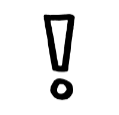
**** Field Guide for SGBV RISK Assessment JORDAN

**Why a SGBV risk assessment?**

* To better understand risks of SGBV faced by groups at heightened risks of SGBV in camp and urban settings
* Highlighting SGBV risks faced by refugees and refugees’ recommendations to overcome these risks
* Understanding the unique experiences of different segments of communities through an intersectional approach to ensure that programming and humanitarian aid responds to needs of specific groups at heightened risk of SGBV
* To identify strengths within refugee communities to mitigate risks of SGBV and identify areas where SGBV response and overall humanitarian response need to be enhanced
* To ensure accountability to affected population: through consultations with affected population which allow to inform programming

SGBV risk assessment is NOT a replacement for other forms of assessments or data collection methods. It is a process that complements and provides qualitative data to strengthen or triangulate information collected through other methods. It is also very important to take into account all contextual and statistical information on the population as well as the socio-political and operational environment.

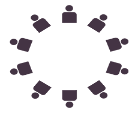
The SGBV risk assessment is a qualitative process whereby information will be collected mainly through focus group discussions (FGDs) and key informant interviews.

A **SGBV risk assessment workshop** is usually held in the initial planning phase. Participation in the workshop should ensure the different type of humanitarian actors are represented (UN agencies, local and international NGO’s, CBO’s, government) alongside refugee themselves. The workshop will allow all participants to gain an understanding of the aim of the SGBV risk assessment and its methodology while also ensuring tools and logistical arrangements finalized. See annex II for SGBV risks assessment workshop sample agenda.

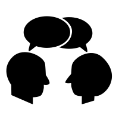
Participatory assessments are interventions in themselves and can be positive or disruptive experiences for UNHCR’s persons of concern. It is important to ensure the following **guiding principles** are respected during the PA exercise:

* Do no harm
* Confidentiality
* Recognition of communities’ capacities
* Consideration of information already available
* Non-hindrance of urgent action (refer individuals in need of urgent assistance)
* Commitment to improve programs upon results of the SGBV risk assessment

## What are focus group discussions (FGDs)?

FGDs are platforms for interaction of a group of individuals with some common interest or characteristics, brought together by a moderator, who uses the group and its interaction as a way to gain information about a specific or focused issue. The defining characteristics of each group varies from age to gender to nationality to social identity to specific needs. FGDs are facilitated by a team of 3 persons: one will chair the discussion, one will take notes. A team leader will ensure overall logistics prior to the FGD and support if referrals are required.

**What are key informant interviews (KII)?**

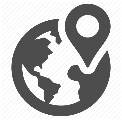
KII is a questionnaire based interview with a key informant. A key informant (KI) is a person who can provide information or opinions on risks of SGBV regarding a particular population based on her/his experience and knowledge. It is important to ensure KIs include: persons who work directly with survivors of SGBV, sector coordinators and persons who are influential in community (refugee volunteers, religious leaders, teachers, midwifes). Gender balance should be ensured.

**Steps in the SGBV risk assessment**

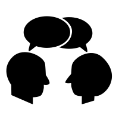
## Summary of process for Jordan including timeframe can be found in Annex VII.

## Identifying Teams and Team Leaders

SGBV risk assessment, although led by the SGBV SWG co-chairs, is a multi-sectoral/multi-functional team effort – including government, NGOs and civil society organizations and volunteer groups. Each field SGBV SWG will lead the process for the location in question. Relevant partner organizations identify focal persons who will facilitate the processes at site levels. Once these individuals are identified, the compositions of teams per location will be decided based on the number of FGDs and KIIs to be conducted per site/location. Each multi-functional team should be composed of one person leading the discussion and one person recording answers (“note-taker”), as well as a team leader in charge of overall logistics and referrals in case survivors in need of urgent assistance come forward. Whenever possible, it is recommended to let the refugee volunteer chair the discussion. For discussion with refugee girls, a MFTs composed of Jordanian and refugee girls will be established, they’ll use a restricted set of questions based on their own priorities (CP/SGBV staff to be present as team leaders to support but important to allow girls to lead themselves the FGD).

1. **Identifying sites**

The criteria for selection of site could be size of population, profile (nationality, ethnicity) of population, or need for information in particular area due to general reports around SGBV risks. Field SGBV SWG will determine locations to be prioritized. Urban areas should include different neighborhoods and most common types of accommodation.

 **3.Identifying Topics for FGDs and KIIs**

Field SGBV SWG will review information already available (desk review) and identify topics to be prioritized based on information needs. Please see Annex I.a for sample questions for FGD and Annex I b for KIIs questionnaire.

## 4.Composition of Participants for FGDs and KIIs

The main factor in the decision on the composition of groups is common characteristics the groups share and whether they represent different segments of the community. Therefore, it is important to understand the profile of population before deciding the compositions. The larger the number of FGDs conducted, the more the representativeness. However, if and when time and human resources are factors in identifying the groups, consider the follow as the minimum:

|  |  |  |
| --- | --- | --- |
| **Group** | **Age** | **Approx % versus total number of FGD** |
| Refugee Adult women (incl. refugee volunteers) | 25-59 | 15% |
| Refugee adult single female headed household | 18-59 | 15% |
| Refugee Female adult youth | 18-24 | 15% |
| Refugee adolescent Girls | 12-17 | 15% |
| Older refugee women | 60+ | 5% |
| Refugee women with disabilities | 18-59 | 6% |
| Refugee women from minority population groups | 18-59 | 5% |
| LGBTI refugees | 18-59 | 5% |
| Refugee adolescent boys | 12-17 | 5% |
| Refugee men (incl. refugee volunteers and men with disabilities) | 18-59 | 4% |
| Adolescent Girls host community | 12-17 | 4% |
| Female host community | 18-59 | 3% |
| Older women host community | 60+ | 3% |

The above percentage in terms of number of FGD is only indicative, it is important to ensure though that 80 percent of focus group discussions target female respondents since SGBV disproportionally affects women and girls.

The ideal size of a group is between 10-12 participants. It is large enough to get information from a relatively diverse angle and small enough to efficiently moderate the discussions.

When identifying certain groups for FGD, pay a special attention in order not to further hurt or stigmatize those groups. Instead, encourage some of them to take part in the ‘mainstream’ groups but ensure that they speak up. Persons currently experiencing distress shouldn’t be involved in the FGD as it can lead to further trauma.

**FGD with persons with disabilities and older persons**

It is important to ensure that persons with disabilities are both included in all FGDs while also have separate FGDs where they can discuss specific concerns they might have. Communication methods need to be adjusted for persons who have visual, hearing or other impairments, e.g. by using simple language and a variety of formats, depending on what is required, such as sign language interpretation, easy-to-read format (simple text combined with images), or Braille (if the audience uses it). It is also important to take into account literacy levels which often tend to be lower for older age groups.

**FGD with children and adolescents:**

Only organizations and facilitators with experience working with this age group should conduct FGDs with adolescents.The group should be composed of 8-10 children. Caregivers and children should be briefed on aim of assessment and informed consent/assent obtained prior to FGD. Caregivers and children should clearly understand the purpose of the FGDs, voluntary nature of participation and issues around confidentiality. Consent might be obtained verbally or in writing if deemed necessary. Parents or caregivers shouldn’t be present during the FGD as they might influence the children but they can wait for their children next to the venue where discussions are taking place. If a child is in distress during the FGD, the child protection staff will step out of the FGD with the child and reassure the child (if further support is needed, referral to a child protection case management partner will be done). It is important to include certain categories of vulnerable children within the FGD such as children with disabilities or UASC (or have separate FGD with them if you would like to go more in depth into their concerns).

FGD with children should be fun and interactive. Kindly refer to “UNHCR Listen and learn, PA with children and adolescents, 2012”: <http://www.refworld.org/pdfid/4fffe4af2.pdf>. The guidance contains a number of ice breakers and games which will help you to gather children’s views.

**FGD/consultation with adult youth:**

Youth are often more keen than their older peers to discuss openly about problems faced by their communities. It is important to ensure they feel engaged through the FGD. Therefore, the FGDs with youth should be less structured and rather take the form of a consultation. For guidance, consult UNHCR toolkit on youth consultations: <http://www.unhcr.org/partners/partners/57da9bb37/toolkit-holding-consultations-refugee-youth.html>

**FGD with persons of minority population groups:**

This could include for example members of national, ethnic, religious or linguistic minorities, or indigenous groups.

***Selection KIs***

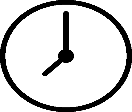
Field SGBV SWG should determine key informant to be prioritized. It is important to include key community members but also key sector coordinators and staff involved in SGBV programs.

## Collection of Data

As mentioned above, the information for SGBV risk assessment is collected through FGDs and KIIs. Templates with questions will be uploaded on tablets to facilitate data collection. It is essential to ensure that female staff/volunteers conduct FGD/KIIs with female respondents.

***When conducting Focus Group Discussions:***

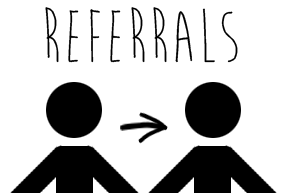
* Use annex III which provides guidance on how to open and close a FGD.
* SGBV survivors benefitting from SGBV case management services shouldn’t be actively targeted when selecting participants for FGD as it could lead to re-traumatization or further harm. This being said, SGBV is widespread so we should assume that SGBV survivors will be present among participants and therefore always ensure that our language is respectful and does not lead to further stigmatization.
* Be prepared. Decide among yourselves who will be in-charge of moderating the discussion and who will be taking notes. Designate a member of the team who will be responsible for referrals. Ensure all of you have a copy of the questions. Go through the questions before the FGDs and ensure that they are appropriate for the group you are facilitating.
* Make an appropriate sitting arrangement. The most preferred sitting arrangements are when people (including the team of facilitators) are sat in a circle. This helps you to make eye contact with everyone and to monitor the non-verbal communications. But most importantly, this provides a more level power relationship among the facilitators and participants.
* Introduce yourselves (the team). Ask the participants to introduce themselves. If you are conducting FGDs with influential members of the community, it is important to understand what the role of each person is in the group.
* Explain the purpose of the FGDs. Provide context in terms of the process of the SGBV risk assessment and what purpose the FGD with the group serves. Underline that FGDs are not the right setting to discuss individual incident of SGBV due to lack of confidentiality, if anyone is in need of support they can approach the staff individually at the end of the FGD. Inform participants how long the discussion is expected to last.
* It is also important that you inform the participants that you and your team will be taking notes of the discussions. It is useful to also collect a few powerful statements heard during FGDs as this can help highlight important issues in the final report. Explain this at the beginning of the FGD, clarifying that no identifiable information will be used along the quote i.e. “A refugee woman from Syria highlighted the following during a FGD: …..”.
* Go ahead with the questions and try to get answers from different participants. Encourage everyone to answer the questions but avoid singling out individuals. If someone does not want to speak, do not push. Look out for non-verbal language. Some people want to speak but they need encouragement to do so.
* Probe and guide! Sometimes, people prefer to give short answers. It will be up to you to probe by asking follow up questions and requesting for elaboration. Sometimes, people go off track and would like to discuss other things. Kindly remind them that this is not the venue for such topics and redirect the discussion. Setting out the purpose of the FGD at the beginning is important to direct the discussion without offending anyone.
* At the end of the session, summarize key points to ensure that you captured all the important points discussed.

The ideal length of a focus group discussion is between 1:00 -1:30 hours. It is long enough to have a rich discussion and short enough to keep the participants focused. Do not forget to inform the participants (at the beginning) that you expect for the session to last this long.

***When conducting a key informant interview…***

* Ensure staff conducting KII have a solid SGBV background and are familiar with global SGBV standards.
* KIIs can also be used to discuss a particular issue which would be too sensitive in a group environment or if you need to discuss with high profile informants.
* As per ethical standards, SGBV survivors benefitting from SGBV case management services shouldn’t be used as key informants (there are other safe methods for data collection such as GBV IMS or client feedback survey).

***Referrals:***

Note: FGDs are not the venue to discuss individual cases or issues pertaining to individual participants. They are planned to help you understand a bigger group of people represented by the group you are having the FGD with. However, more often than not, some people might want to bring up individual cases during FGDs. In this case, make sure that survivors who provided consent are referred to relevant SGBV case management organization as per referral pathway.

## Systematization of Data

This is the steps in the process where the team systematically categorizes data collected from each FGD and KII. The data is mostly categorized as risks identified, recommendation for meeting gaps and challenges and resources and capabilities available within the community for meeting these gaps and challenges. This is also where the teams highlight unique (unexpected) points/issues raised during the FGDs and that might need further investigation. Information can be summarized in the table in Annex V.

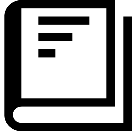
## Compiling the Report

Once the teams send the systematized data from their respective FGDs, the information will be compiled according to agreed format for the report (see Annex VI for reporting format).

## Feedback

Before the report is finalized, it is important that the draft be shared with respective teams to ensure that the information collected from the community are appropriately reported.

## Finalizing Report

Once the draft report is reviewed, feedback is collected from concerned focal persons and incorporated, the report will be finalized, ready for dissemination.

## Sharing Findings with Relevant Stakeholders

This is the phase where the outcome of the participatory assessment are shared with relevant state actors, the wide refugee community, humanitarian actors and the host communities. In addition to sharing the report, it is recommended that relevant actors come together in events - such as panel discussions - whereby the highlights of the outcomes are discussed.

**Annex I: Question bank**

**SGBV risk assessment**

**QUESTION BANK**

**FOCUS GROUP DISCUSSIONS (FGDs)/KEY INFORMANT INTERVIEWS (KIIs) with communities**

For FGDs, use open-ended questions to initiate discussion. Do not read list of potential answers to participants but you can use some as examples if unable to clarify the question otherwise. All the discussion will be captured by the notetaker in a narrative format on the online data collection tool (or offline). Once the discussion on the particular question is completed, the notetaker will also tick the boxes with options so as to systematize answers.

A few sub questions have been added to provide information on scope/prevalence.

For FGD, it is important to allow space for discussion, thus it is not necessary to answer to all questions.

The following themes will be covered:

* Community perception on GBV
* Types of SGBV
* Groups at heightened risks of GBV
* Access and availability of specialized services
* Risks to women and girls when accessing non specialized services (mainstreaming)
* PSEA
* Recommendation of community to mitigate risks

**SGBV risks (FGDs and KIIs with communities)**

*We would like to better understand attitudes and perceptions in your community.*

*Gender equality*

1. In your community, how do people perceive gender equality (should women/girls and men/boys have equal rights/ex: women should also have the right to work and go out of the home)? Can you describe gender inequalities in your community (past and current)? Can you describe how displacement has impacted roles of men and women within their family and community?

Sub questions

Ask participant to imagine that they are sitting with 10 women/10 men from their communities, how many would agree to each statement:

* SUB1: “women should have the right to work”. Women (0,1,2,3,4,5,6,7,8,9,10) / men (0,1,2,3,4,5,6,7,8,9,10)
* SUB2: “Physical violence should not be used by husbands against their wives under any circumstances”. Women (0,1,2,3,4,5,6,7,8,9,10) / men (0,1,2,3,4,5,6,7,8,9,10)
* SUB3: “No girls under 18 years old should get married”. In your community, out of 10 persons, how many would agree with this statement? Women (0,1,2,3,4,5,6,7,8,9,10) / men (0,1,2,3,4,5,6,7,8,9,10)

1. What could be done by communities and humanitarian organizations to promote gender equality?

*We will now ask you questions about safety.*

1. In this community, are there places where women and girls feel unsafe or try to avoid?

* Border
* bank
* agricultural land
* their home
* Garden
* Health Center / Hospital
* Market / Shopping Center
* Perpetrator’s home
* Police / Prison
* Religious Center (Mosque, Church)
* School/Education institution
* Security institution
* Safe Shelter
* Street
* Transit Center
* Transportation
* WASH facilities
* Work Place (factory, office)
* Other: \_\_\_\_\_\_\_\_\_\_\_

1. Are there times where these places are particularly unsafe?
   * Morning (sunrise to noon)
   * Afternoon (noon to sunset)
   * Evening/night (sunset to sunrise)
   * Unknown/Not Applicable
   * All the time
2. What is it that makes this place unsafe?

* Overcrowding
* Presence of military/police
* Absence of police
* Presence of thugs
* Presence of persons/shops selling drugs/alcohol
* Lack of lightening
* Gathering of men
* Narrow street
* Shielded/covered area
* Isolated area
* Other

1. What is the main risks faced by women and girls in these unsafe places?

* Sexual harassment (verbal)
* Sexual assault (inappropriate touching, attempted rape)
* Rape
* Physical assault (beating, slapping, kicking)
* Other

1. Are there any spaces where boys feel unsafe and face risks of sexual harassment?

* Border
* bank
* agricultural land
* their home
* Garden
* Health Center / Hospital
* Market / Shopping Center
* Perpetrator’s home
* Police / Prison
* Religious Center (Mosque, Church)
* School/Education institution
* Security institution
* Safe Shelter
* Street
* Transit Center
* Transportation
* WASH facilities
* Work Place (factory, office)
* Other: \_\_\_\_\_\_\_\_\_\_\_

Sub questions :

* SUB4: For us to better understand the scope of sexual harassment in public spaces, out of 10 persons in your community, how many are subjected to sexual harassment? Girls (0,1,2,3,4,5,6,7,8,9,10), Women (0,1,2,3,4,5,6,7,8,9,10), Boys (0,1,2,3,4,5,6,7,8,9,10), Men (0,1,2,3,4,5,6,7,8,9,10)
* SUB5: Out of 10 persons in your community, how many would agree with this statement: women and girls should not be blamed for being sexually harassed (irrespective of their cloths, time/location). Girls (0,1,2,3,4,5,6,7,8,9,10), Women (0,1,2,3,4,5,6,7,8,9,10), Boys (0,1,2,3,4,5,6,7,8,9,10), Men (0,1,2,3,4,5,6,7,8,9,10)

1. Generally, what is the main risk of violence faced by women in Amman? Discuss and place from the highest to the lowest risk

* Sexual harassment (verbal)
* Sexual assault (inappropriate touching, attempted rape)
* Rape
* Forced marriage (including child marriage)
* Denial of ressources (husband not sharing cash, etc)
* Physical assault (beating, slapping, kicking)
* Emotional violence (confinement, constant insults and humiliation)
* Other

1. Without mentioning names, which persons are most likely to be perpetrators of this type of violence against women?

* Husband (incl.ex-husband)
* Mother/father or other adults caring for children
* Family other than spouse or caregiver
* Supervisor / Employer
* Teacher / School official
* Service Provider
* Cotenant / Housemate
* Schoolmate
* Family Friend / Neighbor
* Other refugee
* Other resident community member
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No relation
* Unknown

1. What are the main obstacles for women subjected to intimate partner violence to leave abusive husbands?
   1. Normalizing violence (violence is accepted by community)
   2. Shame associated with divorce in community
   3. Fear of losing custody of children
   4. Fear of being unable to cover her basic needs/basic needs of her children
   5. Lack of trust in police
   6. Fear of deportation if approach authorities for help
   7. Lack of trust in SGBV service providers
   8. Other
2. What are the 3 most important services for women subjected to violence by their husbands and why?
   * Health
   * Urgent Cash assistance (one time)
   * Monthly financial assistance
   * Help to find a job
   * Psycho-social support (someone who will listen to them, reassure them and accompany them to other services they would needs)
   * Specialized psycho-social support (psychologist)
   * Legal assistance
   * Safe shelter (in institutions)
   * Support to rent a private accommodation
   * Women support groups
   * Police

Sub questions:

* SUB6: For us to better understand the scope of intimate partner violence (violence from husband to wives), out of 10 women in your community, how many will be subjected to violence? (0, 1,2,3,4,5,6,7,8,9,10)
* SUB7: Out of 10 women in your community who were subjected to violence by their husband, how many would actually seek help? (0,1,2,3,4,5,6,7,8,9,10)
* SUB8: Out of 10 women in your community who were subjected to violence by their husband, how many would actually want to complaint to the police?

(0,1,2,3,4,5,6,7,8,9,10)

1. Generally, what is the main risk faced by girls in Jordan?

* Sexual harassment (verbal)
* Sexual assault (inappropriate touching, attempted rape)
* Rape
* Forced marriage
* Denial of resources (not allowed to attend school, etc)
* Physical assault (beating, slapping, kicking)
* Emotional violence (confinement, constant insults and humiliation)
* Other

1. Without mentioning names, which persons are most likely to be perpetrators of this type of violence against girls?

* Husband (incl.ex-husband)
* Mother/father or other adults caring for children
* Family other than spouse or caregiver
* Supervisor / Employer
* Teacher / School official
* Service Provider
* Cotenant / Housemate
* Schoolmate
* Family Friend / Neighbor
* Other refugee
* Other resident community member
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No relation

Unknown

Sub question:

* SUB9: For us to better understand the scope of child marriage (marriage below 18 years old), out of 10 children in your community, how many will be married before 18? Girls (0,1,2,3,4,5,6,7,8,9,10), Boys (0,1,2,3,4,5,6,7,8,9,10)

1. Are people able to move freely within the community (visiting friends and neighbours, family)? What about in and out of the community to neighboring villages or towns?

SUB10: Ask specifically about freedom of movement for women, men, girls and boys. Alone or accompanied

Sub11: Ask about personal status/civil documentation – do people need IDs to move around? Are there services available to replace or issue documents?

1. Which barriers are boys and girls facing regarding access to schools?

Girls: security concern due to location of primary schools, security concern due to location of secondary school, sexual harassment on the way to school, sexual harassment at the school, other, none

Boys: security concern due to location of primary schools, security concern due to location of secondary school, sexual harassment on the way to school, sexual harassment at the school, other, none

1. From whom are persons most likely to seek help from in case of a security problem (linked to sexual violence, intimate partner violence, force marriage, denial of resources, etc)?

Women (Police/Husband/mother/father/ other family members/religious leaders/elders/teachers/Doctors/UNHCR/SGBV service providers/Friends/ others)

Girls 14-17 (Police/Husband/mother/father/ other family members/religious leaders/elders/teachers/Doctors/UNHCR/SGBV service providers/Friends/ others)

Girls 13 and below (Police/Husband/mother/father/ other family members/religious leaders/elders/teachers/Doctors/UNHCR/SGBV service providers/Friends/ others)

Men (Police/Husband/mother/father/ other family members/religious leaders/elders/teachers/Doctors/UNHCR/SGBV service providers/Friends/ others)

Boys (Police/Husband/mother/father/ other family members/religious leaders/elders/teachers/Doctors/UNHCR/SGBV service providers/Friends/ others)

1. What are the main barriers preventing female survivors of violence from seeking help?
   * Shame within community
   * Fear of honor killing
   * Fear of losing custody of children
   * Fear of being unable to cover her basic needs/basic needs of her children
   * Lack of trust in police
   * Lack of trust in SGBV service providers
   * Unaware of SGBV services
   * Fear of mandatory reporting in health service providers
   * Cost of medical services
   * Cost of transportation
   * Lack of translation
   * Other
2. Without mentioning names or indicating anyone, according to you, which groups of women and girls in your community feel the most insecure or the most exposed to risks of violence? Why?

* single women
* Widowed women
* divorced women
* teenager girls (13-17)
* younger girls (below 13)
* women and girls with intellectual disabilities
* women and girls with physical disabilities
* female adult youth (18-24)
* married women
* married girls (below 18 years old)
* older women (60+)
* domestic workers

1. What are the main safety concerns for women and girls with disabilities?

* Sexual harassment (verbal)
* Sexual assault (inappropriate touching, attempted rape)
* Rape
* Forced marriage (incl. child marriage)
* Denial of resources (not allowed to attend school, etc)
* Physical assault (beating, slapping, kicking)
* Emotional violence (confinement, constant insults and humiliation)
* Other

1. Which groups of women and girls feel the most secure?
   * single women
   * Widowed women
   * divorced women
   * teenager girls (13-17)
   * younger girls (below 13)
   * women and girls with intellectual disabilities
   * women and girls with physical disabilities
   * female adult youth (18-24)
   * married women
   * married girls (below 18)
   * older women (60+)
   * domestic workers

Sub questions:

* SUB12: For us to better understand the scope of sexual violence (rape, sexual assault), out of 10 persons in your community, how many will be subjected to sexual violence? Girls (0,1,2,3,4,5,6,7,8,9,10), Women (0,1,2,3,4,5,6,7,8,9,10), Boys (0,1,2,3,4,5,6,7,8,9,10), Men (0,1,2,3,4,5,6,7,8,9,10)
* SUB13: Out of 10 persons in your community who were subjected to sexual violence, how many would actually complaint to the police? Girls (0,1,2,3,4,5,6,7,8,9,10), Women (0,1,2,3,4,5,6,7,8,9,10), Boys (0,1,2,3,4,5,6,7,8,9,10), Men (0,1,2,3,4,5,6,7,8,9,10)
* SUB14: Out of 10 persons in your community, how many currently feel safe in their shelter? Girls (0,1,2,3,4,5,6,7,8,9,10), Women (0,1,2,3,4,5,6,7,8,9,10), Boys (0,1,2,3,4,5,6,7,8,9,10), Men (0,1,2,3,4,5,6,7,8,9,10)

1. According to your community in Jordan, what are the contexts likely to lead to violence against women and girls?

cuts in cash assistance/lack of job opportunity for intimate partners/large family size/overcrowdings in shelter/lack of light in shelter/lack of locks on bathroom/poverty/vulnerability of single women/tensions in the family due to difficulty caring for persons with disabilities/ retirement / change in social roles within the household (women who were not working before started to work in Jordan, etc)

1. Which challenges do women and girls face to access sanitary materials?

* High price of quality sanitary materials
* male relatives unwilling to use cash to pay for sanitary materials
* use of unhygienic materials (such as piece of cloth) as cannot afford
* no challenges
* others

1. What do women and girls do to protect themselves from violence? What does the community do to protect them?
2. What specialized structures exist to support survivors of violence?

(Health facilities, psychosocial support, women centers, police, etc.)

Sub15: Are they used? Yes, No, why? (probe barriers)

1. Do members of the community know where to seek medical help after a rape incident?
2. Based on feedback you heard from survivors in your community who sought help with specialized service providers (NHF, JRF, IRC, UNHCR, JWU), how was the quality of help they received?

(excellent, good, poor, very poor)

1. What should SGBV specialized service providers improve?

(safety, confidentiality, respect for wishes of survivors, supportive attitude of staff, accessibility for women and girls with disabilities i.e ramps allowing access for wheelchair users)

1. According to you, what could be done in this community to create a safe environment for women and girls?
2. According to you, what could be done in this community to decrease risks of sexual violence for boys? Are there services available for boys?
3. How could humanitarian organizations help refugee communities to prevent this violence?
4. How could humanitarian organizations help ensure information about specialized services is disseminated within communities? What would be best communication tool?

(Video spots on TV, Spots on radio, messages on UN/NGOs facebook pages/website, through posters, through SMS, mobile application, through art events in communities (picture exhibition, theatre plays easy-to-read format (simple text in big characters combined with images), Braille, face-to-face information session, other)

**Girl led FGD**

*2 MFTs composed of refugee and Jordanian girls (16-17 years old) will be established. A consultation will be conducted with girls to determine priority issues. Girls will pick most relevant questions among question bank and amend them as relevant or add their own questions. Each MFT will lead focus group discussions with girls.*

**SGBV mainstreaming and PSEA prevention (for FGD)**

*We will now ask some questions linked to safe and dignified access to services.*

1. Do women and girls in your community feel that they are sufficiently consulted (asked their opinion) on the design of humanitarian programs?

Yes/no

1. Which type of service providers should consult more with women and girls?

(UNHCR, religious charities, cash service providers, organizations providing food/non-food parcels, health service providers, education service provider, community centres, police, military, other government entities, other)

1. Which risks women and girls in your community report when they try to access services?

(Sexual harassment in queues, sexual harassment in area where service is located, sexual harassment in public transportation, other)

1. To which services these risks mostly impact the access?

(UNHCR, religious charities, cash service providers, organizations providing food/non-food parcels, health service providers, education service provider, community centres, police, military, other government entities, other)

1. Are there any safety concerns relating to distributions (by type of distribution)? If yes/ explain
2. [Without mentioning names ]Have you ever heard of community members who were asked to engage in sexual activities in exchange for services provided by humanitarian actors or government?

(Which type of service providers? UNHCR, religious charities, cash service providers, organizations providing food/non-food parcels, health service providers, education service provider, police, military, other government entities, other)

*Explain that this would be considered as sexual exploitation and abuse and that UN/NGOs have zero tolerance towards staff who commit such acts, this should be immediately report)*

1. How would people in your community feel more comfortable reporting sexual exploitation and abuse by humanitarian workers to service providers (who do they trust most)?

face to face reporting if so to whom? UNHCR, international NGO’s, police, local NGO’s, SGBV service providers running safe spaces for women and girls)

through a hotline run by a service provider

through a website run by a service provider

through mobile application run by a service provider

through hotline/website/mobile application run by UNHCR

complain boxes by service provider

through a website/hotline/mobile application run by an independent international company

through a website/hotline/mobile application run by UN headquarters

1. Based on feedback you heard from survivors in your community who sought help with health service providers, how was the quality of help they received? (excellent, good, poor, very poor)
2. What were the main barriers faced by survivors in seeking medical assistance?

(fear of mandatory reporting, cost of transportation to health services, distance, lack of confidentiality, cost of health services, lack of information on health services available)

1. What should health service providers improve?

(safety, confidentiality, respect for wishes of survivors, supportive attitude of staff, all the above)

1. For those of you receiving cash assistance, who is usually the cash collector

(family member who holds ATM card, uses Iris scan)? (Husband, wife, adult son, adult daughter, others)

1. When the cash collector is the husband (or other male relatives), are female refugees also included in decision making around the use of the cash? What could be done to ensure they are? Yes/no
2. How did cuts in cash assistance impact families in your community?

(violence from husband to wives, violence on children, violence on older women(60+), tensions (disputes without physical violence), survival sex, child labour)

1. Which barriers are women facing to access the job market and activities provided by organizations (vocational training, job placement, internship, business start-up grant)?

(lack of child care, women having to care for other relatives, availability of transportation, sexual harassment in public transportation, unaware about livelihood services, livelihood services not matching needs/interests of women, livelihood services not actually leading to securing jobs)

1. Are there any other challenges faced by women and girls linked to accessing services?

**SEA Prevention (only for KIIs with communities)**

*We would like to hear more about risks of misconduct within humanitarian organizations. The questions are general, do not share names of survivors or perpetrators.*

1. Have you ever heard of community members reporting that they were poorly treated by humanitarian service providers?

* No
* Yes (what happened? Impolite staff, denied access to service, discrimination by staff, other)

1. Have you ever heard of community members who were asked do to things which made them uncomfortable in order to access humanitarian assistance?

* No
* Yes (what? Female asked to give phone number to male staff, speak about sensitive information without confidentiality, speak to male staff, other)

1. Have you ever heard of community members who were sexually harassed by humanitarian actors or government (verbal sexual harassment and inappropriate touching)?

* No
* Yes (which type of service providers: UNHCR, religious charities, cash service providers, organizations providing food/non-food parcels, health service providers, education service provider, police, military, other government entities, other)

1. Have you ever heard of community members who were asked to engage in sexual activities in exchange for services provided by humanitarian actors or government?

* No
* Yes (which type of service providers: UNHCR, religious charities, cash service providers, organizations providing food/non-food parcels, health service providers, education service provider, police, military, other government entities, other)

*Explain that this would be considered as sexual exploitation and abuse and that UN/NGOs have zero tolerance towards staff who commit such acts, this should be immediately report)*

1. Which groups of refugees are more likely to be subjected to sexual exploitation and abuse by humanitarian workers?

(single women, teenager girls (13-17), younger girls (below 13), teenager boys (13-17), younger boys (below 13), women and girls with disabilities, female adult youth (18-24), male adult youth (18-24), men, women, older women (60+), other)

1. For us to better understand the scope of the problem without your community, could you give us an estimation of how many refugees out of 10 would risk being subjected to sexual exploitation and abuse by humanitarian workers?

Girls (0,1,2,3,4,5,6,7,8,9,10)

Women (0,1,2,3,4,5,6,7,8,9,10)

Boys (0,1,2,3,4,5,6,7,8,9,10)

Men (0,1,2,3,4,5,6,7,8,9,10)

1. If people in your community are subjected to sexual exploitation and abuse by humanitarian workers, they would mostly seek help from:

(police, family members, religious leaders, elders, teachers, doctors, UNHCR, SGBV service providers, friends, not seek help)

1. Are people in your community aware of reporting mechanisms established by humanitarian organizations (would a survivor know where and how they can report)? Out of 10, how many would know?

(0,1,2,3,4,5,6,7,8,9,10)

1. How would people in your community feel more comfortable reporting sexual exploitation and abuse by humanitarian workers to service providers?

face to face reporting if so to whom? UNHCR, international NGO’s, police, local NGO’s, SGBV service providers running safe spaces for women and girls)

through a hotline run by a service provider

through a website run by a service provider

through mobile application run by a service provider

through hotline/website/mobile application run by UNHCR

complain boxes by service provider

through a website/hotline/mobile application run by an independent international company

through a website/hotline/mobile application run by UN headquarters

1. Out of 10 persons in your community who might have been subjected to sexual exploitation and abuse by humanitarian workers, how many would you say would actually report?

(1,2,3,4,5,6,7,8,9)

1. What are the main factors which prevent survivors of sexual exploitation and abuse by humanitarian workers to report/seek help?

Fear of stigma in community

Fear of losing humanitarian assistance

Fear of retaliation (violence)

Lack of trust in reporting system by UN/NGOs

Lack of trust in police/government

Other

1. What could your community do to prevent sexual exploitation and abuse by humanitarian workers?
2. What should service providers do to prevent sexual exploitation and abuse by humanitarian workers?

asking criminal record extracts for staff during recruitment process

background checks with former employers

code of conduct for staff

more empowerment activities for women and girls

more information sessions with communities

1. To inform communities about risks of sexual exploitation and abuse and reporting mechanisms, what would be the best format?

Video spots on TV

Spots on radio

messages on UN/NGOs facebook pages/website

through posters

through SMS

through art events in communities (picture exhibition, theatre plays)

other

1. Do you have any other suggestions to address this problem?

**SGBV risk assessment**

**QUESTIONNAIRE**

**KEY INFORMANT INTERVIEWS (KIIs) with staff**

Use questions under general section for all sectors/service providers, complement with specific questions linked to type of service. Unless otherwise specified, possible answers are: Yes/No/Don't know. Record all answers on tablet.

**General**

1. Do you have a complain mechanism for SEA (sexual exploitation and abuse by humanitarian workers) in place?
2. Do you have a code of conduct that specifies interdiction for staff to engage in sexual exploitation and abuse of beneficiaries?
3. Is information provided to persons who access your services/sector services on how and where to report incidents and concerns of PSEA (Protection from Sexual Exploitation and Abuse)?
4. Have all your staff been trained on PSEA (Protection from Sexual Exploitation and Abuse) in the past two years?
5. Which types of SGBV were survivors who accessed your services mostly subjected to?

Rape, sexual assault, physical assault, forced marriage, denial of resources, emotional violence/don’t know

1. Which challenges have been reported by survivors when accessing your services?
2. Are centres where your organization provides services accessible to persons with reduced mobility, visual impairment?
3. Do procedures at your centres ensure that survivors are not stigmatized?
4. Does your centre have confidential rooms?
5. Does your sector have SoPs/strategy in place?
6. If yes, is there a section on responding to SGBV incidents/mitigating risks of SGBV?
7. If yes, have women and girls been consulted on the SoP’s/strategy?
8. Has your sector included an indicator on SGBV risk mitigation in funding appeal processes?
9. Have services for survivors of SGBV been discussed in your WG in last 6 months?

Health, protection, basic needs, education, livelihoods, WASH, shelter, food security

1. Have services for survivors of SGBV been discussed in your SWG in last 6 months?

RH, CP, tertiary education, MHPSS

1. Have joint briefings/discussions been organized by SGBV SWG and your sector/subsector co-chairs in last 6 months?
2. What is the % of female staff working involved in direct service provision in your sector/organization?
3. What is the % of frontline workers who were trained on SGBV safe referrals in the past two years?
4. What is the % of refugee volunteers who have been trained on SGBV safe referrals in the past two years?
5. Have SGBV risks linked to accessing your organization/sector services been assessed in the past one year?
6. Are non-stigmatizing questions on SGBV included in your organization /sector’s assessments?
7. Are non-stigmatizing questions on risks of SGBV included in post distribution questionnaires/client feedback surveys?
8. Are the results analysed and recommendations jointly designed/implemented with SGBV/protection colleagues?
9. If yes, what was the overall feedback provided by female beneficiaries?

Excellent/good/poor/very poor

1. Have women and girls been consulted on the design of your services?
2. Are you/your staff aware of the survivor centred approach? *(dignity, rights and wishes of survivors are respected throughout all programming)*
3. If yes, it is applied throughout your service provision?
4. Are you/your staff aware of data protection standards for SGBV? *(documents are password protected, password shared separately, name of survivor does not appear on e-mail/documents which contains information about SGBV incidents, need to know principle: information is only shared with focal point, only info required for service provision, with prior informed consent of survivor, all documents in locked cabinets)*
5. Are these standards respected by your organization/sector during referrals?
6. What is the general attitude within your organization towards women who are pregnant without being married and facing risks of honor killing?

Provide services in non-judgmental manner/ don’t provide services /judge

1. What is the general attitude within your organization towards intimate partner violence: are there situations where a husband should be considered as having legitimate reason to use violence against his wife?
2. What is the general attitude within your organization towards family violence against LGBTI persons: can family members be considered as having legitimate reason to use violence against their son/daughter if there are gay?

**SGBV coordination**

1. Is an inter-agency SGBV coordination mechanism in place?
2. Is a standalone SGBV strategy in place or strategy integrated in the Protection and Solutions strategy?
3. Do SGBV SOPs exist?
4. If yes, were women and girls consulted during the development of the SOPs?
5. Does the SGBV referral pathway exist?
6. If yes, were women and girls consulted during the development of the referral pathway?
7. Have all or most frontline SGBV staff been trained on safe referrals (incl. SGBV guiding principles and survivor centred approach) in the past two years?
8. Is a protocol in place to guide the safe and ethical collection, storage, analysis and sharing of SGBV data and case information?
9. Which of the following sector/ services are included in the referral pathway?

Health/Mental health and psychosocial support/Legal assistance/Safety and security/Livelihoods/ None of the above/Other

1. Is there a SGBV information management system in place?
2. If yes, what type of information and case management system is in place?
3. Are case management services available for all survivors of SGBV?
4. Is information on response services available to the community?
5. Are there women's friendly spaces in the site?
6. What % of total women persons of concern in the site have access to a dedicated women's friendly space?
7. Is an SGBV safety audit conducted at least once per calendar year in this site?
8. If yes, are the safety audit results shared with sector leads for action?
9. If yes, is a multisectoral review conducted following each safety audit?

**SGBV case management service providers and safe shelter service providers**

1. Do you use a survivor centred attitude scale during recruitment process (or other tools to look at attitudes of applicants towards SGBV survivors)?
2. Are more than 80% of your SGBV case manager female staff?
3. Do you have an internal SoPs in place?
4. Have all or most SGBV case managers been trained on SGBV case management in the past two years?
5. Have all or most SGBV case managers been trained on working with child survivors in the past two years?
6. Are SOPs for management of emergency safe shelter in line with survivor-centred approach?
7. Is emergency accommodation or alternative care available for all SGBV survivors?
8. If yes, does emergency accommodation permit all dependent children to stay?
9. For survivors who are not at imminent risk, are there services who provide an alternative to institutionalization (help to find flat and cash to cover rent)?

**Protection (incl. registration,RSD,RST) and legal service providers**

1. Is free legal counselling available for survivors of SGBV?
2. Is free legal representation available for survivors of SGBV for issues related criminal code?
3. Is free legal representation available for survivors of SGBV for family law issues (divorce, custody, inheritance)?
4. Is the court and judicial infrastructure within accessible distance?
5. Are judicial institutions accessible to all survivors (availability of female staff, translation available, transparency of procedures, accessible for marginalized groups of survivors i.e. LGBTI refugees, refugees engaging in survival sex)?
6. Are survivors able to obtain legal redress (i.e are perpetrators punished)?
7. For which type of SGBV, survivors are unable to obtain legal redress?

Rape

Sexual assault

Physical assault

Forced/Child marriage

Denial of ressources

Emotional violence

1. Do domestic legal and policy standards pertaining to SGBV align with international human rights principles and instruments?
2. Which law/article do not align?
3. Do laws include clauses that may limit the willingness or ability of SGBV survivors to report incidents?
4. Do laws include clauses that may limit the willingness or ability of male SGBV survivors specifically to report incidents?
5. Are laws preventing SGBV actually implemented on the ground?
6. Do women have the option to be interviewed by a female interviewer during the registration process at any time?
7. Do women have the option to be interviewed in the presence of a female interpreter?
8. Do women and girls receive individual registration documentation to the same standards as men and boys?
9. Do all registration forms allow for a 'third gender' or 'other' gender?

**Social service providers (PWSN, PWD, community centres)**

1. How could access to SGBV services be enhanced for persons with disabilities?
2. How could access to SGBV services be enhanced for older survivors of SGBV (60+)?
3. How could access to SGBV services be enhanced for other marginalized groups (LGBTI)?
4. How could access to SGBV services be enhanced for non-Syrian refugees?

**Education**

1. What is the reenrolment rate for female learners at secondary level?
2. What is the retention rate for female learners at secondary level?

**CBI service providers**

1. What is the percentage of female cash collectors within families composed of both spouses on cash distribution list?
2. Have women raised concerns over tensions with intimate partner violence for decisions regarding use of cash?
3. What has been done to mitigate risks of intimate partner violence linked to cash? What else should be done?
4. What has been done to mitigate other risks of SGBV? What else should be done?

**Child protection and youth development**

1. Have SGBV safety risks been identified related to child friendly facilities?
2. Are SEA complain mechanism child friendly?
3. Is information related to SGBV services shared in a child friendly manner?
4. Have SGBV safety risks been identified related to youth friendly facilities?

**Health service providers**

1. Do national policies or protocols exist on clinical management of rape?
2. If yes, do national policies or protocols align with international WHO clinical handbook on 'health care for women subjected to intimate partner violence or sexual violence'?
3. If yes, are the protocols actually implemented in health facilities?
4. Are clinical management of rape services available in this site?
5. Does preparedness and contingency planning include Minimum Initial Service Package (MISP)?

**AGENDA**

**SGBV RISK ASSESSMENT WORKSHOP**

**Kempinski, Amman**

**13 + 14 November**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day 1** | | | |
| **TIME** | **ACTIVITIES** | | **FACILITATOR** |
| 9:00 – 9:40 | Introduction (40 mins.)   * Objectives * Agenda * Housekeeping * Introductions | | Diana |
| 9:40 – 10:40 | SGBV basics review: (60 mins.)   * Defining SGBV * Case study | | Diana |
| **10:40 – 11:00** | **Coffee break** | | |
| 11:00-12:00 | SGBV basics review: (60 mins.)   * Guiding principles (incl. Survivor centred approach) * Survivor-centred communication skills (do’s and don’ts) | | Diana |
| **12:00 -13:00** | **Lunch** | | |
| 13:00 – 14:15 | Introduction to SGBV risk assessment (75 mins.)   * Ethical considerations * General methodology * Objectives of the SGBV risk assessment | | Tamar (TBC safety assessment part) |
| **14:15 – 14:30** | **Coffee break** | | |
| 14:30 – 16:00 | Facilitating community discussions (90 mins.)   * Roles and responsibilities * Feedback and accountability (FGD Guide) * Simulation exercise   *Participants will sit in their MFTs for simulation* | | Tamar |
| **Day 2** | | | |
| **TIME** | **ACTIVITIES** | |  |
| 9:00 – 9:30 | Welcome back (30 mins.)   * Feedback or questions from first day * Review of day 2 agenda | |  |
| 9:30- 09:45 | Facilitating key informant interviews (15 mins.)   * Key tips | | Nisreen/Stephanie |
| 09:45 – 11:15 | Simulation KIIs (90 mins.)   * KI interviewer to review question bank * Practice with Kobo data entry | Simulation FGDs (90 mins.)   * MFT to review question bank * Practice with the Kobo data entry - simulation exercise (in their MFT) | Nisreen/Stephanie |
| **11:15 – 11:30** | **Coffee break** | |  |
| 11:30 – 12:15 | Introduction to analysis (45 mins.)   * What is analysis? * How is it conducted – basic steps | | Nisreen/Stephanie |
| **12:15 – 13:00** | **Lunch** | | |
| 13:00 – 13:30 | Safety assessment analysis process (30 Mins.)   * Systematization form review * Process for analysis | | Nisreen/Stephanie |
| 13:30 – 14:30 | FGD logistics (60 mins.)   * Who is doing what and where – process flow * Key times and points of action | | Diana/Nisreen |
| **14:30 – 14:45** | **Coffee break** | |  |
| 14:45 – 16:00 | Safe referrals refresher (75 mins.)   * LPAT 4 steps: Listen, Provide information, Ask for consent, Timely refer * Simulation * Data protection | | Diana |
| 16:00 – 16:10 | * Wrap up and close | |  |

### Annex III: guidance for focus group discussions

**Focus group discussions**

**Opening statement**

Good morning/afternoon. Thank you for taking the time to join us for this discussion today.

My name is \_\_\_[say FGD team leader’s name] and I am working with \_\_\_\_[say the name of the org./group]\_\_\_\_. Here are my colleagues [let the colleagues share theirs names and organization they work for] .

We are conducting an assessment on the risks of violence faced by refugee women and girls in Jordan. The assessment also includes question on risks of sexual violence faced by men and boys. While this discussion should not be considered a guarantee for any direct or indirect support to you or your community, the information you provide will help us improve our programs. We would like to ask you some questions about the situation of your community in this [site/community/camp...]. It is not the venue to discuss individual cases, but rather general issues faced by members of your community and share your recommendation to improve humanitarian programs. If any of you is in need of urgent support, you can approach say the name of the team leader at the end of the discussion. If anyone feels distressed by the discussion, they are welcome to step out to take a break.

The discussion should only take an hour and half. Your identity will be kept strictly confidential and will not be shown to others unless your written agreement is received to do so. We will not be writing your names down or use them in any way after this discussion. We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those from all the people who speak to us. We ask that you keep everything confidential, too. Please do not tell others what was said today and by whom.

Your participation is voluntary and you can choose not to answer any or all of the questions. You may leave the discussion at any time or ask for a short break.

This is my colleague \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. She/he is taking notes to make sure that we do not miss what you have to say. Is this acceptable to you? Yes or No (If a participants replies with “no”, he/she should leave the discussion at this point. The facilitator is responsible for following up on this.)

*[After asking each of the following questions, look at the participants and get implicit approval that they understood]*

Do you have any questions before we start?

**Closing statement**

Thank you for sharing your concerns and recommendations with us. Once we finalize our report, how would you prefer to receive feedback on our findings? (Summarized report could be shared on UNHCR website or FaceBook page. Or are thete other websites/Mass communication tools you would like us to share?).

We value your opinion; this will help us improve our programmes. Do you have any questions?

**Tips for facilitators:**

* Be respectful;
* Do NOT make any promises or raise expectations for assistance;
* Ensure that the location for the FGD is safe;
* Do No Harm: ensure that your questions and the answers you are receiving are not putting the participants in danger of negative repercussions. Beware of types of information that may be socially or politically sensitive.
* Facilitators should strictly follow the FGD guidelines, be familiar with the tool before conducting the interviews and receive appropriate training. They must not provide their opinion, influence the conversation or argue a point with participants, even if they feel that the participant is wrong.
* While guiding the discussion, facilitators should first of all be good listeners. They should ensure that all participants are heard, without pressurizing those who prefer not to talk. Facilitators should also ensure that the opinions and views of all participants are respected.
* The facilitator should try to always get a sense of who the participants are talking about (if it is women, men, girls or boys).
* The facilitator should also be careful to pay attention to any non-verbal communication, including tone of voice, facial expression (use encouraging nods and smiles) and eye contact.
* It is preferable to arrange participants in a circle for a friendly and interactive setting. Discussion will take place in a safe, comfortable and confidential location.
* The facilitator should try to ensure a relaxing and comfortable environment; controlling his/her voice, body language and choosing the culturally appropriate language.

**Tips for note-takers:**

* The participants have to use the KOBO for entering the FGD answers. During following the below steps:
* Connect your computer to the internet, then use the google chrome internet browser. Open the Link (shared during the training). This step is mandatory.
* Disconnect the internet, then use the google chrome internet browser again to open the Link. Now you will be able to use KOBO offline any time
* During the group discussion please repeat the previous step. Then start typing the groups answers and submit when you finalize the discussion.
* You will be able to update your inputs as long as your computer offline.
* Also you can open other surveys as much as you need.
* At the end of the day you have to finalize your inputs then connect your computer to the internet and upload.
* The facilitator should be accompanied by a person – of the same sex of the group - who takes notes during the discussion and also supports the team in compiling the FGD report.
* It will be of importance to write up detailed notes of the discussions, not summaries or interpretations.
* When possible and not causing harm – recording the discussion should be considered, with the consent of participants, as this usually leads to more accurate note-taking.
* Notes should not contain any names of participants. Confidentiality has to be ensured.
* Take one powerful quote on each of the main concerns raised (4-5 per FGD). Then approach person at the end to take the consent. Make sure you inform the person that no names will be mentioned.

**Tips for team leaders:**

* Prepare logistics for FGD ahead of time, ensure participants are selected by NGO hosting FGD as per above guidance
* If transportation/refreshments costs are not covered by NGO hosting, obtain petty cash from UNHCR and template for signatures, buy refreshments 15 JoD max per FGD (keep bills)
* Identify confidential counselling room in FGD location
* Ensure your team is informed of FGD’s location and is there on time
* Monitor time management by facilitator during FGD, ensure note-taker is recording the whole discussion
* Ensure discussion is not interrupted, if external persons interrupt, accompany them outside
* If a participant is too distressed by the discussion, propose to accompany him/her outside of the room to take a break, suggest discussing further in counselling room, reassure the person and listen to her/his concern, conduct referral to SGBV case management organization as per SGBV SWG SGBV safe referral guidance and relevant referral pathways.
* If transportation is not covered by host: at the end of the FGD, provide cash for transportation to each participant (3JoD), ensure they sign the template.
* Lead data analysis discussion with MFT, review feedback provided by note-taker and finalize systematization form
* If Participants consent to taking non-indefinable pics then consent should be taken in writing and the pictures should be taken from the back of the participants at the end of each session.

### Annex IV Systematization table

Location: Date: FGD group and nationality: Number of participants:

MFT members: MFT team leader e-mail and phone number:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SYSTEMATISATION FORM** | | | | | | | | |
| **FGD:** |  | | | | | | | |
| **Number of participants (with age, gender and diversity breakdown:** |  | | | | | | | |
| **Location:** |  | | | | | | | |
| **DATE:** |  | | | | | | | |
| **MFT members:** |  | | | | | | | |
| **MFT team leader name and contact details:** |  | | | | | | | |
| **# (Number one is the most frequently mentioned theme)** | **Themes (be specific and take 2 to 3 example phrases/quotes (with consent) for each from the transcripts)** | **Frequency of mention of the theme as a concern within the overall transcript for one FGD** | **Specific information per theme (if mentioned in the transcripts)** | **Description of theme (contributing factors)** | **Capacities within the community** | **Solutions proposed by the community** | **Most important issues to address as expressed by persons of concern (\*remember no individual incident information should be discussed or documented during FGDs)** | **Urgent follow-up action** |
| 1 | Insert theme 1   *Example quote 1* |  | Location: |  |  |  |  |  |
| Groups at risk: |  |  |  |  |  |
| Alleged perpetrators: |  |  |  |  |  |
| Barriers: |  |  |  |  |  |
| 2 | Insert theme 2  *Example quote 1* |  | Location: |  |  |  |  |  |
| Groups at risk: |  |  |  |  |  |
| Alleged perpetrators: |  |  |  |  |  |
| Barriers: |  |  |  |  |  |

### Annex V: Format of the report

# SGBV risk assessment (enter location)

### Acknowledgement

### Executive Summary

### Introduction: Operational Context

### Objectives of the SGBV risk assessment

### Methodology

### Selection of Sites

### Selection of Topics

### Selection of FGD Participants

### Collection of Data

### Findings and Analysis

### Limitations of the Assessment

### Analysis

**5.1 Attitudes and perceptions**

**5.2 General risks of SGBV**

**5.3 Risks of SGBV linked to programming (SGBV mainstreaming)**

**5.4 PSEA**

### Recommendations and conclusion

### Annexes

### Annex VI: Summary of Process SGBV risk assessment Amman- November 2018

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Objective** | **Outcome** | **Timeline** |
| Identify participants | * Engage with members of the SGBV SWG * Identify staff/volunteers who will participate * Based on level of experience, pre-assign staff to FGD or KII teams | * Excel sheet filled with names of participants | 20-31 October |
| Identify location for FGD | * Engage with members of the SGBV SWG to prioritize locations * Identify NGOs who will host FGDs * Agree on number of FGD per location, date and time | * Excel sheet filled with locations for FGD | 20-31 October |
| Identify key informants and location for KIIs | * Draft list of key staff throughout all sectors, ask feedback from SGBV SWG * Engage with members of the SGBV SWG to identify refugees for KIIs | * Excel sheet filled with location and names of KIs | 20-31 October |
| Draft guidance for SGBV risk assessment, question bank for FGD and questionnaire for KIIs | * 1st draft to be circulated to members of the SGBV SWG * Testing with communities * Half day workshop for girl led MFTs | * Field guide for SGBV risk assessment finalized | 20 Oct.- 10 November |
| Upload on KOBO | * Question banks/questionnaire to be uploaded on KOBO * Testing tablets/laptops and the link * Finalise the MFT composition and logistics * Review the visualisation | * Data collection tool uploaded on tablets | 10-12 November |
| Conduct SGBV risk assessment workshop | * Familiarise participants with the concept and process of PA * Determine FGD themes * Establish FGD teams * Create PA work plan * Agree on the format of the PA report | * Staff trained, teams established, work plan designed, format of the report agreed up on | 13-14 November |
| Conduct FGDs and KIIs | * Collect information | * FGDs conducted and information collected | 15 and 18 November |
| Girl to conduct FGDs | * Potential Girl-led FGDs | * FGD conducted and information collected | 17 November |
| Systematize information and data analysis | * Clean and categorize information based on the groups and the themes identified * Analyse data | * Information systematized | 19November  11:00-16:00 |
| Compiling report | * Ensure the report is drafted based on systematized information and according to agreed up on format * SGBV SWG to review draft | * Report drafted, reviewed and finalized. | 20 Nov.-31 December |
| Dissemination of outcomes | * Ensure that refugees, relevant authorities, partner organizations and donor access information and recommendations identified through the exercise * Conduct briefings to sectors | * Relevant audience received the SGBV risk assessment | January 2019 onwards |