow-up support. While mentor facilitation is the ideal, there are times when it may not always be possible. In some circumstances it is preferable to employ organizational staff who are trained in the approach to lead sessions, or to employ a hybrid approach. The chart below outlines some of the advantages and disadvantages of both approaches. There is not a straightforward decision-making process for determining whether to

pursue mentor or staff facilitation, though the IRC’s Girl Shine approach offers a helpful tool to guide discussions when making this decision.³³ There are situations in which mentor facilitation should not be pursued: for example, if the security situation is especially unstable, if there is not sufficient time to recruit and build the capacity of mentors yet there are staff trained and ready, if there are no individuals who meet the basic qualifications of mentors.

	ADVANTAGES	DISADVANTAGES
MENTOR FACILITATION	<ul style="list-style-type: none"> › Strong local cultural knowledge and language expertise that staff may not always possess › May be known and trusted members of the community › May be more approachable to girls and their families › May be helpful in securing buyin of caregivers and leaders 	<ul style="list-style-type: none"> › Mentors may be more likely than professional staff to hold harmful norms and attitudes prevalent in the community³⁴ › Mentors may not have the capacity to lead sessions, even after training › Mentors often have other responsibilities in the home and community (including work, education) and may not have time for all sessions › Because mentors often know girls and their families, there is a greater risk of conflict of interest than with staff
STAFF FACILITATION	<ul style="list-style-type: none"> › Trained and competent staff may be more appropriate in acute emergency phases when there is not time to recruit and train community members › Staff may be more likely to have higher levels of education and literacy, enabling them to deliver narrativebased activities › Staff may have undergone more technical training than mentors over a longer period of time, enabling them to execute more complex or sensitive sessions (such as around SRH) 	<ul style="list-style-type: none"> › Staff may not have the level of community understanding, trust, or acceptance as mentors › Staff facilitation may be more costly than mentor facilitation, given that staff receive full salaries › Staff may sometimes demonstrate similar problematic attitude and norms as community members, despite professional standards

33 See “Girl Shine, Advancing the Field,” on page 37.

34 Note that harmful attitudes and norms can affect both staff and mentors, and both should undergo attitude assessments during the recruitment process and have the opportunity to participate in values clarification trainings to influence attitudes over time.

CHART: MENTOR FACILITATION VERSUS STAFF FACILITATION

If using mentor facilitation, prospective mentors must undergo a thorough vetting process to ensure that they have the essential skills and empathetic attitudes towards girls, and they should ideally be validated by the girls. This vetting is also highly important for the male mentors who are working with boys and male caregivers because they will need to model positive behaviors for boys and men to emulate on how they would be supportive of girls.³⁵ Organizations should select mentors that have empathy for girls, strong verbal communication skills, and an openness to learn and to challenge attitudes and norms. Higher levels of education and literacy among mentors are desirable and can certainly facilitate the delivery of sessions. However, educational attainment, and even literacy, are not prerequisites for being a SSAGE mentor, particularly when the person meets other essential qualifications. Women in particular in humanitarian settings are often barred opportunities for educational advancement in comparison to men, but this does not mean that they do not possess other relevant skills such as empathy for girls and the ability to communicate effectively with the participants. In such a situation, it is preferable to focus on the positive aspects of what these women and men have to offer the intervention, and to contextualize the approach in such a way to accommodate challenges with literacy.

35 The IRC’s “Girl Shine: Advancing the Field” contains tools for female mentor selection in Appendixes A and B.

› See **Part 6** on Troubleshooting for suggestions to delivering SSAGE in low-literacy settings, as well as the implementation case study on Niger in **Part 7**

Regardless of whether your organization pursues mentor or staff facilitation, or a hybrid approach, it is imperative to ensure that facilitators have the core knowledge and empathetic attitudes for girls, and that they are equipped with positive facilitation skills. SSAGE includes a structured capacity-building schedule that is outlined in **Part 5**.

Spotlight on Incentives for Mentors

When implementing SSAGE through mentor facilitation, the question of mentor incentives will likely arise. The issue of incentives or other forms of compensation for mentors can be thorny. Some organizations prefer to see the mentor role as entirely or largely voluntary, earning only a small stipend or being reimbursed for transport and other expenses associated with their attendance in trainings and leading sessions. For these organizations, the opportunity for mentors to engage in leadership, gain knowledge and experience through capacity-building, and build their skills is seen as sufficient incentive for their efforts.

Other organizations may decide to provide compensation in some form, whether through a monetary stipend, food distributions, or other material assistance. There is not a correct or incorrect approach to this issue, though it is imperative that it be well thought-out prior to the beginning of the intervention, in line with local practices and regulations, and the policies should be transparently communicated to stakeholders from the outset. During this stage, it is important to keep in mind that in a humanitarian setting, mentors likely share similar vulnerabilities as the community, such as food insecurity, protection concerns, or other challenges.

If providing incentives in some form to mentors, it is important to weigh essential factors such as:

- › The level of time and effort that mentors must put into facilitation, including the extent to which it might take away time and energy from their other responsibilities, such as income-generating activities or domestic responsibilities.
- › The economic vulnerability of mentors (for example, whether their economic situation would prevent otherwise qualified mentors from participating in the program as they must work to ensure basic needs).
- › Local customs and context, including what other organizations might provide for mentors carrying out similar work, and whether there are local rules or standard operating procedures.

In initial pilots, SSAGE took different approaches to this issue based on these three factors. In Niger, mentors face food insecurity like other community members and largely depend on regular agricultural work to meet daily living expenses. It was determined most appropriate, therefore, to calculate the amount of labor and time they spend preparing for and carrying out sessions, including their travel to and from the Mercy Corps office for trainings and meetings, safe spaces, and other locations they needed to go to implement the sessions. As compensation for this time, they received a distribution of foodstuffs such as rice, oil, and tea. Mercy Corps took a different approach in refugee camps in Jordan, where meeting essential daily needs is not as challenging as in Niger and where humanitarian services (comparatively) abound. In the Jordanian camps, UNHCR established standard operating procedures capping the amounts that can be given to Syrian resident volunteers, in an effort to stem competition between different NGOs and to promote transparency. Mentors are thus incentivized in compliance with this policy. In both cases, Mercy Corps assessed the benefits and consequences of compensating mentors. The compensation was provided to respect the time and energy they give for quality facilitation while also balancing the other norms and practices with compensation for community facilitation in their respective locations.

SSAGE Frequently Asked Questions

<p>How is SSAGE different from other adolescent girl approaches?</p>	<p>SSAGE shares some important similarities with other approaches targeting girls and their families. SSAGE is distinguished by three main characteristics:</p> <ol style="list-style-type: none"> 1. The explicit engagement of older male siblings of girls. 2. The simultaneous engagement of girls, male and female caregivers, and older male siblings in the aim of creating a “layering” approach that is intended to intensify the effect of the intervention within families. 3. The integration of human-centered design in the participatory contextualization process.
<p>What is the idea behind working with older male siblings of girls?</p>	<p>In order to prevent violence against girls and empower them, we have to work with the individuals and systems that influence their lives. Those who have the most immediate influence are often caregivers such as parents and grandparents and aunts and uncles. However, brothers and other males who have a similar relationship as siblings to girls (for example, cousins) are another potential source for support. In parallel to the focus on engaging brothers as potential advocates for their sisters’ well-being, the intervention aims to provide boys with useful life skills and PSS. In this sense, SSAGE encourages adolescent boys to be more aware of their emotions, communicate more openly with friends and family, and seek out alternative ways of conflict resolution. Thus, not only does their participation in SSAGE encourage support of their adolescent sisters, but it also has the potential to inform future relationships and family functioning.</p>
<p>Why does SSAGE not target older sisters?</p>	<p>Research has demonstrated how older sisters can have an important positive impact on the development and long-term well-being of younger siblings.³⁶ Older sisters can be included in the intervention in several ways. For example, if the intervention is separating girls into the two groups of younger and older adolescents, two sisters meeting this age criteria can be placed in their respective age cohorts and take part. For older sisters with a large age difference in which the sister plays more of a caregiving role, organizations can consider including the older sister in the female caregivers’ sessions.</p>
<p>How does SSAGE relate to/sit within other adolescent girl programming approaches?</p>	<p>SSAGE is informed by the wealth of materials and learning put forth by a number of actors, including (but not limited to) Girl Shine and SAFE developed by the IRC, Tipping Point developed by CARE International, and Girl-Centered Program Design developed by the Population Council. The SSAGE curriculum borrows sessions from these approaches and the associated programmatic and learning tools.</p> <p>SSAGE is not designed to be a replacement for any of these approaches, nor is it meant to be more technically intricate or advanced; rather, it is intended to be complementary, and to stand as another offering among the suite of tools that can be utilized for supporting adolescents in humanitarian settings.</p>
<p>Do I need to be a GBV-specialized organization to implement SSAGE?</p>	<p>Not necessarily. Complex interventions with adolescent girls straddle GBV, child protection, and youth sectors, and in theory SSAGE can be implemented by any organization holding this level of expertise, as well as the ability and will to commit the time and resources necessary.</p> <p>However, when making the decision to work with adolescent girls, it is critical to ensure that staff have a strong grasp of GBV core concepts, and that there is a competent organization in the area who can receive referrals of girls and women in the event of GBV disclosures. Ideally, there will also be more specialized child protection services for working with younger adolescents and with parents who may need more specific parenting support.</p>
<p>What exactly do we mean by “male siblings”?</p>	<p>This may include males who have a close familial or quasi-familial relationship with adolescent girls – most often brothers (whether through blood or marriage) or cousins. Male siblings, however, should be youth (defined more broadly as someone under the age of 25). Husbands/boyfriends/partners of girls are not to be included in this category, though married girls may participate in the intervention. If a male relative is close to a girl but considerably older than this age, he should be included in the caregiver intervention, which is tailored to the needs of adults with more life experience.</p>
<p>Can SSAGE be implemented remotely?</p>	<p>Yes, the SSAGE curriculum is designed to be flexible and therefore it can be adapted for remote implementation, whether this is due to security concerns, COVID-19 or other infectious disease outbreaks, or any other reason. When conducting remote sessions, it is crucial to identify through the contextualization process what topics can be done with girls, boys, and caregivers safely remotely, and the technology support needed for participants. Note that in-person implementation is preferred in the majority of scenarios, given the safety and quality issues that can arise out of remote implementation.</p> <p>› See Part 6 for guidance on remote implementation.</p>

36 See, for example, Pamela Jakiela, Owen Ozier, Lia Fernald, and Heather Knauer, “Big Sisters,” Center for Global Development, Working Paper 559, October 2020, available at cgdev.org/sites/default/files/big-sisters.pdf.

<p>Can SSAGE only be implemented in emergency settings?</p>	<p>No. While SSAGE was designed specifically for humanitarian settings, it is possible to implement SSAGE in development or post-conflict settings as well. When working in humanitarian settings that are especially fragile, specific accommodations and considerations are necessary. To this end, this toolkit provides different case studies of SSAGE implementation, including Jordan, a protracted humanitarian setting in which the operating environment is more stable, and Nigeria and Niger, protracted humanitarian contexts in which population movements and severe insecurity to staff and participants is a significant concern.</p> <p>➤ See Part 7 for more information on implementation in Niger and Jordan.</p>
<p>Can SSAGE be implemented through a mobile approach?</p>	<p>SSAGE was tested in settings where there were readily available, static spaces with continued access to participants for the contextualization process and over the 12-week span of the intervention. It is in theory possible to implement certain sessions through mobile approaches as a form of psychosocial support. In such cases, you may work with communities to identify priority thematic issues that can be addressed in one-off sessions. But to achieve the “layering” effect of the SSAGE approach—that is, targeting girls, caregivers, and male siblings simultaneously—it is important to have static access to communities over the 12-week period of the intervention.</p>
<p>If SSAGE works with girls’ families, why not work with the husbands of married adolescent girls?</p>	<p>SSAGE is designed specifically to work with caregivers of girls and male siblings (including brothers, cousins, and half-brothers). It is not a marriage /romantic relationship counselling program, which is something much more delicate and specialized. Working with girls’ husbands may create further GBV risks for girls, and it may not be respectful of girls’ confidentiality.</p> <p>It is, however, possible for married girls to take part in the SSAGE intervention. In such cases, you may need to engage with husbands or in-laws during the outreach period to enable the girl to participate. The IRC’s Girl Shine approach provides guidance on pages 116 to 118 for working with married girls. You may also consult CARE International’s Adolescent Mothers against All Odds (AMAL) toolkit for advice on working with young girls who are married and are pregnant or have recently given birth.</p>
<p>What do we mean by “caregiver”?</p>	<p>A caregiver is a person who provides an important caregiving role in a girl’s life. This might be a biological or adopted parent, a legal guardian, a grandparent, uncle, aunt, or even an older sibling who has assumed a caregiving role for the girl, such as an older sister. This does not include a husband or other romantic partner, or an in-law, even in contexts where such persons are viewed as the legitimate legal guardians of girls.</p> <p>Girls should always be asked whom they wish the intervention to engage as a caregiver (or older sibling) before inviting a family member to participate in the sessions. Girls should also be made to understand that what they say during their own sessions will not be shared with their caregivers or their siblings, except under exceptional circumstances associated with mandatory reporting laws. Additionally, the SSAGE intervention should never exclude child-headed households, or adolescent girls without adult caregivers.</p>
<p>What do we mean by “gender-transformative”?</p>	<p>SSAGE in its full form aims to be a gender-transformative intervention, a definition that is based on the gender continuum developed initially by CARE International to measure the extent to which projects take into account gender needs. This continuum organizes interventions from levels 0 (being the least gender-aware) to 4, the highest level. Gender transformative is the highest (and therefore most aspirational) level of the continuum, defined as “programs that change inequitable gender norms and relations to promote equality.” Projects of this type should “not only [have] the ambition to transform gender, but [have] the resources, willingness and capacity” to make changes.³⁷</p>
<p>What type of data should be collected and why?</p>	<p>As with any protection intervention, collecting and utilizing data provides information on the program’s effects, and is essential if organizations hope to continue, expand, or adapt an intervention, as well as for donor reporting. The SSAGE program model encourages data collection throughout the program cycle. Essential data includes the profile of program participants, participant satisfaction with the SSAGE sessions, and changes in knowledges and attitudes. Organizations should use the data to understand participant views of the SSAGE program and changes (or lack thereof) related to knowledge and attitudes should inform future programming. For example, if participants report feeling uncomfortable discussing a certain topic, changes can be made to the content or the way in which mentors deliver certain information. Or, if data shows that participants report notable improvements in their family functioning, this evidence can be used to advocate for adapting and implementing the SSAGE program model in other contexts.</p>

37 For more explanation of the gender continuum, see insights.careinternational.org.uk/images/in-practice/Gender-marker/CARE_Gender-Marker-Guidance_English_2021.pdf.

PART 4: HUMAN-CENTERED DESIGN FOR PARTICIPATORY CONTEXTUALIZATION



This section provides an overview of human-centered design concepts and the potential benefits of utilizing HCD to contextualize the SSAGE intervention.³⁸ One of the distinguishing factors of SSAGE is its integration of HCD, an analytical and user-centered approach, throughout the intervention contextualization and implementation. Meaningful, systematic contextualization of technical approaches is often one of the most challenging aspects of implementation, and one that risks being done hastily or without adequate participation. In the SSAGE intervention, *contextualization* is **a deliberate effort and systematic process through which intervention components and content are brought in alignment with the cultural, security, and environmental realities of the context of implementation, and the human and financial resources of the implementing actor.** Contextualization serves to ensure that the intervention is realistic, that its content and approach are relevant for participants, and that it can be delivered through the human resources at hand. *Participatory contextualization* seeks to bring in the meaningful participation of program participants into this process of contextualization at every stage in which their participation is possible.

38 This section has been adapted in part from the final report produced by one of the 2021 cohorts of the School of International and Public Affairs at Columbia University. See “Applying Human-Centered Design in Humanitarian Contexts: Adapting the Sibling-Based GBV Prevention Program to Support Adolescent Girls in Emergencies (SSAGE) Toolkit for Jordan and Niger,” April 2021, sipa.columbia.edu/sites/default/files/downloads/FINAL_REPORT_SIPA_Capstone_SSAGE_Adaptationpdf.pdf.

What do we mean by “participation”?

Mercy Corps’ global work is based on the Ladder of Children’s Participation framework developed by Roger Hart. Hart’s ladder is characterized by eight gradations ranging from **nonparticipation** (represented by manipulation, decoration, and tokenism) to **semi-passive forms of participation** (Assigned but informed, consulted and informed), and finally to **higher degrees of participation** (adult-initiated, shared decisions with children, child-initiated and directed, and child-initiated and shared decisions with adults). Mercy Corps’ approach to working with children and young people, titled Future Proof, prioritizes active levels of participation with children and youth whenever possible, aiming for young people to facilitate actions in their communities and decision-making with community stakeholders.

SSAGE is predicated around strengthening the participation of children and young people in an effort to even highly unequal power relations that lead to girls and boys experiencing violence. When committing to participatory approaches with girls and their

families, it is important to aim for the highest level of meaningful participation that is possible in the implementation context. Given that SSAGE is implemented in humanitarian (and often conservative) settings, it is important to acknowledge a certain cultural bias in the framework of child participation. The ladder of participation has been described as having an emphasis on “individualism and the value of progressive independence and autonomy in child development,” rendering it potentially problematic when applied in cultures that place great value collective decision-making and traditional hierarchies around age, gender, economic status, etc. This is a challenge given SSAGE’s explicit focus on greater youth participation and its questioning of harmful power dynamics within families. While there is no clean-cut solution to this challenge, it is important to maintain this potential for harm while also promoting participation.

[Click here for an illustration of these gradations and further exploration of children’s participation.](#)

Understanding Human-centered Design

There is not a standardized definition for HCD. However, one essential aspect is HCD's focus on cultivating **empathy** with program participants and viewing challenges and solutions through their perspectives. **Co-design**—developing solutions together with participations—and focusing on **flexible adaptation** via ongoing feedback sessions and program iteration are other essential aspects. HCD has a heavy focus on developing solutions for *people and systems rather than designing profitable products*. HCD consequently presents a departure from conventional, top-down, and short-term approaches through, towards more long-term transformations that are more just and equitable. In recent years, HCD practices and concepts have gained momentum in the international development and humanitarian sectors, in parallel with a broader on meaningful participation and more equitable power-sharing and decision-making with targeted communities.

Terminology Utilized in HCD

- **Program participant:** The persons that the modalities and solutions the content is aiming to produce. Participants interact directly with the program, and the act of participation in these decision-making processes is part of the larger approach of the project.
- **Stakeholder:** A person, group of people, organization or other institution directly or indirectly affected by the challenges the program is meant to address, or who are closely associated with the population the program is intended to engage (such as community leaders in a camp with vulnerable adolescent girls).
- **Participatory Approach:** An explicit and systematic effort to involve program participants and other stakeholders in aspects of program design, implementation, and evaluation.
- **Co-design:** The process of actively engaging end-users and stakeholders into the design process through joining program staff in drawing out program content and modalities and solutions. Co-design seeks to move past more passive forms of participation such as consultation or collecting feedback, to more active forms.
- **Flexible adaptation:** HCD is not a singular activity but an iterative and ongoing process. As such, processes can be adapted even in medias res in the interest of responsiveness to participants' needs throughout.
- **Adaptive Management:** Intentionally taking decisions throughout the process to adapt and respond to new information and changes. Adaptive management does not mean changing fundamental goals, rather changing the path used for achieving goals in response to new information or circumstances.
- **Prototype:** An initial design of an approach or solution. A first attempt to be refined through testing, feedback, and further research, ultimately leading to a solution ready to be piloted.
- **Pilot:** A larger-scale test aimed at collecting additional and more robust information that will validate the approach or solution, to occur after prototyping.

A classical application of the HCD process entails the five following phases:

- › **EXPLORE:** Designers begin with seeking to understand the program participants and their context, aiming to emphasize with them and design from their perspective, free of judgement. In this phase, designers also start identifying participants for the co-design process, ensuring a diverse sampling of participants.
- › **REFRAME:** Designers build on findings in the Explore Phase to re-define the design challenge at hand while taking local constraints and priorities into consideration. Through these contextualized definitions, designers can begin ideating more contextual and responsive solutions.
- › **IDEATE:** Designers encourage HCD participants to devise as many ideas as possible. This process aims to encourage innovative and creative thinking to generate larger ideas.
- › **PROTOTYPE:** This phase begins to identify possible solutions first put forth in the ideate phase. Design participants develop a prototype to begin testing the viability, feasibility, and desirability of proposed solutions. Once a solution is identified, implementation can begin. This phase produces new insights and reasons for course-correction.
- › **ITERATE:** HCD requires designers to continuously seek feedback from participants on the prototype's impact, usefulness, or potential harm caused. Based on continuous feedback, designers adapt the original design prototype to perfect the applied solution.



Why utilize HCD in an adolescent girl-centered intervention?

For programs that seek to address harmful power dynamics within families that disadvantage girls, women, and young children, HCD can lead to:

- › **Reduced risk of backlash and resistance for gender norms change:** Communities may show resistance to external actors (or even for local actors who receive external funding) entering into what are viewed as private matters around power and gender roles in the family and the community. Top-down approaches to gender norms change may thus be considered offensive, ineffectual, and at worse harmful. HCD urges implementers to meet participants where they are currently at, understand their views with empathy (even when they may not agree with these views), and then use this information to reframe concepts in ways that will be meaningful.
- › **Encouraging creativity:** Amidst a push for evidence-based humanitarian programs, there can be a tendency to replicate approaches without adequate consideration to context. HCD can facilitate creativity by asking communities to define the problems and solutions according to their own understanding and values, and then asking implementers to evaluate their own assumptions.
- › **Improving trust and ownership:** The co-design process can cultivate more community trust and ownership in the intervention than simply conducting one-off consultations, engaging primarily with leaders, or carrying out other forms of traditional data collection.
- › **Building empathy with and among diverse participants:** Humanitarian contexts may bring together different social groups, and the stress of continued displacement and resource scarcity can reinforce tensions and a sense of separation between groups. HCD processes that seek to cultivate empathy and understanding of other users, as well as working together for common goals, can be useful.

It should be said that operationalizing HCD in humanitarian settings poses challenges. HCD constitutes an involved and labor-intensive process for staff and participants. It also demands a level of implementation flexibility that many fixed-term and fixed-impact humanitarian programs simply do not have. As such, the full process may not be feasible in all contexts at all times. Following the full approach may be aspirational, something to work towards rather than try to accomplish during a first attempt at implementation. HCD can be considered as a useful approach for meeting client preferences when contextualizing, and one favored by Mercy Corps due to its emphasis on participation. However, it should be emphasized that HCD is not the only way that organizations can approach adaptation.

CASE STUDY ON HUMAN-CENTERED DESIGN: WISE Girls in Jordan

Mercy Corps has utilized HCD in interventions with adolescent girls with promising results. For example, in Za'atari camp in Jordan in 2018, Mercy Corps partnered with the HCD-specialized global design company IDEO to work directly with girls to design an intervention around issues that they cared about. Mercy Corps sat with girls to ask them about their lives and what they wanted and needed to know and to discuss with other girls, and how they would like to learn. These exchanges revealed that younger girls most often learn about their bodies from older girls, such as sisters, cousins, and friends. Mercy Corps and IDEO then challenged older girls to create an activity or product that would explain puberty to a younger girl in a way that would be understandable and acceptable. After several iterations, the girls developed Jazeerat el Zohoor, or "The Island of Flowers," an illustrated storybook about a young girl getting her period for the first time. In a dream, the girl visits the "Island of Flowers" where three older girls explain to her the stages of puberty, spelling out the changes that she can expect and dispelling common myths in the community about menstruation.

WISE Girls gave rise to three main outcomes among the majority of girls who took part: an increased sense of girls' agency and ownership of the program, improved knowledge among girls about their bodies and what happens during puberty, and strengthened social networks. WISE Girls sessions were even integrated into the SSAGE program in Jordan given their demonstrated success.

Click [here](#) and [here](#) for more information about WISE Girls.



PART 5: PARTICIPATORY CONTEXTUALIZATION OF SSAGE: PROGRAM CYCLE GUIDANCE



This section breaks down each step of SSAGE intervention, concisely describing the essential components of each step, the action points to be taken, and suggested tools.

To ensure that the SSAGE process is continuously responding to the realities of participants, participatory methodologies should be integrated throughout the entire process of the intervention. In a truly participatory intervention, the approach and content should be continuously evaluated, and the curriculum should be seen as a living document that can always be updated and changed according to needs and experiences. In **Part 7**, case studies from Niger and Jordan help illustrate how this process was rolled out within two different humanitarian settings.

The chart below maps all steps of the SSAGE intervention, including the HCD steps, action points, and the technical tools that can be used to guide each step. It should be mentioned that this is a general guide, and that the implementation process itself may not follow every step to the letter in a linear process. Note that in the table and following sections, original tools developed specifically for the SSAGE program are listed as annexes, while tools from external sources are referenced in footnotes.



CHART: SSAGE IMPLEMENTATION ROADMAP

INTERVENTION STAGE	HCD PHASES INVOLVED	KEY COMPONENTS	ACTION POINTS	TOOLBOX
PHASE 0: Preparation for the Intervention	EXPLORE	<ul style="list-style-type: none"> Data collection Community outreach and coordination Girl-friendly community space selection Mentor selection and training 	<ul style="list-style-type: none"> Data collection on girls and families Coordination with relevant actors Service mapping, with focus on availability of GBV, MHPSS, and other specialized services where program participants can be Development of criteria and selection of girls and families to participate Determine whether it will be community facilitation, staff facilitation, or hybrid If utilizing mentor facilitation, Recruitment and Training of mentors 	<ul style="list-style-type: none"> Girl Roster/Boy Roster (Population Council/Women’s Refugee Commission) /“I’m Here” Girl and Boy Matrix Annex 5 Internet Access Assessment Tool (for organizations considering remote programming) If choosing mentor facilitation, Mentor Selection Tools from Girl Shine Annex 3 Mentor Technical Training Tool (Mercy Corps, adapted from Girl Shine/COMPASS materials)
PHASE 1: Primary Curriculum Contextualization	PHASE 1. A: EXPLORE	<ul style="list-style-type: none"> Consultations with mentors/volunteers/ other relevant stakeholders Participatory community consultations with each cohort 	<ul style="list-style-type: none"> Conduct an initial review of the curriculum with staff to make basic adjustments Conduct consultations with mentors Conduct participatory FGDs with family members cohorts 	<ul style="list-style-type: none"> Contextualization and Adaptation Tool from Girl Shine Annex 6 Volunteer/Mentor Consultations Tools Annex 7 SSAGE Tools for Family Consultations Annex 8 Analytical Matrix for Family Consultations
	PHASE 1. B: REFRAME	<ul style="list-style-type: none"> Utilize ideas from the consultations to alter the curriculum 	<ul style="list-style-type: none"> Analysis and discussion of results of community consultations Initial technical revision of certain curricula sessions for the participatory piloting If necessary, selection of alternative sessions from other relevant tools for piloting 	
	PHASE 1. C: PILOT	<ul style="list-style-type: none"> Content Piloting 	<ul style="list-style-type: none"> Organize piloting workshops Take structured observation and feedback from participants on content delivery 	
PHASE 2: Secondary Curricular Design	PROTOTYPE	<ul style="list-style-type: none"> Adapt curriculum content for Cycle 1 of programming 	<ul style="list-style-type: none"> Map priority themes that should be covered in the contextualized curriculum on the basis of consultations Make amendments to the curriculum to be used during the first cycle of the program 	<ul style="list-style-type: none"> Annex 9 Sample Agenda for Pilot Workshops: Example from Jordan Annex 10 Structured Feedback Form for Pilot Workshops Annex 11A Curriculum Roadmap
PHASE 3: Implementation, Vetting, and Adjustment	ITERATE	<ul style="list-style-type: none"> Implementation of 12-week curriculum Monitoring and feedback gathering Supportive supervision of facilitators 	<ul style="list-style-type: none"> Regular gathering of feedback from participants through preferred channels Observation of session and sharing of constructive feedback with facilitators Gathering of feedback from mentors on curriculum delivery and content, reception Execution of Continuing Education sessions/ other forms of continuing technical support to mentors Gradually integrate changes into the curriculum on the basis of experience 	<ul style="list-style-type: none"> Annex 12 Monitoring and Evaluation: Summary of Suggested Outcomes, Measures, and Data Collection Approaches Annex 13 Sample Monitoring Tools
PHASE 4: Curriculum Iteration and Preparation for Next Cycle	ITERATE	<ul style="list-style-type: none"> Final revision of curriculum Review of data to inform future iterations of the program 	<ul style="list-style-type: none"> Consolidation and analysis of learning from implementation Integration and review of changes Preparation for future cycles of programming 	<ul style="list-style-type: none"> Annex 14 Summary of Curricular Revisions and Suggested Changes tool

39 Available from popcouncil.org/research/girl-roster.

40 Available from womensrefugeecommission.org/research-resources/im-here-steps-tools-to-reach-adolescent-girls-in-crisis

41 Available in Appendix A20 of Girl Shine Advancing the Field, on pages 173-179.

Phase 0: Preparation for the Intervention

INTERVENTION STAGE	HCD PHASES INVOLVED	KEY COMPONENTS	ACTION POINTS	TOOLBOX
PHASE 0: Preparation for the Intervention	EXPLORE	<ul style="list-style-type: none"> Data collection Community outreach and coordination Girl-friendly community space selection Mentor selection and training 	<ul style="list-style-type: none"> Data collection on girls and families Coordination with relevant actors Service mapping, with focus on availability of GBV, MHPSS, and other specialized services where program participants can be Development of criteria and selection of girls and families to participate Determine whether it will be community facilitation, staff facilitation, or hybrid If utilizing mentor facilitation, Recruitment and Training of mentors 	<ul style="list-style-type: none"> Girl Roster/Boy Roster (Population Council/Women’s Refugee Commission)⁴²/"I’m Here” Girl and Boy Matrix⁴³ Annex 5 Internet Access Assessment Tool (for organizations considering remote programming) If choosing mentor facilitation, Mentor Selection Tools from Girl Shine Annex 3 Mentor Technical Training Tool (Mercy Corps, adapted from Girl Shine/COMPASS materials)

Phase 0 involves carrying out the essential actions that set the scene for the intervention, utilizing the HCD lens of Explore to understand the program participants and their context with empathy. This phase involves the following steps:

- **Data collection:** During Phase 0, organizations should collect essential data that enable an understanding of girls and boys and their families in the community. Additionally, if it is possible that your organization will carry out remote implementation, during this phase it is recommended to carry out an assessment of Internet and technology access among participants, so that you can best accommodate participants that may need support attending online sessions and plan for alterations to the curriculum.
- **Community Outreach:** It is also during this time that community outreach is conducted, including introducing the project to community leaders and authorities to gain their support as gatekeepers, and identifying spaces for implementation.
- **Coordination with Relevant Actors and Service Mapping:** Service mapping should have a focus on the availability and quality of GBV, child protection, and MHPSS services where program participants can be referred.
- **Mentor Selection, Capacity Assessment, and Training:**⁴⁴ During this stage, determine if you will utilize mentors or staff facilitators. If choosing to utilize mentors, the mentor selection tools from the IRC’s Girl Shine methodology can be used for selection. If working with new mentors, it will be necessary to vet knowledge and capacity of mentors to have a specific idea of the support they will need prior to and during the implementation of the first cycle. This should be a more detailed assessment of attitudes and knowledge than what was carried out during the screening and interviewing stage.

The capacity-building activities prior to the beginning of the cycle should include the topics outlined in the table below. Given that training content is extensive, you may wish to break down the pre-implementation capacity-building into separate trainings given over the course of several weeks.

- 42 Available from popcouncil.org/research/girl-roster.
- 43 Available from womensrefugeecommission.org/research-resources/im-here-steps-tools-to-reach-adolescent-girls-in-crisis.
- 44 Note that this can also be done during Phase 1, or over the course of Phases 0 and 1. However, given that the mentor selection and capacity-building process is time-consuming and labor-intensive for staff, it is preferable to start early.

CHART: ESSENTIAL TRAINING CONTENT FOR MENTORS

TOPIC	DESCRIPTION/OBJECTIVES	SUGGESTED TOOLS
GBV Core Concepts	Mentors should have a base knowledge of GBV core concepts when they are recruited, but a thorough review should be covered during day 1 of the training to ensure all mentors have this foundational knowledge. If mentors are not well-versed in GBV, it may be necessary to spend several days on GBV core concepts.	IRC GBV Core Concepts Training
Psychological First Aid (PFA)	Mentors should be equipped to provide PFA to participants who are distressed.	Save the Children Psychological First Aid Manual
Handling Disclosure of GBV Safe GBV Referrals	All mentors must understand how to handle GBV disclosures that may occur during group sessions, including to ethically handle the disclosure, provide PFA, and offer a referral. Depending on the context, training may be offered locally by the GBV sub-cluster/coordinating body through UNFPA and partners.	Check with local GBV coordinating body/UNFPA to determine if there are contextualized trainings for the referral pathway. If there is not a group currently operational, utilize the Girl Shine Mentor Training Manual , Session 4: Making Referrals
Referring to other specialized services (CP and MHPSS)	Mentors must understand how to appropriately support participants who may need more specialized services, including CP or MHPSS needs. If possible, consider inviting the CP coordination body to explain the CP referral pathway.	Consult with local CP and MHPSS coordinating bodies, if these exist.
Child Safeguarding	All mentors must be trained in your organization's child safeguarding policies, focusing on the practical implications for SSAGE intervention.	Material depends on your organization. Two potential options to use include: <ul style="list-style-type: none"> • Keeping Children Safe resources • UNICEF's Child Safeguarding online training which provides a sample policy and online training.
Protection from Sexual Exploitation and Abuse (PSEA) Protocols and Mandatory Reporting	<p>An overview of:</p> <ul style="list-style-type: none"> • PSEA protocols utilized in your organization and/or your context. • Mandatory reporting protocols according to your context (may include national policies) and your organizations procedures for coping with such situations. 	Interaction provides an introductory course on PSEA . Consult with GBV and CP coordination bodies to access national- or local- level tools and resources.
SSAGE Program Overview and Structure	<p>A detailed overview of the SSAGE program, including:</p> <ul style="list-style-type: none"> • Overall program structure • Rationale for the whole-family approach • Theory of change (present a simplified version if working with mentors with more limited literacy skills) • Potential benefits and risks of the program 	SSAGE Technical Training Tools (See Annex 13)
Facilitation Skills	<p>Mentors should understand how to facilitate (and not teach or lecture) sessions. Therefore, it is recommended to go over principles of:</p> <ul style="list-style-type: none"> • Girl-friendly communication • How to handle challenging facilitation situations • Keeping sessions interactive 	Girl Shine Mentor and Facilitator Training Manual , Facilitation Techniques
Understanding the SSAGE manual and practicing giving sessions	<ul style="list-style-type: none"> • Presentation of the thematic areas of focus in the manual • Enable time for mentors to look through manuals and materials • Provide at least one day for facilitation simulation, allowing each mentor to facilitate one session 	Utilize the SSAGE curricula for facilitation practice
Monitoring and Evaluation Tools	Mentors should understand how and when to use the monitoring and evaluation tools. It is recommended for the Monitoring and Evaluation Officer to co-facilitate this part of the training and go over each of the tools in the manual.	Prototype monitoring tools available in Annex 13 .
Question and Answers	Ideally, leave time in the training for question and answers from mentors, or any other administrative business such as work-planning, if this has not already been done.	N/A

Phase 1: Primary Curriculum Contextualization

Phase 1 is a complex stage, encompassing the three major HCD steps of Explore, Reframe, and Pilot. It is during this stage that the primary participatory contextualization process occurs. Phase 1 is broken down into three sub-sets, and it is recommended to follow these in chronological order as indicated.

HCD PHASES INVOLVED	KEY COMPONENTS	ACTION POINTS	TOOLBOX
PHASE 1. A: EXPLORE	<ul style="list-style-type: none"> • Consultations with mentors/volunteers/other relevant stakeholders • Participatory community consultations with each cohort 	<ul style="list-style-type: none"> • Conduct an initial review of the curriculum with staff to make basic adjustments • Conduct consultations with mentors • Conduct participatory FGDs with family members cohorts 	<ul style="list-style-type: none"> • Contextualization and Adaptation Tool from Girl Shine⁴⁵ • Annex 6 Volunteer/Mentor Consultations Tools • Annex 7 SSAGE Tools for Family Consultations

The first step of Phase 1 entails the Explore phase of HCD, which as above is focused on further understanding and cultivating empathy for program participants. During this step, the following actions should be taken:

- **Initial review of the curriculum:** In consultations with staff, conduct an initial review of the SSAGE curricula to make basic adjustments. For example, changing names to fit the context and removing content that will clearly not be acceptable. The *Contextualization and Adaptation Tool* from the IRC’s Girl Shine approach can be utilized to facilitate this discussion among staff.
- **Participatory Consultations:** Conduct participatory consultations to gain a more nuanced understanding of the relevance of curricular themes and approach, as well as power dynamics within the families. Consultations should be held with two principal groups:

 - 1. Participatory consultations with mentors/volunteers:** Consultations convene program mentors (or staff and volunteers if organizations are not using mentors) in a structured exchange that explores the relevance of themes in the SSAGE program, and how these might be best approached per the context. Organizations can adapt **Annex 6 Volunteer/Mentor Consultations Tool** to carry out these consultations.
 - 2. Participatory consultations with select groups from each SSAGE cohort (girls, boys, female caregivers, male caregivers):** These consultations with each cohort delve into issues around power dynamics within families, the themes most important to each cohort group, and explore how sensitive issues might be most effectively broached in the curriculum. Organizations can adapt **Annex 7 SSAGE Tools for Family Consultations** to carry out these consultations.

⁴⁵ Available in Appendix A20 of Girl Shine Advancing the Field, on pages 173-179.

HCD PHASES INVOLVED	KEY COMPONENTS	ACTION POINTS	TOOLBOX
PHASE 1. B: REFRAME	<ul style="list-style-type: none"> Utilize ideas from the consultations to alter the curriculum 	<ul style="list-style-type: none"> Analysis and discussion of results of community consultations Initial technical revision of certain curricula sessions for the participatory piloting If necessary, selection of alternative sessions from other relevant tools for piloting 	<ul style="list-style-type: none"> Annex 8 Analytical Matrix for Family Consultations

Phase 1. B involves utilizing the findings from the consultations with mentors/staff and SSAGE participant cohorts to carry out an initial revision of the SSAGE curriculum. It is centered around the HCD concept of Reframing, in which the focus is building on the findings obtained during the Explore phase to ideate contextual adaptations to the curriculum. During this stage, the following actions are carried out:

- Analysis of Community Consultations:** program technical staff should carry out a collaborative analysis of the findings of the two sets of community consultations and discuss the implications of these findings for the SSAGE curricula themes, activities, and approach. Organizations may utilize **Annex 8 Analytical Matrix for Family Consultations** to structure these discussions. Utilizing this tool, staff can pull out key points from the consultations on the primary thematic areas in the curriculum, and then discuss the implications these findings may have on the curriculum to be utilized. From these discussions, technical staff can articulate a list of more specific recommendations for changes to the curricula.
- Initial Technical Revision of Curricula:** Utilizing the list of recommendations developed following the analysis session with staff, carry out an initial technical revision of curricular content for each cohort. You may do this by examining the principal theme of each session, vetting its thematic relevance to your context and the appropriateness of the ways it approaches the theme. Compare these to the recommendations for session content and learning approaches gleaned from the consultations and make changes where these do not align. This may mean more closely contextualizing thematic content (for example, refocusing a session on drugs and alcohol to smoking and nicotine use as if these are more of an issue in your context, or choosing to focus on a particular substance commonly used), removing sessions that are not possible to implement (for example removing content covering sexuality in a culture where sexual relations between youth cannot be openly discussed). During this stage, it may be helpful to consider whether content from other curricula should be integrated into your program or swapped with existing sessions.

During this stage, it may be helpful to consider whether content from other curricula should be integrated into your program or swapped with existing sessions.

HCD PHASES INVOLVED	KEY COMPONENTS	ACTION POINTS	TOOLBOX
PHASE 1. C: PILOT	<ul style="list-style-type: none"> Content Piloting 	<ul style="list-style-type: none"> Organize piloting workshops Take structured observation and feedback from participants on content delivery 	<ul style="list-style-type: none"> Annex 9 Sample Agenda for Pilot Workshops: Example from Jordan Annex 10 Structured Feedback Form for Pilot Workshops

During Phase 1.C, you will pilot select content that you initially revised in the previous step, utilizing the findings of the consultations with mentors and staff and the four cohort groups. Piloting should occur during participatory workshops held separately with each cohort group during which select activities are tested and close, structured observations and feedback are gathered from participants. It is preferable to hold workshops in-person in the identified community spaces for the intervention, as this will offer more options for piloting of activities that require confidentiality than remote options. However, if circumstances demand, it is possible to hold sessions remotely; this will necessitate piloting only activities that do not require confidentiality unless participants have a private space where they feel comfortable discussing sensitive issues, as well as providing the equipment, means, and capacity to participants and staff to utilize the technology. **See the section on remote implementation in Part 6 Troubleshooting for further details.**

- Piloting Workshops:** When preparing the workshop agenda, select at least four activities that touch upon different themes through different means of learning to gauge how participants respond to different topics and learning styles. For a sample agenda for a piloting workshop, refer to **Annex 9 Sample Agenda for Pilot Workshops: Example from Jordan.**
- Structured Observation and Collection of Feedback:** During and following piloting workshops, it is essential to collect both structured observations (to be done during the piloting by an observing staff member) and feedback on how participants respond to the content and delivery (to be done with participants shortly after the delivery). **Annex 10 Structured Feedback Form for Pilot Workshops** offers two different options (one more involved, one simpler) for collecting feedback from participants following the piloting activity.

It is preferable to hold piloting workshops in-person in the intervention community spaces, as this will offer more options for piloting activities requiring confidentiality.



Phase 2: Secondary Curricular Design

This stage involves the HCD concept of Prototype, during which potential solutions put forth in previous stages start to take a more concrete form. During this stage, you will utilize the findings of all of the participatory contextualization activities conducted up until this point to revise the full version of the curricula to be used during the first cycle of implementation.

INTERVENTION STAGE	HCD PHASES INVOLVED	KEY COMPONENTS	ACTION POINTS	TOOLBOX
PHASE 2: Secondary Curricular Design	PROTOTYPE	<ul style="list-style-type: none"> Adapt curriculum content for Cycle 1 of programming 	<ul style="list-style-type: none"> Map priority themes that should be covered in the contextualized curriculum on the basis of consultations Make amendments to the curriculum to be used during the first cycle of the program 	<ul style="list-style-type: none"> Annex 11A Curriculum Roadmap

› **Mapping of priority themes:** Technical staff should narrow down and then map all of the priority themes that should be covered in the contextualized curriculum. You can utilize **Annex 11A Curriculum Roadmap**, a tool that enables you to visually reorder themes, sessions, and means of content delivery. For this tool, you may first populate the essential large themes that will be covered during the 12-week intervention. You will re-order the activities that you will include under each larger thematic area, followed by any notes on the changes made during the sessions.

› **Finalizing the curricula:** After the completion of the Curriculum Roadmap, you can use it as a guide to finalize the content of each session in all four curricula, in preparation for the first cycle of the intervention. Note that in some contexts, the initial changes that have been made during previous steps will be sufficient, while in others the curriculum will look very different from the beginning.

Following this Phase, you will be ready to implement the first 12-week intervention cycle.



Phase 3: Implementation, Vetting, and Adjustment

INTERVENTION STAGE	HCD PHASES INVOLVED	KEY COMPONENTS	ACTION POINTS	TOOLBOX
PHASE 3: Implementation, Vetting, and Adjustment	ITERATE	<ul style="list-style-type: none"> Implementation of 12-week curriculum Monitoring and feedback gathering Supportive supervision of facilitators 	<ul style="list-style-type: none"> Regular gathering of feedback from participants through preferred channels Observation of session and sharing of constructive feedback with facilitators Gathering of feedback from mentors on curriculum delivery and content, reception Execution of Continuing Education sessions/ other forms of continuing technical support to mentors Gradually integrate changes into the curriculum on the basis of experience 	<ul style="list-style-type: none"> Annex 12 Monitoring and Evaluation: Summary of Suggested Outcomes, Measures, and Data Collection Approaches Annex 13 Sample Monitoring Tools

Phase 3 entails the HCD step of Iterate, in which you continuously seek feedback on the prototype's (i.e., the curricula's) usefulness and impact. Following the first full revision of the curriculum, the implementation of the first cycle of the 12-week SSAGE program can occur. During the implementation of Cycle 1, the curricula should be regularly revisited and updated in the following ways:

1. Gathering of **regular, structured feedback from participants** on content and delivery via program monitoring. Monitoring tools should be adapted according to the specific needs of the program, though for a prototype, **see SSAGE Monitoring Tools in Annex 13**.
2. **Observations of sessions during supportive supervision visits** of mentors, during which supervisors should take notes on mentor delivery and provide supportive feedback to mentors. **See Monitoring Tools for a sample supervision tool in Annex 13**.
3. Regular **check-ins with mentors** to obtain their inputs on how session content and delivery went, what was difficult, and what went well. Mentors' suggested changes to content should then be documented, for consideration for future cycles of the program.

Also during Phase 3, mentors should benefit from regular capacity-building activities that build on the skills cultivated in the initial trainings. These can take the form that is most relevant to the context and the needs. At a minimum, during the first cycle mentors should be supported by staff on a bi-weekly basis, though keep in mind that newer mentors may need more regular support during the first cycle. Ways that staff can be supported can include:

- Continuing Education Sessions:** Bi-weekly sessions with mentors that help them expand their technical knowledge, facilitation skills, and overcome common challenges that arise during facilitation. This type of format is more appropriate for contexts in which mentors have some experience with facilitation and are interested in exploring technical or facilitation issues in greater depth. Topics may include:
 - Techniques for dealing with common resistance statements against gender equality that are common to your context.

- Values clarification around adolescent-friendly attitudes: Including self-reflection on our own attitudes and how service provider attitudes impact work with girls.
- Adolescent development.

› **Weekly Preparatory Sessions:** In settings where mentors have little prior experience, limited literacy, or other significant capacity challenges, weekly sessions with mentors may be appropriate. These sessions can be semi-formal and need not follow a specific agenda, rather they provide a chance for mentors to give feedback and ask questions on the previous week’s session, and to prepare them to deliver content in the following session.

Phase 4: Curriculum Iteration and Preparation for Next Cycle

INTERVENTION STAGE	HCD PHASES INVOLVED	KEY COMPONENTS	ACTION POINTS	TOOLBOX
PHASE 4: Curriculum Iteration and Preparation for Next Cycle	ITERATE	<ul style="list-style-type: none"> • Final revision of curriculum • Review of data to inform future iterations of the program 	<ul style="list-style-type: none"> • Consolidation and analysis of learning from implementation • Integration and review of changes • Preparation for future cycles of programming 	<ul style="list-style-type: none"> • Annex 14 Summary of Curricular Revisions and Suggested Changes tool

Phase 4 occurs after the end of each curriculum cycle and is an opportunity to take stock of how the curriculum implementation went with mentors and staff. During Phase 4, revisit the feedback collected from participants during the cycle, and work with staff and mentors to integrate learnings into the next iteration of the curriculum to be used in forthcoming cycles. The curriculum should additionally be revised on the basis of the mentor feedback that should be taken on a weekly to biweekly basis during the curriculum implementation process, as well as on the basis of the supervisory observation visits that technical staff are to carry out during the curriculum cycle.

› **Annex 14** the *Summary of Curricular Observations and Changes Tool*, can be used as a simple way to collate suggested changes to the curriculum based on mentor experience and supervisor observation at the end of each cycle, for example in a workshop with staff and mentors.

PART 6: TROUBLESHOOTING FOR COMMON CHALLENGES



This section explores common challenges that can arise in implementing SSAGE and potential mitigation strategies. While difficulties are inevitable, proactively planning and mitigating for challenges can go a long way in keeping participants and staff safe and enabling the success of the intervention.

The chart below summarizes common challenges and potential mitigation strategies. Challenges are also explored in greater depth below in narrative format.

CHALLENGE	POTENTIAL MITIGATION STRATEGIES
Limited literacy of mentors and/or participants	<ul style="list-style-type: none"> › Remove activities with a focus on reading and writing in favor of physical or creative activities, such as drawing, singing, dance, and role plays › Consider developing a curated image toolkit › Have staff support mentors in facilitating select activities requiring literacy
Remote implementation	<ul style="list-style-type: none"> › Carry out an assessment on Internet access and technological literacy of participants and mentors and identify if there are capacity-building needs for utilizing technology tools › Distribute technology equipment and Internet cards if necessary, and support participants and mentors to utilize technology if they need instruction › Remove sensitive content from the curriculum that cannot be done safely and privately during remote implementation › Regularly check in with participants to ascertain whether they have adequate privacy for remote sessions and if they are comfortable › Be prepared to make a rapid change should new COVID-19 restrictions be put in place suddenly
Challenges in delivering SRH content	<ul style="list-style-type: none"> › During consultations with staff/mentors and participants, determine if there is space for assessing information needs in SRH, and staff and contextual limitations › Consider holding separate FGDs with each cohort group on the issue of SRH issues specifically to gauge the space for tackling SRH subject matter › Consider consulting community leaders on SRH content in the interest of being transparent and engaging their support as gatekeepers. However, be conscious that you do not inadvertently reinforce power dynamics of male leaders over the bodily autonomy of women and girls › Work with organizations specialized in SRH education with youth/comprehensive sexuality education (CSE) if these exist, for referral of participants or to co-facilitate SRH-themed sessions › Qualified technical staff should ideally be available to speak individually with girls, boys, and caregivers who might have specific, private questions around any SRH issue › If certain participants need specific SRH information or services, refer to SRH services if these exist.

SUMMARY OF COMMON CHALLENGES AND MITIGATION STRATEGIES

CHALLENGE	POTENTIAL MITIGATION STRATEGIES
Consultation fatigue and dropout	<ul style="list-style-type: none"> › Implement the project in areas where there is a demonstrated need for a protection intervention, so as to avoid duplication › Be transparent from the beginning about what the project can and cannot achieve for whom and the expected time commitment from participants › Provide space for participants to influence the session content and modality › Work with participants to identify times of the week and day, locations, and other strategies that will enable them to take part if they have time limitations
Unintended resentment among community members not part of SSAGE	<ul style="list-style-type: none"> › Build relationships with community leaders and other local networks to describe the program and gain trust › Launch an information and outreach campaign that clearly communicates the content of the program and its voluntary nature › If possible, attempt to implement multiple cycles of the intervention over extended time periods within communities to allow a greater number of people the ability to participate
Multilingual contexts	<ul style="list-style-type: none"> › Consult with mentors, staff, and participants about their language preferences prior to beginning sessions › Discuss with participants whether there is a lingua franca that they can use during sessions together › Consider dividing groups according to language preferences, but only if this does not exacerbate social tensions
Enabling the participation of persons living with a disability	<ul style="list-style-type: none"> › Consult with local/national organizations or groups that advocate for the rights of persons living with disabilities to obtain their advice on how the project can make culturally appropriate accommodations › During Phase 0 when collecting data, utilize the “I’m Here” approach to understand disability status of girls, boys, men, and women › Utilize the Washington Group questions⁴⁶ to understand the functionality needs of persons who have disabilities, in the interest of identifying and enabling adaptive and assistive adaptations to spaces where sessions are held and the content in the curriculum
Admissions of violence perpetration during group sessions	<ul style="list-style-type: none"> › Ensure curriculum content does not inadvertently encourage the sharing of personal perpetration of/experience of violence of any kind › Screen participants and ensure they understand mandatory reporting protocols when giving their informed consent to participate › Develop internal protocols for dealing with unexpected admissions of violence perpetration⁴⁷
Disclosures of personal experiences of GBV during group sessions⁴⁸	<ul style="list-style-type: none"> › Ensure curriculum content does not inadvertently encourage the sharing of personal experience of any form of violence, including GBV › Do not ignore the remark or simply keep going. Thank the person for sharing, and remind the participants of the rules around confidentiality › Generalize the experience, for example saying “it is common for girls to experience sexual harassment. When this happens, it is never their fault, but the fault of the person committing the harassment” › Remind the group that anyone can speak privately with a mentor after the sessions if they so wish, for whatever reason › After the session, ask if the person wishes to speak privately. Explain the option of a referral

46 The Washington Group sets of questions can be found at washingtongroup-disability.com/question-sets.

47 The Interagency Standing Committee’s GBV Pocket Guide is a helpful resource for actors operating in areas where high quality GBV specialized services are not available. See gbvguidelines.org/en/pocketguide.

48 The advice provided here is based on the IRC’s “Girl Shine: Advancing the Field” discussion on page 110.

CHALLENGE	POTENTIAL MITIGATION STRATEGIES
Unintended reinforcement of harmful gender norms, attitudes, and behaviors	<ul style="list-style-type: none"> › Understand the most pressing harmful norms or practices prior to the contextualization of the SSAGE curricula › Ensure the SSAGE curriculum does not include any language that will unintentionally encourage policing of girls' behavior or dress, particularly in sessions around safety › Allow for open discussions of potentially harmful norms and practices alongside sessions on gender equality. Encourage discourse on how these norms and practices may perpetuate risks for adolescent girls › Consider how family members can support girls to mitigate real safety risks associated with moving about the community while preserving agency and mobility
Insecurity/ Conflict-related violence	<ul style="list-style-type: none"> › Reconsider implementation in areas where extreme insecurity is likely to obstruct the roll-out of the 12-week curriculum. › In highly insecure areas, consider doing one-off sessions focused on issues that are relevant to the families in the area, such as personal safety or positive coping skills › Work closely with community leaders and relevant authorities from the beginning to mitigate security risks › Do not leave SSAGE learning materials (such as images or handouts) out in the open in safe spaces outside of curriculum sessions, or in other areas where non-participants may find and misinterpret them
Economic vulnerability of participants preventing participation	<ul style="list-style-type: none"> › Try to implement the program in a setting where essential multi-sectoral services are available to enable referrals of vulnerable persons › Consider the appropriateness and feasibility of providing small incentives to caregivers, if participation takes time from income-generating activities › If food insecurity is a major issue, offer snacks during sessions to enable participants to have the energy to take part

Consider the appropriateness and feasibility of providing small incentives to caregivers, if participation takes time from income-generating activities



Adapting SSAGE to Limited Literacy Environments

Protection programs like SSAGE that rely on a traditional narrative curriculum may sometimes reflect an unconscious bias towards girls and mentors who possess literacy skills, effectively leaving out girls and their families who have not had the privilege of an education. However, a high level of literacy among mentors and participants need not be a prerequisite for implementation, and adapting SSAGE for low-literacy environments can be a gateway to reaching harder-to-reach or less visible girls and families. Additionally, while low levels of literacy among mentors and participants certain can mean more planning and effort for staff, it is also an excellent opportunity to work with mentors and participants to identify creative solutions and explore the SSAGE themes in less traditional ways. Additionally, even in communities where there is a moderate to high level of literacy, reading and writing during curriculum sessions may not be the most engaging way to delve into the themes of SSAGE. Organizations can utilize contextualization process to gauge literacy levels and how different cohorts prefer to communicate and learn. The different levels of consultations with mentors and families, as well as the piloting, provide insight into these preferences.

Additionally, a number of program models offer guidance for working with participants with limited levels of literacy, including IRC’s Girl Shine Literacy Level adaptation tool.⁴⁹ Additionally, the IRC’s SAFE Curriculum contains simple, non-culturally specific images that can serve as prototypes for images. Other solutions include utilizing audio or visual tools (such as videos in contexts where this technology is possible) and integrating more physical or artistic activities. In groups where there are mixed levels of literacy, it is an option for literate members to take the lead on activities involving reading or writing. However, this option is to be used sparingly, as literacy should never be the entry point for participation in SSAGE.

49 See “Girl Shine: Advancing the Field,” page 90.

Considerations for Developing an Image Toolkit:

In Niger, the contextualization process and first cycle of the curriculum revealed that participants were highly engaged by didactic images selected to spur discussions around themes in the SSAGE curriculum. This led to the decision to create a “*boîte à images*” or an image toolkit. Image toolkits can be excellent tools for communicating ideas and key messages in contexts where there is limited literacy, where populations are multi-lingual, or in which more visual means of learning are preferred.



Image toolkits for SSAGE can be useful but must be carefully designed in order to be culturally meaningful while enabling facilitators to steer discussions towards the desired key messages. Importantly, image toolkits are not a shortcut for quality facilitation of sessions; while they can aid facilitation, they are not standalone tools but rather are curated to spur dialogue and discussion through a (simple) script that articulates in clear terms discussion points and key messages. Mentors will still additionally require significant training and supervision to be able to lead sessions. Images can also inadvertently lead discussions in an undesirable direction, or they can be misinterpreted. Additionally, in some settings, they can be a security risk if they are left openly in community spaces where they can be easily misconstrued by community members and cause reputational damage. Therefore, it is critical to be intentional about how image toolkits are utilized and stored during hours when community spaces are not operational.



Steps for developing an image toolkit:

PHASE 0:

- › Ensure that you have adequate budget for hiring a local artist and that you factor adequate time in the workplan for developing and testing the image toolkit. You will need at minimum three months for the development and testing, and ideally up to six months.
- › Prepare your organization's procurement and/or human resources department/s for the process of identifying a local artist, building in sufficient time and providing enough information on the purpose of the recruitment and the specific qualifications needed. In some settings, it may take considerable time to identify an appropriate candidate.

PHASE 1:

During Consultations with Mentors/Staff and Community Consultations:

- › Seek to understand whether didactic images are utilized in the community by other actors, and whether participants might find them meaningful. Understand what kinds of images permissible, and what types are considered taboo (for example, it may not be possible to represent women or girls inside their homes in some contexts).
- › Engage mentors and participants in brainstorming whether illustrations or photos are preferred and what color schemes and moods (for example, a lighter cartoon style, or something more serious) will be well-received.
- › Think through how different groups in the community might react to images, keeping in mind that participants might often share what they are learning outside of the safe spaces, with persons not taking part in the program.

During Piloting:

- › Explore existing image toolkits for gender programs to get an idea of how ideas have been conveyed in other contexts. For example, the Responsible, Engaged, and Loving (REAL) Fathers initiative⁵⁰ developed by Save the Children for Uganda utilizes photos demonstrating key messages, while SASA!'s image toolkit contains illustrations that have been contextualized to a number of settings by different actors.⁵¹
- › Select a sampling of potential images based on the information obtained during consultations and discuss their appropriateness with staff and mentors. Engage community leaders at this stage if you feel this is necessary, but be careful not to let them overtake the process as their view represents a position of (usually masculine) power that may not be shared by the target audience.

50 For more information on Save the Children's REAL Fathers project, see [usaid.gov/global-health/health-areas/family-planning/fathers-can-prevent-violence-too-lessons-real-fathers](https://www.usaid.gov/global-health/health-areas/family-planning/fathers-can-prevent-violence-too-lessons-real-fathers).

51 The full SASA! Approach can be found here: raisingvoices.org/sasa/download-sasa.

- › If possible, utilize an image in at least one of the piloting sessions and note how people react. Closely document all positive or negative reactions, using the below questions as a reference:⁵²
1. *What is the initial reaction to the image (look at facial expressions, whether people laugh, look uncomfortable, etc.)?*
 2. *What sort of discussions does the image stimulate?*
 3. *What messages do people appear to be getting from the image?*
 4. *Do people like the way the image looks? (for example, are there any ways in which it is not appropriate?)*
 5. *Are there changes to the image that are needed?*

› When piloting images, it is possible that you will not obtain 100% consensus. In such cases, it is best to focus on plurality of feedback rather than trying to please all participants at all times.

› While observing piloting, ensure that images are not distracting from the learning objectives. For example, if participants continually remark that the clothing is not appropriate, or if the people depicted are eating or drinking a food that is not commonly consumed rather than discussing the theme of the image.

› Concepts and ideas that may seem evident to staff whose work revolves around issues of gender and/or protection may be interpreted differently by participants who are not yet aware of entrenched gender inequities in their daily lives. To give an example from Niger, when piloting an image of a father and son eating from a large plate together while a girl eats to the side (an image intended to convey the harmful effects of gender unequal parenting), participants in Abala did not see that anything is wrong as the girl has food on her plate and it is normal for girls to eat separately.

PHASE 2:

› Work with a local artist with knowledge of the community's mores and ways of dressing, who understands the curriculum content. Identifying and recruiting a local artist can be challenging and time-consuming. The following steps may make it more feasible:

- Ask for samples of candidates' work to vet their illustration skills. Determine if their portfolio demonstrates their ability to present people of different ages, sexes, and racial features in a dignified and appealing way (and not in a satirical or caricatured manner). Determine if they can draw physical actions such as conversational gestures, chores, dance, singing, and if they can convey emotional affect and facial expressions clearly and sensitively.
- Speak with prospective artists to gauge how open they are to suggestions, whether they are willing to create multiple sketches of images and incorporate feedback before they finalize, keeping in mind that images must be field-tested before being rolled out officially during curriculum sessions.

› Whenever possible, seek to develop images that demonstrate the positive attitudes and behaviors that you want to promote through key messaging.

52 The SASA! Approach recommends a simple tool to help understand people's perceptions of images, called See, Feel, Think, Do. These questions are listed below and can be very helpful during piloting of images.

What do you see?
 How does this make you feel?
 What does this make you think?
 What do you want to do now that you've seen this image?

However, there are times when it may be difficult to convey the messaging through solely positive messages (and staff and participants may even request negative images at times). In such cases, it is recommended to have the negative image adjacent to its positive opposite: for example, an image of a parent giving the son more food than the daughter, adjacent to an image of a parent giving an equal share of food to both their children regardless of gender. With all images, the accompanying simple script and message needs to clearly lead towards the positive attitude and behavior promoted by the session.

- › Brainstorm with staff and mentors image themes for each session in the 12-week curriculum for each cohort.
- › Provide the selected artist with ample information on the project objectives and curricular content. Provide an outline of the images desired for each session in the curriculum and go over these in-person with the artist and ensure they understand. If possible, provide visual samples of the types of scenarios and concepts you wish them to draw or contextualize, drawing from existing image toolkits developed other similar contexts.
- › Check in regularly with illustrators as they develop sketches, providing initial feedback so they can adjust as necessary.
- › Test images among participants prior to beginning the full curriculum, conveying their feedback to the illustrator to make any necessary changes.

PHASE 3:

- › Implement the first cycle of curriculum with the image toolkit, documenting participant feedback throughout.

PHASE 4:

- › If possible, revisit the image toolkit based on feedback from the first cycle and make any necessary final changes.



With all images, the accompanying simple script and message needs to clearly lead towards the positive attitude and behavior promoted by the session.

Considerations for Remote Implementation of SSAGE

The persistence of the COVID-19 pandemic has kept the issue of remote implementation of psychosocial support, GBV, and child protection services in the spotlight. These discussions around remote implementation come on the heels of years of humanitarian crises in which security issues have made remote implementation increasingly necessary and common. Indeed, many programs have gained experience with different forms of remote or hybrid implantation amidst harsh insecurity, as in Syria or Iraq. However, pandemic restrictions of in-person gatherings have introduced previously unimaginable constraints on protection programming. In some cases, this has been a double-edged sword: for instance, in the Syria context, some girls that were previously unable to attend safe space activities in-person were able to take part in online sessions following the shift to remote modalities. However, remote services may suffer in terms of quality, confidentiality, issues with Internet connectivity and digital literacy of participants, and staff time and energy. There is also an important human element that can be lost during digital services, as they are not always the most efficient ways of conveying empathy and promoting conviviality among participants.

For SSAGE, it is therefore **recommended that in-person implementation should always be prioritized when it can be carried out with reasonable risk mitigations in place, such as masking and social distancing.** The decision to implement sessions remotely should only be taken when in-person gatherings cannot be done in any form. That said, the SSAGE intervention can be delivered remotely with considerable modifications. Organizations considering remote implementation should take the following steps:

- › **Conduct an assessment on digital access, capacity, and preferences of girls, boys, women, and men:** Consult different cohorts separately to understand if, how, and when they currently access the Internet. It is critical to understand gender differences in digital literacy and access to devices, particularly as women and adolescent girls may not have private, continued access to a device. It is also critical to understand whether each cohort is comfortable holding sessions remotely via technology and whether they have a private space to do so. › See **Annex 5 Internet Access Assessment Tool**, for a sample assessment tool.
- › **Provide digital materials and Internet credit:** Budget for equipment and Internet cards that can be provided to participants to enable participation. In Jordan, for example, volunteers distributed tablets and Internet cards before carrying out the remote piloting workshops.
- › **Remove controversial curriculum content:** Some of the curriculum content should only be given in settings where complete confidentiality can be guaranteed. While this will vary depending on the context, themes around GBV, SRH, and even family relationships may not be appropriate to carry out with participants who do not have the privacy of a girl-friendly community space.
- › **Prepare for hybrid implementation:** Given the possibility for new COVID-19 variants to emerge at any time, the program may have to shift from in-person to remote with little warning. It is thus important to plan ahead for these scenarios in terms of budget (including ensuring the availability of digital materials even when carrying out in-person implementation), and to ensure curriculum content is available for both scenarios. In Jordan, for example, the SSAGE curricula were organized according to sessions that could be done both remotely

An important human element can be lost during digital services, as they are not always the most efficient ways of conveying empathy and promoting conviviality among participants.

and in-person, and those that can only be done when complete privacy and confidentiality can be guaranteed. > See **Annex 11A Curriculum Roadmap**.

> **Find workaround solutions:** Do not always assume that digital solutions are the only way to cope with restrictions. Even when it was not possible to host participants in Mercy Corps centers in Jordan, Mercy Corps obtained permission to hold home-based consultations, and some participants felt more comfortable speaking to a staff member in-person within their caravans than they would through digital means.

Addressing SRH Informational Needs in a Context and Age-Appropriate Manner

SSAGE was not designed as a comprehensive sexuality education (CSE) intervention, though the original curriculum implemented in Nigeria includes basic content on changes during puberty for boys and girls, menstruation, and sexual consent (the latter session proved too controversial for programs in Jordan and Niger, > see **Part 7 Niger and Jordan Case Studies** for more details). However, having an understanding of the body is a fundamental human right of all individuals, a right that takes on particular importance during adolescence as girls and boys become capable of reproduction. It is therefore preferred that the program provide core context-appropriate SRH information for girls and boys, and, if relevant, caregivers.

The specific content to include will depend on contextual factors such as the specific ages and information needs of participants, as well as the capacity of mentors (or staff, if your organization deems it appropriate that staff facilitate SRH sessions). However, when working with adolescent girls, in most contexts it is essential to provide information on menstrual hygiene (accompanied by a hygiene kit distribution) and the emotional and physical changes that occur at all stages of adolescence. Boys should also be provided with essential information on the physical, emotional, and social changes that they experience throughout adolescence. If it is possible, discussing topics around sexuality and healthy sexual decision-making for both boys and girls is highly desirable. Caregivers as well as adolescents should have a core understanding of all stages of adolescent physical and emotional development, including puberty, so they can better understand their sons and daughters and cultivate empathy and understanding for them. For all cohort groups, it is crucial to normalize the stresses that can accompany the physical, emotional, and social changes that occur during the adolescent years, to better equip adolescents and caregivers to face this stage of life without shame or stigma.

If mentors are not equipped to lead the basic SRH sessions for girls—for example, if you sense there is a risk they may not have correct information or could potentially perpetuate harmful ideas around SRH—you can explore the option of inviting a qualified medical professional to lead or co-facilitate a session alongside a mentor. If pursuing this option, it is important to identify a medical professional who has girl-friendly attitudes and is able to deliver content in an approachable manner without shame, stigma, and ideally not in a lecture format. A more preferable option would be to work with an organization experienced in delivering SRH information (or CSE, if this exists in your context) to youth and families in an interactive format, and ask them to lead or co-facilitate sessions on SRH.

In some contexts, the participatory contextualization process or the first cycle of implementation may reveal a need for more intensive or targeted SRH content. In Niger, for example, the women mentors who had worked with Mercy Corps in previous safe space programs felt strongly that there should be a session focused on menstrual hygiene for both major age groups of girls (even

Caregivers as well as adolescents should have a core understanding of all stages of adolescent physical and emotional development, including puberty, so they can better understand their sons and daughters and cultivate empathy and understanding for them.

older girls who had likely been menstruating for several years), accompanied by a distribution of hygiene kits to girls so they could demonstrate the hygienic use of disposable sanitary napkins. In Jordan, the contextualization process was done largely remotely due to COVID-19 restrictions, thus staff felt it was to openly discuss SRH informational sessions. Yet during the first cycle in Jordan, which was implemented in person after restrictions were lifted, female caregivers expressed appreciation for a session focused on dispelling menstruation myths common in their community that had created stigma. Some even expressed a wish that SSAGE would go a step further in speaking with their husbands and sons who were also taking part in the intervention about certain SRH issues, including around puberty.



Mercy Corps Jordan had the experience of the puberty education program WISE Girls ([see the WISE Girls box above](#)) and utilized this approach with girls, yet the direction to go with boys was somewhat more opaque, given cultural difficulties around discussing sexuality. Seeing that there was greater space than originally expected to explore SRH informational content with boys, but also conscious of the considerable risk of harm if this was not done carefully, Mercy Corps staff decided to carry out exploratory research to determine how to best move forward. Mercy Corps convened focus group discussions with boys and fathers separately to gauge their openness to SRH content and their specific informational needs. Men made it clear that they understood their children need information about SRH but expressed embarrassment at the prospect of having these conversations with their sons or daughters themselves. There was consensus that it is the role of the mother to speak to daughters about puberty, but with the boy's, some fathers named mothers as responsible, while mothers pointed to fathers as responsible for talking to boys. In parallel, key informant interviews with service providers working in youth, GBV, and health also pointed to the need to discuss with boys the physical and emotional changes they experience during puberty, to dispel harmful misinformation that boys might obtain about puberty and sexuality from the Internet and their peers, and to normalize and destigmatize the experiences they are going through.

The level of depth and boldness your organization will adopt in addressing SRH issues should be determined by the results of the contextualization process in balance with your organization's capacity to implement these informational sessions. It is also important to take into account the availability of other service providers providing CSE or more basic SRH education to youth. Yet even if there is a need for SRH information, keep in mind that providing a strong SRH

The level of depth and boldness your organization will adopt in addressing SRH issues should be determined by the results of the contextualization process in balance with your organization's capacity to implement these informational sessions.

focus requires that you have the technical staff capable of providing the correct information in a way that will not cause harm. Organizations can refer to the Population Council’s Girl-Centered Program Design toolkit, Chapter 9, Reproductive Health and HIV Information and Clinical Services⁵³ for further guidance on the integration of SRH information for girls in girl-centered programming. There also exist several high-quality resources for more targeted and specialized SRH and protection approaches aimed at adolescent girls:⁵⁴ see, for example, CARE International’s AMAL Initiative targeted at young mothers, and the IMAGINE project which seeks to delay first births among married adolescents.⁵⁵

Consultation Fatigue and Dropout

Dropout or inconsistent attendance is a common challenge, especially as the entire process—from contextualization to the 12-week intervention—may prove time-consuming. Participants skip sessions or drop out for many reasons: work or school commitments, illness, relocation, or other challenges. Some may drop out if they feel the program is not relevant to them, or if they are not comfortable with the information being shared. It is important not to get frustrated, to understand the reasons for drop-out, and take measures to accommodate participants in advance.

- › **Time Constraints:** Do whatever possible to accommodate peoples’ schedules and enable them to attend sessions. Follow the recommendations around selecting appropriate and accessible community spaces that people can quickly arrive at as noted above in **Part 3**.
- › **Seasonal Changes:** Keep in mind that in agricultural communities particularly, hours of availability might change throughout the year. In Niger, for example, sessions were shortened to one hour during the most intensive agricultural season when many people were engaged in long hours of labor. Shortening sessions enabled people to still attend without disregarding their busy schedules and fatigue.
- › **Consultation Fatigue:** In some humanitarian settings where there is a relative abundance of programs for youth and families as well as frequent research conducted on populations, there is a risk of “consultation fatigue,” in which participants are frequently solicited for participation but may not feel that programs and research speak to their real needs. This challenge arose particularly in Za’atari camp in Jordan, where there are multiple programs and older boys and adult men leave the camp to seek paid work. While there are no easy solutions to this challenge, choosing to implement the program in areas where there are not already a large number of similar programs, or activities that do not have tangible outputs is a mitigating strategy. Similarly, being transparent with communities from the outset about what the program can and cannot offer and how much time it will take to attend sessions can also serve to mitigate this challenge.
- › **Gender-related Constraints/Domestic tasks:** Married girls and women in particular may have significant domestic tasks that keep them from participating, such as childcare. During consultations, seek to understand how your organization can be accommodating to women and girls who have very limited time, understanding that it may not be possible to take into account everyone’s schedule constraints.

53 Available from popcouncil.org/uploads/pdfs/2010PGY_AdolGirlToolkitComplete.pdf.

54 The Inter-Agency Working Group on Reproductive Health in Crises Adolescent Sexual and Reproductive Health (ASRH) Toolkit for Humanitarian Settings 2020 Edition contains a broader overview of ASRH interventions. Available from iawg.net/resources/adolescent-sexual-and-reproductive-health-asrhtoolkit-for-humanitarian-settings-2020-edition.

55 To access CARE’s AMAL approach and tools, see care.org/our-work/disaster-response/health-in-emergencies/amal. For the IMAGINE tools and resources, see care.org/our-work/health/adolescent-health/imagine.

Contending with Multi-lingual Settings and Language Barriers

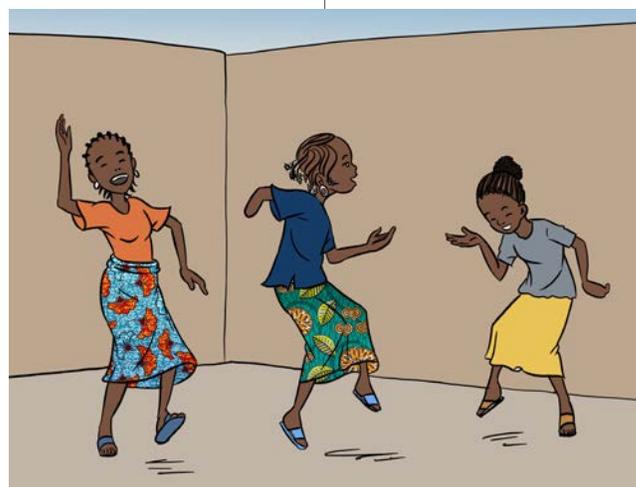
Humanitarian settings are often multi-lingual, and it can be difficult to select a single language of implementation. Such was the case in Abala, Niger, where Hausa, Djerma, and Tamashek are utilized, though not all universally spoken by all community members. Therefore, selecting a language for each SSAGE group was not always a straightforward decision. The approach taken to address this challenge will depend on the context. One potential option is to speak a lingua franca that participants are comfortable expressing themselves in; however, those who do not master this language may feel left out or may be afraid to openly admit when they cannot understand what is being said. Alternatively, it is possible to separate groups according to language, though this is not a viable option when it risks exacerbating social divisions in the community. Organizations should utilize the participatory contextualization process to determine the most appropriate strategy.

Enabling the Participation of Persons Living with a Disability

SSAGE is predicated on the meaningful participation of adolescents and adults, and it is crucial to take steps to ensure the inclusion of individuals living with a disability. Whenever possible, it is desirable to work with local or national organizations and/or groups advocating for the inclusion of persons living with a disability to understand the specific challenges around inclusion, and how the SSAGE intervention may best enable participation. Utilizing key tools at various stages of implementation is essential; during the set-up phases, the “I’m Here” approach looks into disability status of individuals during the mapping state. It is also possible to utilize the Washington Group questions⁵⁶ to understand the functionality needs of persons living with a disability, in the interest of identifying and enabling adaptive and assistive adaptations to spaces where sessions are held. When possible, secure the participation of persons living with a disability in the community consultation and piloting activities to have their inputs into the curricula content and modality.

It is also important to keep in mind that a disability does not define a person, and organizations should never single out disability in a way that it may invite unwanted attention or stigma. Additionally, curricula content can be a vehicle for addressing local stigmas around disability and promoting the benefits of inclusion. If your organization is developing an image toolkit to facilitate the delivery of sessions, ensure that persons living with disabilities of different kinds are represented in the images. In Niger, Mercy Corps included images that illustrate the benefits of inclusion for all community members: for example, the first in a duo of images shows a girl with a physical disability looking at two girls dancing and clearly wanting to join in, while the second image depicts the girls all dancing joyously together and enjoying what each person

56 The Washington Group sets of questions can be found at washingtongroup-disability.com/question-sets.



has to offer. In other images, persons with disabilities are shown as part of a group of individuals engaging in everyday activities, to normalize the idea that everyone has the right to be included and respected regardless of their status. In one such example, a group of women is seen talking and laughing together despite age or disability status.

Admissions of Violence Perpetration during Group Sessions

It is possible that during curriculum sessions admissions of having perpetrated violence may occur, particularly among male caregivers or older adolescent boys. This is especially true in settings characterized by prevalent attitudes normalizing certain forms of GBV (such as husbands hitting wives during arguments) and/or violence against children (such as physically disciplining children or forcing children to engage in labor). In such situations, mentors may feel obligated to react or intervene to stop the violence. However, these situations carry serious ethical and safety dilemmas, and they should be prepared to react in such a way as to minimize the risk of harm.

Additionally, group activities that encourage men and boys to discuss their emotions and experiences may inadvertently trigger admissions of violence and if these are not handled correctly it risks sending a harmful message to the rest of the group.

Organizations can take the following steps to avoid this situation:

- 1. Avoiding Triggering Content in the Curricula:** Ensure that the tools used to guide SSAGE sessions do not contain content or language that may inadvertently normalize or reinforce harmful gender norms and experiences. For example, in the male caregivers' session when discussing stress management, the focus in Niger and Jordan was placed on positive means of reducing stress rather than contemplating negative stress management techniques, except when it was necessary to support participants to realize how negative coping mechanisms harm them and their families. Ensure mentors are trained and equipped to manage the subtleties of talking about emotions and difficult experiences with men and boys without empathizing with or normalizing problematic behaviors and coping strategies, such as a husband hitting a wife when he comes home from work frustrated.
- 2. Participant Screening and Informed Consent:** Part of the screening process should ideally look at attitudes normalizing violence—whether GBV or violence against children—and determine if the participant is appropriate for the group. Participants demonstrating support for serious forms of violence should be excluded from the group. Additionally, all participants should provide their informed consent to participate in the intervention, meaning that they consent to participate only after understanding the ground rules of participation, and what will happen if they choose to break these rules. They should also be made to understand any rules around mandatory reporting.
- 3. Internal Protocols for Managing Admissions of Violence:** Mentors should make it clear that the group is not a space to dwell at length on violence experienced or perpetrated. If a participant in the group continues to talk about perpetrating violence, he should be drawn aside for a separate interview process with a staff member to determine whether it is necessary to take further action under mandatory reporting protocols, as well as if the person is to continue in the group.

Mandatory Reporting: Organizations implementing adolescent programming should consider establishing mandatory reporting protocols. These protocols should be aligned, when contextually appropriate, with national protocols around mandatory reporting (provided these do not carry a disproportionately high risk of harm to survivors of violence). Several examples of situations in which mandatory reporting protocols should be in place:

1. If there is a credible reason to believe that there is a situation of **ongoing and/or grave child abuse** in the household (for example, if participants report regularly using violence against children). Programs should establish protocols with qualified CP specialized teams (whether in their own organization or in another qualified CP agency active in the area) to cope with such situations.
2. If there is a credible reason to believe that the **lives of persons in the participants' household are at imminent risk**, then it is important to follow up with specialized GBV and CP actors respectively, and they can determine if a follow-up visit is possible.

Mitigating the Risk of Reinforcing of Harmful Attitudes and Behaviors

It is essential to be conscious of the risk of inadvertently reinforcing harmful gender norms through the SSAGE sessions. WRC's evaluation of the SSAGE pilot in northeast Nigeria found the intervention heightened parents and caregivers' vigilance around the safety of adolescent girls, a result that in some cases could lead to unintentionally harmful consequences. Specifically, some parents and caregivers saw protective parenting as a necessary precaution given the real risk of violence in the communities, coupled with the messages they understood from SSAGE sessions on GBV and safety risks faced by girls. In some cases, protective parenting manifested as increased control over girls' behaviors and a reduction in girls' mobility throughout the community. For example, when discussing the importance of preventing their daughters from going out at night – a key message they gleaned from the SSAGE program – male and female caregivers framed violence against women and girls as a problem caused primarily by female choices, one to be addressed by controlling their daughters' behavior, restricting their movements at night, and sensitizing girls to risks she may face.

The following steps can help mitigate the risks of unintentionally reinforcing harmful norms:

- › Be mindful of the risk of unintentionally encouraging the policing of girls in the name of protection throughout the entire **curriculum adaptation process**. Ensure that the wording in the curriculum is not likely to encourage and/or reinforce existing harmful attitudes or behaviors, though recognize that the curriculum is not a “script” and careful wording is not sufficient to fully mitigate this risk during facilitation.
- › During **mentor selection and training**, carry out values clarification activities with mentors to ensure that they understand the difference between protecting girls from violence and controlling them or policing their behavior and dress. Ensure that staff understand the potential risk that the intervention will spur these attitudes in caregivers and older brothers, and that they have are equipped with appropriate mitigation strategies.
- › In **sessions with caregivers and brothers**, be sure to acknowledge legitimate safety concerns stemming from girls moving about communities in fragile areas

Ensure that the wording in the curriculum is not likely to encourage and/or reinforce existing harmful attitudes or behaviors, though recognize that the curriculum is not a “script” and careful wording is not sufficient to fully mitigate this risk during facilitation.

without validating decisions to control girls. Question caregivers' reasoning that girls' mobility and choices are the reasons for them experiencing the violence, always being clear that violence is the fault of the perpetrator and not the victim. For example, if parents cite high rates of sexual harassment against girls as a reason to restrict girls' dress and movement outside the home, acknowledge that sexual harassment is a problem and validate this concern. Then, remind parents that harassment occurs because of lack of respect for girls and women and their human right to freely move about in public spaces. Suggest that parents speak with their girls and ask the girls how they would like their families to help them avoid harassment, and then develop a plan together.

Implementing in Highly Insecure Contexts

Extreme insecurity has become the status quo in many humanitarian environments in recent years. While there are no straightforward solutions to implementing SSAGE in such settings, organizations can take steps to mitigate the impact of insecurity on the program. Importantly, there may be some contexts in which implementing the full 12-week, structured program may not be possible. In such situations, organizations can consider consulting with different cohort groups to identify priority subjects and carry out one-off sessions in an appropriate space, or virtually if this is an option. Establishing positive working relationships with community leaders and state authorities (if the latter are functional) during the outreach phase and working with them to identify and mitigate security risks is essential throughout all phases of the intervention. Additionally, SSAGE learning materials (such as images and narrative curricular materials) should not be posted or left unsupervised in spaces where individuals who might misinterpret the materials and generate backlash can find them. For example, in Niger, the images used to facilitate discussions were only provided alongside the curated guidance that is to be used during sessions so they will not be misinterpreted and inadvertently cause harm or reputational issues to mentors or staff. Were they to be left out in community spaces, they could be found by persons associated with non-state groups who may potentially object to the ideas forwarded by the intervention.

Enabling Participation in SSAGE in Contexts of High Economic Vulnerability

Humanitarian settings tend to be ones of high economic vulnerability. It is therefore probable that the issue of incentives for participants will arise during implementation. As with the question of mentor incentives, this can be a thorny issue, and it is critical to develop a well-thought-out policy early in the intervention and to communicate this clearly with communities. It is important to weigh contextual factors such as participants' economic situation, and the time that their participation might take away from other activities, including economic activities.

The engagement with caregivers is a scenario in which incentives may be considered. For caregivers taking part in the full 12-week intervention—particularly in contexts where families are not economically stable—it is advisable to budget for some form of incentives. The form this takes will depend on context—for example, in Niger where families are more prone to food insecurity, it was recommended for caregivers to receive a distribution of rice in recognition of the time that they might lose from economic activities due to participating in the sessions. With child participants, the focus should be on creating enabling conditions for them to participate, but not to incentivize them per se. For example, it is desirable to provide light refreshments during

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SSAGE sessions, in line with local preferences and customs, should the budget allow. In settings where participants tend to be more food-insecure or may not have access to three meals per day, something more substantial may enable them to talk part actively in the sessions in the event they have not had adequate food at home. Regardless of what your organization decides to provide, clean water for all participants to drink during the sessions is a minimum requirement.

It is important to clarify, however, that providing food or snacks is not intended to be a solution to long-term food insecurity or other basic needs among participants, as this falls outside the scope of the SSAGE intervention. This presses down on the importance of implementing SSAGE in settings where essential, multi-sectoral humanitarian services are available through your organization or others. Ultimately, it is essential that incentives be purposeful and address barriers to participation specific to the context, rather than a way to entice or compensate participation.



PART 7: SSAGE IMPLEMENTATION CASE STUDIES: NIGER AND JORDAN



This section describes the implementation of SSAGE in Abala, Niger, and in Za’atari and Azraq camps in Jordan. Niger and Jordan serve as illustrative case studies for the implementation of SSAGE in humanitarian settings; while both countries are affected by systemic gender inequality and displacement, they also face distinct challenges. Communities in both contexts tend to hold culturally conservative values, which can make it challenging to discuss issues around violence, power dynamics within the family, the body, and women and girls’ autonomy. Additionally, both are Muslim-majority contexts in which religion holds an important role in daily life. Yet the two contexts are also distinct in important ways: Abala, Niger is a highly fragile setting, subject to extreme insecurity, adverse climate events, food insecurity and malnutrition, militarization,⁵⁷ poor service infrastructure, and low levels of literacy and education. In contrast, the security situation in Jordan is largely stable, levels of educational attainment are high, and Syrian residents of Za’atari and Azraq camps in Jordan largely have access to basic services and resources. Despite these advantages, at the beginning of the implementation of SSAGE, Jordan was significantly more impacted than Niger by restrictive government-enacted measures to control the spread of COVID-19, obliging the SSAGE intervention to adapt.

These different challenges—and the mitigations taken by two country programs—provide helpful learning for how SSAGE can be adaptive to difficult circumstances.

Case Study 1: Niger: Contending with Insecurity and Limited Levels of Literacy in Camp and Host Communities

Contextual Background

Niger ranks 187 out of 188 countries in the Human Development Index, illustrating the significant challenges that persist around gender disparity, including extraordinary rates of child marriage,⁵⁸ and low educational attainment among girls. Abala camp and the surrounding host communities in Tillabéry region are among the most fragile areas in Niger, suffering from continued waves of insecurity and displacement. Incursions and attacks by non-state armed groups in the communes along Niger’s restive borders with Burkina Faso and Mali in Tillabéry have shown a pattern of intensifying in recent years;⁵⁹ with repeated attacks targeting military targets as well as civilian populations.⁶⁰

- 57 Liptako-Gourma, the restive tri-border area between Niger, Burkina Faso, and Mali in which Tillabéry is located, is the site of multiple counter-terrorism national and foreign military operations. Niger’s Forces de Défense et Sécurité have regular operations, while France’s Operation Barkhane and the G5 Sahel Forces also carry out operations. See, for example, ec.europa.eu/trustfundforafrica/sites/default/files/liptako-gourma_study-march_2019-web.pdf.
- 58 Niger has the highest rate of child marriage in the world, with 76% of Nigerien girls married before the age of 18 and 28% married before the age of 15.
- 59 Cluster Protection report, during the month of February 2019; sahelmemo.com, February 2019.
- 60 UNHCR (2021) *Niger Update: Sahel Situation (Tillabery and Tahoua regions) April 2021* reliefweb.int/report/niger/niger-update-sahel-situation-tillabery-and-tahoua-regions-april-2021.

In Niger, GBV is a serious and common concern for women and girls. Mercy Corps' research with girls, boys, and families, as well as the community mentors that work with girls, shows that 36% of girls in Abala camp are married early. After the age of nine, rates of girls' school enrollment decline every year, a similar phenomenon also seen among boys. Adolescent girls and women mentors consulted by Mercy Corps reveal severe unaddressed protection risks, including sexual, domestic, and psychological violence, and unwanted pregnancies due to rape. Economic vulnerability has also led adolescent girls to resort to negative coping mechanisms, and frequently perpetrators and survivors reside in the same household. Additionally, children of both sexes are regularly subjected to domestic work which exceeds their physical capacity. The additional domestic burden on adolescent girls in comparison to boys affects school attendance and academic performance. Children are also subject to psychological violence and secondary trauma from their parents and family members who have suffered from the crisis in northern Mali which has greatly contributed to further psychological trauma within families.



Phase 0:

In Abala, SSAGE sat within a multi-sectoral intervention that worked with both refugees and host communities to strengthen livelihoods. This intervention included long-running protection components, primarily safe spaces for adolescent girls, which were a natural jumping off point for the SSAGE program. Given the fragility of Abala, the provision of visible and tangible services intended to help the communities recover from the devastating economic impacts of displacement, relentless insecurity, and adverse climate events has been critical to secure acceptance for protection programming, which is not always viewed by many community members as the most pressing priority. During Phase 0 of SSAGE, Mercy Corps sought to consolidate its existing working relationship with community leaders, service providers, and local authorities to explain the intervention goals and overall structure, address potential concerns, and gain their support. To this end, Mercy Corps held a general assembly convening community leaders, parents and other community members, and local organizations during which it presented the project and the criteria for mentor selection. Simultaneously, Mercy Corps equipped the community spaces that had been established through previous adolescent girl programming in Abala camp and

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surrounding villages, which had been vetted by girls and family members and were mostly accessible on foot by residents of each site.

To carry out essential data collection, the team utilized elements of the “I’m Here” approach to map girls, boys, and their families in the community. Given that households in Abala are frequently multi-generational and large, this data shed light on household composition and helped determine which household members would be most well-placed to participate in the intervention. This mapping also helped to identify the marital and educational status of girls, as well as school enrollment and working status of boys. On the basis of this mapping, Mercy Corps decided to divide girls according to the two primary age groups of 10 to 14 and 15 to 19, given the different concerns the girls tended to have during these age groups in this context, as well as differences in maturity. Mercy Corps also decided to integrate married girls into their age group cohorts without separating them from unmarried girls. While in some contexts it is preferable to convene separate groups for married girls to address their specific needs, in Abala holding mixed groups was not seen as problematic culturally by either group of girls. Additionally, Mercy Corps did not want to stigmatize any girls by separating them according to marriage or education status, when the preference of girls was to be among their peers in the safe spaces.⁶¹ This decision was periodically revisited during curriculum implementation to ensure that it remained relevant and mixing married and unmarried girls was not creating any issues.

In Abala, Mercy Corps had significant experience with female mentor facilitation, and felt the mentors with whom they had worked during previous adolescent girls’ safe space activities were best placed to deliver the curriculum. Mercy Corps recruited from its pool of women mentors based on their record of working with girls, communication skills, and girl-friendly attitudes. As the Mercy Corps team had not previously worked with male mentors, they tapped into their network of volunteers through a large multi-sectoral project that included community awareness-raising components and selected men that demonstrated strong communication skills and an interest in the project objectives. In Abala, education and literacy levels are generally not high, and it was largely not possible to recruit mentors who would be able to deliver the lengthy, narrative curricula that had been initially developed in Nigeria. However, due to gender inequities, around educational access, the male mentors selected tended to have a higher level of literacy than female mentors.

The mentors selected received an in-depth training on the SSAGE program, utilizing training tools adapted from the IRC’s Girl Shine and COMPASS as well as original sessions developed specifically for SSAGE, particularly around the rationale and methodology for working with brothers and working with parents simultaneously, and the men and boys’ engagement component. The training placed an emphasis on cultivating empathy for girls, and on providing ample time for mentors to practice facilitation skills through simulation of curriculum sessions. This training also addressed the question of GBV referrals and how to respond to disclosures during group sessions.

Phase 1:

Niger at the time of Phase 1 was experiencing escalated insecurity, and even more generally throughout the country with the turbulence following the presidential election runoff elections.⁶² In Abala, moving around to communities is already challenging as staff must travel on unpaved roads in unmarked cars without four-wheel drive to maintain a low profile. These challenges rendered staff movement to the geographically dispersed sites more time-consuming than usual. These security challenges notwithstanding, and it was possible to hold in-person consultations with all groups utilizing the safety precautions of masks and social distancing. During this time,

61 Married girls often have different experiences and needs than unmarried girls, particularly around SRH information (including contraception, pregnancy, and childbirth), parenting, and legal information. For helpful guidance on how to mitigate harm to married girls participating in the curriculum, consult the IRC’s “Girl Shine Advancing the Field,” pages 116-118, which contains useful guidance on holding mixed sessions with married and unmarried girls, as well as a list of suggested thematic sessions that will be especially relevant to married girls.

62 This included an attack on the presidential palace in the capital, Niamey, which was seen as an attempted coup. See [aljazeera.com/news/2021/3/31/heavy-gunfire-heard-near-nigers-presidency](https://www.aljazeera.com/news/2021/3/31/heavy-gunfire-heard-near-nigers-presidency).

Mercy Corps technical staff undertook an initial revision of the SSAGE curriculum developed in Nigeria as a first step in contextualization, utilizing the *Contextualization and Adaptation Tool* from Girl Shine to guide discussions.⁶³ These initial actions included removing sessions that would not be culturally appropriate (for example, the session on sexual consent for the adolescent boys, given that openly discussing sexual behaviors is taboo) and sessions that would be too difficult to implement with mentor capacity (primarily in Niger, due to lower levels of literacy).

63 Available in Appendix A20 of “Girl Shine Advancing the Field,” on pages 173-179.



Phase 2:

Following the consultations with mentors and with the different cohorts, technical staff made changes to the curriculum based on the information gathered: a session on the harmful effects drug and alcohol use was refocused on the abuse of the synthetic opioid Tramadol, which is more commonly abused substance by boys and young men (and sometimes girls and women) in Abala. The consultations also provided insight into how certain forms of GBV experienced by girls should be brought out in the curriculum. For example, there was a clear need to focus on the harmful effects of early marriage for girls in sessions with parents and brothers (which was incidentally a need highlighted in Jordan as well as Niger). Additionally, girls’ lack of free time, mobility, and choice in relation to boys was identified as another important GBV issue that needed to be addressed.

Following this, piloting of select activities was carried out in-person in the community spaces. Mercy Corps staff led the pilot sessions, with the participation of mentors so that they could be observe and practice facilitation techniques. Given that activities were in-person, there was flexibility in terms of which topics could be piloted, and participants could enjoy more physical activities, such as those involving singing and dancing together. Feedback on the session content and delivery could then be collected in-person from participants. These sessions showed that heavily structured, narrative-based activities were less engaging, and that participants preferred

simple activities that utilized storytelling. For opening rituals, girls preferred a culturally meaningful physical activity, such as dancing and singing, while adults preferred telling a funny story or a joke to help everyone relax and lighten the mood.

The consultations and piloting had made it clear that the curriculum needed to be vastly simplified from its original form, with a greater focus on imagery that helps to spur discussion and convey key messaging, and interactive activities that are approachable to people with limited literacy. The following changes were thus made:

- › **Thematic Contextualization:** Certain themes were further tweaked to ensure cultural accessibility and relevance. For example, the process had made clear the elevated importance of menstrual hygiene management for adolescent girls in both age groups. There was also a need to discuss issues around general hygiene for all cohort groups, given the challenges with communicable diseases in Abala linked to non-hygienic living conditions. Additionally, certain themes were removed after the contextualization process revealed their limited relevance. For example, a session on assertive communication skills was removed, as the contextualization process suggested it did not reflect local norms around showing respect in communication.
- › **Adaptation to Mentors with Limited Literacy:** To accommodate the limited literacy of most mentors, all sessions were significantly simplified to revolve around concrete, culturally meaningful activities centered around simplified key messages. Any activities that involved writing and reading were removed or altered. Mercy Corps also selected a number of didactic images that had been used to guide discussions around gender equality in low literacy settings (including those that had been used for a contextualization of the SASA! approach in Ethiopia, an adolescent girls program led by Mercy Corps in Kenya, and an IRC-led boys engagement intervention in Liberia) to integrate into certain modules. A Mercy Corps team member with drawing skills rapidly altered the images to resemble the dress and behavior of Abala, so the images could be used during the first cycle of the curriculum implementation.

Phase 3:

During the first cycle of curriculum implementation, Mercy Corps convened mentors in small groups on a weekly basis in order to prepare them for the immediately upcoming session and to help them troubleshoot any facilitation issues in advance. Given the low level of literacy among the majority of mentors, this frequent informal contact was deemed more appropriate than periodic, formal capacity-building sessions. During the first several sessions of the curriculum focusing on trust-building, communication, and relationships skills, participants responded positively to content, and mentors found the facilitation accessible. However, as mentors moved into more complex sessions such as those on gender roles in the family and GBV, it became more challenging for them to lead the sessions in full. Mercy Corps tested out the handful of didactic images borrowed from other approaches and intended to illustrate the concepts discussed in certain modules. Both mentors and participants responded very positively to the images, and thus it was decided that a full, curated image toolkit would be developed and tested prior to the next cycle of the intervention.

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Phase 4:

Between the first and second cycles, Mercy Corps collaborated with a local artist to develop a complete image toolkit that would be utilized in future cycles. () **See Part 6 Troubleshooting on Limited Literacy contexts for guidance on developing an image toolkit**). The team engaged a local cabinet based in Niamey, 227 Cartoon, with experience developing didactic images for organizations in Niger and Mali. 227 Cartoon’s portfolio demonstrated an understanding of local customs, dress, and landscape, and an ability to effectively illustrate gestures and expressions. Mercy Corps’ team worked closely with the local artist to develop the images, starting first with a working session to provide information on the project, the context, and the thematic content in the curricula. The artist then developed sketches for which the team provided initial feedback. Mercy Corps subsequently carried out piloting workshops in Abala to validate the sketches and suggest any final changes for the artist prior to finalizing and utilizing during the second cycle of the intervention.



Case Study 2: Jordan: Contending with COVID-19 Restrictions in Formal Camp Settings

Contextual Background:

Jordan hosts the second highest number of refugees per capita globally, with more than 600 000 registered Syrian refugees—approximately half of whom are children and adolescents. Gender norms in Jordan and the wider region tend to limit girls’ voice and agency, especially after puberty. Displaced Syrian girls are among the most constrained, with only a third leaving home on a daily basis. Early marriage is also a major risk for Syrian girls.⁶⁴ In Za’atari and Azraq camps, sexual harassment in public spaces and violence in the home are pervasive.⁶⁵ During Mercy Corps’ consultations with families, adolescent girls and their mothers have confided that “no place is safe.” Girls report feeling most comfortable at home, particularly in their rooms if they have access to private space.

Boys are also subject to violence, though in different forms than girls. Violence in school is common, both from teachers and from peers. Syrian boys are vulnerable to school drop-out and exploitation: by the age of 15, almost 80% are out of school and working to support their families. Boys are vulnerable to exploitation and abuse as informal workers, and face harassment in public places.⁶⁶ Many parents and boys themselves feel that violence in school actually prepares boys for challenges in life. This exposure to violence among boys during formative adolescent years—when gender norms are heavily ingrained—makes them more likely to be perpetrators of violence in their future relationships with peers and partners. The advent of the COVID-19 pandemic in Jordan exacerbated existing stresses on families, particularly as an intermittent series of highly restrictive measures to control the pandemic put in place starting from spring 2020 exacerbated anxiety and economic stress for all household members. Women and girls were especially affected, with reports of increased domestic violence.⁶⁷



64 Presler-Marshall, E., Gercama, I. and Jones, N. (2017) *Adolescent girls in Jordan: the state of the evidence*. London: Gender and Adolescence: Global Evidence.

65 UNHCR. Prevention and response to sexual and gender-based violence (SGBV): Midyear 2019. reliefweb.int/report/jordan/prevention-and-response-sexual-and-gender-based-violence-sgbv-midyear-2019

66 Presler-Marshall, E.

67 Anderson, K. (2020) *Daring to Ask, Listen, and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls’ Rights and Sexual and Reproductive Health*. UNFPA. jordan.unfpa.org/sites/default/files/resource-pdf/20200511_Daring_to_ask_Rapid_Assessment_Report_FINAL.pdf.

Phase 0

In Jordan, SSAGE was folded into a larger child protection program implemented in the camps that seeks to strengthen the family environment in the aims of improving children and adolescent well-being through various activities. While not a livelihoods project, this intervention also has light livelihoods components, including a temporary cash-for-work opportunity for volunteers as well as post-secondary training for youth. This intervention also included activities for adolescent girls—including puberty education—held in Mercy Corps’ community centers. In existence since 2013 and, the spaces are equipped to serve families more broadly, with designated hours and spaces for girls and women and men and boys.

The SSAGE intervention commenced at a time when strict restrictions to control COVID-19 enacted by the government of Jordan were causing considerable interruptions. The first phases of the intervention were therefore conducted largely online or in home-based visits as Mercy Corps centers in the camp were closed. At the beginning of SSAGE, Mercy Corps made the strategic decision to focus on a younger age group of girls (ages 10-14) and their families. This decision was made on the basis of the relatively small intervention size that would limit the ability to have groups of older and younger girls separately, Mercy Corps’ experience working with younger children in that context, and the presence in both camps of programs for older adolescent girls offered by other organizations. Given the heavy COVID-19 restrictions in place, Mercy Corps in parallel planned for in-person implementation, but also conducted an Internet access assessment of families in the target area, to understand families’ digital access and literacy and to have information to prepare for the prospect of remote implementation. **› A prototype Internet assessment tool can be found in Annex 5.**

As Mercy Corps did not already have an existing network of mentors, a call was put out for young women and men in the communities. Mercy Corps utilized an attitude screening tool (**› See Annex 1 Sample Attitude Evaluation for Prospective Mentors**) adapted from the IRC’s COMPASS intervention to vet attitudes of candidates around girls, as well as a technical interview questionnaire that presented candidates with different challenging scenarios that can occur during program implementation (**› See Annex 2 Sample Interview Questions for Prospective Mentors**). In the camp setting, relatively high levels of educational attainment and the longstanding presence of international organizations meant that there was a strong pool of candidates to choose from, a luxury that may not be common in all humanitarian settings. Mercy Corps provided mentors with memorandum of understanding that established expectations between mentors and the organization, that laid out ethical responsibilities around PSEA and child safeguarding.⁶⁸ As Mentors received an in-depth training on the SSAGE program, utilizing tools adapted from Girl Shine and COMPASS as well as original sessions developed specifically for SSAGE. As in Niger, the training placed an emphasis on cultivating empathy for girls, and on providing ample time for mentors to practice facilitation skills through simulation of curriculum sessions. In Jordan, where there is a more established system for the referral of GBV cases in the camps, Mercy Corps invited UNFPA and partners to provide a training on the referral pathway and specific tools to prepare mentors for referring survivors of GBV.

Phase 1:

During Phase 1, the continuing COVID-19 restrictions effectively cut off the possibility for Mercy Corps to carry out activities requiring gatherings and centers in both camps were obligated to remain closed. Up unto this point, the Mercy Corps team had hoped for an improvement in the pandemic that would enable a re-opening of centers and in-person activities, given the preference for the confidentiality that the centers offer. Yet in light of the likelihood of continued

Given the heavy COVID-19 restrictions, Mercy Corps planned for in-person implementation while also conducting an Internet access and literacy assessment to prepare for the prospect of a remote implementation.

⁶⁸ A prototype MoU between mentors and the implementing organization can be found in the IRC’s “Girl Shine Advancing the Field” guidance on page 154 that can be adapted.

intermittent restrictions, Mercy Corps took the strategic decision to shift to a combination of home-based activities (when these were permitted) held in families' caravans and remote implementation of the sessions through Zoom workshops delivered on tablets. This was a difficult decision that was made with the knowledge that considerable adaptations would have to be made to program content and the complications in session delivery and logistics.

Fortunately, it was possible to hold consultations with Mercy Corps volunteers in-person with safety measures in place. For the family consultations, Mercy Corps obtained permission from camp management to have home-based consultations, and team members convened small groups in caravans and utilized the participatory home-based consultation tools, which were adapted to reflect the lack of privacy in caravans versus centers and the smaller group size.

› **Annex 7** SSAGE Tools for Family Consultations.

Following the consultations, Mercy Corps technical staff undertook an initial revision of the SSAGE curriculum utilizing the *Contextualization and Adaptation Tool* from Girl Shine.⁶⁹ These initial actions included removing sessions that would not be at all culturally appropriate (for example, the session on sexual consent for the adolescent boys, as in Niger, was considered too controversial). Also similar to Niger, some sessions were maintained but with a different focus: for example, curricular session on drugs and alcohol was modified to focus on nicotine use, given that excessive smoking is a common harmful coping mechanism among men and boys.

69 Available in Appendix A20 of "Girl Shine: Advancing the Field," on pages 173-179.



Phase 2:

As COVID-19 restrictions on in-person gatherings persisted into the piloting phase, piloting workshops were carried out remotely via tablets and Internet cards distributed to the families by Mercy Corps immediately in advance of the sessions to enable participation. Mercy Corps staff facilitated sessions remotely with their cameras open, so that participants could view them on their tablets in their caravans. Given the remote modality, sessions that were considered safest to implement with participants who did not have guaranteed privacy were prioritized: specifically, those focusing on positive emotional coping skills that provided the opportunity to have a social connection with others during a difficult period of social confinement and uncertainty.

During the piloting workshops, there were several inevitable interruptions due to technology and

Internet connectivity issues. More importantly, the online format presented major challenges to privacy that also interrupted the flow of the sessions. For example, in some sessions, parents (and in one case, an older sister) “supervised” their children during the session, some even going so far as to dictate what they should say. In one case, a father sat in on the sessions with both his wife and his daughter, creating a sense of control that also made other participants uncomfortable. Additionally, some girls and women were unable to have their cameras on during the pilot due to concerns around privacy (their own or that of family members). Despite these challenges, the experience showed that the SSAGE sessions could be implemented remotely, though remote implementation would inevitably constrain the richness of content due to the lack of guaranteed privacy, and lack the energy generated by a positive, in-person group dynamic. In the several days after the workshops, participants received phone calls from Mercy Corps staff other than the facilitator, so that they would feel more comfortable providing honest feedback.

Following the piloting workshops and feedback, Mercy Corps carried out the next revision of curricular content. Given the possibility for future strict lockdowns obligating remote implementation, the technical team placed a focus on constructing a curriculum that could be implemented both remotely and in-person. These changes included:

- › **Adaptation for Remote, In-person, and Hybrid Delivery:** Sessions were divided according to those that can be delivered in-person only (largely more sensitive content requiring a private safe space) and those that can be delivered both in-person and remotely (such as emotional coping skills). The curriculum was designed to provide mentors with instructions and cuing for both in-person and remote activities for each module.
- › **Thematic Contextualization:** While the larger themes of the curriculum remained intact, certain themes were changed slightly to align with local needs and limitations. For example, the theme on drug use in the original boys’ curriculum was changed to focus on tobacco use as noted above, and the session on puberty for girls was replaced with a session from Mercy Corps Jordan’s WISE Girls puberty education intervention, *Jazeera al-Zohoor* ([see the WISE Girls box above](#)).
- › **Activity Contextualization:** Certain activities were modified to ensure both cultural appropriateness of how key messages are conveyed and physical distancing for in-person sessions, which were not accounted for in the original curriculum.

Phase 3

During the first cycle of implementation, mentors were regularly supported with six biweekly continuing education sessions. The topic of each session was decided on the basis of mentors’ self-reported needs in capacity-building as well as the observations of technical staff during site visits and included:

- Self-care and stress management.⁷⁰
- Tackling thorny situations when delivering sensitive sessions (including dealing with common resistance techniques).
- Adolescent physical and emotional development.
- Coping with tensions within the family.
- Sharing of facilitation experiences and troubleshooting.

The online format during remote piloting presented major challenges to privacy that also interrupted the flow of the sessions...In one case, a father sat in on the sessions with both his wife and his daughter, creating a sense of control that also made other participants uncomfortable.

⁷⁰ This session was delivered by a trained psychologist with experience supporting humanitarian staff.

At the beginning of each session, mentors also provided feedback on the last two modules they had given, and these suggested changes to content were then documented for discussion with the technical team.

Phase 4:

At the end of the first cycle of the curriculum, the technical team revisited the four curricula in order to make changes on the basis of mentor experiences and the supervisory visits conducted. In contrast to Niger, changes in Jordan following Cycle 1 were not extensive, with the exception of the request of to potentially increase the SRH content for boys ([See Part 6 Troubleshooting for further information guidance](#)). The second cycle was also delivered in-person, and mentors demonstrated more experience and command of the content than during the first cycle. After the highly positive reception of both cycles, Mercy Corps Jordan made the decision to implement a third cycle of the intervention.



PART 8: ANNEXES



ANNEX	TITLE	PURPOSE
1	Sample Attitude Evaluation for Prospective Mentors (based on the IRC COMPASS attitude assessment tools)	A tool that measures adolescent-friendly attitudes for prospective mentors/facilitators/ staff. To be used when screening candidates during the first steps of the recruitment process.
2	Sample Interview Questions for Prospective Mentors	A tool that includes sample interview questions that are more in-depth and complex, for prospective mentors/facilitators/ staff. This tool is the one that was utilized in Jordan.
3	Mentor Technical Training Tool	The tool utilized to train mentors prior to the beginning of the intervention. Contains modules adapted from the IRC's Girl Shine Mentor and Facilitator Training Manual.
4	Service Referrals Decision-making Tool	A tool that enables you to determine if the minimum service infrastructure is in place to ethically implement SSAGE, so that there are services to refer to for GBV, CP, and MHPSS. Utilize this tool at the beginning of program planning, when you are deciding whether your organization can put in place all the essential core elements needed in order to implement SSAGE.
5	Internet Access Assessment Tool	A prototype tool for understanding Internet and technological capacity, access, and preferences for organizations considering remote implementation for SSAGE.
6	Volunteer/Mentor Consultations Tool	A tool to guide semi-structured FGDs with volunteers/ staff/ mentors to better understand power dynamics within families in the community.
7	SSAGE Tools for Family Consultations	Interactive FGD tools for consultations with adolescent girls, boys, and male and female caregivers.
8	Analytical Matrix for Family Consultations	A matrix that helps structure team discussions and analysis of the data obtained during family consultations, and the implications for the curriculum.
9	Sample Agenda for Pilot Workshops: Example from Jordan	A sample agenda for a pilot workshop, demonstrating timing, content, and flow. The example is taken from the SSAGE Jordan workshops, which were carried out remotely.
10	Structured Feedback Form for Pilot Workshops	A tool that gathers feedback on content and delivery from pilot workshop participants.
11	Annex 11A: Curriculum Roadmap Annex 11B: SSAGE Curriculum Roadmap (Sample from Jordan)	A tool that enables organizations to succinctly map out the structure of the final curriculum and noting any changes that were made or notes on session content or facilitation. The example of the Jordan roadmap is included in Annex 11B.
12	Monitoring and Evaluation: Summary of Suggested Outcomes, Measures, and Data Collection Approaches	A matrix outlining potential outcomes and means of data gathering and measurement for program monitoring and evaluation
13	Sample Monitoring Tools	Monitoring tools for the SSAGE intervention that can be adapted per the context. Originally developed for the SSAGE pilot in Nigeria.
14	Summary of Curricular Revisions and Suggestions Tool	A tool that structures curricular changes and modifications suggested throughout implementation of the first and subsequent cycles of the intervention.

ANNEX 1: Sample Attitude Assessment Tool for Prospective Mentors and Staff

This tool has been adapted from the COMPASS service provider engagement tools, developed by the International Rescue Committee for their [COMPASS project](#).

Directions: This tool can be used to assess whether prospective mentors or staff have the requisite adolescent-friendly attitudes to facilitate SSAGE sessions. This tool may be administered verbally during the screening, or it can be done on paper or digitally for high-literacy settings. Organizations may utilize this tool during the candidate screening process to assess their level of girl-friendly attitudes. Candidates should demonstrate, at minimum, an adolescent-friendly attitude on at least 75% of the statements in order to be selected.

		 I totally agree (YES!!)	 I agree. (Yes)	 I do not agree (No)	 Not at all in agreement (NO!!)
1	The problems of adolescent girls are not as serious as those of adult women.				
2	The problems of adolescent girls are not as serious as those of adolescent boys.				
3	Adolescent girls sometimes make up stories to get attention or to get someone in trouble.				
4	Adolescent girls do not have enough experience to make wise decisions.				
5	Adolescent girls need an adult to make important decisions for them about their lives.				
6	A good older brother should put his sister in line if she is not behaving or dressing appropriately.				
7	Adolescent boys and girls who are not married do not need information about sex.				
8	When adolescent girls and boys have access to contraceptives, it encourages them to be sexually active.				
9	Respectable girls do not have sex before marriage.				
10	Providing information about sexual and reproductive health to adolescent boys and girls encourages them to engage in irresponsible sexual behavior.				
11	Adolescent girls know what is best for their future.				

		 I totally agree (YES!!)	 I agree. (Yes)	 I do not agree (No)	 Not at all in agreement (NO!!)
12	Parents always know what is best for their daughters and sons and act accordingly.				
13	Adolescents girls and boys should have access to contraceptives.				
14	Sexual activity among unmarried adolescents is a danger to society.				
15	There is no good reason for a girl to get married before 18.				
16	Unmarried adolescents should obtain permission from a parent or guardian before using sexual and reproductive health services.				
17	If an unmarried adolescent girl gets pregnant, it is usually her fault.				
18	It is okay to humiliate a girl if it helps her to improve her behavior.				
19	If a girl is sexually harassed, it is often due to the way she dresses.				
20	If an adolescent girl is raped, it is often because she made a bad decision.				
21	Adolescent girls who get sexually transmitted infections are promiscuous (they have sex with lots of men).				
22	Girls have the right to understand their menstrual cycles.				
23	A married adolescent girl should not use contraception without her husband's permission.				
24	Married adolescent girls have the right to refuse to have sex with their husbands.				
25	Adolescent girls and boys have the right to make informed choices about their sexual and reproductive health.				

ANNEX 2: Sample Interview Questions for Prospective Mentors

Directions: This tool provides sample interview questions to use during verbal interviews with prospective mentors who have passed the first screening steps. This tool assesses motivation for applying to be a mentor, their past experience, critical thinking skills, and how they might react to uncomfortable or difficult situations that can arise during facilitation. Not all of the questions may be appropriate for all contexts. Additionally, questions are advanced, and candidates may not be able to score 100%.

1. Tell me why you were interested in applying for this position.

(Answer: Ideally, we want to hear that someone is very interested in empowering girls/making the community safer for girls. Additionally, we would like to see candidates mention their desire to work on gender equality more generally.)

2. Please tell me about your previous experience in similar positions working with girls and/or families and/or youth.

a. How will your past experience help you accomplish the tasks of this role?

(Answer: The answer varies according to the candidate. Ideally, candidates will cite previous examples that have demanded them to communicate new and/or complex ideas to girls, children, or young people. It is also desirable if they can talk about working with caregivers in the past)

b. What aspects of the role do you think would be very challenging for you, or that you might need support with?

(Answer: This is an open question, and the answer depends on the candidate. The answer should ideally show the candidate has self-awareness and is willing to learn and work on their skills and knowledge over time.)

3. What is the definition of gender-based violence according to your understanding?

(Answer: GBV is harmful act committed against someone against their will on the basis of their gender, rooted in inequality between men and women, lack of recognition for human rights, and abuse of power.)

a. Can you tell me what sort of GBV issues adolescent girls face in this community?

(Answer: GBV risks that are common to adolescent girls include forced marriage, denial of education and other opportunities, sexual harassment, sexual assault, etc. There may be additional examples based on context.)

b. How do you think this program might be able to mitigate these risks?

(Answer: This program aims to provide girls with essential knowledge to help them make sound decisions and strong social connections, while it aims to influence the attitudes of their older brothers and male and female caregivers to be more supportive of girls.)

4. In your opinion, what sort of topics are very important for adolescent girls to learn about? Please explain your answer.

(Answer: Ideally, we want to hear topics such as knowledge about how to keep themselves safe, dealing with difficult emotions, building confidence in themselves, understanding their bodies including puberty and sexual and reproductive health.)

5. In your opinion, what sort of topics are very important for adolescent boys to learn about? Please explain your answer.

(Answer: Ideally, we want to hear things such as knowledge about keeping themselves safe, dealing with difficult emotions, learning to communicate effectively and non-violently, health and hygiene, puberty and sexual reproductive health, and to be respectful to women and girls.)

6. (For contexts in which remote implementation may be used): Due to COVID, it is possible we will have to provide some or all of the 12 sessions remotely via technology.

a. What sorts of challenges do you anticipate by doing a curriculum like this remotely?

(Answer: The candidate should mention the lack of privacy for participants, difficulty keeping participants interested and engaged, Difficulty of conveying complex and/or sensitive information.)

b. Can you suggest some ways that we can keep participants engaged even if we are not together in one room?

(Answer: This is open and depends on context. For example, candidates may suggest games, or asking the participants to share photos about their lives if they are comfortable, asking them to do physical activities, etc.)

7. I would like to give you a scenario, and please let me know how you might react if this were to happen to you while facilitating a session.

- **For mentors working with girls:** You are giving a session on the menstrual cycle. One girl shares with the group that she got her period last year for the first time, but she has not had it for the last two months. What course of action should you take?

(Answer: While in the group, thank the girl for sharing this. Do not pursue this issue or ask any more questions in front of other participants so that you do not embarrass her and continue facilitating the session as written. After the session is over, try to speak with the girl privately if this is an option. Explain to her that when a girl/woman stops getting her period, this might mean that she is pregnant or that there is a potential problem with her health. Do not ask her to share anything she is not comfortable with. Tell her that if she wants, you can provide information on a service that can speak to her about health issues and that can help her.)

- **For mentors working with female caregivers:** You are talking to the female caregivers about the physical and emotional changes their sons and daughters go through during adolescence. One mother says that girls and boys don't need to learn about sex until they are about to get married and if they do learn about sex, they might be tempted to engage in pre-marital sex.

(Answer: Thank the woman and explain that this is a common concern parents have. However, experience from all over the world shows that the more correct information that adolescents have about their bodies and about sex, the more likely they are to make good decisions. Adolescents who do not have enough information are more likely to engage in risky sexual behaviors)

- **For mentors working with boys:** During a session with boys, you are talking about the importance of respecting their sisters and mothers. One boy says that when he sees his sister talking to boys or someone else inappropriate, he slaps her to teach her a lesson. He says that this is for their own good so that they will learn how to act respectfully. What would be an appropriate thing to say to the boy in this situation?

(Answer: Thank the boy for sharing this information. Then ask the group as a whole if they think that being violent is truly being respectful of their sister, and good for her long-term well-being. Remind the boys that violence in the moment may seem to accomplish something, but it is bad for psychological health and well-being of the victim, and never leads to positive behavior changes.)

- **For mentors working with male caregivers:** During a discussion with male caregivers, one father says that it is normal for boys to use violence in certain situations in order to show that they are strong, and they must have this experience in order to grow up into strong men. How do you react?

(Answer: Thank the participant for sharing his thoughts. Ask the group if they think that encouraging boys to use violence is going to lead to a positive outcome in these situations. Remind them of the negative long-term impacts of violence on both the victim and the perpetrator, even if in certain moments it immediately enables the perpetrator to release their anger.)

ANNEX 3: Mentor Technical Training

Directions: This tool is a prototype training guide for mentors that organizations can adapt according to their needs. It draws modules from the IRC’s [Girl Shine](#) and [COMPASS](#) approaches, and additionally contains sessions specific to the SSAGE project. It assumes that mentors have a base knowledge of GBV core concepts; if this is not the case, mentors should receive a comprehensive training in GBV core concepts prior to the SSAGE training, using the IRC’s [Core Concepts module](#). The specific time needed for activities may be longer or shorter, depending on mentor abilities and experience, and it is therefore recommended for trainers to time sessions and content according to the needs of the mentors. Additionally, the training content can be broken up into shorter trainings that are staggered over several months prior to the beginning of the 12-week cycle.

Overall Learning Objectives: After undergoing this training, the mentors should have the knowledge and skills in order to begin facilitating sessions provided that they receive regular supportive supervision and support over the course of implementation. Therefore, during this training mentors should:

- Have a strong understanding of SSAGE program objectives and structure.
- Review key GBV core concepts, including the definition of GBV and GBV causes, contributing factors, and consequences
- Understand their roles and responsibilities as mentors.
- Cover the basics of adolescent development.
- Have an understanding of the curriculum structure, content, and how sessions should be facilitated
- Learn and practice strong facilitation techniques, including dealing with challenging facilitation sessions.
- Understand and practice using the monitoring and evaluation tools

Additional Knowledge Necessary: As described in [Part 5](#) of the SSAGE narrative toolkit, this technical training forms part of a larger suite of training that mentors should undergo to be able to carry out the SSAGE program. This includes psychological first aid, safe referrals to GBV services, referrals to other specialized services, including child protection and mental health and psychosocial support, child safeguarding, and protection from sexual exploitation and abuse. Suggested modules for these trainings can be found in [Part 5](#) of the toolkit.

ACTIVITY 1: Warm-Up “This is Me!” (Activity from the SSAGE Curriculum, originally adapted from the IRC’s [Girl Shine Life Skills curriculum](#))

Duration: 30 minutes

Objectives: This exercise is meant to put participants at ease and familiarize them with the nature of activities in the SSAGE curriculum.

Materials:

- Printouts of the “This is Me” handout, or pieces of blank A1 paper to draw on
- Pens, markers and paint
- Tape

DIRECTIONS:

1. Explain that we will start the training with an activity from the SSAGE curriculum. Ask the participants to take out their copy of the “This is Me” handout (or to simply draw an outline of themselves on a piece of flipchart paper) and colored pens or markers or paints.

Say: “Write your name or choose a symbol that represents you and draw it above the figure on the ‘This is Me’ handout, using the colored pens or markers provided. Use the figure to develop a drawing of yourself. For example, you can include the types of clothes you like to wear, facial expressions to show how you feel, your hobbies, interests, favorite colors, etc.”.

2. Give the participants a few minutes to do their drawings, answering any questions they might have.

Say: “All of us have people and things that can help and support us. Around the drawing of yourself, include the people whom you can trust - your closest friends, family members, teachers, etc. You can write down their names or draw them if you prefer”.

3. Give the participants a few minutes to reflect the people they trust in their drawings.

Say: “Draw or write down the things you are good at – your skills, talents, and qualities. These can be things that you are proud of or things that people have told you that you do well. These can also be related to the way you treat other people”.

Invite the participants to share with the group one piece of what they drew or wrote and to put their drawings up on the wall. Give some time for the group to look at the drawings and to ask each other questions if they want.

4. After all participants have viewed the drawings of the entire group, ask them to take their seats again pose the following questions:

- What do you think of this activity? How did it make you feel?
- Why do you think we started the training with this activity?
- How do you think the four different cohorts will respond to this type of activity?

Wrap up the activity by explaining that the SSAGE curriculum has many activities such as this one, which have an emphasis on interactive activities that encourage self-reflection and communicating with others.

ACTIVITY 2: Overview of Training Objectives

Duration: 15 minutes

Objectives: Participants understand the specific training objectives and format.

Materials:

- Flipchart, flipchart paper
- PowerPoint and projector (if training participants who prefer to have written visuals)

Notes: If helpful in your context, take the time to go over training ground rules that should be brainstormed by participants. Also, if you have time you can ask participants to set individual goals for themselves to achieve by the end of the training.

DIRECTIONS:

1. Present the training objectives for this technical training:
 - Understanding the justification for the SSAGE program, including the focus on adolescent girls.
 - Understanding their roles as mentors.
 - Reviewing core concepts around GBV.
 - Understanding the basics of adolescent development.
 - Overviewing and practicing facilitation skills.
 - Providing (further) feedback into the mentor manual.
 - Discussing next steps and work planning.
2. Review the training agenda for the next days. Agree on ground rules for the training, and encourage participants to ask questions, or if they prefer to write them down in a “parking lot” on a flip chart placed in the room to discuss at the end of each day of the training.

ACTIVITY 3: Review of GBV Core Concepts

Duration: 1-2 hours

Objectives: Participants review the causes, contributing factors, and consequences of GBV to ensure that mentors have a common understanding.

Materials:

- Flipchart, flipchart paper
- Pre-prepared image of the “Tree of Violence”: You can place the drawing of a large tree on the wall, with the roots, trunk, leaves, and rain drops and sunlight.
- Markers/pens and Post-It notes.

Notes: This session assumes that mentors have a base knowledge of GBV core concepts, and therefore this session should be a review. If mentors do not have a strong understanding of GBV core concepts, it is recommended to cover this in a separate training lasting at least three days. For training modules, see the IRC’s [Core Concepts training module](#). Additionally, observe if mentors that have undergone previous training in GBV core concepts still demonstrate an incomplete understanding of GBV core concepts or problematic attitudes as they will need more supervision and support.

DIRECTIONS:

Part 1, Root Causes and Contributing Factors:

1. Start by asking the group to agree on definition of GBV together. Come to a consensus on what is correct and write it on the flipchart, ensuring you are answering any questions participants have.
2. On the wall, display a large picture of a tree, with the roots, trunk, and branches / leaves. Explain that we are going to do an exercise in which we will draw together the Tree of Violence. Explain that this tree visually represents gender-based violence. The roots are the causes of GBV; the trunk is the different types of GBV that women and girls experience, the wind, rain, and sunlight are the factors that nourish the tree and contribute to violence.
3. Divide participants into small groups. Ask each group to write on the Post-It Notes what they think are the causes of GBV.
4. When they are ready, invite them to place these notes on the roots of the tree, and explain their choices to the group.
5. Invite the whole group to come forward to the Tree of Violence and rearrange the notes so that the deepest causes are on the lower roots and contributing factors are on the outside of the trunk. Help participants come to a consensus, keeping in mind the following points:
 - › Often, participants will say that poverty, unemployment, poor upbringing, conflict, illiteracy, lack of education, drugs and alcohol, etc. are causes of GBV. Ask questions to encourage participants to think about and understand the real causes of GBV. For example, asking participations “Do all poor men beat their wives? Being poor does not make a person commit an act of GBV.” For example, abusers do not “lose control” in front of their boss, the police, their friends, the people they respect. It’s their choice.
6. Make sure all participants understand the real causes of GBV: fundamental gender inequality between women and men, and the abuse of power.

Part 2, Consequences of GBV:

1. Ask each group to come back as a group and brainstorm together the consequences of GBV for:
 - Women
 - Adolescent girls
 - Adolescent boys
 - Families
 - Communities
 - Society as a whole
2. Ask participants to post an idea on Post-It notes and present their ideas as the “fruits” of the tree.
3. Ensure that the most relevant consequences are on the tree. If you wish, point out forms of violence that tend to occur within families, and the impact that GBV has on all family members, including those that do not directly experience it. (For example, the children are harmed if their mother is abused by her intimate partner.)

Key Messages on GBV Core Concepts:

› Definition of GBV:

- Gender-based violence is an umbrella term for a harmful act that is perpetrated against a person’s will and based on social (i.e., gender) differences between men and women, boys and girls. This includes acts involving physical, sexual, or emotional abuse, threats, coercion and other forms of deprivation of liberty and rights.

› Root causes of GBV:

- Violence is both a cause and a consequence of women and girls’ low political, economic and social status. Instability, migration, or conflicts are not the source/root cause of violence but are rather contributing factors. GBV is common in settings without war as those that we experience in our families and in our communities.

Men and boys can also be exposed to GBV but, due to the lower status of women and girls in society, they are the primary target of GBV. This is because:

Generally, men wield more power in all aspects of society:

- Men have better access to resources, over which they exercise greater control.
- Men have more opportunities.
- Men have greater economic freedom, and less exposure to violence.

› **The consequences of GBV:** GBV has direct, profound and life-altering consequences for women and girls as well as for their families, communities, and society. Among these consequences:

- **Mental and emotional health:** Mental health effects include psychosomatic illnesses, depression, anxiety, alcohol and drug use and abuse, and suicidal ideation and behavior.
- **Physical Health:** Physical effects include damage that can cause acute and chronic disease, affecting the nervous, gastrointestinal, muscular, urinary and reproductive systems. Sexual health effects include unwanted pregnancies, complications from unsafe abortions, and sexually transmitted infections. There is a growing body of research and evidence of an association between GBV and HIV/AIDS.
- **Social consequences:** Survivors of GBV may also suffer additional violence due to the stigma they face, which also exposes them to increased social and economic risks due to community and family ostracism. However, many of these effects are difficult to identify, in particular due to under-reporting of GBV, but also because the symptoms are not easily recognized by health practitioners or other service providers as clues. of exposure to GBV.

ACTIVITY 4: Why work with girls and their families? (Adaptation of “Why Girls” from the IRC [Girl Shine mentor training manual](#))

Duration: 45 minutes

Objectives: Participants understand the justification for the focus on adolescent girls, and reasons for working with caregivers and older male siblings.

Materials:

- Projector and large screen
- Laptop
- Paper
- Flipchart and flipchart paper
- Markers and pens understanding of GBV core concepts or problematic attitudes as they will need more supervision and support.

DIRECTIONS:

1. Show participants the [Girl Effect video](#). Once they have viewed the video, stimulate discussion with the following questions:
 - How is the situation of adolescent girls different from that of boys, men, and women?
 - What are some of the issues that are faced by adolescent girls in particular, especially when it comes to GBV, that adult women, boys, and men don't experience?
2. Give each participant a piece of paper and some markers/colored pens. Ask them to write down one reason why it is important to work with adolescent girls.
3. After going over reasons to work with girls, ask each participant to write down reasons why they think it is important to work with the following family members of girls:
 - Female caregivers
 - Male caregivers
 - Older male siblings
4. Ask participants to place their sticky notes on the wall, under labels for each of the four cohort groups: adolescent girls, brothers, female caregivers, and male caregivers. Once everyone has finished, do a gallery walk, highlighting the key points, ensuring that you touch upon the key messages in the box below.

Questions for the gallery walk:

- *What are reflections on the points that were mentioned?*
 - *Was there anything that stood out or that participants really liked?*
 - *Was there anything that didn't make sense?*
 - *What should be the role of the mentor/facilitator towards the girls?*
5. Leave the reasons on the wall for the duration of the training.

Key Messages:

› Reasons for working with girls:

- Adolescence is a critical time. Compared to their male peers and to adults, adolescent girls are less likely to have life-saving information, skills, and capacities to deal with the upheaval that follows displacement or any other crisis.
- Adolescent girls are forced to assume roles and responsibilities that restrict their mobility and visibility, increasing their isolation and breaking bonds with their peers and with other social networks.
- During humanitarian emergencies, because of their sex and age, adolescent girls are also particularly susceptible to exploitation and violence—including rape, sexual abuse, early marriage, and abduction.
- Adolescent girls are most often included in either child protection programs or services for adults, neither which take into consideration their specific needs and developmental realities.
- The role of a mentor is to give girls the space to express themselves and encourage and empower them to feel confident and reassured. It is not their role to tell girls what to do or be judgmental. Instead, a mentor should provide a supportive environment for girls, where they feel comfortable to discuss the issues that affect them.

› Reasons for working with caregivers and older brothers:

The rationale for the whole-family approach is based on existing knowledge around the experience and perpetration of violence within families. For example:

- Women and girls are most likely to experience violence at the hands of someone they know, most often a male perpetrator with whom they live.
- Violence is learned, internalized, and reinforced within families: one of the strongest predictors of young people perpetrating or being a victim of GBV is if, during their childhood, they witness violence against a female caregiver in their household (usually perpetrated by a male partner).
- Adolescent boys who witness violence in the household are more likely to perpetrate violence themselves.
- To counter the risks that boys will reproduce patterns of violence within their families, it is important to influence boys and young men when their attitudes and beliefs around gender are still developing, and prior to the first perpetration of violence
- Attitudes and behaviors that reinforce gender inequity are often demonstrated at the household level; for example, unequal burden for adolescent girls to conduct unpaid household labor, preference for boys to attend school over their sisters, and greater trust and autonomy placed in adolescent boys than girls.

ACTIVITY 5: Risks of the whole-family approach of SSAGE

Duration: 60 minutes

Objectives: Participants understand how SSAGE is different from other programs for adolescent girls, as well as the risks associated with working with men and boys.

Materials:

- Flip chart and paper
- Markers and pens

DIRECTIONS:

1. Explain that in the previous activity, we discussed reasons why it is important to work with the male and female caregivers and older male siblings of girls. Explain that we are now going to talk about the SSAGE program structure, and the risks and benefits associated with the emphasis on working with older male siblings as well as caregivers.
2. Explain the rationale for the SSAGE program set-up, ensuring that you touch upon the following points:
 - There are a number of high-quality programs that seek to empower adolescent girls, and the SSAGE program is informed by the fundamental principles and good practices learned from these programs. SSAGE is distinguished from other adolescent girl programs by three main characteristics.
 - The explicit engagement of the **older male siblings** of adolescent girls.
 - The **simultaneous engagement of adolescent girls, male and female caregivers, and older male siblings to create a “layering”** approach that is intended to intensify the effect of the intervention within families.
 - The recommended application of **human-centered design** to contextualize the approach in order to maximize creativity and community ownership while minimizing backlash and resistance. **Note:** *If not using HCD techniques in your program, you can simply omit.*
 - In addition to encouraging reflections among caregivers and brothers around girls’ rights and well-being, the sessions for male and female caregivers and adolescent boys also seek to foster positive coping skills for individuals and families, and thus function as a form of psychosocial support.
 - SSAGE aims to realize the potential of brothers to act as a positive support in their sisters’ lives, through cultivating empathy for girls and encouraging a mutually beneficial interpersonal bond with their sisters, and for acting as an advocate for their sisters’ well-being and agency within the family
3. Explain that there are some potential risks associated with working with the families of girls, particularly with the men and boys. Divide the participants into small groups of 2-3 persons. Ask each group to brainstorm answers to the following questions:
 - *What are the risks to girls of working with the older brothers in SSAGE?*
 - *What are the risks of working with male caregivers in SSAGE?*
4. Ask each group to present on the risks that they brainstormed. Ensure that they touch upon the following:
 - Men and boys are more powerful than women and girls, and we do not want to inadvertently reinforce these unequal power relations by working with them.

- Men and boys may be reluctant to reconsider/give up their position of power in the family and in society.
 - Men and boys may misunderstand content in sessions and use it against women and girls.
 - Men and boys will be defensive, blaming others for violence against women and girls.
5. After discussing risks, ask participants to return to their small groups. They should discuss ways that they can mitigate these risks that were just discussed in the program.
- *What can we do as mentors to mitigate these risks?*
6. Bring the group back together and discuss together different mitigating strategies for risks that each group proposed. Make sure to touch upon the following points if they are not brought up by mentors.
- Ensure the SSAGE curriculum does not include any language that will unintentionally encourage policing of girls' behavior or dress,
 - Allow for open discussions of potentially harmful norms and practices alongside sessions on gender equality. Encourage discourse on how these norms and practices may perpetuate risks for adolescent girls
 - Consider how family members can support girls to mitigate real safety risks associated with moving about the community while preserving agency and mobility

Key Messages:

- › There are risks associated with working with older brothers and with male caregivers. We want brothers and caregivers to understand the risks faced by girls; to believe that girls have rights, and to have understanding and empathy for girls. However, we do not want to inadvertently encourage caregivers to be more controlling of girls by highlighting these risks and challenges.
- › During the SSAGE pilot in Nigeria, an evaluation found that some parents saw protective parenting was necessary to protect girls from the risk of violence and in some cases, this resulted in increased control over girls' behaviors and a reduction in their mobility.
- › We must always be conscious and think critically about our program and the ways it might create new risks for girls and women.
- › Mentors should always flag potential challenges and risks with their supervisors and ask for support when needed.

ACTIVITY 6: Understanding Adolescent Development (from the IRC [Girl Shine Mentor Manual](#), Session 4, Activity 1: Adolescence—Development and Experience)

Duration: 60 minutes

Objectives: To ensure that mentors (regardless of which cohort they will work with) have essential knowledge on adolescent development.

Materials:

- Flipchart and paper
- Markers

Note: This session should cover development of both adolescent girls and boys. However, make sure to highlight the difference between girls and boys in terms of their development and how their responsibilities change.

DIRECTIONS:

Carry out the activity from the IRC Girl Shine mentor manual as written.

ACTIVITY 7: Having Empathy for Girls (Adapted from the IRC Compass Values Clarification workshop for service providers)

Duration: 1-3 hours, depending on which activity or activities you choose to do.

Objectives: To spur reflections around difficult choices that girls might take around their body, their sexuality, and their lives, in order to cultivate empathy for girls. Specific objectives for each of the activities is noted below.

Note: There are three options to choose from for this activity, all of which are adapted from the IRC Values Clarification workshop that were initially developed for service providers through the COMPASS program. The activities are arranged according to difficulty and/or receptiveness of the participants to explore more controversial issues around adolescent sexual and reproductive health. As noted above, this may not be appropriate for less experienced mentors, in which case it these can be given as continuing education sessions later in the process of implementation.

Option 1: Whose fault is it?

Option 1 Objectives:

1. Describe the potential consequences of blaming adolescent girls.
2. Explain why it is important not to blame adolescent girls.
3. Express our professional responsibility to treat all adolescents equally and not to judge them.

Materials: Story of Hebba for the facilitator to read aloud

Notes: This activity uses a story to illustrate the consequences of blaming and reproaching adolescent girls. Participants are encouraged to think about the degree of freedom an adolescent girl has with respect to consensual sex and the consequences of denying access to contraception. They are also encouraged to think about the consequences of blaming a girl for not disclosing details about her situation. They are asked to articulate their professional responsibilities and to think about how their values may influence the quality of the help they provide. Adapt the case study to your context, if this is relevant.

DIRECTIONS:

1. Tell participants that you will tell them a story about a teenage girl. Ask them to listen carefully, as this story will be followed by a group discussion.
2. Read the story:

My name is Hebba. I am 15 years old and have lived in the camp here with my family for 8 years. I go to school, and also help my mother in the house to take care of my three siblings. I don't have a lot of time for myself and am sometimes lonely. One day, after school as I was walking home, a boy approached me. He told me that he really appreciated the fact that I was a hard-working student and told me that I must be very smart. I was a little embarrassed, but also proud that he realized how hard I worked.

We started talking for a few minutes each day after school. After that, I thought about him the rest of the day. He was kind and smart. He wanted to succeed in life and told me that he thought girls could succeed in life too. He asked me for my phone number and Facebook. I was unsure about it, but he asked very nicely so I decided to say yes. We sent messages on Facebook for some time and I really enjoyed talking to him, it was something I looked forward to every day.

One day he gave me a note asking me to meet him at his cousin's caravan after school. I was nervous about it, but I finally agreed. It was wonderful! We drank tea and talked about many things. He was polite and had many interesting ideas. We met in secret every week. I realized that I was quite lonely before I met him. I didn't have many friends and I never had interesting conversations like this. No one gave me that much attention or respect. He made me feel important. He told me that he loved me and wanted to marry me, and that he could take me to live in our own caravan where I could be the head of the house and would no longer have to take care of my siblings.

One day he asked me if he could hold my hand. I was not sure, but he told me that this is ok for fiancés. I said okay. The next week, he asked me if he could kiss me. I said okay. The next week he kissed me again and touched me. I had mixed feelings. It felt good, but I was also afraid and ashamed. I knew it was going to get me into trouble if anybody were to find out. Finally, one day he touched me in a very private place. He said we are now betrothed, and I should prove to him that I love him by doing what he asked me. But I loved him and was afraid that if I said no, he would leave me. And I was sure that he loved me. He promised me that we would get married after we finished school.

3. Pose the following questions for discussion:

- How do you feel when you hear this story?
- Why did Hebba let the boy do these things?
- Is she mature enough to make this decision? Why or why not?

4. The story continues...

No one had ever talked to me what happens between men and women. I knew that men make women pregnant, but I was not exactly sure how. I couldn't talk about it with my mother, or aunt...or with my teachers...or with any other adult. I had seen a poster that said women could ask the clinic for help in planning their families. For several weeks I thought about going to the clinic, but I was too scared. I was afraid of being judged. Finally, I found the courage to go.

When I arrived at the clinic, the receptionist gave me a dark look. She didn't say anything, but her look made me feel very guilty. I kept my eyes down until it was my turn.

The doctor was in a hurry. He kept writing while he asked me what I wanted. My heart was pounding! I took a deep breath and forced myself to speak. I told him I wanted information on how I might prevent pregnancy. He stopped writing and stared at me for a long time. All I wanted was to disappear! When he started talking, he seemed angry. He told me I should be ashamed, that I would ruin my family and that I would never find a husband. He threatened to go to my family and tell them what I was doing. He told me that this was no place for children and that he had more pressing problems to solve.

I ran out of the clinic and ran home. When I got home, I cried for hours, I was so ashamed. I knew I had made a horrible mistake by asking for help and I was terrified that the doctor would tell my family and spread rumors about me.

5. Pose the following questions for discussion:

- How do you feel when you hear this story?
- Was it a mistake to go to the clinic?
- Why do you think the doctor did this?
- What are the consequences of the physician's behavior, influenced by his own values?
- As a service provider, how would you have reacted to this situation?

6. The story continues...

Three months later, I stopped getting my periods and I found out I was pregnant. I was devastated. My family was ashamed of me and sent me to live with another family member. I had to drop out of school, they said too many horrible things about unmarried pregnant girls. Now I am afraid I will never finish school because I have to take care of my baby.

I don't know if the boy will change his mind about our marriage. Now I don't see him anymore, I live too far away. He must be ashamed of the baby and I don't know if he still loves me. I cry every day. My heart is broken, I have lost everything that was important to me. I feel like my life is over!

7. Questions for discussion:

- Do you feel empathy for the young girl in this story?
- Who is responsible for this situation?
- Who else is affected by what happened to the girl?
- How could this story have ended differently?
- What information or resources could have prevented him from being in this situation?
- What would you, as a service provider, do to prevent this from happening?

8. Remind the group of the importance of non-judgement and empathy in our work with girls:

Some teens mature emotionally and sexually earlier than others, and they may decide to have sex for many reasons. Our role as service providers is not to judge her or tell her what to do. Our role is to ensure that she has the knowledge and resources to make safe and informed decisions about her life, including about her body. Even if you do not approve of a girl's choices, you should still respect her and provide her with the information and services that she needs.

Option 2: Reasons

This activity asks participants to explore the reasons why adolescent girls engage in sexual relationships that may lead to risk. By working to address as many reasons as possible, we help to combat stigma, develop empathy, and become less judgmental. This allows participants to realize that adolescent girls' needs and curiosity are diverse, and that girls can make decisions based on what feels right to them at any given time.

Option 2 Objectives:

1. Identify the different reasons behind adolescent girls' choices.
2. Reflect on how a girl's situation may force her to make a choice she may not want to make.
3. Explore their own level of discomfort in response to these various reasons.
4. Reflect on how their level of discomfort may affect adolescent girls.

Materials:

- Sheets of paper
- Markers/pens
- Printed lists of questions

DIRECTIONS:

1. Ask participants to form small groups. Give each group a sheet of paper, markers and two or three questions from the following list:

What are some of the reasons why an adolescent girl might:

- *Decide to have a boyfriend?*
 - *Decide not to leave her husband or fiancé, even if they have an abusive relationship?*
 - *Ask for contraceptives?*
 - *Drop out of school?*
 - *Decide to get married before 18?*
 - *Not tell anyone that she is being sexually abused?*
 - *Not seek health services or other forms of care?*
 - *Not want to seek informed consent from a parent or guardian to access services?*
2. Ask each group to think of as many different reasons as possible. Encourage them to consider many different situations and adolescents. Ask each group to write down their ideas so that they can share them later with the whole group.
 3. When they are finished, reconvene the group in plenary. Each group presents their ideas, and the other participants can then add more "Reasons".

4. After each presentation, ask participants to silently review the reasons given for each question and reflect on their level of discomfort with each reason. Encourage them to think about why they feel more or less uncomfortable with different reasons. Then ask them to express their opinions about the following questions:

- *What reasons bothered you? Why did it bother you?*
- *What reasons made you feel empathy for the girls? Why or why not?*
- *How do your values influence your level of discomfort with the different reasons?*

5. After all groups have presented their ideas, facilitate further discussion with the following questions:

- *How does our discomfort with certain situations turn into stigma and judgment?*
- *How does our discomfort with teenage girls' decisions influence how we treat them?*
- *What effect does our discomfort have on the services we provide?*
- *Can adolescent girls perceive our embarrassment/discomfort? What effect does this have on them?*
- *As mentors, do we have the right to decide whether a teenager's decision is right or wrong? Or if it is acceptable?*

6. Express the following thoughts as a conclusion:

Our discomfort with adolescent girls' experiences and decisions can influence the quality of our services. Even if we do not want to show it, adolescents can usually sense when we are making a judgment. Our non-verbal communication, such as gestures, postures, and expressions, can betray our embarrassment and judgment. When girls feel judged or criticized, they are discouraged from coming back for help or going to appointments. Adolescents may tell other girls about the help they have received, which may discourage them from seeking help themselves.

We can never be sure of an adolescent girl's circumstances, just as we can never be sure of an adult's circumstances when they come to us. That is why we must always take a protective approach that values the victim and provides her with the support and information she needs to make her own choices. Making decisions for adolescents disempowers them and reinforces the power imbalance between us. It can also put them at risk. Adolescents are the experts on their own situation and are the only ones who really know all the "reasons" for their situation.

Option 3: Messages Given to Girls

Option 3 Objectives: Understand the complex messages that girls receive from families, friends, and society, and how this impacts them.

Materials: Sheets of paper and pens

Notes: This activity may be more appropriate for participants who have higher levels of education, due to discussions around social norms.

DIRECTIONS:

1. Introduce the activity, saying:

'In this activity, we will think about social norms. Social norms are the rules that govern acceptable behavior. When people do not follow these rules, they suffer the consequences. Our family and community teach us to follow these rules in order to be accepted by the community. Social norms include rules for being a 'good' woman or a 'good' man. When we were teenagers, most of us learned what physical characteristics and sexual behaviors were acceptable for girls and what were acceptable for boys. We learned this from our parents and family, from the community, from religious leaders, elders and teachers, and perhaps from radio, TV or the Internet.

For this activity, we will work in small groups to think about the social norms that apply to adolescent girls. Then we will share our ideas together. '

2. Ask participants to form small groups of 3 or 4 people and give each group two sheets of paper.
3. Have each group begin by quickly drawing a 14-year-old girl in the middle of one of the sheets of paper.
4. Ask them to think about the following questions and write their ideas on the flip chart next to their drawing. Write the following questions on the flip chart so that they are visible to everyone:
 - What messages does our society send to her about what she should look like?
 - What messages is our society sending her about how she should behave?
 - What messages is our society sending her about the changes occurring to her body?
 - What messages does our society send about her sexuality?
 - To what extent is she free to make decisions about her own body and sexuality?
5. Ask each group to quickly draw an 18-year-old girl on the other sheet of paper and discuss the following questions. As before, they should write their answers on the paper.
 - What messages does our society send to her about what she should look like?
 - What messages is our society sending her about how she should behave?
 - What messages is society sending her about girls her age having sex?
 - What messages is society sending him about boys his age having sex?

- *Is it okay for her to ask about contraception?*
 - *What messages does society send to her about unmarried teens getting pregnant?*
 - *Has she received the necessary information to prepare her for the wedding?*
6. Ask the groups to come together and each group to read the social norms they wrote for each age.
7. Encourage discussion with the following questions:
- *What observations do you have about the way young girls are taught about their appearance, their bodies, and their sexuality?*
 - *To what extent does our society give adolescent girls control over their own bodies and sexuality?*
 - *Are there differences between the rules and expectations of sexual behavior for girls and boys?*
8. Encourage further discussion with the following questions:
- *How do social norms and values affect adolescent girls' access to sexual and reproductive health information? And to services?*
 - *How do social norms and values affect adolescent girls' decisions about whether to seek outside help after experiencing sexual violence or abuse?*
 - *How do social norms affect adolescents' reluctance to seek access to contraception? Or to consult someone about an STD?*
 - *How do social norms and values influence our own judgment of adolescent girls?*
9. Ask if there are any other questions or comments.

ACTIVITY 8: Fundamental Principles of Working with Girls and their Families (Adapted from the IRC [Girl Shine Mentor Training Manual](#))

Duration: 45 minutes

Materials: Ball, handout of the SSAGE Program Values

DIRECTIONS:

1. Ask participants to take a moment to think about the various things they have learned about adolescent girls so far in this training.
2. Ask participants a circle, and tell them that, going around the circle, each person is going to say something that they 'believe' about girls based on what they learned.
3. Give them an example to start off, for example – "I believe girls face greater risks and dangers in humanitarian settings than boys of the same age."
4. Once finished, split participants into pairs (or threes). Give each pair one of the Principles (they can be printed off and cut out from the sheet below). Ask them to read the principle and to discuss what they think the principle means. Once they have had a few minutes for discussion, ask them to present their principle to the wider group, including their reflections on what they think it means and how this relates to their role.
5. Clarify any misconceptions.
6. When finished, ask them the following questions:
 - How many of these principles were similar to the ones mentioned by participants?
 - Which ones were new to them?
 - Which ones did they like the most?
 - Were there any they didn't agree with (and why)?
 - Are there any principles you think we should add that are not on the list?

SSAGE Principles of Working with Adolescent Girls and their families *(based on the IRC's Girl Shine Principles)*

1. Girls are strong, powerful, and smart. They are the experts in making decisions about their future.
2. Girls experience more risks and dangers in humanitarian settings than boys of the same age.
3. Empowering girls means that families and communities will also benefit.
4. It is important for girls to have correct information, skills, and knowledge on the things that impact their lives. This will help them to safely go from adolescence to adulthood.
5. Girls have the right to attend school regularly and to the highest level available.
6. Girls must know about their bodies, puberty, and the facts about all aspects of adolescent sexual and reproductive health.
7. Girls must be protected from harm, including all types of violence and sexual exploitation.
8. Girls must be believed if they report violence or exploitation, and everything should be done to make sure they are safe and able to heal.
9. Early marriage and other harmful traditional practices are major risks to girls' physical, mental, and emotional health and must not be continued.
10. Families (including female and male caregivers, and older brothers) and the community are responsible for and must work together to keep girls safe from violence, sexual abuse, and exploitation, particularly in situations of conflict and emergencies.

ACTIVITY 9: Understanding Mentor Roles and Responsibilities (adapted from the [Girl Shine Mentor Training Manual](#), Session 6 Roles and Responsibilities, Activity 1: What is My Role and Activity 2: My Roles and Responsibilities)

Duration: 120 Minutes

Objectives: Mentors have a clear understanding of their responsibilities in the SSAGE program, as well as the limitations of their role.

Materials:

- Flip chart and paper
- Markers/pens

Follow the two activities from the Girl Shine Mentor Manual as indicated. However, in addition to the category of a mentor's role in the girl group, **add the categories of boy group and the female and male caregiver groups**. During the session, ensure that mentors understand their role is not to proactively identify GBV cases or provide case management, though they might be a trusted and important point of contact.

ACTIVITY 10: Overview of the SSAGE Curricula Structure, Approach, and Thematic Content

Duration: 90 minutes

Objectives: Ensure mentors have a common understanding of the SSAGE curricula structure and content

Materials: SSAGE curricula for the four cohorts, printed out

Note: This activity should ideally be done with mentors after the four different cohort curricula have been contextualized. As mentors will ideally have been engaged in the contextualization process, they may have familiarity with the curricula content. As noted above, it is possible to stagger the training content over several separate trainings over the course of the months prior to the beginning of the first cycle, depending on the needs of the mentors. Additionally, mentors who have been involved in the participatory contextualization process will have a familiarity with the curriculum content and structure. In such cases, it remains important to have a session on curricular content during the trainings to ensure that all mentors are on the same page.

DIRECTIONS:

1. Distribute the four curricula to the mentors. Provide the relevant curricula for each mentor—for example, if a female mentor will facilitate girls and female caregivers, give them these manuals. If there is adequate time and interest, allow mentors to peruse all four cohort manuals to have an idea of how their sessions fit into the larger program content. Provide the mentors with a few minutes to briefly look over the manual structure and approach. **Note:** If it would be useful, pass out the manuals the previous evening for mentors who wish to have more time to look through.

- After mentors have had time to look through the curriculum overall structure, present an overview of the thematic areas in the curriculum for each group, and the reason for their inclusion. Below is a prototype based on the SSAGE implementation in Jordan, though keep in mind that your curriculum might appear different. If you have prepared a “Curriculum Roadmap” for the beginning of the training, mentors can also view this tool.

Summary of Key Thematic Areas—Example from SSAGE Jordan

THEME	COHORT	RATIONALE
Establishing Trust and Ground Rules	<ul style="list-style-type: none"> Girls Boys Female Caregivers Male Caregivers 	This theme opens the curriculum and enables participants to get to know one another, establish trust in the group, and to understand what they will be doing during the program as a whole
Social and Emotional Skills and Relationships	<ul style="list-style-type: none"> Girls Boys Female Caregivers Male Caregivers 	This theme enables participants to understand and manage emotions, practice positive communications skills, and reflect on the characteristics of healthy relationships.
Gender Roles and Socialization	<ul style="list-style-type: none"> Girls Boys Female Caregivers Male Caregivers 	This theme encourages all groups to reflect on gender roles in society, bringing attention to inequalities between women and men, boys and girls.
Power	<ul style="list-style-type: none"> Girls Boys Female Caregivers Male Caregivers 	This theme helps participants reflect on the different types of power and how they are used. Men and boys focus on how power and discrimination can be used in negative ways against women and girls, as well as them-selves.
Personal safety	<ul style="list-style-type: none"> Girls Female caregivers 	This theme covers self-protection strategies for women and girls to keep safe from violence more broadly, and GBV specifically.
Decision-making skills	<ul style="list-style-type: none"> Girls Boys 	Girls and boys learn skills for making wise decisions.
Bodies and health	<ul style="list-style-type: none"> Girls Boys 	Discussion of bodily care and hygiene, as well as a discussion of the dangers of smoking
Violence and its impact on lives and communities	<ul style="list-style-type: none"> Boys Male caregivers 	Sessions under this theme ask boys and men to reflect on the way that violence is a conditioned, learned behavior for men and boys. Men and boys should also understand how resorting to violence harms them and those around them.
Understanding girls and protecting them from violence	<ul style="list-style-type: none"> Boys Female Caregivers Male caregivers 	Encourages brothers and caregivers to understand the specific risks that girls face, to be empathetic towards them, and to support them.
Parenting skills	<ul style="list-style-type: none"> Female caregivers Male caregivers 	Encourages parents to develop empathy for their sons and daughters and to learn and practice positive communication skills and techniques.

- Mention that the latter part of the training will be devoted to practicing facilitation and giving and receiving feedback, using the manual.

ACTIVITY 11: Positive Facilitation Techniques (adapted from Girl Shine Session 4, Activity 1: Facilitation Techniques in the [Girl Shine Mentor Training Manual](#))

Duration: 45 Minutes

Objectives: Participants understand facilitation techniques necessary for SSAGE, including girl-friendly communication techniques

Materials:

- Flipchart paper
- Markers and pens

DIRECTIONS:

1. Ask the group of participants to think about facilitating sessions with the four different groups. Ask them what are techniques that will help them do this well in their context?
2. As the participants list techniques, write positive techniques on the flip chart paper. Ensure they mention the following techniques:
 - Recognize and manage discomfort of participants
 - Do not lecture or preach
 - Always share accurate information—if you do not know the answer, say you do not know and will get back to them
 - Do not provide personal opinions
 - Ask for support from a staff member if help is needed responding to particular issues
 - Always remind the group about the importance of confidentiality
 - Support shy participants to have a voice. This may include anonymous ways of them expressing their concerns or opinions, such as using a box to collect their ideas in writing or drawing.)

MENTOR TIP	RATIONALE	DON'T SAY	DO SAY
Do not ask direct questions about sensitive topics.	This can pressure participants and they may be less willing to share their personal experiences due to fear of judgement from other participants.	"What do you want?" "What would you do?"	"What do girls/boys/men/women like you want in this situation?" "What would girls/boys/men/women like you do in this situation?"
Give examples when trying to explain difficult ideas, through a scenario or a role-play or by rephrasing.	Concrete examples help participants understand the point being made, especially if they can relate through experience and exposure to these ideas.	"What are the goals you want to achieve in the future?"	"Fatima is 14 years old and when she is 21, she hopes she will have finished school and have a job as a teacher. To get there, she knows she has to study hard. Becoming a teacher is her goal."
Keep language clear and simple	Participants may feel intimidated by technical or complex language. Concepts should always be explained in ways that are accessible and familiar.	"A woman or girl who has experienced GBV should talk to a case manager or a staff member."	"Sometimes, things happen to women and girls that are difficult. There are some people who can talk to them if this happens."
Explain that there is not always a right or wrong answer	Participants should feel empowered to express their opinions without fear of judgement	If someone suggests negative practices (for example, if they say women and girls should dress properly to avoid harassment), don't say "that is wrong or bad."	Instead, say "Let's think about the risks and benefits of this suggestion."

ACTIVITY 12: Facilitating Remote Sessions via Technology (based on a session that was adapted from “One-on-one positive parenting PSS remote sessions,” developed by Yasmeeen Hijjawi for Danish Refugee Council Jordan)

Duration: 1 hour

Objectives: Participants understand the practical steps they can take to prepare for and implement online sessions.

Materials:

- Flipchart and flipchart paper
- Markers and pens

Note: This session is relevant for organizations who intend on implementing remotely via tablets or other technology methods.

DIRECTIONS:

1. Explain to the participants that due to COVID-19 restrictions or another reason, the mentors may need to carry out sessions remotely. Explain that in-person sessions with COVID-19 mitigation measures are always preferred, but that we need to be prepared to do sessions remotely.
2. Ask the group:
 - What sort of logistic challenges do you anticipate when delivering sessions remotely?
 - What sort of quality challenges do you anticipate?
 - What sort of safety/well-being challenges do you anticipate?

Write these challenges on the flipchart as participants mention them. Ensure that participants bring up issues around confidentiality and lack of privacy, the difficulty in keeping energy levels high, encouraging a strong and positive interpersonal connection between participants, and adapting content so it is appropriate for participants who do not have a private space in which to participate in sessions.

3. Ask the participants to break into pairs. Each pair should brainstorm remote positive facilitation skills and practical steps to mitigate the challenges that were just discussed. After 5 to 10 minutes, reconvene the group plenary and ask pairs to briefly share what they brainstormed.
4. After all pairs have shared their thoughts, give a brief presentation of good practices for the facilitation of remote sessions:

Before starting the remote program:

- Make sure participants have Internet access and/or have received Internet cards/tablets/other relevant equipment from the organization if relevant.
- Call participants in advance of the program and carry out the following steps:
 - Ensure the camera angle doesn't expose other members of the household who do not wish to be in view during the session.
 - Adjust the microphone and camera so you can see and hear the participant.
 - Ask participants if they feel comfortable with the video and audio call.
 - Ensure the Internet is likely to be functioning at the chosen time for sessions.
 - Remind participants of the topics that will be covered in the first few sessions and ask that they confirm again their consent to participate.

One day prior to the first remote session:

- Contact participants to remind them of the upcoming session.
- Call participants individually over the device to be used for session to make sure it's working, and they know how to use it. Provide them with support in setting up the device and using the video call.
- Read the session in advance and learn the steps and questions by heart. This will help with the flow of the session and the use of time.
- If the session includes an activity involving crafts or materials, send the instruction a day ahead so they can prepare, and practice the steps and make a model ready to show as the end result so you can focus on what they're doing.
- Check your own Internet connection to ensure that it is effective.

30 minutes prior to the session:

- Check your internet connection to make sure it is running properly. If you are in a location that frequently experiences Internet cuts or has a poor connection, try to have an IT Officer available to support you.
- Set your camera angle and microphone in a position so that participants can see and hear you well.
- Dress in a culturally appropriate way as you would if you were giving the session in-person, even if you will be giving the session from your home.
- Have all the material needed for the activity ready and within easy access to your workstation.
- Go over the details of the session and the questions one more time before you start the session.
- Make sure anyone around you is aware you are facilitating a session and will not walk in and interrupt a session.

During the remote session:

- Greet the participants warmly and ensure they can hear you and see you well.
- Explain the following: (repeat them at the beginning of each session)
To make sure we all enjoy this session, we must all do the following.
 - Speak clearly and raise your voices so we can all hear you well.
 - When drawing or doing any artistic activity, if you are comfortable please open the camera so that we can see what you are doing.
 - If you are comfortable, please open the camera when you speak so we can see your face.
- If you are facilitating an artistic activity, adjust the camera angle so that your hands are visible.
- Do not use filters when facilitating. Filters can obscure your facial expressions and what you are doing.
- Follow the steps in the manual that you have prepared.
- Ask the questions listed, encourage participants to answer with their own words and thank them for doing so.
- Remain conscious of the time for the activity, reminding participant of how much time is left for the session 10 minutes in advance then 5 minutes before ending.

What If Something Appears Wrong?

When working over video and audio call with families in their homes you may happen to hear or see personal family issues or incidents that you or the others shouldn't see or hear.

- If you hear someone talking in the background about personal issues (such as discussions about money, family problems, someone saying or doing something that they may not want others outside the home to see, etc.) ask your participant if they would like a minute to settle things or talk with their family member.
- If someone in the background who is not taking part in the session is visible, gently point this out to the participant and ask if they would like to adjust the camera angle.
- If there is loud television or music in the background that disrupts your ability to hear, explain that the sound is too loud and ask the participant to reduce the noise if they are able.

5. At the end of the presentation, enable time for participants to ask questions about remote facilitation. Finally, emphasize that remote facilitation can be challenging, and they should view this as a learning experience. They should forgive themselves if it is not always perfect!

ACTIVITY 13: Contending with Challenging Situations During Facilitation (adapted "Preparing for Sensitive Situations, from the IRC [Girl Shine Mentor Manual](#))

Duration: 90 minutes

Objectives: Participants discuss common challenging scenarios that can occur during facilitation and brainstorm ways to cope with these situations.

Materials:

- Scenario cards
- Flipchart and paper
- Markers and pens

Notes: The scenarios for group discussion have been adapted from the Girl Shine manual and are examples from the SSAGE implementation in Jordan. You may wish to use the original scenarios in the Girl Shine mentor manual or adapt according to your context.

DIRECTIONS:

1. Ask the group in plenary to brainstorm the types of challenges they anticipate will arise during the SSAGE sessions they will be facilitating. How might mentors deal with these challenges? As mentors mention some situations, write these on the flip chart.
2. After several minutes of group discussion, divide the participants into four groups, according to the cohort/s they will facilitate. Pass out the scenario cards and ask them to develop a role play for the situation that demonstrates how the mentor can manage this situation.

- **Group 1, Girl Groups:** You are giving a session on GBV and one of the girls mentions that she hates going out to the market because boys harass her every time she walks on the path to the market. Another of the girls in the group tells her that she should simply dress more appropriately, and this will not happen to her anymore. How do you handle this situation?

Suggested Response: Thank both girls for sharing their experience and thoughts. Remind girls of the group agreements, including the importance of not judging other girls' experiences and opinions. Remind the group of girls that when someone gets harassed, it is always the fault of the harasser, not the person being harassed. Ask girls to brainstorm ways that the first girl might still go to the market but mitigate her risk for violence, for example by walking with a group of girls.

- **Group 2, Male Caregiver Groups:** You are giving a session to male caregivers and one man says that he helps his wife with cooking and the dishes sometimes because she gets overwhelmed taking care of their children and volunteering at the women's center. Another man in the group makes a sarcastic comment about this man, insinuating that he is not a real man. How do you handle this situation?

Suggested Response: Remind the group of the group agreements, including the importance of respecting the opinions and experiences of others. Remind the men we are all here together because we love our families, and we want them to be happy and healthy. Ask the group of male caregivers if they think there are advantages to a man helping his wife out with housework. Highlight that in some cultures, it is normal for men to help with housework and this has been shown to benefit the family environment and reduce

stress between husbands and wives. Remind the men that cultures can change over time and with them the social roles of men and women.

- **Group 3, Female Caregiver Groups:** During a session with female caregivers when you are discussing good parenting techniques learned from our families, one woman starts crying because she misses her mother who remained in Syria during the war and has recently passed away. The woman is very upset. How do you handle this situation?

Suggested Response: Remind the group that it is very normal for us to feel intense grief when we lose someone whom we love, and that this is a space where we can express our emotions freely. Acknowledge and validate the woman's experience and ask her if she wishes to take a break from the session. If there are two mentors facilitating, one mentor can accompany the woman outside the room to comfort her and speak with her if she likes. If the woman wishes to continue in the session, ask other participants to offer their words of advice for dealing with this kind of grief. Remind women that they can always speak with mentors privately after sessions if they wish.

- **Group 4, Older Male Sibling Groups:** During a session with boys, one of the boys says that when his sister goes out in inappropriate dress, he hits her to teach her a lesson. He says this is for her own safety and he does it out of love for her because he wants her to be safe and respected in the community. How do you handle this situation?

Suggested Response: Thank the boy for sharing his opinion. Then ask the group as a whole if they think that being violent is truly being respectful of their sister, and good for her long-term well-being. Remind the boys that violence in the moment may seem to accomplish something, but it is bad for psychological health and well-being of the victim, and never leads to positive behavior changes.

3. As each group performs their role play, make sure that they are suggesting strategies that are positive and not harmful to any participant. Assess the comfort levels of mentors and ask them who they can seek support from if they are confronted with difficult situations during facilitation.

ACTIVITY 14: Facilitation Practice and Reflection

Duration: Depends on the number of mentors being trained. Each mentor should have at least 1 hour devoted to practicing facilitation and receiving feedback.

Objectives: Each mentor has the opportunity to facilitate a session that will enable them to practice good facilitation techniques and give and receive feedback from their peers.

Materials: Depends on sessions to be facilitated by mentors. Each mentor should prepare for their session by consulting the manuals and preparing the materials and training space as if they were preparing for a real session.

Notes: Ideally, mentors will have already taken part in some or all of the curriculum adaptation activities and should have some familiarity with manual structure, approach, and main thematic areas. The experience of simulating facilitation more formally for the first time may bring up other points of feedback, and mentors should have the opportunity to share this.

DIRECTIONS:

1. Each mentor should have the opportunity to facilitate one session from the curriculum. Other mentors to play the role of participants, and then give feedback to the facilitator after the session. The facilitator can determine whether mentors should choose the session or whether they should be assigned.
2. In plenary or in small groups, ask mentors to share about their experience facilitating, utilizing the following guiding questions:
 - How they prepared for the session
 - What they found difficult
 - What they enjoyed
 - What they feel they need to work on
 - If they have questions on anything
3. Remind the mentors that the curricula are a work in progress. We hope throughout the course of the first cycle to have continuous feedback on the content and delivery—to understand what went well, what did not go well, whether participants found content enjoyable, etc. During this training, we will take some initial impressions on the content of the sessions that they facilitated.
 - *Now that you have facilitated a session, are there any changes to the content that you recommend?*
 - *What are some initial impressions of the facilitation instructions that are given in the manual? Is it clear? Do you recommend changing anything?*
 - *Is there anything we should do prior to the beginning of the sessions to make the manual more user-friendly for you as a mentor?*

ANNEX 4: Service Referrals Decision-making Tool

Directions: This simple tool helps organizations determine if there is a minimum service infrastructure in place that will enable your organization to safely implement SSAGE through being able carry out referrals to GBV, child protection, and MHPSS services. Utilize this tool at the beginning of program planning, when you are deciding whether your organization can put in place all the essential core elements needed to implement SSAGE.

1. Does your organization currently offer GBV case management services?

Yes.  Go to question 3.

No.  Go to question 2.

2. Are there GBV case management services on/close to the implementation site that are able to accept referrals of GBV survivors from your organization?

Yes.  Go to question 3.

No.  *Reconsider implementation of SSAGE if there are no GBV services offered by your organization or other organizations that are close by. If you choose to go ahead with the program, remove content in the curriculum that speaks specifically about the experience and perpetration of GBV and focus on other life skills such as emotional management, communication, and healthy relationships.*

3. Does your organization currently offer child protection case management for young participants or families that need more individualized support?

Yes.  Go to question 5.

No.  Go to question 4.

4. Are there organizations on/close to the implementation site that currently offer child protection case management for young participants and/or caregivers that require more individualized support?

Yes.  Go to question 5.

No.  *If there are no specialized child protection services on-site, reconsider implementation of the SSAGE intervention. While it is possible to implement, you will need to devise a detailed plan for supporting individuals who may need more individualized services in child protection.*

5. Are there more specialized MHPSS services on/close to the implementation site (such as psychological counselling, psychiatric services) that can receive referrals?

Yes.  *If all these services are available, it is advisable to implement SSAGE*

No (or they are available but are not of an acceptable level of quality).  *It is highly desirable to have more specialized MHPSS services available, but it is still possible to carry out the SSAGE intervention provided that there are competent GBV and CP services on-site.*

ANNEX 5: Sample Internet and Technology Access Assessment Tool

Directions: This tool is to be used by organizations who are considering remote implementation. This tool enables organizations to gather information that will help them determine current Internet access and use patterns, device access, and preferences for remote session among participants. This tool should be administered with members of the four cohorts (girls, boys, and male and female caregivers) separately, and the analysis should pay close attention to gender and age differences in Internet and device access and use. This can be utilized as an FGD tool, or it can be done via individual interviews when gathering people in-person is not possible, such as via phone. It seeks to answer essential framing questions:

- What is the ability of each cohort group (girls, boys, female caregivers, male caregivers) to utilize devices and access the Internet?
- What device(s) does each cohort group utilize to access the Internet?
- What options does cohort group have for places in which to attend remote sessions? Do they feel comfortable participating in remote sessions in these spaces?
- What are the technology-related barriers to each cohort group attending virtual sessions?
- What equipment does each cohort group need to attend remote sessions?

FGD GUIDE

Cohort Group: (Choose from girls/boys/female caregivers/male caregivers)

Number of Participants: _____

Age of Participants: _____

Facilitator: _____

Introduction: We would like to ask you some questions about your current Internet access, use, and preferences. We are asking you to share this information to help us understand how we can potentially support you to take part in our online activities. This information will only be shared by other members of our staff, and we will not share your name with anyone. As always, if you do not feel comfortable with any of the questions, you can decline to answer.

1. How would you describe your current access to Internet?

Probes:

- a. Are you able to access Internet at all? If not, why?
- b. When (at what times of the day) do you have access to the Internet?
- c. What is the quality of your connection when you have access?
- d. How much the day do you have access?

2. Please tell us about how you currently use the Internet.

Probes:

- a. What purposes do you use the Internet for? (School, work, communication with friends and family, entertainment)
- b. What times of day do you use the internet? (Morning, midday, night, etc.)
- c. What type of internet connection do you have or use?

3. Please tell us about the device/s that you use to access the Internet:

Probes:

- a. What device/s do you use to access Internet?
- b. Do you have your own device or is your device shared with someone else?
- c. If your device is shared, with whom do you share it?
- d. Do you feel comfortable using your device? Why or why not?

4. Please tell us about the challenges you face related to Internet access.

Probes:

- a. Is your Internet affordable?
- b. Are there issues with unstable or weak connections? (*specify times when Internet is usually weak*)?
- c. Do you feel safe when you access the Internet? Why or why not?
- d. Are there other challenges we did not mention?

5. I would like to talk a little more about privacy and feeling safe when participating in sessions online. During some of our activities, we sometimes discuss topics that are difficult to talk about, or that might be embarrassing to talk about in front of other people. Can you therefore tell me:

- a. How confident do you feel in your ability to have privacy?
- b. At what times of day might you have the most privacy?
- c. Do you feel comfortable asking other family members to give you some alone space when you carry out sessions?

6. What would be the best way that our organization can help you to access the Internet in order to take part in our activities?

Prompts: For example, Internet cards, distribution or lending of devices such as tablets.

7. Is there anything else you would like to share with me on this topic?

ANNEX 6: Volunteer/Mentor Consultations Tool

Directions: This tool seeks to gain an understanding of how family structure and power dynamics tend to work within the community in which SSAGE will be implemented. This is a prototype tool, and questions can be easily changed, added, or removed according to your organization's needs. The tool should be administered with community volunteers, mentors, and/or community-based staff (such as community outreach officers) who have a strong knowledge of the community mores and power dynamics within the household. The information from this tool will also feed into the planning the subsequent family consultations with each cohort.

This tool should ideally be administered in a group setting in a space with adequate privacy. Each of the questions should take 5-10 minutes to answer, depending on the number of persons participating. The facilitator should encourage discussions and probe for further information, and the cofacilitator should take detailed notes of the whole discussion.

1. What concerns or fears do parents/families tend to have about adolescent girls in the community?
2. What concerns or fears do parents/families tend to have about adolescent boys in the community?
3. What kinds of contributions do families expect adolescent girls to make to the family in the community? (Probe: What kinds of tasks do adolescent girls perform within and outside the home to support their family?)
4. What kinds of contributions do families expect adolescent boys to make to the family in the community? (Probe: What kinds of tasks do adolescent boys perform within and outside the home to support their family?)
5. How do adolescent boys tend spend their time throughout the day?
6. How do adolescent girls tend to spend their time throughout the day?
7. In what ways do adolescent boys have influence/power over their sisters' lives?
8. How does the power/influence that a male sibling has on a girl compare to the power her male caregiver has? Who is more influential on a girls' life: the **male siblings or the male caregiver** like the father? Why is this?
9. How do male siblings tend to exercise power in the family (not just with their sisters, but more generally)?
10. How do male caregivers tend to exercise power/influence within the family?
11. How do female caregivers tend to exercise their power/influence within the family?
12. When working with young girls and their brothers, what do you think we should be careful about? Please be sure to mention important cultural aspects and things we should do to ensure respect for the families we work with.
13. Is there anything else you wish to mention about this subject?

ANNEX 7: SSAGE Family Consultation Tools

DIRECTIONS:

These tools should ideally be implemented in a girl-friendly community space that offers privacy, separately with each cohort. If such a space is not available, the tools can be administered in participants' homes as they have been designed to avoid sensitive questions. However, the tool should be adapted to ensure they are contextually appropriate. The tools are tailored to girls, adolescent boys, and female and male caregivers.

- › **Adolescent girls:** An interactive tool that explores how girls view their family relationships, the most influential persons in their lives, their safety concerns, and their skills and strengths. The tools are designed to accommodate all levels of literacy. If the interactive nature of the tools proves inappropriate for older girls in your context, you can reshape the questions into a more traditional FGD format.
- › **Adolescent boys:** An FGD guide that explores boys' relationships with sisters, their responsibilities, their perceptions of girls' safety and the risks in the community, and their perceptions of girls' skills and capacities.
- › **Female caregivers:** An FGD guide exploring female caregivers' perceptions of sibling relationships, perceived threats to girls' safety and future, the knowledge and skills female caregivers need to support daughters, and their own needs.
- › **Male caregivers:** An FGD guide exploring male caregivers' perceptions of sibling relationships, perceived threats to girls' safety and future, the knowledge and skills caregivers need to support daughters, and their own needs.

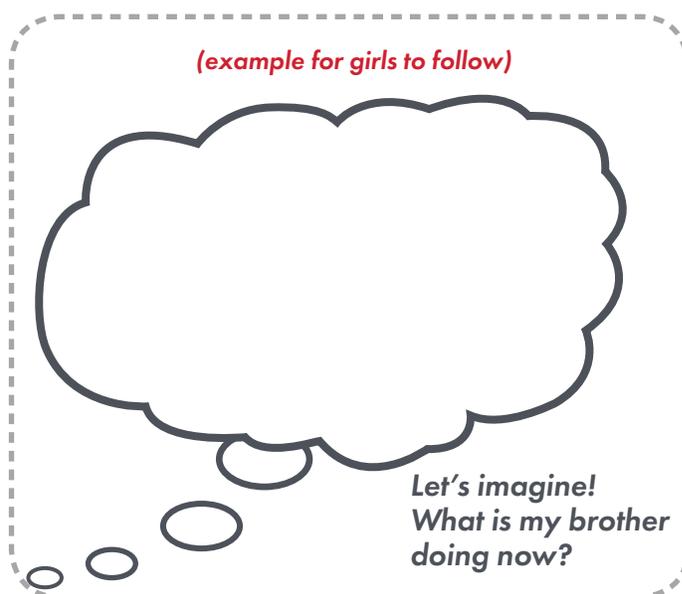
Part 1: Interactive Adolescent Girls Tools

DIRECTIONS:

Tools should be printed in colored A3 size, and flipchart stands and paper should be available. The tools utilize drawing, coloring, cutting, and pasting, therefore you should bring scissors, pencils, sticky notes, and markers/coloring pencils/crayons/paint. The lead facilitator leads each activity and interacts with the girls. The co-facilitator should take detailed notes and observations separately. The tools are designed for both literate and limited literacy participants.

Opening Icebreaker: Conduct an ice-breaker for 5-10 minutes to build energy in the room and encourage discussion.

- Write the name of the girls' brother on a flipchart/piece of paper.
- Ask the participant to draw/write/explain to us what the brother(s) do(es) generally or most of the time.
- While the girls are drawing, ask the following questions to stimulate discussion:
 - How does your sister/brother spend most of the time?
 - How is your relationship with him or them?
 - Do you get along generally or do you disagree sometimes?



Persons in my life (10-15 minutes, [page 102](#))

- Give girls markers/coloring materials and scissors.
 - Instruct girls to color each important person in their lives, according to color codes. Family members should be colored **GREEN**, friends should be colored **BLUE**, and other persons should be colored **PINK**.
 - After girls have colored ask them to use the scissors to cut out the people. The girls should then post each person to their appropriate place within the Circle of Trust (the image on the following page) on the flipchart.
-

The Circle of Trust (10-15 minutes, [page 103](#))

Explain to girls:

- You are the person at center of the Circle of Trust.
- The people you put in the circle closest to you are the ones you trust the most. If the girls need clarification, you can ask the girls whom they go to if they need help or support or an advice.

As each girl places the people in her life within the circle, pose the following questions to girls to stimulate discussion:

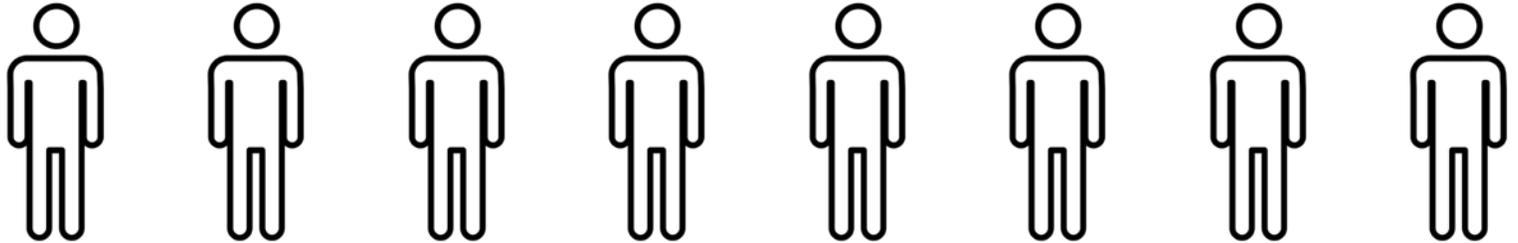
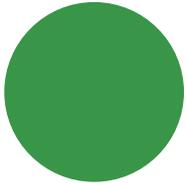
- *Why did you put this person in this circle?*
 - *Who are the people outside of these circles?*
 - *And why did you decide to put them outside the circle?*
-

Household Responsibilities (15 minutes, [page 104](#))

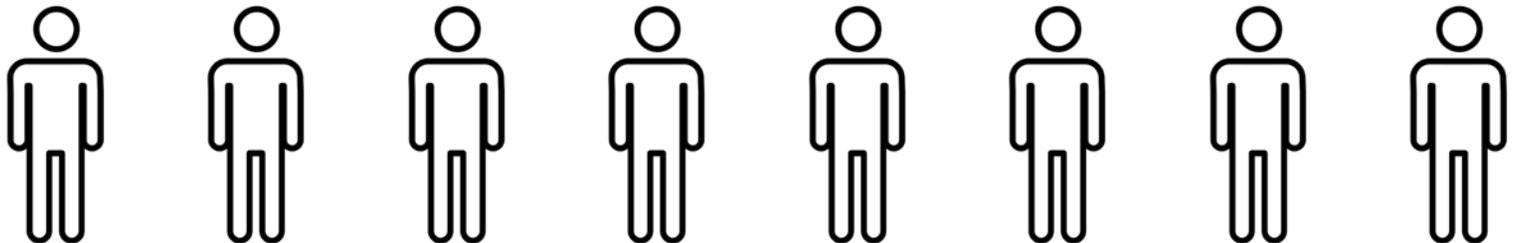
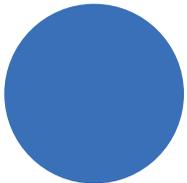
- Ask each girl to draw her responsibilities inside and outside of the household. Make sure to obtain the girl's perspective on what responsibilities are dictated by her family and which are dictated by society.
- If there are girls who do not want to or cannot draw, the facilitator can use a sticky note to write/draw for them.
- After the girls have drawn their responsibilities,, stimulate a discussion by asking:
 - *What are your responsibilities in your home, and what are your responsibilities outside of your home?*
 - *How are your responsibilities different from your other siblings? From other household members?*
 - *How are your responsibilities different from your brother's responsibilities? **(if this has not been answered during the previous question)***

PEOPLE IN MY LIFE: WHO AM I CLOSE TO?

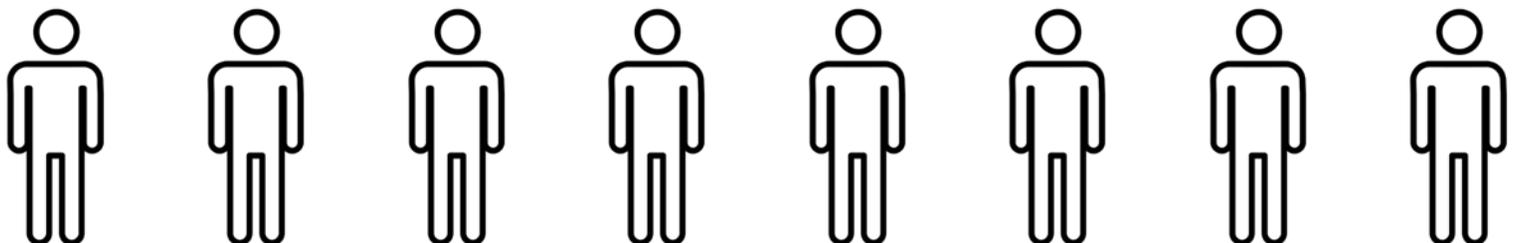
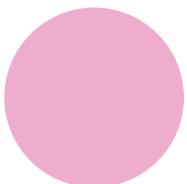
MY FAMILY

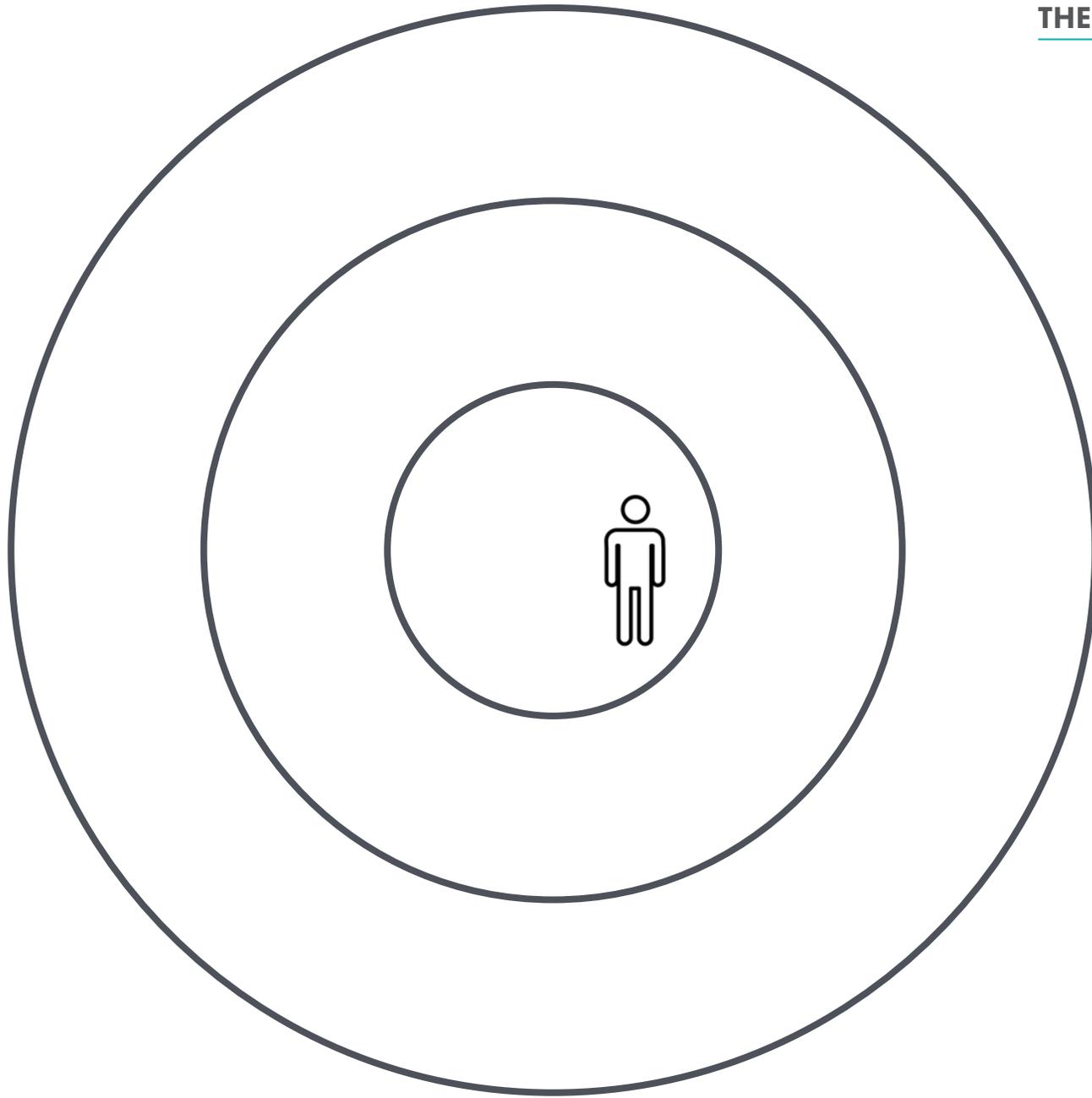


MY FRIENDS

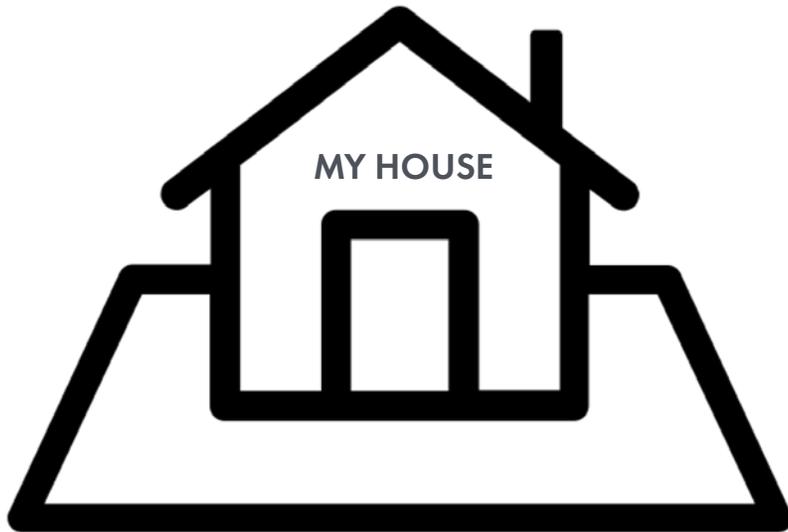


OTHERS





MY RESPONSIBILITIES



The School



My relative's house



My neighbor's house



The market



MERCY CORPS



Centers for other organizations

Safety Mapping (15 minutes, [page 106](#))

Ask girls to reflect on the places in the community that they feel are safe or unsafe for girls their age (do not ask girls for personal experiences unless they wish to share).

- Using a marker or a cutout of the green dots, each girl should identify the places in her community that are safe for girls her age to go to. Ask girls to explain their choices (if they wish).
 - Using a marker or a cutout of the red dots, each girl should identify the places in her community that are not safe for girls her age to go to. Ask girls to explain their choices (if they wish).
 - As girls post the dots, pose questions to try to have more nuanced information on which places are unsafe and safe, when, and what factors make them safe or unsafe for girls.
-

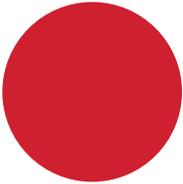
My strengths and talents (10-15 minutes, [page 107](#))

- Ask the participants to color and then cut out the things they do well/abilities, in order to glue in the circles on the flipchart (see image on the following page).
 - If an activity that a girl wishes to include is not depicted, they can draw or write in additional activities.
-

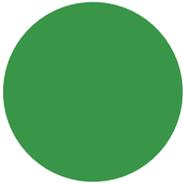
My Strengths and Talents (continued, [page 108](#))

- Using the previous collection of activities chose by girls, each girl should cut and paste the circles the strengths and talents she has.
- Ask each girl to draw or simply name her strengths
- After going over the different strengths and abilities of the girls in the room, the facilitator can ask if girls feel they need knowledge or skills they do not have now in order to achieve the things they want. Ask girls to explain further.

SAFETY MAPPING



NOT SAFE



SAFE



My house



My relative's house



My friend's house



My neighbor's house



The market



Safe Space

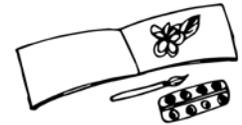


School

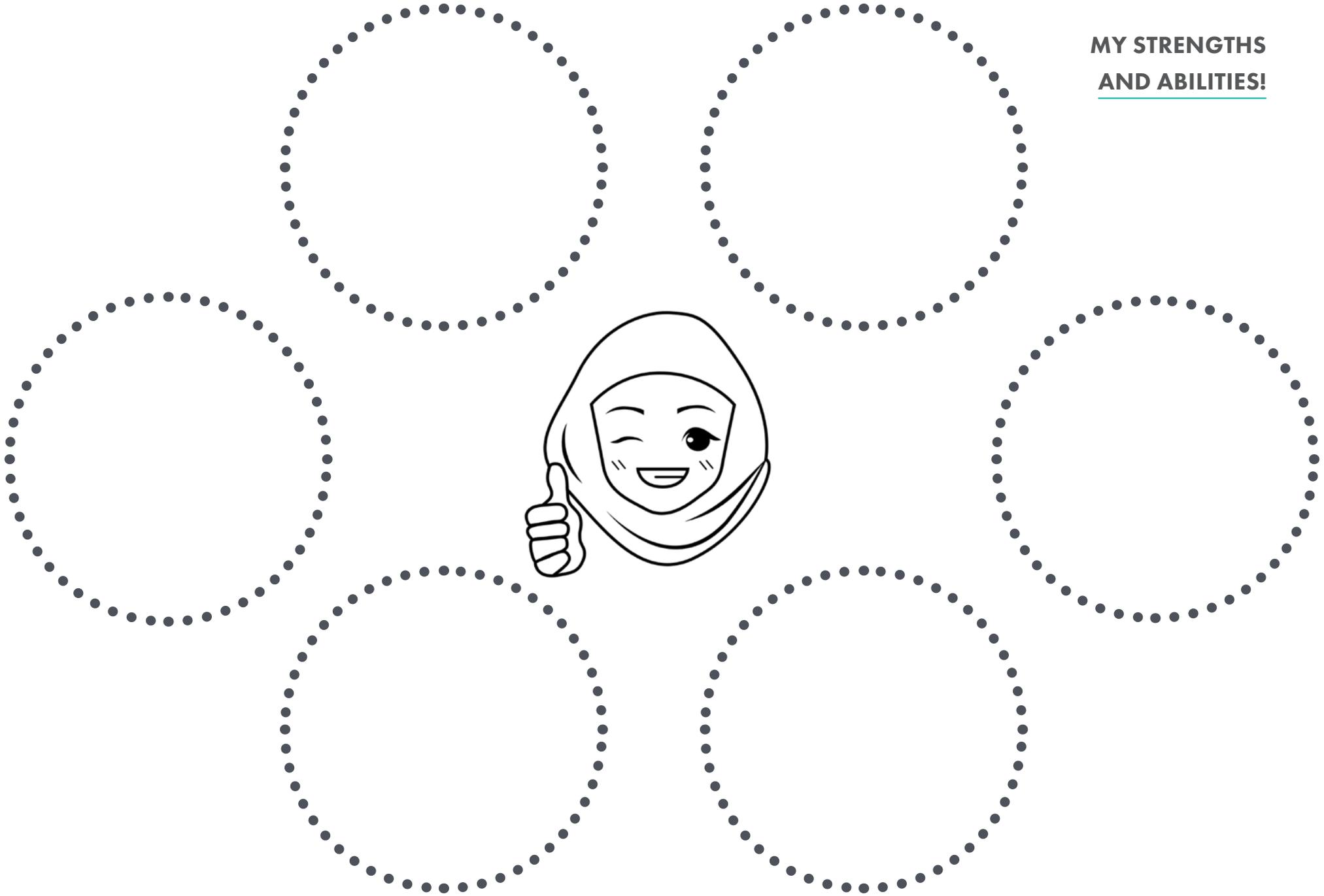


Other Organizations

MY STRENGTHS AND ABILITIES!



**MY STRENGTHS
AND ABILITIES!**



Part 2: FGD Questions for Adolescent boys

- For settings with higher levels of literacy, questions can be printed on A3 papers or written on a flip chart. Each question (or related group of questions) should be on one page.
- For each question, try to ensure that each participant has time to share.
- For higher-literacy settings, the primary facilitator should pose questions while the note-taker writes down answers on sticky note to glue on the flip chart.

Boys' lives:

1. *Generally how do you spend your time each day? What is the thing you enjoy doing the most?*
2. *What responsibilities do you have towards yourself? And towards your family?*
3. *Whom do you trust the most? Who would you go to if you needed help or advice? (note that the Circle of Trust can also be used for this activity if working with younger boys).*

Boys' perceptions of girls' lives and challenges:

4. *Some people would say that life for girls is harder than it is for boys. Do you agree with this? Why or why not?*
5. *In your opinion, what are the challenges that girls in your community face? How are these different than the challenges faced by boys?*

Sisters' Lives:

6. *Tell us about your sister/s. How does she usually spend her day most of the day?*
7. *What sorts of responsibilities does your sister/s have? In your opinion, who between the two of you has more responsibilities? Can you explain your answer?*

Brother-Sister Relationships:

8. *I would like you to tell me about your relationship with your sister/s.*
 - *How would you describe your relationship overall?*
 - *Do you tend to get along with your sister or do you fight sometimes?*
 - *What sorts of responsibilities do you have toward each other?*
9. *Do you ever worry about your sister? What do you worry about for her and why?*

Perceived Knowledge Needs:

10. *In your opinion, what knowledge or information or skills does your sister need so that she can be safe and happy now, and to be able to realize her dreams in the future?*
11. *What are the things that you want to learn about, and the skills that you would like to acquire?*

Part 3: FGD Questions for Caregivers

- The following questions are for male and female caregivers, though each group should be consulted separately, ideally in a private place such as a girl-friendly community space.
- For settings with higher levels of literacy, questions can be printed on A3 papers or written on a flip chart. Each question (or related group of questions) should be on one page. For groups with more limited literacy, simply pose the questions and have a discussion.
- For each question, try to ensure that each participant has time to share for 2-3 minutes. Therefore, each questions should take about 15-20 minutes
- For higher-literacy settings, the primary facilitator should pose questions while the note-taker writes down answers on sticky note to glue on the flip chart.

General awareness and perceptions of childrens' lives:

1. Can you tell me a little about your children? How many boys do you have in your household? And how many girls do you have? What ages are your children?
2. How does your son generally spend his day?
3. How does your daughter generally spend her day?

Awareness of gendered differences:

4. We know that in our community, girls' lives are different from boys' lives. In your opinion, what are the biggest differences between the lives of your sons and daughters?
5. How will their future lives be different?

Perceptions of Brother-Sister Relationships

6. How would you describe the relationship between your son and daughter? Do they generally get along? Do they support each other? Are there points of disagreement between them?
7. Do you have any concerns about their relationship with one another?
8. How do you think the relationship could be improved or strengthened?

Parenting Style:

9. How do you try to build trust and closeness between your children?
10. What have you taught them as a parent about their responsibilities in general and towards each other? (What have you taught them about how they should act towards one another?)

Concerns and Hopes for Sons and Daughters:

- 11.** In your opinion, what are the biggest challenges your daughter faces?
- 12.** What sort of concerns do you have about your daughter's future, in the short-term and in the long-term? What sorts of hopes do you have?
- 13.** What about your son? In your opinion, what are the biggest challenges your son faces?
- 14.** What sorts of concerns do you have about your son's future, in the short-term and in the long-term? What sorts of hopes do you have?

Building Protective Assets:

- 15.** What knowledge and skills does your daughter need in order to stay safe now and to realize her hopes for the future?
- 16.** What knowledge and skills does your son need in order to be a respectful and caring young man?
- 17.** As a parent, what sort of skills or knowledge will help you be the best parent to your daughter? And to your son?

ANNEX 8: Analytical Matrix for Family Consultations

Directions: This matrix is intended to structure team discussions and collaborative analysis of the data obtained during family consultations. It is meant to be used during a meeting of all staff who were involved in conducting the consultations (including volunteers or mentors present) as well as technical staff. Prior to the staff discussion, the persons who carried out the consultations (facilitators and note takers) should fill in the column on key points from the discussion, as well as observations. Note that the thematic areas may differ from those mentioned below, depending on your context.

MATRIX 1: GIRLS

THEMATIC AREA	KEY POINTS FROM DISCUSSION <i>(Bullets about what the participants said)</i>	RESEARCHER OBSERVATIONS <i>(Any comments on the responses by researcher, such as "uncomfortable with questions" if that is relevant)</i>	IMPLICATIONS FOR THE CURRICULUM <i>(Initial thoughts of SSAGE team on what this means for curriculum)</i>
Perceptions of brother's lives			
Relationship with brother			
Trust: who girls trust and why			
Girls' responsibilities (in home, in community)			
Community safety mapping: where girls feel (un)safe and why			
Girls reported strengths and interests			
Other issues that came up			

MATRIX 2: BOYS

THEMATIC AREA	KEY POINTS FROM DISCUSSION <i>(Bullets about what the participants said)</i>	RESEARCHER OBSERVATIONS <i>(Any comments on the responses by researcher, such as "uncomfortable with questions" if that is relevant)</i>	IMPLICATIONS FOR THE CURRICULUM <i>(Initial thoughts of SSAGE team on what this means for curriculum)</i>
Boys' responsibilities in household			
Boys' perception of sister's lives			
Boys awareness of risks girls face			
Relationship with sister			
Perceived information needs of girls			
Boys' interests and information needs			
Other issues that came up			

MATRIX 3: FEMALE CAREGIVERS

THEMATIC AREA	KEY POINTS FROM DISCUSSION <i>(Bullets about what the participants said)</i>	RESEARCHER OBSERVATIONS <i>(Any comments on the responses by researcher, such as "uncomfortable with questions" if that is relevant)</i>	IMPLICATIONS FOR THE CURRICULUM <i>(Initial thoughts of SSAGE team on what this means for curriculum)</i>
Female caregivers' perception of daughter's routine and responsibilities			
Female caregivers' perception of son's routine and responsibilities			
Perception of brother/sister relationship			
Reported concerns about sibling relationship			
Parenting (building trust, supporting family relationship)			
Female caregivers' worries about daughter			
Female caregivers' perception of challenges faced by girls			
Other issues that came up			

MATRIX 4: MALE CAREGIVERS

THEMATIC AREA	KEY POINTS FROM DISCUSSION <i>(Bullets about what the participants said)</i>	RESEARCHER OBSERVATIONS <i>(Any comments on the responses by researcher, such as "uncomfortable with questions" if that is relevant)</i>	IMPLICATIONS FOR THE CURRICULUM <i>(Initial thoughts of SSAGE team on what this means for curriculum)</i>
Male caregivers' perception of daughter's routine and responsibilities			
Male caregivers' perception of son's routine and responsibilities			
Male caregivers' perception of brother/sister relationship			
Reported concerns about sibling relationship			
Parenting (building trust, supporting family relationship)			
Male caregivers' worries about daughter			
Perceptions of challenges faced by girls			
Perceptions of girls' needs (knowledge and/or skills)			
Other issues that came up			

ANNEX 9: Sample Agenda for Pilot Workshops (Example from Jordan)

Directions: This sample agenda can be used to help organizations structure piloting workshops. It is meant as an example and is not intended to be directly replicated.

PARTICIPATORY PILOT WORKSHOPS AGENDA

Overall Guidance for the Activity:

- › In both Azraq and Za'atari camps, the contextualization workshops will be given entirely remotely online via tablet. As such, Mercy Corps will need to distribute tablets, Internet credit, and charging banks to all participants for use during the sessions.
- › The workshops will last two days each for boys and girls, and one day each for female and male caregivers. Each day will last around 3-6 hours.
- › Each group should contain between five to 10 participants; the emphasis should be on quality and manageability of the session rather than a large number of participants so the exact number should be at the discretion of the facilitator.
- › A number of activities (not full sessions) have been selected to pilot from both the SSAGE curriculum developed for the pilot in Nigeria, as well as [Girl Shine](#) and [My Safety My Wellbeing](#). These alternative curricula are referenced for when the SSAGE curriculum may not provide a culturally appropriate activity, or an activity that can be done remotely. There will not be time to do all selected activities with all cohorts in each camp; rather two or three activities can be piloted in one camp, while the other two are piloted in the other camp.
- › The structured feedback on the session should be taken by a staff member other than the facilitator so as not to make both participants and facilitator uncomfortable.

Basic Format of the workshop for all cohorts:

- 1. Introduction to program and activity:** Start with a brief energizer and then introduce the program and the objectives, framing them around the importance of supporting adolescents to cope with the stresses and be safe during difficult times. (45 minutes)
- 2. Pilot of 2 to 4 activities (not full sessions) followed by structured feedback from participants that needs to be documented. (6-8 hours total). Feedback should verify:**
 - a. Is the theme relevant to your lives? Why or why not?
 - b. Is the approach interesting—What did you like about the approach? What didn't you like?
 - c. Facilitator observations around technical issues—like was there a lot of interruption, were some activities too difficult
- 3. Thematic Exploration:** An optional activity meant to Enable us to explore and validate with participants the other themes in the curriculum that were not covered during the pilot sessions. This will vary from cohort to cohort; with mothers, see feasibility of having girls and boys learn more about bodies of both (puberty)

1. Agenda for Girls 10-14

TITLE	FORMAT	NOTES	TIMING
OPENING	<ul style="list-style-type: none"> • Energizer (10 minutes) • Introducing SSAGE as a program • Introducing the piloting workshop, including objectives and format 	Utilize the Arabic introduction to the program.	30 minutes
PILOT SESSION 1	<ul style="list-style-type: none"> • Pilot Activity 3.2: The Work We Do and the Value It's Given from the SSAGE girl's curriculum • Structured feedback from the girls 	Note that for this activity, it is recommended not to focus on "paid versus unpaid" as this may be triggering for men and boys who are not working. Instead, frame it around labor that is "seen/recognized/validated" (men's work) and that which is not (women and girls' work). We will pilot this activity with all cohorts, since it is a gender-themed activity that may be possible to be done remotely without necessarily creating a large risk for harm. Instead of the role play, we will replace with an individual activity, or to read a case study/story for the girls.	2 hours
PILOT SESSION 2	<ul style="list-style-type: none"> • Pilot Activity 9.2: Healthy and Unhealthy Relationships (modified) from the SSAGE girl's curriculum • Structured feedback from the girls 	This session is more gender-focused, must be facilitated by gender-specialized colleague.	2 hours
PILOT SESSION 3	<ul style="list-style-type: none"> • Pilot Activity 10.2: Being Assertive from the girls' curriculum • Structured feedback from the girls 	Assertiveness might have to be reframed in Arabic so as to be more culturally appropriate. This session also relies on reading and writing, which should be swapped by a physical activity, such as asking girls to stand up or clap hand as facilitator leads the activities and reads text aloud	2 hours
PILOT SESSION 4	<ul style="list-style-type: none"> • Pilot "This is How I Feel" Activity 1 and 3 from the IRC's My Safety, My Wellbeing (pages 57 and 59 of the online version) • Structured feedback from the girls 	A session on emotional management, that might be helpful for girls who are frustrated by the ongoing confinement.	2 hours
FURTHER THEMATIC EXPLORATION (OPTIONAL)	<ul style="list-style-type: none"> • Brainstorm: What other issues are important to us that we want to discuss in our safe spaces? • How might these be approached? 	Now that the girls have an idea of what this curriculum covers and the format of sessions, they should ideally be in a place to validate the other themes in the curriculum that were not broached in the pilot activities. For girls, this might mean even sharing images or icons or ideas (like do you want to learn about negotiating skills?)	30 minutes
CLOSING	<ul style="list-style-type: none"> • Interactive closing activity 	Carry out this activity if time allows.	10 minutes

2. Agenda for boys

TITLE	FORMAT	NOTES	TIMING
OPENING	<ul style="list-style-type: none"> • Energizer (10 minutes) • Introducing SSAGE as a program • Introducing the piloting workshop, including objectives and format 	Utilize the Arabic introduction to the program.	30 minutes
PILOT SESSION 1	<ul style="list-style-type: none"> • Activity 10.1: Listening Skills from SSAGE boy's curriculum • Structured feedback from the boys 	Activity may be too difficult remotely without significant variations. If not possible, then skip in pilot.	2 hours
PILOT SESSION 2	<ul style="list-style-type: none"> • Pilot Activity 3.2: The Work We Do and the Value It's Given from the SSAGE boy's curriculum • Structured feedback from the boys 	Note that for this activity, it is recommended not to focus on "paid versus unpaid" as this may be triggering for men and boys who are not working. Instead, frame it around labor that is "seen/recognized/validated" (men's work) and that which is not (women and girls' work). We will pilot this activity with all cohorts, since it is a gender-themed activity that may be possible to be done remotely without necessarily creating a large risk for harm. Instead of the role play, we will replace with an individual activity, or to read a case study/story for the girls.	2 hours
PILOT SESSION 3	<ul style="list-style-type: none"> • Pilot Activity 10.3: Resolving Disagreements from the SSAGE boys' curriculum • Structured feedback from the boys 	Through this activity, we want to gauge if boys are open to the idea of not imposing their own will during disagreements. If not, we will have to simplify the activity. The activity can be simplified by using a case study and discussion instead of asking boys to share cases/examples from their own lives.	2 hours
FURTHER THEMATIC EXPLORATION (OPTIONAL)	<ul style="list-style-type: none"> • Brainstorm: What other issues are important to us that we want to discuss in these sessions? • How might these be approached? 	Carry out this activity if time allows.	30 minutes
CLOSING	<ul style="list-style-type: none"> • Interactive closing activity 	Carry out this activity if time allows.	10 minutes

3. Agenda for Male Caregivers

TITLE	FORMAT	NOTES	TIMING
OPENING	<ul style="list-style-type: none"> • Energizer (10 minutes) • Introducing SSAGE as a program • Introducing the pilot workshop, including objectives and format 	Utilize the Arabic introduction to the program.	30 minutes
PILOT SESSION 1	<ul style="list-style-type: none"> • Pilot Activity “Understanding Stress Discussion” from the IRC Girl Shine Caregiver Manual for men, page 96-97 • Structured feedback from the men 	Note that this is a simpler activity that helps men think about the stress they feel and how their stress manifests within the household.	2 hours
PILOT SESSION 2	<ul style="list-style-type: none"> • Pilot Activity 3.2: The Work We Do and the Value It’s Given from the SSAGE men’s curriculum • Structured feedback from the men 	Same comment as above--here, we want to see if there is any empathy or recognition from men for the burdens borne by women and girls. Need to reframe the paid/unpaid as “seen/recognized/validated”	2 hours
PILOT SESSION 3	<ul style="list-style-type: none"> • Pilot Mentor Theme 4: Loving My Family from REAL Father’s curriculum • Structured feedback from the men 	This activity is suggested as the SSAGE curriculum for men ‘Activity 8.2: Healthy and Unhealthy Partner Relationships’ might be too advanced, especially in the remote format.	2 hours
PILOT SESSION 4	<ul style="list-style-type: none"> • Pilot the “Exploring Fatherhood” activity from the IRC’s Girl Shine Caregiver manual for men, page 103 • Structured feedback from men 	Activity from the SSAGE original curriculum is very focused on father-son relationships.	2 hours
FURTHER THEMATIC EXPLORATION (OPTIONAL)	<ul style="list-style-type: none"> • Brainstorm: What other issues are important to us that we want to discuss in our safe spaces? • How might these be approached? 		20-30 minutes
CLOSING	<ul style="list-style-type: none"> • Interactive closing activity 	Carry out this activity if time allows.	10 minutes

4. Agenda for Female Caregivers

TITLE	FORMAT	NOTES	TIMING
OPENING	<ul style="list-style-type: none"> • Energizer (10 minutes) • Introducing SSAGE as a program • Introducing the pilot workshop, including objectives and format 	Utilize the Arabic introduction to the program.	30 minutes
PILOT SESSION 1	<ul style="list-style-type: none"> • Pilot Activity 12.1: My Parents' Legacy from the SSAGE mother's curriculum (adapted from Girl Shine female caregiver manual) • Structured feedback from the women 	This activity should be possible for most facilitators to do, as long as they understand how to get people to reflect on their experiences.	2 hours
PILOT SESSION 2	<ul style="list-style-type: none"> • Pilot Activity 3.2: The Work We Do and the Value It's Given from the SSAGE women's curriculum • Structured feedback from the women 	Same activity we are doing with each cohort. As above, reframe paid/unpaid work as "seen/recognized/validated."	2 hours
PILOT SESSION 3	<ul style="list-style-type: none"> • Pilot Activity 2: Visioning for the Future from the IRC's Girl Shine caregiver manual, page 29. • Structured Feedback from the women 	Through piloting this activity, we want to determine how the women might respond to the idea of empowering their daughters.	2 hours
PILOT SESSION 4	<ul style="list-style-type: none"> • Pilot Activity 10.3: Empathy Between Mothers and Daughters and Sons from the SSAGE women's curriculum • Structured Feedback from women 	Note this activity is advanced and should be led by an experienced facilitator.	2 hours
FURTHER THEMATIC EXPLORATION (OPTIONAL)	<ul style="list-style-type: none"> • Brainstorm: what other topics do you want to discuss in this format for you as a mother (not for children)? • Brainstorm: There may be some sensitive information that your children might have questions about. How do you want to be supported to provide this to them? 	Possible to ask mothers now they understand the general format, what other topics should be broached with daughters. Important not to repeat what was done during the family consultations.	20-30 minutes
CLOSING	<ul style="list-style-type: none"> • Interactive closing activity 	Carry out this activity if time allows.	10 minutes

ANNEX 10: Structured Feedback Form for Pilot Workshops

Directions: This tool should be used to gather feedback from participants in the pilot workshops. Feedback is to be taken on activity content, facilitation style, and overall engagement. There are two parts to this tool. Part 1 is an observational tool that should be completed by an observing staff member or a co-facilitator during or immediately following the session. Part 2 of the tool solicits feedback directly from participants within the 48 hours following the pilot workshop. For low-resource contexts or those in which completing the full tool is not possible, there is an alternative exercise that can be swapped out for Parts 1 and 2 at the end of this tool.

PART 1: OBSERVATIONAL TOOL FOR USE BY COFACILITATOR DURING THE SESSION	
Location:	
Cohort:	<ul style="list-style-type: none"> • Girls • Boys • Female caregivers • Male caregivers
Title of Activity piloted:	
Participant Info: <ul style="list-style-type: none"> • Number of participants • Age • Any notes (for example, uncle is participating on behalf of father) 	
Internet/Technology Considerations (for remote implementation): <ol style="list-style-type: none"> 1. Were the participants able to be online for most of the time? 2. Were participants able to hear the facilitator? 3. Could the rest of the group hear when participants spoke? 4. Were there any interruptions due to Internet access? 	
Engagement of participants: <ol style="list-style-type: none"> 1. Did participants appear to understand the content? 2. Did the participants appear to be interested in the content? 3. Were participants comfortable with the session? If not, do you know why? 4. Did anyone seem shy or embarrassed? If yes, what is the reason? 5. Did participants understand the activity? 	
Facilitator: <ol style="list-style-type: none"> 1. Does the facilitator deliver the content clearly? 2. Is the facilitator able to keep the session interactive (not teaching)? 	
Other: Is there anything else that should be noted?	

PART 2: FEEDBACK FROM PARTICIPANTS

(to be taken by a person who is not the facilitator following the session, ideally immediately following the activity, or via a phone call within 48 hours)

<p>Overall Impression: Overall, how did you feel about the session? (Choose one)</p>	<ul style="list-style-type: none"> • Loved it! • It was good, I liked it • It was ok • I did not like it • I really did not like it!
<p>Thematic Content:</p> <ol style="list-style-type: none"> 1. Is the theme relevant to your lives? Probe: Why or why not? 2. Do you feel the theme and the information provided was clear? Probe: Why or why not? 3. Did you learn anything new? If yes, what did you learn? 4. Are there more important themes that you would prioritize over this theme? 	
<p>Session Delivery:</p> <ol style="list-style-type: none"> 1. What did you like about the approach/delivery? 2. What didn't you like/What would you change? 3. Was the language used appropriate? If not, what would you do differently? 4. Was the delivery helpful/appropriate for someone of your age? If not, how would you change it? 	
<p>Internet/Technology:</p> <ol style="list-style-type: none"> 1. How much of the session were you able to be online for? 2. Were there any interruptions due to Internet access? If yes, how many times and for how long? Were you still able to follow the session? 3. Were you able to hear the facilitator and the other participants throughout the session? 4. Were there any other issues with technology? (for example, if the battery died, the power went out) 	
<p>Environment:</p> <ol style="list-style-type: none"> 1. Did you feel comfortable during the activity? Why or why not? (for example, did any of the information make you feel embarrassed? Was it hard to talk about this while other people were in the room with you?) 2. Were there any interruptions you experienced due to your environment? (for example, people talking in the background in your home?) 3. Did you feel the time of day for this activity was appropriate for you? Why or why not? 	
<p>Other: Is there anything you would like to share with me about your experience in this?</p>	

ALTERNATIVE EXERCISE FOR LOW-RESOURCE CONTEXTS:

If it is not possible to complete the full tool, staff can pose the following basic questions following the workshop to obtain feedback.

- Can you summarize what you heard/saw?
- How did it make you feel?
- What did it make you think about?
- What will you do now because of the exercise?

ANNEX 11A: SSAGE Curriculum Roadmap

Directions: This tool provides a template for succinctly mapping out the structure of the curriculum, and to note any changes that were made, as well as notes on session content or facilitation. It is to be done at the end of the participatory contextualization process, after you have determined curriculum content and approach. In the first column, place the larger thematic areas that should be covered under SSAGE. Then in the second column, populate the activities that you have included that correspond to the larger theme, that have been selected based on the results of the participatory contextualization process. Finally, in the third column, you can add any notes documenting and/or justifying the changes made and adding any relevant instructions. An example of how this will look can be found in Annex 11B.

LARGER THEME	REORDERED ACTIVITY TITLES	NOTES ON SESSIONS/CHANGES MADE
THEME 1		
THEME 2		
THEME 3		
THEME 4		
THEME 5		
THEME 6		
THEME 7		
THEME 8		

ANNEX 11B: SSAGE Curriculum Roadmap (Sample from Jordan)

Directions: This tool provides a template for succinctly mapping out the structure of the SSAGE curriculum, and to note any changes that were made, as well as notes on session content or facilitation. This is an example from Jordan was developed prior to Cycle 1 of the curriculum and is meant to be illustrative. At that time (spring of 2021), due to heavy COVID-19 restrictions during the initial months of the project, the curriculum had to be divided into sessions that could be done both remotely and in-person, and those that could only be done in-person in Mercy Corps’ centers where privacy could be guaranteed. The curriculum was therefore divided into sessions that could be done both remotely and in-person, and sessions that could only be done in-person—generally, those that dealt with sensitive subject matter such as gender, GBV, the body, and intimate relationships. The rigid restrictions on gatherings were lifted prior to the beginning of Cycle 1 of the program and the curriculum was eventually given in its entirety in-person.

FEMALE CAREGIVERS’ CURRICULUM ROADMAP		
Larger Theme	Reordered Activity Titles	Notes on Sessions/ Changes Made
THEME 1: Establishing Trust and Ground Rules	<p>SESSION 1: OUR SAFE SPACE (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> Activity 1.1: Icebreaker and Introduction to the SSAGE Program Activity 1.2: This is Me! Activity 1.3: Group Agreements 	
THEME 2: Social and Emotional Skills and Relationships	<p>SESSION 2: OUR EMOTIONS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> Activity 2.1: Listening Skills Activity 2.2: Understanding Stress (from <i>Girl Shine</i>) Activity 2.3: Saying What I Want and Need (Being Assertive) Activity 2.4: Resolving Disagreements <p>SESSION 3: OUR RELATIONSHIPS (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> Activity 3.1: My Relationships (<i>activity only for in-person sessions</i>) Activity 3.2: Healthy Relationships (<i>activity only for in-person sessions</i>) 	<p>Session 2 is long and may be broken into two sub-sessions if more time is needed for activities.</p> <p>Healthy and Unhealthy Relationships Between Husbands and Wives may be triggering for women who have been exposed to abusive relationships. It should not be done at all with a remote curriculum and should only be done by experienced facilitators, if it is done at all.</p>
THEME 3: What does it mean to be a woman in society? (<i>Gender Socialization</i>)	<p>SESSION 4: WHAT DOES IT MEAN TO BE A WOMAN IN OUR COMMUNITY? PART 1 (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> Activity 4.1: How We Learn to Be Women (and Men) Activity 4.2: Woman Box, Man Box <p>SESSION 5: WHAT DOES IT MEAN TO BE A WOMAN IN OUR COMMUNITY PART 2 (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> Activity 5.1: Values Linked to Social Roles of Men and Women (Gendered Values) Activity 5.2: The Work We Do and the Value it’s Given 	<p>Sex and Gender from the SSAGE curriculum has been removed due to its didactic nature. Additionally, participants should understand the difference between the concepts from the practical activities.</p>
THEME 4: Power and Empowerment	<p>SESSION 6: UNDERSTANDING POWER (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> Activity 6.1: Power Balance (<i>activity only for in-person sessions</i>) Activity 6.2: Exploring the Meaning of Power (<i>activity only for in-person sessions</i>) Activity 6.3: Who Has Power and How do They Use It? (<i>activity only for in-person sessions</i>) 	<p>Exploring the Meaning of Power has a lot of writing, which should be removed in favor of verbal discussion.</p> <p>The Circle of Discrimination can be triggering and has been removed for female caregivers. It can be done if facilitator is experienced and feels activity is relevant.</p>

<p>THEME 5: Keeping Ourselves Safe</p>	<p>SESSION 7: UNDERSTANDING VIOLENCE (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> • Activity 7.1: Types of Violence (<i>activity only for in-person sessions</i>) • Activity 7.2: Consequences of GBV (<i>activity only for in-person sessions</i>) • Activity 7.3: Violence in Daily Life (<i>activity only for in-person sessions</i>) <p>SESSION 8: KEEPING OURSELVES SAFE (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 8.1: Keeping Safe from Violence 	<p>The Cycle of Domestic Violence has been removed as it is more appropriate for social workers and may be triggering.</p> <p>Keeping Safe from Violence can still be triggering, so recommend modifying case studies if necessary.</p> <p>The Power and Violence Map asks many personal questions about power in the family, triggering for context.</p>
<p>THEME 6: Healthy Families and Parenting</p>	<p>SESSION 9: MOTHER-CHILD RELATIONSHIPS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 9.1: My Parents' Legacy • Activity 9.2: Mother and Children Communication • Activity 9.3: Empathy Between Mothers and Daughters (and Sons) <p>SESSION 10: STRENGTHENING THE FAMILY ENVIRONMENT (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 10.1: Family Rules and Expectations • Activity 10.2: Positive Parenting Techniques 	<p>Decisions in the Home is potentially triggering for Jordan, where we know that women are not highly likely to be able to change decision-making structures.</p>
<p>THEME 7: Understanding our adolescent girls and keeping them safe</p>	<p>SESSION 11: UNDERSTANDING VIOLENCE AGAINST ADOLESCENT GIRLS (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> • Activity 11.1: Physical and Emotional Changes in Boys and Girls (<i>activity if privacy can be guaranteed</i>) • Activity 11.2: Reproductive Myths (<i>activity only for in-person sessions</i>) • Activity 11.3: Understanding Violence Against Adolescent Girls (<i>activity only for in-person sessions</i>) • Activity 11.4: Consequences of Violence for Adolescent Girls (<i>activity only for in-person sessions</i>) <p>SESSION 12: HELPING OUR GIRLS STAY SAFE (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 12.1: Adolescent Girls' Rights • Activity 12.2: Protecting Adolescent Girls from Violence 	<p>During Activity 11.3, if mothers wish to speak more about early marriage, allow extra time for this.</p>
<p>THEME 8: Looking Forward</p>	<p>SESSION 13: LOOKING FORWARD (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 13.1: Visioning for the Future (from Girl Shine) • Activity 13.2: This is Me! (Part 2) • Activity 13.3: I Promise 	

GIRLS' CURRICULUM ROADMAP

Larger Theme	Reordered Activity Titles	Notes on Sessions/ Changes Made
THEME 1: Establishing Trust and Ground Rules	<p>SESSION 1: OUR SAFE SPACE (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 1.1: Icebreaker and Introduction to the SSAGE Program • Activity 1.2: This is Me! • Activity 1.3: Group Agreements 	
THEME 2: Social and Emotional Skills and Relationships	<p>SESSION 2: OUR EMOTIONS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 2.1: Listening Skills • Activity 2.2: This is How I Feel (from <i>Girl Shine</i>) • Activity 2.3: Managing Stressful Times (from <i>Girl Shine</i>) <p>SESSION 3: OUR RELATIONSHIPS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 3.1: My Relationships • Activity 3.2: Healthy and Unhealthy Relationships (<i>activity only for in-person sessions</i>) • Activity 3.3: Family Relationships <p>SESSION 4: OUR COMMUNICATION SKILLS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 4.1: Saying What I Want and Need (Being Assertive) • Activity 4.2: Resolving Disagreements 	Since the original SSAGE curriculum does not have much on emotional regulation, the two sessions from <i>Girl Shine</i> have been added. Suggest adding information on the mind-body relationship to "Managing Stressful Times" as well as a simple mindfulness activity.
THEME 3: How we learn to be girls (<i>Gender Socialization</i>)	<p>SESSION 5: HOW WE LEARN TO BE GIRLS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 5.1: How we learn to be girls (and boys) • Activity 5.2: The Work we do and the Value it's given 	It is suggested to skip Sex and Gender, from the SSAGE curriculum as it is overly didactic for the age group. They should understand the difference more or less from the practical activities in the other sessions.
THEME 4: Power and Empowerment	<p>SESSION 6: POWER AND EMPOWERMENT (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 6.1: Power Balance • Activity 6.2: The Circle of Discrimination (<i>in-person activity only</i>) • Activity 6.3: Our Rights • Activity 6.4: This is Us! 	The Circle of Discrimination is potentially triggering, and content will be modified to not remind girls of painful experiences.
THEME 5: Keeping Ourselves Safe	<p>SESSION 7: UNDERSTANDING VIOLENCE (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> • Activity 7.1: Types of Violence (<i>in-person activity only</i>) • Activity 7.2: Consequences of violence (<i>in-person activity only</i>) <p>SESSION 8: KEEPING OURSELVES SAFE (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 8.1: Keeping Safe from Violence • Activity 8.2 My Safety Network 	Who are the perpetrators of GBV has been removed due to its potentially triggering nature. Activity 8.1 Keeping Safe from Violence can potentially be modified somewhat to be less focused on GBV for a remote session.

<p>THEME 6: Keeping our bodies healthy</p>	<p>SESSION 9: MOTHER-CHILD RELATIONSHIPS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 9.1: Staying Healthy (from <i>Girl Shine</i>) • Activity 9.2: What do We Know about Smoking? <p>SESSION 10: UNDERSTANDING OUR BODIES (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> • Activity 10.1: Physical and Emotional Changes in Boys and Girls (<i>Optional activity if privacy can be guaranteed</i>) • Activity 10.2: “Jazirat al-zuhur”: WISE Girls Module on Menstruation (<i>activity to be done by WISE Girls facilitators in private setting, if possible</i>) <p>Or:</p> <ul style="list-style-type: none"> • Girl Shine “Our Monthly Cycle” Part 1 (<i>Optional activity only if privacy can be guaranteed</i>) • Girl Shine “Our Monthly Cycle” Part 2 (<i>Optional activity only if privacy can be guaranteed</i>) <ul style="list-style-type: none"> • Activity 10.3: Reproductive Myths (<i>Optional activity if privacy can be guaranteed</i>) 	<p>“Staying Healthy” from Girl Shine is more focused on general hygiene. In the adaptation, include suggestions for physical exercise, other habits they can do during periods of confinement.</p> <p>Instead of having a session on drugs, we will have a general session on the issues with smoking. This may be less relevant for girls than boys.</p> <p>For menstruation topics, choice between having WISE Girls facilitators lead the session with girls in a setting where privacy can be guaranteed. If WISE Girls facilitators cannot be made available during the 12-week cycle, suggest modified Girl Shine activity.</p>
<p>THEME 7: Making Good Decisions</p>	<p>SESSION 11: MAKING GOOD DECISIONS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 11.1: Personal Decision-making • Activity 11.2: Resisting Influences/Following Through 	
<p>THEME 8: Looking Forward</p>	<p>SESSION 12: LOOKING FORWARD (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 12.1: Presentation of girls’ (and boys’) projects • Activity 12.2: This is Me! (Part 2) • Activity 12.3: I Promise 	<p>Girls will have the option to do a project of their choice outside of the sessions. Girls can choose to do this with their family members (brothers or parents), or on their own. This may include them doing a photo essay, writing a story, etc. They can present these during the last session.</p>

MALE CAREGIVERS' CURRICULUM ROADMAP

Larger Theme	Session and Activity Titles	Notes on Sessions/ Changes Made
THEME 1: Establishing Trust and Ground Rules	<p>SESSION 1: OUR SAFE SPACE (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 1.1: Icebreaker and Introducing the program • Activity 1.2: Group Agreements 	
THEME 2: Social and Emotional Skills and Healthy Relationships	<p>SESSION 2: OUR EMOTIONS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 2.1: Listening Skills • Activity 2.2: Understanding Stress (from <i>Girl Shine</i>) • Activity 2.3: My Relationships • Activity 2.4: Resolving Disagreements <p>SESSION 3: HEALTHY AND UNHEALTHY RELATIONSHIPS (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> • Activity 3.1: Healthy and Unhealthy Partner Relationships (<i>optional activity only for in-person sessions</i>) 	Consent activity is advanced and too explicit for this cultural context and has therefore been removed.
THEME 3: What does it mean to be a man in society? (<i>Gender Socialization</i>)	<p>SESSION 4: HOW WE LEARN TO BE MEN (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 4.1: What Does it Mean to Be a Man in Society? • Activity 4.2: How We Learn to be Men (And Women) • Activity 4.3: Boy Box, Girl Box <p>SESSION 5: GENDERED VALUES (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 5.1: Values Linked to Social Roles of Men and Women (<i>Gendered Values</i> in original) • Activity 5.2: The Work We Do and the Value It's Given 	<p>For Activity 4.1, it is not necessary to go over sex and gender in a didactic way. But important that participants understand how social roles shape the lives of men and women.</p> <p>For Activity 4.3, it is suggested to keep the activity focused on girls/boys rather than men/women since men should be thinking about their daughters.</p> <p>Suggest skipping Sex and Gender due to its didactic tone. Participants should understand the difference more or less from the practical activities in the other activities</p>
THEME 4: Power and Discrimination	<p>SESSION 6: UNDERSTANDING POWER (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> • Activity 6.1: Power Balance (<i>activity only for in-person sessions</i>) • Activity 6.2: The Circle of Discriminations (<i>activity only for in-person sessions</i>) <p>SESSION 7: POWER IN OUR SOCIETY (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 7.1: Building a New World 	

<p>THEME 5: Violence and Its Impacts on Our Families and Communities</p>	<p>SESSION 8: POWER AND ITS RELATIONSHIP TO VIOLENCE (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 8.1: Boys' Games • Activity 8.2: The Power and Violence Map <p>SESSION 9: UNDERSTANDING VIOLENCE AGAINST WOMEN AND GIRLS (IN-PERSON ONLY AND/OR FOR THOSE WITH GUARANTEED PRIVACY REMOTELY)</p> <ul style="list-style-type: none"> • Activity 9.1: Who Uses Violence and Why? <i>(activity to be done only with men who can have privacy, whether in-person or remotely)</i> • Activity 9.2: Consequences of GBV <i>(activity to be done only with men who can have privacy, whether in-person or remotely)</i> • Activity 9.1: Violence in Daily Life <i>(activity to be done only with men who can have privacy, whether in-person or remotely)</i> 	<p>Violence in Our Lives may be too triggering for Syrian men who experienced violence during the war and is not to be included.</p> <p>The Cycle of Domestic Violence is not appropriate for this audience and has been removed.</p>
<p>THEME 6: Healthy Families and Parenting</p>	<p>SESSION 10: PARENT-CHILD RELATIONSHIPS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 10.1: Father-Child Relationships • Activity 10.2: Empathy Between Fathers and Their Daughters and Sons <p>SESSION 11: STRENGTHENING THE FAMILY ENVIRONMENT (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 11.1: Family Rules and Expectations • Activity 11.2: Loving My Family (from <i>REAL Fathers</i>) • Activity 11.3: Positive Parenting Techniques 	<p>Decisions in the Home is potentially too difficult for this context at this point, where men may not be open to changing power structures immediately. REAL Fathers activity has been suggested as alternative.</p>
<p>THEME 7: Understanding our daughters and keeping them safe</p>	<p>SESSION 12: UNDERSTANDING VIOLENCE AGAINST OUR ADOLESCENT GIRLS (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> • Activity 12.1: Physical and Emotional Changes in Boys and Girls <i>(activity to be done only with men who can have privacy, whether in-person or remotely)</i> • Activity 12.2: Understanding Violence Against Adolescent Girls <i>(activity to be done only with men who can have privacy, whether in-person or remotely)</i> • Activity 12.3: Consequences of Violence for Adolescent Girls <i>(activity to be done only with men who can have privacy, whether in-person or remotely)</i> <p>SESSION 13: PREVENTING VIOLENCE AGAINST OUR GIRLS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 13.1: Adolescent Girls' Rights • Activity 13.2: Protecting Adolescent Girls from Violence 	
<p>THEME 8: Looking Forward</p>	<p>SESSION 14: LOOKING FORWARD (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 14.1: What Does it Really Mean to Be a Man? • Activity 14.2: I Promise 	

BOYS' CURRICULUM ROADMAP

Larger Theme	Activity Titles	Notes on Sessions/Changes Made
THEME 1: Establishing Trust and Ground Rules	<p>SESSION 1: ESTABLISHING TRUST AND GROUND RULES (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 1.1 Icebreaker and introducing the program • Activity 1.2: Group Agreements 	
THEME 2: Social and Emotional Skills and Relationships	<p>SESSION 2: OUR EMOTIONS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 2.1: Listening Skills • Activity 2.2: Saying What I Want and Need (Being Assertive) <p>SESSION 3: OUR RELATIONSHIPS (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 3.1: Resolving Disagreements • Activity 3.2: Healthy and Unhealthy Relationships 	Consent activity is advanced and too explicit for this cultural context and has therefore been removed.
THEME 3: What does it mean to be a man in society? (<i>Gender Socialization</i>)	<p>SESSION 4: WHAT DOES IT MEAN TO BE A MAN (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 4.1: What Does it Mean to Be a Man in Society? • Activity 4.2: How We Learn to be Boys (and Girls) • Activity 4.3: Boy Box, Girl Box <p>SESSION 5: SOCIAL ROLES ASSOCIATED WITH MEN AND WOMEN (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 5.1: Values Linked to the Social Roles of Men and Women (Gendered Values) • Activity 5.2: The Work We Do and the Value It's Given 	<p>For Activity 4.1 it is not necessary to go over sex and gender. But it is important that participants understand how social roles shape the lives of men and women/boys and girls.</p> <p>Suggest skipping Activity 2.3: Sex and Gender due to its didactic tone. They should understand the difference more or less from the practical activities in the other activities</p>
THEME 4: Power and Discrimination	<p>SESSION 6: POWER AND DISCRIMINATION (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 6.1: Power Balance (<i>activity only for in-person sessions</i>) • Activity 6.2: The Circle of Discriminations (<i>activity only for in-person sessions</i>) • Activity 6.3: Building a New World (<i>activity only for in-person sessions</i>) 	<p>The Circle of Discrimination can be very triggering, especially for boys who have experienced bullying or teasing. It is important for facilitator to be sensitive to this.</p> <p>Session 6 is potentially long and can be broken into two sub-sessions if more time is needed for activities.</p>
THEME 5: Violence and Its Impacts on our Lives	<p>SESSION 7: UNDERSTANDING POWER AND ITS RELATIONSHIP TO VIOLENCE (REMOTE AND IN-PERSON)</p> <p>Activity 7.1: Boys' Games</p> <ul style="list-style-type: none"> • Activity 7.2: The Power and Violence Map <p>SESSION 8: UNDERSTANDING VIOLENCE AGAINST WOMEN AND GIRLS (IN-PERSON ONLY)</p> <ul style="list-style-type: none"> • Activity 8.1: Who Uses Violence and Why? (<i>activity to be done only with boys who can have privacy, whether in-person or remotely</i>) • Activity 8.2: Consequences of GBV (<i>activity to be done only with boys who can have privacy, whether in-person or remotely</i>) • Activity 8.3: Keeping Ourselves Safe from Violence in Daily Life (<i>activity to be done only with boys who can have privacy, whether in-person or remotely</i>) 	<p>Violence in Our Lives is potentially triggering to Syrian boys who experienced wartime violence/displacement. Not recommended to include.</p> <p>The Cycle of Domestic Violence is too advanced for adolescent boys and has been removed.</p> <p>Activity 7.2 Taking a Stand Against Violence is potentially triggering.</p>

<p>THEME 6: Making Good Decisions for Our Lives and Health</p>	<p>SESSION 9: MAKING GOOD DECISIONS FOR OUR HEALTH (REMOTE OR IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 9.1: What Do We Know About Smoking? • Activity 9.2: Understanding COVID-19. • Activity 9.3: Understanding Stress (from <i>Girl Shine</i>) <p>SESSION 10: OUR DECISIONS</p> <ul style="list-style-type: none"> • Activity 10.1: Personal Decision-making • Activity 10.2: Resisting Influences/Following Through 	<p>Activity 9.1 modified from curriculum to focus on nicotine use instead of drugs, given prevalence of nicotine abuse among men and boys.</p> <p>Awareness-raising on COVID-19 added to dispel misinformation.</p>
<p>THEME 7: Looking Forward</p>	<p>SESSION 11: LOOKING FORWARD (REMOTE AND IN-PERSON)</p> <ul style="list-style-type: none"> • Activity 11.1: Presentation of interactive projects. • Activity 11.2: What Does it Really Mean to Be a Man? • Activity 11.3: I Promise 	<p>Boys (like the girls) have the option to carry out a “project” of their choice outside the sessions, either with their sisters or another family member, or by themselves. They can present them in this session.</p>

ANNEX 12: Monitoring and Evaluation: Summary of Suggested Outcomes, Measures, and Data Collection Approaches

Directions: This table summarizes desired outcomes for the SSAGE intervention and the suggested means to measure them.

OUTCOME	MEASURE / RESEARCH QUESTIONS	DATA COLLECTION
SSAGE content is contextually relevant for adolescent girls, male siblings, and male and female caregivers	<ul style="list-style-type: none"> • Participation of community members in contextualization activities 	<ul style="list-style-type: none"> • Documentation of participation in contextualization activities
Adolescent girls, male siblings, and caregivers participate in the 12-week SSAGE program	<ul style="list-style-type: none"> • Overall attendance rate of each participant group • Percentage of each participant group who attends at least 80% of SSAGE sessions 	<ul style="list-style-type: none"> • Attendance taken at every session
Participants are satisfied with the SSAGE program	<ul style="list-style-type: none"> • Percentage of each participant group who reports satisfaction with SSAGE program 	<ul style="list-style-type: none"> • Participant feedback forms or feedback sessions, administered every 3-4 weeks throughout the SSAGE program
Participants have increased knowledge on the harmful effects of gender inequality and violence	<ul style="list-style-type: none"> • Do participants discuss what they learned about gender inequality and violence? • Do participants understand how gender inequality can increase the risk of violence for adolescent girls? 	
Participants demonstrate improved attitudes toward gender equity and non-violent behaviors	<ul style="list-style-type: none"> • Do participants believe that adolescent girls should have more rights? • How do participants feel about positive changes in the rights of adolescent girls? 	<ul style="list-style-type: none"> • Focus group discussions or in-depth interviews to assess changes in knowledge, attitudes, and behaviors, to be completed 3-4 weeks after the completion of the SSAGE program
Participants feel more emotionally connected to peers and household members	<ul style="list-style-type: none"> • Do participants report improved communication with household members? • How have participants' connections to peers and household members changed? 	<ul style="list-style-type: none"> • Pre- and post-intervention attitude and knowledge assessment, to be administered before the start of the intervention and again 3-4 weeks after the completion of the SSAGE program
Caregivers demonstrate more gender-equitable attitudes regarding their sons and daughters	<ul style="list-style-type: none"> • How has the program affected caregivers' expectations of their sons and daughters? • Do caregivers discuss any positive changes in division of labor between sons and daughters? 	
Caregivers report providing more emotional support to their sons and daughters	<ul style="list-style-type: none"> • How do caregivers describe changes in their relationships with their sons and daughters? 	

ANNEX 13: Monitoring Tools Prototype

Directions: Organizations can utilize the following monitoring tools as a basis for adaptation. These tools were developed during the original SSAGE pilot in Nigeria. Note that these tools are a prototype and are not to be replicated directly. Rather, monitoring tools will depend on the specific indicators they will use, as well as the capacities of staff and mentors.

TABLE OF CONTENTS

TABLE: Monitoring Tools, Purpose, Users And Application.....	135
FORM A: Attendance Sheet (for Mentors) (Paper form)	136
FORM B: Session Observation Tool (for SSAGE supervisors)	137
FORM C: Mentor Post-Session Self-Assessment Tool (for Mentors)	141
FORM D: Monthly Review Meeting Debriefing Form (for SSAGE Staff)	144
FORM E: Participant Feedback Mechanism Selection Form	145
FORM E1: Participant Feedback Survey Form	147
FORM E2: Participant Feedback Group Discussion Form.....	150
FORM E3: Participant Feedback Partner Discussion Form	154
FORM E4: Participant Feedback Phone Survey Form	158

TABLE: MONITORING TOOLS, PURPOSE, USERS AND APPLICATION

TOOL	PURPOSE	USER	SUGGESTED APPLICATION
<p>1. Form A: Attendance sheet</p>	<p>Register details of participants in each safe-space session</p>	<ul style="list-style-type: none"> • Mentor with support from participants 	<ul style="list-style-type: none"> • At beginning or end of each SSAGE session
<p>2. Form B: Session monitoring tool (for supervisor)</p>	<p>Monitor the performance of mentors in delivering space sessions</p>	<ul style="list-style-type: none"> • Program staff 	<ul style="list-style-type: none"> • SSAGE program staff members familiar with the space curricula observe and assess the performance of mentors. • Debrief with mentor immediately after the session (mentor does self-assessment first)
<p>3. Form C: Mentor post-session self-assessment tool</p>	<p>Enable mentors to assess their own performance in delivering space sessions</p>	<ul style="list-style-type: none"> • Mentor 	<ul style="list-style-type: none"> • Mentor carries out self-assessment at the end of each session
<p>4. Form D: Monthly review meeting debriefing form</p>	<p>Share experiences and articulate lessons learned on the implementation of the space sessions.</p>	<ul style="list-style-type: none"> • Program staff 	<ul style="list-style-type: none"> • Program staff member facilitates mini workshop with mentors from different communities.
<p>5. Form E: Participant feedback mechanism selection form</p>	<p>Allow participants to select how they wish to provide feedback throughout the sessions</p>	<ul style="list-style-type: none"> • Program staff 	<ul style="list-style-type: none"> • Mentor carries out group discussion and fills in form at the start of the intervention
<p>6. Form E1: Participant feedback survey form</p>	<p>Solicit feedback from participants re satisfaction with sessions</p>	<ul style="list-style-type: none"> • Participants (all four cohorts) 	<ul style="list-style-type: none"> • Mentor administers survey at the end of select sessions (Session 3, 6, 9, and 12)
<p>7. Form E2: Participant feedback group discussion form</p>	<p>Solicit feedback from participants re satisfaction with sessions</p>	<ul style="list-style-type: none"> • Program staff • Participants (all four cohorts) 	<ul style="list-style-type: none"> • Mentor, participant, or other staff leads focus group discussion at the end of select sessions (Sessions 3, 6, 9, and 12)
<p>8. Form E3: Participant feedback pair discussion form</p>	<p>Solicit feedback from participants re satisfaction with sessions</p>	<ul style="list-style-type: none"> • Program staff • Participants (all four cohorts) 	<ul style="list-style-type: none"> • Mentor, participant, or other staff leads paired group discussion at the end of select sessions (Sessions 3, 6, 9, and 12)
<p>9. Form E4: Participant feedback phone survey form</p>	<p>Solicit feedback from participants re satisfaction with sessions</p>	<ul style="list-style-type: none"> • Program staff • Participants (all four cohorts) 	<ul style="list-style-type: none"> • Mentor or other staff administers phone survey at the end of select sessions (Sessions 3, 6, 9, and 12)

FORM A: ATTENDANCE SHEET (FOR MENTORS) (PAPER FORM)

Directions: The Mentor should fill out this Sheet before the session. **Frequency:** The Mentor should fill out this Sheet each session.

NAME OF MENTOR:												
SESSION NUMBER <i>(tick one)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
SPACE LOCATION <i>(tick one)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>								
NO. OF ADOLESCENT PARTICIPANTS <i>(enter number)</i>	Girls <input type="text"/>		Boys <input type="text"/>		NO. OF CAREGIVER PARTICIPANTS <i>(enter number)</i>			Women <input type="text"/>		Men <input type="text"/>		
DATE (DD/MM/YYYY)	___/___/____			START TIME:			END TIME:					

NO.	NAME	PHONE NUMBER	SEX		AGE RANGE (TICK ONE)							SIGNATURE OR THUMBPRINT	
			M	F	0-9	10-14	15-19	20-24	25-34	35-49	50+		
1													
2													
3													
4													
5													
6													
7													
8													

FORM B: SESSION OBSERVATION TOOL (FOR SSAGE SUPERVISORS)

Directions: The SSAGE technical staff fills out this tool while observing a mentor delivering a session. The staff member should read the session materials prior to the session. Then, the Staff should observe the whole session.

Frequency: Each Mentor will be observed 1/month by a Staff.

Use: The data will be used in monthly debriefing groups between Mentors and Staffs.

B.1	Name of mentor being observed	<ol style="list-style-type: none"> 1. [Mentor name] 2. [Mentor name] 3. [Mentor name] 4. ... 	Select one
B.2	Name of staff member observing	<ol style="list-style-type: none"> 1. [Staff name] 2. [Staff name] 3. [Staff name] 4. ... 	Select one
B.3	Number of the session being observed	<ol style="list-style-type: none"> 1. Session 1 2. Session 2 3. Session 3 4. Session 4 5. Session 5 6. Session 6 7. Session 7 8. Session 8 9. Session 9 10. Session 10 11. Session 11 12. Session 12 	Select one
B.4	Date of the session	__/__/____	Enter date
B.5	Start time of the session (00:00)	__:__	Enter time
B.6	End time of the session (00:00)	__:__	Enter time
B.7	Group	<ol style="list-style-type: none"> 1. Adolescent girls 2. Adolescent boys 3. Female caregivers 4. Male caregivers 	Select one
B.8	Space location	<ol style="list-style-type: none"> 1. Space 1 2. Space 2 3. Space 3 4. Space 4 	Select one

B.9	Number of adolescent girl participants		<i>Enter number</i>
B.10	Number of adolescent boy participants		<i>Enter number</i>
B.11	Number of male caregiver participants		<i>Enter number</i>
B.12	Number of female caregiver participants		<i>Enter number</i>
B.13	<p>How would you describe mentor’s use of handwashing station?</p> <p><i>Note: If you observe the handwashing station is not present, or is not working, mark #1 and STOP the session until a working handwashing station is supplied</i></p> <p><i>Note: If you observe a Mentor NOT using the handwashing station either before or after the session, mark #2 and immediately correct the Mentor.</i></p>	<ol style="list-style-type: none"> 1. There was no handwashing station in working order 2. The mentor did not correctly use the handwashing station before and after the session 3. The mentor correctly used the handwashing station before and after the session 4. Other: _____ 	<i>Select one</i>
B.14	<p>How would you describe participants’ use of the handwashing station?</p> <p><i>Note: If you observe the handwashing station is not present, or is not working, mark #1 and STOP the session until a working handwashing station is supplied.</i></p> <p><i>Note: If you observe a participant not using the handwashing station either before or after the session, mark #2 and immediately correct the participant.</i></p>	<ol style="list-style-type: none"> 1. There was no handwashing station in working order 2. One or more participants did not correctly use the handwashing station before and after the session 3. All participants correctly used the handwashing station before and after the session 4. Other: _____ 	<i>Select one</i>
B.15	<p>Did the mentor correctly wear face mask during the entire session?</p> <p><i>Note: If you observe the Mentor incorrectly wearing face mask at any time, mark “No” and immediately correct the Mentor</i></p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Other: _____ 	<i>Select one</i>
B.16	<p>Did all participants correctly wear face mask during the entire session?</p> <p><i>Note: If you observe a participant(s) incorrectly wearing face mask at any time, mark “No” and immediately correct the participant</i></p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Other: _____ 	<i>Select one</i>
B.17	<p>Were mentor and participants socially distanced during the entire session?</p> <p><i>Note: If you observe Mentor or participants not socially distanced at any time, mark “No” and immediately make correction</i></p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Other: _____ 	<i>Select one</i>

1.1a	Did the mentor seem to be comfortable implementing the content in this session?	<ol style="list-style-type: none"> 1. Yes >>Q1.2a 2. Somewhat 3. No 	
1.1b	Which thematic content did the mentor seem uncomfortable or less comfortable with sharing in this session? Please explain:	Free response or voice note	
1.2a	Did any of the participants seem to be uncomfortable discussing any of the content or doing any activities in this session?	<ol style="list-style-type: none"> 1. Yes 2. No >>Q1.3a 	
1.2b	Which material or activities did the participants seem to feel uncomfortable, or less comfortable, discussing? Please explain:	Free response or voice note	
1.3a	Did any of the participants seem to have trouble understanding any of the material discussed in this session?	<ol style="list-style-type: none"> 1. Yes 2. No >>Q1.4a 	
1.3b	Which material or activities did the participants have trouble understanding?	Free response or voice note	
1.4a	Overall, how much were the participants engaged in the discussions and activities in this session?	<ol style="list-style-type: none"> 1. Very engaged >>Q1.5 2. Somewhat engaged 3. Not engaged 	
1.4b	What activities or discussions were participants less engaged in during this session? Please explain:	Free response or voice note	
1.5	Which activities or discussions were participants most engaged in during this session? Please explain:	Free response or voice note	Not asked if 1.4a=3
1.6a	Were there any activities, discussions, or other material from the session that the mentor did not deliver?	<ol style="list-style-type: none"> 1. Yes, the Mentor did not deliver some activities, discussions, or other material 2. No, the Mentor delivered all of the activities, discussions, and other material >>Q1.7 	
1.6b	Which activities, discussions, or other material did the mentor not deliver? Why do you think the mentor did not deliver these? Please explain:	Free response or voice note	
1.7a	Did the mentor actively promote discussion and dialogue between the participants?	<ol style="list-style-type: none"> 1. Yes >>1.7c 2. Somewhat 3. No 	
1.7b	What did the mentor do (or not do) that limited discussion and dialogue between the participants?	Free response or voice note >>1.8	
1.7c	What did the mentor do to achieve discussion and dialogue between the participants?	Free response or voice note	
1.8	What did the mentor do to consolidate a safe, positive learning environment?	Free response or voice note	
1.9a	Were any of the participants domineering or disruptive during the session?	<ol style="list-style-type: none"> 1. Yes 2. Somewhat 3. No >>1.10a 	
1.9b	What did the mentor do to moderate domineering or disruptive participants?	Free response or voice note	

1.10a	Were any of the participants withdrawn or shy during the session?	1. Yes 2. Somewhat 3. No >>1.11 a	
1.10b	What did the mentor do to engage withdrawn or shy participants?	<i>Free response or voice note</i>	
1.11a	Did any of the participants show signs of emotional distress during the session?	1. Yes 2. Somewhat 3. No >>1.12	
1.11b	What did the mentor do to deal with those participants displaying emotional distress?	<i>Free response or voice note</i>	
1.12	What do you think went really well in this session? Please explain:	<i>Free response or voice note</i>	
1.13	What do you think could be better next time? Please explain:	<i>Free response or voice note</i>	
1.14	(Optional) Please provide any other comments or reflections you would like to share about this session here:	<i>Free response or voice note</i>	

FORM C: MENTOR POST-SESSION SELF-ASSESSMENT TOOL (FOR MENTORS)

Directions: The mentor should fill out this Sheet immediately after the session. The mentor can reference the attendance sheet to fill in the session information such as number of participants, start time, etc.

Frequency: The Mentor should fill out this Sheet after each session if possible.

Use: The data will be used in monthly debriefing meetings between mentors and staff.

C.1	Name of Mentor	<ol style="list-style-type: none"> 1. [Mentor name] 2. [Mentor name] 3. [Mentor name] 4. ... 	Select one
C.2	Session number	<ol style="list-style-type: none"> 1. Session 1 2. Session 2 3. Session 3 4. Session 4 5. Session 5 6. Session 6 7. Session 7 8. Session 8 9. Session 9 10. Session 10 11. Session 11 12. Session 12 	Select one
C.3	Date	__ / __ / ____	Enter date
C.4	Start time of session (00:00)	__ : __	Enter time
C.5	End time of session (00:00)	__ : __	Enter time
C.6	Group	<ol style="list-style-type: none"> 1. Adolescent girls 2. Adolescent boys 3. Female caregivers 4. Male caregivers 	Select one
C.7	Space location	<ol style="list-style-type: none"> 1. Space 1 2. Space 2 3. Space 3 4. Space 4 	Select one
C.8	No. of adolescent girl participants		Enter number
C.9	No. of adolescent boy participants		Enter number
C.10	No. of male caregiver participants		Enter number
C.11	No. of female caregiver participants		Enter number

1.1a	Did you feel comfortable sharing and discussing all of the material in this session?	1. Yes >>Q1.2a 2. Somewhat 3. No	
1.1b	Which material were you less comfortable discussing or sharing?	<i>Free response or voice note</i>	
1.2a	Did any of the participants seem to feel uncomfortable discussing any of the material in this session?	1. Yes 2. No >>Q1.3a	
1.2b	Which material did the participants seem to feel uncomfortable discussing? Please explain:	<i>Free response or voice note</i>	
1.3a	Did any of the participants seem to have trouble understanding any of the material discussed in this session?	1. Yes 2. No >>Q1.4a	
1.3b	Which material did the participants have trouble understanding? Please explain:	<i>Free response or voice note</i>	
1.4a	Overall, how much were the participants engaged in the discussions and activities in this session?	1. Very engaged>>Q1.5 2. Somewhat engaged 3. Not engaged	
1.4b	What activities or discussions were participants not engaged in? Please explain:	<i>Free response or voice note</i>	
1.5	Which activities or discussions were participants especially engaged in? Please explain:	<i>Free response or voice note</i>	<i>Not asked if 1.4a=3</i>
1.6a	Was there any session material, discussions, or activities that you were not able to deliver during the session?	1. Yes, there was some material I was not able to deliver 2. No, I covered all of the material for the session >>Q1.7	
1.6b	Which session material did you not deliver? Why did you not deliver it? Please explain:	<i>Free response or voice note</i>	<i>Not asked if 1.6a=2</i>
1.7a	Did any respondent ask a question during this session that you didn't know how to answer, or that you didn't know the answer to?	1. Yes 2. No >>Q1.8	
1.7b	What were the question(s) that you didn't know the answers to? Please explain:	<i>Free response or voice note</i>	
1.8a	Did you actively promote discussion and dialogue between the participants?	1. Yes>>1.7c 2. Somewhat 3. No	
1.8b	What you do (or not do) that limited discussion and dialogue between the participants?	<i>Free response or voice note</i> >>1.8	
1.8c	What you do to achieve discussion and dialogue between the participants?	<i>Free response or voice note</i>	
1.9	What did you do to consolidate a safe, positive learning environment?	<i>Free response or voice note</i>	
1.10a	Were any of the participants domi-neering or disruptive during the session?	1. Yes 2. Somewhat 3. No>>1.10a	
1.10b	What did you do to moderate domi-neering or disruptive participants?	<i>Free response or voice note</i>	

1.11a	Were any of the participants with-drawn or shy during the session?	1. Yes 2. Somewhat 3. No>>1.11a	
1.11b	What did you do to engage withdrawn or shy participants?	<i>Free response or voice note</i>	
1.12a	Did any of the participants show signs of emotional distress during the ses-sion?	1. Yes 2. Somewhat 3. No>>1.12	
1.12b	What did you do to deal with those participants displaying emotional dis-tress?	<i>Free response or voice note</i>	
1.13	Overall, how satisfied were you with this session?	1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very dissatisfied	
1.14	What do you think went really well in this session? Please explain:	<i>Free response or voice note</i>	
1.15	What do you think could be better next time? Please explain:	<i>Free response or voice note</i>	
1.16	Please provide any other comments or reflections you would like to share about this session here:	<i>Free response or voice note</i>	

FORM D: MONTHLY REVIEW MEETING DEBRIEFING FORM (FOR SSAGE STAFF)

DIRECTIONS

1. Staff/staff member welcomes Mentors (This will be rotated among staff).
2. Pairs or trios of mentors formed in relation to sessions implemented since the previous monthly review (for example pair one focusses on session 1, trio one on session 2).
3. In pairs or trios, Mentors share their Self-Assessments, working through the sections one by one, identifying similarities and differences.
4. Each pair or trio highlights key learnings related to the following areas:
 - Overall execution of the session (Completion of activities planned and achievement of objectives)
 - Methodology/facilitation
 - Participation
 - Learning environment
 - Planning/preparation
 - Others
5. Staff facilitates plenary on key lessons learned, inviting different pairs/trios to take the lead (be the first to feedback) on each of the above learning areas. The Staff takes notes on key learnings in each area.

D.1	Name of Staff/staff member who is facilitating the session	<ol style="list-style-type: none"> 1. [Staff name] 2. [Staff name] 3. [Staff name] 4. ... 	Select one
D.2	Number of Mentors, female	___	Enter number
D.3	Number of Mentors, male	___	Enter number
D.4	Date	__/__/____	Enter date

1.1	What were key learnings related to overall execution of the session ?		Free response or voice note
1.2	What were key learnings related to methodology and facilitation ?		Free response or voice note
1.3	What were key learnings related to participation/engagement of participants ?		Free response or voice note
1.5	What were key learnings related to planning and preparation ?		Free response or voice note
1.6	What were other key learnings , if any?		Free response or voice note

FORM E: PARTICIPANT FEEDBACK MECHANISM SELECTION FORM

DIRECTIONS

1. Welcome participants and let them know that throughout the program, you would like to get feedback on what they like and what they do not like about the program. This information will help to improve the program for them and for other participants their age.
2. Ask participants the following questions and write responses on a flipchart:
 - a. "What does it mean to give feedback on something?"
 - b. "Can you think of a time when you have given feedback on something?"
 - i. Probe participants to discuss how it felt to provide feedback, and what (if anything) happened as a result of their feedback.
3. Tell participants that you want to find the best way of getting feedback from them throughout the program. Tell them that there are several ways that they can provide feedback, and you would like them to decide as a group which would be best for them.
4. Present the following options to participants:
 - a. Participants can fill out a **short, written survey** at the end of certain sessions. For participants who can read, they can fill in the survey themselves. For those who cannot, you can read the survey questions out loud and inform participants how to select responses.
 - b. Participants can **discuss as a group** at the end of certain sessions and answer questions about what they have enjoyed about the program and what they have not enjoyed, or what they wish would be different. These small group discussions can be led either by you (the Mentor), by another staff member (such as a Staff), or by a participant (who would then meet with the Mentor individually to share what they learned).
 - c. Participants can **discuss in pairs** at the end of certain sessions about what they have enjoyed about the program and what they have not enjoyed, or what they wish would be different. Participants will be asked certain questions by a facilitator and will be asked to discuss with their partner. They will then be asked to share back to the group what they have learned from their partner. These sessions can be led either by you (the Mentor), by another staff member (such as a Staff), or by a participant (who would then meet with the mentor individually to share what they learned).
 - d. Participants can **receive a phone call** at the end of certain sessions and answer a series of questions about what they have enjoyed about the program and what they have not enjoyed, or what they wish would be different. Phone calls can be made either by you (the Mentor) or by another staff member (such as a Staff).
 - e. Ask participants if they have any **other ideas or suggestions** for how they can provide feedback throughout the program.
5. Remind participants that for all of the above options, their feedback will be **confidential, anonymous**, and will only be used to improve the program. It is always up to the participant whether or not they wish to provide feedback. Tell participants there will be additional opportunities for them to discuss what they learned and how they felt about the program after all the sessions are completed.
6. Ask participants if they have any questions about the various options, then ask if anyone would like to share which option they prefer. Once all participants have had the chance to share their view, ask the group to discuss among themselves and decide which feedback mechanism they would like to use.
 - a. Remind participants that it is always possible to change their mind or use different or multiple feedback mechanisms as they prefer.
7. Fill in the form below.

E.1	Name of Mentor	<ol style="list-style-type: none"> 1. [Mentor name] 2. [Mentor name] 3. [Mentor name] 4. ... 	Select one
E.2	Date	-- / -- / ----	Enter date
E.3	Group	<ol style="list-style-type: none"> 1. Adolescent girls 2. Adolescent boys 3. Female caregivers 4. Male caregivers 	Select one
E.4	Group Number/ID		
E.5	Space location	<ol style="list-style-type: none"> 1. Space 1 2. Space 2 3. Space 3 4. Space 4 	Select one
E.6	No. of participants		Enter number
E.7	Feedback mechanism preferred by participants	<ol style="list-style-type: none"> 1. Written survey 2. Group discussion 3. Partner discussion 4. Phone call 5. Other: 	Select one
E.8	If participants selected 'Group discus-sion' or 'Partner discussion', who would they like to moderate these activities?	<ol style="list-style-type: none"> 1. Mentor 2. Other staff 3. Participant 4. Other: 	Select one
E.9	Any other comments or observations?		

FORM E1: PARTICIPANT FEEDBACK SURVEY FORM

DIRECTIONS

1. The participant feedback survey form should be filled out ideally every 3 sessions.
2. Tell participants that they should fill in the survey thinking about the last 3 sessions. If any participant missed one of the last 3 sessions, they should fill it in thinking about the sessions they have attended over the last 3 weeks.
 - b. If any participant is absent for the session where you distribute the survey form, they should be given the option to fill in the survey form at the start of the next session they attend.
3. Remind participants that you are collecting their feedback so that you can improve the program for them and for other people their age. Remind them that all the information they provide is anonymous and confidential and will not affect their ability to attend this program or any other programming provided by this organization.
4. Fill in E.1.1 – E.1.6 either before or after participants complete the survey.
5. Distribute surveys to all participants. If participants are literate and wish to take the survey independently, they may do so. We recommend, however, that you always read out the questions and response options for the group.
6. Read each question, and then read the response options. Instruct participants to fill in the box under their response. Boxes are color-coded for participants with limited literacy.
 - c. **Example:** Question 1. (*point to question 1 on your example survey*): How did you feel about the last 3 sessions? The options are: I loved them!; I liked them; They were okay; I didn't like them; I hated them! Choose one option and color in the RED box for "I loved them"; color in the GREEN box for I liked them; color in the BLUE box for they were okay; color in the YELLOW box for 'I didn't like them'; or color in the BLACK box for 'I hated them!'
 - d. Make sure all participants understand which question you are reading and which color corresponds to which response option.
7. Collect survey forms after all participants have finished.

FORM E1: PARTICIPANT FEEDBACK SURVEY FORM

Print in colour, double sided with next page

Below to be filled out by Mentor before or after participants complete survey			
E.1.1	Name of Mentor	<ol style="list-style-type: none"> 1. [Mentor name] 2. [Mentor name] 3. [Mentor name] 4. ... 	Select one
E.1.2	Date	-- / -- / ----	Enter date
E.1.3	Group	<ol style="list-style-type: none"> 1. Adolescent girls 2. Adolescent boys 3. Female caregivers 4. Male caregivers 	Select one
E.1.4	Group Number/ID		
E.1.5	Community space location	<ol style="list-style-type: none"> 1. Space 1 2. Space 2 3. Space 3 4. Space 4 	Select one
E.1.6	Session number		Enter number

Instructions: Think back to the **last three sessions**. Your mentor/the M and E Officer will remind you which three sessions you will be answering questions about. For each question, color in the box below your answer. Your mentor will help by reading each question and answer option out loud. Ask your mentor if you do not understand any of these questions. Remember, all of your responses are anonymous and confidential!

How did you feel about the last 3 sessions?

I loved them!	I liked them	They were just okay	I didn't like them	I hated them!
<input type="checkbox"/>				

Did you learn anything new from the last 3 sessions?

I learned a lot of new things	I learned a few new things	I didn't learn anything new
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did any of the information in the last 3 sessions make you feel uncomfortable or shy?

I never felt uncomfortable or shy	I sometimes felt uncomfortable or shy	I often felt uncomfortable or shy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often did you wear a face mask during the last 3 sessions?

I wore a face mask to each session and wore it for the entire session	I wore a face mask to each session, but sometimes took it off during the session	I didn't wear a face mask to each session	I never wore a face mask
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often did you wash your hands during the sessions?

I washed my hands before and after each session	I usually washed my hands before and after each session	I sometimes forgot to wash my hands before or after the session	I never washed my hands before or after the session
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you stay six feet apart from other people in the group during the sessions?

I always stayed 6 feet apart from other people	I usually stayed 6 feet apart from other people	I sometimes stayed 6 feet apart from other people	I never stayed 6 feet apart from other people
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you feel like other people in your group were following the recommendations of wearing a mask, washing their hands, and staying six feet apart?

Yes, I felt like everyone always followed the recommendations	Yes, I felt like most people followed the recommendations	No, I felt like only some people followed the recommendations	No, I felt like no one in the group followed the recommendations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last 3 weeks, how often do you follow the recommendations of wearing a mask, washing your hands, and staying six feet apart from others, when you are not at the space or at home?

I always follow these recommendations	I usually follow these recommendations	I sometimes follow these recommendations	I never follow these recommendations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM E2: PARTICIPANT FEEDBACK GROUP DISCUSSION FORM

DIRECTIONS

- 1.** The participant feedback group discussions should be conducted at the end of the following sessions: Session 3; Session 6; Session 9; Session 12.
- 2.** Remind participants that you are collecting their feedback so that you can improve the program for them and for other people their age. Remind them that all the information they provide is anonymous and confidential and will not affect their ability to attend this program or any other programming provided by this organization.
- 3.** Fill in E.2.1 – E.2.6 either before or after the group discussion.
- 4.** Read each question and follow-up probes. Take notes in the space provided, and then answer the multiple-choice questions based on the responses.
- 5.** If the group has elected for the discussion to be led by a participant, take time to review the questions with the elected participant facilitator. You may wish to simplify the form if the participant has limited literacy. Alternatively, the participant facilitator does not have to fill in the form; instead, you can meet with them after each group discussion, and ask them to summarize the responses for each question. If this is the case, you should fill in the form based on your discussion with the participant facilitator.

FORM E2: PARTICIPANT FEEDBACK GROUP DISCUSSION FORM

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Below to be filled out by Mentor before group discussion			
E.2.1	Name of mentor	<ol style="list-style-type: none"> 1. [Mentor name] 2. [Mentor name] 3. [Mentor name] 4. ... 	Select one
E.2.2	Date	__ / __ / ____	Enter date
E.2.3	Group	<ol style="list-style-type: none"> 1. Adolescent girls 2. Adolescent boys 3. Female caregivers 4. Male caregivers 	Select one
E.2.4	Group Number/ID		Enter number
E.2.5	Center Location (If applicable)	<ol style="list-style-type: none"> 1. Space 1 2. Space 2 3. Space 3 4. Space 4 	Select one
E.2.6	Session number		Enter number
E.2.7	Group discussion facilitator	<ol style="list-style-type: none"> 1. Mentor 2. Staff 3. Participant 4. Other: 	Select one

Instructions: Ask the group to think back to the **last three sessions**. Ask each question and take notes on the responses. Then, based on the group's responses, answer the multiple-choice questions.

How did you feel about the last 3 sessions?

Probes: What did you like most about the last 3 sessions? What did you like least? How could we improve the sessions for you and other participants your age?

Which of the following would you say that most participants expressed?

I loved them!	I liked them	They were just okay	I didn't like them	I hated them!
<input type="checkbox"/>				

Did you learn anything new from the last 3 sessions?

Probes: What did you learn? Was there anything that you hoped you would learn more about?

Which of the following would you say that most participants expressed?

I learned a lot of new things	I learned a few new things	I didn't learn anything new
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did any of the information in the last 3 sessions make you feel uncomfortable or shy?

Probes: What information made you feel that way? How could we help other participants your age feel more comfortable with that information?

Which of the following would you say that most participants expressed?

I never felt uncomfortable or shy	I sometimes felt uncomfortable or shy	I often felt uncomfortable or shy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often did you wear a face mask during the last 3 sessions?

Probes: How did it feel to wear a face mask during the sessions? How could we make it easier for you and others to wear face masks during sessions?

Which of the following would you say that most participants expressed?

I wore a face mask to each session and wore it for the entire session	I wore a face mask to each session, but sometimes took it off during the session	I didn't wear a face mask to each session	I never wore a face mask
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often did you wash your hands during the sessions?

Probes: How did it feel to wear a face mask during the sessions? How could we make it easier for you and others to wear face masks during sessions?

Which of the following would you say that most participants expressed?

I washed my hands before and after each session	I usually washed my hands before and after each session	I sometimes forgot to wash my hands before or after the session	I never washed my hands before or after the session
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you stay six feet apart from other people in the group during the sessions?

Probes: How did it feel to stay six feet apart from others during the sessions? How could we make it easier for you and other participants to stay six feet apart?

Which of the following would you say that most participants expressed?

- | | | | |
|--|---|---|---|
| I always stayed 6 feet apart from other people | I usually stayed 6 feet apart from other people | I sometimes stayed 6 feet apart from other people | I never stayed 6 feet apart from other people |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Over the last 3 weeks, how often do you follow the recommendations of wearing a mask, washing your hands, and staying six feet apart from others, when you are not at the space or at home?

Probes: What motivated you to follow the recommendations? What could make it easier to follow these recommendations outside of the space or your home?

Which of the following would you say that most participants expressed?

- | | | | |
|---|---|---|--|
| Yes, I felt like everyone always followed the recommendations | Yes, I felt like most people followed the recommendations | No, I felt like only some people followed the recommendations | No, I felt like no one in the group followed the recommendations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is there anything else you would like to share about the last three sessions?

Any other observations from the group discussion?

FORM E3: PARTICIPANT FEEDBACK PARTNER DISCUSSION FORM

DIRECTIONS

- 1.** The participant feedback partner discussions should be conducted at the end of the following sessions: Session 3; Session 6; Session 9; Session 12.
- 2.** Remind participants that you are collecting their feedback so that you can improve the program for them and for other people their age. Remind them that all the information they provide is anonymous and confidential and will not affect their ability to attend this program or any other programming provided by this organization.
- 3.** Fill in E.3.1 – E.3.6 either before or after the group discussion.
- 4.** Split the group into pairs. If there is an odd number of participants, make one group of three.
- 5.** Read each question out loud and give each pair several minutes to discuss between themselves. Then, ask participants if they would like to share what they discussed with the group. Take notes on the form, and then answer each multiple-choice question based on participant responses.
- 6.** If the group has elected for the discussion to be led by a participant, take time to review the questions with the elected participant facilitator. You may wish to simplify the form if the participant has limited literacy. Alternatively, the participant facilitator does not have to fill in the form; instead, you can meet with them after each group discussion, and ask them to summarize the responses for each question. If this is the case, you should fill in the form based on your discussion with the participant facilitator.

FORM E3: PARTICIPANT FEEDBACK PARTNER DISCUSSION FORM

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Below to be filled out by Mentor before group discussion			
E.3.1	Name of mentor	<ol style="list-style-type: none"> 1. [Mentor name] 2. [Mentor name] 3. [Mentor name] 4. ... 	Select one
E.3.2	Date	__ / __ / ____	Enter date
E.3.3	Group	<ol style="list-style-type: none"> 1. Adolescent girls 2. Adolescent boys 3. Female caregivers 4. Male caregivers 	Select one
E.3.4	Group Number/ID		
E.3.5	Center Location (If applicable)	<ol style="list-style-type: none"> 1. Space 1 2. Space 2 3. Space 3 4. Space 4 	Select one
E.3.6	Session number		Enter number
E.3.7	Group discussion facilitator	<ol style="list-style-type: none"> 1. Mentor 2. Staff 3. Participant 4. Other: 	

Instructions: Ask participants to think back to the **last three sessions**. Ask each question and give pairs several minutes to discuss. Then, ask if anyone wishes to share their answers with the group, and take notes on the responses. Then, based on the group's responses, answer the multiple-choice questions.

How did you feel about the last 3 sessions?

Probes: What did you like most about the last 3 sessions? What did you like least? How could we improve the sessions for you and other participants your age?

Which of the following would you say that most participants expressed?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I loved them! | I liked them | They were just okay | I didn't like them | I hated them! |
| <input type="checkbox"/> |

Did you learn anything new from the last 3 sessions?

Probes: What did you learn? Was there anything that you hoped you would learn more about?

Which of the following would you say that most participants expressed?

- | | | |
|-------------------------------|----------------------------|-----------------------------|
| I learned a lot of new things | I learned a few new things | I didn't learn anything new |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Did any of the information in the last 3 sessions make you feel uncomfortable or shy?

Probes: What information made you feel that way? How could we help other participants your age feel more comfortable with that information?

Which of the following would you say that most participants expressed?

- | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|
| I never felt uncomfortable or shy | I sometimes felt uncomfortable or shy | I often felt uncomfortable or shy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often did you wear a face mask during the last 3 sessions?

Probes: How did it feel to wear a face mask during the sessions? How could we make it easier for you and others to wear face masks during sessions?

Which of the following would you say that most participants expressed?

- | | | | |
|---|--|---|--------------------------|
| I wore a face mask to each session and wore it for the entire session | I wore a face mask to each session, but sometimes took it off during the session | I didn't wear a face mask to each session | I never wore a face mask |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often did you wash your hands during the sessions?

Probes: How did it feel to wear a face mask during the sessions? How could we make it easier for you and others to wear face masks during sessions?

Which of the following would you say that most participants expressed?

- | | | | |
|---|---|---|---|
| I washed my hands before and after each session | I usually washed my hands before and after each session | I sometimes forgot to wash my hands before or after the session | I never washed my hands before or after the session |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Did you stay six feet apart from other people in the group during the sessions?

Probes: How did it feel to stay six feet apart from others during the sessions? How could we make it easier for you and other participants to stay six feet apart?

Which of the following would you say that most participants expressed?

- | | | | |
|--|---|---|---|
| I always stayed 6 feet apart from other people | I usually stayed 6 feet apart from other people | I sometimes stayed 6 feet apart from other people | I never stayed 6 feet apart from other people |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Over the last 3 weeks, how often do you follow the recommendations of wearing a mask, washing your hands, and staying six feet apart from others, when you are not at the space or at home?

Probes: What motivated you to follow the recommendations? What could make it easier to follow these recommendations outside of the space or your home?

Which of the following would you say that most participants expressed?

- | | | | |
|---|---|---|--|
| Yes, I felt like everyone always followed the recommendations | Yes, I felt like most people followed the recommendations | No, I felt like only some people followed the recommendations | No, I felt like no one in the group followed the recommendations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is there anything else you would like to share about the last three sessions?

Empty text area for sharing additional information about the sessions.

Any other observations about the pair discussions?

Empty text area for providing observations on pair discussions.

FORM E4: PARTICIPANT FEEDBACK PHONE SURVEY FORM

DIRECTIONS

- 1.** The participant feedback phone survey form should be administered after the following sessions: Session 3; Session 6; Session 9; Session 12.
- 2.** Compile participant phone numbers at the start of the program. At the end of the above listed sessions, inform participants that you will be calling them over the next few days to ask them questions about the last 3 sessions. If any participant missed one of the last 3 sessions, they can still participate, thinking about the sessions they have attended over the last 3 weeks.
- 3.** Remind participants that you are collecting their feedback so that you can improve the program for them and for other people their age. Remind them that all the information they provide is anonymous and confidential and will not affect their ability to attend this program or any other programming provided by this organization.
- 4.** Fill in E.4.1 – E.1.6 either before administering each phone survey.
- 5.** Call each participant to administer the survey. Encourage participants to go to a private place while they take the survey.
- 6.** Read each question, and then read the response options. Then, ask participants the probe questions, and take notes of their answers.
- 7.** For participants who do not have access to a mobile phone: Give participants the option of taking the survey in-person (Form E1) or taking the survey via phone at the program site. Arrange to lend the participant a phone with which they can take the survey at the program site.

FORM E4: PARTICIPANT FEEDBACK PHONE SURVEY FORM

Items E.4.1-E.4.6 to be filled out by Mentor before administering survey			
E.4.1	Name of mentor	<ol style="list-style-type: none"> 1. [Mentor name] 2. [Mentor name] 3. [Mentor name] 4. ... 	Select one
E.4.2	Date	__ / __ / ____	Enter date
E.4.3	Group	<ol style="list-style-type: none"> 1. Adolescent girls 2. Adolescent boys 3. Female caregivers 4. Male caregivers 	Select one
E.4.4	Group Number/ID		
E.4.5	Center Location (If applicable)	<ol style="list-style-type: none"> 1. Space 1 2. Space 2 3. Space 3 4. Space 4 	Select one
E.4.6	Session number		Enter number

Say: Thank you for taking the time to provide feedback! Remember, everything you tell me is confidential, and you can choose to skip any questions if you want. Are you in a quiet place where you feel comfortable talking? (*Wait for participant to find a private place to speak*)

The survey will take about 10 minutes. As I ask you each question, think back to the last three sessions (*you can name the session titles*) that we had.

4.1a	How did you feel about the last three sessions? Would you say...	<ol style="list-style-type: none"> 1. You loved them 2. You liked them 3. They were okay 4. You didn't like them 5. You hated them 	Read all options, select one
4.1b	Probe: What did you like the most?		Enter notes from free response
4.1c	Probe: What did you like the least?		Enter notes from free response
4.2a	Did you learn anything new from the last 3 sessions? Would you say...	<ol style="list-style-type: none"> 1. You learned a lot 2. You learned a few new things 3. You didn't learn anything new 	Read all options, select one
4.2b	Probe: What were some things you learned?		Enter notes from free response
4.2c	Probe: Was there anything you wished you had learned more about?		Enter notes from free response
4.3a	Did any of the information in the last 3 sessions make you feel uncomfortable or shy? Would you say...	<ol style="list-style-type: none"> 1. You never felt uncomfortable or shy 2. You sometimes felt uncomfortable or shy 3. You often felt uncomfortable or shy 	Read all options, select one
4.3b	Probe (if participant felt uncomfortable or shy): If you are comfortable sharing with me, what information made you feel that way?		Enter notes from free response
4.3c	Probe (if participant felt uncomfortable or shy): How could we help other participants your age to feel more comfortable with that information?		Enter notes from free response
4.4a	How often did you wear a face mask during the last 3 sessions? Would you say...	<ol style="list-style-type: none"> 1. You wore a face mask to each session and wore it for the entire session 2. You wore a face mask to each session, but sometimes took it off during the session 3. You wore a face mask to some of the sessions, but not always 4. You never wore a face mask 	Read all options, select one
4.4b	Probe: How did it feel to wear a face mask during the sessions? OR Why did you not wear a mask to some of the sessions?		Enter notes from free response
4.4c	Probe: How could we make it easier for you and others to wear face masks during sessions?		Enter notes from free response
4.5a	How often did you wash your hands during the sessions? Would you say...	<ol style="list-style-type: none"> 1. You washed your hands before and after each session 2. You usually washed your hands before and after each session 3. You sometimes forgot to wash your hands before or after the session 4. You never washed your hands before or after the session 	Read all options, select one
4.5b	Probe: How did it feel having to wash your hands before and after each session? AND/OR Why didn't you wash your hands before or after some sessions?		Enter notes from free response
4.5c	Probe: How could we make it easier for you and other participants to wash their hands?		Enter notes from free response

4.6a	Did you stay six feet apart from other people in the group during the sessions? Would you say...	<ol style="list-style-type: none"> 1. You always stayed 6 feet apart from other people 2. You usually stayed 6 feet apart from other people 3. You sometimes stayed 6 feet apart from other people 4. You never stayed 6 feet apart from other people 	Read all options, select one
4.6b	Probe: How did it feel to stay six feet apart from others during the sessions? AND/OR Why did you not always stay 6 feet apart from other people?		Enter notes from free response
4.6c	Probe: How could we make it easier for you and other participants to stay six feet apart during sessions?		Enter notes from free response
4.7a	Did you feel like others in your group were following the recommendations of wearing a mask, washing their hands, and staying six feet apart? Would you say...	<ol style="list-style-type: none"> 1. You felt like everyone always followed the recommendations 2. You felt like most people followed the recommendations, but some did not 3. You felt like only some people followed the recommendations 4. You felt like no one in the group followed the recommendations 	Read all options, select one
4.7b	Probe (if others did not follow recommendations): Why do you think others in the group did not always follow the recommendations?		Enter notes from free response
4.8	Over the last 3 weeks, how often do you follow the recommendations of wearing a mask, washing your hands, and staying six feet apart from others, when you are not at the space or at home? Would you say...	<ol style="list-style-type: none"> 1. I always followed the recommendations 2. I usually followed the recommendations 3. I sometimes followed the recommendations 4. I never followed the recommendations 	Read all options, select one
4.8a	Probe (if answered always, usually, or sometimes): What motivated you to follow the recommendations?		Enter notes from free response
4.8b	Probe: What could make it easier to follow these recommendations outside of the space or your home?		Enter notes from free response
4.9	Is there anything else you would like to share about the last three sessions?		Enter notes from free response

ANNEX 14: Summary of Curricular Observations and Changes Tool

Directions: This tool should be filled out by the SSAGE Technical Officer, in consultation with mentors and with other SSAGE program staff. This tool succinctly summarizes feedback on each session of the curriculum for each cohort. Feedback from mentors on each session should be taken regularly throughout the program cycle, whether this is through biweekly continuing education session or weekly or biweekly meetings. At each meeting, document the mentor feedback and any implications, keeping in mind that not all sessions may need to be changed.

At the end of each cycle of 12 sessions, it is recommended to hold a workshop with all staff and mentors to discuss and agree on changes for the curriculum.

COHORT:

AREA OF IMPLEMENTATION:

Session	Overview of Mentor feedback: <ul style="list-style-type: none"> • What went well? • What did not go well? • How did participants react to the content? • Where you able to finish all content in time? 	Summary of supervisory feedback on sessions: <ul style="list-style-type: none"> • Any notes documented from supervisory observation sessions 	Implications for curriculum: <ul style="list-style-type: none"> • Suggested changes in content • Suggested changes in activities • Suggested changes in language
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