

Tip Sheet: Consulting with women and girls

Effective GBV risk mitigation measurement a) integrates regular and routine consultations with women and girls; and b) measures, analyses and documents changes over time related to the GBV risk mitigation measure(s) in the project. This tip sheet provides supplementary guidance on how to engage women and girls to assess if your GBV risk mitigation measures are reducing barriers to services or helping women and girls feel safer.

Basic information:

In general, engaging women and girls during consultations happens at three critical moments:

1. Before a project begins: women and girls themselves can identify GBV risks in the environment and/or barriers to accessing services, along with their priorities for which risks and/or barriers are most critical to address;
2. During the project: women and girls provide feedback as to if/how your GBV risk mitigation efforts have affected their access to services and/or perceptions of safety. This feedback allows you to assess the effectiveness of your risk mitigation measure(s), identify any unanticipated or unintentional consequences; and, if necessary, make changes in your programming;
3. When the project is nearing completion or after it has ended: consultations help identify what worked and what did not work to generate lessons learned and next steps which risks and/or barriers are the most important to be addressed.

Remember! Consultations can take multiple modalities such as focus group discussions, key informant interviews, community mapping exercises, ranking methods or other participatory approaches.

For your programme, consultations can follow this model to assess perceptions of safety and if your GBV risk mitigation strategy is addressing the needs of women and girls.

Preparation:

- If there is a GBV sub-cluster/working group or an organization implementing GBV programming, connect with them to request support on planning and carrying out the consultations.
- Carefully consider the restrictions or cultural sensitivities that may prevent a woman or girl from participating in a consultation or lead to more harm for her. GBV specialists, even if in a different location or at national level can provide support in thinking through how to engage women and girls in the safest possible way.
- Find out what GBV services are in place in the location where the consultations will be conducted. Ensure staff who will be facilitating the consultations are equipped to respond if someone discloses that they have experienced GBV. Staff conducting safety consultations should be (a) familiar with the "[GBV Pocket Guide](https://gbvguidelines.org/pocketguide/)"¹ on how to support GBV survivors and (b) familiar with how to appropriately refer survivors in a timely manner based on the GBV referral pathway in their area.
- Depending on the context, it may be necessary to speak with community leaders prior to the consultations. In some situations, guardians, husbands, male relatives, or mother-in-laws may need to be consulted and/or give their permission in order for women and girls to participate in your consultation.
- Related to the previous point, take care to carefully frame the purpose and scope of the consultation with communities and/or relevant stakeholders. Focus on the goal to improve programs and services for the community, especially with regards to making them safer and more accessible.
- Take into consideration what locations and times of day are safest and most appropriate for women and girls to participate in the study, based on school, chores, travel requirements, etc. Ensure

¹ <https://gbvguidelines.org/pocketguide/>

consultations take place in a secure setting where all individuals feel safe to contribute to discussions.

- Remember that participants may answer the same question differently depending on who is involved in the conversation (international vs. local staff), what they think the data collection team wants to hear, and what action or benefit they believe may result from responding in a certain way. Consider these factors when planning your consultations.
- Be aware of the composition of a group during consultations and how to make sure everyone feels safe to express their voice and opinions without creating additional harm for them. For example, including unmarried girls with married girls or women can create different power dynamics. Similarly having young women and older women in the same group may prevent younger women from voicing their opinions or experiences. Groups that can be particularly difficult to access include:
 - Married girls
 - Unmarried women
 - People with disabilities
 - Female heads of household
 - Widows
- Work with a GBV specialist to determine what questions are appropriate. Questions should be worded in a way that explicitly links perceptions of safety to a specific intervention, facility, etc. and should include a time-bound component. Refer to the **Menu of Methods** in the main **Guidance Note**. Some examples specific to Level 2 and safety perceptions could be:
 - “Do women and girls in your community feel safer moving around the camp at night since the lighting has been installed (as compared to before the lighting was installed)?”
 - “Do women and girls in your community feel safer going to the distribution point since the location was changed to align with the community’s preferences?”
 - “Do women and girls in your community feel their access to health services has improved with the increased number of female reception staff (as compared to when the reception staff were mostly male)?”

DO’s

- Have trained female staff facilitate the consultations with women and girls.
- Be conscious of the fact that the females who are most visible/accessible for consultations may not be representative of the female population as a whole (in terms of access to services, etc.). Consider if you need to make alternative arrangements to connect with other groups of women and girls in a safe, non-stigmatizing way.
- Explain the purpose of the consultation and how the information will be used. Obtain informed consent before beginning the consultation.
- Manage expectations about participating in the consultation and what participants can expect to receive. Be honest and upfront in explaining that there will be no compensation.
- Keep questions simple, relevant to programme objectives and straightforward.
- If relevant, consider options for consulting with women and girls who are using the service (i.e. visiting to a water point to speak to them).

Important DON’TS

- DON’T ask questions about individuals’/specific people’s experiences of GBV.
- DON’T collect or attempt to collect GBV incident data/numbers of cases.
- DON’T attempt to convene a consultation group comprised only of GBV survivors or to find GBV survivors to take part in the consultations.
- DON’T make questions too general. A question like “Do you feel safe?” can be interpreted in multiple ways and does not focus participants on the specific purpose of your consultation (whether there have been improvements in safety/access linked to particular risk mitigation measures).