EMPOWERED AID TOOLKIT
WORKSHOP:
DAY 1: SAFETY AUDIT AND POINT
OF DISTRIBUTION QUESTIONNAIRE

Global Women’s Institute, CARE Lebanon
Insert date
Empowered Aid: Study Design

Phase 1
- To better understand the ways in which distribution of material resources in emergencies may create or reinforce opportunities for sexual exploitation and abuse of women and girls.
- *Ethnographic fieldwork with refugee women and girls*

Phase 2
- To identify, prioritize, and test a range of options for improving current distribution mechanisms and modalities.
- *Implementation science, pilot tests*

Phase 3
- To disseminate, validate and replicate research findings in a third country, including networking and training led by women and girl refugee researchers, building on the participatory action approach.
- *Research uptake, dissemination, network-building*
Goal: to be able to measure change in perceptions of safety/risk for women and girls in a relatively short period of time i.e. between 2 distributions.

How: By adapting measurement frameworks & tools, i.e. post-distribution monitoring tools, grounded in women and girls’ conceptions of what constitutes safety (applying findings from Phase I).
OUR POST-DISTRIBUTION MONITORING (PDM) TOOLS

During Distribution

SAFETY AUDIT
Point of Distribution Questionnaire (PODQ)

After Distribution

FOCUS GROUP DISCUSSION
HOUSEHOLD INTERVIEW

These tools help us monitor how participants, especially women and girls, feel in terms of both safety and risk.
Triangulate Information

Bringing information together from a variety of sources with the goal of confirming or validating information collected in your assessment.
OVERVIEW OF THE TOOLKIT

Who is the Toolkit for?
- Humanitarian aid workers, M&E staff, researchers

What is included in the Toolkit?
- Four adapted tools
  1. Safety Audit
  2. Point of Distribution Questionnaire (PODQ)
  3. Household Survey
  4. Focus Group Discussions
- Guidance on how to plan, train, collect data, analyze the data, and write up the findings
How to use to the toolkit

• Familiarize yourself with the basics of the Toolkit and see if it works for you
• Prepare by reviewing the tools, training staff, and choosing recommendations to implement

Remember: The tools and adjoining materials are made to be utilized and further adapted at distributions.
SAFETY & SAFETY AUDITS

Informed by IRC & UNICEF’s work
• **Observation:** Walk around a camp, community or facility and visually identify potential safety risks.

**Important!** Record observations when in a **private area** (i.e. vehicle, office, NGO facility), not while walking around in public. *Why is this important?*
<table>
<thead>
<tr>
<th>MOST USEFUL / APPROPRIATE</th>
<th>NOT USEFUL / APPROPRIATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp or setting with well-defined geographic boundaries</td>
<td>High presence of armed actors</td>
</tr>
<tr>
<td>Skilled team available, able to observe, remember and later record</td>
<td>High distrust of external actors entering the community</td>
</tr>
<tr>
<td>MASS DISTRIBUTION</td>
<td>DOOR-TO-DOOR DISTRIBUTION</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>One Safety Audit per site per day</td>
<td>One Safety Audit per distribution team</td>
</tr>
<tr>
<td></td>
<td>Can be multiple Safety Audits at each distribution</td>
</tr>
</tbody>
</table>
Compiling, analyzing and using safety audit data

Quantitative calculations and/or qualitative descriptions

“66% of assessed shelters lacked lockable doors.”

“Safety auditor reported that women mentioned they do not feel comfortable leaving their shelter after dark.”

Coordination/advocacy with relevant actors
Example: Lebanon Fuel Distribution Safety Audit

- Safety Audits conducted at 3 sites across 2 Cazas

- Focus on distribution access, layout, WASH, complaint mechanisms, security, dignity and equity, and information on the distribution
<table>
<thead>
<tr>
<th>Name of Staff</th>
<th>District</th>
<th>Area</th>
<th>Date</th>
<th>Methodology</th>
<th>Individuals Monitored</th>
<th>5. Is the distribution area defined (by a rope, wooden fence, concrete walls, etc.)?</th>
<th>6. Are there separate access points for men and women?</th>
<th>7. Are there separate access points for persons with specific needs (PSNs)? (Such as unaccompanied/separated minors, elderly, disabled, pregnant women.)</th>
<th>Are these separated by sex?</th>
<th>8. Is the distribution without a lot of visual dangerous objects?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loujine</td>
<td>Akkar</td>
<td>Halba</td>
<td>19.02.200</td>
<td>Safety Audit</td>
<td>40</td>
<td>Yes, concrete walls</td>
<td>No</td>
<td>No</td>
<td>Yes (the hall was clean, no dangerous objects)</td>
<td></td>
</tr>
<tr>
<td>Farah</td>
<td>Akkar</td>
<td>Halba</td>
<td>19.02.200</td>
<td>Safety Audit</td>
<td>40</td>
<td>No but the hall has two doors where men can enter separately</td>
<td>No but a path for handicapped persons is still under construction</td>
<td>No</td>
<td>Yes (the hall was clean, no dangerous objects)</td>
<td></td>
</tr>
<tr>
<td>Farah</td>
<td>Bebrine</td>
<td>Bebrine</td>
<td>20.02.200</td>
<td>Safety Audit</td>
<td>39</td>
<td>Yes, concrete walls</td>
<td>No same entry point for women and men</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Georgette</td>
<td>Akkar</td>
<td>Bebrine</td>
<td>20.02.200</td>
<td>Safety Audit</td>
<td>38</td>
<td>Yes, defined by concrete walls, Mosque hall and on the outside of the hall</td>
<td>No, no previous identified access points for Men and Women but</td>
<td>No</td>
<td>N/A (the room was not clean at all, the tables no chairs no light)</td>
<td></td>
</tr>
<tr>
<td>Loujine</td>
<td>Tripoli</td>
<td>T5</td>
<td>26.02.200</td>
<td>Safety Audit</td>
<td>54</td>
<td>Yes, concrete walls</td>
<td>No same entry point for women and men</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
EXAMPLE OF HOW GBV SAFETY AUDIT FINDINGS ARE WRITTEN UP

Lebanon Fuel Distribution Safety Audit
We will divide ourselves into equal groups and take 15 minutes to read and understand the titles of the different sections of the Safety Audit and skim through the questions.

We will then come back for a 5-minute discussion to answer any additional questions.
PRACTICE THE SAFETY AUDIT

We will take watch a video of a distribution and you will be asked to put on a gendered lens and audit the environment to point out any safety risks by answering the questions of the safety audit tool.
POINT OF DISTRIBUTION
QUESTIONNAIRE (PODQ)
• PDM meant to include: Safety Audit, Focus Groups, Household Interviews—had to adapt due to COVID-19

• PODQ designed in response to COVID: administered quickly, at the distribution site in a socially distanced manner, to capture women’s access to distribution information, safety and SEA and/or GBV risks related to distribution processes during the COVID-19 pandemic, access to complaint mechanisms and services, and observations on how to make distributions safer
WHAT IS THE PODQ?

• **Why**: understand how pandemic affected access to information, concerns related to SEA and other forms of violence, and knowledge of reporting mechanisms and services

• **What:**
  • Short verbal informed consent at beginning
  • Short, multiple choice questionnaire

• **How**: Conducted in-person at distribution site (outdoor, at a distance, ~15 min per interview)
PURPOSE OF THE PODQ

• Sampling plan
  • Aim: 20% of overall sample
  • Approach: *Is random sampling possible? If not, how systematic can we be in convenience sampling?*

**Sampling in Lebanon:** Randomly asked female aid recipients at distribution or during door-to-door visits

• Discuss Data Collection Protocol (approaching respondents at normal vs. door-to-door distribution, data entry and saving, uploading, tracker, etc.)
**PURPOSE OF THE PODQ**

**Supervisor(s):** present at all times at normal distribution, checking in by phone with various teams during door-to-door distribution, completing tracker, answering questions that arise, can conduct interviews if needed, collecting phones and uploading all forms at end of the day, charging phones and bringing spares, liaising with other staff, ensuring any Kobo updates are applied to all phones between days

*multiple supervisors so one person doesn’t carry all phones for security reasons*

**Referral Focal Point:** female, on-site, can be approached for complaints or referral

**Data Collectors:** female, interviewing and entering responses in Kobo, saving Kobo form once complete, reporting all completed forms to supervisor, making referral

**MEAL Staff:** check Kobo survey is ready to go on all phones, update survey as necessary to resolve any glitches and ensure all phones are updated, respond to Kobo and data entry questions from Supervisor, collect all uploaded data and review with Supervisor

**Translator:** someone from the team to review Arabic responses, due to specialized training around SEA
<table>
<thead>
<tr>
<th>No</th>
<th>Name of Staff</th>
<th>District</th>
<th>Distribution Site</th>
<th>Area</th>
<th>Date</th>
<th>Methodology</th>
<th>1. How do you and other refugee [women and girls / men and boys] typically find out when a distribution is happening?</th>
<th>2. Since COVID-19 restrictions began, please indicate whether you felt any fear at various points of aid distribution processes [only for notes not related to a-f]:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Loujine Fattal</td>
<td>Akkar</td>
<td>Unmanaged Camp</td>
<td>Sahel</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>URDA focal points informs them beforehand</td>
<td>No fear</td>
</tr>
<tr>
<td>2</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>The Shawish of the camp usually tells us when a distribution is taking place</td>
<td>I have never felt fear whenever a distribution happens in the camp, here I feel safe and I rarely leave outside this camp.</td>
</tr>
<tr>
<td>3</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>The Shawish usually use the microphone to tell us when a distribution is happening</td>
<td>We rarely go outside the camp and we feel safe and comfortable in this camp.</td>
</tr>
<tr>
<td>4</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>The Shawish usually use the microphone to tell us when a distribution is happening</td>
<td>I don’t leave the camp unless for emergencies. The distributions happen inside the camp and here I feel safe.</td>
</tr>
<tr>
<td>5</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>We usually tell each other</td>
<td>I don’t leave this camp and safety is the best thing in this camp</td>
</tr>
<tr>
<td>6</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>The Shawish tell all the families living in the camp. Sometimes, he uses a microphone in</td>
<td>We never leave the camp and all is safe here</td>
</tr>
<tr>
<td>7</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>The Shawish distributes cards to each family in the camp and during the distribution we show</td>
<td>Since the beginning of Covid-19 all the camp was sanitized. We rarely leave the camp, here we feel safe.</td>
</tr>
<tr>
<td>8</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>The Shawish usually distributes cards before a distribution happens and women are most</td>
<td>We just have fear of getting infected by Covid-19 but not a fear related to our safety</td>
</tr>
<tr>
<td>9</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>The shawish usually tells all the families in the camp</td>
<td>I rarely go outside the camp and the distributions usually happen inside the camp where I feel safe.</td>
</tr>
<tr>
<td>10</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>The shawish and his assistant usually tell all the families in the camp</td>
<td>We don’t leave the camp and it’s safe here</td>
</tr>
<tr>
<td>11</td>
<td>Farah Hallak</td>
<td>Akkar</td>
<td>URDA Managed Camp</td>
<td>Mohammara</td>
<td>5-May-20</td>
<td>Point of Distribution Survey</td>
<td>The responsible of the camp usually tells all the families when a distribution is taking</td>
<td>No fear… All safety measures are taken in the camp.</td>
</tr>
</tbody>
</table>
EXAMPLE OF HOW PODQ FINDINGS ARE WRITTEN UP

Lebanon Food PODQ Findings Report
BREAK
WHAT ARE SOME CHARACTERISTICS OF A GOOD INTERVIEWER?

• Being respectful
• Listening well
• Not interrupting
• Turning off phones
• …others?
STARTING THE INTERVIEW

• Dress appropriately
• Make a good first impression
• Have a positive approach
• Explain that you are meeting to ask a few follow up questions on their experience with distributions during COVID-19
• Ensure privacy where you are talking
  • Discuss the varying sites of PODQ (at distribution vs. at homes) what to do if someone else walks in, if the windows are open, etc.
CONDUCTING THE INTERVIEW

• Obtain informed consent (verbal)
  • *If no consent given, do not proceed with interview.*
• Be neutral
• Never suggest answers
• Do no change the wording or sequence of questions (think about with regard to 3amiyya/fusha Arabic especially)
• Use tact with hesitant respondents
• Do not judge the respondent
• Do not skip questions
• Do not hurry the interview (think about with bad weather, etc.)
ASKING QUESTIONS

• Do not suggest one response over another
• Follow instructions on how to read the questions
• Do not emphasize one response choice over another (tone, etc.)
• Can probe after answers for:
  • Correctness
  • Clarity
  • Completeness
LESSONS LEARNED

- Respondents may be in a rush to leave the distribution site and answer questions quickly.
- Respondents may want to have lengthier discussions or ask unrelated questions.
- Respondents were hesitant to share details if another family member is standing with them or if they were standing out in public (consider for door-to-door distribution).
- Respondents were happy to see a familiar face (i.e. a team member from the local NGO who manages the camp).
- Respondents were often confused about the purpose of PODQ. Need to explain clearly and manage expectations.
Voluntary Nature of Participation

• A person’s decision to participate or not, will not affect their access to aid positively or negatively!
• A person can choose to ‘skip’ any question at any time!
• A person can choose to stop the interview at any time!
AFTER THE INTERVIEW

• Give the participant time to decompress
• Offer referral services & information
QUESTIONS?
Referral

- **Guiding Principles:**

  - Do no harm
  - Confidentiality
  - Non-discrimination
  - Respect the individual
  - Do not make promises or create expectations
  - Informed consent/assent
  - Best interest of the child
  - Safety and Security
Steps taken for referrals

1. Explain the available services to the beneficiary
2. Refer the beneficiary either internally or externally to the same organization or a different one
3. Conduct referral based on the interagency referral pathway using the interagency referral form
4. If consent is not obtained for referral, provide the beneficiary with the hotline number for CARE or for the needed organization
Steps taken for referrals - Continued

• If the referral form contains GBV or other sensitive information, make sure the form is password protected and the password is sent in a separate email.

• CARE's helpline: +961 4 727 961
  +961 76 524 380
Informed Consent

• What do we mean by “informed consent”?

• Why do we need to get informed consent before conducting an interview?
ETHICAL CONSIDERATIONS IN INFORMATION GATHERING
Effective assessments or research **only** collects information that may be used for research, programming and advocacy.

Research team members must demonstrate an understanding of the ways in which assessments can increase violence against women and girls and must not purposefully target survivors when collecting information from community members.
WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies
WHO Ethical & Safety Recommendations

- Benefits outweigh risks
- Methodology grounded in best practice
- Survivor care & support are available
- Safety & security of those gathering information is paramount
WHO Recommendations, continued...

CONFIDENTIALITY

INFORMED CONSENT

INFORMATION COLLECTION TEAM HAS SPECIALIZED TRAINING

SAFEGUARDS FOR CHILDREN ARE IN PLACE
If you identify any of the following criteria during consultations with other actors, you should advocate strongly against collecting information with/for/about children:

- *Children’s safety and well-being will be put at risk.*
- *Basic care and support services do not exist for children.*
  - *Skilled interviewers are unavailable.*
  - *Information can be gathered elsewhere.*
Simple Questions to Ask When Undertaking Any Data Collection

- What is the goal of the activity?
- How likely is it to achieve this goal?
  - What are the risks?
  - How can risks be reduced?
- Is it fair to the people included?

How can the information be used to safely promote protection (which includes all prevention and response activities) for those at risk?
We Apply the WHO Ethical and Safety principles by:

- Interviewing respondents in private locations
- What should we do if some interrupts?
  - Ask them (politely) to leave
  - Ask the respondent if there is somewhere else we can go to complete the interview
  - Reschedule the interview for another time
We Apply these principles by:

• Interviewing respondents in private locations
• **Not writing down any identifying information about the respondent**

• What do we mean by identifying information?
  • Name, address, phone number, etc
We Apply these principles by:

• Interviewing respondents in private locations
• Not writing down any identifying information about the respondent
• Keeping all information you learn about the respondent private

• Ensure tablets are password protected and kept in locked cabinet when not in use
• Keep data entry forms password protected and only accessible to study team staff
BREAK
PILOT THE INFORMED CONSENT
We will divide ourselves into equal groups and take 15 minutes to read and understand the titles of the different sections of the Safety Audit and skim through the questions.

We will then come back for a 5-minute discussion to answer any additional questions.
We will pilot the PODQ by splitting into groups and conducting a scenario. Each group will have a scenario and each team member will be assigned a role: We will have one interviewer (preferably female), one interviewee playing the assigned role, and the rest of the team members will be observers.

We will then come back for a discussion to answer any additional questions.
**Tips:**

- Probe! Before entering “other” or “don’t know”
- In choose-all-that-apply questions, go slowly, define terms, get their yes/no as you go
- Don’t read aloud: “other,” “don’t know,” “non-response”
- Follow-up questions are good – think of this as a conversation from the respondent’s point of view (YOU know it’s an interview on your side)
- Refer back to previous responses to demonstrate listening / reflecting back
- Use phrases like: “thank you for sharing” “that sounds like a difficult situation” to show empathy
DEBRIEF AND CLOSING
EMPOWERED AID TOOLKIT WORKSHOP:
DAY 2: HOUSEHOLD SURVEY AND THE FOCUS GROUP DISCUSSION

Global Women’s Institute, CARE Lebanon
Insert date
RECAP

- Safety Audit
- PODQ
- WHO Ethical Considerations
- Informed Consent
TRAUMA-INFORMED INTERVIEWING
DATA COLLECTOR ROLES DURING INTERVIEWS

• Your role as an interviewer is:
  o To record women’s responses to questions
  o *Not* to provide counseling or advice

• However, it is important for you to understand and be able to identify potential signs of distress or re-trauma and to be able to respond appropriately: referral and/or setting up a time to talk as social worker.
If a woman becomes distressed:

- Take time to talk with kindness and sensitivity
- Be patient and composed
- Use sympathetic comments, such as “I know this is difficult”
- Offer tissue
- Offer to take a break, finish interview later
WHAT TO DO IF A WOMAN REPORTS VIOLENCE/BECOMES DISTRESSED

• Only terminate the interview
  o If woman states that she does not want to continue
  o If you feel that it would be highly detrimental to continue

• Handling interruptions
  o Explore ways to obtain privacy
  o Re-schedule remaining section of interview
  o Turn to “dummy” questions
1. Triggers
2. Panic attacks
3. Dissociation
HYPER-AROUSAL AND PANIC ATTACKS

• Hyperarousal can present at different levels
  • From tense body, sweating, startle response up to panic
• Panic attacks can be alarming to those who witness them because we feel helpless
• They are NOT life-threatening, and they will pass
• Anyone can help a person recover from an acute panic attack
• The MOST important thing we can do is stay calm
Step 1: End the interview
Step 2: Help the person feel safe
Step 3: Ground them
Step 4: Help them Reality-Check
Step 5: Encourage them to try to control and slow their breathing
Step 6: Do NOT leave them alone
Step 7: Wait it out
• The major characteristic of all dissociation is that it is a detachment from reality
  - Range of experiences from mild detachment from immediate surroundings to more severe detachment from physical and emotional experience
  - In mild cases, dissociation can be regarded as a coping mechanism or defense mechanisms in seeking to minimize or tolerate stress, often due to triggers

• Can be related to the re-experiencing cluster of PTSD symptoms
  - The individual may be experiencing a flashback or intrusive memory
• **Step 1:** Help them Reality-Check
• **Step 2:** Reorient them to current environment
• **Step 3:** Ground them using sensory cues
# Special Considerations Summary

<table>
<thead>
<tr>
<th>TRIGGERS</th>
<th>PANIC ATTACKS</th>
<th>DISASSOCIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can cause panic attacks or disassociation</td>
<td>Can be alarming, but they pass. The main thing is to stay calm.</td>
<td>The major characteristic of all dissociation is that it is a detachment from reality</td>
</tr>
</tbody>
</table>

Always remember that the subject matter you are discussing is sensitive and aware that a woman or girl may be in distress.

Offer to take a break if you notice any language / information as “triggering” and to begin again later.

<table>
<thead>
<tr>
<th>Step 1:</th>
<th>End the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2:</td>
<td>Help the person feel safe.</td>
</tr>
<tr>
<td>Step 3:</td>
<td>Ground them.</td>
</tr>
<tr>
<td>Step 4:</td>
<td>Help them Reality-Check</td>
</tr>
<tr>
<td>Step 5:</td>
<td>Encourage them to try to control and slow their breathing</td>
</tr>
<tr>
<td>Step 6:</td>
<td>Do NOT leave them alone.</td>
</tr>
<tr>
<td>Step 7:</td>
<td>Wait it out.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 1:</th>
<th>Help them Reality-Check</th>
</tr>
</thead>
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<td>Reorient them to current environment</td>
</tr>
<tr>
<td>Step 3:</td>
<td>Ground them using sensory cues</td>
</tr>
</tbody>
</table>
STAFF CARE
“Helping clients deal with physical abuse, sexual abuse, or HIV infection is emotionally draining. Issues that surface during counselling sessions may address painful or unresolved experiences of the counsellor. Counsellors often experience emotional burn out, depression, and difficulties in their own relationships.”

TEAM SELF CARE

Debriefing

Rest, relaxation

Exercise, nutrition

Celebrate success

Warning signs for burnout
“If all the knowledge and advice about how to beat burnout could be summed up in one word, that word would be balance. Balance between giving and getting, balance between stress and calm, balance between work and home.”

Psychological First Aid (PFA)

| PREPARE | • Learn about the crisis event.  
|         | • Learn about available services and supports.  
|         | • Learn about safety and security concerns.  
| LOOK    | • Check for safety.  
|         | • Check for people with obvious urgent basic needs.  
|         | • Check for people with serious distress reactions.  
| LISTEN  | • Approach people who may need support.  
|         | • Ask about people’s needs and concerns.  
|         | • Listen to people, and help them to feel calm.  
| LINK    | • Help people address basic needs and access services.  
|         | • Help people cope with problems.  
|         | • Give information.  
|         | • Connect people with loved ones and social support.  |
BRAINSTORM: What are your signs that you are getting stressed and need a break? What do you know you need to have in your life in order to cope with stress?

“It’s a smoke detector. The boss thinks I might be headed for a burnout.”
HOUSEHOLD SURVEY TOOL (HHS)
Post- distribution monitoring tool

• To understand how the participant interacted with the distribution process, and whether there is a change between the ‘normal’ and ‘adapted’ distributions.

• We are also trying out some different ways of asking about safety and risk, to see what questions are most useful.
HOW DO WE SELECT OUR SAMPLE?

- Statistically, we will have the lowest **margin of error** if we talk to as many of the 133 people who participated in the distribution as possible.
- We will interview the **same respondents** after the ‘normal’ & ‘adapted’ distributions. This allows us to calculate **within household change**.

<table>
<thead>
<tr>
<th></th>
<th>Participated in distribution</th>
<th>Sample for survey</th>
<th>Sample for focus groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>56</td>
<td>40</td>
<td>3 groups x 5 women each</td>
</tr>
<tr>
<td>Men</td>
<td>77</td>
<td>40</td>
<td>3 groups x 5 men each</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>133</strong></td>
<td><strong>80</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
Voluntary Nature of Participation

- A person’s decision to participate or not, will not affect their access to aid positively or negatively!
- A person can choose to skip any question at any time!
- A person can choose to stop the interview at any time!
WHAT ARE SOME CHARACTERISTICS OF A GOOD INTERVIEWER?

• Being respectful
• Listening well,
• Not interrupting
• Turning off phones
• …others?
Informed Consent

• What do we mean by “informed consent”?

• Why do we need to get informed consent before conducting an interview?
AFTER THE INTERVIEW

• Give the participant time to decompress
• Offer referral services & information
We will take some time to read and understand the titles of the different sections of the HHS and skim through the questions.

We will then come back for a discussion to answer any additional questions.
BREAK
We will pilot the HHS by splitting into groups. We will have one interviewer, one interviewee, and the rest of the team members will be observers.

We will then come back for a 5-minute discussion to answer any additional questions.
FOCUS GROUP DISCUSSION
OBJECTIVES

1. Learn why and when to use focus group discussions as a data collection tool

2. Learn practical techniques, including the participatory methods used in Empowered Aid’s Toolkit

3. Learn key approaches for trauma-informed focus group facilitation
WHAT IS A FOCUS GROUP DISCUSSION?

Focus Group Discussions are group meetings with 6-8 people, facilitated by a researcher, with the aim to identify group norms, elicit opinions about group norms, or discover variety in a group.
Focus groups discussion are an important part of post distribution monitoring.

These tools help us monitor how participants, especially women and girls, feel in terms of both safety and risk surrounding a distribution.
WHAT ARE SOME STRENGTHS & WEAKNESSES OF FGDS?

**Strengths**

- Exploratory
- Identifying group norms and opinions in a short time
- Group dynamic stimulates conversation, reaction
- In-depth information, good to inform community-level programming
- Flexible format, allows for creative methods

**Weaknesses**

- “Group think”
- Not for gathering individual stories (we cannot guarantee confidentiality from other group members)
- Risk of re-traumatization around sensitive topics
- Not generalizable
- Overused?
Groups chosen because of certain characteristics

- Should be similar (e.g. sex, age, marital status, language/culture)
- Should be selected because they can provide information to address the research question

- Between 6 – 8 participants (if online, include fewer participants)
HOW MANY FOCUS GROUPS TO CONDUCT?

• Segmentation

• Saturation

• Carry on until no new ideas are emerging, and then shift the general focus to explore other aspects of the topic.

• Typically something like 3-6 groups per segment
Focus Group Guide: open-ended questions to spark conversation, elicit participant’s perceptions and experiences

Participatory Methods:

- Open-ended stories (“vignettes”)
- Listing & Ranking
- Body Mapping
- Community Mapping
Who defines violence in this context?

The open nature of the data collection means that concepts do not need to be formally operationalized to develop data collection tools.

Data collectors should have a common understanding of the terms they will be collecting data on.

Questions should be related to your overall research question(s)
Use ‘open-ended’ questions – where the respondents are encouraged to give considerable details in their answers.

Use probes after questions for:

- Correctness
- Clarity
- Completeness
Question: According to you, what could be done in this community to create a safer environment for women and girls to access food aid? Have any improvements already been made?

Probes: increase in female staff, increase in number of police or female police, community safety groups, awareness raising around risks
PROCESS, POST DATA COLLECTION:

Audio Files

Upload to Computer

Transcribe word for word

Translate word for word

Back translation (of selection)

Load into qualitative software for coding
BREAK
RUNNING A FOCUS GROUP: ROLES

During
• Facilitator
• Note-taker (with & without audio recording)
• Interpreter
• Referral pathway / service providers

Later
• Transcription
• Translation
Skilled, same-sex facilitator

Facilitator has to be aware of their role and how they influence the FGD
  • Non-biased, supportive listening

Privacy and confidentiality

Training in trauma-informed data collection
• Your role as a facilitator is:
  o To facilitate discussion flow, ensure women’s responses are recorded
  o *Not* to provide counseling or advice

• However, it is important for you to understand and be able to identify potential signs of distress or re-trauma and to be able to respond appropriately: referral and/or setting up a time to talk as social worker.
ETHICS

- Always begin only after receiving informed consent.
- Privacy and confidentiality are important!
- Ask members of the group to keep what they are hearing confidential.
- **IMPORTANT:** Ask participants not to share any identifying names in the group discussion, as this is a group format and we cannot guarantee privacy.
- Explain that note taking + audio recording may be used if consent is received from all participants of the focus group.
- If any identifying information is shared (see point above to avoid this) it will be removed from the notes.
- Always begin and end by reminding participants they can speak with a social worker (identify who) privately afterward, for any reason including to seek referrals.
DO’S AND DON’T’S OF FOCUS GROUP FACILITATION

Do…

• Create welcoming environment (food, drinks, relaxed space, smile, friendliness)
• Recognize & manage discomfort
• Explain: No right or wrong answers
• Support shy participants having a voice
• Use probes to elicit further response or generate discussion
• Be flexible!

Do Not…

• pressure anyone to talk
• ask leading questions (“don’t you think…”) or give personal opinions
• lecture or preach
• judge the women or girls
• scold or respond negatively
• simply read from a script (it should feel natural)
GENERALIZABILITY

- The findings of qualitative research are not generalizable in a numerical sense.
- You cannot say that e.g. “Fatema speaks for all low-income, Syrian women in Tripoli.”
HOW TO MINIMIZE RISK TO PARTICIPANTS

• Total privacy
• Consent
• Referrals to specialized care as needed
• Train data collectors on safety procedures and responding to potential negative effects of the FGD
Flip Chart / Sticky Note Method

Ask the group to list all the types of risks or violence that occur at a food aid distribution.

Write each on a sticky note and place on a flip chart during discussion.

Ask the group to work together to rank this list in order of most common (or important or urgent) to least.

Move sticky notes on the flip chart, most at the top to least at the bottom.
FREE LISTING & RANKING – HOW?

Proportional Piling Method
(with stickers or stones)

Rank Numerically based on discussion

1. 2. 3. 4.
FREE LISTING & RANKING – HOW?

Moving photos(objects) across and imaginary line
OPEN-ENDED STORIES / VIGNETTES – WHY?

• Useful in exploring beliefs and opinions and identifying problems and solutions
• Helps stimulate discussion, particularly with less educated communities
OPEN-ENDED STORIES / VIGNETTES – HOW?

• In an open ended story the beginning, middle or end is purposefully left out.

• The audience discusses

  ➢ Would you believe this story?
  ➢ What do you think might have happened (in the part of the story that is left out?)
BODY MAPPING

Why?
- Facilitates conversation about physical and emotional experiences with a group
- In GBV research, can be used to look at experiences of violence, protective mechanisms, and felt experiences

How?
- Draw body outline (either 1 per group or 1 per person)
- Mark observations on the body, prompted by questions about how an experience has affected you in terms of thoughts, emotions, social connections, physically?
ACTIVITY EXAMPLE – COMMUNITY MAPPING

Start by dividing into 3-4 groups by which neighborhood you know the best: Abou Samra, Wadi Nahle, Tabbaneh or Jabal Mohsn

Steps:
1. Draw map of your neighborhood, adding important landmarks (schools, places of worship, markets, cultural markers)
2. Think about the types of aid distributions or services in that neighborhood (e.g. shelter, PSS, protection, food, cash), add these to your map.
3. Go through these questions as a group to understand risk factors and services for women and girls.

- Think about some of the challenges and risks we have discussed over the last few months. Of the distribution points identified on your map, are there places that are not safe for women and girls? What are the main risks that happen in these locations?

- Where do women and girls go if they want to express a concern about safety?

- Is there a place where women and girls can go to discuss problems together?

- Where might a woman or girl go for help if she is the victim of violence?
4. Now we will add another layer: people. Are there types of people that are associated with these places? Add them to your map. (Example: aid worker, transport driver, store owner, family member, etc.)

- Are there certain types of people that are generally helpful to women and girls? Put a plus sign (+) by them.

- Are there certain people that can pose dangers to women and girls? Put a negative (-) sign by them.

- Remember, we are not looking for specific names but rather types of people. If it is appropriate, you may place both a plus and a negative sign by the same type of person.

5. Is there anything missing that we should add to this map?
We will pilot the FGD by splitting into groups. Each group will pilot one of the activities in the FGD.

We will then come back for a discussion to answer any additional questions.
DEBRIEF AND CLOSING