

# CVA: Women and Girls' Safety-oriented Focus Group Discussion Guide

## Purpose:

To guide all UNFPA personnel, UNFPA's implementing partners or cash actors to use semi-structured exploratory discussions with different groups of women and older girls and/or other key populations to identify potential protection, gender and GBV risks related to cash or voucher assistance in their context and potential mitigation measures related to the potential introduction of CVA<sup>1</sup>. These can be written down in the GBV Risk Analysis for CVA template,<sup>2</sup> and complemented by local gender or GBV assessments.

Focus Group Discussions (FGDs) should explore if and which risks might arise at different points of CVA programming, such as when women receive their cards or cash, when they go to markets, or family tensions when back at home. They can be used to develop questions about feelings of safety for post-distribution monitoring of the CVA. FGDs can also help to identify physical places where girls and women feel unsafe and/or are at risk of different forms of violence. The information can be further explored in safety mapping and/or safety walks, if appropriate.<sup>3</sup> In the COVID-19 context and for any context with remote programming, these questions could be asked over the phone (one on one).

## How to prepare for a Focus Group Discussion<sup>4</sup>:

### PARTICIPANTS

Each focus group should include a maximum of 10 volunteers of the same cultural background. Consideration should be given to the profile of group members to reduce the risk of power inequalities in the group based on status or role in the community, which can inhibit some individuals from speaking freely. Consider doing different groups for host and displaced populations. Set of questions outlined in this document should be adapted to the participants' demographic. Groups could be:

- Older adolescent girls
- Women of reproductive age
- Elderly women/ women living with disability
- Women living with or exposed to HIV/AIDS such as sex workers
- Community leaders (separate from the other groups)

<sup>1</sup> This Tip Sheet is adapted from a GBV AoR [workshop for Cash and GBV practitioners in Burundi, October 2019](#) and [UNICEF GBViE Assessment Resource Pack](#), GBV Risk and Safety Focus Group Discussion Guide.

<sup>2</sup> See the inter-agency [CVA and GBV Compendium](#) for a GBV Risk Analysis template, and the UNFPA CVA Guidelines (forthcoming).

<sup>3</sup> See the [UNICEF GBViE Assessment Resource Pack](#) for safety audit examples.

<sup>4</sup> Adapted from [IRC toolkit - FGD guide](#).

## **SET UP**

Ensure the discussions take place in private and safe spaces - if too risky, do not proceed. Community leaders/local governments should be informed of the purpose of the FGDs. Each FGD should last maximum 1 to 1.5 hours and refreshments should be provided. Bring updated information on GBV referral pathways in the area/contact details of key GBV specialized services (or provide this information over the phone, if doing remotely).

## **FACILITATORS**

There should be two female facilitators<sup>5</sup> to lead the women's FGD with the following roles:

- **LEAD FACILITATOR** – This person is responsible for asking the questions and guiding the discussion. The lead facilitator should have experience in facilitating FGDs, should be able to probe and draw out discussions, and should have experience observing group dynamics.
- **PROCESS FACILITATOR** – This person is responsible for taking notes and recording the discussion. This person should be fluent in local languages and should be directly involved in the translation of recordings and notes after the session.

## **KEY MESSAGES**

- Provide general information about UNFPA/your organisation
- Repeat that participation will not influence the access to humanitarian aid, and that participation is voluntary - make sure to have verbal consents from all to proceed
- At the end, make sure to thank participants and let them know how the information collected will get back to them
- Clarify the purpose of the FGD and manage expectations
- Mention that no identities are collected and notes are only recording topics discussed

There are examples of questions listed in the menu below that can be chosen as appropriate based on context and participants. They can be followed up with questions relating to the responses of participants, to arrive at a more detailed and contextualized understanding of risks and mitigation.

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**5** You can decide to have male facilitator or a mixed team if more appropriate.

## Menu of potential questions

### SOCIAL RELATIONS

- How are the relationships between community members and neighbours/ host communities [after the crisis], how are the relationships between new arrivals and other IDPs/refugees?
- How are relationships between husbands and wives, co-wives, women and their in-laws, and others in the home?
- Are there generally more tensions in the home after the crisis /displacement or in recent days/weeks?
- Are there certain people or groups who are most at risk of abuse or violence of any kind?

### SAFE ACCESS TO MARKETS, SHOPS, BANKS

- How safe is the market(s)? How safe is it getting to shops/traders, banks and transport? Can women, girls or other vulnerable groups safely go to market(s) / shops/ banks/ mobile agents, and if so during which seasons, days and hours? Do you have to pay for transport to markets and shops or can you safely walk there?
- Do women need additional cash for safe transport to markets? Do they require dependent care to avoid leaving adolescent girls at home to care for young children or older persons, and are there community-based mechanisms that could support this? Is it riskier or more difficult to access markets and shops during the COVID-19 situation? (ask to elaborate)
- Are certain groups e.g. minority ethnic women or gender non-conforming persons at risk in markets/shops?

### HOUSEHOLD EARNING AND DECISION-MAKING

- How do you ensure that your family is able to eat and survive in this context?
- Who manages money and spending within households in your community?
- Who within the household decides about spending on women's and girls' needs (e.g. menstrual hygiene items or SRH services)?
- If women in the community receive assistance from humanitarian agencies, what are the risks related to that, within the family, the community or with older arrivals or host community? Would they be different if the woman receives cash to purchase items, instead of a kit? If there are risks around women receiving in-kind assistance or cash, what measures could be put in place to reduce those risks?