
# SAA POST TRAINING IMPACT EVALUATION

## EVALUATION REPORT

# Introduction

In conflict-affected Northeast (NE) Nigeria, the destructive influence of Boko Haram has left GBV-focused civil society organizations (CSOs) struggling to effectively prevent and respond to violence. Overburdened with rising caseloads of complications from early forced marriage (EFM) and female genital mutilation/cutting (FGM/C) as well as trauma from intimate partner violence (IPV) and sexual assault, underfunded survivor-centered/focused CSOs lack information about existing laws and policies which would enhance their work, are utilizing outdated or ineffective service delivery and social norms change mechanisms and struggle to coordinate with each other to share knowledge and undertake joint advocacy.

Over the life of the four-year **MARTAWA ZUROMAYE** project ('Dignity and Security' in Hausa), CARE's work is employing the principles of its globally recognized Gender Equality Framework to empower survivor-centered, women-led civil CSOs and local communities to more effectively fight GBV by: 1) building the agency and capacity of individual women and girls (as well as CSOs themselves), 2) shifting relations between women and men (and amongst community members), and 3) transforming structures, including social norms, laws and policies.
The goal of this project was to enhance survivor-centered and informed efforts to prevent and respond to GBV, particularly FGM/C and EFM, in communities affected by conflict and violent extremism in Southern Niger and NE Nigeria. The project had three (3) specific objectives as given below:
Objective 1: Empower Individuals. Support women and girl survivors of GBV informing and leading efforts to prevent and respond to GBV, particularly FGM/C and ECM, in communities affected by conflict and violent extremism in Southern Niger and NE Nigeria.
Objective 2: Strengthen Communities: Strengthen community prevention of and response to GBV through the work of survivor-centered and survivor-informed civil-society organizations (CSOs), particularly FGM/C and EFM, in communities affected by conflict and violent extremism in Southern Niger and NE Nigeria.
Objective 3: Build Network(s): Strengthen existing and establish national and regional networks between CSOs, community groups, service providers, and others advocating for GBV survivors and GBV prevention and response.

For each of the afore listed objectives, result areas and corresponding activities for both Nigeria and Niger were identified. The results and activities for Nigeria are listed below as follows:

**Objective 1: Empower individuals. Support women and girl survivors of GBV informing and leading efforts to prevent and respond to GBV, particularly EFM and FGC/M in communities affected by conflict and violent extremism in Southern Niger and NE Nigeria.**

**Result 1.3. Nigeria: local partners capacities are strengthened on Social Analysis and Action (SAA) and the provision of appropriate GBV services to survivors.**

- Activity 1.3.1. Train local partners on SAA and support community engagement and collective action through GBV protection committees for community-based, survivor-centered prevention and response
- Activity 1.3.2. Set-up accountability mechanisms. To ensure that beneficiaries are able to provide input on the best approaches for accountability and to gain their buy-in, CARE will set up a feedback accountability mechanism (FAM) using suggestion boxes, a toll free, confidential hotline, and focus group discussions.

**Objective 2: Strengthen communities. Strengthen community prevention of and response to GBV through the work of survivor-centered and survivor-informed civil-society organizations (CSOs), particularly FGM/C and EFM, in communities affected by conflict and violent extremism in Southern Niger and NE Nigeria.**

**Result 2.3. Nigeria: Communities gain awareness and are engaged and strengthened to prevent and respond to GBV by carrying out awareness sessions and SAA activities.**

- Activity 2.3.1. Train community stakeholders on GBV issues, related international standards and guidelines,

and national legal guidance

- Activity 2.3.2. Support vigilante protection committees to conduct mass awareness-raising
- Activity 2.3.3. Conduct SAA sessions with groups to shift harmful social norms and address root causes, exacerbating factors, and impacts of GBV. Having conducted a gender analysis
- Activity 2.3.4. Monitor GBV risks and incidents and report to relevant coordination bodies

**Objective 3: Build networks. Strengthen existing and establish national and regional networks between CSOs, community groups, service providers, and others advocating for GBV survivors andGBV prevention and response.**

**Result 3.2: Nigeria: Alliances between sub-regional networks, CSOs, and local women-led organizations are promoted, and the legal, social and political environment of civil society actors is consolidated and protected.**

- Activity 3.2.1. Strengthen existing networks and GBV sub cluster GBV actors; train network members on GBV advocacy
- Activity 3.2.2. Support network to develop and implement action plan on FGM/C and EFM and support platform advocacy activities
- Result 3.3. Niger and Nigeria: Support building sub-regional network and cross-border social movement in Nigeria and Niger focused on amplifying women's voices and strengthening joint advocacy efforts concerning GBV and survivor centered approaches.
- Activity 3.3.1: Organize Niger and Nigeria MMD study tour/exchange visits (contact between leaders, and between MMD groups and other CSOs)
- Activity 3.3.2. Support building sub-regional network comprised of NGOs, CSOs, and women's groups (including VSLA groups/platforms) to strengthen joint advocacy efforts
- Activity 3.3.3. Hold an annual collaboration forum for stakeholders from both countries.
- Activity 3.3.4. Identify key GBV advocacy actions and campaigns, such as the Call to Action against GBV and the Spotlight Initiative, and develop a bilateral framework/advocacy plan

To support the enhancement of survivor-centered efforts to prevent, mitigate, and respond to all forms of gender-based violence—especially EFM and FGM/C—CARE is leading comprehensive, coordinated efforts in targeted communities in conflict-affected NE Nigeria. In Nigeria, local partners THSI and AFRYDEV are being supported to build the capacity of local communities to prevent and respond to GBV by training them in evidence-based CARE social norms change methodologies and GBV response mechanisms. This safety audit is focused on assessing the impact of the SAA training conducted under objective 1, result 1.3 and activity 1.3.1, on the partners, the community and the program as a whole.

## Objective of the Post-Training Assessment

Under result 1.3 and activity 1.3.1, CARE is committed to training local partners on SAA and supporting community engagement and collective action through GBV protection committees for community-based, survivor-centered prevention and response. In line with this, CARE has conducted SAA trainings for community protection committees in Nguru and Yusufari. This training has formed the basis on which the PCs are able to carry-out community SAA sessions with various sex and age groups in their communities to facilitate transformative discussions on shifting

social norms that sustain GBV and expose vulnerable groups to the risks of GBV.
As part of CARE's commitment to effective MEAL, program quality and an overall impact-driven programming, CARE is assessing the impact of the SAA training on the entire program with specific attention to the following objectives:

- Improving understanding on the efficacy of the SAA model and approach to drive social and gender transformation in local communities.
- Gaining insights on participants' level of retention of SAA contents.
- Understanding the impact of the SAA training on the protection committees, specifically on their agency and household relations.
- Understanding the evident change patterns that exist courtesy of the application of the SAA model in local communities

# POST-TRAINING IMPACT ASSESSMENT METHODOLOGY

## Study Conception

This assessment varies from a traditional training assessment that employs the use of a pre and post-test in that more than measuring knowledge gained, it measures the application and efficacy of the knowledge gained over a period. This assessment was carried out one year removed from the training period and as such is not just measuring how much participants remember from the training, but how much of the knowledge they have been able to apply in carrying out their specific functions on the project but more so how the knowledge is being reflected in their personal lives and the immediate environment. Data from this assessment will be used to measure a key project outcome indicator as shown below:

| AID | Activity | Indicator | Baseline | Target |
|---|---|---|---|---|
| 2.3.3 | Activity 2.3.3.: Conduct SAA sessions with groups to shift harmful social norms and address root causes, exacerbating factors, and impacts of GBV | 2.3.5 - % of people trained in SAA that retain the skills and knowledge and demonstrate a positive shift in attitude and perception towards GBV after six months | N/A | 80% |

Community protection committee members and partner staff trained on SAA were interviewed using structured survey questionnaire that allows for the collection of quantifiable and quality data in the form of anecdotes and experiences. This allowed for the computation of quantifiable impact data that informs the performance of the outcome indicator outlined above while also providing human interest stories on the impact of SAA in northeast Nigeria.

This assessment was carried out in Nguru and Yusufari LGAs where CARE Nigeria is implementing the Martawa Zuromaye Project. Specifically, this assessment was carried out across 4 wards 2 per LGA, (Sabon Garin Kanuri and Hausari wards in Nguru and Yusufari and Guya wards in Yusufari LGA). Given that both LGAs do not host IDPs and were not massively displaced during the protracted armed conflict, this assessment recognizes them as are resident

settlement. The Assessment population include residents who were trained on SAA model for social and gender norms transformation. The assessment team ensured the inclusion of both male and female participants in line with the assessor's commitment to ensure gendered analysis across CARE programs.

## Data collection techniques, instruments and procedures

Data was collected using a composite method that combined quantitative and qualitative methods. Quantifiable data questions were designed into a questionnaire along with quality revealing follow-up questions that prompted deeper exploration of the experiences of trainees one year after being trained on SAA. Because of the technicality of this sort of assessment and the expertise required to draw out quality responses that inspire human interest stories, data collection for this assessment was carried out by the assessor (CARE MEAL Officer). In line with scaling digital solutions, the assessor employed the use of Fatima to collect data from five (5) respondents who could not be accessed due to challenges with road access to Guya in Yusufari and also livelihood engagements which made some in Nguru unavailable for the survey in person. Fatima was also used to collect data from two (2) partner staff.

**Participant Surveys:**

SAA Post-training assessment survey were conducted using a structured questionnaire coded on KoboToolbox, to be administered using electronic devices (smart phones and tablets). The survey enabled the collection of data from one training participant at a time. As earlier stated, the survey which majorly utilizes a set of close ended questions will also have open ended questions to provide in-depth explorations around some leading close ended questions. Closed ended questions were designed to collect a variety of easily analyzable responses including True/False options and Yes/No options. For this survey, Likert options and Ipsative options were not employed.

## Sampling

For this PDM, stratified random sampling was applied to the bulk of the participants trained on SAA for Nguru and Yusufari. A list of trained participants was collated which summed to 24 trainees, 12 in Nguru (6 female, 6 male) and 12 in Yusufari (6 female, 6 male). The assessor used excels random function to select 12 participants, 6 for Nguru (3 female, 3 male) and 6 for Yusufari (3 female, 3 male), to participate in this assessment. This amount to 50% of the target population as a purposive sample size. These participants were traced using their phone numbers.

**Data collector:**

All interviews were conducted by CARE MEAL Officer with mobilization support from the Martawa Zuromaye project team specifically CARE GBV Officer and partner staff (THIS and AFRIDEV). Data was collected over the course of three days from 2nd October to 4th October 2023.

**Data Analysis & Triangulation**

Following data collection, the data was cleaned and analyzed. Analysis and interpretation were carried out using Excel. Analysis was performed in line with presenting findings that inform the status of the outcome indicator assigned to the SAA training activity, as well as presenting anecdotes that show evidence of the impact of the SAA in communities.

In measuring the **% of people trained on SAA, that retain the skills and knowledge after six months**, participants were asked a set of True/False questions around specific areas covered during the training. These questions were carefully coined from the SAA training manual. During analysis, the right answers to these questions was scored a point which was summed to get a total score for how much each respondent remembered. A threshold score was fixed to allow for the analysis of what percentage of the respondents meet or exceed the threshold score.

In measuring **% of people trained in SAA that demonstrate a positive shift in attitude and perception towards GBV after six months**, participants were asked questions around practical change they have influenced in their personal lives, attitudes and behaviours, in their household relations and observable changes that was brought about as a result of their engagement with community members on social and gender norms. These responses being qualitative were subjectively weighted to inform how much positive shifts are being achieved courtesy of applying the SAA model.

Together, both data points are aggregated to inform **% of people trained in SAA that retain the skills and knowledge and demonstrate a positive shift in attitude and perception towards GBV after six months**.

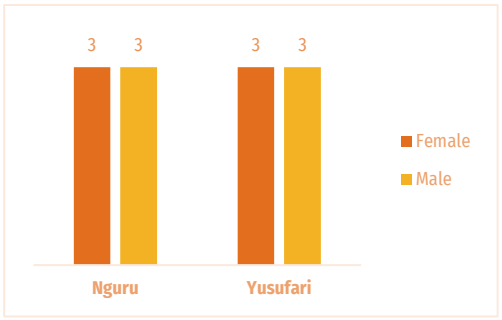
## Ethical Considerations

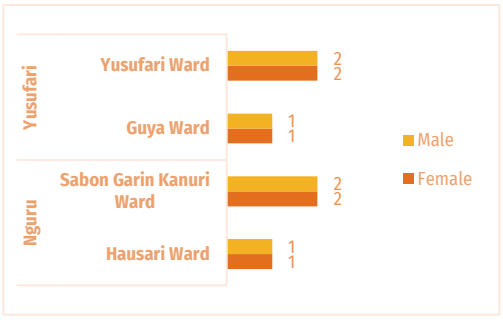
Ethical considerations were applied in the course of this assessment. Some of the considerations applied include the following:

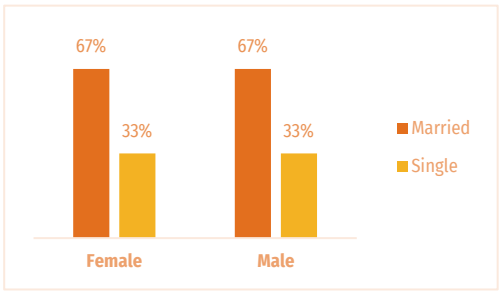
- Consent was sort before commencing interview with participants.
- This assessment was strategically employed to also serve as a feedback mechanism to inform on the efficacy of the SAA model and how relevant it is to local communities.
- Interview questions were mostly asked in local language (Hausa).
- Interviews were conducted in safe and conducive environments (participants homes, partner offices)

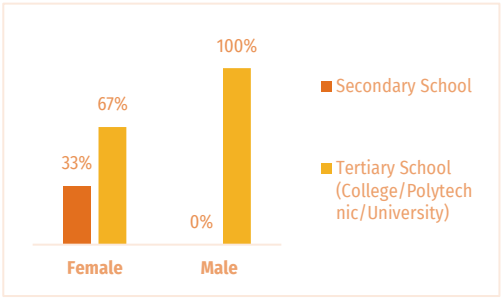
# Key Findings

## Demography

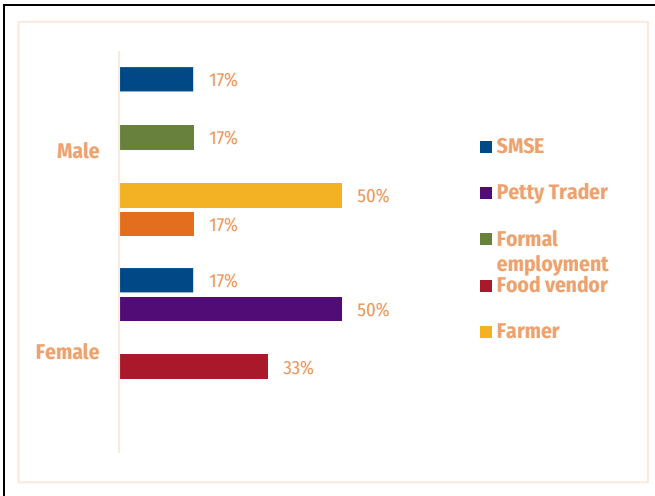


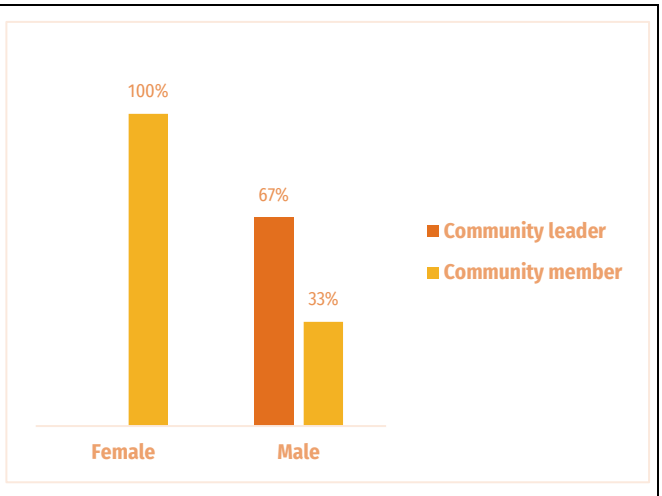



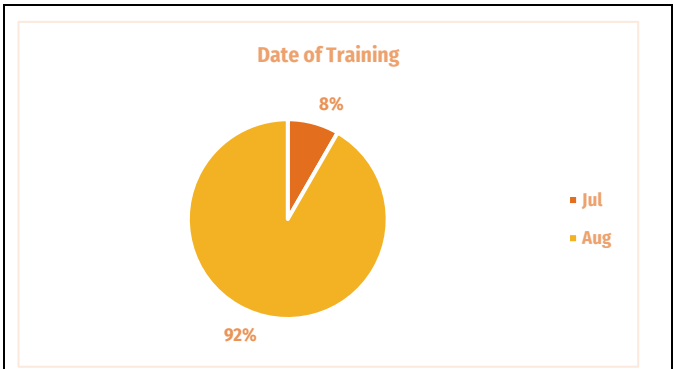

Above is an overview of the characteristics of the sampled respondents who participated in the SAA training impact evaluation exercise. Of the 24 protection committee members trained, 50% were sampled for this evaluation (6 per LGA). Across the four wards, male and female respondents were sampled to ensure gender-balanced perspectives on the training impact. Of the randomly sampled respondents, 67% (67% male, 67% female) are married while 33% (33% male, 33% female) are single and have never been married. Percentage wise, all male respondents have completed one or more forms of tertiary education while for female respondents, 67% did with 33% having attained secondary school education as their highest academic qualification. The gender gap in education is hardly missed across board in Nigeria especially in the Northeast. Albeit

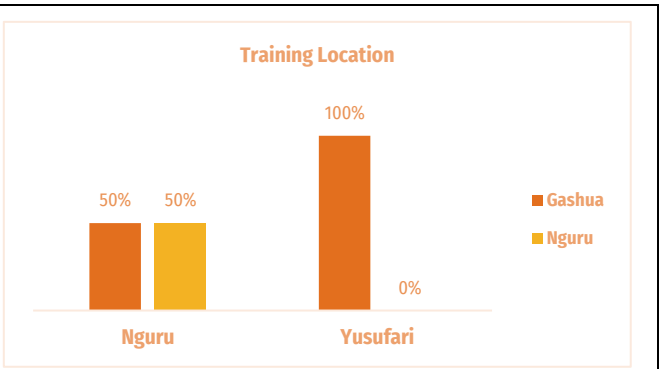


A look at the occupation of the respondents, and their social status shows that the protection committee members are individual from different works of life that engage in diverse livelihood activities that brings them in contact with other persons on a daily basis. This is an important contributor to the efficacy of the SAA model as it leverages on social interactions in safe environments. Also, 67% of the respondents are community leaders who hold influence capacities in local communities, however, none of the female respondents identified as being a community leader. Although not an exact depiction, this reflects the situation of women in leadership in Northeast Nigeria being that though female community leaders exist in the capacity of women leaders, their role and capacities to influence social transformation remains to be fully embraced and explored. Where they exist, with a recognition of their capacity to transform societies, they often face other capacity challenges such as poor academic background, overburden household responsibilities or undermining politicization of functions by male counterparts.

## The Social Analysis and Action Training




In order to establish that respondents indeed participated in an SAA training, we asked them to recollect the date and venue of the training. Although not remembering the exact month and date of the training, participants noted they were trained around August of 2022. From the responses gathered, two trainings were conducted. Some respondents from Nguru, indicated that they were trained in Nguru while others indicated that they were trained in Gashua. All respondents from Yusufari indicated that they were trained in Gashua, at Yusufana Hotel. A review of the training report corroborates this. Specifically, the training covered sections such as:

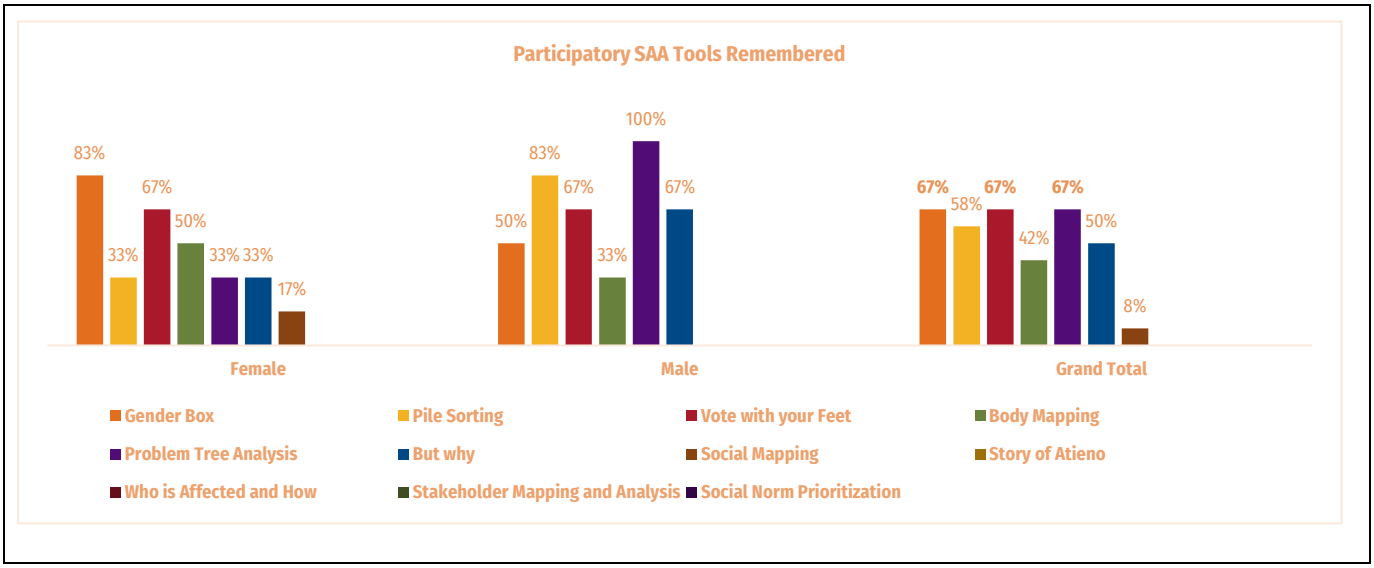
- Introduction to SAA.
- Element of SAA
- SAA Cycle
- Skills of SAA
- SAA Tools (Vote with your feet, Body mapping, but why, Problem tree, pile sorting, trust game, stakeholder mapping, etc). used in reflecting with the community.
- Summary of Mel in SAA

## Evaluating Retention of SAA Knowledge and Skills

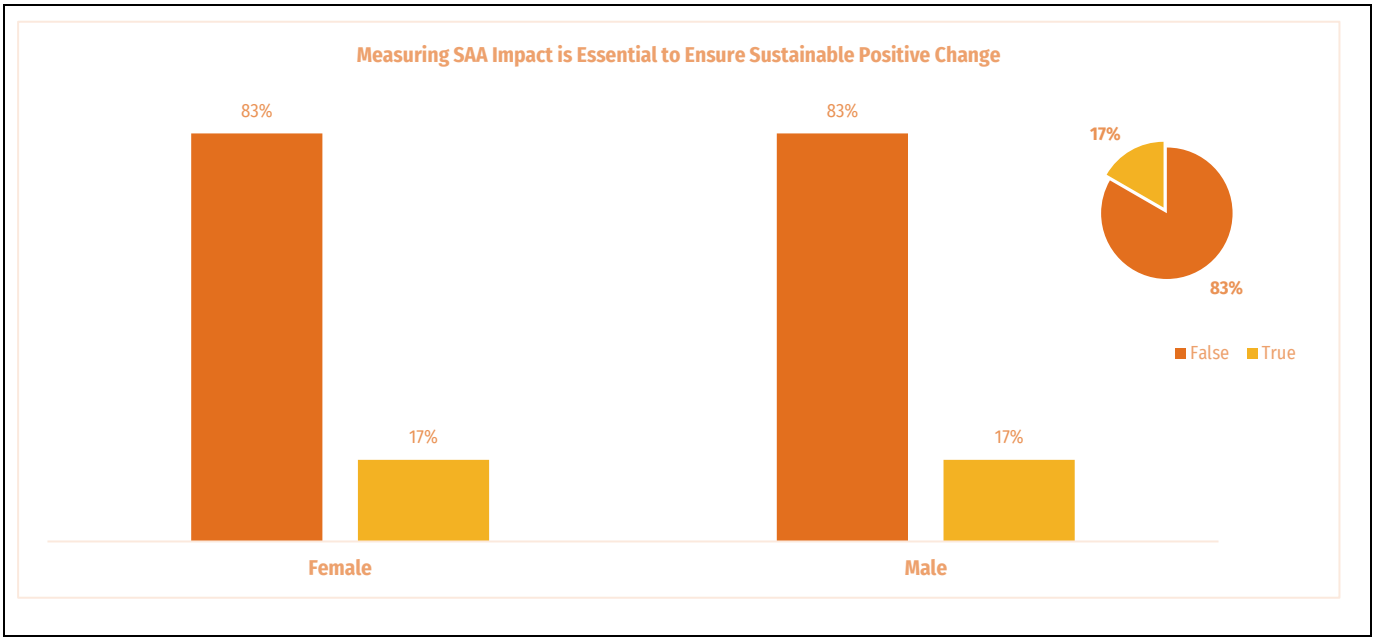

In a bid to gauge SAA trainees' level of retention, on SAA concepts, we asked them a set of True or False question that speak to the training contents. 42% (33% male, 52% female) indicated that SAA works beyond the level of the individual and extends to household, communities and policy environments. A significant proportion (58%) of the respondent indicated that SAA works at the level of the individual alone, however, in another question, 92% of the respondents (83% male, 100% female) indicated that SAA works at the family level also. There may be gaps in conceptualizing the levels at which SAA works which include Agency (The Individual), Relations (Household, communities) and structures (Policies, systems and structures).

92% of the respondents (100% male, 83% female) indicated that SAA emphasizes the need for community plan for action while 17% of female respondent disagreed with this. When asked what they considered to be the relevance of the plan for action, respondents indicated that the plan for action is what translates the recommendations they proffer to change-driven actions that influence social transformation. Respondent also highlighted that SAA is made possible by detailed planning before engaging with communities, during engagements with communities and planning for monitoring. All respondents unanimously agreed that SAA calls for community reflection on gender norms. They noted that SAA comes to life when it engages communities to challenge themselves and their diverse or unified ideas on social norms and stereotypes that negatively impact on their economy, safety and protection and overall development.

Mallam Khalil, a member of the protection committee working with AFRIDEV in Yusufari taking CARE MEAL Officer through his personal action plan to engage with certain individuals in his community and the topic he intends to discuss with them. He did this so that it does not escape his mind.




To assess not just SAA trainees' remembrance of the SAA tools taught them, but also to gains fair understanding of the most applied tools, we asked respondents to list or describe the SAA tools they remembered. Majority of the female respondents (83%, 67%, 50%) remembered the **Gender box**, **Vote with your feet** and **Body mapping** activity tools. Majority of male respondents (100%, 83%, 67%) remembered **Problem tree analysis**, **Vote with your feet**, **Pile sorting** and **But why** activity tools. Overall, the most remembered tools are Gender box, Vote with your feet and Problem tree analysis tools. Male respondents expressed that the Body mapping activity tool was quite explorative however for reasons of cultural pushbacks they had not utilized it as such but hope that with more progress made with SAA dialogue sessions, communities will be open to having conversations facilitated using such tools. Respondents also noted that they were trained on about five (5) out of the eleven (11) tools out of which they currently focus on the three (3) earlier highlighted.




We asked respondents if they thought measuring the change that results from SAA was necessary and possible. 83% of respondents (83% male, 83% female) indicated that measuring SAA and it's resulting change is essential to ensuring sustainable positive change. Only 17% agreed that measuring SAA is not possible. As a follow-up we asked respondents what kind of measurable change could result from SAA. Some of their responses include:

### Nguru (Female Respondents)

Community acceptance of transformative ideas to end poverty: SAA can educate communities on new ideas that address the root cause if poverty through a participatory method that ensure their acceptance. Such change can be measured by noticing how community members adopt new ideas around ending poverty and social injustice.

Freedom of expression: From the start of SAA sessions especially in women group, the participation level has always been low at the start, but it gradually improves over the course of three months to the extent that some sessions we the protection committee member hardly say anything. They lead the conversations themselves. This kind of change can be observed easily.

Shifts in perception around household roles and responsibilities: Many women in our communities believe that the responsibility of providing household needs rest solely on the man of the house. They believe "Kudinki Kudinki ne, amma kudinshi kudinkune" (Your money is for you alone, but his money is for the family). With SAA many women have begun to realize that they are partners with their husbands and now, they contribute to solving household problems without seeking for refunds as they normally do.

Mrs. Esther, a protection committee member in Nguru narrates the changes she has observed in her community that she attributes to the use of SAA sessions to drive social transformation.

### Nguru (Male Respondents)

Shifts in perception around household roles and responsibilities: Personally, I changed my wife's behavior around participating in providing household resources. Usually, she waits for me to bring every bit of resource that is expended in our home. I did not see it as a problem because I realize that is how almost all the women in our communities are. They stay at home and carry out house chores while the man goes out to source for resources. After the SAA training, I discussed some of the things I learnt and explained how I thought they would improve our situation if she started something small at home. I bought a refrigerator on credit so she could begin a small icing business at home. We eventually paid for the refrigerator from the proceeds of that business and now, many things that is prepared in my house, I don't have a hand in how they came about. This is a classic change that SAA has caused, and I can measure the difference when I look at how much money I could save before and how much savings I currently have.

Reduction in Early forced marriage: Even though it is hard to count, we can say that the rate at which young school-aged girls were getting married off with or without their consent, has drastically reduced between the time before we started hold SAA sessions in communities, and now. Communities now understand the many offspring of marrying out a girl against her will and at an age when she should be engaged in learning that can secure her future. The problem tree analysis activity was very helpful in linking early and forced marriages to poverty, unhappiness and wayward lifestyle. Now community members are changing their stance on it and we can observe it by the number of wedding that come up every now and then.

### Yusufari (Female Respondents)

Increased seeking of justice for SGBV: In local villages around our communities, people hide incidences of sexual gender-based violence. Many people consider that the disadvantage of reporting cases of GBV is more than the advantage and they eventually do not speak about it. With SAA people's confidence is built to empower them to speak up and access service including legal justice either through traditional litigation or formal court systems.

I am aware of two cases now that have been settled at our traditional council and both of them are SGBV cases.

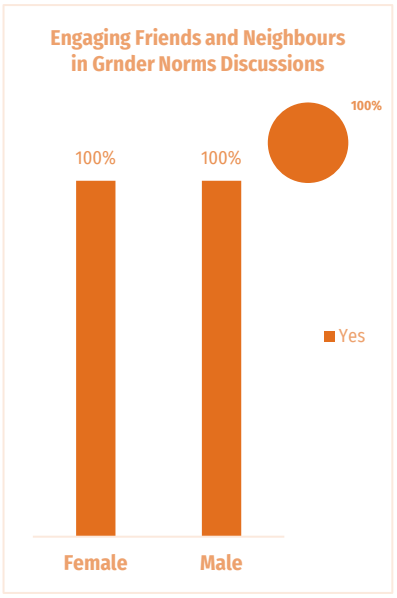
Reduction in cutting: In our communities, the local practice of preparing women for marriage from infancy which involves cutting their hymen in a practice we locally term 'Chire Anguriya' has reduced as parents are learning more about the risks associated with it. Parents are also exploring concept of human rights and child rights identifying that this cultural practice is in violation of such rights. This is a noticeable change and SAA can be used to measure it. There was a case of one of our SAA session participants, a man who just got married. He had a daughter one month after being enrolled into SAA sessions. After participating in the dialogues and the 'But why' activity, he resolved in his heart that Chire Anguriya was a bad and harmful practice. After the birth of his daughter, he instructed his wife not to allow the traditionalists to touch his daughter. However, his wife went to her mother for the 40 days seclusion period. During that time, other people advised her against the instruction of her husband and in panic, she consent to having the procedure done for her baby girl. After the procedure, the baby began to bleed unusually. The baby almost died. Her husband involved the traditional leaders to call a case for his wife to explain what happened as she kept saying that she didn't know. Eventually she opened up to say she was afraid of the thing she heard when she was in her village, and she allowed the traditionalists to cut her daughter. The man was at the verge of divorcing his wife when we (protection committee members) intervened again and began to mediate together with the community leaders. We eventually convinced the man to rethink his decision knowing that his wife was a victim of the misinformation and hoax that cultural norms often create. The man eventually retracted from divorcing his wife and across his village, a valuable lesson was learnt.

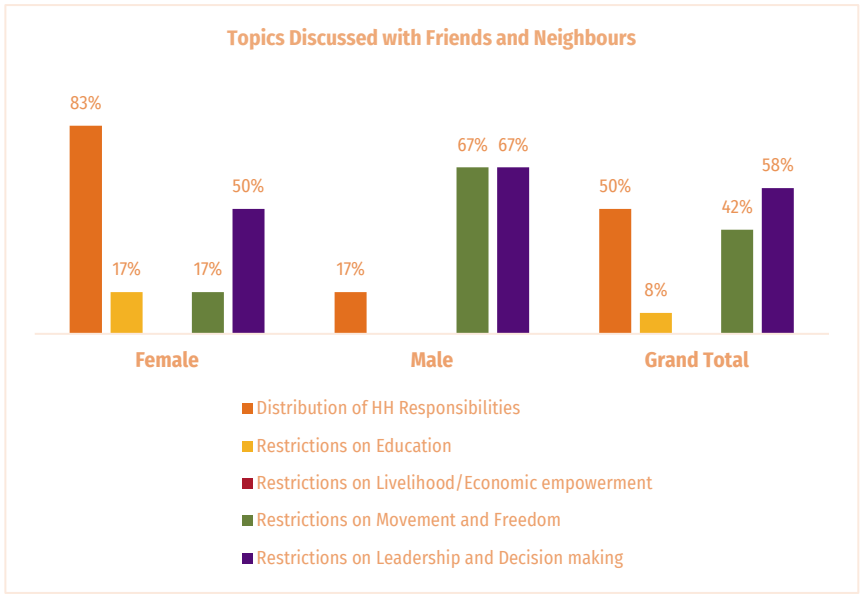
### Yusufari (Male Respondents)

Community ownership of transformative social change: in the past, everybody thinks of themselves and their families alone. The current hardship has even made things worse. SAA is one of the things that brings people together where they can think of others as if it was them. SAA is the only activity that I know of that brings people together for them to have a dialogue where they put their selves in other people's shoes. Gradually, people are getting concerned about issues that affect others other than themselves. This is a noticeable change, and it can be measured.

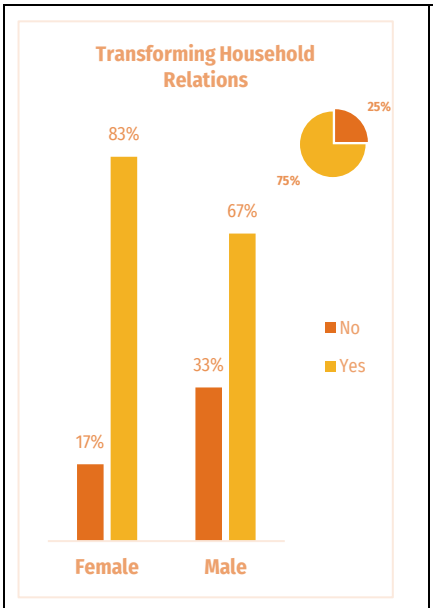
Reduction in Child labor: Child labor and a commensurate absenteeism from school was rampant in our community. SAA has taught many parents that the cycle of poverty can only end when they empower their children with quality education. This is evident is the school attendance between the times before SAA and now.

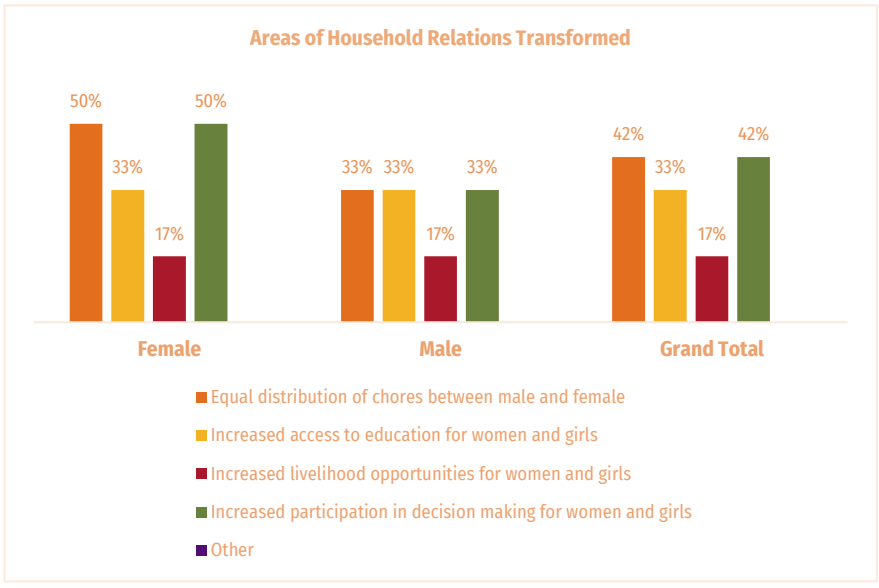
## Evaluating Demonstration of Shift in Attitude and Perception regarding GBV



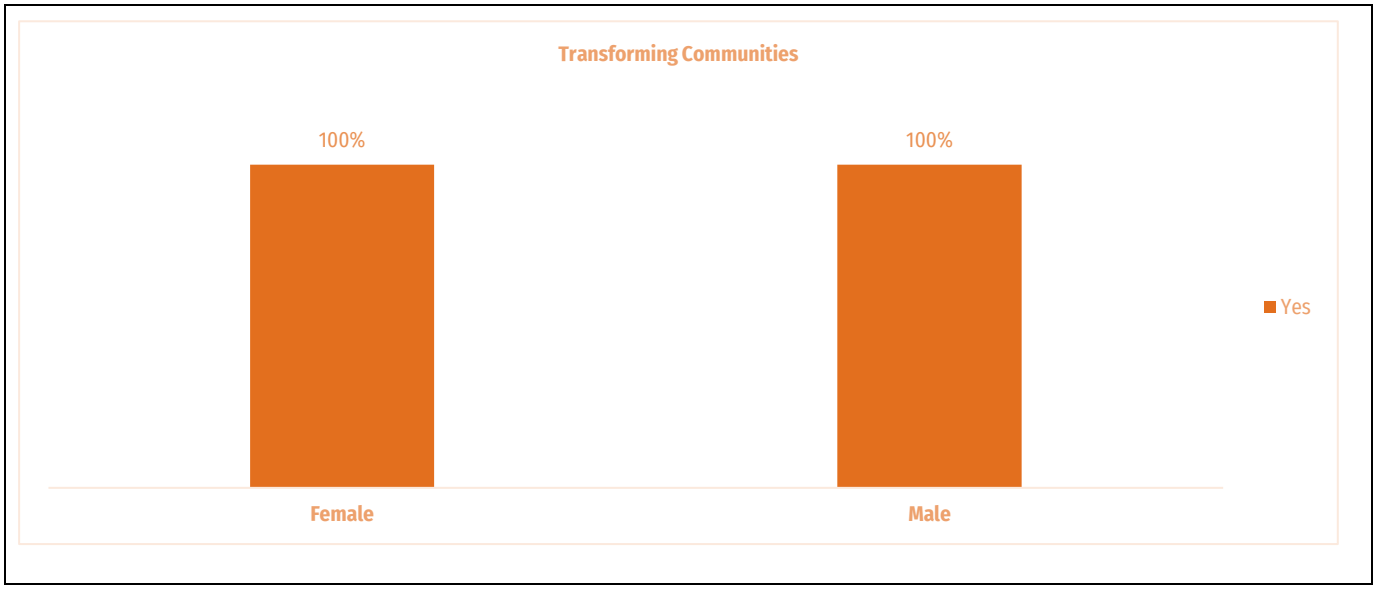

Participants were assessed based on the relevance and application of SAA learnings in their immediate and broader communities. All respondents indicated that at some points, they have engaged either a friend or a neighbor in open minded conversations about gender norms and their impact on peace and harmony, safety, local economy and sustainable development. Most of the female respondents said they discussed areas such as equitable distribution of household roles and responsibilities (83%), women participation in household decision making, equitable access to education for girls and freedom of movement and expression. Most male respondents said they discussed issues around freedom of movement and expression, and women participation in household decision making with their friends and neighbors.



75% of the respondents (83% female, 67% male) indicated that they have been directly involved in transforming household relations in their respective homes. Most of the female respondents say they worked to ensure equal distribution of household responsibilities between male and female household members and increased participation in household decision making for women and girls. Others say they worked to increase access education for girls.

One female respondent had this to say regarding a shift in her household that came about by virtue of the dialogue she had with her parent. *"In my family, girls always got married early. I was lucky to have gotten in the college of education before I given out in marriage, but my older sisters were married out earlier. SAA made it clear the various ways that early marriage truncates the chances of personal development for most women especially when there is no plan for them to access education while being married. At the time we were trained, my younger sister just finished her secondary school and as usual, there was a man who had made his intentions known to my father two years before then. I knew my father gearing up to invite the man for further talk on the marriage then my transformative instinct kicked in. I took permission from my husband to go spend the weekend with my parents and my other siblings, but I was on a mission. Gradually, I used my own experiences and those of other women I knew who married early and I made comparisons with other women I knew who finished tertiary institutions before getting into marriage and the differences were crystal clear. My mom was concerned about the fact that the man may go ahead to marry someone else if he was denied at that very instant, but I asked my mom if she though the man would be the last of good men who would want to marry my younger sister especially if she goes on to secure a good degree. In recognition of the salient truth, they decided to prioritize her education at least until she gets to her second year before revisiting any marriage talks. My younger sister is currently in the university."*




All respondents indicated that they have contributed to transforming negative perceptions around social norms and GBV in their various communities through the dialogue sessions they hold during SAA sessions. When we asked them in what ways they consider themselves to have contributed to transforming their communities, the listed the following:

### Nguru (Female)

- Increasing the demand for girl child education and increased interest and attendance in schools.
- Being seen as a champion for change.
- Raising moral standard of respect which most young girls previously lacked.
- Reduced negative peer pressure.

### Nguru (Male)

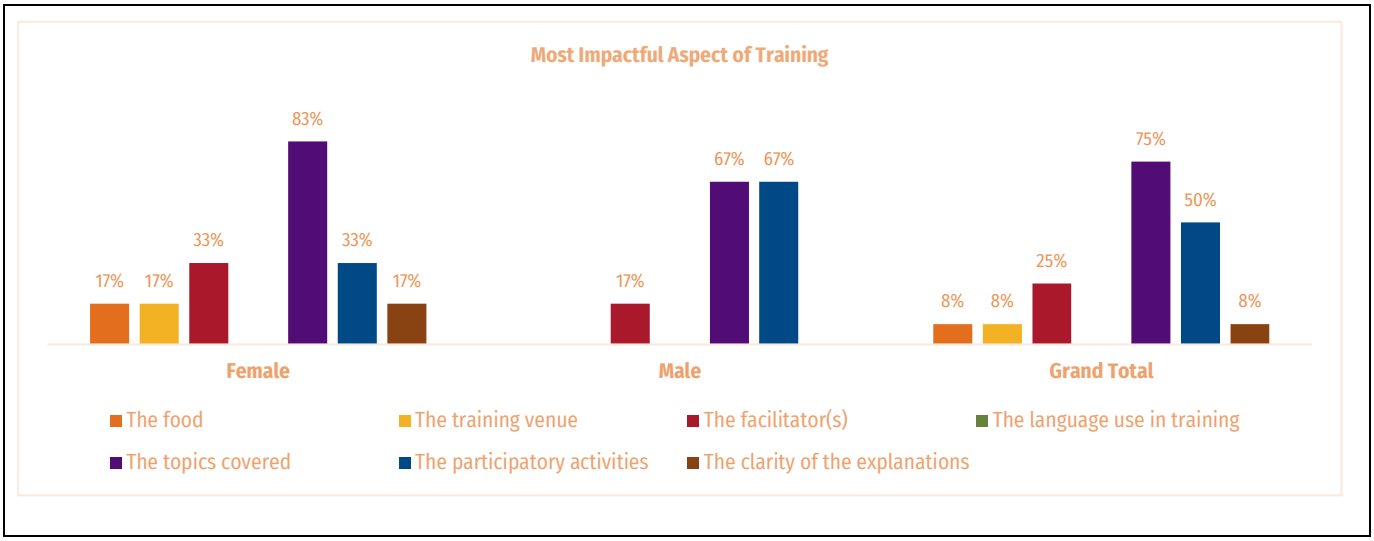
- Changed perspective of community members on early and forced marriage.
- Increased individual initiatives to publicize the dangers of gender-based violence especially in homes.
- Improving individual's capacity to resolve conflict based on an understanding that every problem has a root cause that is often not directly related to the symptom of the problem.

### Yusufari (Female)

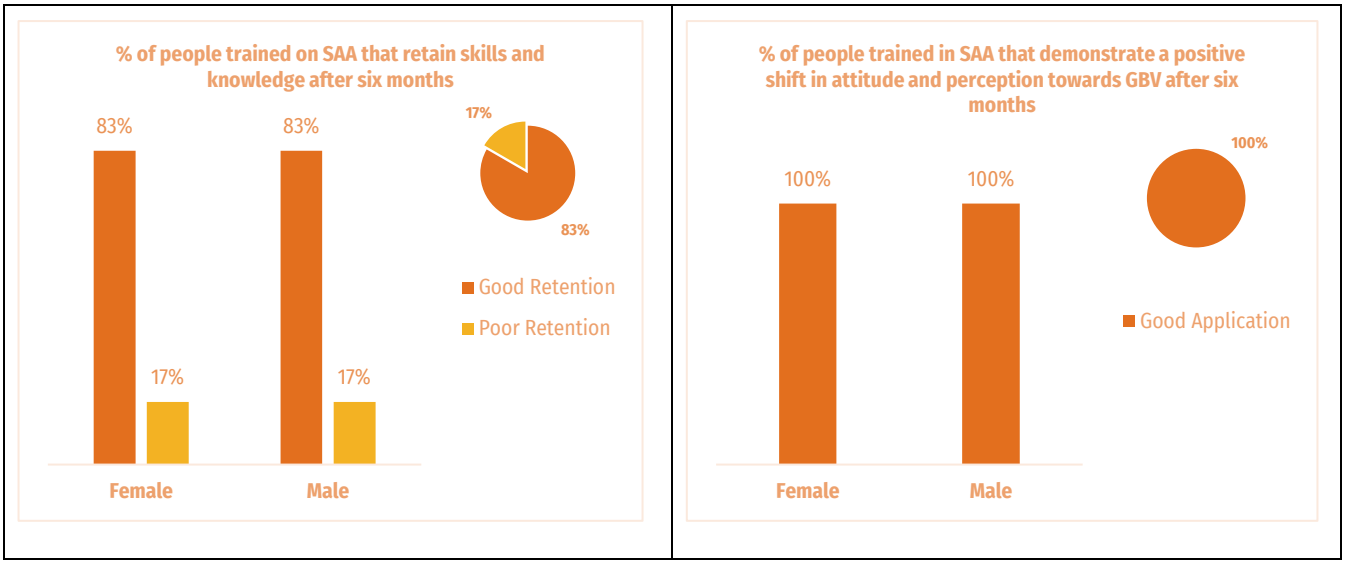
- Changing perception around traditional female cutting (Anguriya).
- Adopting conflict mediation mechanisms and increased conflict resolution between spouses.
- Increased harmony in households due to equity in household responsibility sharing.
- Being seen as a role model

### Yusufari (Male)

- Discouraging traditional female cutting.
- Encouraging equal partnership for household responsibilities.
- Increased supportive partnership for livelihoods and resource control.
- Increased use of power with rather than power over



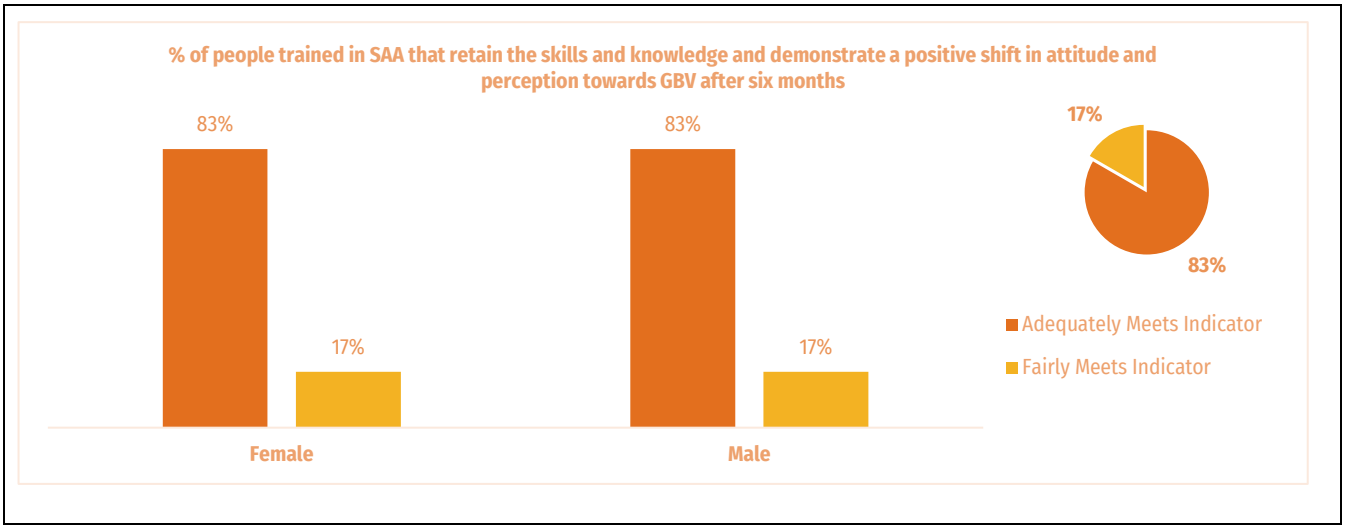

We asked respondents on what they remembered to be the most impactful aspect of the SAA training they participated in over one year ago. Majority of them said it was the topic covered (75%), others said the participatory activities and role play (50%), the facilitator(s) (25%). Few of them also enjoyed the food (8%), the venue (8%) and the clarity of the explanations (8%)




We measured percentage of participants trained on SAA who retained the knowledge and skills after six months by aggregating the number of questions the answered right based on the SAA training contents and the actual ideology behind the SAA. Respondents who scored above 60% of the total earnable score were tagged as showing **"Good Retention"** while those who scored below 60% were tagged as showing **"Poor retention"**. 83% of the respondents across Nguru and Yusufari showed good retention of the SAA knowledge and skills.

In measuring demonstration of positive shifts in attitude and perception towards GBV after six months, we aggregated the score of respondents who indicated have contributed to shifts in their various households, among their cycle of friends and in their communities at large. Respondents who scored above 70% of the total earnable score for demonstrating positive shift were tagged as showing **"Good Application"** while those

otherwise were tagged as showing **"Low Application"**. 100% of the respondents across Nguru and Yusufari showed good application of the SAA knowledge and skills.




Putting both scores together in order to measure the indicator **% of people trained in SAA that retain the skills and knowledge and demonstrate a positive shift in attitude and perception towards GBV after six months**, **83%** of the respondents showed good retention of SAA knowledge and skill and demonstrated positive shifts in attitudes and perceptions towards GBV.

## Summary and Recommendations

Based on the above findings, this project successfully meets the indicator target which was set at 80% having shown that 83% of those trained on SAA retained the knowledge and skills and also adequately demonstrated shifts in attitueds and perceptions around GBV. It is however relevant to note that this evaluation was carried out after over one year since the protection committees were last trained on SAA and though continuous supervision and coaching has been made available by CARE and CARE partners (THIS and AFRIDEV), the value of conducting refresher trainings cannot be overstressed. The refresher training can focus on gathering realife stories and expereince from the protection committee members after applying the SAA model to add new layers on clarity and explanation to some of the concept using realities from their context.

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