



# GENDER EQUALITY IN HUMANITARIAN

## HUMANITARIAN GENDER ANALYSIS TOOL

2023

Photo: Children in Yemen paint a flower mural on the walls of a destroyed school as part of the Flowers for Children campaign.  
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**Save the Children**

# HUMANITARIAN GENDER ANALYSIS TOOL

## Overview

- The Humanitarian Gender Analysis (HGA) Tool is meant to serve as an adaptable foundation to support practitioners in collecting community-focused primary data within humanitarian settings. The HGA is a starting point for building qualitative assessment tools, and includes sector-relevant questions that be selected and tailored, as appropriate, to your context to better understand the experiences of girls, boys, women, men and those of diverse sexual orientations and gender identities.
- The HGA is not intended to be administered in its entirety at any one time. Users should select specific questions from within each thematic category that relate to their project scope. Similar to the overarching tool, not all of the questions within each sector-specific group of questions should be administered at any one time – FGDs should not exceed 60 minutes for children, or 90 minutes for adults.
- Questions may also be used at different intervals within the same project to dive deeper into specific trends and norms within a community, and to understand how they interact with ongoing implementation. In this case, some questions may be administered to target communities depending on the project life cycle – in early onset crises only the most vital information should be collected from communities in order to understand the most critical barriers to access. In contexts that bridge the humanitarian development nexus, questions may dive deeper into understanding dynamics surrounding power, decision-making, roles and responsibilities.
- Focus groups should do their best to represent the intersectional<sup>1</sup> diversity of the most marginalised and vulnerable groups in target communities. Particular attention should be paid to inclusion of adolescent girls, young mothers, children with disabilities, girls from marginalised ethnic groups, female-headed households, IDPs, CAAFAG, children and adults from socially excluded groups, among others. Wherever relevant and achievable, you should adapt questions within the tool to encompass gender identity and sexual orientation as additional parameters under which individuals might express difference in their experience of access.
- Analyses should adhere to best practices in community engagement and feedback.
- In 2022 SCI will introduce a movement-wide ethics procedure that will require ethics approval for all evidence generation activities involving human participants conducted or funded by Save the Children prior to the commencement of recruitment or data collection. Please visit the [Ethics OneNet page](#) to find information about how to obtain ethics approval and for what types of evidence generating activities within Save the Children through our current procedures and for updates on the upcoming SCI ethics procedure. In humanitarian settings, a rapid ethics review will be carried out.
- Finally, this tool does not encompass questions necessary for assessment of GBV within communities. For support with GBV and risks analysis, please access SCI's [safety audit and assessment](#) tool.

*In order to support continuous improvement of our work in humanitarian settings, we would appreciate active feedback on your experience implementing the HGA. Feedback can include successes or challenges in use with diverse populations, and notes on questions or activities that required amendment. For any questions or feedback about this tool, please contact the Gender Equality Humanitarian Technical Working Group through [GEHTWG@savethechildren.org](mailto:GEHTWG@savethechildren.org)*

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<sup>1</sup> This tool is for categorised humanitarian responses. For development settings please use the Save the Children Child-Centred Gender Equality and Social Inclusion Analysis Guidance

<sup>2</sup> Intersectionality: Coined by Kimberle Crenshaw, it outlines the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

# Part 1 – Focus Group Discussions

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## Introduction

In order to meet SCI's organisation-wide [minimum standard for all programmes to be gender-sensitive](#) (as outlined in the [Gender Equality Policy](#) and our humanitarian [Gender and GBV minimum actions](#)), it is mandatory to conduct a gender analysis in all humanitarian responses. This tool supports you to conduct the gender analysis with both children and adults, to identify the different needs, interests, vulnerabilities and capacities of women, men, girls and boys and those with non-binary gender identities. This includes identifying risks and differences in roles and responsibilities, access to services and resources, and decision-making.

Beyond meeting the organisation-wide minimum standard, conducting a gender analysis enables the design of programmes that are appropriate, relevant and effective, in line with the [Core Humanitarian Standard](#).

## Methodology

This is a qualitative study, based on a combination of the following data collection approaches:

- Literature review (of published and grey literature) and review of current/previous program evaluations;
- Focus Group Discussions with girls and boys and others with non-binary gender identities (in sex and age disaggregated groups: 10 -14 and 15-18 years old);
- Focus Group Discussions with women and men (19 years and over, in sex disaggregated groups);
- Workshop with SCI staff (and where appropriate, partner staff) to validate findings and recommendations

This tool includes 145 questions that can be selected and tailored in order to complete a comprehensive gender analysis<sup>1</sup> with both adults and children. Given the complexities of humanitarian operations, you can choose those questions most relevant to your context aligning with resourcing constraints, time pressures, and the thematic interventions included in your specific programming. The tool is not expected to be administered in full in any given context. Only those questions most pertinent to providing gender-responsive sector programming should be selected and administered. The sector-specific questions can also be included in any sector-specific assessments (including needs assessments, monitoring and evaluations) so that they are gender-sensitive.

This tool is limited to FGDs-only. It is a simple methodology intended to capture the lived experiences of children and adults and to harness the voice of all genders in generating solutions and recommendations to inform programming. We are not seeking to obtain data on prevalence rates of certain experiences, including gender-based violence (GBV)<sup>2</sup> (which would require a large-scale quantitative approach), rather we are aiming to gather rich and nuanced data and enable community members of different genders to inform SCI programming.

The methodology is rooted in Save the Children's principle of child participation and seeks to adopt an inclusive, rights-based, gender-sensitive and safe approach. It applies the nine basic requirements for meaningful and ethical child participation (that participation is transparent, voluntary, relevant, respectful, inclusive, child-friendly, safe, supported by training and accountable).

Depending on need and context, other primary data collection tools may be used to inform your gender analysis.

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<sup>2</sup> Gender-based violence is rooted in gender norms existing prior to crises, that can be exacerbated during times of crisis. Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. All humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on sector recommendations in the [IASC Gender-Based Violence Guidelines](#)

# SECTION 1: REQUIRED STEPS

## DESK REVIEW

### Step 1

Conduct a literature review of available secondary literature on gender - assessment reports, survey data, research reports, scholarly articles for the existing context. You can use the [SDG Gender Index](#) (developed by the Equal Measures 2030 partnership); OECD's [Social Institutions and Gender Index](#); World Economic Forum's [Global Gender Gap Report](#); World Bank's [Gender Data Portal](#) to access data on the context.

## PRIMARY DATA COLLECTION

### Step 2

Consult women's rights organisations, Girls-led organizations, LGBTQI+ groups, Organizations of People with disabilities (OPDs), other INGOs (Oxfam, Plan, Care) and relevant UN agencies (UNWomen, UNFPA, UNHCR), alongside local authorities, religious leaders and sector-specific stakeholders using guiding KII questions from [Section 7](#).

### Step 3

Choose among the FGD questions in [Sections 3](#) and [4](#) based on the literature review: focus only on collecting data that you need and not available from any other resource. Removing and choosing the questions from the below FGDs should depend on the data available already in the literature review.

In accordance with MEAL standards, FGDs with adults should not exceed 90 minutes or 12 primary questions. However, probing questions, notes, and clues should also be included for each question if required. For very young and older adolescents, FGDs should not exceed 60 minutes or 8-10 primary questions. Probing questions, however, should be carefully documented.

### Step 4

Facilitate a short meeting with sector TAs and field staff to review and update the FGD questions to ensure they are context-specific (for example, using locally understood and accepted terminology).

### Step 5

Identify the available Gender-based Violence (GBV) Referral Pathways and Mental Health and Psychosocial Support Services and contact details of respective service providers in case of a disclosure. Use the constant companion in [Section 5](#). Ensure the contact details of the Child Safeguarding Focal Point and PSEA Focal Point are up to date and easily accessible, if any safeguarding concerns are identified or shared. This information should be provided to FGD facilitators, with appropriate relevant training, as needed.

### Step 6

Identify a small team of 50% male and 50% female colleagues who will facilitate the FGDs. Male colleagues will facilitate FGDs with male participants only. Female colleagues will facilitate FGDs with female participants only. These staff should be trained (PPT provided in [Section 8](#)) and have the opportunity to collectively review the questions in [Sections 3](#) and [4](#). FGD facilitators should be trained on conducting gender-sensitive FGDs ("[Part N – Gender Sensitive Focus Group Discussions and Facilitation](#)"), addressing sensitive topics and responses, and staying attuned to participant dynamics to ensure safe participatory engagement.

Data collectors should also be trained on the available referral mechanisms and how to ethically and safely refer cases of safeguarding and GBV. Data collectors should also have available referral forms for children to case management in case a case of a child protection is needed to be referred. This includes conducting FGDs with both high and low literacy participants, those of different ages, genders, disabilities, ethnicities, citizenship/migrant or displacement status etc.

### Step 7

If the facilitators do not speak the same language as the community, identify interpreters. Ensure a female facilitator is paired with a female interpreter and a male facilitator with a male interpreter. Ensure interpreters understand their

role and do word-for-word translations rather than providing personal interpretations. Ensure that interpreters are respectful towards the target group (e.g. children) or groups which may face discrimination grouping such as ethnic minorities).

## Step 8

Identify a safe space in the community which can be easily and safely accessed by women, men, girls and boys (and those with non-binary gender identities), including those with disabilities – i.e. consider whether there is a risk of sexual violence on the way to/from the FGD? Is appropriate transportation available for FGD participants?

## Step 9

After designing your study and prior to data collection and/or participant recruitment, submit an ethical review request to Save the Children's global ethical review global committee. Check the ethical review procedures on the [Ethics OneNet page](#).

## Step 10

Choose a variety of locations to reflect the diversity of the affected population – e.g. urban and rural, camp settings and host community etc. Ask community-based colleagues/volunteers to invite members of the community to participate in the FGDs. Maximum 12 people in an FGD and single-sex only<sup>3</sup>. Ensure FGD participants are representative - reflecting the different ages, abilities, genders, citizenship status, etc. of the population – and do not put a higher burden of research on certain community members over others. Focus groups should be cognisant of the impact of participant diversity and identity on participation dynamics, and segment participants across relevant dimensions – including life stage, socioeconomic status, literacy, household composition, etc. – that will enable sharing and understanding of the most marginalized and vulnerable.

## Step 11

Prepare an information sheet that includes a brief summary of the research project and its aims, clearly outlining the entire research process in a language accessible for a non-expert audience. It should also outline what participation means in practice, how long participation takes, what will be done with the information gained from the FGD (how and to whom final reports be shared, will the community see and validate findings, will findings be published) as well as that participating in the study is voluntary and participants may cease participation anytime. In addition, the potential risks and benefits of taking part, how you will protect data/ confidentiality/ etc. should be noted. The information sheet should also include clear information about the feedback and reporting mechanisms in place (eg: toll-free number) for participants to raise complaints if they need. Information sheet for children should be child-friendly and shared with children and their caregivers before the start of the data collection and before seeking this consent/assent.

This information sheet should be handed to participants before the data collection starts making sure that participants have enough time to go through the information in full and make a decision about whether or not to participate without feeling any undue pressure. For illiterate participants, please read the information sheet for them and hand it to them. In some contexts, participating in a study may risk stigmatization or other concerns. As a result, the participants may choose not to take home the information sheet. The study team may consider whether or not it is appropriate for the information sheet to contain visible and obvious Save the Children branding or logo.

## Step 12

Form a circle and sit down at the same height as the FGD participants. Introduce yourself and obtain consent/assent (using the introductory text below). It should be clearly articulated that informed consent and child assent are required prior to any data collection. Informed consent includes that all participating adults (18+) are provided necessary information about the project and provide their consent. Before children can participate, their parents/guardians must provide their informed consent. Then, the child must assent to participate. If the parents/guardians provide informed consent but the child does not assent, then the child's wishes must be respected. Participants have the right to take as much time as they need to consider their decision to participate in the study. Participants may choose at any time to cease their participation. Informed consent should also disclose that reports safeguarding or any other safety issues will need to be shared with contacts outside the study team. Please visit the [Ethics OneNet page](#) if you have any questions about how to best obtain and document informed consent/assent.

There should not be more than two staff (facilitator and note-taker) conducting an FGD since more than two can

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<sup>3</sup> Depending on the context, specific outreach may be needed for individuals with non-binary gender identities, who can either be interviewed individually or participate in a specifically designed group.

change the dynamic of the FGD and reduce the potential for open and candid discussion. An interpreter can be added to the FGD team if translation or sign language is needed.

### Step 13

Ask questions and give everyone the chance to answer them. If you need further information, go beyond the questions in [Sections 3](#) and [4](#) and ask additional, probing questions. If there are individuals who do not speak because they are quieter or shy, you can enable them by going around the circle and asking each participant for their perspective.

### Step 14

Write down the answers exactly as they are said – do not try to interpret them yourself. Make sure the interpreter is not applying their own personal perspective but interpreting word for word. Capture exact quotes. If applicable in the context, request clear consent on recording the FGD. If not all participants provide consent, do not record.

## ANALYSIS AND DOCUMENTATION

### Step 15

At the end of each day, bring the team of facilitators together. Ask facilitators to: 1) share the participants' answers to each question; 2) share key observations; 3) agree on trends/commonalities; 4) flag any worrying/concerning issues. If any safeguarding concerns have been raised or identified, report them to the CSG or PSEA Focal Points without delay.

### Step 16

Complete the template in [Section 6](#) of this tool. Share it with the Gender Equality Humanitarian Technical Working Group (email: [GEHTWG@savethechildren.org](mailto:GEHTWG@savethechildren.org)) for review, and regional gender specialists as relevant. Incorporate the feedback.

### Step 17

Organise a workshop with TAs and field staff (and where appropriate with partner staff) to validate the findings and recommendations. Ask for, and integrate, feedback on the findings and recommendations.

## DISSEMINATION AND ACTION

### Step 18

Disseminate the report to the SLT and all TAs, PMs, respective Humanitarian and Awards team, and all relevant staff to designing, implementing and engaging with programs and proposals.

### Step 19

The PDQ and Humanitarian Director to make tangible commitments to adapt existing programmes based on the recommendations, developing, adapting or updating the Response Gender Action Plan (where available) accordingly.

### Step 20

Develop a child- and community-friendly version of the findings and resulting commitments/actions that can safely be shared. Return to the communities where consultations took place and provide feedback on what Save the Children learned and how it intends to use that learning to change how we work. Ensure that you explain that the findings are based on discussions with many groups of people from that community as well as others in different locations.

*If you have any questions or comments about this tool, please get in contact with the GEHTWG:*

[GEHTWG@savethechildren.org](mailto:GEHTWG@savethechildren.org)

## SECTION 2: MANDATORY PRACTICE

- Do not take photographs or film the FGD participants.
- Do not proactively encourage personal disclosure of gender-based violence incidents from individuals, as this may place them at risk or re-traumatise them. If a disclosure is made, follow these steps:

If an adult discloses in an FGD, do not encourage further disclosure by asking probing questions. Rather thank the person for the courage in sharing their experience with the group and remind everyone about the importance of confidentiality and not sharing other peoples' stories outside the group. Inform them that they can speak to you privately after the FGD, if they would like to. If they choose to approach you after the FGD, either: 1) Provide information about existing services they can go to (based on the GBV referral pathways); or 2) Ask for consent for a referral form to be completed and a referral to be made to the relevant authorities and services for any cases within the community, or via DATIX or the Child Safeguarding and PSEA focal point if the abuse is alleged to be perpetrated by Save the Children partners, staff, volunteers, I/NGO or UN personnel. If the adult chooses not to be referred for a safeguarding incident (i.e. abuse alleged to be perpetrated by our staff, volunteers etc.) you should inform them that you are still required to report the disclosure however this will be done without identifying the victim/survivor/person who made the disclosure. An outline (without any identifying information) must be submitted to the PSEA Focal Point, making clear that the survivor does not want to be contacted. This may enable the PSEA Focal Point to inform the relevant programme team to undertake additional work in the community to address the underlying issues and root causes of the violation reported.

If a child discloses, do not encourage further disclosure in the FGD by asking probing questions. Rather acknowledge and thank the child for the courage in sharing their experience with the group and remind everyone about the importance of confidentiality and not sharing other peoples' stories outside the group. Approach the child after the FGD to explain you will need to tell someone who can help. Explain that you have a colleague who works with children who have had these types of experiences and would like to ask for their advice on how to help. Then, complete the referral form<sup>4</sup> for a referral to be made to the Child Protection Case Management Team for any cases within the community. If the abuse is alleged to be perpetrated by Save the Children partners, staff, volunteers, I/NGO or UN personnel, report the concern via DATIX or in person/over the phone to the Child Safeguarding and PSEA Coordinator. Explain that their safety is our first priority, and that this information will only be shared with the people who need to know, so that they can help.

- Do not make promises or raise expectations about what SCI can do.
- Do not be judgemental or share your opinion – this is the participant's opportunity to share their opinions with you.

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<sup>4</sup> Please refer to Step 6 which outlines the requirements for all data collectors regarding referral mechanisms. All data collectors should have available referral forms for children to case management in case any child protection issues need to be referred.



## SECTION 3: ADULT FGD QUESTIONS

For Adults (19 onwards)

Participants should be given information about the aims of the study, what their participation would involve, the potential risks and benefits of taking part, that participation is voluntary and can be withdrawn at any point – in an age-appropriate and easy-to-understand way, including through a written participant information sheet, or if participants are illiterate, this can be verbally presented to them.<sup>5</sup> Informed consent from participants must be obtained prior to conducting the interviews and after receiving the information sheet. Read the information sheet out loud to people with low literacy and hand it to them as well. Verbal consent is sufficient, in some cases<sup>5</sup>, both due to the potential of illiteracy amongst participants and in order for participants to remain anonymous and feel they can speak openly without what is shared being traced back to them. Explain to participants SC will keep information confidential and the benefit of respecting each other's privacy, and ask for group agreement for participants to not share anything outside of the FGD setting. Make sure all participants know that their participation is completely voluntary, they are free to skip any questions and withdraw at any time.

### Introductory text

**Introducing yourself:** (the interpreter should hand out the information sheet to participants – the information sheet should be read out loud for any participants for whom it is needed)

Hello, my name is (name of interviewer) and I'm joined today by our interpreter, (name of interpreter)

- I am here on behalf of Save the Children which is a not-for-profit organization. If you think or feel that me or any of my colleagues are behaving inappropriately, you can report it to someone else from this organization or call XXX [Provide toll-free number if available or any other reliable contact number for feedback and complaints].

### Explaining the purpose of the FGD:

We are hoping to ask you a few questions and to hear your perspectives on how we can better serve you. We are particularly interested in how your life is impacted by whether you are (or identify as) a man or woman or other gender identity and what your needs, interests, capacities and vulnerabilities are. We would like to hear your solutions and suggestions for what we can do better.

### Obtaining informed consent:

Whatever you share will be kept confidential by SCI. Your identities will be kept anonymous - no names will be attributed to the information that you share. Quotes may be included in our reporting, but identities will not be disclosed. SCI will only use the information you provide to improve program design and delivery. We ask that all participants additionally respect each other and maintain the confidentiality of the stories or experiences shared by any participant during our session. Should you choose to participate, please respect the privacy of other focus group members by not repeating what is said in the focus group to others, including any information about other participants. There are no right or wrong answers; all of your inputs will help us to understand the context and better design our interventions. There are no material benefits to taking part in this group discussion but we really appreciate you taking part as your participation is very important for us to inform our programming on the scope and priority needs in this community. You might feel uncomfortable with some of the questions we ask you. If that happens, you don't need to answer those questions. You are also welcome to leave at any time - participation is voluntary. We can also recommend resources or support services to help you. You are also welcome to leave at any time - Participation is voluntary. There will be no repercussions if participants choose to withdraw from participation. If instances of child abuse, neglect, or exploitation are shared (or perhaps self-harm, suicidal ideation, etc.), this information may be subject to mandatory reporting and confidentiality cannot be guaranteed in those cases.

Please can you let me know whether or not you are happy to participate in the discussion for the next 90 minutes? And

<sup>5</sup> Please visit the [Ethics OneNet page](#) if you have any questions about how to best obtain and document informed consent/assent. The ethics review committee will also advise on what should be mentioned in the consent forms for literate or illiterate participants.

do you have any questions before we start?

**Complete this form:** (the interpreter should hand out healthy snacks and drinks to participants during this time).

Interview Date:	
Facilitator Name:	
Facilitator Sex:	
Interpreter Sex:	
Location:	
Sex of Participants:	
Gender Identity of Participants (where safe and applicable)	
Number of Participants:	
<u>Use WG-SS short set of questions for adults</u> to identify the number of participants with a disability. (Questions should be asked to all participants)	
Age range of Participants (from youngest to oldest):	

Click on the box below for quick access to topics relevant to your project need.

A reminder to be cautious of time: each adult FGD should not exceed 90 minutes.

Do not ask more than one set of questions at the same FGD; questions should focus only on the specific sector of the project's focus. If the project supports multiple sectors separate FGDs should be held to administer sector-specific questions.



## Time

1. How do you spend your days? What are your main roles and responsibilities in the household and in the wider community? (e.g fetching water, cooking, collecting firewood, caring for children, washing clothes etc.)
2. What differences can you see between the activities carried out by women, girls, boys and men?
3. What differences can you see between the activities carried out by women, girls, boys and men with disabilities and those without disabilities?
4. How do you feel about these differences?
5. Do you wish to spend your days differently? If yes, please explain.

## Vulnerabilities

1. Are women and men - and those with non-binary gender identities<sup>6</sup> - affected differently by this emergency?
2. What does being at risk in this community mean?
3. Who in the community is not able to access services, activities and resources, whether persons or groups?
4. What (physical [*distance, location, infrastructure*]; social [*decision-making power, level of personal independence*]; and cognitive [*education level, language skills, confidence level*]) access barriers do they face?
5. Do access barriers change according to the disability, age, or other characteristics of a person? How so?
6. What do they do to access services, activities and resources?
7. What suggestions do you have for how these barriers can be removed?
8. What skills and knowledge do you need to help you manage the challenges you are now facing?

## Voice and participation

1. How do you like to receive information (e.g in person, through audio, video, posters, leaflets)?
2. Are women involved in community-level decision making? In which structures/bodies/groups?
3. If not, why not?
4. How would you like to be involved in/consulted on the design of activities and services in [enter site name]?
5. What activities or services would you like I/NGOs to provide here to increase your skills, knowledge and confidence?

## Water and Sanitation

1. Whose responsibility is it in your community or household to collect water?
2. How long does it take you to reach the water collection point?
3. What problems are there on the way to/from the water collection point?
4. What problems are there at the water collection point?
5. What container is used to carry water?
6. What challenges do those responsible for fetching water experience when carrying this container? Weight, culture etc
7. How could the community and/or SCI help to make journey to and from the water point safer for those at risk?
8. Do all people in the area have indoor latrines? If no, are there accessible shared/outdoor latrines, both in the day and the night?
9. For outdoor/shared latrines, how many people use them? Are they sex-segregated?
10. Do you feel safe accessing the latrine? If no, what are the reasons for not feeling safe while using latrines? What would make latrines safer?

### Women only

1. Are there women represented in the community-based water committees? If yes, can you speak to them when you need support or face barriers accessing water points?
2. What types of sanitary materials do you currently use during menstruation? (e.g reusable or disposable)
  - a. If answer is cloth - where do you wash and dry the cloth?
  - b. If the answer is disposable - where do you dispose the pads?
3. Are there any other sanitary materials available in your area? What are they? Would you feel comfortable

<sup>6</sup> Non-binary gender identity is just one term used to describe individuals who may experience a gender identity that is neither exclusively male or female or is in between or beyond both genders

using them?

4. How do you access/buy these? Do you have any issues accessing these materials?
5. Do you need any specific clothing to feel more comfortable?
6. Are there any cultural or other barriers you face in managing your menstrual hygiene (ie. Lack of water, limited culturally appropriate facilities)

## Health

1. What are the most common health problems affecting [enter gender of participants]?
2. What gender are the majority of health workers working at the facility level? How about at community level?
3. If there are no female doctors or HWs, will that affect your access to health services?
4. What difficulties do [enter gender of participants] face in accessing the health facility – whether physically or culturally? (e.g women can't travel without male companions; lack of female friendly spaces; men feel uncomfortable accessing health facilities as they perceive services to be exclusively for women and children).
5. What barriers or challenges do you face when receiving healthcare directly from health professionals in your community? (ie. Judgemental attitudes or behaviours, breaches of confidentiality, poor information sharing, etc.)
6. How do women get information about health? How do men get information about health? If there is a difference between the two genders, why do you think this is the case?
7. Are there women represented in the community-based health committees? If yes, can you speak to them when you need support or face barriers accessing health services?
8. Who decides when someone in the family, including children, should access healthcare?
9. Usually, who takes the children to the health facilities for seeking care? What happens if she/he is not available?
10. Who decides when someone in the family, especially children, needs to see a doctor?
11. Do you immediately take your child to see a doctor when needed? If yes, do you prioritize girls or boys when they are sick?
12. If no, why?
13. Are fathers encouraged or supported to participate in activities related to childcare?
14. What is your definition of an ideal health facility?
15. What health interventions do you want prioritised?
16. What are the local beliefs and practices on pregnancy and birth? Do any of these affect the health of the woman or foetus/child?
17. What are the local beliefs and practices on family planning<sup>7</sup>?
18. Who in the family makes decision about if to have children, when to have children and how many to have?
19. Do you know anyone in the community on any form of Family Planning Contraceptive?
  - a. If yes, are they majority or minority? Do you have any idea on the type of contraceptive they use and why?
  - b. If no, why not?
20. Where would you go to get contraception and information? Do you face any difficulties?
21. What information and resources does your community need to help with family planning?

### Women only

1. Can you freely seek family planning medical assistance (including access to commodities and contraceptives)?
2. What could prevent you from accessing anti/postnatal care?

## Nutrition

1. Do you think that some children need more food than others do? Who and why? Infants, girls, boys, adolescents and children with disabilities?
2. Do you cook different meals depending on who is at home? What factors affect your decision?
3. During the times where there is only limited food available in the house, who intend to skip the meals more in the family (is it boys? girls? men? women? Or any other gender identity?)
4. Are there any beliefs or practices that may affect the nutrition of women, men, girls and boys differently?
5. Do you think involving men in in community about the IYCF practices would be beneficial for childcare?
6. What are the challenges and barriers for male caregivers' involvement in IYCF practices?
  - a. What do you think can change male caregiver's level of involvement with their young children?
  - b. Do you think that creating awareness among Men/Fathers would be beneficial for the child care? If yes, how?
7. What do you know about the Father-to-Father Support Groups (FtFSGs) and Mother-to-Mother Support Groups

<sup>7</sup> Family planning: the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility

(MtMSGs)?

8. Have community MTMSGs and FTFSGs been formed as support group on IYCF issues? Were they helpful? If yes, what is good about these groups? What is lacking in these groups and what are the suggestions they can make for improved services? *(Please note that this question should be addressed to MTM and FTF SG)*
9. How do you evaluate the counselling provided by the health facility (Female and male caregivers) on Infant and Young Child Feeding (IYCF) practices?
10. To what extent were the information useful and related to your needs?
11. What do you do differently because of the information gained from health facility counselling and IYCF awareness?
12. How long do you think a mother should continue breastfeeding her child exclusively (breastfeeding the child only and not giving the child anything else including water and other types of food/milk)?
  - a. Who makes the decisions about a mother's breastfeeding practices?
13. Are girl and boy's babies breastfed differently? If so, why do you think this is the case?
 

Are women and men accessing nutrition services and IYCF (treatment, counselling and other services) equally?

  - a. Have you or your children had access to IYCF or nutrition programs? Why or why not?
  - b. What are the barriers to access those services?
  - c. Are there groups or individuals in your community who are not accessing IYCF services equally? Who are these groups? Why?
  - d. Do you have suggestions or recommended solutions to overcome these barriers?
14. Were you consulted and involved in nutrition programming?
  - a. Who do you know was involved?

*Women only*

1. What is your preferred method for feeding newborns?
2. Who makes the decisions about a mother's breastfeeding practices?
3. When do women usually stop breastfeeding and what causes women to stop?
4. Do girls and boys stop being breastfed at different ages? If yes, why?
5. What support would you like for feeding your newborns and infants?
6. Are there women represented in the community-based nutrition committees or structures? If yes, can you speak to them when you need support or face barriers accessing nutrition services?

*Lactating women only*

1. Have you noticed that you are able to breastfeed effectively, or are you having trouble breastfeeding?
2. What support would you like for feeding your Newborns and infants?
3. When do you start integrating other liquid or solid foods? Which foods? When do women usually stop breastfeeding and what causes women to stop?

## **Protection**

1. If someone have a problem, or have been hurt, who would they report it to, if anyone?
2. What are the risks or dangers faced by [enter gender, gender identity, sexual orientation, or other relevant identifier of participants, as applicable]?
3. Are these dangers different between women, girls, men, boys and other gender identities, with or without disabilities?
4. Do you feel worried about your children when they go out of the house? If yes, why?
5. If yes in Q3, do you feel more worried for girls or boys (or those of diverse gender identities or sexual orientations)? Why?
6. Do the listed dangers you mentioned earlier happen quite often in your area?
7. What is your understanding of gender-based violence (GBV)? Can you name any forms of GBV?
8. How would people in this community address an incident of gender-based violence?
9. Where would people in this community report an incident of gender-based violence (e.g rape, child marriage, domestic violence)?
10. What barriers or challenges do people in this community face when seeking protection services in your community? (ie. Judgemental attitudes or behaviours, breaches of confidentiality, poor survivor support, etc.). Are you aware of what services exist for survivors of gender-based violence (e.g health services)?
11. Are there women represented in the community-based protection committees? If yes, do people, especially women and girls, speak to them when you need support or face barriers accessing protection services?
12. Do you know what does Save the Children do for the victim/survivor if a case of gender-based violence is

- reported to them?
13. What services do people in your community need to support healing and recovery after an incident of gender-based violence?
  14. At what age do girls get married? At what age do boys get married? Does this differ for girls or boys with disabilities?
  15. Within this community, is there a place where [enter gender of participants] feel unsafe or try to avoid?
  16. What makes [enter gender of participants] feel unsafe in the day and in the night?
  17. What is being done to reduce rates of gender-based violence (e.g. child protection committees; awareness raising)?
  18. Do people in this community think that girls exposed to protection risk should not report or seek support? Why or why not? What about for boys? What about for those of diverse gender identities or sexual orientations (as relevant)?
  19. According to you, what could be done in this community to create a safer environment for [enter gender of participants]?
  20. Are [enter gender of participants] put at risk in any way by the presence of I/NGOs or the UN here? In what way?
  21. Are [enter gender of participants] at risk of being involved with armed forces or armed groups? If so, what are the specific protection risks they face within the armed forces and armed groups?

## Imagining yourself

- If you were the community leader, what would you do better for the protection of children and adults of all gender identities, with or without disabilities, in the community?
- If you were the Manager of Save the Children, what would you do better for the protection of girls, boys and other gender identities of children in the community?
- How do you wish to report protection issues that face boys and girls to reach support? Which mechanisms are the best?
- Do you think that girls will have access to same mechanisms as boys? Or we should put special measures for girls to report their protection issues?

## Resources (Food and NFI)

*\*ensure to pay particular attention to the experience of female-headed households*

1. Do women and men have equal access to resources (food, water, cash and others)? If not, why? Does this differ for those with disabilities?
2. What non-food items do you need which are not currently being distributed?
3. What do you prefer for improving food security condition and food distribution? Why?
4. Who in the household receives food on behalf of the household?
5. What are the issues [enter gender of participants] face getting food or reaching the local market for food?
6. Who in the household eats first and who eats last? Who eats most and who eats least?
7. How do you cook food? Using what?
8. Who in the family is responsible for collecting firewood? How long (in minutes) do they go and what problems are there on the way?
9. What challenges do [enter gender of participants] face when queueing for a distribution?
10. What challenges do [enter gender of participants] face when travelling to and from distribution points?
11. In your opinion, what is the best timing for a distribution? Why?
12. Do you have any suggestions on how distributions could be implemented in your community?
13. How could we improve the distribution points?
14. What are examples of possible risks or violence occurring after [enter gender of participants] receiving food/cash assistance?
15. Are there women represented in the community-based resource committees? If yes, can you speak to them when you need support or face barriers accessing resources like food or NFIs?

## Livelihoods and Cash Assistance

*\*These questions can be asked of children from child-headed households, as relevant in order to ensure equitable access. Child head-of-households should not be included in adult FGDs.*

### Livelihoods

1. What opportunities exist for [enter gender of participants] to make money?
2. How would you like to make money? If a business, what kind of business?
3. Are certain groups engaging in risky behaviour in order to get money/food?
4. What support - and training - do you need to make money?
5. What livelihood assets (e.g land, seed, livestock, equipment, access to markets) do you have access to?
6. Has the emergency affected who has access to assets and to the market?
7. Are there certain jobs/skills which [enter gender of participants] cannot practice due to social/cultural norms in the community?
8. What are the jobs that [enter gender of participants] are encouraged to do in order to make a living?
9. Do you wish to explore any of these jobs typically reserved for other gender identities? What would be the consequences if so?
10. What types of agriculture, farming, fishing, trade and food supply existed before the emergency? What role did women and men play in these sectors?
11. What types of agriculture, farming, fishing, trade and food supply exist currently the emergency? What role do women and men play in these sectors?
12. Are there women represented in the community-based economic, finance or livelihoods committees? If yes, can you speak to them when you need support or face barriers accessing services?

### Cash / Voucher Assistance

1. Who in the family receives cash/voucher distributions on behalf of the household?
2. Who do you think should receive cash/voucher?
3. Who decides how it is spent?
4. Do you face any issues spending the cash/using vouchers in markets and for purchasing food?
5. What positive impact does giving cash/vouchers to women have on the household and family? What about negative impact?
6. What positive impact does giving cash/vouchers to men have on the household and family? What about negative impact?
7. Are women equally targeted with conditional cash/voucher transfer activities (cash for training, cash for work)?
8. When you are the main beneficiary (the one who is entitled to receive the cash/voucher):
  - a. Do you feel unsafe after receiving the cash/voucher? If yes, why?
  - b. Have you ever been forced to spend the cash/voucher against your will?
  - c. Do you know anyone who has been exposed to violence after receiving the cash/voucher?

### Shelter

1. Who from the community supports in constructing or giving feedback on constructing shelter? How are women, men, girls and boys involved?
2. Which groups (gender and age, disability) may not be able to build their own shelter?
3. What do you need to consider while building your shelter for your safety and convenience?
4. How are shelter materials shared? How does this affect you?
5. What makes sleeping areas unsafe?
6. What could make sleeping areas safer?
7. Do households have materials for partitions to allow privacy and safety?
8. Are there women represented in the community-based shelter committees? If yes, can you speak to them when you need support or face barriers accessing shelter?

## Wrap-up

From your perspective as a [enter gender of participants], what 3 things would you like to communicate to the organizations and authorities who work here?

That is all the questions we have. Is there anything you'd like to ask Save the Children or each other?

Thank you for your time, we are so grateful you came to speak with us. If you'd like to stay behind to talk to me individually, I will be available for the next [enter time] hour(s).

# SECTION 4: CHILD FGD QUESTIONS

*For Children (10-14 and 15-18 separated)*

Written or verbal consent should be sought from caregivers for their child's participation in the focus group discussion (unless seeking a waiver of consent – contact Save the Children's Ethics and Evidence Generation team through the [Ethics OneNet page](#) for details). Written or verbal assent from the child should also be obtained prior to them participating in the focus group discussion. A child's own decision to assent or not to participate will be considered final (i.e. if a caregiver provides permission but a child says no, the child will not be made to participate in the FGD). In the case of emancipated minors, e.g. participants aged below 18 who are married, child headed households etc, their assent is considered sufficient.<sup>8</sup>

Make sure all participants know that their participation is completely voluntary, they are free to skip any questions and withdraw at any time.

*Note: To ensure equal participation, children with no, low and medium to high literacy levels should be equally distributed among activity groups within FGDs. Children with literacy skills may act as recorders for their individual activity groups, however two facilitators will be responsible for comprehensive note-taking and facilitation during discussions. To accommodate for children with disabilities, start by asking what children need to participate effectively in this activities. For instance: ensure the availability of sign language interpretation, illustration/easy to read materials, access to the table for children with physical disabilities and support in writing in agreement with the child.*

## Introductory text

In advance of the discussion please explain the following to the caregivers: (the interpreter should hand out the information sheet to participants – the information sheet should be read out loud for any participants for whom it is needed)

- Hello, my name is (name of interviewer) and I'm joined today by our interpreter, (name of interpreter).
- I am here on behalf of Save the Children, a not-for-profit organization who is working in [country name] to support children and their families.
- We know that the experiences of girls and boys are different to those of women and men. Children will have different problems and need different kinds of help. We want to find out how we can best help children affected by the crisis, so we want to speak to children to:
  1. Find out the biggest problems, issues, concerns and fears for girls and boys today
    1. Discuss how girls and boys are affected differently by those problems and discuss ideas to resolve those problems.
    2. Participation in the discussion is completely voluntary. You or your child can say no when we ask if you would like to speak to us. Saying no will not affect your relationship with Save the Children or any support you get from us. You can choose to say no at any time, even if you say yes now
    3. During the discussion, we will play some games with children and ask them some questions about their experiences during the humanitarian situation.
    4. There are no right or wrong answers; all of your inputs will help us to understand the context and better design our interventions.
    5. We think the discussion will take a maximum of 60 minutes (adjust based on which age group)
    6. We will write down what children tell us, but we will not say which child said what thing. We ask that all participants additionally respect each other and maintain the confidentiality of the stories or experiences shared during our session. We ask that focus group members do not repeat what is said in the focus group to others, including any information about other participants.
    7. SCI will only use the information you provide to improve program design and delivery and write a report about children's experiences. No children's names will be included in the report.

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<sup>8</sup> Please visit the [Ethics OneNet page](#) if you have any questions about how to best obtain and document informed consent/assent.



This report may be shared with other organisations and the public.

8. We will not tell anyone what a specific child has said unless we think they are in danger or have been hurt.
  9. If you think or feel that me or any of my colleagues are behaving inappropriately, you can report it to someone else from this organization or call XXX [Provide toll-free number if available or any other reliable contact number for feedback and complaints].
- Then, ask the caregiver to decide which option they prefer: “Yes, I agree for my child to take part” or; “No thank you, we would prefer not to be involved”. [*Giving two options can make it easier for people to say no, compared to if you just ask whether they agree to take part.*]
  - **If the caregiver consents to their child taking part, you can then approach the child. You will need to explain the same information that you shared with the caregiver.** *Remember: even if the caregiver has given permission, the child can still say no.* If the child agrees to take part, record the name of the child in the form below and ask the caregiver and child to sign.

## Explain the following to children:

### Introducing yourself:

- Hello, my name is (name of interviewer) and I’m joined today by our interpreter, (name of interpreter).
- I am here on behalf of Save the Children which is a not-for-profit organization working in [country name] to support children and their families.
- We are hoping to ask you a few questions and to hear your thoughts on how we can better serve you. We are particularly interested in how your life is impacted by whether you are (or identify as) a girl, boy or any other gender identities, and what your unique needs, interests, capacities and vulnerabilities are.
- We would like to hear your solutions and suggestions for what we can do better.
- We are speaking to lots of different children in [country name] as well as some adults – including parents, teachers and people working for NGOs. We want to hear about children’s lives in different communities, and how life might be different for boys, girls or any other gender identities of different ages.
- We will write down notes about what you say, but we won’t write down your names or who said what
- We will be collecting information from different people and using it to create a report. This report will be shared with groups such as NGOs who want to know how to better help children and young people in [country name]. We can’t promise that these groups will do everything that you suggest, but we believe it is important that these groups hear directly from children about what children’s lives are like.
- If you think or feel that me or any of my colleagues are behaving inappropriately, you can report it to someone else from this organization or call XXX [Provide toll-free number if available or any other reliable contact number for feedback and complaints].
- Also, please let us know if you have any ideas for how to make this space feel safe and comfortable for you. Finally, please let me know what you might need to participate fully in the FGD and we will make sure that we make adjustments accessibility.

**Obtaining informed consent/assent:**

Whatever you share will be kept confidential by SCI and if there are questions you don't want to answer, there is no need to answer them. You are also welcome to leave at any time. Participation is voluntary, Please can you let me know whether or not you are happy to participate in the discussion for the next 60 minutes? Please can you confirm that you are comfortable in this space and with the language we are using? Do you have any questions before we start?



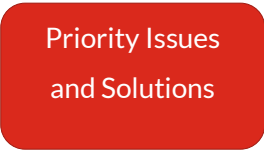
**Complete this form:** (whilst the interpreter hands out snacks and drinks at the start so that participants can remain hydrated and are not hungry during the FGD).

<b>Interview Date:</b>	
<b>Facilitator Name:</b>	
<b>Facilitator Sex:</b>	
<b>Interpreter Sex:</b>	
<b>Location:</b>	
<b>Sex of Participants:</b>	
<b>Gender Identity of Participants (where safe and applicable)</b>	
<b>Number of Participants:</b>	
<b>Use the WG-SS set of questions for children (5-17 years) to identify the number of children with a disability (questions should be asked to all participants)</b>	
<b>Age range of Participants (from youngest to oldest):</b>	


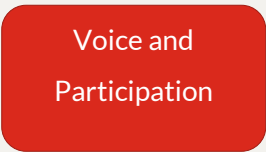
Menu of child-friendly tools


Click on the box below according to the interest of your project. Based on the estimated time, choose the number of activities. Remember: no FGD should last more than 60 minutes

*Below are a range of recommended child-friendly tools for humanitarian gender analysis. You will need to select which ones are most useful and appropriate for your context and what you need to discover; you will not be able to use all of the tools in a single discussion. If possible, you could plan a series of consultations over a few months – prioritising initial tools and then returning for follow-up consultations to develop deeper understanding.*

General questions	Tool name	Purpose	Estimated time needed
	A. How do you spend your day?	Finding out the daily routine for girls and boys, and how this may differ. It can allow us to discover how girls and boys spend their time, what opportunities are open to them, and what responsibilities they have.	30 minutes
	B. Body mapping	Gaining a holistic understanding of how a crisis is affecting girls' and boys' lives (and enabling analysis of the differences for girls and boys).	60 minutes
	C. Prioritising needs	Understanding directly from girls and boys about what are the biggest challenges they feel they face, and why.	40 minutes
	D. Footsteps: finding solutions	Hearing children's ideas of solutions to overcome challenges they face	

		(identifying actions that adults and children could take).	
	E. Imagining yourself	Developing recommendations for community leaders and Save the Children about how to support	20 minutes
Sector-based questions			
Education	F. H Assessment	To understand how boys and girls are feeling about the current situation of their education/schools	60 minutes
Health	G. Agree/disagree (thematic focus)	Discovering whether girls and boys agree or disagree with a series of statements linked to key SC thematic areas and programming interventions.	30 minutes
Nutrition	A. Agree/disagree (thematic focus)	Discovering whether girls and boys agree or disagree with a series of statements linked to key SC thematic areas and programming interventions.	Questions for boys: 15 minutes  Questions for girls: 30 minutes

	<p>B. Matrix Analysis</p>	<p>Children to fill a matrix based on their information about WASH-related topics. The matrix will help them to analyse WASH-related roles/responsibilities, problems, issues, and suggest solutions to be captured by SCI</p>	<p>25 minutes</p>
	<p>C. Agree/disagree (thematic focus)</p>	<p>Discovering whether girls and boys agree or disagree with a series of statements linked to key SC thematic areas and programming interventions.</p>	<p>15 minutes</p>
	<p>D. Participation petals</p>	<p>Understanding what decisions girls and boys can make, and what independence in decision making they have.</p>	<p>60 minutes</p>

 <p>Protection</p>	<p>E. Community mapping</p>	<p>Discovering where girls and boys feel safe/unsafe in their community, and why.</p>	<p>60 minutes</p>
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Mandatory Wrap-Up  
 Questions  
 (for all FGDs)

## General Questions:

### Roles and Responsibilities

#### Exercise A: how do you spend your day?

Draw a timeline covering a day (Morning, Afternoon, Evening, Night) using flipchart paper and go through the different parts of the timeline asking the children to talk through what they do in the day.

Morning		Afternoon		Evening		Night	
6-9am	9-12am	12-3pm	3-6pm	6-9pm	9pm- 12am	12-3am	3-6am

Ask the following questions and make notes on the timeline:

1. What do you spend most of your time doing?
  - a) What time do you get up?
  - b) If you are not at school, what do you do during the day and night?
  - c) If you are at school, what do you do before school?
  - d) What time do you start and finish school each day?
  - e) After school what do you do?
2. Is this the same for boys/girls?
3. What differences can you see between activities done by girls and boys inside the house?
4. How does this make you feel?
5. If you had more time in the day, what would you like to do with it?

### The Impact of the Crisis

#### Exercise B: Participatory Activity - Body mapping:

- Large sheets of flipchart are stuck together. A child or young person is asked to volunteer to lie on the sheets to have their body shape drawn around to create a large body map which represents children and young people.
- The body image (and body parts) is used as a focus to explore and record participants' views in relation to their daily activities:
  - **Head:** How has the [humanitarian situation] affected their mind, the way they think, and/or their learning? (explore both positive and negative examples)
  - **Eyes:** What have they seen with their eyes as a result of living in such contexts? How has the [humanitarian situation] affected the way people see children and young people? How has the situation/ emergency affected their perceptions of the world?
  - **Ears:** What have they heard as a result of living in a humanitarian affected area? How has the context affected the way people listen to children and young people; or the way children and young people listen to adults?
  - **Mouth:** How has the [humanitarian situation] affected the way people communicate to each other and the way adults communicate with children and young people and/or the way children and young people communicate with one another? What are the other things that have affected the way adults talk to children?
  - **Heart:** How has the [humanitarian situation] affected the feelings people have for different people in their community or nation? How has it affected their own feelings and people's feelings towards them? Who did they get support from in times of need?
  - **Arms/Hands:** As a result of the [humanitarian situation] or other issues, what kinds of activities are they more or less involved in? (for example, forced work/unforced work/caring for siblings/study/play etc.)? Of these, which worries them the most?
  - **Legs/Feet:** what steps or actions do children want to take to try and improve the situation or fix the problems? Explore - what steps do children want to take, what steps should adults (community members and Save the Children) take?
- Enable general discussion on the body:

- What are your views about these various impacts of living in a humanitarian context? What are the most negative impacts? What are the most positive impacts?
- Do you think the impacts described here are similar for all groups of girls and boys in the community? And/or are some children (girls or boys of different ages) more or less impacted by the context? Who are the most vulnerable to emergency, in your community? What are the other issues that you wish Save the Children and other agencies addressed in your community?
- Ensure careful documentation of children's views.
- When analysing the results from different body maps produced from discussions with different groups of girls and boys (of different ages or from different geographic backgrounds) it will be useful to analyse differences in views and experiences according to gender, age, disability, ethnicity, geography, socio-economic background, socio-political context, living context (for example, internal displacement from homes and villages) etc.

## Priorities Issues and Solutions

### Prioritising Needs

Go around in a circle and ask all the participants what problems they are facing due to the humanitarian situation in their community. Write each problem on a piece of paper and put the papers on the wall or floor. Give the children pencils/pens/crayons and they can put dots/stars by the two problems which they feel affect their lives the most. Remind children that they should vote for what they think is the biggest problem - they do not need to copy their friends, as different people can face different problems. Then ask why they think the problem exists and whether girls and boys face the same problem.

### Finding Solutions - Footsteps

#### *Objectives:*

- To gather children's suggestions about how some of the problems they have talked about could be addressed
- Say that, "We've been spending time talking about the problems children and young people face in this community. But we also know that you will have some good ideas about how some of these problems might be solved. So, we're going to do a final activity around that."
- Ask children to get into pairs and draw around each other's feet so that they have one right and one left footprint on each of their pieces of paper.
- Ask each child to write down in the left footprint one thing that children/young people can do to address the problems we've discussed. In the right footprint, they should write down something that adults, the community or organisations (like Save the Children) could do to help address the problem. Ask them to specify who the recommendation is direct at (e.g. Parents: please listen to us when we come to talk about our problems).
- The footprints are laid out as a journey or pathway along the floor and the facilitator will talk the group through them as steps we can all take to improve things for children and young people.

### Imagining Yourself

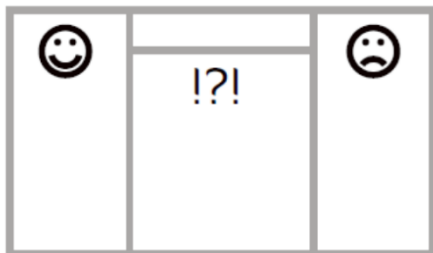
- If you were the community leader, what would you do for [enter gender of participants]?
- If you worked at Save the Children, what programmes/activities would you start for [enter gender of participants]?



## Sector-Specific Questions:

### **Education**

#### **Participatory Activity – ‘H’ Assessment:**



- Explain to children that Save the Children would like to understand their views about schools currently. And we need to know what makes them happy/sad about schools and education after the emergency. As well as knowing their suggestions to improve the situation.
- Make an “H” shape on large flipchart paper.
- In the left-hand column draw a happy face, in the right-hand column a sad face, and below the middle “H” bar draw a contextually appropriate symbol to represent ‘bright ideas’.
- Ask children the below questions:
  - What makes you happy about your school? [Take notes from children and put them in the smiley face section]
  - What makes you happy about education? Note to data collectors: explain to children that education involves learning and acquiring knowledge in both formal and non-formal ways. [Take notes from children and put them in the smiley face section]
  - What makes you sad about schools? [Take notes from children and put them in the sad face section]
  - What are your suggestions to improve this? [Ask children about their solutions to all the points they have raised in the previous question- and write them in the middle]
  - What makes you sad about education? [Take notes from children and put them in the sad face section]
  - What are your suggestions to improve this? [Ask children about their solutions to all the points they have raised in the previous question- and write them in the middle]
  - Do you think [enter the gender of the group] can access education easily? If no, why? [Take notes and then ask...]: What are your suggestions to support [enter the gender of the group] to access education easily and equally to others?
  - At what age [enter the gender of the group] drop out of school? Why? [Take notes and ask...]: What are your suggestions to support girls and boys continue their education?
  - If you had a problem with your teacher, who would you report it to? [Take notes and write them in the ‘bright ideas’ section]
  - Do you trust that you can tell your teacher about problems you have in your home or community? [Take notes and write them in the sad face section if the responses are negative, or in the smiley face section if positive]
  - What ideas do you have for improving your journey to and from school and your time in school? [Take notes and write them in the ‘bright ideas’ section]
- NOTE: To accommodate for children with disabilities, start by asking what children need to participate effectively in this activities. For instance: ensure the availability of sign language interpretation, illustration/easy to read materials, access to the table for children with physical disabilities and support in writing in agreement with the child.

## Nutrition

### Participatory Activity - Agree/disagree:



Print three different cards for each child (Smiley face, sad face, neutral face), tell the children that you will ask them few questions, if they agree they need to raise the green card s if they disagree, they need to raise the red card, and if they do not know or neutral, they need to raise the yellow card:

- Do you eat differently from other [gender groups]?
- Do you think that older boys and men need food more than women, girls and young boys? [After the children raise their faces, ask "Why?"]

*Lactating girls only*

1. What is your preferred method for feeding newborns? [List examples of feeding methods and allow participants to raise their cards for each. Then discuss]
2. Who makes the decisions about a mother's breastfeeding practices? [List examples of influential decision-makers, ie. husband, mother-in-law, grandparents, mother, etc. and allow participants to raise their cards for each. Then discuss]
3. When do women usually stop breastfeeding and what causes women to stop? [List examples of time intervals ie. 3 months, 6 months, 1 year and allow participants to raise their cards for each. Then discuss]
4. Do girls and boys stop being breastfed at different ages? If yes, why?
5. What support would you like for feeding your newborns and infants?

## Health:

### Participatory Activity - Agree/disagree:



Print three different cards for each child (Smiley face, sad face, neutral face), tell the children that you will ask them few questions, if they agree they need to raise the green card if they disagree, they need to raise the red card, and if they do not know or are neutral, they need to raise the yellow card:

1. Do you face problems accessing health facilities? [After the children raise their selection, ask "What type of problems?"]
2. Do you face problems accessing health-related information?
3. Would you be interested in learning more about your health and health programs in your community? [After the children raise their selection, ask "What would you be interesting in learning about with regards to your health and health programs?"]
4. Are you aware of any health information regarding sexual and reproductive health rights and contraception? If yes, what information? Where did you get this information?
5. Do you or would you like to access health services and information regarding sexual and reproductive health rights and contraception?
6. Is there somewhere you can go for contraception and other family planning services? [After the children raise their selection, ask "Where?"]

*Girls only:*

1. Who do you feel comfortable seeing at the health facility? Why?
2. Have you heard of menstruation before? Has anyone explained menstruation to you?

## WASH

### Participatory activity (1) - Matrix analysis

- **Start by dividing children into two groups.** To ensure equal participation, children with no, low and medium to high literacy levels should be equally distributed within the same group.
- **Each group will have a flipchart paper with a drawn matrix as below:**

1	2	3	4
Responsibility to fetch the water	Problems faced: a) from/to the water point b) when collecting water	Challenges faced to collect the water	What could SCI do to help make the journey from/to water point safe?

1. Whose responsibility is it in your community or household to collect water? [*Children to write their answers in column 1*]
2. What problems do these individuals face on the way to/from the water collection point? [*Children to write their answers in column 2*]
3. What problems do these individuals face at the water collection point? [*Children to write their answers in column 2*]
4. What challenges do those responsible for fetching water experience when carrying this container? Weight, culture etc [*Children to write their answers in column 3*]
5. How could the community and/or SCI help to make journey to and from the water point safer for those at risk? [*Children to write their answers in column 5*]

**Participatory activity (2) - Agree/disagree:**



Print three different cards for each child (Smiley face, sad face, neutral face), tell the children that you will ask them few questions, if they agree they need to raise the green card if they disagree, they need to raise the red card, and if they do not know or are neutral, they need to raise the yellow card:

6. Do you feel safe accessing the latrine in your home/community? [*ask children to raise their cards*]
7. If no, what are the reasons for not feeling safe while using latrines? What would make latrines safer? [*note-takers to follow the conversation and take everything mentioned*]

**Girls only:**

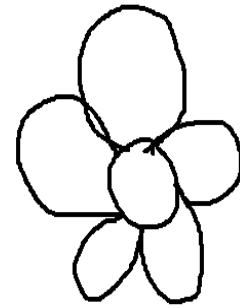
1. What are you currently using for sanitary materials during menstruation (e.g. reusable or disposable)?
  - a. If answer is cloth - where do you wash and dry the cloth?
  - b. If the answer is disposable - where do you dispose the pads?
  - c. Have you ever heard of or used a menstrual cup for menstrual hygiene management?
2. How do you access/buy these menstrual hygiene materials? Do you have issues accessing them?
3. Are there any other sanitary materials available in your area? What are they? Would you feel comfortable using them?
4. Do you need any specific clothing to feel more comfortable?
5. Do you have access to culturally appropriate facilities for your own menstrual hygiene management?
6. What cultural or other barriers, if any, do you face in practicing your own menstrual hygiene management (ie. Lack of water, limited culturally appropriate facilities)?

- NOTE: To accommodate for children with disabilities, start by asking what children need to participate effectively in this activities. For instance: ensure the availability of sign language interpretation, illustration/easy to read materials, access to the table for children with physical disabilities and support in writing in agreement with the child.

## **Voice and Participation**

### Participatory Activity – Participation & Decision Petals:

- Enable small groups of children of a similar age group to draw the centre of a flower which represents them.
  - Ask the children/ young people to draw petals to go around the centre of the flower to represent which decisions they can make. The petals should be drawn larger for decisions they can make independently. The petals should be drawn smaller for decisions they have less independence in making. Examples of decisions [Read the examples one by one]:
    - Going to school
    - Working to earn money
    - Food collection
    - Accessing health care
    - When to get married and who to get married to
    - Purchasing menstrual hygiene products (girls only)
    - Note to Facilitators: [After reading all above examples and got answers from children, invite children to add any other extra decision areas they want to mentioned that we might not have thought about]
- 
- Enable group discussions on:
    1. Who decides the most for all the decisions concerning you? Can you influence these decisions?
    2. Who in your family controls money? What do they spend it on?
    3. How do you like to receive information (E.g in person, through audio, video, posters, leaflets)?
    4. If you faced a problem or felt uncomfortable because of something a Save the Children member of staff was doing or did, who would you report it to?
    5. How do you prefer to provide feedback, and make complaints (e.g in person, via a phone hotline, via a complaints form)?
    6. What do you do if you are unhappy with something and want it to change?
    7. What programmes and activities already exist to increase your confidence and self-esteem?
    8. What programmes and activities would you like?
    9. Do you participate in any clubs or committees? If no, why not?



## Protection

### Participatory Activity - Community mapping:

- Give a group of children or young people a large piece of paper and pens or pencils. Ask them to collectively draw and label a map of their community/camp highlighting all of the important places. If children are unable to draw images themselves the facilitator may complete the drawing based on input from participants.
- Distribute printed signs (green checkmark and red x) to the participants to mark places they feel safe/unsafe around
- Ask the participants to highlight the places they like and/or feel safe in their community/camp and the places they dislike and/or feel unsafe by using the printed signs. Enable group discussion on the issues raised.
- NOTE: Ensure the activity is accessible for children with physical disability. Accommodate the table/settings or allow someone to support in drawing on behalf of the children in agreement with them (the child).



Ask children the below questions after they are done with their drawings and have highlighted safe and unsafe places:

- What risks and dangers do you face?
- Why do those risks exist?
- Do you feel safe voicing issues in your community?
- Do your parents/teachers/caregivers talk to you about staying safe? What do they say? How is it different for b/g/Persons with disabilities? Older/Younger?
- Do you feel safe at school? HF's? NGO activities? CFS/CSS?
- Do you feel safe voicing issues in your community?
- Who do you feel safe going to if something uncomfortable or scary happened to you in the community?
- Can you identify "safe" figures in the community? Who? Why?
- Do you receive information about your protection and safety in places like home, neighbourhood, schools or anywhere else?



## Wrap-up

Ask the participants to stand in a circle facing inwards. Give the group a ball. Each child says one thing they enjoyed and one thing they would change about the FGD/meeting, and throws the ball to another child until all children have had a chance to speak.

Thank participants for taking part in the discussion and spending their time to share their thoughts and opinions. Explain that if anyone would like to stay behind to talk individually, they are welcome to. [However, remember that for safeguarding purposes no staff member should be alone with a child at any time, hence if a child would like to discuss any issue, ensure that at least two facilitators remain in the room, with gender taken into consideration]. Finally, ask if they have any questions to Save the Children or each other.

## PART 2: CONSTANT COMPANION

The Constant Companion fold-out contains three basic tools for field practitioners to know what to do in case a GBV incident is disclosed to them:

- Do's and Dont's
- Responding to a GBV disclosure
- Location-specific available services

Link to download and print:

[https://www.sheltercluster.org/sites/default/files/docs/constant\\_companion-\\_english-\\_v6.pdf](https://www.sheltercluster.org/sites/default/files/docs/constant_companion-_english-_v6.pdf)

## PART 3: REPORT TEMPLATE

The final report should not exceed 25 pages.

**Cover Page:** [Location, Country] GENDER ANALYSIS [Date]

### **Contents:**

Background

Methodology

Executive Summary

Findings and Recommendations

Water Sanitation and Hygiene

Shelter

Food Security and Livelihoods

Protection

Voice and Participation

Health and Nutrition

Education

Conclusion

## PART 4: KII GUIDING QUESTIONS

Key informant interviews are qualitative in-depth interviews. The purpose is to collect information from a wide range of people – including community leaders, professionals, service providers or residents – who have first-hand knowledge about the community.

*\*Please note, the KII questions below are provided as general guidance - they are not sector specific. Teams can adapt and add to these guiding questions as needed according to context and sector-specific project needs.*

- How important is it to work on gender equality in this context?
- What approaches are you adopting to advance gender equality?
- What is working?
- What activities/approaches are you using to empower women and girls? And to protect women and girls?
- What do you think SCI is doing well in terms of protecting and empowering girls?
- What do you think SCI should do more of?

## PART 5: FACILITATOR TRAINING



Gender  
Analysis workshop