

OVERVIEW & GUIDANCE:

FOCUS GROUP DISCUSSIONS as a component of GBV risk assessment¹

What: Focus Group Discussions (FGDs) consist of dialogues between 6-10 people, guided by a facilitator. The purpose of these dialogues is to obtain in-depth information on the participants' perceptions or experiences with a particular topic/range of topics. For GBV, FGDs are particularly helpful as the sensitive topic can be introduced and talked about in non-direct ways, which helps gain understanding on the perception and potential GBV risks. FGDs are recommended to use in any sector, as they present a prime opportunity to gather different groups of people to hear their voices and opinions. Whereas other data collection techniques often reflect voices of men, with FGDs, humanitarian actors can choose participants from different sex and age groups, and thus reflect the voices of women and girls in a safe environment.

Type of data that can be collected: FGDs lend themselves to collection of data on *all aspects* of the [AAAQ framework](#). The [availability of services](#) can be discussed beyond the quantitative number of facilities, services, or goods available. [Accessibility](#) can be discussed in more ways to really gain an understanding of what peoples' (or different groups') barriers to services or goods may be. [Acceptability and quality](#) can be discussed more in-depth. *Safety perceptions and GBV risks* can also be discussed in an FGD. Rather than obtaining a quantitative measure on safety ('do you feel safe? Yes/no'), FGD facilitators can go into depth on why the affected community may not feel safe accessing a good or service, what their challenges may be, and what potential solutions can be implemented.

In general, even if quantitative studies are available (e.g. from large-scale key informant interviews or household surveys), it is helpful to supplement with FGDs, as qualitative information can provide more in-depth understanding of the risks that women and girls may face.

Do's and don'ts

Set up:

- Inform relevant leaders/authorities of the FGDs
- Work together with a GBV specialist to review the questions asked
- Ensure you have a private and closed off space when holding FGDs
- Have facilitators/enumerators and notetakers of the same sex as participants

During:

- Establish some ground rules (e.g. let each other finish speaking)
- Do not ask participants direct questions on GBV (e.g. 'have you experienced GBV?')
- When probing for GBV risks, ask participants general questions, such as 'why would someone in your community feel unsafe accessing XYZ service?'
- Use recall periods (recognizable timeframes) when asking questions, particularly when collecting data at different points in time. Be mindful of the mix of participants. There are instances where participants may be uncomfortable sharing information. For example, younger women may feel uncomfortable sharing their opinions when there are older women present in the FGD.
- See to it that everyone has a chance to discuss and talk. Manage instances where one or some individuals dominate the conversation
- Notetaking should focus both on verbal expressions as well as non-verbal behavior

¹ Excerpted from [UNICEF, 2021: GBV Risk Analysis Guidance](#)

After:

- Allow for participants to ask questions
- Write down full notes on FGD right after it took place
- Ensure follow up to participants

Analysis

FGDs generate a wealth of *qualitative* data. Ensure that you have tools in place to process this data, such as a matrix built in Excel. Especially when doing multiple FGDs, look for recurrent themes or topics in participants' answers.

Additional resources:

Tip Sheet: [General FGD tipsheet](#) (general guidance; not specific to GBV risks)

Tip Sheet: [Consulting with women and girls for GBV risk mitigation](#)

Guidance: [Key Components for a Safe and Effective Consultation](#)

Example: [Focus Group Discussion guide](#)