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| **Focus Groups Discussion for Women and Girls Safe Space – New Beneficiaries** |
| # | **Section A: Facility Information** |
| **A.1** | **Name of Facility:**……………………………………………………………………………………………………………………………………………………………………....... |
| **A.2** | **Location of Facility****A.2.1** Governorate: .................................................................................................................................................................................**A.2.2** District: .................................................................................................................................................................................**A.2.3** Sub-District: .................................................................................................................................................................................**A.2.4** Community: ................................................................................................................................................................................. |
| # | **Section B: Metadata on the respondent** |
| **B.1** | Number of Participants in the Focus Group Discussion: …………………………………………………………………………………………………………………….. |
| **B.2** | Please specify the residency status of participants:**B.2.1** # of Refugees: ..……………………………………………………………………………………………………………………**B.2.2** # of IDPs: ……………………………………………………………………………………………………………………..**B.2.3** # of host-community: …………………………………………………………………………………………………………………….. |
| **B.3** | Please specify the marital status of participants:**B.3.1** # of participants who have been divorced and who are currently not married : …………………………………………………………………………………………………..…………………**B.3.2** # of participants who are married: ………………………………………………………………………………………………...…………………...**B.3.3** # of participants who are widowed: ………………………………………………………………………………………………...…………………...**B.3.4** # of participants who are not married: ………………………………………………...…………………………………………………..………………. |
| **B.4** | Please specify the # of children that the participants have:**B.4.1** # of participants who do not have children:…………………………………………………………………………………………………..…………………**B.4.2** # of participants who have 1 - 3 children: ………………………………………………………………………………………………….………………….**B.4.3** # of participants who have 4 - 5 children: ………………………………………………………………………………………………….………………….**B.4.4** # of participants who have 6 children or more: ……………………………………………………………………………………………………….................... |
| **B.5** | Please specify the main income generator of the participants household:**B.5.1** # of participants who are the main income generator of their household: ……………………………………………………………………………………………………………………..**B.5.2** # of participants whose spouse is the main income generator of their household: ……………………………………………………………………………………………………………………..**B.5.3** # of participants whose sibling is the main income generator of their household: ………………………………………………………………………………………………..…………………...**B.5.4** # of participants whose parent is the main income generator of their household: ………………………………………………………………………………………………..…………………...**B.5.5** # of participants whose child is the main income generator of their household: ………………………………………………………………………………………………..…………………... |
| **#** | **Section C: Focus Group Questions** |
| **C.1** | **C.1.1** When is the safe space open? **(Specify working hours and days)** ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**C.1.2** Is this satisfactory? …………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………….***\*If not:******C.1.2.1*** *Why is this not satisfactory?* *……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.2** | **C.2.1** How easy is it for you to come here?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. *\*If not easy,****C.2.1.1*** *Why is it not easy****? (Please mention specific barriers)***…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  |
| **C.3** | How did you find out about the safe space? ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.4** | **C.4.1** Do you think the activities and services in this center help the women and girls in your community that need the most help? ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..***C.4.1.1*** *If not, why?* *……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………****C.4.1.2*** *What would need to be changed in the center to better serve them?**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**…………………………………………………………………………………………………………….* |
| **C.5** | In terms of access to this facility for women and girls with disabilities:**C.5.1** Have women and girls with Physical disabilities (e.g. difficulty seeing, even if wearing glasses; difficulty hearing, even if using a hearing aid; difficulty walking or climbing steps) accessed services at this facility within the last week?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..***C.5.1.1*** *Please mention some specific barriers that people with physical disabilities face to access services at this facility:* *……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………***C.5.2** Have women and girls with Mental disabilities (e.g. difficulty remembering or concentrating; difficulty with self-care such as washing all over or dressing; difficulty communicating, for example understanding or being understood) accessed services at this facility within the last week?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..***C.5.2.1*** *Please mention some specific barriers that people with mental disabilities face to access services at this facility:* *……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.6** | Which activity/services have you been participating in so far?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.7** | **C.7.1** Overall, were you satisfied with the quality and range of the activities and services provided in the safe space during the past month? ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..***\*If yes:******C.7.1.1*** *Why were you satisfied* ***(please be specific)?****……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………****\*If no:******C.7.1.2*** *Why were you not satisfied* ***(please be specific)?****……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.8** | What would you improve or change at the safe space? **(Please make specific suggestions, for example other types of activities?)**……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.9** | How does the community perceive the safe space?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.10** | Please mention two activities and/or services in this WGSS that you think are the most important for empowering women and girls and explain why:……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.11** | Please select two activities and/or services in this WGSS that you think are the most important for women and girls who experienced violence to help with their healing and feeling more secure and explain why:……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.12** | What would woman and girls that are GBV survivors do if this WGSS did not exist and they needed help?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.13** | **C.13.1** Were you or other beneficiaries consulted on your opinions regarding the activities and services to be provided at the center? ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..\***If yes,****C.13.2** Do you feel it was important to be consulted and why do you think so?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.14** | **C.14.1** Have you experienced any issues related to the following: a) SafetyB) Discrimination C) Confidentiality / privacyd) Respect ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**\*If so:** **C.14.1.1** Can you describe what happened:……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..  |
| **C.15** | Let us discuss the rights of women and girls in the context of human rights. Generally, what do think are the rights that women and girls have? (Please list as many as possible.) ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.16** | Let us now discuss gender-based violence (GBV). What do you think are the different forms of GBV? **(Please list as many as possible.)**……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.17** | Lastly, let us discuss marriages. What do you believe are consequences for girls from getting married under the age of 18? (Please list as many as possible. Facilitator to probe for negative and 'positive' consequences.)……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.18** | Without mentioning any names, can you tell us of a woman or girl that experienced a positive change outside of the WGSS, because of what she experienced or learned at the WGSS?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |