Focus group discussion guide

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# What is a focus group discussion?

A Focus Group Discussion (FGD) is a method for collecting qualitative data that gathers community individuals together to discuss a specific topic. Questions are open-ended, with the aim of stimulating an informal discussion with participants to understand their perceptions, beliefs, fears, questions and information needs with regards to a specific health topic. An FGD will usually take around one hour and should include a minimum of 6 and a maximum of 12 participants.

An FGD is not a group interview that results in a collection of individual participants’ responses. Rather, it encourages the participants to talk to one another, discuss and build upon or challenge each other’s opinions. An FGD does not generate data on a number or percentage of respondents with one or the other position; rather it generates data on the number of FGDs that reached or did not reach a consensus on the issue under investigation.  
 - [CRS FGD Guide](https://www.crs.org/sites/default/files/tools-research/fgds_april_24_final_lo_res_.pdf)

# FGD facilitator and note taker roles

There are two roles required to conduct a successful FGD of your participants: the facilitator and the notetaker. For sensitive topics (MHM, SGBV) topics, the facilitator and notetaker need to be the same sex as the participants and speak their language or local dialect.

**The facilitator –** must be someone speaking the local language with good communication skills and able to make people feel at ease. When necessary, if the only available facilitator does not speak the local language, they can work with a translator. However, it is best practice to ensure that the facilitator can speak to the group without the aid of a translator.

The facilitator needs to be able to probe further based on the responses received or rephrase questions if people do not understand them. They should also be able to ‘read’ the participants’ body language and use that information to guide the discussion appropriately. Good facilitators must also be able to keep participants on topic and to ensure that everyone has a chance to express themselves equally.

An effective facilitator should:

* Be very familiar with the FGD questionnaire and current health content and context.
* Be a responsive listener.
* Avoid leading questions, such as ‘Don’t you think people should…’
* Remain neutral at all times. Do not nod your head in agreement or disagreement. Do not react or show surprise to responses given.
* Avoid lecturing when respondents give ‘incorrect’ responses.
* Some of the questions are quite sensitive, ask them in a respectful manner according to local context / culture.
* Dress in an appropriate manner, particularly in conservative environments.

**The notetaker –** must be conversant in the language in which the FGD is held to note down the group discussion effectively. As well as writing down what is said during the group discussion, the notetaker should also record the behaviour of the participants (remarkable attitudes, spontaneous reactions, interactions among the participants, etc.). The notetaker should maintain confidentiality whilst recording the discussion by using letters or numbers to identify participants instead of names. The notetaker may decide to write only brief notes during the discussion but immediately after the interview, s/he should write the notes in detail so that all important information is recorded.

An effective notetaker should:

* Have good listening and writing skills.
* Be familiar with the list of questions and the topic of discussion.
* Take notes of key quotes, overview of what people are saying on different topics.
* Sit somewhat removed from the group to not distract participants.
* Remain impartial.

As an example: here is a suggested seating arrangement for a focus group discussion. Notice how the arrangement of people, including the facilitator, gives people equal power to speak. The notetaker, who does not speak, sits just outside of the group and tries to be largely out of view (or does not draw attention to themselves.

Chart

Description automatically generated

# A suggested seating arrangement for a group discussion

# The Role of Vignettes

Focus group discussions can be a challenge for a lot of people – facilitating them and analysing them is a difficult skill. We can get in the habit of reading a list of questions rather than exploring a topic. Or we try to get information on too many topics and never delve deeply into one particular area. This sometimes means that we do focus group discussions but then have trouble getting the information we need out of them or we resort to quantitative analysis of what should be qualitative information. Focus group discussions are also particularly hard when we talk about sensitive topics. It is hard to find out how people feel about an issue when you ask them direct questions.

One way to overcome this is by using vignettes. Vignettes are just little stories that help a community discuss a topic openly without placing judgement on each other or exposing their own behaviour in a way that makes them feel judged. Experience of using these in the Red Cross Red Crescent Movement in Africa and getting feedback from the teams conducting this type of focus group discussion was very positive. People found it easier to speak about issues raised in the stories, people were more engaged in listening and giving opinions, the stories were realistic to their communities and both the facilitators and participants enjoyed them more.

For this Mid-Term Review 4 vignettes (small illustrative stories) were developed by the Finnish Red Cross that could be told by FGD facilitators in communities to elicit community opinions. Some of these have been field tested already and some are based on experiences described by District and Project Officers, Community Development Facilitators and Youth Leaders in Malawi. They can be further adjusted for context (names, settings) based on the expertise in these districts.

These types of FGDs capture rich information about what is happening in the communities by being analysed in two rounds. In the first round, trained MRCS staff review their notes from the FGD and based on the responses and discussion answer versions of the following questions:

* What do people normally do in the situation described (CEFM, SGBV, MHM, CCA)?
* What do people think people should do in the situation described?
* What do people think that others in their community think they should do in the situation described?
* What are the social consequences of not doing what people think people should do in the situation described?
* Who makes the decision / whose opinion matters most to influencing the situation described?

These questions are answered on a focus group discussion analysis sheets and scanned and sent for analysis. This information is further explored by using general inductive analysis searching for key themes and linking these to programme recommendations.

# To prepare for a FGD

* Sensitise relevant community leaders/stakeholders that FGDs will take place. Inform on the ways you will protect identity and opinions and how you will use information.
* Sensitisation and permission of community leaders is critical in discussing sensitive topics like FGM, CEFM, SGBV, FP. Failure to secure this permission from the appropriate community leader (and not necessarily the official leaders) will result in no/low attendance, poor inputs, inaccurate data. Permission should only be requested by a respected female CH staff or volunteer wearing the emblem. Permission should be requested with deference to the female leaders and an explanation of the purpose of gathering this data and the manner in which it will be collected.
* Plan the objective of the FGD and target groups to talk with.
* Develop a draft discussion guide and consent forms.
* Test the questions of the discussion guide with a local member of the staff who is part of each target group.
* Decide on an accessible, appropriate (private, secure) venue for the FGDs.
* Set a time and place for each FGD.
* Enlist help to recruit participants to fit the profile of each FGD you hold. Do not just put someone in a group not specific o their profile – one person wrongly placed can skew the whole FGD
* Consider providing participants with water and snacks, as appropriate.

# To start / run an FGD

## General tips for running a focus group discussion:

* Start by introducing yourself and the notetaker. Ask people to give their given name and their motivation for attending. You do not have to record their names.
* Explain who you are, the role of the RCRC and the objective and duration of the FGD
* Ask permission to take notes and explain that confidentiality will be maintained throughout and how you will use the collected data
* Ask the group if anyone has difficulties seeing, hearing, walking, or using their hands without mentioning the term “disability”.
* Explain that they don’t need to answer all questions, but they should protect the privacy of others by not sharing inputs outside of the room after the FGD.
* Explain that they can leave the FGD at any time if they feel uncomfortable.
* Ensure informed consent .
* Explain clearly that participation in the FGD is not required.
* Do not make promises about specific aid or help that people may receive. If questions arise, be sure to have contact details of the correct people to contact for follow-up, questions.
* Ask a question and ensure that they understand by body language. Refrain from trying to talk too much or ask long questions or fill empty silences.
* If someone says something that may be confusing, ask, ‘Can you tell me more?’ to get more clarity.
* When there is a long silence and it seems there is nothing more to be said, switch to a different question. If the silence is due to shyness or embarrassment as read by body language, rephrase the question as necessary to make them feel a bit more at ease (use less clinical terminology, use local phrases, use examples).
* You should be talking very little (except for when you are telling the story!) – you are continually setting the stage for the group to talk to each other and you.
* Allow time (approx. 10 minutes) for people to ask their own questions.
* Thank everyone for taking part and give them information on how the information will be used, process for follow-up questions and feedback to the groups.

## Additional tips for a vignette:

* Read the story in a way that is accurate and engaging.
* The first part of the story ends in suspense – this is an opportunity to ask questions and explore what people think.
* In the first set of question avoid asking question about moral beliefs.
* It is important o ask each question in the list however, you can ask more to get people to elaborate.
* When you think a particular element should be explored in more detail, dive in! This is especially true when you hear something surprising or that you think is concerning or wrong – explore without passing judgment.

## After each FGD

* Debrief together (facilitator, note taker and if applicable interpreter) and write up any additional information as soon as possible so that it is not forgotten.
* Ensure that all consent forms are retained.
* Thank the community leaders and stakeholders for their time and explain next steps for how the data will be used and how you will communicate this to them and the community(ies).
* Make time with the notetaker to answer the questions on the analysis sheet based on the notes that you took during the session.

Example introduction and consent

***If you are a facilitator, practice saying this information without reading it out. It does not have to be exact – it just has to have the main points.***

Good morning/afternoon, my/our name is/are\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We work for the Malawi Red Cross. Do you know the Red Cross? [If no, explain – the National Society is a humanitarian organisation that helps people affected by crisis and disaster. The help we provide is always free and given based on need alone.] We are in your community to hear your opinions and views about \_\_\_\_\_\_\_\_\_\_. We are here to learn with community members about these issues in this community and we would like your inputs on the topic.

The information provided will be used by MRCS to understand the current situation and improve our programmes for a stronger Malawi.

Participation in these consultations is free and there is no obligation to respond, you can stop at any point.

No personal data will be shared with others and the information provided will be analysed anonymously and used confidentially. We will not write down your names.

Your views are valuable and important and will contribute to ensuring our services and the information we share meets your needs.

The discussion is an opportunity to hear from you about what is important to you and how the Red Cross might help. Our group discussion will last around 30-45 minutes.

Do you have any questions? Are you willing to participate in the group discussion?

# Focus Group Discussion Tools

In the following pages are the focus group discussion tools.

There are 4 Vignettes and 2 set of Group Interviews (to be run similarly to a focus group discussion).

**The four vignettes:**

* Story of Grace – Early Child Marriage and Teenage Pregnancy
* Story of Vera – Gender-based Violence
* Story of James – Climate Change Adaptation
* Story of Violet – Menstrual Hygiene Management

Each of these is made up of three parts:

1. The vignette (story) and the questions. The story and the questions are said in the order that they are written on the sheet.
2. The notes taking page- here at the top you record the information about the participants (not their names) and what type of group they are (e.g. people with disabilities and the elderly). This can be carried over on the back of the sheet if needed.
3. The FGD Analysis sheet. This should be filled out after the discussion and not in the presence of the focus group. This is the first step of the analysis.

**The two sets of group interview questions:**

* Question set – Participation and cross-cutting issues
* Question set – Knowledge, empowerment and capacity strengthening

There are no analysis sheets for these and the notes can be submitted as is.

## Grace: Early marriage and teenage pregnancy

***First, I will tell you the story of a girl who lives in (name of district/region you are in) in a village similar to yours. I will call her Grace. Grace is a 15-year old girl. Since childhood she has had aspirations of becoming a teacher. Because she is doing very well in school her teacher says that she would be accepted into a teacher’s college. Her parents, Memory and Harold are worried about her going to teachers’ college because it will cost money to send her there. They would prefer her to get married and believe she is the right age. Grace, however wants to go to teachers’ college and does not want to get married. According to her mother Memory, Grace would not need to work after she gets married as her husband will take care of her. Memory tells Grace that she should instead, focus on household work, helping out her mother-in-law and have children.***

* What do you think most parents in Memory and Harold’s situation would do?
* What do you think Grace’s community thinks she should do?
* What do you think others would think about Grace if she kept on insisting to go to Teacher’s college?
* What do you think would be the normal result of this scenario?

***Grace has a younger brother who also wants to go to college and her father Harold does not think they can afford for both of them to go. He tells Grace that they will not support her dreams of going to teacher’s college. Memory says she should get married instead.***

* What would happen if Grace still refused to get married?
* What would happen if Grace’s parents forced her to get married?
* Is it more important for Grace or her brother to get further education?
* What would happen if Memory and Harold decided to support Grace and not her brother to get further education?

***Soon after leaving school, according to the wishes of her parents Grace marries a man, Chiso. She is 15 years old. Chiso takes very good care of her and she does not have to work. They have only been married a short while when Grace’s mother Memory tells her she should soon start having children. Chiso and his mother also think it is time. Grace is not sure if she wants children right now and wants to wait.***

* Why would now be a good time for Grace to have children?
* Why would now be a bad time for Grace to have children?
* Do you think the community would think it is the right time for Grace to have children? Why? Why not?
* What will Chiso think if Grace refuses to have children and waits?
* What will Grace’s mother and mother-in-law think of Grace if she does not have a child soon as is being suggested?
* What will the community think about Grace and Chiso if they do not have children soon?
* If Grace has children now, even though she does not want to are there any negative consequences?
* Is there anyone in the community who could support Grace to avoid having children?
* Do you think Grace could go to the clinic to avoid having children now without telling anyone?

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| Taking notes during the session: Grace – Early Marriage and teenage pregnancy | | | | |
| **Date:** | **Location:** | | | |
| **FGD leader:** | **FGD notetaker:** | | | |
| **Participants:**  *You do not need to get names. You need between 6-12 people for a session.*  Ask the group during the introductions if anyone has difficulties seeing, hearing, walking, or using their hands without mentioning the term disability. Include this information in the far column. | **Participant no.** | **Gender** | **Age** | **Impairment** |
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| **What is common in this group? (e.g. gender, age, disability, volunteers etc)** |  | | | |

**Notes**

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### FGD Analysis Sheet: Grace – Early Marriage and teenage pregnancy

**Please fill this sheet out in English based on the responses to the questions in the Focus Group Discussion. This should be filled out after the discussion and not in the presence of the focus group. This is the first step of the analysis. Where possible, include any relevant quotes.**

What do people in this FGD think people normally do in relation to early marriage?

What do people in this FGD think people normally do in relation to adolescent pregnancy?

What do people in this FGD actually think should be done in relation to early marriage?

What do people in this FGD actually think should be done in relation to adolescent pregnancy?

What do people think that others in their community believe should be done in the case of adolescent pregnancy?

If people do not do what people think they should do in relation to early marriage, what are the social consequences?

If people do not do what people think they should do in relation to adolescent pregnancy, what are the social consequences?

Who makes the decision on whether girls will get married?

Whose opinion matters most to the people who make the decision on whether girls will get married?

Any other key observations?

## Vera: Violence against women

***I will tell you a story about woman who I will call Vera. Vera is a 35-year-old woman who is married to Kitwell. They live in (name of district/region you are in) in a village similar to yours. Vera and Kitwell have 3 children together, two boys are in primary school and one girl is 18 months old. Kitwell has recently been stressed because some of his crops failed and he is worried about whether the family has the means to survive without help. Because of the increased stress, Vera and Kitwell have been arguing and recently the arguments have turned violent. Kitwell has occasionally beat Vera. He always apologises after and seems to really mean it. One night during an argument Vera is beaten very badly. The next day when the community health worker, Upile, comes to see Vera and her baby, she can see that Vera is injured. Vera tells Upile what happened and asks her for help with her wounds.***

* What would a woman in Vera’s situation normally do?
* What would the community expect Vera to do?
* What do you expect Vera to do?
* How can Upile help Vera aside from treating her wounds?
* Is there anyone else Upile or Vera could ask for help with Vera’s situation?

***Kitwell feels very bad about beating Vera so badly and he apologises and begs for forgiveness. For a while, things are much better in Kitwell and Vera’s household. But one night Kitwell comes home very stressed about the price he is getting for his remaining crops. They argue and he beats Vera again. This time it is so bad, Vera takes her children and herself to her neighbour and friend’s house, Tamanda, and asks for help. Tamanda’s husband Gift is good friends with Kitwell, but Vera does not know where else to go.***

* What do you think Tamanda would do in this situation?
* What do you think Tamanda thinks about Vera’s situation?
* Is there anything that Tamanda could do to help Vera?
* What do you think Gift would do in this situation?
* What do you think Gift thinks about Vera’s situation?
* Is there anything that Gift could do to help Vera?
* What do you think Gift will think about his friend Kitwell?
* What do you think the men of the village would think about Kitwell if they found out he was beating Vera?
* What do you think the women of the village would think about Kitwell if they found out he was beating Vera?
* What do you think religious leaders would think about Kitwell if they found out he was beating Vera?
* What do you think the community leaders would think about Kitwell if they found out he was beating Vera?
* Do you think it is possible that Vera could leave Kitwell permanently? Why/why not?
* What would people think of Vera if left Kitwell?
* What would people think if she did not leave Kitwell?

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| Taking notes during the session - Vera: Violence against women | | | | |
| **Date:** | **Location:** | | | |
| **FGD leader:** | **FGD notetaker:** | | | |
| **Participants:**  *You do not need to get names. You need between 6-12 people for a session.*  Ask the group during the introductions if anyone has difficulties seeing, hearing, walking, or using their hands without mentioning the term disability. Include this information in the far column. | **Participant no.** | **Gender** | **Age** | **Impairment** |
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| **What is common in this group? (e.g. gender, age, disability, volunteers etc)** |  | | | |

**Notes**

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### FGD Analysis Sheet – Vera: Violence against women

**Please fill this sheet out in English based on the responses to the questions in the Focus Group Discussion. This should be filled out after the discussion and not in the presence of the focus group. This is the first step of the analysis. Where possible, include any relevant quotes.**

What do people in this FGD think a woman would normally do if they experience violence in the home?

What do people in this FGD think a person who is asked for help by another woman who is experiencing violence would do?

What do people in this FGD actually think a woman should do if they experience violence in the home?

What do people in this FGD actually think a person who is asked for help by another woman who is experiencing violence should do?

What do people think that others in their community believe should be done when a woman experiences violence in the home?

If a woman does not do what people think she should do when they are experiencing violence in the home, what are the social consequences?

Whose opinion matters most to women who are experiencing violence and want help?

Whose opinion matters most to men who are the perpetrators of violence?

Any other key observations?

## James: Climate Change Adaptation

***Now I will tell you a story of a man who lives in (name of district/region you are in) in a village similar to yours. I will call him James. James is a 29-year-old man and is a small-holder farmer of maize. James also has a difficulty walking as he was born with a disability that affects one of his feet. He lives with his wife, Mercy, and their 3 children (two boys and one girl). His elderly father who has vision problems also lives with them and is cared for by Mercy.***

***In the last 5 years, James has not been getting his harvest as before; the rains did not come sufficiently and when it rained, it caused floods. James lost most of his harvest 4 times during the past 5 years. Recently a group in his community has been telling him that his house and the people in the area around it are being threatened by “climate change”. This group claims that because the weather is changing over time his village will experience more floods and droughts. They are encouraging him and other farmers in the village to learn new ways to farm his land to fight against changing weather/climate. They tell him that it would be good if he could replace some of his maize with rice, beans or cassava. They also want his assistance in digging better drainage in part of the village. James is not sure he has the time, money or resources to do these things. James is a busy man who has always farmed maize like his father before him.***

* What would do you think most men in James situation would do?
* What do you think other men in James community think he should do?
* Does James disability influence what people in his community think he can and can’t do?
* What are the barriers to making changes like the ones being suggested to James in your community be?

***James decides to learn more about climate change. When he asks the group that first told him about climate change they explain that due to human activity all around the world, the composition of the atmosphere/air has changed and this is resulting in changes in the climate – temperature, rain and wind. This causes more floods and drought. When he gets home he tells his father about this his father says this is nonsense – he says that only God can decide when to send rain or not. Mercy, his wife says that witchcraft causes drought and death, not humans. Neither of them think James should change the maize crops or waste time digging drainage. They want him to focus on caring for them and his family instead.***

* What do you think James will do?
* What would most men like James do in this situation?
* Who’s opinion matters in this situation? His father? His wife? Another person?
* What do you think could convince James to make the changes?
* Who tends to believe that the climate is changing?
* Who tends to believe that the climate is not changing?
* In your community, is there anyone suggesting changes to try to adapt to changes in the climate?
* What are the positive consequences of a man like James making changes to adapt to the climate?
* What are the negative consequences of a man like James making changes to adapt to the climate?

***The group continues discussing about the impacts of climate change to the James and his neighbours and encourage them to use weather forecasts and warnings to make decisions on when to move away people, livestock or goods from floods that are they predict will come; how to protect your house; when to plant seeds etc. James and his neighbours are hesitant to trust the “official information” and would rather rely on traditional knowledge, warning signs and e.g. planting cycles.***

* Do you think James and his neighbours should listen to the advice?
* What are the risks/disadvantages that James and his neighbours would face if they follow warnings and weather forecasts? What about not following them?
* Why would James and his neighbours prefer the traditional warning signs? What are the benefits in listening to traditional warning signs?
* How could the villagers improve their preparedness to disasters?

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| Taking notes - James – Climate Change Adaptation | | | | |
| **Date:** | **Location:** | | | |
| **FGD leader:** | **FGD notetaker:** | | | |
| **Participants:**  *You do not need to get names. You need between 6-12 people for a session.*  Ask the group during the introductions if anyone has difficulties seeing, hearing, walking, or using their hands without mentioning the term disability. Include this information in the far column. | **Participant no.** | **Gender** | **Age** | **Impairment** |
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| **What is common in this group? (e.g. gender, age, disability, volunteers etc)** |  | | | |

**Notes**

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### FGD Analysis Sheet – James – Climate Change Adaptation

**Please fill this sheet out in English based on the responses to the questions in the Focus Group Discussion. Where possible, include any relevant quotes.**

What do people in this FGD think people normally do in relation to climate change adaptation?

What do people in this FGD actually think should be done in relation to climate change adaptation?

What do people think that others in their community believe should be done for climate change adaptation?

Do people in this FGD think that people agree or disagree about climate change adaptation? Why?

Who makes the decision about whether to take action to make climate change adaptations?

Whose opinion matters most to the people can make the decision (above) to take action to make climate change adaptations?

How do people prefer to get information and act on the threat of a disaster?

Who do people trust to give them information and warnings on upcoming disasters?

In what ways was the issue of disability addressed in this FGD? Do people in the FGD feel it is a barrier? In what way is it a barrier? (people’s attitudes, curse, physical barriers etc)

Any other key observations?

## Violet: Menstrual Hygiene Management

***Now I will tell you a story of a girl who lives in (name of district/region you are in) in a village similar to yours. I will call him Violet. Violet is a 14-year old girl who lives with her parents and 3 brothers. Her elder brother Hastings is 15 years old and she has two younger brothers. Violet is still in school.***

***Recently Violet got her first period. She has heard of monthly bleeding before. Even though she was using some rags to soak up the blood, one day at school she stained her dress. She was teased by the boys at school, some of whom are her brother’s friends. Next time she gets her period she does not want to go to school. She does not want to miss school but she also does not want to be teased by the boys.***

* What would you think most girls in Violet’s situation would do?
* What do you think Violet should do?

***Violet is still being teased at school about her period. Her elder brother’s friends are teasing her. Hastings sometimes joins in. She cries and tells her teacher and her parents that people are teasing her about her period. She does not want to go to school when she has her period.***

* What do you think Violet’s teachers and parents would normally do in this situation?
* What do you think Violet’s parents and teachers should do?
* Do you think that what Hastings is doing with his friends is normal?
* Who’s opinion do you think matters most to Violet about whether or not she should keep going to school when she has her period?
* Where can Violet get help to manage her period to avoid future embarrassment?

***Eventually the teasing dies down and Violet also gets access to some menstrual pads from her school that help her manage her period. Violet is close friends with her neighbour Tamanda who is 13 years old and not in school. Tamanda is blind and this makes it difficult for her to care for herself without help. Tamanda tells Violet that she has started bleeding. Tamanda did not learn about menstrual bleeding in school. She wants advice from Violet because she is not in school and so she does not know what is happening and how to access menstrual pads.***

* What do you think most girls in Tamanda’s situation would do?
* What do you think that Tamanda should do?
* What do you think Violet should do to help Tamanda?
* Who else can Tamanda go to for help?
* Is the situation that Tamanda is in normal in your community?

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| Taking notes during the session - Violet: Menstrual Hygiene Management | | | | |
| **Date:** | **Location:** | | | |
| **FGD leader:** | **FGD notetaker:** | | | |
| **Participants:**  *You do not need to get names. You need between 6-12 people for a session.*  Ask the group during the introductions if anyone has difficulties seeing, hearing, walking, or using their hands without mentioning the term disability. Include this information in the far column. | **Participant no.** | **Gender** | **Age** | **Impairment** |
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| **What is common in this group? (e.g. gender, age, disability, volunteers etc)** |  | | | |

**Notes**

*(continue on back of page if needed)***:**

### FGD Analysis Sheet – Violet: Menstrual Hygiene Management

**Please fill this sheet out in English based on the responses to the questions in the Focus Group Discussion. Where possible, include any relevant quotes. You will need to scan and send this sheet.**

What do people in this FGD think girls in school normally do in relation to menstruation and/or schooling?

What do people in this FGD think girls who have a disability or are not in school normally do in relation to menstruation and/or schooling?

Where do girls who re menstruating in and out of school normally get help (materials / information) with menstrual hygiene management?

What do parents and teachers normally do in relation to menstruation and schooling?

What do people in this FGD actually think parents, teachers, girls and boys should do in relation to menstruation and schooling?

Who makes the decision about whether girls go to school when they are menstruating?

Whose opinion matters most to the people can make the decision (above) to go to school when girls are menstruating?

In what ways was the issue of disability addressed in this FGD? Do people in the FGD feel it is a barrier?

Any other key observations?

## Participation and cross-cutting issues

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| **What is common in this group? (e.g. gender, age, disability, volunteers etc)** |  | | | |

**Notes** *(continue on back of page if needed)***:**

After the introduction have been done explain that we want to understand from your perspective, how you have worked or interacted with the Malawi Red Cross in your community. You can use the questions below or explore by the different title themes.

**Awareness of MRCS work in the community:**

What kind of work does Malawi Red Cross do in your community?

In times of disaster, do you know of any ways that Malawi Red Cross assists people in your community?

**Participation in planning:**

Before the Malawi Red Cross started doing work/activities in your community, did they ever communicate with you about what you think is needed?

For those who say yes: how did they communicate with you?

If not, how do you think that people from the Malawi Red Cross should ask you about your opinions on what needs to be done in your community?

**Perception of consultation**

Whose opinions do you think matter the most to the Malawi Red Cross when they are deciding what kind of work to do in the community? Have they been consulted?

Whose opinions do you think matter the least to the Malawi Red Cross when they are deciding what kind of work to do in the community?

Who do you think the most vulnerable people are in your community?

**Perception of priorities**

What do you think the biggest priorities/things that need attention for you community are right now?

Do you think that Malawi Red Cross does or can work with your community to address these priorities?

This community has faced disasters in the past. What do you think are the most important things your community can do to prepare for disasters?

What do you think the most important thing YOU can do for your community to help prevent disasters?

In your opinion is Malawi Red Cross helping to do any of these things? Why/why not?

**Perception of Appropriateness**

There are sometimes many different groups working in a community at the same time. Is there anything that some organisations do in your community that you think is not appropriate or disagrees with your culture?

Are there any things that Malawi Red Cross does in your community that disagrees with your culture?

**Other questions/ issues discussed**

## Knowledge, empowerment and capacity strengthening

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| **What is common in this group? (e.g. gender, age, disability, volunteers etc)** |  | | | |

**Notes** *(continue on back of page if needed)***:**

After the introduction have been done explain that we want to understand from your perspective, how you have worked or interacted with the Malawi Red Cross in your community. You can use the questions below or explore by the different title themes.

First, ask the group to explain how they currently interact with or are part of the Malawi Red Cross. What have they been doing with or for the Malawi Red Cross for the past year.

Try to capture – who they worked with, who they got skills from, was it training? Is it in a regular meeting? How often they interact with them or carry out a RCRC task.

**Capacity Strengthening and knowledge**

In your opinion what is the most important lesson or skill that you have learnt from or within the Malawi Red Cross?

What is the most important way that your work with Malawi Red Cross has benefitted you personally?

What is the most important way in which the Malawi Red Cross has helped you to help you community or peers?

What information or skills do you think you have missed out on that you want Malawi Red Cross to help you with?

**Empowerment**

Since you have engaged with Malawi Red Cross, have you passed on any of the lessons or skills you have learnt to others?

Have you encouraged anyone else in your community to learn these lessons or skills?

What are the main messages you want to pass on to your community to make positive changes?

Have you been able to pass any of these messages or skills on? If so How? If not why not?

**Changing risks**

Many things have changed in the world, in Malawi and in your community in the past year. What kinds of changes have happened in the last year for your community? (good or bad)

What kinds of things have you done to adapt to the changes that have happened?

When these changes happened did the work you did with or the skills you would normally use with Malawi Red Cross have to change? How?

Do you think there are any particular groups who have been hit the hardest by these changes?

Do you think you have the skills and resources to help these groups? Why/why not?

**Other questions/issues discussed**