**AWH Mentors’ Monthly Data Collection Form**

**Form filled by:** Mentors who facilitate the adolescent and caregiver/parent sessions

**When:** During/after each session

**Why:** To track and monitor adolescent and parent/caregiver sessions

**Staff Full Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kebele:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adolescent Sex (Circle One)**: Girls Boys

**Adolescent Age Group (Circle One):** Older Adolescents Younger Adolescents

*If you facilitate a session with another mentor,* ***only one of you*** *should complete this form. Unless it is a joint adolescent session, the girls’ mentor and the boys’ mentor can each fill this form for the adolescents in their group.*

**Adolescent Sessions**

*For older adolescents, remember to complete the attendance form as well.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Session #: \_\_\_\_\_\_\_ | Session #: \_\_\_\_\_\_\_ | Session #: \_\_\_\_\_\_\_ | Session #: \_\_\_\_\_\_\_ |
| Adolescent Group # |  |  |  |  |
| Date of session (Ethiopian Calendar) DD/MM/YYYY |  |  |  |  |
| Joint session with boys and girls? (yes/no) |  |  |  |  |
| How long did the session last? (in minutes) |  |  |  |  |
| How many adolescents were in attendance? |  |  |  |  |
| Overall, how do you feel today’s session went? (Circle one) | GoodSmiling Face with No Fill | OkNeutral Face with No Fill | BadSad Face with No Fill | GoodSmiling Face with No Fill | OkNeutral Face with No Fill | BadSad Face with No Fill | GoodSmiling Face with No Fill | OkNeutral Face with No Fill | BadSad Face with No Fill | GoodSmiling Face with No Fill | OkNeutral Face with No Fill | BadSad Face with No Fill |
| Comments on today’s session, challenges, successes, changes observed among adolescents |  |  |  |  |

**Parent/Caregiver Sessions**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Session #: \_\_\_\_\_\_\_ | Session #: \_\_\_\_\_\_\_ | Session #: \_\_\_\_\_\_\_ |
| Date of session (Ethiopian Calendar) DD/MM/YYYY |  |  |  |
| List of others (roles) helping to facilitate (i.e. kebele supervisor/FFE/MOWCY representative) |  |  |  |
| How long did the session last? (in minutes) |  |  |  |
| How many parents/caregivers were in attendance? | Men | Women | Men | Women | Men | Women |
|  |  |  |  |  |  |
| Overall, how do you feel today’s session went? (Circle one) | GoodSmiling Face with No Fill | OkNeutral Face with No Fill | BadSad Face with No Fill | GoodSmiling Face with No Fill | OkNeutral Face with No Fill | BadSad Face with No Fill | GoodSmiling Face with No Fill | OkNeutral Face with No Fill | BadSad Face with No Fill |
| Comments on today’s session, challenges, successes, parent questions, changes observed among caregivers |  |  |  |

**VSLA (Older Adolescent Groups Only**

Once a month, collect the following data from the leader of the VSLA group:

1. Date that the information is collected (Ethiopian Calendar) DD/MM/YYYY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. # of adolescents participating in VSLA: \_\_\_\_\_\_\_\_\_\_\_\_
3. Total amount of money saved so far: \_\_\_\_\_\_\_\_\_\_\_\_
4. Total amount of loans given: \_\_\_\_\_\_\_\_\_\_\_
5. Total amount of loans returned: \_\_\_\_\_\_\_\_\_\_\_

***Act With Her* Implementation Tracking Form**

**Form filled by:** Any project staff or volunteer

**When:** After any external or internal incident or change to project implementation occurs. This refers to any event that may impact project implementation, such as security concerns, staff resignations, or adjustments to implementation.

**Why:** To monitor and respond to any issues or incidents that may impact project implementation.

Staff Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kebele: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Number: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When did the event/incident/change in implementation happen?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the event/incident/change:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What was the consequence of the event/incident/change on project activities or individuals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What measures or actions were taken as a result of this event/incident/change?

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*All events/incidents/changes should be reported to your supervisor within 24 hours.*

Reported to Supervisor: Yes No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Most Significant Change Data Collection Form**

**Form filled by:** KA supervisor/FFEs or Project Officers/Woreda Coordinators

**When:** At the end of phase one of the project

**Why:** To understand how key stakeholders understand the impact of Act With Her on their lives

Date:

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| --- | --- |
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| --- | --- | --- | --- |
| 2 | 0 |  |  |

Month

Year

Day

Data Collector Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Collector Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Woreda: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kebele: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent Type (Circle one): Mentor Adolescent Parent/Caregiver

Respondent Sex (Circle one): Male Female

Respondent Age: \_\_\_\_\_\_\_\_

Respondent Marital Status: \_\_\_\_\_\_\_\_\_\_\_

Were you able to locate the selected respondent? Yes No

If no, were you able to locate the backup respondent?

If no, please record the respondent’s ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Parents/Caregivers only:*

Sex of the child who participated in the project (Circle one): Male Female

**Note to Data Collector:** Please make sure to complete the consent form before interviewing the respondent. For adolescents, please make sure that the consent is completed by their parent or guardian as well.

Please remember to **store this form in a safe place**, where it will not be accessible to others.

**Do not record any information on this form which may reveal personally identifiable or sensitive information about the adolescents.**

**Instructions**: Find a comfortable, private place to interview the respondent. Read the following to the respondent:

Thank you for participating! We are trying to understand (adolescent/mentor/parent) experiences participating in the (Act With Her/Her Spaces) project. This interview should not take longer than 30 minutes. The story you share will be shared, but we will not share your name along with your story unless you provide us with permission. If at anytime you no longer want to participate just let me know and we can stop the interview. We are hoping that you will share your honest opinion, whether it is good or bad.

Are you ready to begin?

1. What is the biggest change that has happened in your life because of the (Act With Her/Her Spaces) project? It can be a change that is good, bad, or neither bad nor good.

Things to consider as you collect stories:

* For each question, probe to learn more about the response – for example: can you tell me more about that? Why is that? What was the impact of that? What do you mean by that? How were things different before this change happened?
* Record the responses in bullet points and then write up the story afterwards.
* General background of the subject (you can add personal observations here)
* Contributing factors to change? Why is this change important for the individual?
1. What is the biggest change that has happened in the lives of girls in your community because of the (Act With Her/Her Spaces) project? It can be a change that is good, bad, or neither bad nor good.
2. What is the biggest change that has happened in your community related to the roles of men and women because of the (Act With Her/Her Spaces) project? It can be a change that is good, bad, or neither bad nor good.