ADOLESCENT GIRLS' CONSULTATION TOOLKIT

PLAN FOR GIRLS

ACKNOWLEDGEMENTS

This toolkit was developed by Plan International Canada. It pulled from external sources and existing internal guidance and tools from previous data collection exercises supported by Plan International Canada, as well as consultations with adolescent girls conducted in the context of the Plan For Girls Project, funded by Global Affairs Canada. Where a single source is not cited, we acknowledge that we have drawn from many different sources.

Special thanks to Elsie Segla and Edith Tambe, Plan for Girls Project Managers in Benin and Cameroon, respectively, their project teams and the teams of facilitators who conducted the consultations and shared their experiences and lessons. The focus group discussion tools included in this toolkit were piloted in Dassa-Zoumé, Benin in July 2019 and subsequently adjusted. We are grateful to the adolescent girls and boys and young women and men from Gankpetin Village, Tre Arrondissement, who guided the team with their helpful feedback.

The focus group discussion tools, together with key informant interview and case study guides, were then applied by teams of facilitators comprised of Plan International Benin and Plan International Cameroon staff, as well as external facilitators. Data collection was conducted from August to October 2019. In Benin, data collection covered 18 villages across Dassa-Zoumé, Bantè, Savalou and Glazoué communes. In Cameroon, data collection spanned 17 villages in Lagdo and Ngong communes. Sincere thanks to the many young girls, young boys, parents/caregivers, community leaders/influencers and service providers who agreed to take part in the various discussions.

Overall conception:

Nafissatou Faye, Senior Advisor, Gender Equality, Plan International Canada
Sugirtha Vasavithasan, Senior Advisor, Research, Data and Knowledge Management, Plan International Canada

Key contributors:

Yang Fu, Child Protection Advisor, formerly with Plan International Canada
Alexandra Therien, M&E Specialist, formerly with Plan International Canada
Cheryl Yeam, Child Protection Advisor, Plan International Canada

A special thank you to Saadya Hamdani, Rudy Broers, Tanja Suvilaakso and Proteknôn Foundation for Innovation and Learning, a group of consultants dedicated to the protection and well-being of children, for their invaluable contributions and technical reviews of preliminary drafts.

Design:

Daniela Donia

Graphic Design:

Bianca Jozwiak

Photos by Plan International Inc. November 2020, Plan International Canada

Plan International Canada (2021). Adolescent Girls Consultation Toolkit: Plan for Girls. Toronto: Plan International Canada.

TABLE OF CONTENTS

Acknowledgements 2

Acronyms and Abbreviations 6

About Plan For Girls 7

About this Toolkit 7

What is this Toolkit? 7
How to use this Toolkit 8
Who can use this Toolkit? 8
Structure of this Toolkit 9

1. Preparing for Consultations 10

Contextualizing and Piloting Data Collection Tools 11
Qualitative Sample Size and Scheduling 15
Team Recruitment and Training 15
Risk Assessment and Incident Reporting 18
Informed Consent and Assent 21
Gender Responsive and Inclusive Consultations 21
Considerations for Participants with Disabilities 23
Considerations for Inclusion of LGBTQIA+ Participants 27
Tips for Conducting Consultations During COVID-19 30

2. Managing the Consultations Process 31

Phase 1: Community Entry and Mobilization 32
Phase 2: Conducting and Transcribing the Consultation Sessions 35
Phase 3: Team De-Briefs and Community Exit 45

3. After the Consultations 46

Data Processing and Analysis 46
Community De-Brief 48
Engagement of adolescent girls in validation and prioritisation 49

References 231

Tables

Table 1. Main Objectives of the Plan For Girls Consultations 11
Table 2. List of Data Collection Tools 13
Table 3. Responsibilities and Required Competencies of Facilitators 16
Table 4. Sample Safeguarding Risk Assessment 19

Figures

Figure 1. Five Steps of the Framework Method 47
Figure 2. Overview of Content and Thematic Analysis 48

Boxes

Box 1. Guidance for Contextualizing Group Formation for FGDs 22
Box 2. Selecting an Appropriate location for FGDs and Interviews 22
Box 3. Timing and Conduct of Focus Group Discussions and Interviews 23
Box 4. Ensuring Safe Spaces for Participation of Adolescents and Young People in All Their Diversity 24
Box 5. Checklist of Preconditions for the Safe Inclusion of LGBTQIA+ Participants 27

Appendices

Appendix A – Tools and Ice-Breakers

1. General Guidelines for All FGD Tools **52**

Reducing the Number of Participants Before a Focus Group Discussion 52
Introduction and Obtaining Consent and Assent 53
Ice-breakers and Energizers 54
To Get to Know Everyone 54
To Re-Energize the Room 54
To Close the Session 55
Examples of Completed Activity Sheets 56
Post-Activity Guidance 57
Sample Image Boxes for Adolescent Girls/Young Women 57
After Wrapping Up 58

2. Focus Group Discussion Tools **58**

Tool #A1: In-School (Females, 10–14 Years) 59
Tool #A2: In-School (Males, 10–14 years) 66
Tool #A3: In-School (Females, 15–19 Years) 72
Tool #A4: In-School (Males, 15–19 Years) 78
Tool #A5: In Vocational Training/Young Workers (Females, 20–24 Years) 84
Tool #A6: In Vocational Training/Young Workers (Males, 20–24 Years) 90
Tool #A7: Out-of-School (Females, 10–14 Years) 96
Tool #A8: Out-of-School (Males, 10–14 Years) 102
Tool #A9 [A11]: Not In Employment, Education or Training (Females, 15–19 [20–24] Years) 108
Tool #A10 [A12]: Not In Employment, Education or Training (Males, 15–19 [20–24] Years) 114
Tool #A13: Married/In union, Pregnant or Young Parent (Females, 15–19 Years) 119
Tool #A14: Married/In union or Young Parent (Males, 15–19 Years) 125
Tool #A15: Married/In union, Pregnant or Young Parent (Females, 20–24 Years) 131
Tool #A16: Married/In union or Young Parent (Males, 20–24 Years) 138
Tool #B17 [B18]: Female [Male] Parents/Caregivers of Adolescent Girls 145

3. General Guidelines for All Interviews **152**

Introduction and Obtaining Consent 152
Scheduling Interviews 152
After the Interview 153

4. Key Informant Interviews Tools **153**

Tool #C19: Religious and Traditional Leaders 154
Tool #D20: Primary Health Care Providers (M/F) 157
Tool #D21: Education Actors (M/F) 160
Tool #D22: Child Protection Actors (M/F) 163
Tool #D23: Economic Empowerment Actors (M/F) 166

5. Case Study Template **169**

Appendix B – Sample Fieldwork Schedule and Agendas

1. Sample Fieldwork Schedule 174

Qualitative Sample Size and Distribution 174
Team Composition 183
Sample Daily Schedule (Week 1) 184

2. Sample Agenda for Pilot 188
3. Sample Training Agenda 190

Appendix C. Child and Youth Safeguarding Tools

1. Safeguarding Risk Register 195
2. Child Safeguarding Tool for Facilitation Teams 196
3. Incident Reporting Form 197

Appendix D. Information Sheets and Consent Forms

1. Information Sheet for Parents/Caregivers 200
2. Information Sheet for Children (Under 18 Years) 202
3. Information Sheet for Adult Participant (18+ Years) 204
4. Parent/Caregiver Informed Consent Form 206
5. Child Informed Assent Form (Under 18 Years) 207
6. Adult Participant Informed Consent Form (18+ Years) 208
7. Consent form For Photographs/Filming 209

Appendix E. Note-Taking Templates

Note-Taking Template A (#A1-A16, B17–B18) 213
Participant List 1 (#A1–A16) 215
Participant List 2 (#B17–B18) 216
Note-Taking Template B (#C19–D23) 217

Appendix F. Process Checklists and Instructions

1. Community assembly Checklist (Sample) 221
2. Debrief Form 222
3. Filing, Storing and Naming guidelines 226

Appendix G. Sample Coding Framework

Sample Coding Framework 227

ACRONYMS AND ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
CO	Country Office
CS	Case Studies
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
LGBTQIA+	Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersexed, Agender, Asexual, and Ally community
NEET	Not in Employment, Education or Training
P4G	Plan for Girls
PRA	Participatory Rural Appraisal
PSHEA	Preventing Sexual Harassment, Exploitation and Abuse policy
SHEA	Sexual Harassment, Exploitation and Abuse
SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
SRHR	Sexual and Reproductive Health and Rights
TVET	Technical and Vocational Education and Training

In-school boys 15–19 years old discussing SRHR and protection issues using a body mapping tool.

Atinkpahe, Dassa-Zoume, Benin, August 2019

ABOUT PLAN FOR GIRLS

Plan International's "Plan for Girls" (P4G) project is a five-year girl-led initiative funded by Global Affairs Canada. The project is piloting a new approach to develop and implement an integrated package of interventions with and for adolescent girls and young women that addresses persistent challenges to the realization of girls' rights and their well-being.

Project interventions are currently designed at three levels within two communes in Cameroon and four communes in Benin:

1. **Building the agency of rights holders** – i.e., adolescent girls themselves so that they have the power to understand, value and assert their rights

2. **Creating a supportive social environment by engaging moral duty bearers** – i.e., non-state actors, including parents/caregivers, families, civil society actors, community members, religious leaders and traditional leaders, etc.

3. **Working with principal duty bearers to strengthen accountability of existing institutions and to provide a gender-responsive institutional framework** – i.e., state actors such as government officials and service providers, including teachers, social workers and health workers

The P4G project is different from the traditional model that focuses on providing services to girls and advocating on their behalf, considering girls as passive beneficiaries. The project's model of girl-led programming (see definitions in the box) considers adolescent girls and young women (AGYW) as equal partners and agents of change. P4G partners with AGYW to help build their leadership skills, realize their leadership potential and make changes to improve their villages/communes and their lives. The engagement of girls in defining their aspirations and needs, identifying their priorities and monitoring interventions developed in response is expected to lead to strengthened public services and accountability of providers and local governments, as well as support changes in social norms. This, in turn, is expected to empower girls to realize their rights regarding their sexual and reproductive health and rights (SRHR), education, economic empowerment and protection.

To enable girl-led planning, as a first step, the project engaged AGYW in a participatory consultation process to identify their own aspirations, challenges, needs and priorities. The main objective of the consultation process was to speak with AGYW to learn about their experiences and the kinds of supports and services available to them. AGYW live in families, communities, and societies. The consultations, which covered a broad set of topics, also sought to understand the perspectives of adolescent boys, young men, parents/caregivers, community leaders and influencers and health, education, economic empowerment and protection service providers.

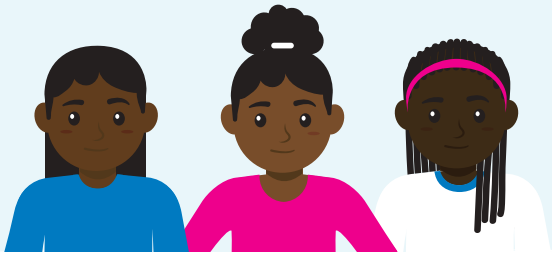
Girl-centred programming:

Work is implemented jointly with and for girls but is led by adults. Adults enable girls to take active roles and agree on priorities and recommendations in a participatory way, ensuring girls' interests are central and their voices heard.

Girl-led programming:

Girls make the decisions on all issues. They design their own plans/strategies, set their own priorities, and decide how the budget is spent/used, etc. They may or may not have the support of adults. Adult allies may also provide information and assist girls with various processes.

Source: Adapted from Mama Cash and Frida I The Young Feminist Fund (2018): girls to the front: a snapshot of girl-led organising.



ABOUT THIS TOOLKIT

WHAT IS THIS TOOLKIT?

The tools and guidance presented in this **Adolescent Girls' Consultations Toolkit** were initially developed to support the engagement of different actors, particularly adolescent girls and young women, to bring their contributions, knowledge and experience to inform the start-up phase of the Plan for Girls project in Benin and Cameroon. Following the consultations process, reflections on what worked well and what could be improved were held. These lessons were used to revise the original Toolkit with the aim of providing practical tools and tips for consulting with adolescent girls, their families and their communities, for any type of programming, be it girl-centered or girl-led.

The Toolkit is intended to lay a foundation to build a common understanding and coordinated approach to creating a participatory space to engage adolescents and adults in all their diversity and other key stakeholders on the aspirations, challenges, needs and priorities of AGYW.

It includes three main components covering the entire consultations process:

i) general tips and techniques for preparing for consultations with adolescent girls, including adapting tools

ii) guidance on managing the consultation process, including managing inputs and facilitating team de-briefs

iii) a general overview of the data processing and analysis phase, as well as an initial community share-back process

WHO CAN USE THIS TOOLKIT?

The toolkit is primarily intended to support development practitioners, government, civil society, technical staff (e.g., gender equality, education, health, protection, economic empowerment, monitoring and evaluation), as well as program and business development managers responsible for or supporting primary data collection and analysis exercises. The toolkit can be adapted for use during different processes, including program design, intersectional gender assessment[1], implementation, monitoring, evaluation and research processes.

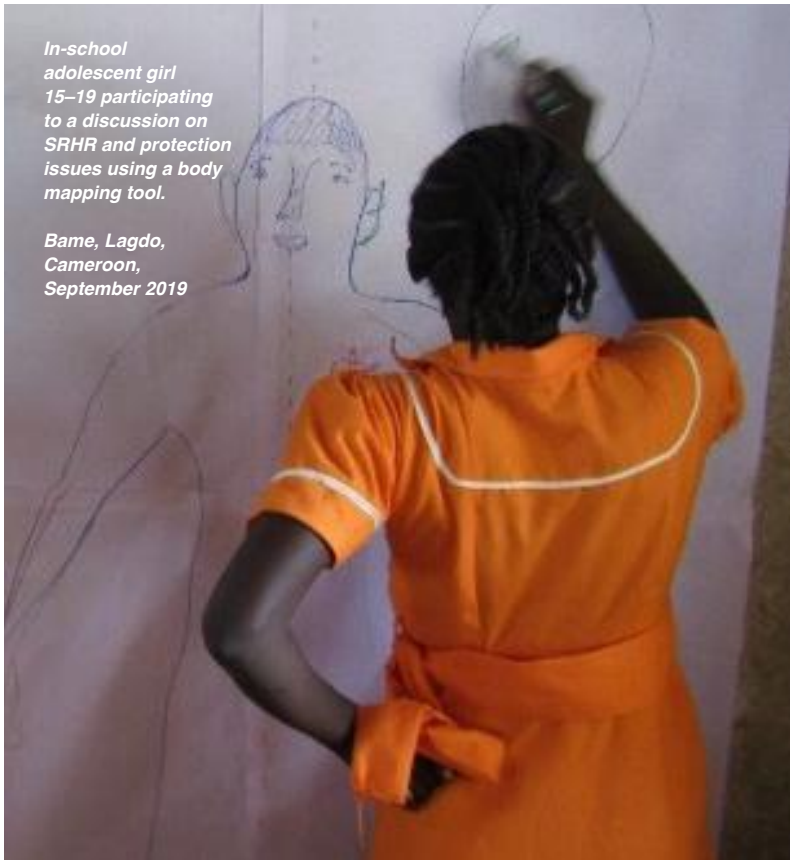
For example:

- A civil society organization wants to better understand gender-related barriers to receiving sexual and reproductive health services
- A government agency wants to adapt an upcoming social welfare program for young mothers
- An international organization wants to contextualize a program that has been successful in other contexts to the realities of a new intervention area

While the Toolkit is relevant both in rural and urban/peri-urban areas, users are encouraged to contextualize and use it in whatever ways may be helpful to their data collection exercise and context. Individuals are also encouraged to bring their own unique skills and expertise to consultations and to refer to other resources for guidance when issues arise. Before planning consultations and facilitating sessions, teams are advised to read and become familiar with the whole toolkit, including the appendices and descriptions of each tool and other guidance. Understanding the entire process will help to anticipate and resolve challenging and context-specific issues so that desired outcomes can be reached.

HOW TO USE THIS TOOLKIT

The purpose of the Adolescent Girls' Consultations Toolkit is to provide practical guidance and tools for planning and facilitating focus group discussions and interviews of key informants for a consultation process. Note that the tools and approaches were specifically developed for the Plan for Girls consultations in Benin and Cameroon. Tools or questions may require adaptation for a given context. In addition, though the Toolkit aims to be comprehensive, it does not describe and give advice for every logistical detail in every type of consultation.



In-school adolescent girl 15–19 participating to a discussion on SRHR and protection issues using a body mapping tool.

Bame, Lagdo, Cameroon, September 2019

1. Examines power relationships and disparities along gender lines and how these disparities are further influenced or exacerbated or differ by other intersecting identity factors that may cause exclusion including age, class, income, language, geography, sexual orientation, gender identity/expression, civic status (single/married/unmarried/divorced/widowed, migrant / refugee), religion / beliefs / faith, ability and race / color / ethnicity.

STRUCTURE OF THIS TOOLKIT

The Toolkit includes three main sections:

Preparing for consultations

Good planning is the starting point for a successful consultation process. This section includes guidelines on how to contextualize and pilot tools, determine the number and profile of participants needed, recruit and train facilitation team members, plan for fieldwork, prepare child and youth safeguarding risk assessments and mitigation plans, develop appropriate consent/assent processes and ensure processes are gender responsive and inclusive.

Related Appendices:

- **Appendix A**: Sample ice-breakers and tools
- **Appendix B**: Sample fieldwork schedule and agendas for piloting and training facilitators

Managing the consultation process

This section is divided into three phases of implementation. One sub-section focuses on community mobilization, including the formation of a community entry team, pre-consultation meetings and community assembly. The second sub-section deals with the implementation of the consultation sessions themselves. This includes an overview of the roles and responsibilities of facilitation team members. Finally, the third sub-section provides guidance on conducting team de-briefs and the community exit process. A number of sample templates are provided in the appendices to support this stage of the process.

Related Appendices:

- **Appendix C**: Safeguarding risk register, one-page child safeguarding tool for facilitation teams and a sample incident reporting form
- **Appendix D**: Sample information sheet and consent/assent forms
- **Appendix E**: Basic templates for note-taking (which are to be used in addition to recording sessions)
- **Appendix F**: Process checklists for community assembly, debriefing and filing, storing and naming guidelines for outputs of the consultations

After the consultations

This section provides a general overview of steps for data processing and analysis and preliminary informal community share-back meetings. It describes also the validation process and refinement of findings by adolescent girls and young women representatives, an important component of the girl-led process.

Related Appendices:

- **Appendix G**: Sample coding framework to support analysis

Out-of-school boy 10–14 years old discussing protection and education issues using community resource mapping tool.

Kotakpa, Bante, Benin, August 2019

1. PREPARING FOR CONSULTATIONS

Preparation is key to a successful consultation process. The overall timelines for the consultations process are presented below, but may vary depending on the specific objectives of the exercise and the context:

5 days

Desk-based review & adaptation of tools

+1 weeks

Piloting/field testing
(2-day orientation of pilot team, 3-day pilot, 2 days for revisions)

2 weeks

Pre-consultations preparations
(facilitator recruitment if non-staff, logistics/ planning, informing local authorities, etc.)

3–4 weeks

Facilitator training

+4 weeks

Fieldwork consultations
(note that not all team members will be involved in every process)

- Travel (varies by context)
- Community entry and mobilization process (2+ hours per community)
- Conducting the consultations & data management (max. 4.5 hours per day)
- Transcription (1 hour of recording = 3–4 hours for transcription)
- Team debrief meetings/refresher trainings (1.5–2 hours daily)
- Community exit (1.5+ hours per community)
- Rest (1 day per week) and downtime for facilitation team (3–4 days for every 2 weeks of data collection, to catch up on transcriptions, refresher trainings, preliminary data review, etc.)

4+ weeks

Preliminary analysis & initial community share-back sessions

Validation & prioritization workshops

Out-of-school girls 10–14 years old discussing protection and education issues using community resource mapping tool.

Djagbalo, Bante, Benin, August 2019

This section starts by laying out considerations, tips, tools and examples to help tailor the consultations to the context and ensure objectives are met.

This includes:

Contextualizing and piloting data collection tools

Determining the number of focus groups, interviews needed and field work schedules

Recruiting and training facilitation team members

Conducting safeguarding risk assessments and incident reporting

Developing appropriate consent/assent processes

Ensuring consultations are gender responsive and inclusive

CONTEXTUALIZING AND PILOTING DATA COLLECTION TOOLS

CONSULTATION OBJECTIVES AND TOOLS

The Plan For Girls project consultations were designed to engage adolescents and young people, particularly girls, get them excited about their own potential to lead change initiatives and point to actions that can be taken as a result of findings. The main objectives of the P4G project consultations process are described in **Table 1** below:

FGD with married/in union/pregnant or young mothers aged 15–19 discussing SRHR using community resource mapping tool.

Djagbalo, Bante, Benin, August 2019

Table 1.
Main Objectives of the Plan For Girls Consultations

OBJECTIVE 1:
Identifying what currently exists

- What services are currently accessible to various profiles of adolescents and young people in the villages?
- What are the dimensions of attitudes or perceptions that are held in the targeted villages?
- What is the nature of adolescents and young peoples' needs and experiences?
- How do these experiences differ for adolescent girls/young women compared to others?

OBJECTIVE 2:
Examining reasons for the current situation

- What factors underlie particular attitudes and perceptions?
- What are decisions or actions taken, or not taken? By who?
- Why do particular needs arise?
- Why are services/programs not being used?

OBJECTIVE 3:
Identifying aspirations, priorities and proposed actions

- What aspirations are expressed by adolescent girls and young women in particular?
- What priorities are expressed by adolescents, young people and stakeholders?
- What types of services or interventions are required to meet needs?
- What actions are needed to make existing programs/services more adolescent friendly, gender responsive and inclusive?

To help achieve these objectives, participatory focus group discussions, semi-structured in-depth key informant interviews and case study interview tools were developed. The **focus group discussions (FGDs)** use participatory rural appraisal (PRA)-style exercises to uncover the knowledge and opinions of participants in fun and engaging ways. Each PRA tool is matched to discussion themes and participant capacities. Participants were identified considering some intersecting identity factors including sex, age, schooling status, work status, childbearing and marital status relevant to the context. For example, for the purposes of the P4G project consultations in Benin and Cameroon, the following profile types were identified: in school; in vocational training/young worker; out of school; not in employment, education or training; married/in union, pregnant or young parent; and parent/caregiver of an adolescent or young person. These groups were divided by sex and different age ranges (see Table 2). Other factors such as location, ethnicity, religion and ability, are systematically captured in participant lists. (See **Appendix E**).

To construct **case studies** of powerful stories emerging from the FGDs, separate interviews can be held with participants who consent. For example, if a girl with a disability shared an interesting experience during her participation in a FGD, a case study tool can be an effective way to have a one-on-one conversation with her to collect her story.

A general template is provided as a guide for interviewing selected respondents to capture information such as:

- Family and community life and daily challenges
- How daily challenges impact their lives and opportunities for their future
- Risks and supportive factors that highlight how the participant is navigating these daily challenges to support themselves and others
- The participant's expectations of the future and their hopes/dreams in relation to the key themes

In-depth interviews seek to engage community leaders, including religious and traditional leaders, as well as service providers.

Appendix A of this Toolkit includes the **Tools** used in the P4G project consultations. Each tool includes the following sections: purpose, participant selection, time, location/space, required materials, considerations for disability inclusion, introduction and consent/assent and facilitation guidance specific to the tool and participant group. Each tool covers one or two specific sectors, sometimes all sectors, with underlying factors and root causes mandatorily included in each of them.

A young worker 20–24 years old participating to a discussion on economic empowerment using community resource mapping tool.

Kotakpa, Bante, August 2019

Table 2.
List of Data Collection Tools

#	Group Profile[2]			Tool	Sector
	Woman/Man/Nonbinary	Age Group	Profile		
A1/A2	Female/Male	10-14	In-school	FGD – Body mapping	Education, Protection
A3/A4	Female/Male	15-19	In-school	FGD – Body mapping	SRHR, Protection
A5/A6	Female/Male	20-24	In vocational training/young workers	FGD – Community resource mapping	Economic Empowerment
A7/A8	Female/Male	10-14	Out-of-school	FGD – Community resource mapping	Protection, Education
A9-A12	Female/Male	15-19/ 20-24	Not in employment, education or training	FGD – Road vision journey	All sectors
A13/A14	Female/Male	15-19	Married/In union, pregnant or young parent	FGD – Community resource mapping	SRHR
A15/A16	Female/Male	20-24	Married/In union, pregnant or young parent	FGD – Community resource mapping	Protection
B17/B18	Female/Male	N/A	Parents/caregivers of adolescent girls	FGD – Circle of influence	All sectors
C19	N/A	N/A	Religious and traditional leaders	KII – Interview guide	All sectors
D20	N/A	N/A	Primary health care providers (e.g., head nurse, doctor, midwife)	KII – Interview guide	SRHR
D21	N/A	N/A	Education actors (e.g., primary or secondary teachers/head teachers)	KII – Interview guide	Education
D22	N/A	N/A	Protection actors (e.g., social workers, police, judiciary workers)	KII – Interview guide	Protection
D23	N/A	N/A	Economic empowerment actors (e.g., financial institutions, TVET instructors or administrators, business service providers)	KII – Interview guide	Economic Empowerment
CS	N/A	N/A	N/A	CS – Case study interview guide	All sectors

2. Please note that these profiles have been identified based on the context and needs in the context and needs in the targeted villages of Benin and Cameroon. For any other context, adaptations of FGD, case study and KII tools are needed to reach the relevant diverse groups of people including profiles based on gender identity or specific types of disability.

ADAPTING AND PILOTING DATA COLLECTION TOOLS

Piloting or pre-testing of tools is important to ensure they are adapted to the local contexts and will work in the "real world."

Specific goals of the pilot test are to:

- Ensure that community entry and consent processes are appropriate (see Section 2 for more details on community entry and mobilization)
- Ensure that questions are clear and correctly formulated and that participants understand the issues in the same way, and that the questions are framed in such a way that they will generate the data that you are looking for
- Ensure that questions and terminology used are well-suited to the group and to check whether the questions are appropriate for the local context
- Confirm how long it takes to complete the tools in real time
- Ensure that instructions for facilitators, note takers, and observers are clearly described in the guidance, including on establishing and maintaining a safe space for participation
- Ensure that the system for data capture and storage (flip charts, photos, completed note-taking forms, recordings, etc.) is secure, simple and easy to implement
- Confirm that each tool as a whole is easy and realistic to use

FGD with young men in vocational training or young workers aged 20–24 years old discussing economic empowerment using community resource mapping.

Djagbalo, Bante, Benin, August 2019

Some key pointers for piloting the data collection tools in a specific context are as follows:

- Criteria to select the pilot sites should include: (1) the site cannot be within the intervention area for the project; (2) the site must be similar in terms of local language, religion, ethnicity, rural/urban and economic status as the project's intervention area; and (3) the site must be located at a reasonable distance from the place where the pilot training is held, in order to limit the travel time required to access the site.
- Participants for the pilot should be selected using the eligibility criteria for the consultation.
- The tools selected for pre-testing should represent all the profile groups in the consultation and all types of tools (e.g., body mapping, community resource mapping, etc.). During the pilot, the tools should be administered in the same way and under conditions similar to those that would apply during the consultations.
- A sample agenda for a pre-training and pilot process is included in **Appendix B**. Members of the tools design team should be part of the pilot test teams. They should train all facilitators on the tools before conducting the pilot.
- Pilot test facilitators should be organized into data collection teams of three people, each with a specific role (facilitator, note-taker and observer), to apply the same conditions as the consultations. Ideally, each team will consist of a minimum of one project staff member. Each team should be responsible for piloting 2–3 tools and they must apply all questions, note-taking forms, de-brief forms and consent forms.
- The pilot test should involve retrospective interviews. At the end of each session, the data collection team should review some questions with respondents to ask how they understood the question and state in their own words what they thought they were being asked. The team should also identify the issues for which respondents were hesitant to engage with and which need to be clarified. This information will help to adapt the questions to be appropriate to the local context. This retrospective interview should be used with the profiles of groups of older adolescents, young people and adults.
- The final steps are to debrief and revise the tools. All teams should return together to discuss their notes, including the consent and entry process, sequencing of questions, participants' hesitations, requests for clarifications, how facilitators have rephrased questions for clarification, and the results of retrospective interviews. Based on these discussions, the necessary changes in the data collection process, tools, forms and training materials can be identified. Translation and a glossary of key concepts and themes in local language(s) should be developed to support facilitation teams.

QUALITATIVE SAMPLE SIZE AND SCHEDULING

The size and composition of the qualitative sample should be based on resource availability (budget, time), as well as the type of information and the categories of participants needed to meet the objectives of the consultations and achieve saturation of themes. Saturation refers to the point in the data analysis process when no new information from the data can be obtained and no further nuances are found.

For the Plan For Girls consultations in Benin and Cameroon, the selection of villages in each country was based on the need to:

- Ensure representation across different levels of accessibility (high, medium, low) to services in key sectors
- Ensure representation of rural and peri-urban areas (where relevant)
- Ensure representation of the different religions, ethnic groups and languages spoken in the targeted municipalities
- Geographically span each commune where the project will be delivered

There is not much consensus on the number of participants that should be in an FGD. Each FGD session would, ideally, have 6–10 participants. However, more than 10 should be invited in case some participants do not show up as planned.

Not every tool needs to be applied in every community. Priority should be given to sessions with adolescent girls and young women. An example of a template used to arrive at the qualitative sample for Benin is provided in **Appendix B**. Appendix B also includes a sample fieldwork schedule for Benin.

Key suggestions for preparing the fieldwork schedule are as follows:

- Avoid over-stretching facilitation teams and compromising data quality by minimizing the number of different tools each team would repeatedly apply and the number of FGDs/KIIs to be conducted per day. Ensure that each team implements the same 3–4 specific tools throughout the data collection (the more they use the same tools, the more they master its contents and techniques).
- Schedule FGDs with younger adolescents early in the day when they are more alert and engaged and prepare and include short breaks or brief, fun, easy, physical energizers to refresh people's ability to concentrate and focus. The younger the participants, the more important to take frequent breaks.
- If heavy rains in the morning are a problem, schedule KIIs for this time as they can more easily be accommodated indoors.
- If feasible, conduct mobilization activities and consent procedures in the evening on the day before sessions are to be held (in rural areas, this is the time when girls, boys, women and men return home from the fields).
- Allow time for team de-briefs (including refresher trainings), transcriptions and unexpected delays.
- Consider logistical/operational factors – such as distance between communities, availability of accommodations within or near to the community and security protocols.

TEAM RECRUITMENT AND TRAINING

Each facilitation team should be comprised of a Facilitator, Observer, Note-taker and Transcriber, supported by the Supervisor. As facilitation team members are preferably to rotate positions, they should all be the same sex as the participants, speak the same language and, where possible, be of a similar age. This will limit the need for additional team members such as translators and promote a safe space for discussion. Two members of the team with adequate experience and knowledge on safeguarding procedures of the institution should be identified as safeguarding focal points. Each day, one of them should be designated to play the role. The Supervisor(s) must also hold responsibility for child and youth safeguarding.

Facilitation teams should ideally be comprised of the institution/organization and partner staff. However, if an insufficient number of staff members are available, external facilitators may be recruited. This additional strategy can help cover the required and relevant number of female and male facilitators needed. Harm could result if potentially stigmatizing information is revealed about a participant, especially a child (e.g., HIV status, experience of abuse, sexual orientation). Depending on the risk assessment, members of the communities targeted for data collection might not be the best choice to serve on the facilitation team. In cases where the subject matter includes violence against children, it is a requirement that facilitators are from a different community, so as to not put in danger either the child experiencing abuse, or the child who may disclose abuse they have witnessed/suspected (i.e. the facilitator from the same community could be a perpetrator or accomplice).

The number of facilitators recruited may depend on several factors, including budget, number of days available for data collection and the number of sessions that are to be conducted. See **Appendix B** for details on the approach used in the Plan For Girls project to define facilitation teams.

Out-of-school girl 10–14 years old sharing her thoughts during a discussion on protection and education using the community resource mapping tool.

Kotakpa, Bante, Benin, August 2019

In any case, back-up facilitators should be recruited and trained in the event that any team member is unable to participate in the consultations for whatever reason. For the purposes of recruitment, **Table 3** below outlines general responsibilities, qualifications and characteristics and behaviors expected of facilitators.

Table 3.
Responsibilities and Required Competencies of Facilitators

Factor	Description
Responsibilities	• Support pilot process (only for specific persons) • Participate in the facilitator training • Support data collection, as per the tools and guidance provided, by: – Organizing community entry – Identifying participants for data collection – Obtaining informed consent and assent – Facilitating safe and inclusive sessions for diverse groups of adolescents and young people – Taking detailed notes during focus group discussions, key informant interviews and case study interviews – Preparing transcriptions – Organizing and storing documents/products and maintaining materials and equipment – Participating in de-briefs with team members – Assessing safeguarding risks and reporting and responding to safeguarding concerns; – Establishing a safe space for participation of all participants and addressing any behaviour that compromises the emotional and physical safety of all participants in the space • Work closely with supervisors to share progress and concerns during the field work • Support with data analysis (only for specific persons)

Qualifications	• University level education • Experience with qualitative data collection, with a focus on participatory processes that include sensitive topics • Experience conducting focus group discussions with adolescents and young people • Reliable experience with high quality note-taking, transcription and translation (local language to English or French or any other language of the project) • Knowledge of at least one technical area relevant to the consultations: health, education, economic empowerment, protection and gender equality • Knowledge of the local language(s) • Agile with the use of laptops • Familiarity with the use of cameras and digital voice recorders for data collection
Characteristics and Behavior	• Active listening skills • Good interviewing skills, including the ability to ask questions, probe, summarize and wrap-up • Strong group facilitation skills, including the ability to effectively handle sensitive topics, quiet participants, strong opposing opinions and conflict, etc. • Ability to maintain objectivity both verbally and non-verbally • Enthusiastic and capacity to build rapport with adolescents and young people • Commitment to abide with child and youth safeguarding principles • Have attitudes and behaviors that reflect gender equality and non-discrimination against vulnerable people, including people with disabilities and LGBTQIA+[3] • Ability to adapt and handle long hours and difficult working environments • Good observation skills

A sample agenda for facilitator teams training is included in **Appendix B**. Before the consultations, all staff and external facilitators (if used) who will serve as supervisors or data collectors must understand and be fully capable of implementing all the consultation tools. Training should be provided to team members.

At the end of the training, all team members – including external facilitators – should:

- be able to speak in an informed way about the organization(s) and the project involved
- understand roles and responsibilities of all involved in data collection (supervision, facilitation, note-taking, observation, transcription, safeguarding)
- have the skills necessary to facilitate discussions, conduct interviews, take clear and detailed notes and make meaningful observations
- be familiar with the purpose and methodology of each tool and are able to implement the tools as either a facilitator, note taker or observer
- understand the selection criteria for participants and identify ways to select participants in target locations
- understand the safeguarding risks safeguarding risks associated with consultations, including sexual harassment, exploitation and abuse (SHEA), and be able to understand risk mitigation measures as well as report incidents in line with the local safeguarding policy
- understand what a safe space is and how to create and maintain conditions for safe participation of diverse groups of adolescents and young people including related to sensitive subjects
- understand the gender equality and inclusion considerations related to consultations and be able to take measures to ensure that consultations are inclusive for all, including marginalized, excluded and under-represented persons such as those with disabilities or LGBTQIA+

3. A common abbreviation for Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersexed, Agender, Asexual, and Ally community. Because LGBTIQ+ is structured around Western-centric language, in many places people may instead use their own terms and language to describe themselves or their communities. Each subgroup of the LGBTIQ+ acronym experiences unique vulnerabilities. The "+" refers to the fact that many other identities are not captured under the acronym itself. Sometimes, the term "diverse SOGIESC" is used instead of LGBTIQ+. This stands for people of diverse Sexual Orientation, Gender Identity and Expression, and Sex Characteristics. It is a generally broader, more inclusive term than LGBTIQ+, because it captures the fact that we all have SOGIESC.

RISK ASSESSMENT AND INCIDENT REPORTING

All members of the data collection team must have the required skills, confidence, understanding and support to fulfill their responsibilities to protect adolescents, young people and other participants irrespective of age against violence and abuse, including SHEA, in accordance with the organization's policy to promote the gender responsive safeguarding of children and young people, the code of conduct and the PSHEA policy. The mitigation of safeguarding risks, the implementation of control measures and understanding how to engage positively with adolescents, young people and other participants in ways that enhance the achievement of the objectives of the data collection exercise is everyone's responsibility.

Every member of the data collection team must:

- Make sure they are aware of any potential risks that need to be taken into consideration for participants and that they are familiar with the incident reporting mechanism in case a protection incident occurs during the FGD/KII activity or is disclosed during the FGD/KII activity.
- Pay particular attention to the risks identified and mitigation strategies in the **Safeguarding Risk Register** (see **Appendix C**). Components of a sample risk assessment are presented below in **Table 4**.
- Take action if a child or adult shares an incidence of violence or abuse by reporting it immediately as per the local child protection incident or PSHEA reporting mechanisms of the organization. In addition, team members must use language that does not distress or stigmatize participants or cause them to re-live trauma, consulting the risk assessment for context. Hotlines and counselling referrals should be made available. A sample **Incident Reporting Form** is provided in **Appendix C** and the process is discussed further below.

15–19 in-school boys using body mapping to discuss SRHR and protection.

Djagbalo, Bante, Benin, August 2019

Female young worker 20–24 years old participating to a discussion on economic empowerment using community resource mapping.

Okouta Osse, Bante, Benin, August 2019

Table 4.
Sample Safeguarding Risk Assessment

Risk Assessment		Risk Management	
Who's at risk?	**Nature of risk**	**Control measures**	**Responsible**
Respondents aged 10 to 24, including girls and young women	Risk of abuse and violence, including sexual violence, of respondents by the data collection team	• Only recruit team members who have been background checked and/or vetted for safety. • Orient all team members on the organization's child and youth safeguarding policy, code of conduct, and preventing sexual harassment, exploitation and abuse(PSHEA) policy, as well as the gender equality and inclusion or anti-oppression/anti-discrimination policy if these exist, and, prior to engaging in data collection, require that all team members sign off on their adherence to these standards. • During the community mobilization, inform the community and village leaders of the organization's obligations according to its child and youth safeguarding policy and code of conduct. • Ensure that sessions/interviews with female participants aged 10 to 24 years are conducted by female data collection teams only. • Organize consultations involving adolescents and young people in a location visible to others but out of hearing range in order to protect their privacy. • Prohibit a member of the data collection team from being left alone with a participant or visiting a participant outside of the consultations. • Give respondents the opportunity to share feedback at the end of each consultation. • Ensure processes for consent/assent are strictly adhered to.	Child and youth safeguarding focal point Data collection supervisor Each member of the data collection team
Respondents aged 10 to 24, including participants with disabilities, out-of-school children, pregnant or married young women, NEETs, and LGBTQIA+ children/adolescents	Risk of emotional abuse, mockery, or stigmatization of respondents by the data collection team, the organization's staff and associates/facilitators	• Train data collection teams on good communication strategies with adolescents and young people and participants living with disabilities, including the use of appropriate child- and youth-friendly and non-stigmatizing terms in local languages. • Train data collection teams to avoid voicing disapproval or judging participants, even if they do not agree with their responses or opinions. • During community mobilization, inform the community of the organization's obligations according to the child and youth safeguard policy and code of conduct. • Give respondents the opportunity to share feedback at the end of each consultation.	Child and youth safeguarding focal point Data collection team trainers Data collection supervisor Each member of the data collection team
Respondents aged 10 to 24, including participants with disabilities, out-of-school girls, pregnant or married young women, NEETs, and	Risk of emotional abuse, mockery, harassment, or stigmatization of respondents by other respondents or the community after consultations	• Do not include participants in the consultations without the informed consent of an appropriate adult and the assent of the minor. • Inform village leaders and the community about the objectives of the consultations, the selection criteria, and that there will be no compensation for the respondents. • Discourage respondents from sharing personal details during the consultations. • Prohibit and intervene immediately if a respondent is stigmatized or mocked during a consultation.	Data collection supervisor Each member of the data collection team

Table 4.
Sample Safeguarding Risk Assessment continued...

LGBTQIA+ children/adolescents		• Inform or establish ground rules with respondents at the beginning of each session about mutual respect and the importance of discussion confidentiality. • Ensure sessions/interviews are conducted out of earshot of others. • Give respondents the opportunity to share feedback at the end of each consultation.	
Respondents aged 10 to 24, including young adolescents, girls, and young women	Risk of physical injury, accidents of respondents on route to and from the consultation site	• Organize consultations during the day. • Choose a safe and convenient place to conduct consultations. • During the community mobilization, inform the community of the organization's obligations, according to the organization's child and youth safeguarding policy, and ask them to choose suitable locations for respondents. • Give respondents the opportunity to share feedback at the end of each consultation.	Data collection supervisor Each member of the data collection team
Respondents aged 10 to 24, including young adolescents, girls, and young women	Risk of social factors that could prevent respondents from responding openly and honestly	• Choose an appropriate place to conduct the interview and prevent onlookers from listening in on the consultation. • Explain during community assemblies the importance of keeping curious people away from group discussions. • Recruit data collectors who are not from the targeted villages. • Reinforce/remind participants that what they say is confidential and should not be shared outside of the FGD. Ensure participants in the FGD agree to this responsibility of theirs. • Give respondents the opportunity to share feedback at the end of each consultation.	Data collection supervisor Each member of the data collection team, especially the observer
Babies and young children of respondents such as nursing mothers	Risk of neglect and careless treatment while their parents/guardians are occupied with consultations	• Respect the time and duration of consultations; stop the consultation if the time is up, even if unanswered questions remain. • Allow parents/caregivers to participate in consultations with babies. • Identify small activities/materials such as pencils to look after young children while their parents/caregivers are in the consultations. • Give respondents the opportunity to share feedback at the end of each consultation.	Data collection supervisor Each member of the data collection team
Other marginalized groups	Risk of stigmatization, sexual violence or exclusion from consultations of certain groups by Plan International, by the community or peers	• Explain human rights regardless of people's status. • Orient the data collection team on human rights. • Explain to communities the importance of leaving no one behind. • Explain inclusion to facilitators and staff as one of the organization's core values to be respected and abided by according to the gender and inclusion policy they have signed. Review what this means in practice (such as refraining from sexism, genderism, homophobia, transphobia, racism, ableism, Islamophobia in comments and behaviours, supporting all participants to participate, intervening when there is a breach in the code of conduct, being a role model of inclusive and non-discriminatory behaviour during consultations)	Data collection supervisor Each member of the data collection team
All respondents	Risk of facilitators taking data in a personal capacity	• Inform all members of the data collection team on the organization's privacy commitments and ethical standards. • Require all members of the data collection team to sign the safeguarding document and ensure managers follow through on its enforcement. • Keep all information obtained during the course of the consultations confidential – whether it is information stored on paper, electronically, or in any other form.	Data collection supervisor

INCIDENT REPORTING

If a participant in the consultations decides to disclose abuse that they have experienced, is currently exposed to, or has knowledge of, data collectors have a responsibility to follow the organization's safeguarding policy and procedures for reporting. This includes ensuring that the child, young person or other participant is safe and their immediate health and welfare needs are addressed. Details on local reporting procedures must be covered as part of the training for members of the data collection team.

All incident reports must be hand-written by the data collection team member of staff who is following up on the incident, using a template similar to the **Incident Reporting Form provided in Appendix C** and the unedited hard copy should be provided to the relevant Safeguarding Focal Point. The purpose of the incident report is to document sufficient information to allow the Safeguarding Focal Point to understand the situation and identify the individual involved in the incident to ensure proper follow up. Data collectors would not be required to solicit full or detailed information about the incident. Since data collectors may not have any prior training in handling cases of abuse, they should only collect the most relevant details following the template in order to ensure an appropriate response by trained staff. Adolescents and young people should not be left open to probing by others (e.g., parents/caregivers, community, etc.) after the consultation without the necessary supports. **To help ensure this, data collection teams must seek to minimize the amount of information that is shared before an appropriate response is put in place.**

INFORMED CONSENT AND ASSENT

Sample Consent and Assent Forms for the consultations are included in **Appendix D** of this Toolkit.

Consent and assent must be obtained from (during the mobilization process and/or immediately before FGDs, KIIs and case study interviews):

- Participants for participating in the FGD/KII/case studies
- Participants for use of a recording device, if relevant
- Participants for taking photographs, if relevant
- Caregivers (in addition to the child's assent for children under 18 years – except for children who are under 18 but married/in union)
- Village chiefs and other local authorities, where relevant

Key things to remember:

- Use **Information Sheets** (see Appendix D for examples) to help present consultations prior to consent
- Ask for consent from each individual participant
- Invite participants to ask questions throughout the consent/assent process
- Verbal versus written consent/assent will depend on the context and literacy levels. Written consent/assent (or thumb print) is preferred. If this is not possible, a member of the data collection team should document in writing that all participants consented/assented.

GENDER RESPONSIVE AND INCLUSIVE CONSULTATIONS

WHAT DO WE MEAN BY GENDER RESPONSIVE?

A gender responsive approach is key for a successful consultation. Being gender responsive during consultations means understanding and addressing the gender specific barriers to active participation in focus group discussions of diverse profiles of adolescents and young people due to identity factors such as sex, age, ethnicity, location, sexual orientation, gender identity/expression, religion, ability, education, employment, family status or other factors.

To mitigate those barriers, the following questions should be considered:

Who is identifying the participants?

Even when criteria for participation is clear, specific attention should be devoted to the way participants are identified to limit the risk of excluding those who are from poorer families, disadvantaged, with different abilities and ethnicities, gender variant or who have been always forgotten. For instance, while important partners in the process, having village leaders designating families and children/adolescents and caregivers who will be participating have the risk of involving privileged families or those that "fit" according to their perspective. If the head teacher is selecting students for their participation, further guidance to the principal will be needed to limit the risk of choosing only high-performing students who may have less challenging school experiences. Intentional steps should be taken to ensure that in a defined profile, the selection of participants is as inclusive as possible, based on the specific context. A combination of recruitment methods (through community assembly, community leaders, schools, parents, public criers, women's and girls' local groups) may be helpful.

Who facilitates? Who participates?

Women and girls may feel more comfortable answering questions or participating in a discussion if another woman is leading the discussion. A critical element is to ensure that women and young girls fluent in the language spoken by participants, and well trained on facilitating discussions on social change and gender norms, facilitate discussions with other women or girls. The same goes for discussions with men and boys which need to be facilitated by groups of men and young boys. Group formation should take into consideration factors that are important for ensuring participants feel safe and comfortable to express their views (see Box 1).

BOX 1

Guidance for Contextualizing Group Formation for FGDs. Key points to consider to appropriately contextualize tools and participant selection criteria include:

Sex: Participants may feel uncomfortable expressing their views in front of another sex.

Age: For example, adolescents' boys may not feel safe sharing their fears/concerns in front of older community members, if it is contrary to acceptable expressions of gender, masculinities or other accepted traditional norms and values.

Marital status: Marital status may influence the situation/experience of the participant relative to the topic. For example, married and unmarried adolescent mothers may have different experiences with seeking facility-based health care services.

Kinship: Participants may be reluctant to speak openly in front of family members.

Power dynamics: For example, a young woman may not feel comfortable speaking freely in front of her mother-in-law. Consider community socioeconomic and ethnic hierarchies, as marginalized community members may not wish to speak up in front of members of influential ethnicities/castes/tribes/religions or other dominant groups/identities. In such contexts, separate groups should be considered.

Language: In contexts where multiple local languages are spoken, minority-language populations may not be comfortable to share their thoughts if the discussion happens in the dominant language.

When forming groups, always consider the sensitivity of the subject matter, and ask: will the participants feel comfortable and safe speaking in front of the other participants?

Where will the participatory group discussions and interviews take place?

Safety and mobility are important factors to consider when determining where women and girls are able to meet. This must be considered when planning for the FGDs, KII and case study interviews. More details on selecting appropriate locations for the consultation sessions are provided in Box 2 below.

BOX 2

Selecting an Appropriate Location for FGDs and Interviews

Select a location where participants in the FGD, KII or case study interview feel comfortable and safe sharing their opinions. A venue that is appropriate for men and boys may not be appropriate for women and girls and vice versa.

- ✓ Whenever possible, consider using a space that participants are already familiar with or a neutral space. A familiar and/or neutral space can help participants to feel comfortable, which, in turn, may mean they are more willing to share their experiences. Avoid spaces imbued with power dynamics, particularly related to the village chief such as the village chief's courtyard or spaces that are inaccessible for certain groups of the community for ethnic or religious reasons.
- ✓ Be sure that the size of the space matches the size of the focus group (including the participants, facilitator, note-taker and observer).

The location should be:

- Comfortable
- Convenient
- Welcoming
- Safe
- Accessible (including for people with disabilities)
- Private*

*For adolescents, select a space where adults (parents, caregivers, teachers) can be seen but not hear the discussions.

When to carry out the participatory group discussion?

It's important to pay particular attention to the period to plan the consultations (e.g. during holidays versus school-year) as well as the time to meet with each profile and how long (in-school girls will likely prefer to meet after school hours or on Saturday while out-of-school girls may be available early in the morning). The gender division of labor affects also when to meet. See Box 3 below for more considerations for the timing of focus group discussions and interviews.

BOX 3

Timing and Conduct of Focus Group Discussions and Interviews

Short:

- 90–120 minutes maximum, depending on age/availability or participants of focus group discussions.
- 30–45 minutes maximum for interviews

Convenient:

- For each sex/demographic group, consider household, economic and agricultural responsibilities, abiity, mobility and religious/cultural activities before selecting a time and date. Include provisions for child care, if possible.
- The timing that is convenient for men participants might not be convenient for women participants.

Safe:

Consider safety implications with a gender and age lens (for example, what might be safe for men and boys, may not be for women and girls), especially for travel to/from the site after dark.

Coordinated:

For cetain participant groups, consider coordinating schedules with schools, employers and health facilities. The FGDs and interviews should not affect the realization of rights. For example, avoid engaging students or teachers during school hours.

Participatory:

Engage the community ahead of time to identify a convenient time/day. You may need to solicit buy-in from men influencers and leaders or family members before speaking with girls and women.

How to create safe spaces?

Being both gender-responsive and inclusive, necessarily includes thinking about safety for all participants. Lack of safety is indeed a barrier to meaningful participation. A safe space is a place or environment in which a person or group of people can feel confident that they will not be exposed to discrimination, criticism, harassment, shaming or any other emotional or physical harm. It is a space that does not permit judgment based on one's identity or experience, meaning that individuals can express their identity, share their experiences and have those affirmed without fear of consequences and without the pressure to educate others. While learning may occur in these spaces, the ultimate goal is to provide support[4]. It is a place where the ground rules protect each individual's self-respect and dignity and strongly encourages everyone to respect others[5].

Adolescent girls and young women participate in a working group discussion during a prioritisiation/design workshop.

Benin, October 2020

Safe spaces can provide a break from judgment, unsolicited opinions, and having to explain yourself. It also allows people to feel supported and respected[6]. This is especially important for marginalized children, adolescents and young people in all their diversity, such as LGBTQIA+ individuals, those who are racialized, and those with disabilities.

4. https://alternativebreaks.org/safe-or-brave-spaces/
5. What is a Safe Space? | The Safe Space Network (tumblr.com)
6. https://alternativebreaks.org/safe-or-brave-spaces/

BOX 4

Ensuring Safe Spaces for Participation of Adolescents and Young People in All Their Diversity

- Where possible identify and train **adolescents/young people with the same sex or identity markers** to lead the consultation/activity to contribute to making the space safer.
- Make an effort to **'level the playing field' and power dynamics** that may exist by having participants positioned in a circle formation (meaning there is no head, front, back positions/seats). Consider having the facilitator sit on the floor which puts them at a lower position from the participants.
- Set collaboratively **few norms around respect** and conditions for participation. Example of norms include[7]: No judgement; Be open – Willingness to engage in conversation; Respect; Listening – listen to others and let others speak; Be sensitive to others experiences.
- Be explicit about reminding all of **confidentiality** and not sharing what is said in the consultations/activities and not sharing names when telling a personal story that may be about someone in the community.
- Go at the right pace and **do not rush anyone.**
- Be okay with some **moments of silence** and inform others that this is okay to take moments to think and digest what they have heard.
- **Be an ally.** Being an ally, and also the facilitator of the group who is responsible for managing the safety of the participants, means calling out behaviors that are inappropriate, abusive or go against the norms around respect set by all participants[8].
- Where feasible and appropriate, use Ombea, Mentimeter or other **technology** to collect anonymous responses to select group discussion questions.

WHAT DO WE MEAN BY INCLUSIVE? INCLUSIVE OF WHOM?

Inclusion is about bringing people into a process in a meaningful manner. It is the process of improving the terms for individuals and groups to take part in society and to fully enjoy their rights. It requires addressing the root causes of exclusion and understanding how intertwined the roots of different forms of exclusion are. Inclusion involves improving the opportunities available to all children, adolescents, young people, in particular those who are marginalized, excluded and under-represented, including children with disabilities, and LGBTQIA+ for example, who are excluded on the basis of the social groups they identify with or are associated with, as well as respecting their dignity[9].

Inclusion means:

- Providing equal access to participation opportunities, resources, and services for people who might otherwise be excluded, marginalized or under-represented.
- Building an environment that is responsive to people's diversity and how different people access the world around them
- Applies to social, cultural, intellectual and environmental conditions

Exclusion happens when those amongst us face barriers to:

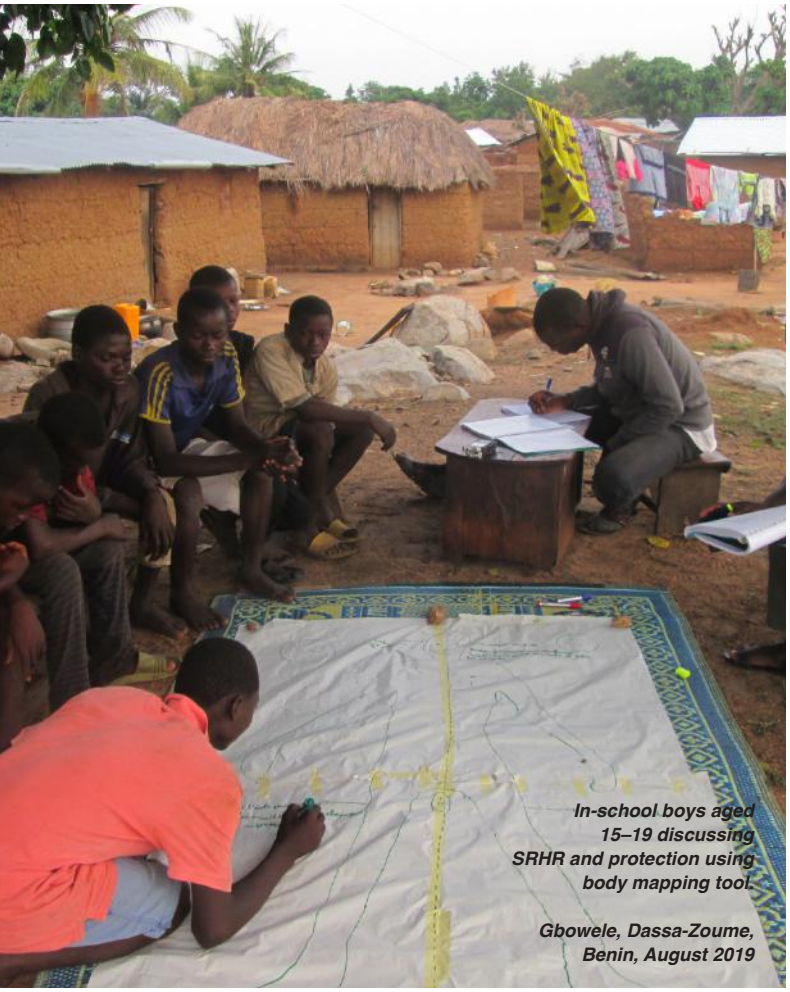
- Accessing services and resources
- Participating in family life, community, society
- Feeling a sense of belonging, a sense of being equal and having equal rights

Forms of exclusion based on sex, age, schooling status, work status, childbearing and marital status, location, ethnicity are included throughout the consultations process and tools. Additional considerations for participants with disabilities inclusion are below.

In-school boys aged 10–14 discussing education and protection using body mapping tool.

Gbowele, Dassa-Zoume, Benin, August 2019

7. National Campus and Community Radio Association. Anti-Oppression Toolkit.
8. SURJ (Standing Up for Racial Justice). Shut Up Uncle Bob Anti-Oppression Workshop. Handout from session 5: Supporting LGBTQ Youth.
9. Plan International (2017). Gender Equality & Inclusion Policy.



In-school boys aged 15–19 discussing SRHR and protection using body mapping tool.

Gbowele, Dassa-Zoume, Benin, August 2019

CONSIDERATIONS FOR PARTICIPANTS WITH DISABILITIES

Worldwide, about 1 in 20 children have a disability[10]. Children and young people with disabilities face many barriers to participation and are a particularly vulnerable group in the communities. Gender inequality can further exacerbate exclusion for girls and young women with disabilities.

It is important for the consultations to be inclusive of adolescents and young people with disabilities and caregivers of adolescents and young people with disabilities. It is each data collection team's responsibility to ensure that selection of locations and methodology is inclusive of those girls, boys, young men and young women with differing abilities. In the P4G consultations, for example, 55 (26F:29M) participants living with disabilities took part. Participants were included in the same FGD sessions as persons who did not identify as having a disability. To learn more about the particular challenges and opportunities faced by adolescents and young people with disabilities in the targeted communities, case study interviews were used as a way to further probe on key questions. The following presents some guidance on how to adapt consultations for different participants.

GENERAL GUIDANCE FOR ALL TEAMS[11]

- Participants with disabilities want to be treated the same way as participants who do not have disabilities.
- Always communicate with the child, young person, or adult with respect, dignity, empathy and equality.
- Do not treat someone with a disability with more familiarity than anyone else.
- Do not assume that someone with a disability requires special treatment all the time. Politely ask for permission before helping someone. For example, say "May I help you with that?" or "Would you like me to … for you?".
- If you are unsure whether someone can perform certain activities, ask what they are able to do, not what they can't do.
- **If a carer or interpreter is present:**
  - Always look at and address the child directly, not the carer or interpreter.
  - Ensure that other participants feel comfortable for a carer or interpreter to be present, particularly if it is an adult or a person of a different gender.
- Ensure that FGDs and KIIs take place in accessible environments (e.g., outdoors). Do not use accessibility as a reason not to include a participant with a disability in consultations. **Look for location where:**
  - The path leading up to the location is smooth and even. Remove any tripping hazards or items blocking paths.
  - There are no steps or a ramp is available.
  - The room has sufficient lighting, if consultations are happening indoors.
  - Background noise is minimal.
  - There is ample space to move around. Look for spaces where there is enough space between furniture to accommodate wheelchairs.
  - There are few or no distracting things (fewer decorations and patterns).
- Make every effort to include participants with disabilities in the group activity.
- Use non-stigmatizing and gender-neutral language to avoid perpetuating stereotypes.

10. UNICEF (2013). The State of the World's Children 2013: Children with Disabilities. <https://www.unicef.org/sowc2013/files/SWCR2013_ENG_Lo_res_24_Apr_2013.pdf.>
11. Plan International (2017). Guidelines for consulting with children and young people with disabilities: <https://plan-international.org/publications/guidelines-consulting-children-and-young-people-disabilities#download-options>

FOR ADOLESCENTS AND YOUNG PEOPLE WITH HEARING IMPAIRMENTS

- Many people with hearing impairments are able to understand by lip reading (seeing the lip movements of the speaker as they speak).
  - Face the participant at all times when speaking and make eye contact.
  - Ensure everyone knows to make their mouths (and faces) visible when speaking since this helps others understand.
- Get the attention of the participant before you start speaking using signals (waving or taping them gently on the shoulder).
- Make sure there is enough light to see everyone well.
- Use various means of communication, such as gestures, body language, facial expressions and/or visual aids like symbols or drawing.
- Speak clearly in a normal way: do not shout or whisper, do not exaggerate your pronunciation.
- Keep background noises to a minimum.
- Consider using a sign language interpreter or career to interpret.
- Focus on the positive methods of communication that the participant can engage in, rather than the methods the participant can't engage in.
- Ask the participant and their caregivers what adaptations may be helpful. For example: communication through writing on notepads; sitting closer to the facilitator.

FOR ADOLESCENTS AND YOUNG PEOPLE WITH PHYSICAL IMPAIRMENTS

- If you are talking to a participant in a wheelchair or who is sitting down, ensure you are at the same level as the person. It is usually inappropriate to crouch down beside someone.
- Do not lean or sit on wheelchairs or other assistive devices. Do not push a wheelchair without asking a participant's permission.
- Provide a range of seating options for participants with various muscle tone and coordination skills (mats, cushions, stools, chairs). This way participants will be able to choose the most comfortable position in which to participate and be able to concentrate.
- Offer a range of writing tools with a variety of widths to accommodate different fine motor skills (skinny and fat markers or pens).
- Ask the participant and caregivers what adaptions may be helpful. For example: using hands-free activities with participants with upper body impairments; moving slowly and build resting time after energizers.

Young men in vocational training or young workers 20–24 years old doing a community resource mapping to discuss economic empowerment.

Gbowele, Dassa-Zoume, Benin, Augut 2019

FOR ADOLESCENTS AND YOUNG PEOPLE WITH VISUAL IMPAIRMENTS

- Check with the participant what they can see and what they can't. Never assume that they can see nothing.
- When approaching a participant, identify yourself clearly and tell them who else is present.
- Use their name to get their attention and say the name of each person you are addressing.
- Give a clear verbal description of surroundings and any visual information you are using.
- Use large sized font and using visuals/images that make use of strong colour contrast (i.e. blue and orange, pink and yellow, etc.).
- Tell them when you are leaving or moving away – do not leave someone talking in an empty space.
- Where possible, use a variety of textures (rather than drawing a body map, use a thick rope or piece of textured cardboard to outline the body).
- Ask the participant and caregivers what adaptions may be helpful. For example: asking if they would like to sit in the front; offer personal assistance for moving around; draw and write information in large text.

FOR ADOLESCENTS AND YOUNG PEOPLE WITH INTELLECTUAL IMPAIRMENTS AND/OR LEARNING DIFFICULTIES

- Give clear, concise instructions to the participant.
- Be prepared to explain more than once, if the participant does not understand the first time.
- Allow time for the participant to answer.
- Be patient and give positive reinforcement, but do not put "words in their mouths."
- Many people, including carers, underestimate the abilities of young people with intellectual impairments. Even if a carer is present, make every attempt to gain input from the participant directly.

- Take frequent, short breaks if needed.
- Make use of demonstrations to show how something can be done.
- Ask for clarification if you did not understand what someone said (rather than pretending to understand what someone has communicated).
- Ask the participant and caregivers what adaptions may be helpful. For example: allow the participant to respond in different ways such as drawing or with gestures; break the activity or questions into smaller parts.

FOR ADOLESCENTS AND YOUNG PEOPLE WITH COMMUNICATION IMPAIRMENTS

- Find out in advance of the consultations which method the participant is most comfortable using to communicate.
- If 'yes' and 'no' answers are the way one is able to communicate, ask questions that allow for a 'yes' or 'no' answer. They can use blinking, verbal noises, verbal words, pointing, etc. Find out in advance which method the participant is most comfortable using to indicate their 'yes' or 'no.'
- Communicate using pictures. These provide participants with the option to show their answer by picking up or pointing to a card with a picture, symbol and/or words.
- If there is a carer or friend who understands the individual's communication methods, invite them to be present to help interpret.

Female facilitator interviewing a girl to inform a case study.

Kotakpa, Bante, Benin, August 2019

CONSIDERATIONS FOR INCLUSION OF LGBTQIA+ PARTICIPANTS[12]

To be gender responsive and inclusive, it is important to critically examine how the gender binary is reinforced, challenge this, and collaboratively develop ways for safely improving inclusion of all genders, including gender variant children, adolescents and young people. However, it is imperative to properly and thoroughly assess the safeguarding risks to adolescents and young people when increasing LGBTQIA+ inclusivity. The legal, social and cultural contexts vary greatly from place to place and must be considered so as to minimize risk of harm/danger to the safety of LGBTQIA+ participants[13].

During the consultations process in Cameroon and Benin, the team has held reflections during the planning about considerations related to the engagement of adolescents and young people who are LGBTQIA+. Mindful of the culture and the importance of contextualization, the reflection led to the conclusion that a specific targeted profile will not be feasible to include considering the safety risks that they may be exposed to but if such profile is interested to join a session, they can choose the group they would like to join. See Box 5 below for a checklist of preconditions that need to exist in order to reduce safeguarding risks of implementing LGBTQIA+ inclusion measures.

BOX 5

Checklist of Preconditions for the Safe Inclusion of LGBTQIA+ Participants

Prior to implementing the LGBTIA+ Inclusion Guidance, ensure you have:

✓ Made oneself aware of laws (or lack thereof) around LGBT rights and protections. Being aware of the laws (or lack thereof) is an important part of understanding safeguarding risks to program participants who may come out during consultations, or who may be an ally to those participants.

✓ If safe to do so, have identified a local LGBTQIA+ organization that has experience in this area who can provide expertise and advice, ensuring confidentiality of the organization's work and its staff. **This is especially important if it is illegal to be LGBTQIA+ in the country in question.**

12. Adapted from Girl Guides of Canada (2015). "Guidelines for the Inclusion of Transgender Members." <https://gendercreativekids.ca/wp-content/uploads/2015/10/GGC-transgender-resource-guide.pdf>
13. LGBTQIA+ considerations were not integrated in the Plan For Girls consultations based on anticipated safeguarding risks. The considerations outlined in this section were retrofitted into the toolkit.

✓ Completed and documented rigorous safeguarding risk assessment on risks to LGBTQIA+ persons who participate in the activities, such as consultations. This includes documenting the risk level of various inclusion strategies for the context in question and the mitigation strategies for preventing or reducing risk.

✓ Knowledge about whether your organization has previously implemented LGBTQIA+ inclusive strategies or programming in the geographical areas in question:

- **If yes,** make oneself aware of the lessons learned and best practices that may have been documented.
- **If no,** consult relevant groups to assess to what extent the project/community is ready for LGBTQIA+ inclusive strategies and which ones may be possible for the given context.

✓ Checked if your organization has an inclusion policy which states that it is against discrimination and oppression in its various forms, including based on sexual orientation and gender identity.

✓ A policy and/or code of conduct that is explicit about anti-bullying and anti-discrimination of any person for any reason, including based on sexual orientation or gender identity.

✓ Identified and documented which key roles need capacity building (example: training, follow-up, coaching/mentoring) to be able to facilitate safe implementation and monitoring of new approaches/ strategies that are LGBT inclusive (i.e. facilitators of the consultations, supervisors of the facilitators, etc.).

✓ Trained key roles who were identified in the above step who need capacity building.

✓ Identified safe and relevant referrals and supports in case those are needed by individuals (consult safeguarding staff for help if needed, if these roles exist at your organization).

✓ Understood what a Safe Space is and are prepared to create conditions for setting up and maintaining a safe and confidential space for diverse individuals to participate safely without fear of any physical, social or emotional harm (for example from discrimination, bullying, harassment, violence). (Example: pre-identified confidential, accessible and safe spaces; budget for using those identified spaces; safeguarding risk analysis; training; implementing inclusion policy; safe transport).

FGD with parents/caregivers of adolescent girls focusing on adolescent girls issues using circle of influence tool.

Okouta-Osse, Bante, Benin, August 2019

Below are considerations for making activities/ consultations more inclusive of LGBTQIA+ participants, where it is feasible to do so.

Improve your own understanding and awareness:

- When planning, preparing and implementing consultations, make an effort to understand the factors affecting LGBTQIA+ adolescent and young people (i.e. social stigma, internalized homophobia or transphobia (internalized shame), violence, isolation, heteronormativity, impact from religion, etc.) by speaking to organizations who serve LGBTQIA+ communities in the locations where the consultations will be conducted or by doing some online research to see what resources may be available to you to learn more.

- Seek support from organizations who are already working with LGBTQIA+ adolescents and young people in those areas for expertise and advice on how to best provide support for LGBTQIA+ participants to participate safely and in a confidential manner. At the same time, don't assume that all LGBTQIA+ organizations are safe spaces for LBTQIA+ women and girls. Some of these organizations place may more emphasis on issues for specific groups, such as young gay men. Young LBTQIA+ women may not feel welcome in those spaces, and might set up their own organizations, or work through feminist or other groups[14].

- Make an effort to be aware of what marginalized, excluded, under-represented participants, such as LGBTQIA+, are worried or concerned about (e.g., being misgendered, bullying, teasing, washroom accessibility, etc.) which may be a barrier to them choosing to join activities, such as a consultation. This will better equip you to provide appropriate support for their participation.

14. Plan International (2020). Talking the Walk: Supporting Young LGBTIQ+ People in our COVID-19 Adaptation and Response.

- Make an effort to be aware of appropriate and respectful terminology that is used in relevant local languages and context. The words used to talk about LGBTQIA+ people and issues have a powerful impact. In conversations, the right words can help open people's hearts and minds, while others can create distance or confusion[15]. Consult local experts and resources for support on this.

- Understand the importance of gender recognition. Autonomy, or the ability to self-define according to one's own wishes, is an important part of being gender and LGBTQIA+ inclusive. In order to meet the needs of trans, non-binary, gender variant and intersex adolescents and young people, all have the right to have their own name and gender marker recognized. Participants should be referred to by the name they choose which may better reflect the gender they are (which may be different from the one ascribed to them).

- In sex-segregated groups, it is important to remember that there may be various genders represented. Meaning, in a group of females, not all may identify as a girl. Some may identify as a boy, neither or both. Avoid making assumptions about a person's gender (for example, based on hair length, style, clothing, etc.) which could result in misgendering them. Careful use of pronouns and/or use of gender-neutral pronouns will be important in not misgendering any of the participants.

Out-of-school girls 10–14 discussions protection and education using community resource mapping.

Okouta-Osse, Bante, Benin, August 2019

Capacity strengthening of facilitators to be inclusive

- Facilitators play a crucial role in creating and maintaining a safe environment for all adolescents and young people to participate, regardless of their sexual orientation, gender identity and expression or variations in sex characteristics. However, many may lack the confidence and knowledge to discuss LGBTQIA+ issues or to fully and competently support adolescents and young people who are LGBTQIA+. Training, guidance and coaching of facilitators in SOGIESC inclusion is a key step in the process of creating enabling environments for LGBTQIA+ adolescents and young people to participate in activities, such as consultations.

- Facilitators hold power and this power differential can be exacerbated when facilitators are from dominant groups. To help minimize or equalize the unequal power dynamic, identify and train facilitators with the same identity markers as participants to contribute towards making the space safe for under-represented, oppressed and/or excluded groups.

Clear and visible communication about inclusion values

- Be explicit and clear about inclusion values. Have an inclusion statement posted in the consultation venue for all to see as they enter, and/or read out loud during the introduction, **such as the following examples:**

"The organization values the diversity amongst adolescents and young people in its many forms, and therefore works to ensure environments where all adolescents and young people, from all walks of life, identities, and lived experiences feel a sense of belonging and can participate meaningfully. A commitment to inclusion means that programs and practices promote self-awareness and awareness of others; room for difference; and environments where all adolescents and young people, feel safe, protected, respected, and supported."

"All are welcome, no matter who you are, who you love, what language you speak, where you come from, what you look like, the colour of your skin, what your spiritual beliefs are."

15. Glaad. An Ally's Guide to Terminology: Talking about LGBT People and Terminology.

- Post a sign that it is a Safe Space and what that means. Talk about inclusion and diversity in the group norms. Ensure that group norms, which act as code of conduct, include anti-discrimination and anti-bullying of any person for any reason. This would include discrimination and bullying based on sexual orientation, gender identity and gender expression.

Support systems for children and young people

- Staff and those carrying out work on behalf of your organization are responsible for the health and wellbeing of all consultations participants. At times, LGBTQIA+ participants may require additional support and guidance, so staff/volunteers should be trained and ready to deal with any requests and provide psycho-social support (or other) info, guidance and referrals to those needing it.

Positive messaging

- Have inclusive resources available with representation of diverse people with diverse experiences in the images and consultations documents.
- Reflect upon how LGBTQIA+ individuals are represented and share and reinforce positive messaging about LGBTQIA+. For example, when stories, images, videos, case studies, etc. are used, assess what messaging and values are being presented, in particular, if these reinforce stereotypes, heteronormativity, and shame, or contrarily, if they are empowering.

A male young worker 20–24 years old participating to the FGD focusing on economic empowerment using community resource mapping tool.

Gbowele, Dassa-Zoume, Benin, August 2019

TIPS FOR CONDUCTING CONSULTATIONS DURING COVID-19

During COVID-19 times, consultation methods will need to be adapted to ensure the health and well-being of all participants and facilitators. Below are some general tips and guidance, which can be adapted to the specific context.

- It is very important to respect government policies and your organization's guidelines. Get the latest developments on government measures with regard to the organization of multi-person events (e.g., maximum allowable number, needed authorizations, measures to be respected for holding such events, etc.). This information can change regularly, so make sure you have the latest information available. You should also have a contingnecy plan in case you need to change the approach to a consultation activity.
- Encourage frequent hand washing. If possible, install hand-washing stations and ensure that there is enough soap and water at all stations and toilets. If gloves are available, encourage their use. Ensure disinfectant wipes are availale and used to clean common tools, where applicable. To whatever extent possible, ensure that participants have their own materials, such as pens, pencils, stickers, tape, flipchart paper, etc. so that they do not have to share with others.
- Encourage the use of face masks and make masks available to facilitators and participants.
- Maintain an appropriate physical and social distance for the duration of the consultations, as recommended by the government and your organization (e.g., 1 to 2 metres). Plan how physical distancing will be respected during travel to and from the consultation sites, during community mobilization activities, in the consultation space itself, etc. Ensure the consultation space is large enough for participants to disperse and participate safely.You may need to adjust how certain activities are conducted. For example, more work can be done in plenary instead of small groups or pairs. For icebreaker activities, energy-building activities and team building activities, consider approaches that don't require touching or being close to each other. If the training will be held in an indoor space, make sure all doors are left open throughout the sessions so that participants and facilitators do not need to touch the handles. If doors need to be closed for confidentiality purposes, ensure disinfectant /wipes to clean door handles and hand sanitizer are available.
- Participation must be entirely voluntary, including for participatns and facilitators. As part of the consent process, communicate clearly all COVID-19 prevention measures to ensure that all participants are aware and comfortable. Also ask participants if they have any specific needs or if additional resources are required to encourage their full and safe participation (i.e., to ensure that child care is available or that breastfeeding corners are in place). If, at some point, someone feels uncomfortable or does not wish to participate, that is acceptable and there should be no consequences. Regular communication should be maintained between participants and facilitators. Faciliators should check in with participants to see how they feel and make sure everyone is always comfortable.

FGD with Parents and caregivers of adolescent girls discussing adolescent girls' issues using circle of influence tool.

Djagbalo, Bante, Benin, August 2019

- When using laptops for transcription, ask facilitation team members to use their own laptop and not to share it with others. If the laptops are shared, make sure there is someone in charge of cleaning the laptop after each user. With consent forms, individual forms should be used and participants should place the signed forms in a main envelope so that the facilitation team can take them and enter the results on their laptop afterwards using safe hygiene and prevention measures.
  To minimize risks, sign-in sheets should be completed by the note-taker or observer rather than have each participant individually write in their own details.

- Health experts should be consulted for temperature taking of the facilitation team every morning before any activities are initiated. If any participant or facilitator is ill or has been in direct contact with someone who has tested positive for COVID-19, they should stay home and not participate in the activity. If any members of the facilitation team and/or participants appear ill during the consultations, the consultations should be halted immediately.

- If possible, have COVID-19 posters on prevention and response (i.e., information on health care, services to help survivors of gender-based violence, etc.) available.

2. MANAGING THE CONSULTATIONS PROCESS

Good planning leads to better managing of the process. But even then, things can go wrong. For example:

- Community members meeting the inclusion criteria cannot be found or are uninterested in participating
- Early data does not capture the depth of information needed
- Heavy rains/flooding or other weather-related issues increase travel times, prevent access to communities and lead to delays

This section outlines the main steps involved in executing the consultations to help consider potential challenges that might arise and actions that can be taken to resolve them. **Guidance is organized around the three phases of data collection:**

Phase 1: Community Entry and Mobilization

Phase 2: Conducting and Transcribing the Consultation Sessions

Phase 3: Team De-briefs and Community Exit

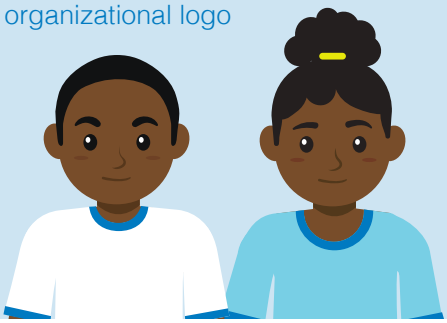
Plan for Girls staff interviewing a boy for a case study.

Gbowele, Dassa-Zoume, Benin, August 2019

PHASE 1: COMMUNITY ENTRY AND MOBILIZATION

Equipment and Material Needed:

- ✓ Fieldwork schedule and village information, including the data collection schedule per village and target groups required for each data collection team (see example in **Appendix B**)
- ✓ **Community Assembly Checklist** (see **Appendix F**)
- ✓ **Information Sheets** and **Consent/Assent Forms** (see **Appendix D**)
- ✓ Megaphone
- ✓ Pens and paper
- ✓ Branded clothes, hats or other articles of clothing with a visible organizational logo
- ✓ Camera



For the purpose of this Toolkit, community entry and mobilization can be defined as the process of initiating, developing and sustaining desired relationships with community members to promote transparency, secure and maintain the community interest and ownership, engagement and support in the consultations and broader project. Beginning the consultations with a strong community entry and mobilization process is essential. It sets the tone for interactions with community members, is an opportunity to explain the purpose of consultations and, above all, helps to build trust and understanding with the community. At a practical level, a successful community entry and mobilization process is critical to staying on schedule and ensuring a high quality of data collection.

Each community is different and will have distinct challenges, hence the importance of contextualizing the approach and planning for budget and time accordingly. Being aware and prepared for various challenges makes it easier to address them when in the field. Below are the major steps and considerations for community entry and mobilization, including some possible challenges.

FORMATION OF A COMMUNITY ENTRY AND MOBILIZATION TEAM

- Ideally, the community entry and mobilization team should consist of four to six people including two–three women and same for men, who speak the local language(s) of the community. Where possible, this team should include at least one project staff member experienced in communications. Other competencies and skills include: knowledge of local/cultural protocols; knowledge of the community you're visiting (i.e., who holds power and traditional/political/administrative authority, organizational structure, who are most marginalized in the community and why, who are the members of formal or informal local women's and youth groups/formations in the community); listening capacities; participatory facilitation skills; inter-personal communication skills; and a very good understanding of the project goals combined with an ability to translate them in a non-technical way in the local language(s). It's not expected each team member to have all the necessary skills[16].

- First impression with the community is key (who introduced you in the community, what do you wear, how you act, which language you speak, what you say and how you say it, how did you arrive in the community, where did you park your car, etc.). You can build the capacity of your team on these skills and protocols. The composition of this team can change as needed throughout the consultations based on availability and language skills. A fixed and distinct community entry and mobilization team can also be identified for the duration of the consultations, integrated into the data collection team, or supervisors can play this role.

- Once the team is formed, it is important to set clear roles and responsibilities among the team; plan and practice what each team member will share ahead of time. For example, one person, generally the team supervisor, will be responsible for pre-meetings and contacts with community leaders; during the community assembly phase, one person can facilitate ice-breaker activities such as community songs and dances; one person can share the information on the consultations from the **Community Assembly Checklist** (see **Appendix F**), one person can translate information into local language(s) if required, and another can coordinate the identification of the required target groups.

- Before entering the village, supervisors and each team member should review and have a clear understanding of the data collection plans, including schedules to be confirmed, tools to be completed and target groups. All team members are responsible for recruiting, informing,

16. Breakthrough action: Effective community entry processes: How to build partnerships with communities Webinar, August 2019, <https://www.youtube.com/watch?v=7L8yOyuJQCo>

and preparing participants for each data collection team.

- Important tips to consider by the team mobilization include: do no harm, don't make promises that cannot be fulfilled, respect community members, ensure the broad community is participating (i.e., not leaving behind marginalized groups), understand your roles and responsibilities, and book the time and location of the community mobilization based on their local availability.

Married/in union, pregnant or young mothers aged 15–19 discussing SRHR using community resource mapping.

Kotakpa, Bante, Benin, August 2019

PRE-MEETINGS WITH INFORMAL AND FORMAL LEADERS

- Prior to the community assembly and consultations, supervisors and, if available, one or more members of the community entry and mobilization team(s) should meet with women and men influencers, including any local women or youth groups (formal or informal), the formal leaders and village chief(s), councilors, politically appointed leaders and equally important informal leaders such as faith-based leaders, wise elders women and men, traditional leaders, school principals, etc. to orient them on the project and consultation process, its purpose, data collection schedule, and needed support. The team of supervisors should ensure that community leaders understand this information and are encouraged to ask questions when needed. Supervisors should also take this opportunity to seek the support of village leaders and their delegates to inform the community of the community assembly and upcoming consultations and request feedback and advice on how to best engage the community, in the most representative and inclusive way possible. It may also be helpful to confirm the availability of different target groups during the data collection period – and develop daily data collection schedules accordingly. Pre-visits can also help to identify information needed for logistics planning, such as the availability of accommodations, water and sanitation facilities, electricity and other amenities for use by facilitation teams.
- During the initial meeting with the village chiefs/ influencers, it is necessary to inform them of the need and importance of having safe and private spaces or rooms to conduct focus group discussions, interviews and case study interviews, as well as a work space for the supervisors (if available). Though all villages differ, some may have available spaces or rooms for these activities. These often require some preparation before use. If only outdoor spaces are available for use, it may be necessary to procure mats and other materials to ensure participants are comfortable during the sessions.
- Immediately leading up to the consultations in each community, supervisors should re-contact each village chief individually before the scheduled visit to confirm that the community can still receive the data collection team on the scheduled date, as well as briefly revisit the consultation schedule, process and needed support. In-person visits can also be done, if resources allow. This is an important reminder and check-in, as there are many factors that could impact established plans, including for instance village events and activities, rainfall, etc.
- The community welcome/greeting will differ. It can be helpful to plan for the different scenarios that could take place and how the team will respond to each situation. This can often be highly dependent on the village chief and their preparations, thus the importance of orienting the village chief and following up.
- It is important to have open lines of communication with the village chief, especially before and during consultations, but also after leaving the village. Note that this can be a long process and it is important to take it into account in the field work schedule, especially if it is led by members of the data collection team.

In school boys, 15–19 years old, discussing SRHR and protection using body mapping tool.

Djagbalo, Bante, Benin, August 2019

COMMUNITY ASSEMBLY

- When possible, the community assembly should take place the day before the data collection team arrives to conduct the consultations. This helps save time and to stay on track with the schedule. It ensures the required number and profiles of participants have been identified and informed about their participation in the consultations the following day, including times and locations for consultations. It also allows consent meetings and forms to be completed in advance (for example, the consent forms for parents/caregivers of children under the age of 18). For safety purposes and to promote greater community attendance, avoid conducting village assemblies too late in the evenings after dark.

- With the support of formal / informal leaders and the community entry and mobilization team, notify community members of the community assembly, encourage their participation, and guide them towards the location where the assembly will be held. If needed, a megaphone can be used to help inform and bring them together. This can be helpful in general to grab the community's attention and guide them in the right direction but is particularly helpful when dealing with large groups or when attendance is low, and the team needs to reach more participants. Where possible, releases on local radio can be used to raise awareness of the consultations ahead of time. In urban and peri-urban areas, mobilization teams may need to lean on resourceful community members or delegates and door-to-door mobilization in order to recruit participants matching eligibility criteria.

Community assembly held as part of the P4G consultations in Cameroon

- Once community members are assembled, the community entry and mobilization team should help to create an atmosphere of trust and openness by briefly introducing themselves and other team members of the consultation team (including those who may not have yet arrived in the community). If relevant, note when there are team members that come from surrounding area(s) – no team members should come from the same community where data collection is being conducted. Including some ice-breakers such as songs and dances can also be helpful.

- The community entry and mobilization team should then refer to the **Community Assembly Checklist** (see **Appendix F**) to discuss the below:
  - The organizations involved, including their mission and experience in country
  - The project, including information about the initiative, the purpose and the process
  - The consultations, including the purpose, process and data collection team composition
  - Participation in the consultations (i.e. why participate, what participation involves, consent and confidentiality)
  - Next steps after the consultations (what will be done with the data collected, how they will be shared back, what else will happen)
  - Target groups to be consulted in the community

- When explaining the purpose and process of the consultations, it is important to emphasize the below points – which can have a considerable impact on the consultation process, including the schedule, recruiting participants, completing planned tools, the community's level of understanding of the consultations and project, as well as their active and open engagement in the sessions.
  - Consultations are one part and the initial stage of a project that serves to collect information on the views, perspectives, opinions and experiences of community members to help understand the needs and experiences of the community which will help inform the design of the project and activities.
  - During the sessions, there are no right or wrong answers. The team is here to gain a better understanding of each groups' opinions, needs and experiences and it is expected that these may differ among participants. The team also wants to hear about their priorities and recommendations.
  - Only a select number of participants will take part in the sessions and their discussions will serve to represent the views and experiences of their groups in the community. Nevertheless, all community members will benefit from the project in some way. During the assembly, the team will be recruiting a select number of participants who volunteered to participate, after which no more community members will be invited unless notified by the village chief or the data collection team.
  - The importance of respecting the privacy of participating community members, including what will be discussed in the sessions, and to avoid crowding around participants during the sessions.

- After discussing each target group, the community entry and mobilization team should recruit participants for all tools to be completed by the data collection team. Once recruited, the team should prepare participants for the sessions, including agreeing on the time and place of the session. Where applicable, parents/caregivers will also be informed, and the consent processes carried out. The community entry and mobilization team should then update the data collection teams on the status of recruitment and scheduling.

PHASE 2: CONDUCTING AND TRANSCRIBING THE CONSULTATION SESSIONS

Equipment and Material Needed:

- ✓ Participant lists
- ✓ **Information sheets** and **Consent/Assent Forms** (see **Appendix D**)
- ✓ **Data collection tools** and **Image boxes** (with verbal consent/assent scripts, see **Appendix A**)
- ✓ **Note-taking templates** (see **Appendix E**)
- ✓ Copies of the **Incident Reporting Form** (see **Appendix C**)
- ✓ Copies of the **Child and Youth Safeguarding Tool** for facilitation teams (see **Appendix C**)
- ✓ Laptops for transcription, recording devices and cameras

INTRODUCTIONS, CLOSING AND ICE-BREAKERS/ENERGIZERS

Each FGD/KII session must start with an introduction that covers the purpose of the session, how information collected will be used, what is required of participants if they take part, voluntary participation and withdrawal, privacy and the limits of confidentiality and contact details for further information. It is also important that participants are given the opportunity to ask questions and to know that there are 'no right or wrong answers.'

For groups of adolescent girls and young women, it is important to remind them that these discussions are only the first step in engaging in a process where they will take on roles in their communities.

Objectives:

- Explain what the FGD/KII is for and how the information will be used.
- In particular, during sessions with adolescent girls and young women, tell them that they are experts in their communities. Explain that by sharing their experience and knowledge, they are being part of a process and this discussion is only the first step in a future engagement as leaders and agents of change to guiding activities of a project, future of girls and activities in their communities.

Duration:

Clarify how much time the discussion will take.

Roles:

Introduce the name and role of the facilitator, note-taker and observer present during the session. Introduce the Safeguarding Focal Point.

Confidentiality:

- Clarify that names and identifying factors will not be used by Plan International or facilitators when results are shared (names do not need to be recorded at all, only relevant factors such as age and sex).
- Explain that the expectation is that participants should also respect each other's confidentiality by keeping the discussion private.
- **The following statement on confidentiality must always be included in the script:**

"Anything you tell us will be confidential. Confidential means that we all agree that we will not tell others the personal stories and things we hear and talk about together. We will not use names of others in these stories. But, if I think that a child or young person is in danger, then it is my job to share this information with people who can protect the child or young person. I would only tell people who need to know and can help."

Reporting Mechanism:

- When engaging children, it should be mentioned that if cases of child abuse are shared, or if the facilitators are otherwise concerned about child safety, that certain steps will be taken as per the specific child safeguarding incident reporting mechanism.
- As privacy is not possible in a group setting, probing of any information point to a potential incident of abuse should generally be done privately and individually so that participants are not put in a situation where they might need to disclose sensitive information in front of others.
- If an FGD/KII participant decides to disclose abuse that they have experienced, is currently being exposed to, or has knowledge of, facilitators, and particularly the Safeguarding Focal Point, have a responsibility to follow the organization Child and Youth Safeguarding Policy and procedures for reporting.
- Incident reports must be hand-written and the unedited hard copy must be provided to the Supervisor for sharing with the organization's Safeguarding Focal Point.
- See the **Child Safeguarding Tool** and the **Incident Reporting Form** for more details (see **Appendix C**).

Interview with an economic empowerment actor.

Mayamon, Benin, August 2019

Voluntary:

- Note that participants may leave or refuse to answer any question at any time and that this will not affect their standing with the organization.
- Note that they will not be given money or anything else to take part in the discussion.

Recording Devices:

Explain the value of the recording device and who will have access to it, how long the information will be kept, how it will be stored, and when it will be disposed of.

Photographs:

- For case studies, pictures are often requested. Written or verbal consent must be obtained, and this consent must be documented. The interviewer must inform the respondent on how the picture will be used; who could potentially see it; and how the picture will be labelled (name, title, etc.).
- Consent should be obtained before the picture is taken and confirmed at the end of the interview, following local processes, practices and policies.
- If the respondent rescinds their consent, the picture must be deleted.
- If the respondent is below 18, their parent/caregiver should also provide consent (unless they are married).
- Photographs must always maintain the dignity of the person being photographed and be in line with the organization's photography policies.

Follow up:

- With adolescent girls and young women, an **Image Box** (see **Appendix A**) can be used at the end of the FGD to review the rest of the process.
- Share the contact person in case participants want to follow up and outline plans for sharing the information back with them.
- Based on the risk assessment and the literacy level of participants, it may be appropriate in some cases to provide to every participant a written/visual document with information on the FGD/KII, contact information for the facilitators and the organization Safeguarding Focal Point, as well as resources to key agencies for relevant support.
- Give opportunity to participants to ask any further questions.

Use ice-breakers at the start of FGD sessions to help create a safe environment where participants feel at ease and can speak up. Examples of **Ice-breakers/Energizers** are included in this Toolkit (see **Appendix A**). Ensure that ice-breakers are age-appropriate, culturally-sensitive and easy and quick to administer. Ice-breakers can also be used as energizers mid-way during the FGDs, if participants are closed-off and not actively participating.

ROLES AND RESPONSIBILITIES OF FACILITATION TEAM MEMBERS

Under the leadership of the supervisor, an optimal facilitation team would have four members:

1) Facilitator
2) Note-Taker
3) Observer
4) Transcriber

with the actual presence of at most three members (facilitator, note-taker and observer) in a given FGD.

KIIs and case study interviews should be supported by at most two members (facilitator and note-taker). Ideally, for all tools, the Note-taker would transcribe the notes for the session the day after (therefore will not be available for a FGD) – using audio recordings and the completed note-taking templates. The four-member team allows for positions to be rotated. This enables regular and coordinated breaks and time for session preparation, as well as guards against burnout. It also ensures that transcripts are produced while sessions are fresh in the minds of note-takers, which ultimately improves their quality.

- Even if roles are assigned to each member of the facilitation team, it is important for the team to support one another, fill in for others when needed, and remind each other of different tasks.
- Immediately after the FGD, the Facilitator, Observer, and Note-taker should debrief and ensure notes are clear and accurately capture the discussion.

Adolescent girls 15–19 years old, not in education, employment and training doing an energiser during a FGD using road vision journey tool.

Dingale, Lagdo, Cameroon, September 2019

Before each session, team members should be clear on their roles and prepare accordingly:

Facilitator

Review the tool, understand the objective and the discussion questions (main and probing questions), and ensure all needed materials for the session are available. Lead the debriefing.

Note-Taker

Review the tool and note-taking template, understand the objective and the discussion questions (main and probing questions), and coordinate with the facilitator and observer to ensure notes are sufficiently detailed and capture both verbal and non-verbal communication. Discuss and select cues to be used by the facilitator to discretely flag key points to the note-taker during the FGD. Manage the recording device. Collect and label the FGD documentation.

Observer

Coordinate with the Note-taker and record processes and context. Coordinate with the Note-taker and ensure that the work environment is conducive to optimal information gathering and follows the guidance on the selection of locations for discussions. It is also their responsibility to take pictures during group discussions.

Transcriber

Responsible for transcribing based on the recording as soon as possible and preferably the day after the FGD, KII or case study interview.

Safeguarding Focal Point

The two designated safeguarding focal points with the required knowledge and skills will determine each day who will play the role.

Supervisor

Teams should be supported by a supervisor playing roles both before and after the sessions, including leading refresher trainings (based on needs identified during de-brief meetings) and providing further guidance on areas that need better probing in the consultations (based on a review of transcripts).

Facilitation

The Facilitator's role is to lead the discussion and to plan the team de-brief meeting immediately after each session.

Key expected behaviors of the Facilitator are as follows:

Prepare:

- Be very familiar with the FGD/KII tool before the session – avoid reading out questions from the guide but refer to them for reminders from time to time. Facilitators absolutely must know the objective of the tool before the session.
- Make sure to have the right translation of words and questions in the local language(s).
- Make sure to have a summary of the points to share during the introduction and conclusion. Facilitators need not read or recite these points. Good preparation will suffice to remember these points.

Listen:

- Listen attentively without judgement, and in a sensitive and empathetic manner.
- Avoid making assumptions, including about whether someone has a disability or not (some disabilities are not visible or obvious), their sexual orientation (who they are emotionally and physically attracted to), or their gender identity (whether they feel like (or identify as) a girl or not and prefer being referred to as 'she' or not).
- Respect the contributions of all participants.
- Use neutral language and facial expressions. Facilitators should avoid agreeing/disagreeing or sharing their own knowledge and opinions or otherwise 'giving the answer' – otherwise participants may feel frustrated and stop contributing or may try to please Facilitators by saying what they think you want to hear.
- Mediate conflicts if they arise and enforce the ground rules/group norms (e.g. taking turns to speak, respecting others).
- For repetition – move on to the next question when participants stop sharing new information.
- Check or ask for clarification when unsure of what the respondent meant.

Ask Questions:

- Slowly, one at a time, giving lots of time for participants to think and respond.
- In language that is simple and clear, avoiding terminology that they may be unfamiliar with, and ensuring that language is appropriate for every single participant, including young children or participants with different language capacities.
- In a conversational, relaxed manner.
- As per the tool, ensuring that all intended questions are covered. But be flexible in interviews – ask questions in an order that makes sense for the conversation.
- A second and (if needed) third time, checking with participants that the question is clear.

Summarize and Respond:

- Summarize participants' responses and discussion points after each main question (as well as points of consensus and disagreement) in a neutral manner and then ask if anything has been missed or misunderstood in order to ensure that you have understood and accurately reflect what has been discussed.
- If they ask about the project, respond briefly and offer to share more after the FGD/KII. Do not raise expectations or make promises that may not be possible to follow through on.

Young women 20–24 years old not in education, employment and training participating to a discussion on their realities using road vision journey tool.

Bakona, Lagdo, Cameroon, September 2019

Encourage:

- All participants to speak. If a participant appears shy, gently invite them to speak, but don't push if they seem uncomfortable. If one participant is dominating the discussion, encourage other inputs. You could try for example: "Thank you. What do other people think?" If a participant is disrupting the group, try speaking with them privately during a break. It may be useful to acknowledge that they have a lot of vital information, and to ask if they could stay after for a case study interview. This gives them the opportunity to discuss in more detail rather than disclosing everything during the group discussion.
- Remind participants that all opinions are equally valid and encouraged, and that there are no right or wrong answers.
- FGDs should be sex- and age-separated. However, even in such conditions, facilitators should be aware of the power dynamics inherent in a group setting and seek ways to engage those who are quiet. For instance, groups that may have a young married girl and a young sister-in-law together can hamper open sharing. Socio-economic status, class, religion or ethnic differences can also mean power imbalances in the group. Assumptions around heteronormativity, meaning the assumption and belief that there are only two genders and two sexual orientations, and that these are the norm, reinforces stereotypes and can result in some participants feeling unsafe, excluded and less able to participate. Facilitators should, therefore, ensure that every participant is treated equally and has a voice, seeking ways to engage those who are quiet, for instance. Throughout the sessions, facilitators should encourage participants and emphasize that they all have varied lived experiences are the experts in their own diverse lives and environments.

Parents/caregivers of adolescent girls after a discussion on adolescent girls issues using circle of influence tool.

Bakona, Lagdo, Cameroon, September 2019

Observe:

- Which experiences and opinions are common, and where there are differences
- Where they are sitting, sit at the same level (if they are on the floor, sit on the floor as well).
- If any participant gets upset and, if needed, seek support from the Safeguarding Focal Point.

Dig Deep:

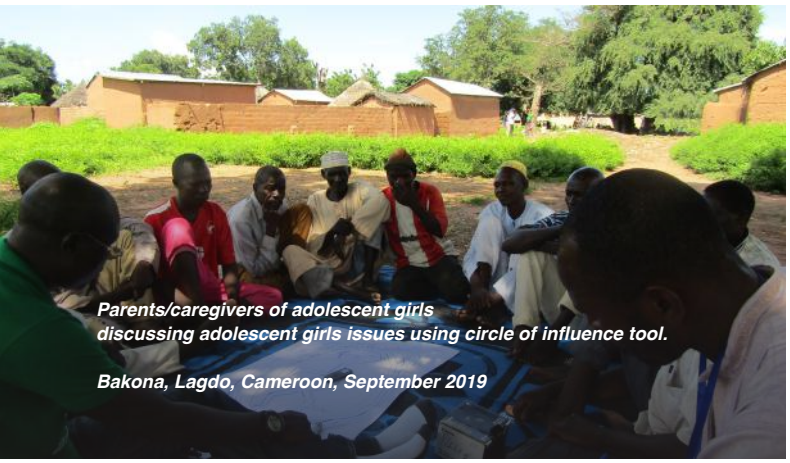
- Request that participants explain their answers in detail with probing questions: ***"Can you tell us more?"***; ***"Help me to understand what you mean"; "Can you share an example?"***
- When you want to know 'why', try probing three times. Use non-judgmental language and avoid giving the impression that you are questioning their answer(s), by asking the questions provided above rather than asking ***"Why?".***
- Probe to explore if there are any particular groups who face increased challenges due to ethnicity, religion, family status, disability, sexual orientation or other factors.

Wrap Up:

- Thank participants, repeating the purpose and value of the FGD/KII.
- Repeat how the information will be used and who it will be shared with but avoid making promises – explain that the project cannot necessarily address all of the concerns raised.
- In the sessions with adolescents and young women in particular, remind them again that this discussion is just the beginning of an exciting process, where they will guide the future of the project and their own lives.
- To ensure accountable participation, let the participants know when a summary of key findings will be shared with them. Particularly with AGYW, use the **Image Box** (see **Appendix A**) to support your explanation.
- Invite any questions or comments.
- Announce that the Note-taker will collect more information about their profile.
- Share information on referral services, if necessary, and share the Safeguarding Focal Point's contact information again, if appropriate.

Note-Taking

Note-takers are responsible for taking detailed notes during the FGDs, KIIs and case study interviews, capturing both participant responses to questions, as well as the non-verbal cues related to tone, mood and body language, ensuring that the information is free from their own bias/opinion/views as much as possible. It is also best to record any biases/opinions/views expressed or displayed by session facilitators and to document it in the final reports. In the case of a KII, the interview facilitator may be required to perform the note-taking role at the same time.



Parents/caregivers of adolescent girls discussing adolescent girls issues using circle of influence tool.

Bakona, Lagdo, Cameroon, September 2019

Key points for Note-Takers to consider include the following:

- Identify the signals to be used by the Facilitator to discreetly point out key points to the Note-taker during the sessions.
- Configure the audio recorder, ensure that the device is close to the participants (and not to the facilitating teams) and operates effectively throughout the session. If necessary and to maximize the quality of the audio, avoid large circles and bring the recorder closer to the participants; for example, if they move during the session. However, avoid disrupting the session.
- When using a recording device (after getting appropriate consent), the Note-taker rather than the Facilitator should be in charge of operating it, to avoid disrupting the FGD. If during an interview, only the Facilitator is available to lead the discussion (without the support of another team member), the Facilitator should act as a Note-taker and be responsible for the recording device.
- Draw how the participants, as well as the Facilitator, the Note-taker and the Observer are seated.
- Assign each participant a number (from left to right) and record it in the note-taking template. Every time a participant speaks, note their number followed by their response. The number should not be linked to their name. The objective is to show how many different people are speaking and provide certain types of responses. Flag if the same participant states an opinion multiple times to avoid over-emphasis in the discussion notes and during analysis.
- To assess the level of consensus (verbal and non-verbal) of certain subjects raised during the discussion, use the codes below followed by the number of participants to indicate in the notes the number of participants who agree, disagree and who do not provide an answer (either verbally or non-verbally):

Codes	Definitions
A	Agree
D	Disagree
NR	No Response

Example – To write in the notes:
Subject, experience or opinion raised by the participants (if 10 participants).

A= 5

D= 3

NR= 2

- Record key points with as much detail as possible, using the participants' choice of language (if an exact quote is recorded, indicate it with " "). When key messages/ideas are shared, record exact quotes to ensure that is it clearly distinguished from other notes.
- Write only what respondents say – avoid making assumptions, interpretations or hypotheses about what they mean. If necessary, clarify with the participants by flagging it to the facilitator.
- Record all questions, answers and all verbal and non-verbal observations from participants and Facilitators, such as:
  - Questions (main and probing) and summary of participant responses by the Facilitator
  - Responses to the main questions
  - Responses to probing questions
  - Tone, mood, body language and gestures

  - Types of interaction among participants
  - Note any particular power dynamics in the group or other issues that may have influenced responses
  - Note-taker's thoughts (marked as "NT observation" or "NT opinion").

- Note which experiences and opinions are common and record where there are differences.
- Ensure all tool questions have been answered. Otherwise, flag any missed questions to the Facilitator.
- Ensure that all notes and comments are clear.
- Allow the Facilitator to lead the discussion and do all the talking but support him/her, as needed, with time keeping and ensuring that all questions are covered.
- Indicate the time, from the audio recorder, at which the main questions and major discussion points occur.
- Ensure the detailed participant profiles are collected and attached to the completed note-taking template.
- Collect participants' flip chart papers at the end of the exercise, label them appropriately and concisely with the below information apart from the drawing in a corner at the front of the paper according to the guidance provided in the post-activity of every tool:
  - Number of the session
  - Country name
  - Team number
  - Tool name
  - Date
  - Number of times the tool was conducted on a given day
  - Village name
  - Number of participants
  - Names of the Facilitator, Note-taker and Observer
- Take photos of the completed flip chart papers.
- The session notes must be given to the Supervisor at the end of the day to ensure they are scanned, saved in the respective data files and stored. Notes do not need to be transcribed but can be used as a reference guide when transcribing (specifically, to help identify participant numbers).

Observation

The **Observer** should assist the Facilitator and Note-taker by focusing on process, including systematically making note of their observations and adding them in the note-taking templates and/or in the debriefing template according to the topic and where most appropriate after the sessions. The role of the Observer starts before the FGD itself and encompasses all the stages related to planning of the FGD with the community.

Young women aged 20–24 not in education, employment and training, discussing their realities using road vision journey.

Bame, Lagdo, Cameroon, September 2019

- Key areas that should be noted by the Observer include:
  - The process used to inform the community, adolescents, young people and parents/caregivers (if different than the standard procedure)
  - The selection process that was used to choose individual participants and the process for selecting a safe and convenient time and location (if different than the standard procedure)
  - The process to ensure informed consent and voluntary participation (if different than the standard procedure)
  - Physical settings and reports of behaviors
  - Logs of issues or challenges that arise during activities, points of clarification that have been and/or need to be made in planned activities, reflections of the sessions, and areas for improvement, etc.
  - Emerging themes
  - Any power dynamics, circumstances, and factors that could have influenced participants' responses (interruptions, entrance and exit of participants, presence of non-participants, etc.)
  - Whether all/most/some/few participants actively participate
  - Whether any participant gets upset (and if so, what actions were taken to follow up)
  - Monitor safeguarding issues and act as a safeguarding focal point, if designated

The Observer should also:

- Ensure that curious visitors or strangers do not disturb the sessions
- Support the facilitator in time-keeping
- Provide support during the session debrief, in particular to note first impressions, identify emerging themes and address areas for improvement
- Keep extra supplies on hand
- Take pictures (after appropriate consent)
- Remind the facilitator of issues overlooked during the discussion
- Add observations in the note-taking template, clearly distinguishing them from participant responses
- Assist the Note-taker with collecting and appropriately labelling all flipchart papers and other products or sheets from the group activities

Safeguarding focal point

In each team, two persons with relevant capacity, skills and experience will play the role of **Safeguarding focal point.** Each day, one of the two designated Safeguarding focal points should take on the responsibility, which includes appropriately dealing with disclosures and safeguarding matters that arise during the session, assisting the participants and alerting the supervisor as needed (see **Appendix C** for child and youth safeguarding tools).

Transcription

The **Transcriber** is responsible for ensuring that recordings are transcribed in French or English (or any relevant other language) and that session notes are captured electronically. This, like the other roles, should be rotated. So the Note-taker on Day 1 would become the Transcriber on Day 2 – as it would make most sense for the individual who took notes to also transcribe them, as mentioned above.

Key instructions for the Transcriber are as follows:

- Create written transcripts based on the recording as soon as possible after the FGD, KII or case study interview.
- Transcribe word-for-word (as it is pronounced) the FGD, interview or case study from the audio recording only. Write only what the Facilitator and participants say. This includes all questions and comments from the facilitator, and all responses from participants.
- Note in parentheses the unspoken dynamics and other comments that help to understand the tone and context, such as laughter, hesitation, pauses and rests, icebreaker activities, disturbances, etc.
- Include the speaker identifiers (for example, the number of the participant).
- Use session notes as a reference to support transcription. In particular to help note participants' numbers and better understand the general tone and context. However, do not add or transcribe the session notes in the transcripts.

Interview with an education actor.

Bame, Lagdo, Cameroon, September 2019

- **While transcribing, the following labels and tags should be noted in the transcripts:**

Speaker labels:

Speakers should be identified by their role (i.e., facilitator and participant). In the transcripts, mark an 'F:' for facilitator and a 'P:' for participant followed by their response. Use numbers, noted after the speaker label to identify different participants, e.g. 'P1:', 'P2:', etc.

Timestamps:

Timestamps, e.g. [01:30], should be noted at key moments of the discussion, including: the main questions asked by the facilitator; when the audio recording is unclear or inaudible; and during key moments in the discussion that help understand the tone and context, for example, during disturbances, ice-breaker activities, raised voices, etc. It is not necessary to indicate the time for each respondent or for each comment and probing question of the facilitator. This also allows to return to the audio recording to find and listen to key and/or unclear points to be reviewed.

In-school girls aged 15–19 discussing SRHR and protection using body mapping tool.

Bakona, Lagdo, Cameroon, September 2019

Sounds, non-speech & features of talk:

Sounds, non-speech, and features of talk such as emphasis, speed and tone of voice should be noted in brackets; for example, [laughing], [hesitation], [pause], [exclamation] or [silence]. These elements can be crucial to interpreting data. No timestamp is necessary.

Inaudible tags:

When words or phrases in the audio recording are unclear or inaudible, mark them with a timecode; e.g., [Inaudible 00:30].

Crosstalk tags:

When two or more speakers are talking at the same time and it is difficult to hear what is being said, use a crosstalk tag, e.g. [Crosstalk 02:30].

Example of transcript using label and tags:

P6: [01:20] *Add a new speaker ID and press tab once to indent the transcript. Write speaker response. Text should be in italic. Press enter to start new paragraph.*

P: [Crosstalk 01:30]

P1: *Speaker response.* [laughter]. A5, D1, NR3

P5: *Speaker response.* [Hesitation] *speaker response continued.* A8, D0, NR1

P3: *Speaker response.* [Inaudible 10:30]. *Speaker response continued.* A4, D5, NR0

F: *Facilitator summarizes and clarifies participant responses.*

- Compare transcripts with audio recordings, when possible, ensuring transcripts are clear, complete and reflect the discussion.
- Name the transcription files according to the instructions provided in the appendix on **File Naming** (see **Appendix F**).
- Send completed transcripts to the Supervisor at the end of each transcription day.

Interview with a religious leader.

Bakona, Lagdo, Cameroon, September 2019

For the Plan For Girls consultations in Benin and Cameroon, speech recognition software enabled was used to support transcription. Other options include the use of a foot pedal and the use of software such as Express Scribe (which is available to download for free) to help transcribe audio recordings. Alternatively, depending on resources available and language, Nvivo has a pay-for-service transcription feature. On average, the transcription of an audio recording takes 3–4 times longer than the length of the recording. For example, one hour of recording can take 3–4 hours to transcribe. More time may be needed for poor sound quality and depending on the experience of the data collection team with transcription.

Supervision

The Supervisor(s) must ensure the quality of the data collection process. Their tasks take place throughout the entire data collection process, including before entering the villages, before and after the sessions and include:

1. **Logistical planning**
2. **Quality control**
3. **Team support**
4. **Monitoring the safeguarding policy for children and young people**
5. **Communication on progress and challenges, as described below**

Interview with religious and traditional leaders.

Benin, August 2019

Logistical Planning

- Ensure logistical planning of the missions to the villages and a rigorous selection of groups during the entry processes into the villages
- Give instructions on the field work schedule
- Ensure the monitoring of the data collection schedule
- Coordinate schedule changes as needed and role rotations within teams

Quality Control

- Collect completed session notes, debriefing forms, photos (and cameras), audio recordings (and recorders) and transcripts from the field teams
- Download or scan and appropriately name the following files: session notes, debriefing forms, photos, audio recordings
- Verify the file names of documents, particularly the transcripts
- Send data electronically daily, according to the protocol established for data archiving (email)
- Perform regular quality checks of session notes and transcripts
- Organize data files and ensure quality storage of files
- Ensure overall data collection quality
- One Supervisor should be responsible to save completed and verified transcripts to a cloud-based account set up for each team (see **Appendix F**) and for updating a tracking sheet in Excel to monitor progress with activities and transcriptions

Team Support

- Ensure that roles and responsibilities are clearly defined for each team member and that all team members understand them
- Provide advice and support to team members in case of problems individually, by facilitation teams or during all-teams debrief
- Help the team make decisions and approve changes in techniques or questions
- Identify individual or team capacity gap and support refresher trainings. A review of the transcripts could help to assess some aspects of facilitation and to provide feedback to teams (e.g., how questions are asked, appropriateness of follow up questions, encouraging participants, summarizing participant responses, etc.)
- Promptly notify team members of any aspect requiring change and assume leadership in developing an adjusted plan to address the problems and revisions required

Monitoring and safeguarding policy for children and young people

- Collect consent forms
- Collect incident reports and follow up in accordance with the backup policy
- Overall, responsible for the implementation of the safeguarding policy for children and youth, the preventing sexual harassment, exploitation and abuse (PSHEA) policy, and gender and inclusion policy throughout the consultation process, including setting conditions for safe and inclusive participation, making these known to participants, and intervening when such conditions are not respected
- Facilitators and associates should be able to contact the Supervisor in case of a safeguarding issue

Communication on progress and challenges

- Organize debriefing meetings between all field teams by referring to the **De-brief Form** (see **Appendix F**)
- Develop a weekly electronic update to report on data collection progress, lessons learned, challenges and solutions

Adolescent girls 15–19 years old not in employment, education or training discussing on their issues using road vision journey tool.

Bame, Lagdo, Cameroon, September 2019

PHASE 3: TEAM DE-BRIEFS AND COMMUNITY EXIT

Equipment and Material Needed:

✓ De-brief Form
✓ Completed transcriptions (if available)

FGD FACILITATION TEAM DE-BRIEFS

A debrief with team members (Facilitator, Note-taker and Observer, as appropriate) should be held immediately after the FGDs, KIIs and case study interviews (as much as possible) to discuss the session, using the **De-brief Form** (**see Appendix F**). The debrief process is useful for capturing first impressions, identifying emerging themes and addressing areas of improvement. Review responses by having the Note-taker read out notes for each question. This is important to do prior to participants leaving the venue in case any clarification is needed.

ALL TEAMS DEBRIEF

With the facilitation of the supervisor, all teams should come together to complete the **De-brief Form** (see **Appendix F**), as well as to:

- Identify areas that need to be clarified or areas that were missed and look for patterns in the data and check for unexpected findings – discuss novel ideas
- Decide if anything needs to be changed in the techniques or questions (be sure to clearly record the change and why it was made, in discussion with the Supervisor)
- Identify needs for refresher trainings (led by the Supervisor)

It is recommended to have this all-teams debrief every two days, at the minimum, to ensure a regular pulse-check and timely information sharing and adjustments.

COMMUNITY EXIT

Once all sessions have been completed and before leaving the community, ensure to notify the village chief and thank them and the community for their participation, support and co-operation in the consultations. Remind village chiefs and leaders that the general results of the discussions will be shared.

3. AFTER THE CONSULTATIONS

Data Processing and Analysis

Community De-Brief

Engagement of adolescent girls in validation and prioritization of findings

DATA PROCESSING AND ANALYSIS

DATA PROCESSING

- In the pre-analysis phase, the facilitation teams should transcribe FGDs, KIIs and case study interviews from the audio recordings (on a daily basis, if possible). Clean verbatim transcripts[17] with speaker labels ("F" for facilitator and P1, P2, etc. for different participants), timestamps[18] and tags for laughter, cross-talk, silences, etc. should be produced by the field teams for each activity, following instructions provided in the above section. As per above, transcripts should also include notes for agreement (A), dissent (D) and non-response (NP).
- For the Plan For Girls consultations, for example, completed transcripts were saved to a cloud-based system set up per team, for which only the Supervisors and Plan International Canada had the passwords. On a daily basis, Supervisors reviewed written transcripts for completeness before uploading them to a separate account set up per country. Once uploaded, Plan International Canada further reviewed the transcripts and provided preliminary feedback, as needed, on transcription quality and on gaps in information collected for discussion during full-team de-brief meetings.
- In addition to completed transcripts, scanned copies of completed note-taking templates and de-brief templates, as well as photos of activity sheets, session photos and audio files should be saved to a cloud-based system.
- Final transcripts and all other materials should be imported into qualitative analysis software, such as Nvivo or QDA Miner, and classified (e.g., by type of file, type of activity, etc.) to facilitate analysis.

DATA ANALYSIS

Overview

- The Framework Method[19] was used to analyze the results of the P4G consultations. The output of this method, which is a type of 'thematic' or 'qualitative content' analysis, is summarized data. It is known to be a particularly useful method when multiple team members from different disciplines are working on analysis[20] and has been used in various settings, including health care and education. The method involves line-by-line analysis of transcriptions and other material collected, which ensures that the analysis is comprehensive and based on the original accounts of FGD and KII participants themselves. In addition, the method is systematic in that data is treated methodically so that the analysis process can be well-documented, ensuring transparency in how judgements are made.
- The Framework Method is possible to apply to the consultations as data covers similar topics and issues and, therefore, can be categorized. A combined deductive-inductive approach can be taken. A preliminary set of themes, categories, sub-categories and codes could be pre-selected based on project documents, the consultations framework and the literature. Open coding also allows for unexpected and 'socially-located' responses from participants to be generated from the data. This approach is appropriate because the consultations have specific issues to explore, but also leaves room to discover other unanticipated aspects of participants' experiences.
- A limitation of the Framework Method, however, is that it requires knowledge of coding and indexing data, as well as reflexive thinking and methods of generalization (to cases). For this reason, it is recommended that data is analyzed internally as a first step. Synthesized data should be shared back with stakeholders for further interpretation and validation.

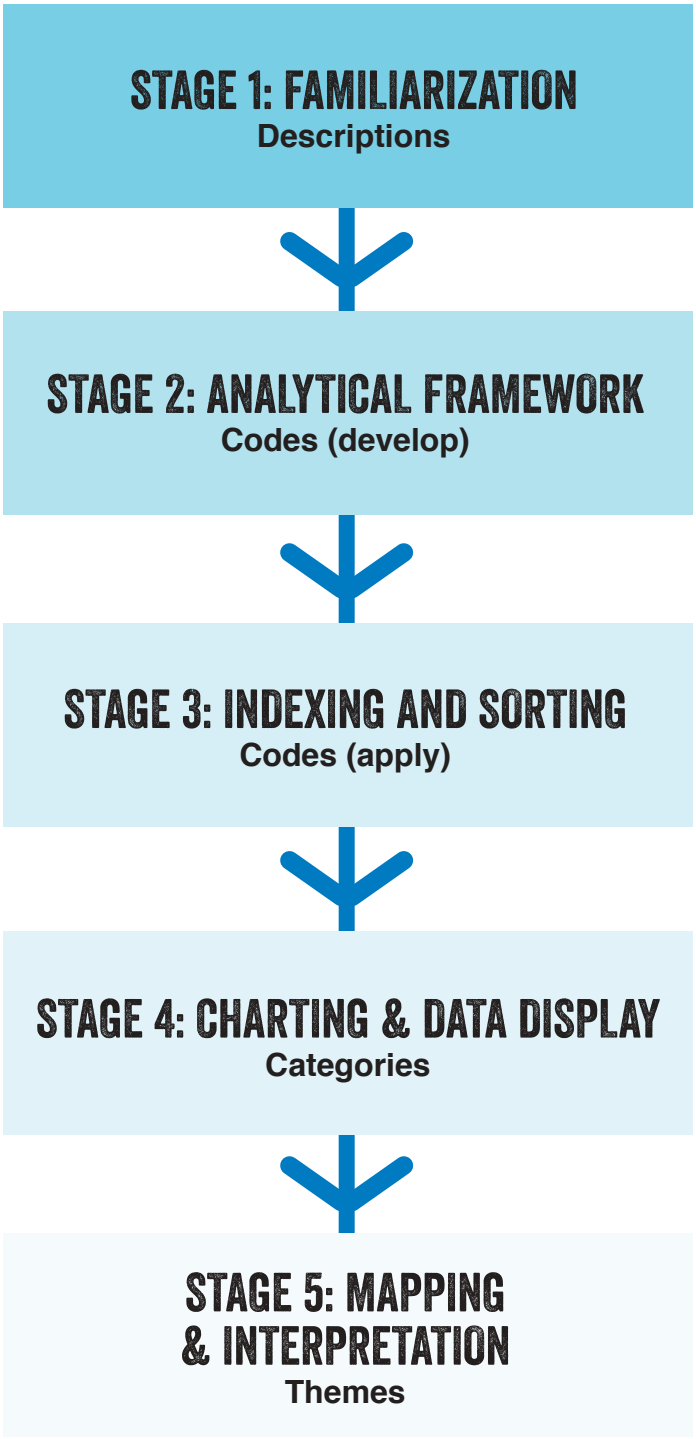
KEY PROCEDURES

- The Framework Method comprises five steps for data analysis, from initial review to the development of explanatory accounts (see **Figure 1**). Each stage is

17. A clean verbatim transcript is a lightly edited version of the original audio. It eliminates filler speech (e.g., "um", "uh", etc.) and non-speech sounds like coughing and partial words.
18. Timestamps were included to help if there is a need to go back to the audio, and also to provide an indication of the amount of time spent discussing different topics.
19. Ritchie, J. and L. Spencer (1994). "Qualitative data analysis for applied policy research" by Jane Ritchie and Liz Spencer in A. Bryman and R.G. Burgess [eds.]. Analyzing Qualitative Data, pg: 173–194.
20. Gale, N., G. Heath, E. Cameroon and S. Rashid (2013). "Using the framework method for the analysis of qualitative data in multi-disciplinary health research." BMC Medical Research Methodology, September 2013. DOI: 10.1186/1471-2288-13-117.

described below. Consistent with the flexible nature of the method, these stages are not to be considered a linear process but continuous and iterative. The focus is on: identifying commonalities and differences in the qualitative data; understanding relationships between different parts of the data; and drawing explanations related to pre-established and emergent codes.

Figure 1.
Five Steps of the Framework Method[21]



21. Ibid.

STAGE 1: FAMILIARIZATION

- This stage involves initial immersion in the data to ensure that codes refined in the next stage are supported by the data. This step can begin when there is a sufficient number of completed transcripts to work with. The first set of transcripts could be reviewed and coded based on open coding. Coding can initially be done without the use of qualitative data analysis software. Instead, highlights and comment boxes can be used to record labels in the right-hand margins of the transcripts. This initial data and notes shared from the data collection team can be used to gain an overview of the collected data and familiarity with recurrent perspectives.

STAGE 2: ANALYTICAL FRAMEWORK

- At this stage, the preliminary framework should be refined. After coding the first set of transcripts, a set of codes to apply to subsequent transcripts should be determined and reflected in a refined framework. New categories (i.e., grouped codes that represent a start to the process of data abstraction) can also be added.

- This stage involves making judgments about meaning, about the relevance and importance of issues and about connections between ideas. Though it entails logical thinking, it is somewhat subjective and will be influenced by characteristics and biases of those doing the analysis. It is not feasible to establish specific rules on how to make analytic choices. However, memos/ notes can be kept throughout the process. Analytic memos help to assure trustworthiness in analysis by making interpretive strategies transparent.

- It is important to note that at this stage, the framework remains only tentative. Subsequent stages of analysis should seek to further refine it. However, as the consultations were designed around pre-established issues (as identified in the FGD and KII guides), this updated framework may not change much during the next stages.

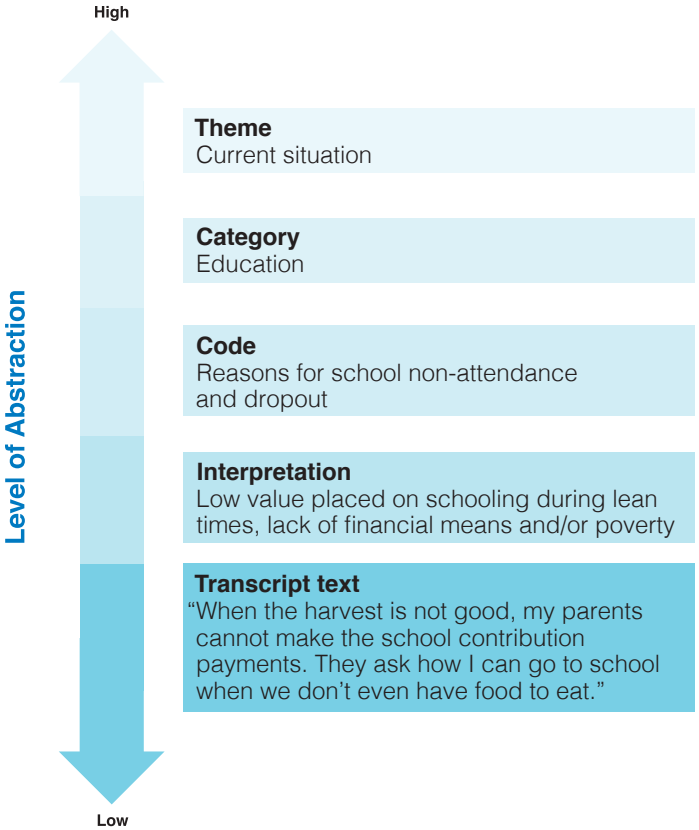
STAGE 3: INDEXING AND SORTING

- Indexing involves the application of codes from the analytical framework to the dataset, as described in **Figure 2** below. This process should be applied to all the textual data that was gathered. Transcripts of FGDs and KIIs should be read line-by-line. Judgements should be made about what is important in each passage and codes applied, as appropriate. The aim is to classify all of the data so that it can be compared with other parts of the data set.

- The indexing step can be performed using qualitative software. Qualitative software provides a systematic way to store coded data and a way to retrieve them easily during analysis.

- Focus group data requires particular consideration. Most focus group researchers use the group as the unit of analysis[22], even though FGDs also yield individual data and data on interactions. Any information about dissenters should be included in the analysis to determine the extent to which the data contributed to data saturation. Further, to whatever extent possible, observer notes should be used to analyze nonverbal communication and social context — going beyond only extracting ideas stemming from participants' expressed viewpoints. Constant comparison analysis, whereby each finding or interpretation is compared with existing findings as it emerges from the review of data, can also be used. This allows for analysis of saturation both in general and across groups, helping to verify if ideas emerged from one group also emerged from other groups.

Figure 2.
Overview of Content and Thematic Analysis[23]



- Besides the transcripts, observer/note-taker notes, daily debriefs and visual data (e.g., body maps, vision journeys, resource maps, circles of influence, etc.) should be considered in the analysis. These materials can help to yield richer data that enhances meaning.

STAGE 4: CHARTING AND DATA DISPLAY

- Following the completion of indexing (or applying codes), the indexed transcripts should be used to develop charts for initial themes. This involves lifting data from the original transcriptions and putting them in charts that consist of headings and subheadings that follow from the analysis framework[24]. Though the aim is to reduce the data, the original meanings of the FGDs and KIIs should be retained. To reflect the voices of participants, the charts should include illustrative quotes.

STAGE 5: MAPPING AND INTERPRETATION

- At this stage, the focus should be on understanding the range of issues that emerged in the consultations, finding associations, providing explanations and identifying gaps. The final output of the analysis of all data collected is a set of themes and categories, responding to the objectives of the consultations. This can then be used to draft a preliminary report to synthesize findings for validation.

COMMUNITY DE-BRIEF

- To ensure continued engagement and increased ownership over the process and its findings, an initial debrief meeting with adolescents and adults in all their diversity in the community should be held shortly after the conclusion of fieldwork for the consultations. The de-brief meeting should take place in the community and include a presentation on initial high-level results. Next steps of the process should also be clearly articulated.

- Detailed analysis of the qualitative data can take several weeks to complete. For the community de-briefs, it is not necessary to have this detailed analysis or plans of action, but rather initial impressions only.

22. Morgan, D.L. (1997). Focus Groups as Qualitative Research, 2nd edition. DOI: https://dx.doi.org/10.4125/9781412984287.
23. Adapted from Erlingsson, Christen and Petra Brysiewicz. 2017. "A hands-on guide to doing content analysis." African Journal of Emergency Medicine, Vol. 7, Issue 3, parges 93–99: DOI: https://doi.org/10.1016/j.afjem.2017.08.001
24. Codes are captured in columns, while cases are reflected in rows of the charts. Cases are the individual interviewee or pre-defined groups (e.g., in-school girls aged 10–14 years). In this way, while analysis of themes can take place across the whole data set, the views of each participant/group is connected to other aspects of their account so that relevant context of individual's/groups' views is not lost.

- It will be important to carefully consider who to invite to this informal meeting. Confer with women and men village leaders and other key stakeholders on who participates. Ideally, participants will include key duty-bearers and stakeholders that may or may not have taken part in the consultations and have a role to play in upholding the rights of girls to education, SRHR, protection and economic empowerment.

- The participation of adolescents and adults in all their diversity to gather various perspectives from diverse lived experiences including from those most under-represented and excluded (such as those amongst us with disabilities, LGBTQIA+, etc.) is also critical for the community de-briefs. However, project teams should consider the conditions for their meaningful and safe participation and how this can be ensured.

- The community de-brief should be facilitated by the same team that conducted data collection. This will help ensure continuity and build on already established relationships in the communities.

Partial view of the 19 girls members of Girls and Allies Advisory Committees selected by their peers to take part to the prioritisation/ design workshop.

Savalou, August 2020

ENGAGEMENT OF ADOLESCENT GIRLS IN VALIDATION AND PRIORITIZATION

- The consultations phase was just the beginning to the meaningful engagement of girls. Involving adolescent girls and young women in the analysis phase, validation and definition of utilization of the findings is a critical final step in the process of consulting and engaging with adolescent girls and a girl-led design. For the Plan For Girls project, more formal validation and prioritization workshops with adolescent girls/young women were held after critical data collection exercises and analysis were completed (e.g., service mapping, literature reviews, triangulation/gap analysis, translation of consultations findings into child-friendly materials, workshops with key commune stakeholders, etc.) to validate and refine findings as well as plan for their priorities.

- The general objective of the workshop was to determine the priority areas of intervention to inform the 'plan for girls' based on their perspective. More specifically, the workshop helped to:
  - establish an environment supportive of an equal, inclusive, and safe partnership and a relationship of trust that promotes the engagement of adolescent girls and young women throughout the project implementation.
  - analyze, explore, and validate the results of the girls' consultations.
  - determine and prioritize the priority areas of the "plan for girls" that respond to girls' needs and challenges, based on the results of the consultations and their triangulation with the mapping.
  - identify how adolescent girls and young women want to be engaged in the next steps and the capacity building plan needed to drive the 'plan for girls'.

- As a result, a 'plan for girls' for each project location was developed, which informs the strategy for project implementation and girl-led advocacy the project will pursue.

CONSULTATION TOOLS & ICE-BREAKERS

APPENDIX A

TABLE OF CONTENTS

1. General Guidelines for All FGD Tools **52**

Reducing the Number of Participants Before a Focus Group Discussion (if required) 52
Introduction and Obtaining Consent and Assent 53
Ice-breakers and Energizers 54
To Get to Know Everyone 54
To Re-Energize the Room 54
To Close the Session 55
Examples of Completed Activity Sheets 56
Post-Activity Guidance 57
Sample Image Boxes for Adolescent Girls/Young Women 57
After Wrapping Up 58

2. Focus Group Discussion Tools **58**

Tool #A1: In-School (Females, 10–14 Years) 59
Tool #A2: In-School (Males, 10–14 years) 66
Tool #A3: In-School (Females, 15–19 Years) 72
Tool #A4: In-School (Males, 15–19 Years) 78
Tool #A5: In Vocational Training/Young Workers (Females, 20–24 Years) 84
Tool #A6: In Vocational Training/Young Workers (Males, 20–24 Years) 90
Tool #A7: Out-of-School (Females, 10–14 Years) 96
Tool #A8: Out-of-School (Males, 10–14 Years) 102
Tool #A9 [A11]: Not In Employment, Education or Training (Females, 15–19 [20–24] Years) 108
Tool #A10 [A12]: Not In Employment, Education or Training (Males, 15–19 [20–24] Years) 114
Tool #A13: Married/In union, Pregnant or Young Parent (Females, 15–19 Years) 119
Tool #A14: Married/In union or Young Parent (Males, 15–19 Years) 125
Tool #A15: Married/In union, Pregnant or Young Parent (Females, 20–24 Years) 131
Tool #A16: Married/In union or Young Parent (Males, 20–24 Years) 138
Tool #B17 [B18]: Female [Male] Parents/Caregivers of Adolescent Girls 145

3. General Guidelines for All Interviews **152**

Introduction and Obtaining Consent 152
Scheduling Interviews 152
After the Interview 153

4. Key Informant Interviews Tools **153**

Tool #C19: Religious and Traditional Leaders 154
Tool #D20: Primary Health Care Providers (M/F) 157
Tool #D21: Education Actors (M/F) 160
Tool #D22: Child Protection Actors (M/F) 163
Tool #D23: Economic Empowerment Actors (M/F) 166

5. Case Study Template **169**

1. GENERAL GUIDELINES FOR ALL FGD TOOLS

REDUCING THE NUMBER OF PARTICIPANTS BEFORE A FOCUS GROUP DISCUSSION (IF REQUIRED)

There can be situations where the number of participants who show up for the FGD are higher than the maximum of 10 expected. In this case, it is important to reduce the number of participants in a participatory way to avoid frustrations.

To select the number of respondents (maximum 10) if the number required for FGDs is exceeded:

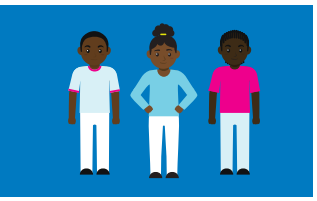
- First check that all the potential participants meet the requested criteria (village resident, age, sex, required profile, etc.), explain to those who do not meet the criteria that they do not meet the profiles announced at the session during community mobilization.
- If you see the presence of vulnerable groups (for example, a participant living with a disability, a participant of a minority ethnic group in the municipality or a marginalized group), use positive discrimination to include them as participants.
- Using several methods and local games (see below), identify the other participants. Ensure to clearly explain the purpose, which is to determine who will participate in the consultation and that everyone agrees to do so before proceeding.

DANCING NUMBERS

Ask participants to mingle around the room dancing. When you call out a number, explain that participants have to quickly form groups in that number without being left out. You can also write the number on a piece of paper. Start with small numbers. Eventually, call out the number 10 that will form the exact number of participants needed. Explain to participants that this group of 10 that succeeded in coming together will take part in the FGD.

DRAW

Ask each participant to bring an object that represents them (stick, stone, paper, tree leaf, etc.). Look for someone outside the group to randomly pick the objects according to the number of people required. The people randomly drawn will participate in the discussion.



LONGEST LINE

Divide the group into 2 or 3 groups made up of the number of people you are looking for. Explain that each group has to create the longest line. They can use their body or any clothing or anything in their pockets. Participants are not allowed to use anything else in the room. Give the teams 2 minutes. The team with the longest line at the end wins. Then explain that this is the team participating in the group discussion.

INTRODUCTION AND OBTAINING CONSENT AND ASSENT[1]

You must discuss the following with participants before starting the consultation activity:

Hello, and thank you for joining us today. My name is **<NAME OF FACILITATOR>** *and this is* **<NAME OF NOTE-TAKER>** *and* **<NAME OF OBSERVER>**. *We are from* **<ORGANISATION NAME>** *and today we are here to listen and learn from you.*

We are speaking with girls and boys in your community to learn about [your/their] experiences and what's important to [you/them]. We are also speaking with parents and caregivers of adolescents, as well as service providers and community leaders. You may find it difficult to talk about some issues in public, but it is important for us to hear your opinions and ideas. There are no right or wrong answers. So long as we talk in order and are respectful, you may agree or disagree with the opinions of other people.

All comments and responses are confidential. That means that your responses here today will not be linked to your names. **<NOTE-TAKER'S NAME>** *and* **<OBSERVER'S NAME>** *will be writing down your views, opinions and other observations, but we will not use your name and only we will know who said what. We would also like to record the session with a recorder and take some pictures to make sure we remember what you share with us.*

It is very important to **<ORGANISATION NAME>** *to keep children and young people safe. If you do tell us something where we are worried about your safety or the safety of another child, we will share this information with people who can help.*

The session will take about 90 to 120 minutes and will involve an activity. You will not be given money or anything else to take part in the discussion. However, **<ORGANISATION NAME>** *will combine the information that will be collected today with other similar discussions in other villages where* **<ORGANISATION NAME>** *will work, to plan its programs to support adolescents and young people.*

Your views and knowledge are important because you are experts in your communities. By sharing your experience, you are participating in a process and this discussion is only the first step. Indeed, though you may not see changes right away, you are being invited as leaders and agents of change, to be part of a process of guiding activities and orienting lives of young girls in your community.

[Your parents (or caregivers) have given permission for you to participate if you decide you want to.] We are very interested to know about your views, but if you do not want to talk to us you do not have to. If you decide not to participate, this will not have any negative consequences in your relation to **<ORGANISATION NAME>**. *You can also leave at any time if you decide you don't want to stay or you may not answer any question that you don't want to answer. If you would like to participate, you just have to stay.*

- **Do you have any questions for us at this time?**
- **Do you want to stay and talk with us?**
- **Do we have your permission to record the session?**
- **Do we have your permission to take pictures of the session?**

To make everyone feel comfortable, we ask that you do not share what your peers say during this discussion. That means everything we discuss today is private. Can you raise your hand if you're okay with that? Thank you.

- If participants agree to continue, sign the appropriate assent forms and proceed to the activity. The completed forms should be collected by the Note-Taker and given to the Supervisor at the end of the day.
- Allow any participants who do not wish to take part in the focus group discussion to leave the venue before starting the activity.

---

1. As a Facilitator, you need to synthesize and share the key information from this introduction with the participants. You do not have to memorize it or read line by line.

ICE-BREAKERS AND ENERGIZERS

REMEMBER

Select or adapt exercises to ensure they are suitable for all participants, including those with a disability.

TO GET TO KNOW EVERYONE

NAMES AND ACTIONS

Invite all participants to form a circle. The first participant says their name and makes a motion or symbol to represent herself or himself. The next participant repeats the name and symbol of the person before them, then says their own names and adds their own motion or symbol. The next person repeats the name and symbol of everyone before them and then adds their own. Repeat until everyone in the circle has gone. This game supports the participants in getting to know each other and learning everyone's names.

WHAT WE HAVE IN COMMON

Invite all participants to form a circle. Explain that you are going to read out a series of statements. If the statements apply to them, they should run into the center of the circle. Participants then run out, and the next statement is read. You can use statements like (adapt them based on the age and profile of participants):

- Who is the oldest child in their family?
- Who likes to eat chicken?
- Who has a sister?
- Who lives with a grandparent?
- Whose name begins with the letter…?

After you finish the statements, explain that although we are all different and unique, we have some things in common. Finish by going around the circle and asking everyone to say their names.

INTRODUCE ME, I INTRODUCE YOU

Invite participants to pair up. Each participant must discuss with their interviewed / his / her peer for several minutes first to get to know them better, then introduce him / her. Beyond the name, the introduction can include two characteristics about the person to be presented. For example, a thing or a symbol that represents them, their hobbies, their passions, what they have in common, etc.

TO RE-ENERGIZE THE ROOM

TOUCH SOMETHING BLUE

Ask participants to stand up. Explain you will tell everyone to find something and touch it as quickly as possible. Tell everyone to touch something blue. Participants have to quickly find something blue to touch, such as a shirt, marker, or shoe. Continue the game by giving different instructions. Ask participants to call out their own suggestions for something to touch.

COUNTDOWN

Invite participants to form a circle. Explain that the group needs to countdown together from 1 to 50. The rules are that no one can say a number that includes "7" or any multiple of seven. Instead they have to clap their hands. If someone makes a mistake, start counting again. You can make this game easier by changing the numbers.

HEAT HANDS

Invite all participants to stand up. You can identify what you dedicate the result to. For example, congratulating all participants for their participation in the last step, thanking the volunteer who took the marker on behalf of the group, thanking the group for their presence, etc. They should rub their hands as long as possible. You can make it more fun by reporting the percentages: 20%, 40%, etc. up to 100%. After the 100%, a top is given to throw the heat to the person or people for whom it is dedicated.

LOCAL METHOD

Do not hesitate to ask the participants for strategies they know of to restore energy.

TO CLOSE THE SESSION

BALL TOSS

Invite participants to stand in a circle. Use a ball or something else that can be tossed such as a ball of paper. Toss the ball so that each participant receives it. When each participant receives it, ask each participant to say either one thing they like about their family or community or one thing they liked about the consultation activity.

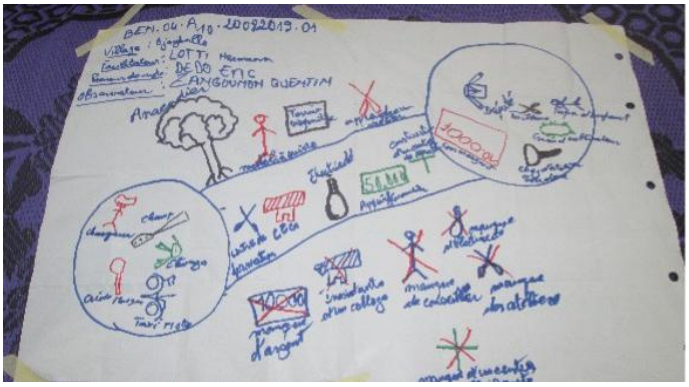
RAINSTORM

Invite participants to sit quietly in a circle with their eyes closed. Instruct the participants that they must copy you. Begin by rubbing your hands together, then snap your fingers, then clap your hands, then slap your thighs and stomp your feet. Once you reach the peak of storm, reverse the order of activities, ending in silence.

FGD with young men not in education, employment and training to discuss education, protection, health and economic empowerment issues.

Djagbalo, Bante, Benin, August 2019

EXAMPLES OF COMPLETED ACTIVITY SHEETS

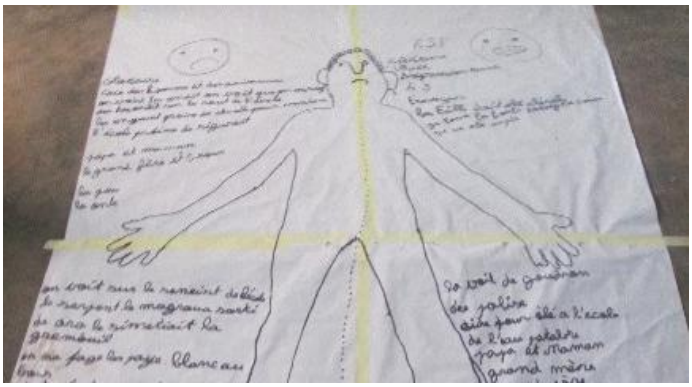


Example 1 – Road Vision Journey (A9, A10, A11, A12)

Helps to identify participants' current position in relation to their long-term goals and helps to analyze opportunities and constraints including those that are gender-based.

Targets:

Profile: Not in employment, education or training (NEET)
Age Groups: 15–19, 20–24
Sex: Females, Males



Example 2 – Body Mapping (Education, SRHR) (A1, A2, A3, A4)

Used to support participants to create a visual profile of their characteristics, as well as their needs, opportunities, challenges and aspirations – primarily related to education, protection and sexual and reproductive health and rights. Facilitators can use the body map and body parts as a way to explore and record participants' views regarding their identified issues and how these issues affect their well-being.

Targets:

Profile: In-School
Age Groups: 10–14, 15–19
Sex: Females, Males

Example 3 – Community Resource Mapping (SRHR, Protection) (A5, A6, A7, A8, A13, A14, A15, A16)

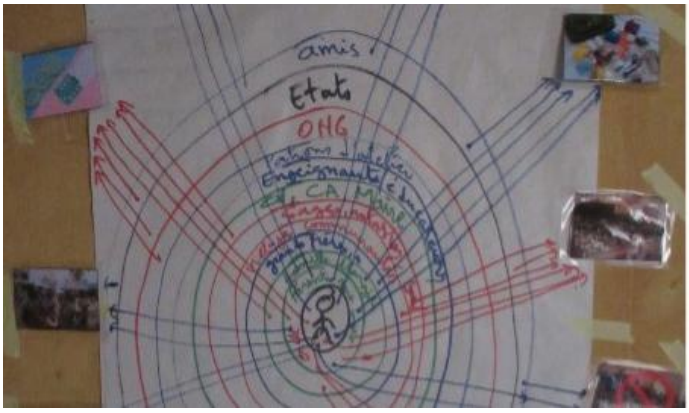
Used to understand the community where adolescent girls and boys and young women and men live, including their access to services and where they feel safe and unsafe.

Targets:

Profile: Out-of-school
Age Groups: 10–14
Sex: Females, Males

Profile: Married/in union, pregnant or a young parent
Age Groups: 15–19, 20–24
Sex: Females, Males

Profile: In Vocational training/young workers
Age Groups: 20–24
Sex: Females, Males



Example 4 – Circle of Influence (B17, B18)

Intended to identify which people and institutions play a role in fulfilling adolescent girls' rights at different levels and to identify various actions that should be taken.

Targets:

Profile: Parents/ Caregivers of adolescents and/or young people
Age Groups: N/A
Sex: Females, Males

POST-ACTIVITY GUIDANCE

SAMPLE IMAGE BOXES FOR ADOLESCENT GIRLS/YOUNG WOMEN

The following images can be (adapted and) printed out to explain at the end of consultation activities with adolescent girls the next steps in the process:

IMAGE #1: Our team is consulting with adolescent girls and young women ages 10 to 24 years, as well as with adolescent boys and young men ages 10 to 24 years.

IMAGE #2: Our team is also consulting adult women and men who live in the village, such as parents, caregivers, and local leaders. We will conduct consultations in multiple villages in this commune.

IMAGE #3: A workshop will bring together adolescent girls and young women as well as their male counterparts at the commune level. During this workshop, adolescents and young people will determine their priorities and draft the first version of a "plan", which will be a package of services and activities for adolescents in the commune.

IMAGE #4: After this, a second workshop will be organized where adolescents and young people can present their draft "plan" with local officials and other service providers in the commune. The results will be used to finalize the "plan" and <ORGANISATION NAME> and other actors will begin to implement parts of the "plan."

AFTER WRAPPING UP

- Complete the group profile list for all participants (see **Appendix E**).
- Take pictures of all activity sheets. **Collect all the flipchart papers and label them with the following information:**
  - ✓ Session #: Country name. Team number. Tool code. Date (DDMMYYYY). Number of times that the tool was used that day.
  - ✓ Village name
  - ✓ Number of participants
  - ✓ Facilitator's name
  - ✓ Note-taker's name
  - ✓ Observer's name
- The Facilitator, Note-taker and Observer should debrief together after the session to share notes and observations. Record your collective thoughts in the Debrief Form.
- All notes should be completed on the same day as the discussion. Immediately following the session, you should record any comments that you have about the session, including: whether the participants were open and engaged (or closed off), whether there were only a few voices in the room (or if there was full participation), the context of the room (who else was in the room, and were there any interruptions).
- All transcriptions should be completed within a few days of the session.

2. FOCUS GROUP DISCUSSION TOOLS

The sections that follow provide examples of the following tools:

- Tool #A1. In-School (Females, 10–14 Years, Education/Protection – Body mapping[2])
- Tool #A2. In-School (Males, 10–14 Years, Education/Protection – Body mapping)
- Tool #A3. In-School (Females, 15–19 Years, SRHR/Protection – Body mapping)
- Tool #A4. In-School (Males, 15–19 Years, SRHR/Protection – Body mapping)
- Tool #A5. In Vocational Training/Young Workers (Females, 20–24 Years, EE – Community resource mapping)
- Tool #A6. In Vocational Training/Young Workers (Males, 20–24 Years, EE – Community resource mapping)
- Tool #A7. Out-of-School (Females, 10–14 Years, Protection/Education – Community resource mapping)
- Tool #A8. Out-of-School (Males, 10–14 Years, Protection/Education – Community resource mapping)
- Tool #A9 [A11]. Not in Employment, Education or Training (Females, 15–19 [20–24] Years, All sectors – Road vision journey)
- Tool #A10 [A12]. Not in Employment, Education or Training (Males, 15–19 [20–24] Years, All sectors – Road vision journey)
- Tool #A13. Married/In Union, Pregnant or Young Parent (Females, 15–19 Years, SRHR – Community resource mapping)
- Tool #A14. Married/In Union or Young Parent (Males, 15–19 Years, SRHR – Community resource mapping)
- Tool #A15. Married/In Union or Young Parent (Females, 20–24 Years, Protection – Community resource mapping)
- Tool #A16. Married/In Union or Young Parent (Males, 20–24 Years, Protection – Community resource mapping)
- Tool #B17 [B18]. Parents/Caregivers of Adolescent Girls (Female [Male], All sectors – Circle of influence)

2. The original body mapping tool was developed by Solomon (2002): Solomon, J. (2002). 'Living with X': A body mapping journey in the time of HIV and AIDS - A facilitation guide. Psychosocial wellbeing series. Johannesburg: REPSSI.

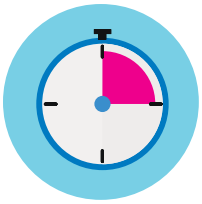
TOOL #A1: IN-SCHOOL (FEMALES, 10–14 YEARS)

PURPOSE

This **body mapping tool** for **in-school girls aged 10–14** years supports participants to create a visual profile of their characteristics, as well as their needs, opportunities, challenges and aspirations, primarily related to **education and protection.** During the activity, facilitators will use the body map and body parts as a focus to explore and record participants' views regarding their identified issues and how these issues affect their well-being.

PARTICIPANTS

- All participants must be female, aged between 10 and 14 years and in school.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- For sessions held during the school break, "in school" is defined as having attended school in the previous school year.



TIME

90 to 120 minutes to complete session

- Introductions and assent (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Body mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Find a quiet, safe area that is away from outsiders to help ensure privacy and avoid disturbing the discussion.
- Indoor space is preferred (if available) as participants will need a hard surface for the activity.
- Make sure there is enough wall or floor space for participants to work on their body maps.

MATERIALS/PREPARED INPUTS

Each group will require:

- Paper large enough for body tracing (4–6 sheets of flip chart paper, or brown paper roll)
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1
- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child and Youth Safeguarding Tool for data collection teams
- Appropriate Informed Consent/Assent Forms
- Debrief Form

INCLUSION

This activity can be adapted to girls with different types of impairments.

For example:

1. If working with participants with visual impairments, add a fabric thread around the outline so that they can use touch
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, it may be necessary to have cushions available or use a table or wall instead of sitting on the floor.

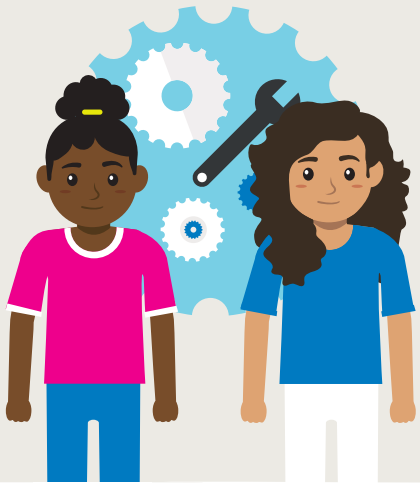
BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

BODY MAPPING ACTIVITY

REMEMBER

Any safeguarding concerns raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.



Considerations for Alternative Approaches

The instructions below are for a body mapping activity completed as a full group. If it would be preferable to develop individual body maps, or to work in small groups, adaptations can be made. When body maps are developed individually or in small groups, it is critical to have a full group share-back or discussion. Otherwise, written transcripts will be sparse and you will need to rely largely on the body maps themselves for analysis.

For individual or small group body maps, in **Step 5**, ask one representative from each group to stand up and give a short summary of their body maps. Then ask one representative from another group to stand up and say how the second group's body map differed from the first. Continue until all groups have had a chance to present their body maps.

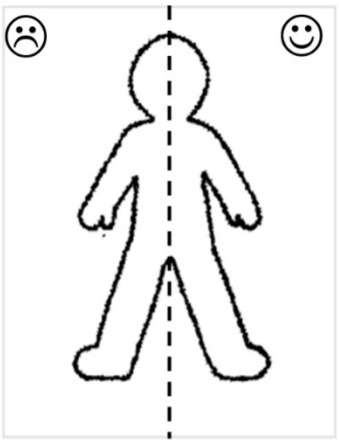
Step 1

Explain to participants what the activity entails. Be sure to emphasize throughout the session that participants **do NOT** need to share personal information, but rather provide general information about adolescents their age in their community.

"Today we will be doing an activity called 'body mapping'. This is a fun group activity where we will draw the different parts of the body and then compare our drawings with each other. The body represents a girl who is your age and also goes to school in this village. Remember there are no right or wrong answers. We just want to hear your opinion."

Step 2

If brown paper roll paper is not available, get participants to stick together 4–6 sheets of flip chart paper with tape. Place the paper on the floor. Ask for a volunteer to lie down on the paper and have others trace the outline of their body. If it is not appropriate to do this, ask participants to draw the outline of a body on the flip chart paper. Draw a line down the middle of the body map. Put a happy face on the right side of the body. Put a sad face on the left side of the body. Explain that the right side is about positive experiences and feelings, while the left side is about negative experiences and feelings. **(See example on the right.)**



Step 3

Introduce the following body parts one by one, in the order in the table below. For each body part, first ask participants to draw the body part, then ask the question. Say the question slowly and repeat or rephrase the question, if necessary.

Give participants time after each question to draw the body part and write the answer next to the body part. Give participants positive feedback on their drawings throughout the activity.

"First we will talk about girls' experiences at school. When we think about school, we think about what we learn, our teachers, our classrooms, the playground, the materials and books we need, and the reasons why we like or don't like to go to school."

Step 4

One by one, go through each of the core questions followed by probing questions. Facilitators need to be actively engaged in the groups in probing and giving encouragement. Important body parts to probe are marked by an asterisk (*). Facilitators should ensure that these important body parts are adequately addressed by participants.

You can ask participants to give their body map a name (e.g., Florence, Esther). Instead of using the third-person pronouns "she" and "her" in the questions below, you can ask about **<NAME GIVEN TO BODY MAP>** who represents girls of their age in the village.

REMEMBER

- Anything positive is to be captured on the right-hand side, and negative things on the left-hand side.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!

#	Body Part	Core Question	Probing Questions
1	**Head/Hair**	What are some of her favorite activities to do at school?	• Are there educational, economic, household activities or activities with associations, groups or clubs which she prefers? • Can girls who have physical challenges (or speech or visual impairments) also take part in these activities? What are some of the reasons for this? • Is there anything girls in her community are not allowed to do? What are some of the reasons for this? • Who participates in school clubs or student government at her school? Who does not participate? (If applicable) What are some of the reasons for the differences in who participates and who does not?
2	**Ears**	How does she stay healthy?	• Where does she learn about health and how to take care of her body? • What kinds of health issues does she learn about in these places? • If she is sick, where does she go to get care? Can she go here on her own? What are some of the reasons for this? • What types of illnesses do girls her age tend to get?
3	**Eyes***	What are her hopes and dreams for the future? **(NOTE: Allow participants to respond before probing.)**	• What does she want to do with what she learns in school? • What is the highest level of schooling that she would like to complete? • Will she work after schooling? What are some of the reasons for this? • If she would like to marry and have children, at what age would she like to do these things? • How likely does she think it is that she will achieve her dreams? What sorts of things will help her achieve them? What might prevent her from achieving her dreams? • Who are her role models that she looks to for inspiration?
4	**Legs and Feet***	Who decides whether she can go to school or whether she has to leave school?	• Does she make this decision herself or do other people make this decision for her? (Probe for who makes the decision if response is 'other people'.) • What are the main reasons why girls have to leave school? • Can girls who leave school return later? What are some of the reasons for this?

#	Body Part	Core Question	Probing Questions
5	**Mouth***	If something is bothering her at school, with whom can she speak with about these issues?	• How can she speak at school about issues that are important to her? • Does she feel confident using these mechanisms? What makes you say that? • Is there anything preventing her from providing feedback and complaints at school? • Who (regardless of age or position) in this community provides the most support to girls to express their views and to participate in decisions that affect them? • Are there any groups in this community that she can be a part of that provide opportunities to share experiences and ideas on issues that affect her? • Does she feel that people in her life value her opinion? What makes you say that?
6	**Shoulders**	Aside from learning, what are her other responsibilities at home? What are her responsibilities in the community?	• How do these responsibilities affect her ability to attend school and learn? • What about her ability to participate in other activities in her home or community?

#	Body Part	Core Question	Probing Questions
7	**Arms and Hands**	What are some of her favorite activities to do at school?	• Are there educational, economic, household activities or activities with associations, groups or clubs which she prefers? • Can girls who have physical challenges (or speech or visual impairments) also take part in these activities? What are some of the reasons for this? • Is there anything girls in her community are not allowed to do? What are some of the reasons for this? • Who participates in school clubs or student government at her school? Who does not participate? (If applicable) What are some of the reasons for the differences in who participates and who does not?
8	**Whole Body**	How does she stay healthy?	• Where does she learn about health and how to take care of her body? • What kinds of health issues does she learn about in these places? • If she is sick, where does she go to get care? Can she go here on her own? What are some of the reasons for this? • What types of illnesses do girls her age tend to get?
9	**Heart**	What are her hopes and dreams for the future? **(NOTE: Allow participants to respond before probing.)**	• What does she want to do with what she learns in school? • What is the highest level of schooling that she would like to complete? • Will she work after schooling? What are some of the reasons for this? • If she would like to marry and have children, at what age would she like to do these things? • How likely does she think it is that she will achieve her dreams? What sorts of things will help her achieve them? What might prevent her from achieving her dreams? • Who are her role models that she looks to for inspiration?

Step 5

Once you've gone through all the body parts, congratulate all the participants on their body map.

Step 6

In plenary, ask the groups how they think the body map would be different if they drew it for an adolescent boy.

#	Core Question	Probing Questions
10	How do you think the body map you drew just now would be different for a boy your age?	• What would you have changed? What are some of the reasons for why this aspect would be different? If needed, continue probing around the following: o Do boys have different problems or concerns about school? o What are the reasons why boys might have to leave school? o Do families think learning is more important or less important for boys than girls? Why is that? How do you know that? o Do your teachers and people in your community think education is more important or less important for boys than girls? Why is that? How do you know that? o Do boys get different treatment at home than girls? What about at school or in the community? In what ways is this treatment different?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants, reminding them of next steps, and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the beautiful body maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you dont want us to tell anyone, please let us know."

- (11) Do you have any questions for us?

"Remember, this discussion is just the beginning of a process. [Using the Image Boxes on page 56–57, describe the planned next steps for developing 'the plan'.]"

"In the coming months and years, you will have an important role to play in the future of the project and the lives of adolescent girls and young women in your community and we want you to guide the process."

- (12) Can you tell us your suggestions on how **<ORGANISATION NAME>** can regularly listen to you and get your advice as girls?

<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

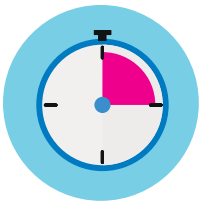
TOOL #A2: IN-SCHOOL (MALES, 10–14 YEARS)

PURPOSE

This **body mapping tool** for **in-school boys aged 10–14 years** supports participants to create a visual profile of their characteristics, as well as their needs, opportunities, challenges and aspirations, primarily related to education and protection. During the activity, facilitators will use the body map and body parts as a focus to explore and record participants' views regarding their identified issues and how these issues affect their well-being.

PARTICIPANTS

- All participants must be male, aged between 10 and 14 years and in school.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- For sessions held during the school break, "in school" is defined as having attended school in the previous school year.



TIME

90 to 120 minutes to complete session

- Introductions and assent (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Body mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Find a quiet, safe area that is away from outsiders to help ensure privacy and avoid disturbing the discussion.
- Indoor space is preferred (if available) as participants will need a hard surface for the activity.
- Make sure there is enough wall or floor space for participants to work on their body maps.

MATERIALS/PREPARED INPUTS

Each group will require:

- Paper large enough for body tracing (5–6 sheets of flip chart paper, or brown paper roll)
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1
- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child and Youth Safeguarding Tool for data collection teams
- Appropriate Informed Consent/Assent Form
- Debrief Form

INCLUSION

This activity can be adapted to boys with different types of impairments.

For example:

1. If working with participants with visual impairments, add a fabric thread around the outline so that they can use touch
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, it may be necessary to have cushions available or use a table or wall instead of sitting on the floor.

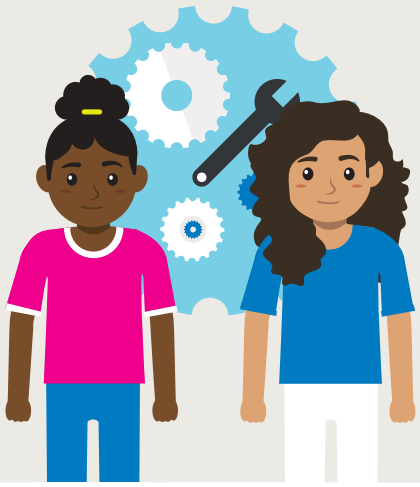
BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

BODY MAPPING ACTIVITY

REMEMBER

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.



Considerations for Alternative Approaches

The instructions below are for a body mapping activity completed as a full group. If it would be preferable to develop individual body maps, or to work in small groups, adaptations can be made. When body maps are developed individually or in small groups, it is critical to have a full group share-back or discussion. Otherwise, written transcripts will be sparse and you will need to rely largely on the body maps themselves for analysis.

For individual or small group body maps, in **Step 5**, ask one representative from each group to stand up and give a short summary of their body maps. Then ask one representative from another group to stand up and say how the second group's body map differed from the first. Continue until all groups have had a chance to present their body maps.

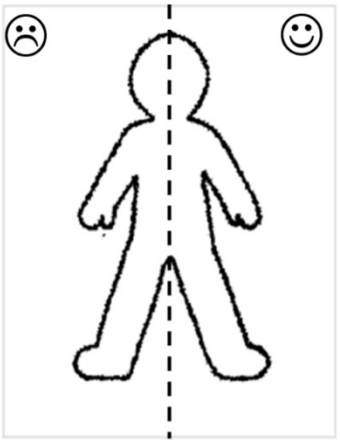
Step 1

Explain to participants what the activity entails. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about adolescents their age in their community.

"Today we will be doing an activity called 'body mapping'. This is a fun group activity where we will draw the different parts of the body and then compare our drawings with each other. The body represents a boy who is your age and also goes to school in this village. Remember there are no right or wrong answers. We just want to hear your opinion."

Step 2

If brown paper roll paper is not available, get participants to stick together 4–6 sheets of flip chart paper with tape. Place the paper on the floor. Ask for a volunteer to lie down on the paper and have others trace the outline of their body. If it is not appropriate to do this, ask participants to draw the outline of a body on the flip chart paper.



Draw a line down the middle of the body map. Put a happy face on the right side of the body. Put a sad face on the left side of the body. Explain that the right side is about positive experiences and feelings, while the left side is about negative experiences and feelings. **(See example on the right.)**

Step 3

Introduce the following body parts one by one, in the order in the table below.
For each body part, first ask participants to draw the body part, then ask the question. Say the question slowly and repeat or rephrase the question, if necessary. Give participants time after each question to draw the body part and write the answer next to the body part. Give participants positive feedback on their drawings throughout the activity.

"First we will talk about boys' experiences at school. When we think about school, we think about what we learn, our teachers, our classrooms, the playground, the materials and books we need, and the reasons why we like or don't like to go to school."

Step 4

One by one, go through each of the core questions followed by probing questions. Facilitators need to be actively engaged in the groups in probing and giving encouragement. Important body parts to probe are marked by an asterisk (*). Facilitators should ensure that these important body parts are adequately addressed by participants. You can ask participants to give their body map a name (e.g., Adamo, Joseph). Instead of using the third-person pronouns "he" and "his" in the questions below, you can ask about **<NAME GIVEN TO BODY MAP>** who represents boys of their age in the village

REMEMBER

- Anything positive is to be captured on the right-hand side, and negative things on the left-hand side.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!

#	Body Part	Core Question	Probing Questions
1	**Head/Hair**	What does he think are the best parts of going to school?	• What makes this his favorite part of going to school? • What else does he enjoy about going to school?
2	**Ears**	What does he hear at home and in his community about boys' education?	• What does his family say about education for boys? Who in his family says these things? • What do leaders or influential people in his community say about education for boys? Which community leaders say this? • What are some of the reasons why they think it is important or not for boys to go to school? • What do you think about education for boys? What makes you say that?
3	**Eyes***	What does he see in his school or on his way to school that he would like to change?	• What does he see that makes him unhappy or uncomfortable at school? • Is there anything in the classroom, with his teachers, his classmates, what he's learning, or the environment that he would like to change? • How does he get to school? What does he see along the way that makes him feel unsafe, if anything? • What can be done to make him feel safer in his community?
4	**Legs and Feet***	Who decides whether he can go to school or whether he has to leave school?	• Does he make this decision himself or do other people make this decision for him? (Probe for who makes the decision if response is 'other people'.) • What are the main reasons why boys have to leave school? • Can boys who leave school return later? What are some of the reasons for this?
5	**Mouth***	If something is bothering him at school, with whom can he speak with about these issues?	• How can he speak at school about issues that are important to him? • Does he feel confident using these mechanisms? What makes you say that? • Is there anything preventing him from providing feedback and complaints at school? • Who (regardless of age or position) in this community provides the most support to boys to express their views and to participate in decisions that affect them? • Are there any groups in this community that he can be a part of that provide opportunities to share experiences and ideas on issues that affect him? • Does he feel that people in his life value his opinion? What makes you say that?
6	**Shoulders**	Aside from learning, what are his other responsibilities at home? What are his responsibilities in the community?	• How do these responsibilities affect his ability to attend school and learn? • What about his ability to participate in other activities in his home or community?

#	Body Part	Core Question	Probing Questions
7	**Arms and Hands**	What are some of his favorite activities to do at school?	• Are there educational, economic, household activities or activities with associations, groups or clubs which he prefers? • Can boys who have physical challenges (or speech or visual impairments) also take part in these activities? What are some of the reasons for this? • Is there anything boys in his community are not allowed to do? What are some of the reasons for this? • Who participates in school clubs or student government at his school? Who does not participate? (If applicable) What are some of the reasons for the differences in who participates and who does not?
8	**Whole Body**	How does he stay healthy?	• Where does he learn about health and how to take care of his body? • What kinds of health issues does he learn about in these places? • If he is sick, where does he go to get care? Can he go here on her own? What are some of the reasons for this? • What types of illnesses do boys his age tend to get?
9	**Heart**	What are his hopes and dreams for the future? **(NOTE: Allow participants to respond before probing.)**	• What does he want to do with what he learns in school? • What is the highest level of schooling that he would like to complete? • Will he work after schooling? What are some of the reasons for this? • If he would like to marry and have children, at what age would he like to do these things? • How likely does he think it is that he will achieve his dreams? What sorts of things will help him achieve them? What might prevent him from achieving her dreams? • Who are his role models that he looks to for inspiration?

Step 5

Once you've gone through all the body parts, congratulate all the participants on their body map.

Step 6

In plenary, ask the groups how they think the body would be different if they drew it for an adolescent girl.

#	Core Question	Probing Questions
10	How do you think the body map you drew just now would be different for a girl your age?	• What would you have changed? What are some of the reasons for why this aspect would be different? If needed, continue probing around the following: o Do girls have different problems or concerns about school? o What are the reasons why girls might have to leave school? o Do families think learning is more important or less important for boys than girls? Why is that? How do you know that? o Do your teachers and people in your community think education is more important or less important for boys than girls? Why is that? How do you know that? o Do girls get different treatment at home than boys? What about at school or in the community? In what ways is this treatment different? • What can boys do to help girls overcome these difficulties?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants and reconfirm their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the beautiful body maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you dont want us to tell anyone, please let us know."

- (11) Do you have any questions for us?

<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

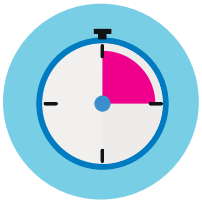
TOOL #A3: IN-SCHOOL (FEMALES, 15–19 YEARS)

PURPOSE

This **body mapping tool** for **in-school adolescent girls aged 15–19** years supports participants to create a visual profile of their characteristics, as well as their needs, opportunities, challenges and aspirations, primarily related to **SRHR and protection**. During the activity, facilitators will use the body map and body parts as a focus to explore and record participants' views regarding their identified issues and how these issues affect their well-being.

PARTICIPANTS

- All participants must be female, aged between 15 and 19 years and in school.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- For sessions held during the school break, "in school" is defined as having attended school in the previous school year.



TIME

90 to 120 minutes to complete session

- Introductions and assent (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Body mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Find a quiet, safe area that is away from outsiders to help ensure privacy and avoid disturbing the discussion.
- Indoor space is preferred (if available) as participants will need a hard surface for the activity.
- Make sure there is enough wall or floor space for participants to work on their body maps.

MATERIALS/PREPARED INPUTS

Each group will require:

- Paper large enough for body tracing (4–6 sheets of flip chart paper, or brown paper roll)
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1

- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child and Youth Safeguarding Tool for data collection teams
- Appropriate Informed Consent/Assent Form
- Debrief Form

INCLUSION

This activity can be adapted to girls with different types of impairments.

For example:

1. If working with participants with visual impairments, add a fabric thread around the outline so that they can use touch
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, it may be necessary to have cushions available or use a table or wall instead of sitting on the floor.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.

- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.

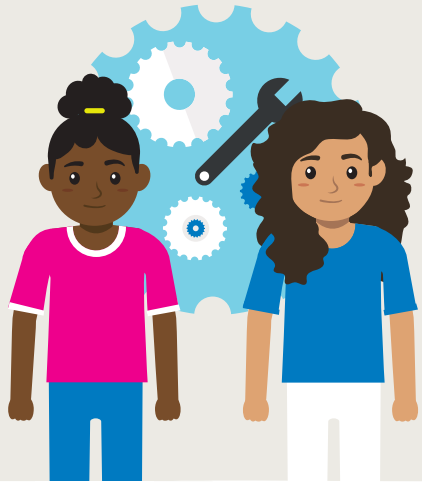
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).

- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

BODY MAPPING ACTIVITY

REMEMBER

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.



Considerations for Alternative Approaches:

The instructions below are for a body mapping activity completed as a full group. If it would be preferable to develop individual body maps, or to work in small groups, adaptations can be made. When body maps are developed individually or in small groups, it is critical to have a full group share-back or discussion. Otherwise, written transcripts will be sparse and you will need to rely largely on the body maps themselves for analysis.

For individual or small group body maps, in **Step 5**, ask one representative from each group to stand up and give a short summary of their body maps. Then ask one representative from another group to stand up and say how the second group's body map differed from the first. Continue until all groups have had a chance to present their body maps.

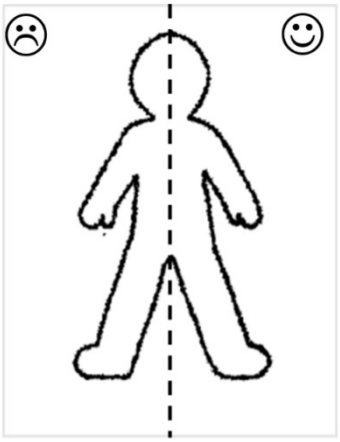
Step 1

Explain to participants what the activity entails. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about adolescents their age in their community.

"Today we will be doing an activity called 'body mapping'. This is a fun group activity where we will draw the different parts of the body and then compare our drawings with each other. The body represents a girl who is your age and also goes to school in this village. Remember there are no right or wrong answers. We just want to hear your opinion."

Step 2

If brown paper roll paper is not available, get participants to stick together 4–6 sheets of flip chart paper with tape. Place the paper on the floor. Ask for a volunteer to lie down on the paper and have others trace the outline of their body. If it is not appropriate to do this, ask participants to draw the outline of a body on the flip chart paper.



Draw a line down the middle of the body map. Put a happy face on the right side of the body. Put a sad face on the left side of the body. Explain that the right side is about positive experiences and feelings, while the left side is about negative experiences and feelings. **(See example on the right.)**

Step 3

Introduce the following body parts one by one, in the order in the table below. For each body part, first ask participants to draw the body part, then ask the question. Say the question slowly and repeat or rephrase the question, if necessary. Give participants time after each question to draw the body part and write the answer next to the body part. Give participants positive feedback on their drawings throughout the activity.

"First we will talk about girls' experiences at school. When we think about school, we think about what we learn, our teachers, our classrooms, the playground, the materials and books we need, and the reasons why we like or don't like to go to school."

Step 4

One by one, go through each of the core questions followed by probing questions. Facilitators need to be actively engaged in the groups in probing and giving encouragement. Important body parts to probe are marked by an asterisk (*). Facilitators should ensure that these important body parts are adequately addressed by participants.

You can ask participants to give their body map a name (e.g., Florence, Esther). Instead of using the third-person pronouns "she" and "her" in the questions below, you can ask about **<NAME GIVEN TO BODY MAP>** who represents girls of their age in the village.

REMEMBER

- Anything positive is to be captured on the right-hand side, and negative things on the left-hand side.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!

#	Body Part	Core Question	Probing Questions
1	**Eyes**	What does she see as the biggest challenges to school attendance facing girls in her village?	• What are her priorities or issues that concern her the most? • At what age do girls in her community have their first child? What are some of the reasons for this? Does she see many girls her age with children? • When do girls in her community get married? • Do married girls in her village continue with their education? What are some of the reasons for this?
2	**Ears***	What does she hear at home, at school, or in her community related to young women's sexual and reproductive health (SRH)? **Explain that this includes:** modern contraceptive methods/family planning (e.g., condoms, birth control pills, injectables, etc.); STI and HIV testing, treatment and counselling; pregnancy testing; maternal health services (antenatal care, delivery, post-natal care); abortion and post-abortion care services, etc.	• When and from whom did she learn about puberty? • What does she hear about sexual relationships? • What does she hear about how to stay healthy and protect herself against sexually transmitted infections? • What does she hear about pregnancy? • What types of sexual and reproductive health services are available to her in this community? • Do people in her community think sexual and reproductive health is more the responsibility of women or of men? What makes you say that? • Where does she get this information from?

3	**Legs and Feet***	What are his hopes and dreams for the future? **(NOTE: Allow participants to respond before probing.)**	• What does he want to do with what he learns in school? • What is the highest level of schooling that he would like to complete? • Will he work after schooling? What are some of the reasons for this? • If he would like to marry and have children, at what age would he like to do these things? • How likely does he think it is that he will achieve his dreams? What sorts of things will help him achieve them? What might prevent him from achieving her dreams? • Who are his role models that he looks to for inspiration?
4	**Mouth**	If she had a question about her sexual and reproductive health, who would she feel most comfortable asking?	• What are some things she would like to know about when it comes to her sexual and reproductive health but hasn't learned or doesn't know who to ask? • Who looks to her for information about sexual health, if anyone?
5	**Arms and Hands***	How does she go about making decisions about her own sexual and reproductive health?	• Who, if anyone, would she need to seek permission from before seeking SRH services or information? • Who decides to whom and when she gets married? • Who decides if she can use contraceptives? • Who decides when she will have children and how many children she will have? • How much of a say or influence does she have when it comes to these kinds of decisions?
6	**Whole body**	What responsibilities does she have that affect her ability to stay healthy, learn and participate in school?	• How do these responsibilities affect her ability to attend school and learn? • What about her ability to participate in other activities in her home or community? • What types of illnesses do girls her age tend to have?
7	**Heart***	What are her hopes and dreams for the future? **(NOTE: Allow participants to respond before probing.)** What can stop her from realizing her dreams?	• What does she want to do with what she learns in school? • What is the highest level of schooling that she would like to complete? • Will she work after schooling? What makes you say that? • Who are her role models that she looks to for inspiration?
8	**Head***	What does she think needs to change in her family, school or community to help her achieve her dreams for the future? **(NOTE: Allow participants to answer before asking any probing questions.)**	• Who in her family, school or community can help her make these changes? • What can she herself do to realize these changes in her family, school or community? • Who (regardless of age or position) in this community provides the most support to girls to express their views and to participate in decisions that affect them? • Are there any groups in this community that she can be a part of that provide opportunities to share experiences and ideas on issues that affect her?

Step 5

Once you've gone through all the body parts, congratulate all the participants on their body map.

Step 6

In plenary, ask the groups how they think the body map would be different if they drew it for an adolescent boy.

#	Core Question	Probing Questions
9	How do you think the body map you drew just now would be different for a boy your age?	• What would you have changed? What are some of the reasons for why this aspect would be different? If needed, continue probing around the following: o Do boys have different problems or concerns related to their sexual and reproductive health compared to girls? o Where do boys learn about sexual and reproductive health issues? o How much control do boys have over decisions about their sexual and reproductive health? Who else influences these decisions? o What are the main responsibilities of boys in the family? What about in the community? o How do these responsibilities affect their ability to stay healthy, attend school and learn?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants, reminding them of next steps, and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the beautiful body maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (10) Do you have any questions for us?

"Remember, this discussion is just the beginning of a process. [Using the Image Boxes on page 56–57, describe the planned next steps for developing 'the plan'.]

"In the coming months and years, you will have an important role to play in the future of the project and the lives of adolescent girls and young women in your community and we want you to guide the process."

- (11) Can you tell us your suggestions on how **<ORGANISATION NAME>** can regularly listen to you and get your advice as girls?

"<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

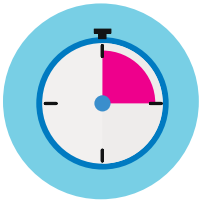
TOOL #A4: IN-SCHOOL (MALES, 15–19 YEARS)

PURPOSE

This **body mapping tool** for i**n-school adolescent boys aged 15–19 years** supports participants to create a visual profile of their characteristics, as well as their needs, opportunities, challenges and aspirations, primarily related to **SRHR and protection.** During the activity, facilitators will use the body map and body parts as a focus to explore and record participants' views regarding their identified issues and how these issues affect their well-being.

PARTICIPANTS

- All participants must be male, aged between 15 and 19 years and in school.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- For sessions held during the school break, "in school" is defined as having attended school in the previous school year.



TIME

90 to 120 minutes to complete session

- Introductions and assent (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Body mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Find a quiet, safe area that is away from outsiders to help ensure privacy and avoid disturbing the discussion.
- Indoor space is preferred (if available) as participants will need a hard surface for the activity.
- Make sure there is enough wall or floor space for participants to work on their body maps.

MATERIALS/PREPARED INPUTS

Each group will require:

- Paper large enough for body tracing (4–6 sheets of flip chart paper, or brown paper roll)
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder. camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1

- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child and Youth Safeguarding Tool for data collection teams
- Appropriate Informed Consent/Assent Form
- Debrief Form

INCLUSION

This activity can be adapted to boys with different types of impairments.

For example:

1. If working with participants with visual impairments, add a fabric thread around the outline so that they can use touch;
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, it may be necessary to have cushions available or use a table or wall instead of sitting on the floor.

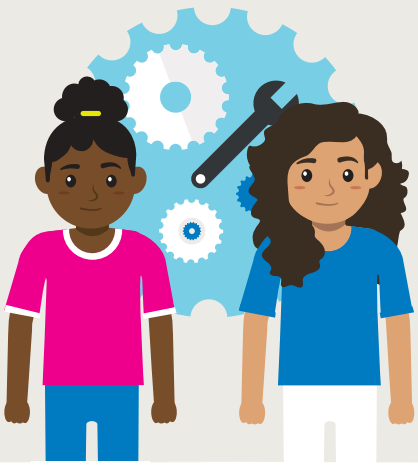
BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

BODY MAPPING ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.



Considerations for Alternative Approaches:

The instructions below are for a body mapping activity completed as a full group. If it would be preferable to develop individual body maps, or to work in small groups, adaptations can be made. When body maps are developed individually or in small groups, it is critical to have a full group share-back or discussion. Otherwise, written transcripts will be sparse and you will need to rely largely on the body maps themselves for analysis.

For individual or small group body maps, in **Step 5,** ask one representative from each group to stand up and give a short summary of their body maps. Then ask one representative from another group to stand up and say how the second group's body map differed from the first. Continue until all groups have had a chance to present their body maps.

Step 1

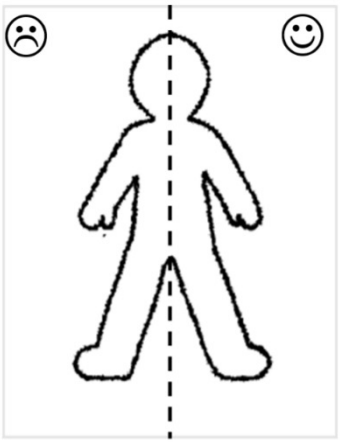
Explain to participants what the activity entails. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about adolescents their age in their community.

"Today we will be doing an activity called 'body mapping'. This is a fun group activity where we will draw the different parts of the body and then compare our drawings with each other. The body represents a boy who is your age and also goes to school in this village. Remember there are no right or wrong answers. We just want to hear your opinion."

Step 2

If brown paper roll paper is not available, get participants to stick together 4–6 sheets of flip chart paper with tape. Place the paper on the floor. Ask for a volunteer to lie down on the paper and have others trace the outline of their body. If it is not appropriate to do this, ask participants to draw the outline of a body on the flip chart paper.

Draw a line down the middle of the body map. Put a happy face on the right side of the body. Put a sad face on the left side of the body. Explain that the right side is about positive experiences and feelings, while the left side is about negative experiences and feelings. **(See example on the right.)**



Step 3

Introduce the following body parts one by one, in the order in the table below. For each body part, first ask participants to draw the body part, then ask the question. Say the question slowly and repeat or rephrase the question, if necessary. Give participants time after each question to draw the body part and write the answer next to the body part. Give participants positive feedback on their drawings throughout the activity.

"First we will talk about boys' experiences at school. When we think about school, we think about what we learn, our teachers, our classrooms, the playground, the materials and books we need, and the reasons why we like or don't like to go to school."

Step 4

One by one, go through each of the core questions followed by probing questions. Facilitators need to be actively engaged in the groups in probing and giving encouragement. Important body parts to probe are marked by an asterisk (*). Facilitators should ensure that these important body parts are adequately addressed by participants.

You can ask participants to give their body map a name (e.g., Adamo, Joseph). Instead of using the third-person pronouns "he" and "his" in the questions below, you can ask about **<NAME GIVEN TO BODY MAP>** who represents boys of their age in the village.

REMEMBER

- Anything positive is to be captured on the right-hand side, and negative things on the left-hand side.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!

#	Body Part	Core Question	Probing Questions
1	**Eyes**	What does he see as the biggest challenges to school attendance facing boys in his village?	• What are his priorities or issues that concern him the most?
2	**Ears***	What does he hear at home, at school, or in his community related to young men's sexual and reproductive health (SRH)? **Explain that this includes:** modern contraceptive methods/family planning (e.g., condoms, birth control pills, injectables, etc.); STI and HIV testing, treatment and counselling; pregnancy testing; maternal health services (antenatal care, delivery, post-natal care); abortion and post-abortion care services, etc.	• When and from whom did he learn about puberty? • What does he hear about sexual relationships? • What does he hear about how to stay healthy and protect himself against sexually transmitted infections? • What does he hear about pregnancy? • What types of sexual and reproductive health services are available to him in this community? • Do people in his community think sexual and reproductive health is more the responsibility of women or of men? What makes you say that? • Where does he get this information from?
3	**Legs and Feet***	Where can he go to get more information and services related to sexual and reproductive health?	• Where does he prefer to go for sexual and reproductive health services and information? • Is there anywhere he doesn't feel comfortable going? Which places and why? • If he goes to the nearest health clinic to his village to get modern contraceptives, how would he be treated by providers?
4	**Mouth**	If he had a question about his sexual and reproductive health, who would he feel most comfortable asking?	• What are some things he would like to know about when it comes to his sexual and reproductive health but hasn't learned or doesn't know who to ask? • Who looks to him for information about sexual health, if anyone?
5	**Arms and Hands***	How does he go about making decisions about his own sexual and reproductive health?	• Who, if anyone, would he need to seek permission from before seeking SRH services or information? • Who decides to whom and when he gets married? • Who decides if he can use contraceptives? • Who decides when he will have children and how many children he will have? • How much of a say or influence does he have when it comes to these kinds of decisions? • Can he, with confidence, say 'no' to unwanted sexual activity? What makes you say that?

6	**Whole Body**	What responsibilities does he have that affect his ability to stay healthy, learn and participate in school?	• How do these responsibilities affect his ability to attend school and learn? • What about his ability to participate in other activities in his home or community? • What types of illnesses do boys his age tend to have?
7	**Heart***	What are his hopes and dreams for the future? **(NOTE: Allow participants to respond before probing.)** What can stop him from realizing his dreams?	• What does he want to do with what he learns in school? • What is the highest level of schooling that he would like to complete? • Will he work after schooling? What makes you say that? • Who are his role models that he looks to for inspiration?
8	**Head***	What does he think needs to change in his family, school or community to help him achieve his dreams for the future? **(NOTE: Allow participants to answer before asking any probing questions.)**	• Who in his family, school or community can help him make these changes? • What can he himself do to realize these changes in his family, school or community? • Who (regardless of age or position) in this community provides the most support to boys to express their views and to participate in decisions that affect them? • Are there any groups in this community that he can be a part of that provide opportunities to share experiences and ideas on issues that affect him?

Step 5

Once you've gone through all the body parts, congratulate all the participants on their body map.

Step 6

In plenary, ask the groups how they think the body map would be different if they drew it for an adolescent girl.

#	Core Question	Probing Questions
9	How do you think the body map you drew just now would be different for a girl your age?	• What would you have changed? What are some of the reasons for why this aspect would be different? If needed, continue probing around the following: o Do girls have different problems or concerns related to their sexual and reproductive health compared to boys? o Where do girls learn about sexual and reproductive health issues? o How much control do girls have over decisions about their sexual and reproductive health? Who else influences these decisions? o What are the main responsibilities of girls in the family? What about in the community? o How do these responsibilities affect their ability to stay healthy, attend school and learn? • What can boys do to help girls overcome these difficulties?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the beautiful body maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (10) Do you have any questions for us?

"<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

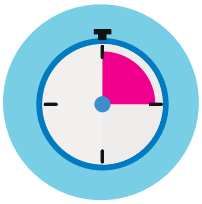
TOOL #A5: IN VOCATIONAL TRAINING/YOUNG WORKERS (FEMALES, 20–24 YEARS)

PURPOSE

This **resource mapping tool** for **young women aged 20–24 years** is intended to get a better understanding of their views and experiences with issues related to **economic empowerment.**

PARTICIPANTS

- All participants must be female, aged between 20 and 24 years who are currently enrolled in a vocational training center or who are currently employed.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- Participants may not be currently enrolled in formal education (primary, secondary or tertiary)



TIME

90 to 120 minutes to complete session

- Introductions (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Find a quiet, safe area that is away from outsiders to help ensure privacy and avoid disturbing the discussion.
- Make sure seating arrangements are convenient and comfortable for 6 to 10 participants to see the brown paper roll/flip chart paper and draw easily.
- Ensure to identify a venue where flipchart paper can be posted, if possible.

MATERIALS/PREPARED INPUTS

Each group will require:

- Brown roll or flipchart paper
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1
- 5 copies of the Incident Reporting Form
- 1 copy of the Child Safeguarding Tool for data collection teams
- Appropriate Informed Consent Form
- Debrief Form

INCLUSION

This activity can be adapted to young women with different types of impairments and literacy levels.

For example:

1. If working with participants with visual impairments, make sure to describe in detail what is being drawn
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing
4. If a participant cannot write, they could use drawing to share their experiences and ideas.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.

- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.

- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).

- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

RESOURCE MAPPING ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Step 1

Gather all participants in a circle or around a wall. Either place the flip chart paper on the ground in the middle of all participants or tape the flipchart paper against the wall. Be sure to emphasize throughout the session that **participants do NOT need to share personal information**, but rather provide general information about young people their age in their community.

Step 2

Explain to participants that today they will develop a map of the various resources in their community.

"Today we are going to draw a map of your community. Your community is comprised of the places where you, your family and your friends go. We want to know where in your community you can learn about skills that will help you work, where you can find work, where you can borrow and save money, and where you can learn about how to run a business. Remember, there are no right or wrong answers. We just want to hear from each of you."

Step 3

To start, ask participants to draw a map of their community. First, tell them to start by drawing the outline. Then ask them to fill in roads and major landmarks such as churches, mosques, schools, health facilities, markets, banks, vocational training centers, apprentice workshops, business associations, water sources, etc. However, not all landmarks of the same type need to be indicated – one or two of each is enough. Participants can also identify services and infrastructure outside their community that interests them. Make sure that only one symbol is used per landmark to ensure that they can be easily identified. Remind participants that it is not necessary to have a precise map. The goal is to understand what resources are available in the community by drawing them on the map.

In the following steps, make sure to refer to the community resource map during the discussion and add the symbols referenced in each step when discussed. During the discussion, if any new main landmarks are identified, they can be added to the map. However, as noted previously, it is not necessary to indicate all the landmarks.

At the end of the discussion, revisit the map and ask participants to draw a caption corresponding to the symbols of the main landmarks identified on the front of the community resource map. If necessary, the Facilitator can help participants to label their maps or to create a legend.

REMEMBER

- It is not necessary to have a precise or complete map. Drawing a map should not get in the way of the discussion.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!

Step 4

Next, probe participants by asking them:

#	Core Question	Probing Questions
1	Which organizations, institutions, or people can you learn skills from that can help you gain employment or start your own business? [e.g., schools, literacy programs, workshops for apprentices, vocational training, other skills training, financial services, local entrepreneurs/ businesses, etc.]	• What would you have changed? What are some of the reasons for why this aspect would be different? If needed, continue probing around the following: o Do girls have different problems or concerns related to their sexual and reproductive health compared to boys? o Where do girls learn about sexual and reproductive health issues? o How much control do girls have over decisions about their sexual and reproductive health? Who else influences these decisions? o What are the main responsibilities of girls in the family? What about in the community? o How do these responsibilities affect their ability to stay healthy, attend school and learn? • What can boys do to help girls overcome these difficulties?

Mark these places on the map with a symbol such as a blue dot [●].

Step 5

Next ask about places of employment. Mark these places with a symbol such as a green dot [●].

#	Core Question	Probing Questions
2	What kinds of jobs do young women like yourself have in your village?	• What types of people work in those jobs (ages, gender, educational background, training)? • Do you think this is a good place for a young woman to work? What makes you say that? • Do young women with disabilities also have jobs like this? What are some of the reasons for this?
3	Is it easy or difficult for young women like yourself to find good jobs? What makes you say that?	• What are some of the barriers related to finding a good job? • If you went to vocational training, after vocational training, is there a clear path towards getting a job in your field? How long did it take you after finishing school to find a job?
4	To what extent are your families supportive of you working?	• How do they show their support? Or, what would they prefer you do? • Was working your choice or someone else's choice? If someone else's choice, what would you rather be doing?

Step 6

Next ask about places to access financial and business resources or services. Mark these places with a symbol such as a purple dot [●].

#	Core Question	Probing Questions
5	How do young women your age save money?	• Do they have bank accounts? Are they part of savings groups? • Where do they gain financial knowledge? • In the past, how have you used the money you save? Do you save with particular goals in mind? If yes, what are they? • Who controls finances in your home, including your own earnings?
6	Can young women your age get a loan, if they wanted to?	• If yes, how do you know this? How many of you have accessed credit services? • If no, what are the barriers to accessing credit?

Step 7

Ask about safety and protection issues related to these places. Mark any unsafe places with a black cross [✖].

7	Looking at the different places that you've marked, are any of these places unsafe or dangerous?	• In which places could you get injured? • Which places make you feel comfortable? • Are certain places more dangerous for certain young people than others?
8	What do you do if you feel unsafe?	• Who do you talk to or report the issue to? • Is it easy to report these types of issues? • What normally happens if someone does report an issue? • Do young women with disabilities have the same safety issues, or do they have different issues? If so, what are they?

Step 8

Ask participants to share 1–2 things that they would most like to see change that would help them with their employment or business. Encourage participants to reflect on the entire discussion.

#	Core Question	Probing Questions
9	What do you think needs to change to improve employment or business prospects for young women in your village?	• Who (regardless of age or position) in this community provides the most support to young women to express their views and to participate in decisions that affect them? • Are there any groups in this community that young women can be a part of that provide opportunities to share experiences and ideas on issues that affect them? • What can family members do to better support young women in finding decent jobs? What can the community do? What can business leaders, service providers and policy makers do?

Step 9

Tell participants to look at the map and briefly summarize what's been captured. Now ask participants how this map would change if it was a group of young men who drew the map.

#	Core Question	Probing Questions
10	How would this map change if it was a group of young men who drew it?	• How are the barriers to engaging in vocational training or entrepreneurship skills development the same or different for young men and young women? • Are the opportunities to learn skills, work, save money and access credit different for young men compared to young women? If yes, how so? Why do these opportunities differ? • What differences, if any, are there between young men and young women on the kinds of financial and business resources they have access to? • Are there any protection risks in the workplace or at training sites that affect young men more than young women? If so, what are they? • What makes it easier or harder for a young man to succeed in employment or entrepreneurship, compared to a young woman?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants, reminding them of next steps, and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the resource maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (11) Do you have any questions for us?

"Remember, this discussion is just the beginning of a process. [Using the Image Boxes on page 56–57, describe the planned next steps for developing 'the plan'.]

"In the coming months and years, you will have an important role to play in the future of the project and the lives of adolescent girls and young women in your community and we want you to guide the process."

- (12) Can you tell us your suggestions on how **<ORGANISATION NAME>** can regularly listen to you and get your advice as young women?

"<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

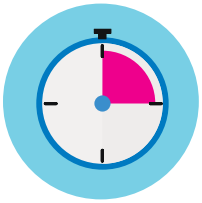
TOOL #A6: IN VOCATIONAL TRAINING/YOUNG WORKERS (MALES, 20–24 YEARS)

PURPOSE

This **resource mapping tool** for **young men aged 20–24 years** is intended to get a better understanding of their views and experiences with issues related to **economic empowerment.**

PARTICIPANTS

- All participants must be male, aged between 20 and 24 years who are currently enrolled in a vocational training center or who are currently employed.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- Participants may not be currently enrolled in formal education (primary, secondary, or tertiary)



TIME

90 to 120 minutes to complete session

- Introductions (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Find a quiet, safe area that is away from outsiders to help ensure privacy and avoid disturbing the discussion
- Make sure seating arrangements are convenient and comfortable for 6 to 10 participants to see the brown paper roll/flip chart paper and draw easily
- Ensure to identify a venue where flipchart paper can be posted, if possible

MATERIALS/PREPARED INPUTS

Each group will require:

- Brown roll or flipchart paper
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1
- 5 copies of the Incident Reporting Form
- 1 copy of the Child Safeguarding Tool for enumerator teams

- Appropriate Informed Consent Form
- Debrief Form

INCLUSION

This activity can be adapted to young men with different types of impairments and literacy levels.

For example:

1. If working with participants with visual impairments, make sure to describe in detail what is being drawn
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing
4. If a participant cannot write, they could use drawing to share their experiences and ideas.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

RESOURCE MAPPING ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Step 1

Gather all participants in a circle or around a wall. Either place the flip chart paper on the ground in the middle of all participants or tape the flipchart paper against the wall. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about young people their age in their community.

Step 2

Explain to participants that today they will develop a map of the various resources in their community.

"Today we are going to draw a map of your community. Your community is comprised of the places where you, your family and your friends go. We want to know where in your community you can learn about skills that will help you work, where you can find work, where you can borrow and save money, and where you can learn about how to run a business. Remember, there are no right or wrong answers. We just want to hear from each of you."

Step 3

To start, ask participants to draw a map of their community. First, tell them to start by drawing the outline. Then ask them to fill in roads and major landmarks such as churches, mosques, schools, health facilities, markets, banks, vocational training centers, apprentice workshops, business associations, water sources, etc. However, not all landmarks of the same type need to be indicated – one or two of each is enough. Participants can also identify services and infrastructure outside their community that interests them. Make sure that only one symbol is used per landmark to ensure that they can be easily identified. Remind participants that it is not necessary to have a precise map. The goal is to understand what resources are available in the community by drawing them on the map.

In the following steps, make sure to refer to the community resource map during the discussion and add the symbols referenced in each step when discussed. During the discussion, if any new main landmarks are identified, they can be added to the map. However, as noted previously, it is not necessary to indicate all the landmarks.

At the end of the discussion, revisit the map and ask participants to draw a caption corresponding to the symbols of the main landmarks identified on the front of the community resource map. If necessary, the Facilitator can help participants to label their maps or to create a legend.

REMEMBER

- It is not necessary to have a precise or complete map. Drawing a map should not get in the way of the discussion.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!

Step 4

Next, probe participants by asking them:

#	Core Question	Probing Questions
1	Which organizations, institutions, or people can you learn skills from that can help you gain employment or start your own business? [e.g., schools, literacy programs, workshops for apprentices, vocational training, other skills training, financial services, local entrepreneurs/ businesses, etc.]	• How did you learn about these opportunities? • Are these open to all individuals, or only specific people (Probe: certain genders, age brackets, those able to pay fees, etc.)? • What are some of the barriers in getting these kinds of vocational or entrepreneurship training opportunities? (Probe for: availability of services, equipment in vocational centers, quality of training, breadth of professional training options, required fees or material inputs, family preferences or attitudes, community-level barriers or attitudes.) • Do young men with disabilities also participate in these initiatives? What are some of the reasons for this?

Mark these places on the map with a symbol such as a blue dot [●].

Step 5

Next ask about places of employment. Mark these places with a symbol such as a green dot [●].

#	Core Question	Probing Questions
2	What kinds of jobs do young men like yourself have in your village?	• What types of people work in those jobs (ages, gender, educational background, training)? • Do you think this is a good place for a young man to work? What makes you say that? • Do young men with disabilities also have jobs like this? What are some of the reasons for this?
3	Is it easy or difficult for young men like yourself to find good jobs? What makes you say that?	• What are some of the barriers related to finding a good job? • If you went to vocational training, after vocational training, is there a clear path towards getting a job in your field? How long did it take you after finishing school to find a job?
4	To what extent are your families supportive of you working?	• How do they show their support? Or, what would they prefer you do? • Was working your choice or someone else's choice? If someone else's choice, what would you rather be doing?

Step 6

Next ask about places to access financial and business resources or services. Mark these places with a symbol such as a purple dot [●].

#	Core Question	Probing Questions
5	How do young men your age save money?	• Do they have bank accounts? Are they part of savings groups? • Where do they gain financial knowledge? • In the past, how have you used the money you save? Do you save with particular goals in mind? If yes, what are they? • Who controls finances in your home, including your own earnings?
6	Can young men your age get a loan, if they wanted to?	• If yes, how do you know this? How many of you have accessed credit services? • If no, what are the barriers to accessing credit?

Step 7

Ask about safety and protection issues related to these places. Mark any unsafe places with a [black cross ✖].

#	Core Question	Probing Questions
7	Looking at the different places that you've marked, are any of these places unsafe or dangerous?	• In which places could you get injured? • Which places make you feel comfortable? • Are certain places more dangerous for certain young people than others?
8	What do you do if you feel unsafe?	• Who do you talk to or report the issue to? • Is it easy to report these types of issues? • What normally happens if someone does report an issue? • Do young men with disabilities have the same safety issues, or do they have different issues? If so, what are they?

Step 8

Ask participants to share 1–2 things that they would most like to see change that would help them with their employment or business. Encourage participants to reflect on the entire discussion.

#	Core Question	Probing Questions
9	What do you think needs to change to improve employment or business prospects for young men in your village?	• Who (regardless of age or position) in this community provides the most support to young men to express their views and to participate in decisions that affect them? • Are there any groups in this community that young men can be a part of that provide opportunities to share experiences and ideas on issues that affect them? • What can family members do to better support young men in finding decent jobs? What can the community do? What can business leaders, service providers and policy makers do?

Step 9

Tell participants to look at the map and briefly summarize what's been captured. Now ask participants how this map would change if it was a group of young women who drew the map.

#	Core Question	Probing Questions
10	How would this map change if it was a group of young women who drew it?	• How are the barriers to engaging in vocational training or entrepreneurship skills development the same or different for young women and young men? • Are the opportunities to learn skills, work, save money and access credit different for young women compared to young men? If yes, how so? Why do these opportunities differ? • What differences, if any, are there between young women and young men on the kinds of financial and business resources they have access to? • Are there any protection risks in the workplace or at training sites that affect young women more than young men? If so, what are they? • What makes it easier or harder for a young woman to succeed in employment or entrepreneurship, compared to a young man? • What can young men do to help young women overcome these difficulties?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the resource maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (11) Do you have any questions for us?

"<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

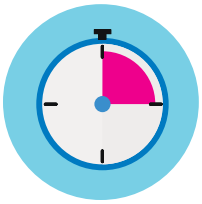
TOOL #A7: OUT-OF-SCHOOL (FEMALES, 10–14 YEARS)

PURPOSE

This **resource mapping tool** for **out-of-school girls aged 10–14 years** is used to understand the community where they live, including their access to education and where they feel safe and unsafe. A resource map can also be used to identify priority areas for change with adolescents themselves.

PARTICIPANTS

- All participants must be female, aged between 10 and 14 years and not enrolled in formal or non-formal education. They may have previously been attending educational opportunities but must have dropped out.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- For sessions held during the school break, "out-of-school" is defined as having dropped out of school in the previous school year or earlier.



TIME

90 to 120 minutes to complete session

- Introductions and assent (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Resource mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Find a quiet, safe area that is away from outsiders to help ensure privacy and avoid disturbing the discussion.
- Indoor space is preferred (if available) as participants will need a hard surface for the activity.

MATERIALS/PREPARED INPUTS

Each group will require:

- Flipchart paper
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1
- 5 copies of the Incident Reporting Form

- At least 1 copy of the Child Safeguarding Tool for enumerator teams
- Appropriate Informed Consent/Assent Form
- Debrief Form

INCLUSION

This activity can be adapted to adolescent girls with different types of impairments and literacy levels.

For example:

1. If working with participants with visual impairments, make sure to describe in detail what is being drawn
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing
4. If a participant cannot write, they could use drawing to share their experiences and ideas.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

RESOURCE MAPPING ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Step 1

Gather all participants in a circle or around a wall. Either place the flip chart paper on the ground in the middle of all participants or tape the flipchart paper against the wall. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about adolescents their age in their community.

Step 2

Explain to participants that today they will develop a map of the various resources in their community.

"Today we are going to draw a map of your community. Your community is made up of the places where you, your family and your friends go. We want to know what places you like to go, and where you spend your time. Remember, there are no right or wrong answers. We just want to hear from each of you."

Step 3

To start, ask participants to draw a map of their community. First, tell them to start by drawing the outline. Then ask them to fill in roads and major landmarks such as churches, mosques, schools, health facilities, markets, bus stops, water sources, etc. However, not all landmarks of the same type need to be indicated – one or two of each is enough. Participants can also identify services and infrastructure outside their community that interests them. Make sure that only one symbol is used per landmark to ensure that they can be easily identified. Remind participants that it is not necessary to have a precise map. The goal is to understand what resources are available in the community by drawing them on the map.

In the following steps, make sure to refer to the community resource map during the discussion and add the symbols referenced in each step when discussed. During the discussion, if any new main landmarks are identified, they can be added to the map. However, as noted previously, it is not necessary to indicate all the landmarks.

At the end of the discussion, revisit the map and ask participants to draw a caption corresponding to the symbols of the main landmarks identified on the front of the community resource map. If necessary, the Facilitator can help participants to label their maps or to create a legend.

REMEMBER

- It is not necessary to have a precise or complete map. Drawing a map should not get in the way of the discussion.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!
- Also remind participants that they need not share personal information, but rather general information about adolescents in their community.

Step 4

Once a rough community map has been drawn, ask participants where out-of-school adolescent girls like to spend their time.

#	Core Question	Probing Questions
1	Where do out-of-school adolescent girls like to spend their time?	• Where do they like to go? • What are they doing there? • What about the place do they like? • What makes the place feel safe to them? • Are there certain people there or infrastructure that helps the space feel safer? • Where else within your community do you feel safe?
2	Can all adolescent girls go to these places?	• Who cannot go? • Can adolescent girls with disabilities access these places?

Step 5

After participants have identified their safe places, ask a participant to draw these places onto the map. Mark these places with a green tick [✓].

Step 6

Next ask participants places where adolescent girls face risks and places where they feel unsafe.

#	Core Question	Probing Questions
3	Where in your community do adolescent girls feel unsafe?	• Where are they scared? • Where do they face risks? • Where do accidents happen? • Where does violence happen? What kinds of violence happen here?
4	What makes these places unsafe?	• Are there certain people there or infrastructure that make it dangerous? • What kinds of violence happen in these places?
5	How do you know that these places are unsafe?	• Who in your family or community told you these were unsafe places? • Where do adolescent girls learn about unsafe places?

Step 7

After participants have identified their unsafe places, ask a participant to draw these places onto the map. Mark these places with a black cross [✖].

Step 8

We now want to understand what other protection issues might exist in the family or at home. You should ensure that no one is sharing names or identifiable information about specific individuals in the community. If a safeguarding incident is disclosed during the discussion, follow-up in private with the participant after the session.

#	Core Question	Probing Questions
6	Sometimes we do not feel happy at home or sometimes we are even scared when we are at home. Do you think adolescent girls in this community ever feel this way?	• What are some things that make an adolescent girl unhappy at home? • What are some things that make an adolescent girl uncomfortable at home? • What are things that make adolescent girls feel unsafe at home? • Can you give me any examples?

Step 9

Now ask participants to identify where they go to find protection services or positive coping mechanisms.

#	Core Question	Probing Questions
7	If an adolescent girl got into an accident or was injured in one of the unsafe places in your community, where could she go for help?	• Is there someone in particular she can talk to? • Is there a specific place she could go for help? • Can all people in your community go to that person or go to that place to get help? • Who cannot go to that person or place for help? • Can adolescent girls living with disabilities also go?

Step 10

After participants have identified where they would go to get help, ask a participant to draw these places on the map. Mark these places with a blue arrow [➜].

Step 11

Now ask participants about what barriers they face in accessing education.

#	Core Question	Probing Questions
8	Some children in your community go to school and some children do not go to school. What are the main reasons why adolescent girls have to leave school?	• What causes an adolescent girl to drop out school? • Can girls who leave school return later? What are some of the reasons for this?
9	Who decides whether an adolescent girl can go to school or whether she has to leave school?	• Does she make this decision herself or do other people make this decision for her? (Probe for who makes the decision if response is 'other people') • Can she influence these decisions in any way?
10	What are the main reasons why adolescent boys have to leave school?	• How are these reasons different than why an adolescent girl might not go to school?
11	In your view, is going to school more important for a girl or for a boy?	• Do you think your parents and community have the same opinion? What makes you say that?

Step 12

Close the discussion by asking participants what two things in their community they would most like to change to make them better for adolescent girls. Ask them what they would change about these places. Mark these places with a yellow star [✶].

#	Core Question	Probing Questions
12	What two things in your community would you most like to change to make them better for adolescent girls?	• What would you change about these places? • Who in your community can help make these changes? • Who (regardless of age or position) in this community provides the most support to girls to express their views and to participate in decisions that affect them? • Are there any groups in this community that she can be a part of that provides opportunities to share experiences and ideas on issues that affect her?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants, reminding them of next steps, and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the resource maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (13) Do you have any questions for us?

"Remember, this discussion is just the beginning of a process. [Using the Image Boxes on page 56–57, describe the planned next steps for developing 'the plan'.]

"In the coming months and years, you will have an important role to play in the future of the project and the lives of adolescent girls and young women in your community and we want you to guide the process."

- (14) Can you tell us your suggestions on how **<ORGANISATION NAME>** can regularly listen to you and get your advice as girls?

"<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

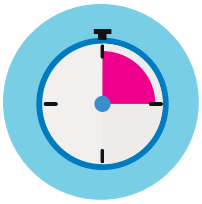
TOOL #A8: OUT-OF-SCHOOL (MALES, 10–14 YEARS)

PURPOSE

This **resource mapping tool** for **out-of-school boys aged 10–14 years** is used to understand the community where they live, including their access to education and where they feel safe and unsafe. A resource map can also be used to identify priority areas for change with adolescents themselves.

PARTICIPANTS

- All participants must be male, aged between 10 and 14 years and not enrolled in formal or non-formal education. They may have previously been attending educational opportunities but must have dropped out.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- For sessions held during the school break, "out-of-school" is defined as having dropped out of school in the previous school year or earlier.



TIME

90 to 120 minutes to complete session

- Introductions and assent (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Resource mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Find a quiet, safe area that is away from outsiders to help ensure privacy and avoid disturbing the discussion.
- Indoor space is preferred (if available) as participants will need a hard surface for the activity.

MATERIALS/PREPARED INPUTS

Each group will require:

- Flipchart paper
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1
- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child Safeguarding Tool for enumerator teams
- Appropriate Informed Consent/Assent Form and Debrief Form

INCLUSION

This activity can be adapted to adolescent boys with different types of impairments and literacy levels.

For example:

1. If working with participants with visual impairments, make sure to describe in detail what is being drawn
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing
4. If a participant cannot write, they could use drawing to share their experiences and ideas.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

RESOURCE MAPPING ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Step 1

Gather all participants in a circle or around a wall. Either place the flip chart paper on the ground in the middle of all participants or tape the flipchart paper against the wall. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about adolescents their age in their community.

Step 2

Explain to participants that today they will develop a map of the various resources in their community.

"Today we are going to draw a map of your community. Your community is made up of the places where you, your family and your friends go. We want to know what places you like to go, and where you spend your time. Remember, there are no right or wrong answers. We just want to hear from each of you."

Step 3

To start, ask participants to draw a map of their community. First, tell them to start by drawing the outline. Then ask them to fill in roads and major landmarks such as churches, mosques, schools, health facilities, markets, bus stops, water sources, etc. However, not all landmarks of the same type need to be indicated – one or two of each is enough. Participants can also identify services and infrastructure outside their community that interests them. Make sure that only one symbol is used per landmark to ensure that they can be easily identified. Remind participants that it is not necessary to have a precise map. The goal is to understand what resources are available in the community by drawing them on the map.

In the following steps, make sure to refer to the community resource map during the discussion and add the symbols referenced in each step when discussed. During the discussion, if any new main landmarks are identified, they can be added to the map. However, as noted previously, it is not necessary to indicate all the landmarks.

At the end of the discussion, revisit the map and ask participants to draw a caption corresponding to the symbols of the main landmarks identified on the front of the community resource map. If necessary, the Facilitator can help participants to label their maps or to create a legend.

REMEMBER

- It is not necessary to have a precise or complete map. Drawing a map should not get in the way of the discussion.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!
- Also remind participants that they need not share personal information, but rather general information about adolescents in their community.

Step 4

Once a rough community map has been drawn, ask participants where out-of-school adolescent boys like to spend their time.

#	Core Question	Probing Questions
1	Where do out-of-school adolescent boys like to spend their time?	• Where do they like to go? • What are they doing there? • What about the place do they like? • What makes the place feel safe to them? • Are there certain people there or infrastructure that helps the space feel safer?
2	Can all adolescent boys go to these places?	• Who cannot go? • Can adolescent boys with disabilities access these places?

Step 5

After participants have identified their safe places, ask a participant to draw these places onto the map. Mark these places with a green tick [✓].

Step 6

Next ask participants places where adolescent boys face risks and places where they feel unsafe.

#	Core Question	Probing Questions
3	Where in your community do adolescent boys feel unsafe?	• Where are they scared? • Where do they face risks? • Where do accidents happen? • Where does violence happen? What kinds of violence happen here
4	What makes these places unsafe?	• Are there certain people there or infrastructure that make it dangerous? • What kinds of violence happen in these places?
5	How do you know that these places are unsafe?	• Who in your family or community told you these were unsafe places? • Where do adolescent boys learn about unsafe places?

Step 7

After participants have identified their unsafe places, ask a participant to draw these places onto the map. Mark these places with a black cross [✖].

Step 8

We now want to understand what other protection issues might exist in the family or at home. You should ensure that no one is sharing names or identifiable information about specific individuals in the community. If a safeguarding incident is disclosed during the discussion, follow-up in private with the participant after the session.

#	Core Question	Probing Questions
6	Sometimes we do not feel happy at home or sometimes we are even scared when we are at home. Do you think adolescent boys in this community ever feel this way?	• What are some things that make an adolescent boy unhappy at home? • What are some things that make an adolescent boy uncomfortable at home? • What are things that make adolescent boys feel unsafe at home? • Can you give me any examples?

Step 9

Now ask participants to identify where they go to find protection services or positive coping mechanisms.

#	Core Question	Probing Questions
7	If an adolescent boy got into an accident or was injured in one of the unsafe places in your community, where could he go for help?	• Is there someone in particular he can talk to? • Is there a specific place he could go for help? • Can all people in your community go to that person or go to that place to get help? • Who cannot go to that person or place for help? • Can adolescent boys living with disabilities also go?

Step 10

After participants have identified where they would go to get help, ask a participant to draw these places on the map. Mark these places with a blue arrow [➜].

Step 11

Now ask participants about what barriers they face in accessing education.

#	Core Question	Probing Questions
8	Some children in your community go to school and some children do not go to school. What are the main reasons why adolescent boys have to leave school?	• What causes an adolescent boy to drop out school? • Can boys who leave school return later? What are some of the reasons for this?
9	Who decides whether an adolescent boy can go to school or whether he has to leave school?	• Does he make this decision himself or do other people make this decision for him? (Probe for who makes the decision if response is 'other people') • Can he influence these decisions in any way?
10	What are the main reasons why adolescent girls have to leave school?	• How are these reasons different than why an adolescent boy might not go to school?
11	In your view, is going to school more important for a girl or for a boy?	• Do you think your parents and community have the same opinion? What makes you say that?

Step 12

Close the discussion by asking participants what two things in their community they would most like to change to make them better for adolescent boys. Ask them what they would change about these places. Mark these places with a yellow star [✶].

#	Core Question	Probing Questions
12	What two things in your community would you most like to change to make them better for adolescent boys?	• What would you change about these places? • Who in your community can help make these changes? • Who (regardless of age or position) in this community provides the most support to boys to express their views and to participate in decisions that affect them? • Are there any groups in this community that he can be a part of that provides opportunities to share experiences and ideas on issues that affect him? • What can adolescent boys do to help adolescent girls overcome these difficulties?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the resource maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (13) Do you have any questions for us?

"<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

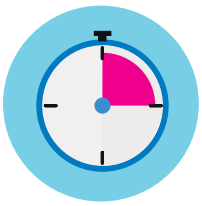
TOOL #A9 [A11]: NOT IN EMPLOYMENT, EDUCATION OR TRAINING (FEMALES, 15–19 [20–24] YEARS)

PURPOSE

The **vision journey tool** for **adolescent girls [young women] aged 15–19 [20–24] years not in employment, education or training (NEET)** helps participants to identify and work towards elements of their long-term visions. It identifies participant's current position in relation to their vision and helps to analyze opportunities and constraints, including those that are gender-based. One of the benefits of the activity is that it introduces the idea of planning and reflexive learning.

PARTICIPANTS

- All participants must be female, aged between 15 and 19 years [20 and 24 years] and, for at least the past 12 months, must not have attended school, participated in a training or been employed.
- Each session should have a minimum of 6 participants and a maximum of 10 participants



TIME

90 to 120 minutes to complete session

- Introductions (10 to 15 minutes)
- Instructions and clarification (5 minutes)
- Individual drawing of Vision Journey (30 to 45 minutes)
- Plenary presentation and discussion (20 to 30 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Make sure seating arrangements are convenient and comfortable for 6 to 10 participants to see the brown paper roll/flip chart paper and draw easily
- Ensure to identify a venue where flipchart paper can be posted

MATERIALS/PREPARED INPUTS

Each group will require:

- Brown roll or flipchart paper (at least 10 sheets)
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1

- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child Safeguarding Tool for enumerator teams
- Appropriate Informed Consent/Assent Form and Debrief Form

INCLUSION

This activity can be adapted to adolescent girls with different types of impairments.

For example:

1. If working with participants with visual impairments, make sure to describe in detail what is being drawn
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**)

DRAWING THE VISION JOURNEY

REMEMBER:

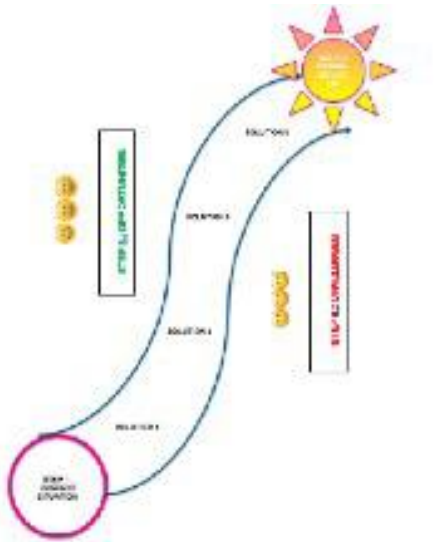
Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Considerations for Alternative Approaches:

The instructions below are for a vision journey activity completed as a full group. If it would be preferable to develop individual vision journeys (reflecting personalized accounts), adaptations can be made. When vision journeys are developed individually, it is critical to have a full group share-back or discussion. Otherwise, written transcripts will be sparse and you will need to rely largely on the flip charts for analysis. For individual vision journeys, add a **Step 8** to ask each member to stand up and give a short summary of their vision journeys before getting into the plenary discussion.

Step 1 (Set up):

Provide participants with brown paper or 2–3 sheets of flipchart paper to adhere together using tape. Participants may either post the paper on a wall or find a hard surface to facilitate their drawing. Be sure to emphasize throughout the session that participants **do NOT need to share personal information**, but rather provide general information about adolescents their age in their community.



Step 2 (Introduction):

Explain to participants that they will be drawing today to create a vision for the future and pathways to realize aspirations. As the facilitator, you will go slowly and interactively through each of the five steps, inviting participants to draw on the flipchart paper. Do not touch the markers yourself.

Step 3 (Present Situation):

Ask a volunteer to draw a large circle at the bottom left hand corner of the flipchart. This represents the present situation. Using the core and probing questions below, invite participants to draw the current situation of an adolescent girl (aged between 15 and 19 years) [young woman (aged between 20 and 24 years)] in their village who is not in education, employment or training. Make sure that the current situation reflects all aspects of their lives: education, health, protection, economic activity, family life, etc.

REMEMBER

- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!
- Also remind participants that they need not share personal information, but rather general information about adolescents in their community.

#	Core Question	Probing Questions
1	How would you describe the situation of an adolescent girl [young woman] in your village who is not currently employed, not enrolled in school and not participating in any form of skills training?	• How does she spend her time? What are her daily activities? • What sort of roles and responsibilities does she have at home? • What do her social interactions look like? What activities in her community, if any, does she participate in? • What resources or assets are available to her? Which of these does she own or control?

Step 4: Visions and Aspirations

Ask participants to draw a large circle at the top right-hand corner of the page. Using the core and probing questions below, ask participants to draw how they would like the life of a NEET adolescent girl [young woman] of their age to be five years from now. It is this vision which will inspire participants.

#	Core Question	Probing Questions
2	How would you like the life of this adolescent girl [young woman] to look like five years from now?	• Would you like her to go to school (or return to any form of education)? • What kinds of economic opportunities do you see her pursuing, if any? • How do you picture her life at home (Probe: marriage, child bearing, household duties, relationship with family/partner)?

To end this step, invite participants to draw two straight lines to link both circles, representing the road from the present to the future.

Step 5 (Opportunities and Enablers):

Invite participants to draw opportunities at the top of the road. These represent the things which will help to achieve the visions. The more opportunities they can think of, the better. The things which are most under their control should be drawn nearest to the road. The things out of their control go furthest from the road.

#	Core Question	Probing Questions
3	What are the opportunities in your village that can help an adolescent girl to achieve her aspirations, regardless of her current situation?	• What types of social supports are available to her (Probe: peers, parents/ caregivers, family members, role models in the community)? • What opportunities are available to her to learn about sexual and reproductive health services and to access health services? • Where can she learn about safety and protection issues? Where can she go if she experiences violence or abuse? • What opportunities are available to her to start or continue her studies (formal or informal school, vocational training)? • Are there opportunities for her to find employment or start a business, if she wishes to do so? What are they?

Step 6 (Challenges and Constraints):

Invite participants to draw challenges and constraints at the bottom of the road.

#	Core Question	Probing Questions
4	What challenges does an adolescent girl [young woman] in your village who is not currently employed, not enrolled in school and not participating in any form of skills training face that could prevent her from achieving her goals?	• What are the challenges that prevent her from pursuing education, skills training, work or entrepreneurship opportunities? • What kinds of safety issues and risks does she face at home, in school, in the workplace and in the community (e.g., corporal punishment, peer violence and intimidation, sexual exploitation and abuse, etc.)? • Who makes decisions about her future? In what ways, if any, can she influence these decisions? • What do people in her village say about her? How does this affect the achievement of her goals?

Step 7 (Solutions and Risks):

Invite participants to draw solutions and identify things that need to happen to help adolescent girls [young women] to achieve their aspirations.

#	Core Question	Probing Questions
5	How can these challenges be overcome?	• What changes in her family or community would help her to achieve her dreams for the future? • Who can provide support to address the challenges? What actions can they take? • What can she herself do to address these challenges? • Who (regardless of age or position) in this community can provide support to her to express her views and to participate in decisions that affect them? • Are there any groups in this community that she can be a part of that provide opportunities to share experiences and ideas on issues that affect her?

IN PLENARY

When you have finished walking participants along the vision journeys for adolescent girls aged 15–19 years who are not in education, employment or training, reflect on how their challenges and opportunities might be similar or dissimilar to adolescent boys with the same profile.

#	Core Question	Probing Questions
6	How do you think the challenges and opportunities for an adolescent boy [young man] currently not in education, employment or training might be different from those of an adolescent girl [young woman] in the same situation?	• How are the reasons for not being in school the same or different for adolescent boys [young men] and adolescent girls [young women] your age? • How are the reasons for not participating in training activities the same or different for adolescent boys [young men] and adolescent girls [young women] your age? • How are the reasons for not having paid employment the same or different for adolescent boys [young men] and adolescent girls [young women] your age? • How do the opportunities available to adolescent boys [young men] to pursue their dreams differ from those available to adolescent girls [young women]? • How much control do adolescent boys [young men] have over decisions about their education, training and employment? Who else influences these decisions?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants, reminding them of next steps and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the vision journeys that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls, boys, women and men. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (7) Do you have any questions for us?

"Remember, this discussion is just the beginning of a process. [Using the Image Boxes on page 56–57, describe the planned next steps for developing 'the plan'.]

"In the coming months and years, you will have an important role to play in the future of the project and the lives of adolescent girls and young women in your community and we want you to guide the process."

- Can you tell us your suggestions on how **<ORGANISATION NAME>** can regularly listen to you and get your advice as girls?

"<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

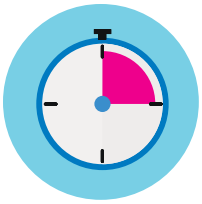
TOOL #A10 [A12]: NOT IN EMPLOYMENT, EDUCATION OR TRAINING (MALES, 15–19 [20–24] YEARS)

PURPOSE

The **vision journey tool** for **adolescent boys [young men] aged 15–19 [20–24] years not in employment, education or training (NEET)** helps participants to identify and work towards elements of their long-term visions. It identifies participant's current position in relation to their vision and helps to analyze opportunities and constraints, including those that are gender-based. One of the benefits of the activity is that it introduces the idea of planning and reflexive learning.

PARTICIPANTS

- All participants must be male, aged between 15 and 19 years [20 and 24 years] and, for at least the past 12 months, must not have attended school, participated in a training or been employed.
- Each session should have a minimum of 6 participants and a maximum of 10 participants



TIME

90 to 120 minutes to complete session

- Introductions (10 to 15 minutes)
- Instructions and clarification (5 minutes)
- Individual drawing of Vision Journey (30 to 45 minutes)
- Plenary presentation and discussion (20 to 30 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Make sure seating arrangements are convenient and comfortable for 6 to 10 participants to see the brown paper roll/flip chart paper and draw easily
- Ensure to identify a venue where flipchart paper can be posted

MATERIALS/PREPARED INPUTS

Each group will require:

- Brown roll or flipchart paper (at least 10 sheets)
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1

- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child Safeguarding Tool for enumerator teams
- Appropriate Informed Consent/Assent Form
- Debrief Form

INCLUSION

This activity can be adapted to adolescent boys with different types of impairments.

For example:

1. If working with participants with visual impairments, make sure to describe in detail what is being drawn
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

DRAWING THE VISION JOURNEY

REMEMBER:

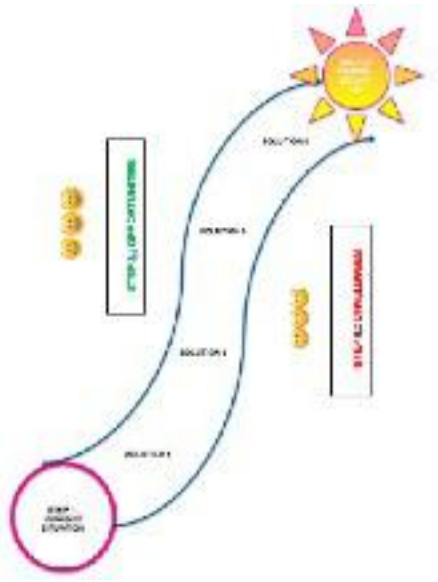
Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Considerations for Alternative Approaches:

The instructions below are for a vision journey activity completed as a full group. If it would be preferable to develop individual vision journeys (reflecting personalized accounts), adaptations can be made. When vision journeys are developed individually, it is critical to have a full group share-back or discussion. Otherwise, written transcripts will be sparse and you will need to rely largely on the flip charts for analysis. For individual vision journeys, add a **Step 8** to ask each member to stand up and give a short summary of their vision journeys before getting into the plenary discussion.

Step 1 (Set up):

Provide participants with brown paper or 2–3 sheets of flipchart paper to adhere together using tape. Participants may either post the paper on a wall or find a hard surface to facilitate their drawing. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about adolescents their age in their community.



Step 2 (Introduction):

Explain to participants that they will be drawing today to create a vision for the future and pathways to realize aspirations. As the facilitator, you will go slowly and interactively through each of the five steps, inviting participants to draw on the flipchart paper. Do not touch the markers yourself.

Step 3 (Present Situation):

Ask a volunteer to draw a large circle at the bottom left hand corner of the flipchart. This represents the present situation. Using the core and probing questions below, invite participants to draw the current situation of an adolescent boy (aged between 15 and 19 years) [young man (aged between 20 and 24 years] in their village who is not in education, employment or training. Make sure that the current situation reflects all aspects of their lives: education, health, protection, economic activity, family life, etc.

REMEMBER

- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!
- Also remind participants that they need not share personal information, but rather general information about adolescents in their community.

#	Core Question	Probing Questions
1	How would you describe the situation of an adolescent boy [young man] in your village who is not currently employed, not enrolled in school and not participating in any form of skills training?	• How does he spend his time? What are his daily activities? • What sort of roles and responsibilities does he have at home? • What do his social interactions look like? What activities in his community, if any, does he participate in? • What resources or assets are available to him? Which of these does he own or control?

Step 4 (Visions and Aspirations):

Ask participants to draw a large circle at the top right-hand corner of the page. Using the core and probing questions below, ask participants to draw how they would like the life of a NEET adolescent boy [young man] of their age to be five years from now. It is this vision which will inspire participants.

#	Core Question	Probing Questions
2	How would you like the life of this adolescent boy [young man] to look like five years from now?	• Would you like him to go to school (or return to any form of education)? • What kinds of economic opportunities do you see him pursuing, if any? • How do you picture his life at home (Probe: marriage, household duties, relationship with family/partner)?

To end this step, invite participants to draw two straight lines to link both circles, representing the road from the present to the future.

Step 5 (Opportunities and Enablers):

Invite participants to draw opportunities at the top of the road. These represent the things which will help to achieve the visions. The more opportunities they can think of, the better. The things which are most under their control should be drawn nearest to the road. The things out of their control go furthest from the road.

#	Core Question	Probing Questions
3	What are the opportunities in your village that can help an adolescent boy [young man] to achieve his aspirations, regardless of his current situation?	• What types of social supports are available to him (Probe: peers, parents/ caregivers, family members, role models in the community)? • What opportunities are available to him to learn about sexual and reproductive health services and to access health services? • Where can he learn about safety and protection issues? Where can he go if he experiences violence or abuse? • What opportunities are available to him to start or continue his studies (formal or informal school, vocational training)? • Are there opportunities for him to find employment or start a business, if he wishes to do so? What are they?

Step 6 (Challenges and Constraints):

Invite participants to draw challenges and constraints at the bottom of the road.

#	Core Question	Probing Questions
4	What challenges does an adolescent boy [young man] in your village who is not currently employed, not enrolled in school and not participating in any form of skills training face that could prevent him from achieving his goals?	• What are the challenges that prevent him from pursuing education, skills training, work or entrepreneurship opportunities? • What kinds of safety issues and risks does he face at home, in school, in the workplace and in the community (e.g., corporal punishment, peer violence and intimidation, sexual exploitation and abuse, etc.)? • Who makes decisions about his future? In what ways, if any, can he influence these decisions? • What do people in his village say about him? How does this affect the achievement of his goals?

Step 7 (Solutions and Risks):

Invite participants to draw solutions and identify things that need to happen to help adolescent boys [young men] to achieve their aspirations.

#	Core Question	Probing Questions
5	How can these challenges be overcome?	• What changes in his family or community would help him to achieve her dreams for the future? • Who can provide support to address the challenges? What actions can they take? • What can he himself do to address these challenges? • Who (regardless of age or position) in this community can provide support to him to express his views and to participate in decisions that affect them? • Are there any groups in this community that he can be a part of that provide opportunities to share experiences and ideas on issues that affect him?

IN PLENARY

When you have finished walking participants along the vision journeys for adolescent boys aged 15–19 years [young men aged 20–24 years] who are not in education, employment or training, reflect on how their challenges and opportunities might be similar or dissimilar to adolescent girls with the same profile.

#	Core Question	Probing Questions
6	How do you think the challenges and opportunities for an adolescent girl [young women] currently not in education, employment or training might be different from those of an adolescent boy in the same situation?	• How are the reasons for not being in school the same or different for adolescent boys [young men] and adolescent girls [young women] your age? • How are the reasons for not participating in training activities the same or different for adolescent boys [young men] and adolescent girls [young women] your age? • How are the reasons for not having paid employment the same or different for adolescent boys [young men] and adolescent girls [young women] your age? • How do the opportunities available to adolescent boys [young men] to pursue their dreams differ from those available to adolescent girls [young women]? • How much control do adolescent girls [young women] have over decisions about their education, training and employment? Who else influences these decisions? • What can adolescent boys [young men] do to help adolescent girls [young women] overcome these difficulties?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the vision journeys that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls, boys, women and men. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (7) Do you have any questions for us?

<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

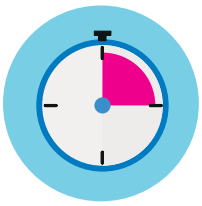
TOOL #A13: MARRIED/IN UNION, PREGNANT OR YOUNG PARENT (FEMALES, 15–19 YEARS)

PURPOSE

This **resource mapping tool** for **adolescent girls aged 15–19 years** is intended to get a better understanding of how they obtain information related to sexual and reproductive health and rights (SRHR) and the barriers they face at the family, community and institutional levels in accessing SRHR services.

PARTICIPANTS

- All participants must be female, aged between 15 and 19 years and must be married/in union, currently pregnant and/or have a child.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- Participants cannot have already participated in another FGD.



TIME

90 to 120 minutes to complete session

- Introductions (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Resource mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Make sure seating arrangements are convenient and comfortable for 6 to 10 participants to see the brown paper roll/flip chart paper and draw easily
- Ensure to identify a venue where flipchart paper can be posted, if possible (i.e., indoor space with a wall)

MATERIALS/PREPARED INPUTS

Each group will require:

- Brown roll or flipchart paper
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)
- A4 sheets or stones for the classification of types of violence
- Materials for young children to occupy them

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1

- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child Safeguarding Tool for Enumerators
- Appropriate Informed Consent/Assent Form
- Debrief Form

INCLUSION

This activity can be adapted to adolescent girls with different types of impairments and literacy levels.

For example:

1. If working with participants with visual impairments, make sure to describe in detail what is being drawn
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing
4. If a participant cannot write, they could use drawing to share their experiences and ideas.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

RESOURCE MAPPING ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Step 1:

Gather all participants in a circle or around a wall. Either place the flip chart paper on the ground in the middle of all participants or tape the flipchart paper against the wall. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about adolescents their age in their community who are also married, pregnant and/or have children.

Step 2:

Explain to participants that today you will be developing a community map of different health resources in their community.

"Together, we will draw a map of your community to identify places where adolescent girls like you go to get information, resources, and services related to their sexual and reproductive health. Sexual and reproductive health topics include menstruation, contraception, STIs and HIV/AIDS, pre-pregnancy, pregnancy, delivery and post-natal care."

Step 3:

To start, ask participants to draw a basic map of their community. First, tell them to start by drawing the outline. Then ask them to fill in roads and major landmarks such as churches, mosques, schools, markets, bus stops, water sources, etc. However, not all landmarks of the same type need to be indicated – one or two of each is enough. Participants can also identify services and infrastructure outside their community that interests them. Make sure that only one symbol is used per landmark to ensure that they can be easily identified. Remind participants that it is not necessary to have a precise map.

At the end of the discussion, revisit the map and ask participants to draw a caption corresponding to the symbols of the main landmarks identified on the front of the community resource map. If necessary, the Facilitator can help participants to label their maps or to create a legend.

REMEMBER:

- It is not necessary to have a precise or complete map. Drawing a map should not get in the way of the discussion.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!
- Also remind participants that they need not share personal information, but rather general information about adolescents in their community.

Step 4:

Once participants have outlined a basic community map, ask the following questions about **their knowledge of existing sources of sexual and reproductive health information, services and/or resources.** Make sure that elements of both the formal (public, private and other health clinics, doctors, nurses, midwives, community health workers, etc.) and informal systems (traditional healer, traditional birth attendants, etc.) are covered. Non-governmental organizations active in sexual and reproductive health programming should also be identified.

#	Core Question	Probing Questions
1	Can you tell me where in the community adolescent girls get information on sexual and reproductive health and related services, such as menstruation, contraception, early pregnancy risks, STIs and HIV/AIDS, as well as pregnancy, safe childbirth and postpartum care and support?	• What type of health care provider do they prefer to consult (e.g., doctor, nurse, traditional healer, midwife, etc.)? • Where and when do they go for sexual and reproductive health information or advice? • Where and when do they go if they want to get modern contraceptive methods? • Where and when do they go if they want to be tested, given treatment or given advice on STIs?

Step 5:

Ask participants to draw these places on the map. These can be health posts, people, traditional healers, family members, community health workers, birth attendants, etc.

Step 6:

Next ask participants which of these places they prefer. Mark these places with a green tick [✓].

#	Core Question	Probing Questions
2	Is there a place or a person where adolescent girls prefer to get information and help related to sexual and reproductive health?	• Why do they prefer these places? • Do all adolescent girls in your community have access to these places or people? If not, who doesn't have access? What are some of the reasons for this? • Do adolescent girls living with disabilities have access to these places or people? What are some of the reasons for this? • Do unmarried adolescent girls have access to these places or people? What are some of the reasons for this?

Step 7:

Once the health points have been drawn on the map, ask the participants the following questions about family-level barriers to accessing sexual and reproductive health and rights information, resources and services.

#	Core Question	Probing Questions
3	How do adolescent girls get to these health points?	• Do they go alone or are they accompanied? If accompanied, by whom? What are some of the reasons for this? • What support do members of their family provide them to access these services? • Can you describe the attitude of the family regarding girls' sexual and reproductive health? Whose attitude exactly? Is there a specific example you would like to share? • What are some of the barriers within the family or household that can prevent her access to sexual and reproductive health information, resources and services? • Do unmarried adolescent girls have the same or different challenges? Please explain.

Step 8:

Ask questions about barriers in accessing SRH support and services at the community level.

#	Core Question	Probing Questions
4	What are the major challenges or barriers adolescent girls in your community face in accessing support and sexual and reproductive health services within your community?	• Would others in your community judge you or make you feel uncomfortable if they knew you were accessing these services? What makes you say that? • Do you feel comfortable safe when you are at these services? What makes you say that? • Do you feel you are treated with respect and that your needs are responded to? Please describe/give examples. • Are there specific barriers to access to these services for unmarried adolescent girls? How about for married adolescent girls? If so, which ones?

Step 9:

Once the barriers have been identified, mark these barriers on the map using a symbol such as a [black cross ✖].

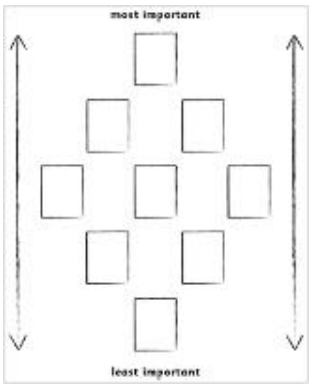
Step 10:

Now ask participants if they have visited these facilities, ask about their barriers and level of satisfaction at these different health care providers. Note where participants had different experiences.

#	Core Question	Probing Questions
5	The community that adolescent girls might generally face in accessing support and health services at the facility level?	• When you visited a facility-based health provider, how were you received or treated? • (Probe for: Access, affordability of services, waiting times, confidentiality and privacy, extent to which providers are respectful and offer service free of discrimination, facility environment (friendly, welcoming), level of comfort to ask questions, extent to which providers offered clear explanations and information) • Did you trust the health providers? What makes you say that?
6	What are the most important things that affect your level of satisfaction with health services?	• Describe what you would consider a high quality of service; what factors are most important?

Step 11:

Ask participants to rank all the barriers that they have listed: On note cards, write or draw each barrier. Handout the notecards to each group and ask them to prioritize the most significant barriers to the least significant barrier. The cards should be in a diamond shape, with most significant barrier on top and least significant barrier at the bottom. Participants can also use alternative methods (classifying in rows, using tree leaves or stones to place on the images, etc.) to classify the barriers from the larger to the less important.



Step 12:

Ask participants to draw a symbol or something on the health point that represents their satisfaction with the health provider such as [happy face ranking 😃 😐 😕].

Step 13:

Close the discussion by asking participants what kind of support they think adolescent girls need in order to overcome the most significant barriers in accessing SRH services.

#	Core Question	Probing Questions
7	What kinds of support do adolescent girls need to overcome the most significant barriers to their sexual and reproductive health and rights?	• What can family members do to support adolescent girls in overcoming this barrier? What can the community do? What can health providers do? (Probe for different types of support such as: helping do domestic chores; bathing, feeding babies; Paying for things; i.e. encouraging the woman/adolescent girl when she is tired or down/depressed; discussing with the woman/adolescent girl advice given from health professionals and what to do; accompanying woman to the clinic.) • Who (regardless of age or position) in this community can provide support to adolescent girls to express their views and to participate in decisions that affect them? • Are there any groups in this community that adolescent girls can be a part of that provide opportunities to share experiences and ideas on issues that affect them?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants, reminding them of next steps, and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the resource maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (8) Do you have any questions for us?

"Remember, this discussion is just the beginning of a process. [Using the Image Boxes on page 56–57, describe the planned next steps for developing 'the plan'.]

"In the coming months and years, you will have an important role to play in the future of the project and the lives of adolescent girls and young women in your community and we want you to guide the process."

- (9) Can you tell us your suggestions on how **<ORGANISATION NAME>** can regularly listen to you and get your advice as girls?

<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

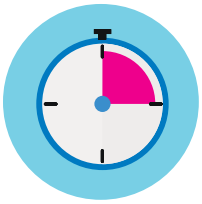
TOOL #A14: MARRIED/IN UNION OR YOUNG PARENT (MALES, 15–19 YEARS)

PURPOSE

This **resource mapping tool** for **adolescent boys aged 15–19 years** is intended to get a better understanding of how they obtain information related to sexual and reproductive health and rights (SRHR) and the barriers they face at the family, community and institutional levels in accessing SRHR services.

PARTICIPANTS

- All participants must be male, aged between 15 and 19 years and must be married/in union and/or have a child.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- Participants cannot have already participated in another FGD.



TIME

90 to 120 minutes to complete session

- Introductions (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Resource mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Make sure seating arrangements are convenient and comfortable for 6 to 10 participants to see the brown paper roll/flip chart paper and draw easily
- Ensure to identify a venue where flipchart paper can be posted (i.e., indoor space with a wall)

MATERIALS/PREPARED INPUTS

Each group will require:

- Brown roll or flipchart paper
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)
- A4 sheets or stones for the classification of types of violence
- Materials for young children to occupy them

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1
- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child Safeguarding Tool for Enumerators

- Appropriate Informed Consent/Assent Form
- Debrief Form

INCLUSION

This activity can be adapted to adolescent boys with different types of impairments and literacy levels.

For example:

(1) If working with participants with visual impairments, make sure to describe in detail what is being drawn

(2) Participants with speech impairments may need an assistant or interpreter

(3) For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing

(4) If a participant cannot write, they could use drawing to share their experiences and ideas

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

RESOURCE MAPPING ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Step 1:

Gather all participants in a circle or around a wall. Either place the flip chart paper on the ground in the middle of all participants or tape the flipchart paper against the wall. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about adolescents their age in their community who are also married and/or have children.

Step 2:

Explain to participants that today you will be developing a community map of different health resources in their community.

"Together, we will draw a map of your community to identify places where adolescent boys like you go to get information, resources, and services related to their sexual and reproductive health. Sexual and reproductive health topics include contraception and STI testing, treatment and counselling."

Step 3:

To start, ask participants to draw a basic map of their community. First, tell them to start by drawing the outline. Then ask them to fill in roads and major landmarks such as churches, mosques, schools, markets, bus stops, water sources, etc. However, not all landmarks of the same type need to be indicated – one or two of each is enough. Participants can also identify services and infrastructure outside their community that interests them. Make sure that only one symbol is used per landmark to ensure that they can be easily identified. Remind participants that it is not necessary to have a precise map.

At the end of the discussion, revisit the map and ask participants to draw a caption corresponding to the symbols of the main landmarks identified on the front of the community resource map. If necessary, the Facilitator can help participants to label their maps or to create a legend.

REMEMBER:

- It is not necessary to have a precise or complete map. Drawing a map should not get in the way of the discussion.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!
- Also remind participants that they need not share personal information, but rather general information about adolescents in their community.

Step 4:

Once participants have outlined a basic community map, ask the following questions about **their knowledge of existing sources of sexual and reproductive health information, services and/or resources.** Make sure that elements of both the formal (public, private and other health clinics, doctors, nurses, midwives, community health workers, etc.) and informal systems (traditional healer, traditional birth attendants, etc.) are covered. Non-governmental organizations active in sexual and reproductive health programming should also be identified.

#	Core Question	Probing Questions
1	Can you tell me where in the community adolescent boys get information on sexual and reproductive health and related services, such as contraception and STIs and HIV/AIDS?	• What type of health care provider do they prefer to consult (e.g., doctor, nurse, traditional healer, midwife, etc.)? • Where and when do they go for sexual and reproductive health information or advice? • Where and when do they go if they want to get modern contraceptive methods? • Where and when do they go if they want to be tested, given treatment or given advice on STIs?

Step 5:

Ask participants to draw these places on the map. These can be health posts, people, traditional healers, family members, community health workers, birth attendants, etc.

Step 6:

Next ask participants which of these places they prefer. Mark these places with a green tick [✓].

#	Core Question	Probing Questions
2	Is there a place or a person where adolescent boys prefer to get information and help related to sexual and reproductive health?	• Why do they prefer these places? • Do all adolescent boys in your community have access to these places or people? If not, who doesn't have access? What are some of the reasons for this? • Do adolescent boys living with disabilities have access to these places or people? What are some of the reasons for this? • Do unmarried adolescent boys have access to these places or people? What are some of the reasons for this?

Step 7:

Once the health points have been drawn on the map, ask the participants the following questions about family-level barriers to accessing sexual and reproductive health and rights information, resources and services.

#	Core Question	Probing Questions
3	How do adolescent boys get to these health points?	• Do they go alone or are they accompanied? If accompanied, by whom? What are some of the reasons for this? • What support do members of their family provide them to access these services? • Can you describe the attitude of the family regarding boys' sexual and reproductive health? Whose attitude exactly? Is there a specific example you would like to share? • What are some of the barriers within the family or household that can prevent his access to sexual and reproductive health information, resources and services?

Step 8:

Ask questions about barriers in accessing SRH support and services at the community level.

#	Core Question	Probing Questions
4	What are the major challenges or barriers adolescent boys in your community face in accessing support and sexual and reproductive health services within your community?	• Would others in your community judge you or make you feel uncomfortable if they knew you were accessing these services? What makes you say that? • Do you feel comfortable safe when you are at these services? What makes you say that? • Do you feel you are treated with respect and that your needs are responded to? Please describe/give examples.

Step 9:

Once the barriers have been identified, mark these barriers on the map using a symbol such as a [black cross ✖].

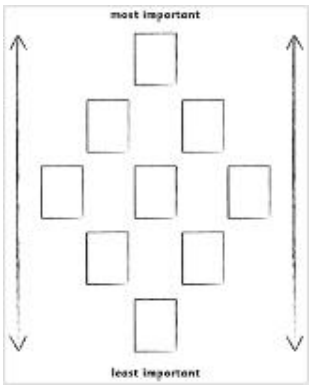
Step 10:

Now ask participants if they have visited these facilities, ask about their barriers and level of satisfaction at these different health care providers. Note where participants had different experiences.

#	Core Question	Probing Questions
5	What are the major challenges/ barriers within the community that adolescent boys might generally face in accessing support and health services at the facility level?	• What specific barriers, if any, are there for unmarried adolescent boys? How about for married adolescent boys? • When you visited a facility-based health provider, how were you received or treated? • (Probe for: Access, affordability of services, waiting times, confidentiality and privacy, extent to which providers are respectful and offer service free of discrimination, facility environment (friendly, welcoming), level of comfort to ask questions, extent to which providers offered clear explanations and information) • Did you trust the health providers? What are some of the reasons for this?
6	What are the most important things that affect your level of satisfaction with health services?	• Describe what you would consider a high quality of service; what factors are most important?

Step 11:

Ask participants to rank all the barriers that they have listed: On note cards, write or draw each barrier. Handout the notecards to each group and ask them to prioritize the most significant barriers to the least significant barrier. The cards should be in a diamond shape, with most significant barrier on top and least significant barrier at the bottom. Participants can also use alternative methods (classifying in rows, using tree leaves or stones to place on the images, etc.) to classify the barriers from the larger to the less important.



Step 12:

Ask participants to draw a symbol or something on the health point that represents their **satisfaction** with the health provider such as [happy face ranking 😃😐😕].

Step 13:

Close the discussion by asking participants what kind of support they think adolescent boys need in order to overcome the most significant barriers in accessing sexual and reproductive health services.

#	Core Question	Probing Questions
7	What kinds of support do adolescent boys need to overcome the most significant barriers to their sexual and reproductive health and rights?	• What can family members do to support adolescent boys in overcoming this barrier? What can the community do? What can health providers do? (Probe for different types of support such as: helping do domestic chores; bathing, feeding babies; Paying for things; i.e. encouraging the woman/ adolescent girl when she is tired or down/depressed; discussing with the woman/adolescent girl advice given from health professionals and what to do; accompanying woman to the clinic.) • Who (regardless of age or position) in this community can provide support to adolescent boys to express their views and to participate in decisions that affect them? • Are there any groups in this community that adolescent boys can be a part of that provide opportunities to share experiences and ideas on issues that affect them?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the resource maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (8) Do you have any questions for us?

<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

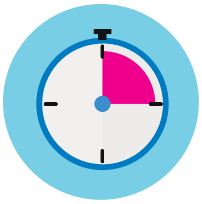
TOOL #A15: MARRIED/IN UNION, PREGNANT OR YOUNG PARENT (FEMALES, 20–24 YEARS)

PURPOSE

This **resource mapping tool** for **young women aged 20–24 years** is intended to get a better understanding of where young women can access protection services to prevent and respond to violence, abuse and exploitation.

PARTICIPANTS

- All participants must be female, aged between 20 and 24 years and must be married/in union, currently pregnant and/or have a child.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- Participants cannot have already participated in another FGD.



TIME

90 to 120 minutes to complete session

- Introductions (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Resource mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Make sure seating arrangements are convenient and comfortable for 6 to 10 participants to see the brown paper roll/flip chart paper and draw easily
- Ensure to identify a venue where flipchart paper can be posted (i.e., indoor space with a wall)

MATERIALS/PREPARED INPUTS

Each group will require:

- Brown roll or flipchart paper
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)
- A4 sheets or stones for the classification of types of violence
- Materials for young children to occupy them

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A

- Participant List 1
- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child Safeguarding Tool for Enumerators
- Appropriate Informed Consent/Assent Form
- Debrief Form

INCLUSION

This activity can be adapted to young women with different types of impairments and literacy levels.

For example:

1. If working with participants with visual impairments, make sure to describe in detail what is being drawn;
2. Participants with speech impairments may need an assistant or interpreter;
3. For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing
4. If a participant cannot write, they could use drawing to share their experiences and ideas.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

RESOURCE MAPPING ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Step 1:

Gather all participants in a circle or around a wall. Either place the flip chart paper on the ground in the middle of all participants or tape the flipchart paper against the wall. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about young women their age in their community.

Step 2:

Explain to participants that today you will be developing a community map.

"Together, we will draw a map of your community. Your community is the neighborhood and places where you, your family, and your friends meet. Remember that there are no right or wrong answers. We just want to hear your opinion."

Step 3:

To start, ask participants to draw a basic map of their community. First, tell them to start by drawing the outline. Then ask them to fill in roads and major landmarks such as churches, mosques, schools, markets, bus stops, water sources, etc. However, not all landmarks of the same type need to be indicated – one or two of each is enough. Participants can also identify services and infrastructure outside their community that interests them. Make sure that only one symbol is used per landmark to ensure that they can be easily identified. Remind participants that it is not necessary to have a precise map.

At the end of the discussion, revisit the map and ask participants to draw a caption corresponding to the symbols of the main landmarks identified on the front of the community resource map. If necessary, the Facilitator can help participants to label their maps or to create a legend.

REMEMBER:

- It is not necessary to have a precise or complete map. Drawing a map should not get in the way of the discussion.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!
- Also remind participants that they need not share personal information, but rather general information about adolescents in their community.

Step 4:

Ask participants to identify where they feel safe. Mark them on the map with a symbol such as a green tick [✓].

#	Core Question	Probing Questions
1	Where do young women like to be? Where do they like to spend their time? Where in the community do they feel safe?	• What are they doing in these places? What about the place do they like? What makes them feel safe here? Are there certain people there or infrastructure that helps the space feel safer? • Can all young women go to these places? Who cannot go? • Can young women with disabilities also access these place? What are some of the reasons for this?

Step 5:

Ask participants to identify places where they feel unsafe. Mark these places with a black cross [✖].

#	Core Question	Probing Questions
2	Where in your community do young women feel unsafe?	• Where are they scared? Where do they face risks? Where do accidents happen? Where does violence happen? • What makes these places scary or unsafe? Are there certain people there or infrastructure that make it dangerous? What kinds of violence happen in these places? • How do you know that these are unsafe places? Who in your family or community told you these were unsafe places? Where do young women learn about unsafe places?

Step 6:

Now introduce a fictional story about a girl named Mabel. Tell participants that Mabel isn't a real perosn, but it's inspired by an adolescent girl.

"Mabel is 14 years old. She goes to school most days and helps her family by going to the market. Recently, she has been feeling uncomfortable going to the market. There are a group of men there who say things to her and make her feel uncomfortable and scared. She is afraid that they might hurt her or do something to her."

#	Core Question	Probing Questions
3	If you were her, what would you do in this situation?	• Is there anyone you could ask for help? • Is there a place you could go to report this issue? • Would it be easy for you to report this issue? If not, what barriers would you face? • Are all adolescent girls and young women able to report this issue? • Which adolescent girls and young women would have difficulty reporting this issue or getting help?

Step 7:

Mark the places on the map where Mabel would be able to get support or report issues. Mark these places with symbol such as a [red dot ●].

Step 8:

Now move onto questions to try and understand the practices around marriage in this community. Ask participants at what age they think Mabel would get married.

#	Core Question	Probing Questions
4	When do you think Mabel would get married?	• At what age do most girls get married in your community? Starting at what age do you think it's ideal for a girl to be married? What makes you say that? Under what circumstances would it be okay for a girl to get married even younger in your community? • At what age do most boys and men get married in your community? Starting at what age do you think it's ideal for a boy to be married? What makes you say that? Under what circumstances would it be okay for a boy to get married even younger in your community?

Step 9:

Now tell participants that Mabel is of marriageable age (according to what participants told you in the previous question).

"Mabel is now [XX] years old. Her parents want her to get married to a man in the community. However, Mabel is very upset and does not want to get married to this man."

#	Core Question	Probing Questions
5	What are her options?	• At what age do most girls get married in your community? Starting at what age do you think it's ideal for a girl to be married? What makes you say that? Under what circumstances would it be okay for a girl to get married even younger in your community? • At what age do most boys and men get married in your community? Starting at what age do you think it's ideal for a boy to be married? What makes you say that? Under what circumstances would it be okay for a boy to get married even younger in your community?
6	Who could she talk to or report her problems to?	• Are there any people or services that could help her? Who are these people and services? • How easy would it be for her to go to these people or places? Can all adolescent girls and young women go to these places? • What are some of the consequences or risks associated with these actions? • If there is a girl under 18 years who is about to get married in your community, does anyone in the family try and stop it? Who in the community might try and stop it? • If there is a boy under 18 years who is about to get married in your community, would they do the same thing? What are some of the reasons for this?
7	Who decides when a girl gets married and who she marries?	• How involved are girls themselves in this choice? • Who decides when a boy gets married and to whom they marry?

Step 10:

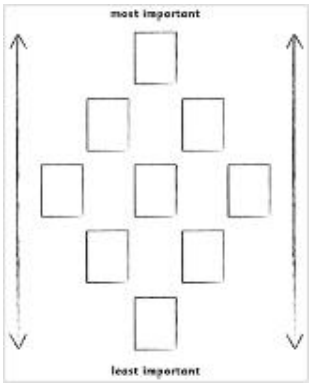
Now ask participants about violence within relationships.

"Mabel is now 22 years old. She is married and has one child. When she and her husband disagree, her husband gets very mad and sometimes he hits and beats her. She is very scared when this happens.

#	Core Question	Probing Questions
8	Are there situations in your community similar to that of Mabel?	• How common is it for adolescent girls and young women to be beaten or hit in your community? • How common is it for girls to be beaten by their parents? • What about their partners or husbands? • Generally, what are the reasons?
9	Is there any situation in which it's justifiable to beat a girl or young woman?	• If so, what are these situations? • In such a situation, do you think Mabel would ask for help? What makes you say that? • If this happens, do other members of the family try and help her? If so, who helps her and what do they do? If not, why don't they help her? • Do other members of the community try and help her? If so, who helps and what do they do? If not, why don't they help her?
10	Is there somewhere she could go, such as a friend, authority figure or organization, who would help her?	• Is it easy for her to contact these people? • What are some of the barriers to accessing this help? • Can everyone access this help, or is it more difficult for some young women?

Step 11:

Mark these places or people where can she get help by placing an [orange dot ●]



Step 12:

Ask participants to list types of violence, abuse or exploitation in which young women are in danger, might be injured or hurt, or feel unsafe. Pull specific examples which have come out of the safety mapping and previous question. On note cards, write each issue. Handout the notecards to the group and each group and ask them to prioritize the most significant issue to the least issue. The cards should be in a diamond shape, which most significant barrier on top and least significant barrier at the bottom.

Step 13:

Close the discussion by asking participants what kind of support they think adolescent girls and young women need in order to address the most significant protection issues.

#	Core Question	Probing Questions
11	What can young women do themselves to prevent these issues and help resolve them?	• What capacities would they need to do this?
12	What can families do to help protect young women?	• Who in families can play an important role? • What role could they play?
13	What can communities do to help protect adolescent girls and young women?	• Are there any specific actors who can do a better job or who need to be involved? • Who (regardless of age or position) in this community can provide support to young women to express their views and to participate in decisions that affect them? • Are there any groups in this community that young women can be a part of that provide opportunities to share experiences and ideas on issues that affect them?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants, reminding them of next steps, and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the resource maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (14) Do you have any questions for us?

"Remember, this discussion is just the beginning of a process. [Using the Image Boxes on page 56–57, describe the planned next steps for developing 'the plan'.]

"In the coming months and years, you will have an important role to play in the future of the project and the lives of adolescent girls and young women in your community and we want you to guide the process."

- (15) Can you tell us your suggestions on how <ORGANISATION NAME> can regularly listen to you and get your advice as young women?

<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

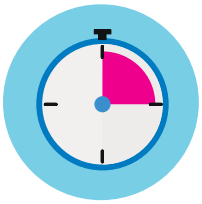
TOOL #A16: MARRIED/IN UNION OR YOUNG PARENT (MALES, 20–24 YEARS)

PURPOSE

This **resource mapping tool** for **young men aged 20–24 years** is intended to get a better understanding of where young men can access protection services to prevent and respond to violence, abuse and exploitation.

PARTICIPANTS

- All participants must be male, aged between 20 and 24 years and must be married/in union, and/or have a child.
- Each session should have a minimum of 6 participants and a maximum of 10 participants.
- Participants cannot have already participated in another FGD.



TIME

90 to 120 minutes to complete session

- Introductions (15 to 25 minutes)
- Instructions and clarification (5 minutes)
- Resource mapping activity (45 to 65 minutes)
- Post-activity (15 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Make sure seating arrangements are convenient and comfortable for 6 to 10 participants to see the brown paper roll/flip chart paper and draw easily
- Ensure to identify a venue where flipchart paper can be posted (i.e., indoor space with a wall)

MATERIALS/PREPARED INPUTS

Each group will require:

- Brown roll or flipchart paper
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)
- A4 sheets or stones for the classification of types of violence
- Materials for young children to occupy them

You will also need:

- 1 audio recorder, camera and pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 1
- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child Safeguarding Tool for Enumerators
- Appropriate Informed Consent/Assent Form and Debrief Form

INCLUSION

This activity can be adapted to young men with different types of impairments and literacy levels.

For example:

1. If working with participants with visual impairments, make sure to describe in detail what is being drawn
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, you may need to place the flipchart paper on a table to facilitate their contributions to the drawing, or request that they describe what they wish to draw and have another participant create the drawing
4. If a participant cannot write, they could use drawing to share their experiences and ideas.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

RESOURCE MAPPING ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Step 1:

Gather all participants in a circle or around a wall. Either place the flip chart paper on the ground in the middle of all participants or tape the flipchart paper against the wall. Be sure to emphasize throughout the session that participants do NOT need to share personal information, but rather provide general information about young people their age in their community.

Step 2:

Explain to participants that today you will be developing a community map.

"Together, we will draw a map of your community. Your community is the neighborhood and places where you, your family, and your friends meet. Remember that there are no right or wrong answers. We just want to hear your opinion."

Step 3:

To start, ask participants to draw a basic map of their community. First, tell them to start by drawing the outline. Then ask them to fill in roads and major landmarks such as churches, mosques, schools, markets, bus stops, water sources, etc. However, not all landmarks of the same type need to be indicated – one or two of each is enough. Participants can also identify services and infrastructure outside their community that interests them. Make sure that only one symbol is used per landmark to ensure that they can be easily identified. Remind participants that it is not necessary to have a precise map.

At the end of the discussion, revisit the map and ask participants to draw a caption corresponding to the symbols of the main landmarks identified on the front of the community resource map. If necessary, the Facilitator can help participants to label their maps or to create a legend.

REMEMBER:

- It is not necessary to have a precise or complete map. Drawing a map should not get in the way of the discussion.
- Remind participants that there are **NO RIGHT OR WRONG ANSWERS** and encourage the participants!
- Also remind participants that they need not share personal information, but rather general information about adolescents in their community.

Step 4:

Ask participants to identify where they feel safe. Mark them on the map with a symbol such as a green tick [✓].

#	Core Question	Probing Questions
1	Where do young men like to be? Where do they like to spend their time? Where in the community do they feel safe?	• What are they doing in these places? What about the place do they like? What makes them feel safe here? Are there certain people there or infrastructure that helps the space feel safer? • Can all young men go to these places? Who cannot go? • Can young men with disabilities also access these place? • Can young women go to these places? What are some of the reasons for this?

Step 5:

Ask participants to identify places where they feel unsafe. Mark these places with a black cross [✖].

#	Core Question	Probing Questions
2	Where in your community do young men feel unsafe?	• Where are they scared? Where do they face risks? Where do accidents happen? Where does violence happen? • What makes these places scary or unsafe? Are there certain people there or infrastructure that make it dangerous? What kinds of violence happen in these places? • How do you know that these are unsafe places? Who in your family or community told you these were unsafe places? Where do young men learn about unsafe places? • Are there any places within your community that are particularly unsafe for young women? If so, where are they?

Step 6:

Now introduce a fictional story about a girl named Mabel. Tell participants that Mabel isn't a real perosn, but it's inspired by an adolescent girl.

"Mabel is 14 years old. She goes to school most days and helps her family by going to the market. Recently, she has been feeling uncomfortable going to the market. There are a group of men there who say things to her and make her feel uncomfortable and scared. She is afraid that they might hurt her or do something to her."

#	Core Question	Probing Questions
3	What do you think Mabel would do in this situation?	• Is there anyone she could ask for help? • Is there a place she could go to report this issue? • Would it be easy for her to report this issue? If not, what barriers would she face? • Are all adolescent girls and young women able to report this issue? • Which adolescent girls and young women would have difficulty reporting this issue or getting help?

Step 7:

Mark the places on the map where Mabel would be able to get support or report issues. Mark these places with symbol such as a [red dot ●].

Step 8:

Now move onto questions to try and understand the practices around marriage in this community. Ask participants at what age they think Mabel would get married.

#	Core Question	Probing Questions
4	When do you think Mabel would get married?	• At what age do most girls get married in your community? Starting at what age do you think it's ideal for a girl to be married? What makes you say that? Under what circumstances would it be okay for a girl to get married even younger in your community? • At what age do most boys and men get married in your community? Starting at what age do you think it's ideal for a boy to be married? What makes you say that? Under what circumstances would it be okay for a boy to get married even younger in your community?

Step 9:

Now tell participants that Mabel is of marriageable age (according to what participants told you in the previous question).

"Mabel is now [XX] years old. Her parents want her to get married to a man in the community. However, Mabel is very upset and does not want to get married to this man."

#	Core Question	Probing Questions
5	What are her options?	• What could she do to get out of this situation?
6	Who could she talk to or report her problems to?	• Are there any people or services that could help her? Who are these people and services? • How easy would it be for her to go to these people or places? Can all adolescent girls and young women go to these places? • What are some of the consequences or risks associated with these actions? • If there is a girl under 18 years who is about to get married in your community, does anyone in the family try and stop it? Who in the community might try and stop it? • If there is a boy under 18 years who is about to get married in your community, would they do the same thing? What are some of the reasons for this?
7	Who decides when a girl gets married and who she marries?	• How involved are girls themselves in this choice? • Who decides when a boy gets married and to whom they marry?

Step 10:

Now ask participants about violence within relationships.

"Mabel is now 22 years old. She is married and has one child. When she and her husband disagree, her husband gets very mad and sometimes he hits and beats her. She is very scared when this happens."

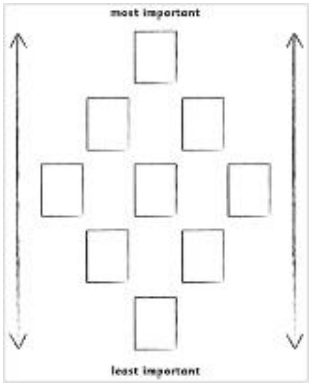
#	Core Question	Probing Questions
8	Are there situations in your community similar to that of Mabel?	• How common is it for adolescent girls and young women to be beaten or hit in your community? • How common is it for girls to be beaten by their parents? • What about their partners or husbands? • Generally, what are the reasons?
9	Is there any situation in which it's justifiable ot beat a girl or young woman?	• If so, what are these situations? • In such a situation, do you think Mabel would ask for help? What makes you say that? • If this happens, do other members of the family try and help her? If so, who helps her and what do they do? If not, why don't they help her? • Do other members of the community try and help her? If so, who helps and what do they do? If not, why don't they help her?
10	Is there somewhere she could go, such as a friend, authority figure or organization, who would help her?	• Is it easy for her to contact these people? • What are some of the barriers to accessing this help? • Can everyone access this help, or is it more difficult for some young women?

Step 11:

Mark these places or people where can she get help by placing an [orange dot ●]

Step 12:

Ask participants to list types of violence, abuse or exploitation in which young men and women are in danger, might be injured or hurt, or feel unsafe. Pull specific examples which have come out of the safety mapping and previous question. On note cards, write each issue. Handout the notecards to the group and each group and ask them to prioritize the most significant issue to the least issue. The cards should be in a diamond shape, which most significant barrier on top and least significant barrier at the bottom.



Step 13:

Close the discussion by asking participants what kind of support they think adolescent girls and young women need in order to address the most significant protection issues.

#	Core Question	Probing Questions
11	What can young women do themselves to prevent these issues and help resolve them?	• What capacities would they need to do this?
12	What can families do to help protect young women?	• Who in families can play an important role? • What role could they play?
13	What can communities do to help protect adolescent girls and young women?	• Are there any specific actors who can do a better job or who need to be involved? • Who (regardless of age or position) in this community can provide support to young women to express their views and to participate in decisions that affect them? • Are there any groups in this community that young women can be a part of that provide opportunities to share experiences and ideas on issues that affect them?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for the resource maps that everyone made and for sharing your thoughts. Everyone shared wonderful ideas. Like we explained earlier, we will share overall findings from discussions held across several villages with girls and boys as well as adults. If there is anything you shared today that you don't want us to tell anyone, please let us know."

- (14) Do you have any questions for us?

<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you to help us to better understand what you have told us today. If there is anything you would like to tell us in private, such as a concern you have or a complaint about this activity, you can speak to my colleague <NAME OF TEAM SAFEGUARDING FOCAL POINT>. It was great meeting all of you and thank you again!"

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

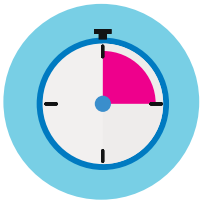
TOOL #B17 [B18]: FEMALE [MALE] PARENTS/CAREGIVERS OF ADOLESCENT GIRLS

PURPOSE

The **circle of influence tool** for **female [male] parents/caregivers of adolescents or young people** is intended to identify which people or institutions play a role in fulfilling adolescent girls' rights at different levels and to identify various actions that should be taken. This tool should help to triangulate information collected from adolescent girls and young people about their decision-making power within their homes and communities.

PARTICIPANTS

- All participants must be female [male] and mothers [fathers] or caregivers of adolescents or young people (10 to 24 years).
- Each session should have a minimum of 6 participants and a maximum of 10 participants.



TIME

90 to 120 minutes to complete session

- Introductions (10 to 15 minutes)
- Instructions and clarification (5 to 10 minutes)
- Circle of influence activity (60 to 75 minutes)
- Post-activity (5 to 10 minutes)
- Complete participant profiles (10 minutes)

LOCATION

- Find a quiet, safe area that is away from outsiders to help ensure privacy and avoid disturbing the discussion.
- Make sure seating arrangements are convenient and comfortable for 6 to 10 participants to sit in a circle.

MATERIALS/PREPARED INPUTS

Each group will require:

- Brown roll or flipchart paper
- 3 or 4 non-permanent markers of different colors
- Tape (or other adhesives)
- Image cards for circle of influence activity

You will also need:

- 1 audio recorder, 1 camera, 1 pen
- Mats (if the session will be conducted outdoors)
- Note-Taking Template A
- Participant List 2
- 5 copies of the Incident Reporting Form
- At least 1 copy of the Child Safeguarding Tool for enumerator teams

- Appropriate Informed Consent/Assent Form
- Debrief Form

INCLUSION

Efforts should be made to identify and include female caregivers of adolescent girls living with visual, speech or physical impairments. This activity can be adapted for women with different types of impairments.

For example:

1. If working with participants with visual impairments, describe in detail what is being drawn
2. Participants with speech impairments may need an assistant or interpreter
3. For participants with physical impairments, it may be helpful to provide a pillow, use a table to draw, or ask them to describe what they want to draw and ask another participant to draw.

BEFORE GETTING STARTED

- Ensure there are no more than 10 participants in the session. See **page 52** for suggestions on ways to reduce the size of the group in fun and fair ways, if more than 10 potential participants arrive at the consultation venue.
- After identifying at most 10 participants for the session, introduce the purpose of the consulation and obtain consent/assent. Refer to **page 53** and **Appendix D** for details.
- Once those participants who do not wish to take part in the consultation have left the venue and consent/assent is obtained for all those who remain, ask participants to introduce themselves through a quick ice-breaker activity (see **page 54** for suggestions).
- Let participants know that after the discussion, **<NOTE-TAKER'S NAME>** will ask for some more information to help complete the group profile list (see **Appendix E**).

CIRCLE OF INFLUENCE ACTIVITY

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

Step 1:

Arrange participants in a circle and place the flipchart at the center. Explain that today the group will be drawing circles of influence to better understand the lives of adolescent girls in their community.

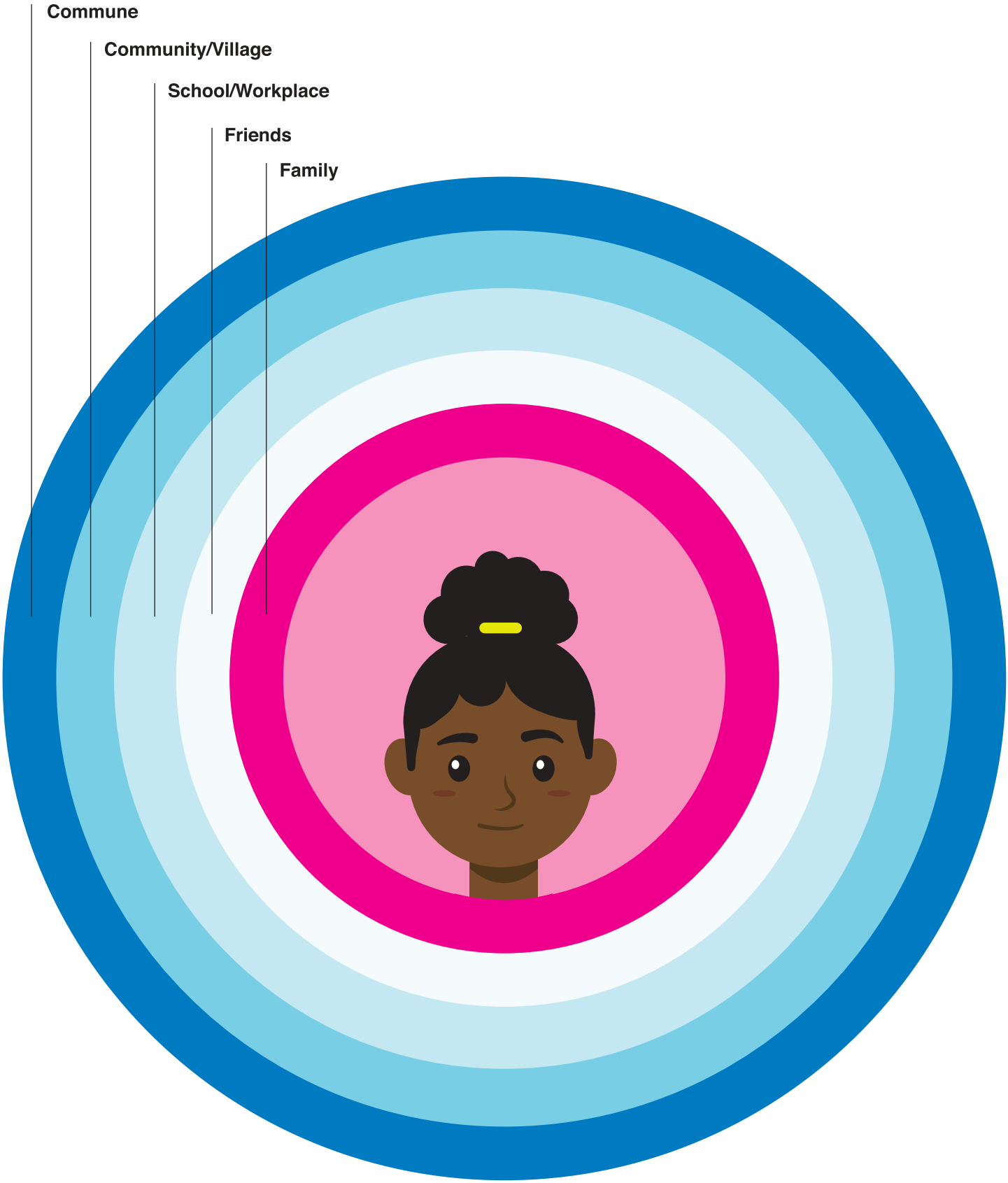
Step 2:

Ask participants to brainstorm who has influence in an average adolescent girls' life. Solicit responses such as: parents, siblings, friends, teachers, community leaders, religious leaders, health workers, etc. Explain that one way we understand this is through circles of influence.

Step 3:

On the flipchart paper, draw a child at the center. Explain that this child represents an adolescent girl in your community who is 16 years old. Then draw circles around her for: family, school, community, district (adapt as necessary). Explain

that each circle represents a circle of influence. The closer to the adolescent girl the circle is, the more influence it has on the girl. The further away from the adolescent girl, the less influence they have. In each circle, write the actors within that level. For example, in the family circle, you can write mother, father, older brother and grandmother. Also explain that the relationships in this circle of influence are dynamic. The girl is influenced by people in her environment, and the girl can also influence each level of her environment. (If relevant, or raised by participants, acknowledge that the friends influence can be even greater than the influence of family members.)



Step 4:

Explain that we want to learn more about who influences decisions that affect adolescent girls. One by one, present the different cards and ask participants which actors in the circles influence a girls' decision or ability to do that activity. Start with easier cards and progress towards cards that might be more difficult to discuss. Place the cards next to the circle that has the most influence.

#	Card	Questions
1	**If she can buy small things for herself**	• Who decides if she can have money to purchase small things for herself? • Who decides where she can go to buy things (for herself or others)? • What affects this decision (distance to market, income availability, etc.)?
2	**If she attends school**	• Who decides if a girl will attend school? • Is it more important that she wants to go to school, or is it more important that her parents or teachers want her to go to school? • What else affects this decision (barriers such as fees, her chores, the number of siblings she has, distance to school/lack of transport, safety concerns, disability status, etc.)? • Do any of these factors also influence other decisions, like if she can join clubs or extracurricular activities?
3	**When she will stop going to school**	• Who decides when an adolescent girl stays home from school? • What other factors affect this, such as school safety, teaching quality and chores at home? • Who decides when an adolescent girl stops going to school altogether? What factors affect this decision? • What happens if she does not attend classes? What actions do her school or teachers take?
4	**If she can work outside the home**	• Who decides if she can get a job outside the home in order to earn money? (This could be working for a local business as a seller or server.) • What other factors (her interests, her skills/capacity, safety, income, location, type of employment, attitudes) affect this decision? • If she disagrees with these people, who ultimately makes the final decision?
5	**When she can visit the health clinic**	• If she wants health information or services, can she visit a health clinic by herself? If not, who influences her decision to go to a health clinic? • What factors might stop her from going to a health clinic (access, perception of quality, availability of services)?
6	**If she can obtain contraceptives**	• If she wants to get contraceptives such as condoms or contraceptive pills, what barriers would she face? • What would her parents or other community members think of her?
7	**When and who she marries**	• Who decides if/when she will marry and to whom? • Does she have any say in these matters? • What are the most important things that determine when a girl will marry?
8	**Report if someone hurt or abused her**	• For example, if someone from the community hit or attacked her, who decides if this is reported to community leaders? Who decides if this is reported to the police? Could she report this herself, without others knowing? • What if she was sexually abused? Who would decide whether she could report this to authorities? What other factors would affect if this were reported (for example, who the perpetrator is)? What barriers are in place that prevent reporting of abuse? • What are the common forms of violence or abuse that are reported? • What forms of violence go unreported? What are some of the reasons for this?

9	**If she can participate in associations or groups**	• Who decides if she can participate in girls' clubs? Mixed clubs/groups? • What would other members of the community think if an adolescent girl is active in a youth group or other group in her village or commune? • What factors can prevent her from participating in groups or associations?

Step 5:

Once you have gone through all the cards, ask participants to reflect on the overall pattern.

#	Core Question	Probing Questions
10	What do you notice about the people who influence what an adolescent girl can do?	• Who are the most influential people in the circles? • To what extent can an adolescent girl herself make (or participate in) decisions? • Who ultimately decides on a girls' major life decisions, such as finishing studies, getting married, pursuing higher education and working outside the home (employment, entrepreneurship)?
11	To what extent is it possible for an adolescent girl to make or participate in decisions that affect her?	• What is an adolescent girl prohibited from deciding on her own in your community? In an adolescent tried to do this, what would be the consequences? • How can adolescent girls be supported to have more of a say in the decisions that affect them?
12	Would the circles be the same or different if we drew them for adolescent boys?	• In what ways would they be the same? In what ways would they be different?

WRAPPING UP THE DISCUSSION

Once you have completed the exercise, close the session by thanking participants and reconfirming their assent/consent. Give them an opportunity to ask you questions.

"We are at the end of our session. Thank you so much for giving us your time and sharing your thoughts. We appreciate you helping us better understand the lives of adolescent girls in your community. As we said earlier, we will be using this information, as well as what other members of the community, including adolescent girls, tell us to promote the well-being of adolescent girls in this commune."

- (13) Do you have any questions for us?

<NOTE-TAKER'S NAME> will now come around to speak with you briefly to gather some additional information from you."

Invite the whole group to clap to show appreciation to everyone.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

IMAGE BOXES: CIRCLE OF INFLUENCE

If she can buy little things

If she can go to school

When she has to stop school

If she can work outside the house

When she can go to a health center

If she can get contraceptives

When and who to marry

Report if someone injured or mistreated her

If she can participate in associations or groups

3. GENERAL GUIDELINES FOR ALL INTERVIEWS

INTRODUCTION AND OBTAINING CONSENT[3]

You must discuss the following with participants before starting the activity:

Hello, and thank you for meeting with me today. My name is **<NAME OF FACILITATOR>** and I am from **<ORGANISATION NAME>** (introduce the other colleague if required). We are speaking with local leaders and influencers to better understand the experiences of adolescents and young people in your village. **<ORGANISATION NAME>** will use what we learn today to inform the design of a project called **<NAME OF PROJECT>** which aims to improve the well-being of adolescent girls and young women, including in this commune.

All comments and responses are confidential. I will be writing down your views, opinions and other observations, but I will not use your name, unless you agree that it would be okay to do so. I would also like to record the session with a recorder. The information you give us today will be combined with similar discussions that are taking place in other villages where **<ORGANISATION NAME>** will work.

It is very important to **<ORGANISATION NAME>** to keep children and young people safe. If you do tell us something that concerns us about the safety of a child or young person, we will share this information with people who can help.

The interview will take about 30–45 minutes. We are very interested to know about your views, but if you do not want to talk to us, this will not have any negative consequences in your relation to **<ORGANISATION NAME>**. You can also leave at any time if you decide you don't want to stay or you may not answer any question that you don't want to answer.

- Do you have any questions for me at this time?
- Do you want to proceed with the interview?
- Do we have your permission to record the session?
- Can we use your name in reports, if the need arises?

SCHEDULING INTERVIEWS

With the support of a local contact in the village, supervisors will book the meeting with the relevant participant based on a time and place that is convenient for the interviewee. Interviewees are selected based on their knowledge of and role in the community or service concerned.

KIIs should be led by staff members or by 1–2 members of the facilitation team. Interviewers must be confident in their communication skills and ability to speak in an informed way about the organisation and the project. They must also take detailed notes while facilitating the discussion. One person may conduct the interview, but if two facilitators are available for the interview, they may share responsibilities for note-taking and facilitation. Interviews may be recorded if the participant consents.

Relevant actors for interview include the below:

#	Actor	Example
C19	Religious & Traditional Leaders	• Imams, clergy/priests, ardos, lamidos, djaouros, lawanes, etc.
D20	Primary Health Care Providers (M/F)	• Head nurse at health facility located within or near the village
D21	Education Actors (M/F)	• Upper primary or secondary school teachers or head teachers
D22	Child Protection Actors (M/F)	• Social security, police, judiciary workers
D23	Economic Empowerment Actors (M/F)	• TVET instructors or administrators • Financial institutions and Business service providers

3. As a Facilitator, you need to synthesize and share the key information from this introduction with the participants. You do not have to memorize it or read line by line.

AFTER THE INTERVIEW

- The Facilitator and Note-taker should debrief together after the interview to share notes and observations. Record your collective thoughts in the **Note-Taking Form.**

- All notes should be completed on the same day as the discussion. Immediately following the interview, you should record any comments that you have about the interview.

- All transcriptions should be completed within a few days of the interview.

4. KEY INFORMANT INTERVIEWS TOOLS

Examples of the following KII tools are provided in the sections that follow:

- **Tool #C19**. Religious and Traditional Leaders
- **Tool #D20.** Primary Health Care Providers
- **Tool #D21.** Education Actors
- **Tool #D22.** Child Protection Actors
- **Tool #D23.** Economic Empowerment Actors

TOOL #C19: RELIGIOUS AND TRADITIONAL LEADERS

PURPOSE

Key Informant Interviews with religious and traditional leaders (e.g., imams, clergy/priests, ardos, lamidos, djaouros, lawanes, etc.) seek to understand their perspectives towards adolescents and young people – **including:**

- Their challenges, needs, experiences and type of support and services available to them
- Opportunities and constraints at family, community and institutional level regarding specific sectors
- Opportunities and constraints concerning girls' engagement as change agents/leaders in their community

They also aim to identify recommendations or solutions to address gaps.

INTRODUCTION AND CONSENT

Refer to **Page 152** for the consent script. If the participant agrees to the interview, sign the appropriate consent form and give it to the Supervisor at the end of the day.

- See **Appendix E** for the corresponding note-taking template for this exercise.

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

INTERVIEW QUESTIONS

#	Core Question	Probing Questions
1	As a religious/traditional leader, what is your role in the community?	• What role is expected of religious/traditional leaders in different situations that might arise in the community affecting adolescent girls and young women, such as early pregnancy, early marriage, violence or abuse, dropping out of school, etc.?

2	In your role as a religious/traditional leader, you know the community well. What do you think are the biggest challenges faced by adolescents and young people in your community?	• Do you think these challenges differ for adolescent girls/young women and adolescent boys/young men? If so, how? • Is dropping out of school a problem for adolescents in your community? Is it more or less of a problem for girls than for boys? What are the reasons for this? • How common is pregnancy under the age of 18 years in your community? What are the main reasons for early pregnancy in your community? • Is it common in your community for girls to marry before the age of 18 years? What are some of the reasons for why early marriage occurs in your community? What was the average age at marriage when you were younger? Have things changed? If yes, what has changed and why? • What happens to girls in your community who get pregnant and/or marry early? What do their lives look like? • Do you hear of cases of violence or abuse against adolescent girls and young women in your community? What types of violence or abuse affect them? How often do you hear of such incidents? What actions are taken in your community in response to these incidents? • Do you hear of cases of violence or abuse against young men or boys in your community? What types of violence or abuse affect them? How often do you hear of such incidents? What actions are taken in your community in response to these incidents? • What are the attitudes in your community about young women working outside of the home? What sort of challenges or barriers to economic participation do young women in your community face? Are these the same or different from the sort of issues facing young men? • How are adolescents and young people with disabilities perceived in the community? How does this affect their access to services (education, health, protection, economic empowerment)?
3	What do you see as positive factors and opportunities that support adolescent girls and young women in your community to claim their rights?	• To education? • To sexual and reproductive health? • To protection? • To economic empowerment?
4	What opportunities do you have to discuss and interact with families in your community?	• What issues related to adolescent sexual and reproductive health have you discussed? • What issues related to girls' education have you discussed? • What issues related to the economic participation of young women have you discussed? • What issues related to safety and protection have you discussed? • What sort of issues or problems do adolescents and young people discuss directly with you?
5	Do you engage with other leaders, influencers, service providers, mayor's offices or organizations in your community about issues, challenges or barriers faced by young women and adolescent girls?	• If yes, who do you engage with? What do you discuss? What actions have you taken? How and what have been the successes of this engagement so far? • If no, what are some of the reasons for this?
6	In your role as a religious/traditional leader, what (other) actions have you taken to support the needs of adolescent girls and young women in your community?	• Can you please describe what you have done or been involved in? • Could you please provide a specific example of support you have provided to help an adolescent girl or young woman overcome barriers they face?

7	In your view, what should be the role of adolescent girls and young women in decision-making in your community?	• Should adolescent girls have a say in decisions in the community? What about young women? If yes, what sort of decisions should they have a say in? If no, what makes you say that? • Are there women and young people in leadership positions in your community? Who are they? What role do they play? • Are there any challenges to women's participation in decision making spaces in your community? If yes, what sort and why? • Are there challenges specifically to adolescent girls' participation in decision making spaces in your community? If yes, what sort and why? What about adolescent boys, do they face any challenges to participation in decision making spaces in your community? What makes you say that?
8	Based on our discussion, what do you think needs to change to improve adolescent girls and young women's well-being in your community?	• What needs to change at the household level (i.e., with parents/caregivers, spouses/partners or with other relatives)? • What about at the community level? • What about the level of the service provider (health facility, schools, financial service providers, TVET, etc.)? • What needs to change to improve the participation of adolescent girls and young women in decisions that affect them?

WRAPPING UP THE DISCUSSION

Once you've completed the exercise, thank participants for their time and contribution. Give them an opportunity to ask you any questions and to add anything that has not yet been addressed that they feel is pertinent to adolescent girls' health and well-being.

"We are at the end of our interview. Thank you so much for giving us your time and sharing your thoughts. We appreciate you helping us better understand the lives of adolescent girls in your village. As we said earlier, we will be using this information, as well as what other members of the community, including adolescent girls, tell us to promote the well-being of adolescent girls in this commune. Do you have any questions for me or final comments? Thanks again, it was a pleasure to speak with you."

Make sure to ask for detailed contact information of the interviewee in case follow up is needed. If the participant agrees, also record his/her name and position title. Please make sure to debrief by the end of the day at the latest, review the note-taking template and notes and compare them to the recorded transcript.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

TOOL #D20: PRIMARY HEALTH CARE PROVIDERS (M/F)

PURPOSE

Key Informant Interviews (KIIs) with primary health care providers (e.g., head nurse at health facility located within or near the village) seek to understand their perspectives towards adolescents and young people – **including:**

- Their challenges, needs, experiences and type of support and services available to them
- Opportunities and constraints at family, community and institutional level regarding specific sectors
- Opportunities and constraints concerning girls' engagement as change agents/leaders in their community

They also aim to identify recommendations or solutions to address gaps.

INTRODUCTION AND CONSENT

Refer to **Page 152** for the consent script. If the participant agrees to the interview, sign the appropriate consent form and give it to the Supervisor at the end of the day.

- See **Appendix E** for the corresponding note-taking template for this exercise.

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

INTERVIEW QUESTIONS

#	Core Question	Probing Questions
1	What sexual and reproductive health services does your health facility provide?	• Which of these services are provided to adolescent girls and boys? • What specific skills do health providers need to have to serve adolescent girls and boys? • Have you or do you know of colleagues who have received training on youth-friendly service delivery? If yes, who provided this training? • Have you or do you know of colleagues who have received gender equality sensitization/training? If yes, who provided this training? • What specific needs might an adolescent girl/young woman or adolescent boy/young man with a disability have? How are these addressed by the health facility? • Do you think the staff at this health facility have the skills to address specific challenges of young people with disabilities? What are the required skills? • Do you know of, or have you received any advisory, regulation or directive from the government on the need for gender-responsive, adolescent-friendly and/or inclusive service provision? If yes, what information have you received on this? What support, if any, have you received to act on the directive?

2	What are the main issues affecting the health of adolescent girls and young women in your community?	• Do these issues differ based on their marital status? • What about for adolescent boys and young men, what are their main health concerns?
3	Where do you think most adolescent girls and young women go for sexual and reproductive health services and information?	• Why do you think that is so? • Is this the same or different for adolescent boys and young men? • What do you think are the most important attributes of effective sexual health services for adolescents? What are the essential elements of a service? What will make young people go? • Are there differences in the needs of adolescent girls and boys? How can they both be provided for?
4	If an unmarried adolescent girl comes to your health facility seeking sexual and reproductive information and services, what do you normally do?	• What do you do if a married adolescent girl or young women comes for these services or information? • What do you do if it is an adolescent boy or a single young man? • What does your health facility do to make sure the safety of adolescent girls and young women who seek service?
5	How can adolescent girls and boys be encouraged to seek out counselling and care on sexual and reproductive health? Which of these are done by this health facility?	• What are some of the things your facility does to make the environment friendly and welcoming to adolescent girls? What about for adolescent boys? • What does your health facility do to encourage adolescent girls and boys to make their own reproductive choices regardless of age, marital status or consent by family members? • Is there any group or NGOs doing activities related to adolescent sexual and reproductive health in your community? If yes, what are those activities?
6	Does your health facility have a committee for planning service delivery that includes members of the community?	• What issues are discussed and addressed by the committee? Are issues related to adolescents discussed in the committee? If yes, what is discussed about adolescents? • Are there any women on the committee? What role do they play? How would you describe their participation? Do they actively participate in decision-making? Are their opinions taken into account in final decision making? In your opinion, do women face any challenges in being able to actively participate and influence decision making in the committee? If yes, what are these challenges? • What about adolescent girls, do they participate in the committee? Do they actively participate in decision-making? Please explain why or why not. • What are some of the challenges for adolescent girls to actively participate? Are their challenges different if they are married or not? • What about boys, do they actively participate in decision-making? If yes, why and how, if not, why not? Are their challenges different to girls'? What makes you say that? • Do you work with community health workers? If yes, what role do they play?
7	Based on our discussion, what do you think needs to change to improve adolescent girls and young women's access to sexual and reproductive health services?	• At the household level, i.e., with parents/caregivers, spouses/partners and or with other relatives? • At the level of community-based groups organizing around sexual and reproductive health? • At the level of the health facility?

WRAPPING UP THE DISCUSSION

Once you've completed the exercise, thank participants for their time and contribution. Give them an opportunity to ask you any questions and to add anything that has not yet been addressed that they feel is pertinent to adolescent girls' health and well-being.

"We are at the end of our interview. Thank you so much for giving us your time and sharing your thoughts. We appreciate you helping us better understand the lives of adolescent girls in your village. As we said earlier, we will be using this information, as well as what other members of the community, including adolescent girls, tell us to promote the well-being of adolescent girls in this commune. Do you have any questions for me or final comments? Thanks again, it was a pleasure to speak with you."

Make sure to ask for detailed contact information of the interviewee in case follow up is needed. If the participant agrees, also record his/her name and position title.

Please make sure to debrief by the end of the day at the latest, review the note-taking template and notes and compare them to the recorded transcript.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

TOOL #D21: EDUCATION ACTORS (M/F)

PURPOSE

Key Informant Interviews (KIIs) with education actors (e.g., upper primary or secondary school teachers or head teachers) seek to understand their perspectives towards adolescents and young people – **including:**

- Their challenges, needs, experiences and type of support and services available to them
- Opportunities and constraints at family, community and institutional level regarding specific sectors
- Opportunities and constraints concerning girls' engagement as change agents/leaders in their community

They also aim to identify recommendations or solutions to address gaps.

INTRODUCTION AND CONSENT

Refer to **Page 152** for the consent script. If the participant agrees to the interview, sign the appropriate consent form and give it to the Supervisor at the end of the day.

- See **Appendix E** for the corresponding note-taking template for this exercise.

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

INTERVIEW QUESTIONS

#	Core Question	Probing Questions
1	From your experience as a head teacher, what are the challenges faced by adolescent girls in your community, in general?	• From these, which challenges hinder them from attending school and learning? • What about for adolescent boys, are the challenges the same or different? How so? • What is the situation for specific groups of adolescent girls and boys like orphans, with disabilities, from minority ethnic groups, from poor families, etc.?
2	What are the factors contributing to school participation and achievement of adolescent girls in this community?	• What is being done by schools, community organizations, the government, mayor's offices and others to address adolescent girls' and boys' school attendance and active participation? • In your opinion, are these strategies effective? What makes you say that?

#	Core Question	Probing Questions
3	What does your school do to ensure safe, quality learning opportunities for adolescent girls and boys?	• How do you ensure that teachers manage classrooms in a gender sensitive manner? What trainings, if any, are provided to teachers on gender responsive teaching strategies? • Are there any programs or investments in place to make it easier for adolescent girls and boys to go to school (e.g., scholarships, transport solutions, improved infrastructure)? • In what ways are adolescent girls and boys who discontinue their education supported to return to school? • How are issues of violence, bullying and harassment handled? • Does your school have any mechanisms in place for adolescent girls and boys to provide feedback? If yes, how is this feedback addressed? • What is the level of participation of adolescent girls in the school's decision-making spaces? What about adolescent boys? • What extra-curricular activities are available to adolescent girls? What about for adolescent boys? • To what extent does the school include and adequately support the education of adolescent girls and boys with disabilities? What challenges are faced? How are such challenges overcome or minimized?
4	Does your school give information on sexual and reproductive health to adolescent girls and boys? What are some of the reasons for this?	• What information has been given out at school? Who teaches it? Have outside visitors/specialists come to the school to talk about these issues? • What is the best person or place to provide information on sexual and reproductive health to adolescent girls and boys? What makes this the best person or place? • What other actions can be taken to ensure girls do not succumb to early marriage or pregnancy? • How much of a problem is adolescent pregnancy in your school? How does the school handle this? What types of supports are available to girls who become pregnant?
5	Based on our discussions, what needs to change to ensure schools are safe and supportive to adolescent girls and boys?	• What specific strategies are needed to strengthen the supportive environment for adolescent girls at risk of dropping out? What about for adolescent boys? • What can be done to ensure that schools are safe for girls and boys? • How can classmates support their peers to continue to stay in school and learn? • How can parents support their children (girls and boys) so they continue to stay in school and learn? • How can community leaders support girls and boys so they continue to stay in school and learn?

WRAPPING UP THE DISCUSSION

Once you've completed the exercise, thank participants for their time and contribution. Give them an opportunity to ask you any questions and to add anything that has not yet been addressed that they feel is pertinent to adolescent girls' health and well-being.

"We are at the end of our interview. Thank you so much for giving us your time and sharing your thoughts. We appreciate you helping us better understand the lives of adolescent girls in your village. As we said earlier, we will be using this information, as well as what other members of the community, including adolescent girls, tell us to promote the well-being of adolescent girls in this commune. Do you have any questions for me or final comments? Thanks again, it was a pleasure to speak with you."

Make sure to ask for detailed contact information of the interviewee in case follow up is needed. If the participant agrees, also record his/her name and position title.

Please make sure to debrief by the end of the day at the latest, review the note-taking template and notes and compare them to the recorded transcript.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

TOOL #D22: CHILD PROTECTION ACTORS (M/F)

PURPOSE

Key Informant Interviews (KIIs) with child protection actors (e.g., social security, police, judiciary workers) seek to understand their perspectives towards adolescents and young people – **including:**

- Their challenges, needs, experiences and type of support and services available to them
- Opportunities and constraints at family, community and institutional level regarding specific sectors
- Opportunities and constraints concerning girls' engagement as change agents/leaders in their community

They also aim to identify recommendations or solutions to address gaps.

INTRODUCTION AND CONSENT

Refer to **Page 152** for the consent script. If the participant agrees to the interview, sign the appropriate consent form and give it to the Supervisor at the end of the day.

- See **Appendix E** for the corresponding note-taking template for this exercise.

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

INTERVIEW QUESTIONS

#	Core Question	Probing Questions
1	What is your role in the community?	• From these, which challenges hinder them from attending school and learning? • What about for adolescent boys, are the challenges the same or different? How so? • What is the situation for specific groups of adolescent girls and boys like orphans, with disabilities, from minority ethnic groups, from poor families, etc.?
2	Can you please describe the child protection mechanisms in your village/commune?	• Are there both formal and informal mechanisms in place? Please describe them.
3	What types of abuse and protection issues affecting adolescent girls and young women are most common in this village?	• What beliefs and practices perpetuate these forms of abuse, exploitation and violence? • Who usually reports the cases? Youth themselves? Teachers? Parents? Community leaders? • How and where are cases of violence, abuse or exploitation reported?

#	Core Question	Probing Questions
4	What factors affect access to protection services for adolescent girls and young women?	• What are some positive factors that support the reporting, handling and closing of cases? • What are some of the challenges in reporting, handling and closing cases? • What particular challenges, if any, do adolescents with disabilities face in accessing protection services?
5	Are there linkages between formal and informal child protection systems in the village?	• What conditions facilitate the linkage? • What are the challenges? • What can be done to improve the informal/formal linkage? • What could be done to improve coordination of case reporting and response between schools, health facilities and and child protection actors?
6	What is currently being done to prevent gender-based violence, abuse and harassment in this village?	• What consideration is given for children living with disabilities in child protection systems (identification, referral options, special educational needs provision)? • Which approaches do you find to be the most effective for preventing abuse and gender-based violence in this community? What makes you say that? • Are different actions or approaches needed for adolescent girls than for adolescent boys? • To what extent are adolescent girls able to participate in violence prevention activities? Can you give any examples?
7	Based on our discussion, what do you think needs to change to ensure adolescent girls and young women are free from violence, abuse and exploitation?	• What needs to change at the household level (i.e., parents/caregivers, with spouses/partners or with other relatives)? • What about at the community level? • What about the level of the service provider (social protection, justice/courts, health facility, schools, etc.)? • How can you do improve case reporting and response? What support do you need to do it? • What more could be done to enable adolescent girls individually and collectively to have more voice in decisions affecting them?

WRAPPING UP THE DISCUSSION

Once you've completed the exercise, thank participants for their time and contribution. Give them an opportunity to ask you any questions and to add anything that has not yet been addressed that they feel is pertinent to adolescent girls' health and well-being.

"We are at the end of our interview. Thank you so much for giving us your time and sharing your thoughts. We appreciate you helping us better understand the lives of adolescent girls in your village. As we said earlier, we will be using this information, as well as what other members of the community, including adolescent girls, tell us to promote the well-being of adolescent girls in this commune. Do you have any questions for me or final comments? Thanks again, it was a pleasure to speak with you."

Make sure to ask for detailed contact information of the interviewee in case follow up is needed. If the participant agrees, also record his/her name and position title.

Please make sure to debrief by the end of the day at the latest, review the note-taking template and notes and compare them to the recorded transcript.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

TOOL #D23: ECONOMIC EMPOWERMENT ACTORS (M/F)

PURPOSE

Key Informant Interviews (KIIs) with economic empowerment actors (e.g., TVET instructors or administrators, financial institutions, business service providers)seek to understand their perspectives towards adolescents and young people – **including:**

- Their challenges, needs, experiences and type of support and services available to them
- Opportunities and constraints at family, community and institutional level regarding specific sectors
- Opportunities and constraints concerning girls' engagement as change agents/leaders in their community

They also aim to identify recommendations or solutions to address gaps.

INTRODUCTION AND CONSENT

Refer to **Page 152** for the consent script. If the participant agrees to the interview, sign the appropriate consent form and give it to the Supervisor at the end of the day.

- See **Appendix E** for the corresponding note-taking template for this exercise.

REMEMBER:

Any **safeguarding concerns** raised by participants during this activity **must** be discussed confidentially with those who brought up the concern and followed up in accordance with the child and youth safeguarding policy and procedures.

INTERVIEW QUESTIONS

#	Core Question	Probing Questions
1	What is your role in the community?	• How do you interact with adolescent girls and boys and young women and men?
2	What would you consider barriers preventing young women from undertaking an income-generating activity/self-employment or transitioning from school/training to work?	• What are some of the barriers in accessing vocational or entrepreneurship training opportunites? Are the barriers the same or different for young women and men? • What are the barriers to saving and accessing credit and other financial and business resources and services? Are the barriers the same or different for young women and men? • Are families supportive of young women working outside of the home? What makes you say that? How do you know this? • Are there any discriminatory practices in workplaces that affect young women specifically? If yes, what are they? • Are there specific barriers for young women and young men with disabilities?

#	Core Question	Probing Questions
3	What opportunities are available to support young women's economic participation?	• Are there any groups/NGOs doing activities related to economic empowerment and specifically for women in this village/commune? Please list them. • Do you know if there are community groups around skills learning, micro-credit, small business in this village/commune? Are women active in these groups in terms of voicing their concerns and influencing decisions made? What are some of the reasons for this? • Has any micro-finance bank or lender introduced any programs in this community to encourage women to set up small businesses? If yes, please describe them. • Have any organizations/NGOs started any programs in this community to train women to set up small busineses? If yes, please identify the organization and describe the program. • Are there any employers in this village/commune offering internship, apprenticeship or other on-the-job training opportunities? Can both young women and men access these opportunities? What are some of the reasons for this?
4	What kind of protection issues and risks do young women face in vocational training places or apprentice workshops in this community?	• What beliefs and practices perpetuate these forms of abuse, exploitation and violence? • What services exist to address these issues? What barriers do young women face in accessing these services? • What needs to be done to make these services more welcoming to young women?
5	What platforms or organizations exist in this village/commune for adolescent girls and young women to voice their concerns and influence decisions around their economic participation?	• Who participates in these organizaitons/platforms? • Are these platforms/organizations effective in bringing about change? What makes you say that? What are some examples of successes so far?
6	Based on our discussion, what do you think needs to change to improve young women's economic participation?	• What needs to change at the household level (i.e., parents/caregivers, with spouses/partners or with other relatives)? • What about at the community level? • What about the level of the service provider (microfinance institutions, vocational and business centers, ateliers, etc.)? • What about at the market level?

WRAPPING UP THE DISCUSSION

Once you've completed the exercise, thank participants for their time and contribution. Give them an opportunity to ask you any questions and to add anything that has not yet been addressed that they feel is pertinent to adolescent girls' health and well-being.

"We are at the end of our interview. Thank you so much for giving us your time and sharing your thoughts. We appreciate you helping us better understand the lives of adolescent girls in your village. As we said earlier, we will be using this information, as well as what other members of the community, including adolescent girls, tell us to promote the well-being of adolescent girls in this commune. Do you have any questions for me or final comments? Thanks again, it was a pleasure to speak with you."

Make sure to ask for detailed contact information of the interviewee in case follow up is needed. If the participant agrees, also record his/her name and position title.

Please make sure to debrief by the end of the day at the latest, review the note-taking template and notes and compare them to the recorded transcript.

REMEMBER:

Do not forget to hand over the consent/assent forms to the supervisor as well as to carefully label and store all other documents (see **page 57** for post-wrap up instructions).

5. CASE STUDY TEMPLATE

Many powerful stories will emerge from the FGDs (and KIIs) conducted as part of the consultations. These stories can be developed into case studies to reflect the experiences and impressions of adolescent girls and young women with regards to the key themes of the consultations, as well as any community leaders or influencers who are already champions of girls' rights.

To ensure that the case studies are rich and informative, it will be necessary to collect some additional information about the selected participants through a separate individual interview conducted after the FGD. The interview may be conducted by the facilitator of the FGD, with the support of the Note-Taker.

At least one case study should be identified per municipality. Experiences captured in the case studies should reflect the issues identified in the FGDs.

Please use the below template as a general guide for interviewing selected respondents. Note that a separate consent form will need to be signed for permission to record the interview and take photographs.

INTRODUCTION

Date:

Case study title:

Participant Information:

Name:

Age:

Village:

1. THE SITUATION

- What daily challenges do you (or adolescent girls and young women in your community) face?
- Describe the participant's family and/or community life.
- Give as much detail as possible about the local context.
- Must include direct quotes from the participant.

2. RISKS AND SUPPORTIVE FACTORS

- How do daily challenges impact your life (or the life of adolescent girls and young women in your community) and opportunities for your (their) future?
- It will be important to draw out both risks and supportive factors that highlight how the participant is navigating these daily challenges to do what they can to support themselves and others.
- Must include direct quotes from the participant.

3. HOPES FOR THE FUTURE

- What do you want for your future (or the future of adolescent girls and young women in this village)? What are your dreams and goals?
- Describe the participant's expectations of the future and their hopes/dreams in relation to the key themes (education, protection, economic empowerment, employment/entrepreneurship).
- Must include direct quotes from the participant.

PHOTOS

- Every case study must have a minimum of 2–4 photos of the participant.
- Good quality photos make a story much more powerful and engaging to the reader.
- Consent must be obtained from the participant for the photograph. Please refer to **Appendix D**.
- Case study photos **must** have a short description or caption and reference the photo title for example:

File name/Photo name:

Photo 49123

Name(s) of photographer(s), videographer(s) or media capturer(s):

Secilia Benizeth

Details of media capture (names and ages of the people in the photo/video/capture document and what is happening in it) *If possible:

Includes participant in an FGD with out-of-school girls: Jane Doe (age 17 years), Baldé village in Cameroon.

SAMPLE FIELDWORK SCHEDULES & AGENDAS

APPENDIX B

TABLE OF CONTENTS

1. Sample Fieldwork Schedule **174**

Qualitative Sample Size and Distribution 174

Team Composition 183

Sample Daily Schedule (Week 1) 184

2. Sample Agenda for Pilot **188**

3. Sample Training Agenda **190**

1. SAMPLE FIELDWORK SCHEDULE

QUALITATIVE SAMPLE SIZE AND DISTRIBUTION

Below is an example of the steps taken to estimate the target sample size for the Plan For Girls project consultations in Benin.

Step 1:

Estimate the maximum possible sample size based on resource availability. Based on the available budget, time and the below noted assumptions, it was estimated that no more than 288 FGDs and 144 KIIs (including case study interviews) were feasible (see **Table 1**).

- Each supervisor could support up to two teams.
- Each team would be comprised of four members (facilitator, note-taker, observer, transcriber) who would rotate positions on a daily basis. Each team and the supervisors would be supported by a driver.
- On average, each team can complete at least 2 focus group discussions (FGDs) and 1 key informant (KII) or case study interview per day, allowing time for travel, community mobilization activities, de-brief meetings, transcriptions and rest
- Data collection would be conducted 6 days a week, starting around 7h30 on most days

Table 1.
Number of Sessions Possible (based on resource availability)

	Total
A. Number of Supervisors	3
B. Number of Teams	6
C. Number of Members per Team	4
D. Number of Data Collection Days	24
E. Avg. Number of FGDs per Team per Day	2
F. Avg. Number of KIIs per Team per Day	1
Max. Number of FGDs (B x D x E)	**288**
Max. Number of KIIs (incl. 6 case studies) (B x D x F)	**144**

Step 2:

Determine the distribution of the qualitative sample based on established criteria. For the Plan For Girls project in Benin, key criteria for the selection of villages for participation in the consultations included the need to ensure representation:

- Across different levels of accessibility to services in priority sectors (health and education) in each commune
- Of rural and peri-urban areas within each commune, where applicable

- Of the different religions, ethnic groups and languages spoken in the targeted communes (proxied by geographically spanning each commune where the project will be delivered)

In addition, sessions with adolescent girls and young women were prioritized over those with other profiles. Given the likely similarity between villages with the same level of accessibility to services, it was not deemed necessary to apply every tool in each selected village. See **Table 2** below for more details.

Table 2.
Sample Distribution Based on Established Criteria

Level of Access to Health & Education Infrastructure

	High (6)
	Medium (10)
	Low (2)
x	Chef Lieu D'Arrondissement

				COMMUNE/VILLAGE																		
		METHOD		Dassa-Zoume					Savalou				Glazoue					Bante				
#	GROUP	Session Type	PRA Tool(s)	Kere (x)	Fita	Gbowele	Atinkpahé	Zongo	Attakplakanme	Kpakpassa	Afe-Zoungo (x)	Gbaffo-Houegbo (x)	Yagbo	Sowignandji	Sowe I	Zaffe (x)	Gome (x)	Djagbalo	Okouta-Ossé	Mayamon (x)	Kotakpa (x)	TOTAL
A.	**Young People (10-24 Years)**																					
I.	**In-School**																					
1	Females - 10-14 Years	FGD	Body Mapping (Education)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
2	Males - 10-14 Years	FGD	Body Mapping (Education)	0	0	1	1	0	1	1	0	1	1	0	1	0	1	1	0	1	0	**10**
3	Females - 15-19 Years	FGD	Body Mapping (SRHR)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
4	Males - 15-19 Years	FGD	Body Mapping (SRHR)	0	0	1	1	0	1	1	0	1	1	0	1	0	1	1	0	1	0	**10**

				COMMUNE/VILLAGE																		
		METHOD		Dassa-Zoume					Savalou				Glazoue					Bante				
#	GROUP	Session Type	PRA Tool(s)	Kere (x)	Fita	Gbowele	Atinkpahé	Zongo	Attakplakanme	Kpakpassa	Afe-Zoungo (x)	Gbaffo-Houegbo (x)	Yagbo	Sowignandji	Sowe I	Zaffe (x)	Gome (x)	Djagbalo	Okouta-Ossé	Mayamon (x)	Kotakpa (x)	TOTAL
			Education:																			
			Health:																			
II.	**In Vocational Training/ Young Workers**																					
5	Females - 20-24 Years	FGD	Community Resource Mapping	1	0	1	0	1	1	0	0	1	1	0	0	1	1	1	1	0	1	**11**
6	Males - 20-24 Years	FGD	Community Resource Mapping	1	0	1	0	1	1	0	0	1	1	0	0	1	1	1	1	0	1	**11**
III.	**Out-of-School**																					
7	Females - 10-14 Years	FGD	Community Resource Mapping	0	1	0	1	0	0	1	1	0	1	1	0	1	1	1	1	0	1	**11**
8	Males - 10-14 Years	FGD	Community Resource Mapping	0	1	0	1	0	0	1	1	0	1	1	0	1	1	1	1	0	1	**11**
IV.	**Not in Employment, Education or Training**																					
9	Females - 15-19 Years	FGD	Road Vision Journey	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
10	Males - 15-19 Years	FGD	Road Vision Journey	1	0	1	0	0	1	0	0	1	1	1	0	1	0	1	1	0	1	**10**

				COMMUNE/VILLAGE																	
		METHOD		Dassa-Zoume					Savalou				Glazoue					Bante			
#	GROUP	Session Type	PRA Tool(s)	Kere (x)	Fita	Gbowele	Atinkpahé	Zongo	Attakplakanme	Kpakpassa	Afe-Zoungo (x)	Gbaffo-Houegbo (x)	Yagbo	Sowignandji	Sowe I	Zaffe (x)	Gome (x)	Djagbalo	Okouta-Ossé	Mayamon (x)	Kotakpa (x)	TOTAL
			Education:																			
			Health:																			
11	Females - 20-24 Years	FGD	Road Vision Journey	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
12	Males - 20-24 Years	FGD	Road Vision Journey	1	0	1	0	0	1	0	0	1	1	1	0	1	0	1	1	0	1	**10**
V.	**Married/In Union, Pregnant or Young Parents**																					
13	Females - 15-19 Years	FGD	Community Resource Mapping (SRHR)	0	1	1	1	1	1	0	0	1	1	1	0	1	1	1	1	1	0	**13**
14	Males - 15-19 Years	FGD	Community Resource Mapping (SRHR)	0	1	1	1	1	1	0	0	1	1	1	0	1	1	1	1	1	0	**13**
15	Females - 20-24 Years	FGD	Community Resource Mapping (Protection)	1	0	0	1	0	1	1	1	1	1	0	1	1	0	1	0	0	1	**11**
16	Males - 20-24 Years	FGD	Community Resource Mapping (Protection)	1	0	0	1	0	1	1	1	1	1	0	1	1	0	1	0	0	1	**11**

#	GROUP	METHOD		COMMUNE/VILLAGE																		TOTAL
				Dassa-Zoume					Savalou				Glazoue					Bante				
		Session Type	PRA Tool(s)	Kere (x)	Fita	Gbowele	Atinkpahé	Zongo	Attakplakanme	Kpakpassa	Afe-Zoungo (x)	Gbaffo-Houegbo (x)	Yagbo	Sowignandji	Sowe I	Zaffe (x)	Gome (x)	Djagbalo	Okouta-Ossé	Mayamon (x)	Kotakpa (x)	
			Education:																			
			Health:																			
B.	**Households**																					
17	Female Caregivers of Adolescents	FGD	Circle of Influence	0	1	1	0	1	1	1	0	1	1	1	1	0	1	1	1	1	0	**13**
18	Male Caregivers of Adolescents	FGD	Circle of Influence	0	1	1	0	1	1	1	0	1	1	1	1	0	1	1	1	1	0	**13**
C.	**Communities**																					
19	Religious Leaders (M/F)	KII	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
D.	**Service Points**																					
20	Primary Health Care Providers (M/F)	KII	N/A	2	2	2	2	2	2	2	2	2	0	2	2	2	2	0	2	2	2	**32**
21	Education Actors (M/F)	KII	N/A	2	2	2	2	2	2	2	2	2	0	2	2	2	2	0	2	2	2	**32**
22	Child Protection Actors (M/F)	KII	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
23	Economic Empowerment Actors (M/F)	KII	N/A	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	**16**

Step 3

Determine the target sample size. Sum the columns in **Table 2** above to determine the total number of sessions by sex and age group or profile type, per commune (see **Table 3** below). For each FGD, the target is to have between 6 and 10 participants.

The targeted total sample size is below the maximum possible sample size calculated in **Step 1**. This is in part to allow for "buffer time" given the many unplanned events that may arise during fieldwork. For example, days may be lost due to weather conditions that delay travel and community mobilization activities. It also allows facilitation teams to add specific FGD or KII sessions according to need. For example, based on preliminary reviews of transcripts, facilitation teams may identify particular issues that are not yet well understood and require further discussions with stakeholders to explore further. In this case, facilitation teams could add FGDs or KIIs with the profile groups who may have the most insight on the issue.

Table 3.
Total Planned Sessions by Sex, Age Group or Profile

FGDs with Adolescent Girls and Young Women

	Dassa Zoumé	Savalou	Glazoué	Bantè	Total
In School	**10**	**8**	**10**	**8**	**36**
10–14	5	4	5	4	18
15–19	5	4	5	4	18
In Vocational Training /Young Workers (20–24)	**3**	**2**	**3**	**3**	**11**
Out-of-school (10–14)	**2**	**2**	**4**	**3**	**11**
NEET	**10**	**8**	**10**	**8**	**36**
15–19	5	4	5	4	18
20–24	5	4	5	4	18
Married/In Union, Pregnant or Young Parents	**6**	**6**	**7**	**5**	**24**
15–19	4	2	4	3	13
20–24	2	4	3	2	11
Total	**31**	**26**	**34**	**27**	**118**
10–14	**7**	**6**	**9**	**7**	**29**
15–19	**14**	**10**	**14**	**11**	**49**
20–24	**10**	**10**	**11**	**9**	**40**

FGDs with Adolescent Boys and Young Men

	Dassa Zoumé	Savalou	Glazoué	Bantè	Total
In School	**4**	**6**	**6**	**4**	**20**
10–14	2	3	3	2	10
15–19	2	3	3	2	10
In Vocational Training /Young Workers (20–24)	**3**	**2**	**3**	**3**	**11**
Out-of-school (10–14)	**2**	**2**	**4**	**3**	**11**
NEET	**4**	**4**	**6**	**6**	**20**
15–19	2	2	3	3	10
20–24	2	2	3	3	10
Married/In Union, Pregnant or Young Parents	**6**	**6**	**7**	**5**	**24**
15–19	4	2	4	3	13
20–24	2	4	3	2	11
Total	**19**	**20**	**26**	**21**	**86**
10–14	**4**	**5**	**7**	**5**	**21**
15–19	**8**	**7**	**10**	**8**	**33**
20–24	**7**	**8**	**9**	**8**	**32**

FGDs with Parents/Caregivers

	Dassa Zoumé	Savalou	Glazoué	Bantè	Total
Female	**3**	**3**	**4**	**3**	**13**
Male	**3**	**3**	**4**	**3**	**13**
Total	**6**	**6**	**8**	**6**	**26**

Key Informant Interviews

	Dassa Zoumé	Savalou	Glazoué	Bantè	Total
Religious and traditional leaders	5	4	5	4	18
Service providers – health	10	8	8	6	32
Service providers – education	10	8	8	6	32
Service providers – protection	5	4	5	4	18
Service providers – economic empowerment	5	4	4	3	16
Total	**35**	**28**	**30**	**23**	**116**

TEAM COMPOSITION

FEMALE TEAMS

Team #1					
Activity	**Group**	**Sex**	**Age Group**	**Tool**	**Total Sessions**
FGD A5	In Vocational Training/Young Workers	Females	20-24 Years	Community Resource Mapping	**11**
FGD A9	NEET	Females	15-19 Years	Road Vision Journey	**18**
FGD A11	NEET	Females	20-24 Years	Road Vision Journey	**18**
KII D21	Education Actors	Males/Females	N/A	KII	**10**

Team #2					
Activity	**Group**	**Sex**	**Age Group**	**Tool**	**Total Sessions**
FGD A1	In-School	Females	10-14 Years	Body Mapping (Education)	**18**
FGD A7	Out-of-School	Females	10-14 Years	Community Resource Mapping	**11**
FGD B17	Caregivers of Adolescent Girls	Females	N/A	Circle of Influence	**13**
KII D21	Education Actors	Males/Females	N/A	KII	**5**
KII D22	Child Protection Actors	Males/Females	N/A	KII	**8**

Team #3					
Activity	**Group**	**Sex**	**Age Group**	**Tool**	**Total Sessions**
FGD A3	In-School	Females	15-19 Years	Body Mapping (SRHR)	**18**
FGD A13	Married/In Union, Pregnant or Young Parents	Females	15-19 Years	Community Resource Mapping (SRHR)	**13**
FGD A15	Married/In Union, Pregnant or Young Parents	Females	20-24 Years	Community Resource Mapping (Protection)	**11**
KII D20	Primary Health Care Providers	Males/Females	N/A	KII	**12**

MALE TEAMS

Team #4					
Activity	**Group**	**Sex**	**Age Group**	**Tool**	**Total Sessions**
FGD A6	In Vocational Training/Young Workers	Males	20-24 Years	Community Resource Mapping	**11**
FGD A10	NEET	Males	15-19 Years	Road Vision Journey	**10**
FGD A12	NEET	Males	20-24 Years	Road Vision Journey	**10**
KII C19	Religious Leaders	Males/Females	N/A	KII	**16**
KII D23	Economic Empowerment Actors	Males/Females	N/A	KII	**8**

Team #5					
Activity	**Group**	**Sex**	**Age Group**	**Tool**	**Total Sessions**
FGD A4	In-School	Males	15-19 Years	Body Mapping (SRHR)	**10**
FGD A14	Married/In Union, Pregnant or Young Parents	Males	15-19 Years	Community Resource Mapping (SRHR)	**13**
FGD A16	Married/In Union, Pregnant or Young Parents	Males	20-24 Years	Community Resource Mapping (Protection)	**11**
KII D20	Primary Health Care Providers	Males/Females	N/A	KII	**20**
KII D22	Child Protection Actors	Males/Females	N/A	KII	**10**

Team #6					
Activity	**Group**	**Sex**	**Age Group**	**Tool**	**Total Sessions**
FGD A2	In-School	Males	10-14 Years	Body Mapping (Education)	**10**
FGD A8	Out-of-School	Males	10-14 Years	Community Resource Mapping	**11**
FGD B18	Caregivers of Adolescent Girls	Males	N/A	Circle of Influence	**13**
KII C19	Religious Leaders	Males/Females	N/A	KII	**2**
KII D21	Education Actors	Males/Females	N/A	KII	**17**
KII D23	Economic Empowerment Actors	Males/Females	N/A	KII	**8**

SAMPLE DAILY SCHEDULE (WEEK 1)

DATE	DAY	COMMUNE	VILLAGE	TIME		ACTIVITY BY TEAM[1,2]						ACCOMMO-DATIONS (overnight)	COMMENTS
						Female			Male				
				START	END	1	2	3	4	5	6		
31-Jul	Wed	Dassa-Zoume	Bohicon/ Kere	12h00	14h30	Travel to Kere & Village Entry						Kere (20 min from Dassa Centre)	***Kere**: Language = Idactha; Amenities = accommodation, electricity, toilet, drinking water, phone network available*
			Kere	14h30	16h00	*Break*							
				16h00	18h00	Village Entry/Mobilization Process							
01-Aug	Thurs	Dassa-Zoume	Kere	7h30	8h00	*Preparation*						Atinkpahé (1 hour from Dassa Centre)	***Atinkpahé**: Language = Idactha; Amenities = accommodation, no electricity, no toilet, drinking water, no telephone*
				8h00	10h30	**FGD A5**	**FGD A1**	**FGD A3**	**FGD A10**	**KII D20, KII D20**	**KII C19**		
				10h30	11h00	*Break*							
				11h00	13h30	**FGD A9**	**KII D21**	**FGD A15**	**FGD A12**	**KII D22**	**KII D21, KII D23**		
				13h30	14h00	*Lunch*							
				14h00	16h30	**FGD A11**	Travel to Atinkpahé & Village Entry		**FGD A6**	**FGD A16**	Travel to Atinkpahé & Village Entry		
			Atinkpahé	16h30	18h00	Community Exit (Kere), Travel to Atinkpahé & Village Entry	**KII D22**	**KII D20, KII D20**	Community Exit (Kere), Travel to Atinkpahé & Village Entry		**KII D21, KII D21**		
				18h00	20h00	Mobilization Process[3] (2F)	All Teams Debrief		Mobilization Process (2M)	All Teams Debrief			

1. For all days, assumption is that at least one supervisor travels ahead to the next village to ensure participants have been recruited for each FGD/KII type and, where possible, consent forms for the participation of children aged 10–17 years have been signed by their parents/caregivers. Accommodations for the night should also be confirmed.

2. It should be possible to complete at least 2 KIIs in the same time as one FGD. KIIs can be done by one or two team members. Time allocated for FGDs includes team debriefs.

3. Where mobilization activities happen at the same time as debriefs, 2 members of each team should stay behind to participate in the debrief (unless otherwise noted).

DATE	DAY	COMMUNE	VILLAGE	TIME		ACTIVITY BY TEAM[1,2]						ACCOMMO-DATIONS (overnight)	COMMENTS
						Female			Male				
				START	END	1	2	3	4	5	6		
02-Aug	Fri	Dassa-Zoume	Atinkpahé	7h30	8h00	*Preparation*						Gbowele (45 min from Dassa Centre)	***Gbowele**: Language = Mahi; Amenities = accommodation, no electricity, no toilet, drinking water, phone network available*
				8h00	10h30	**FGD A9**	**FGD A1**	**FGD A3**	**KII C19**	**FGD A4**	**FGD A2**		
				10h30	11h00	*Break*							
				11h00	13h30	**FGD A11**	**FGD A7**	**FGD A15**	**KII D23**	**FGD A14**	**FGD A8**		
				13h30	14h00	*Lunch*							
				14h00	16h30	Travel to Gbowele & Village Entry		**FGD A13**	Travel to Gbowele & Village Entry	**FGD A16**	*Buffer*[4]		
			Gbowele	16h30	18h00	*Buffer*	*Buffer*	Travel to Gbowele & Village Entry	**KII C19**	Community Exit (Atinkpahé)Travel to Gbowele & Village Entry			
				18h00	20h00	All Teams Debrief	Mobilization Process (2F)	All Teams Debrief	Mobilization Process (2M)	All Teams Debrief			
03-Aug	Sat	Dassa-Zoume	Gbowele	7h30	8h00	*Preparation*						Dassa	
				8h00	10h30	**FGD A5**	**FGD A1**	**FGD A3**	**FGD A6**	**FGD A4**	**FGD A2**		
				10h30	11h00	*Break*							
				11h00	13h30	**FGD A9**	**FGD B17**	**FGD A13**	**FGD A10**	**FGD A14**	**FGD B18**		
				13h30	14h00	*Lunch*							

4. Buffer = This time is to be used to conduct a planned FGD or KII that may have not taken place on the previous day or time slot, or to do an interview for a case study. Teams could also use this time to work on transcriptions.

DATE	DAY	COMMUNE	VILLAGE	TIME		ACTIVITY BY TEAM[1,2]						ACCOMMO-DATIONS (overnight)	COMMENTS
						Female			Male				
				START	END	1	2	3	4	5	6		
				14h00	16h30	**FGD A11**	**KII D21, KII D21**	**KII D20, KII D20**	**FGD A12**	**KII D22**	**KII D23**		
			Fita/Dassa	16h30	18h00	Community Exit (Gbowele), Travel to Dassa		Travel to Fita & Village Entry	Community Exit (Gbowele), Travel to Dassa		Travel to Fita & Village Entry		
				18h00	20h00	All Teams Debrief		Mobilizat-ion Process (2F)	All Teams Debrief		Mobilization Process (2M)		
				20h00	20h30			Travel to Dassa			Travel to Dassa		
04-Aug	Sun	Dassa-Zoume	Dassa	N/A	N/A	OFF						Dassa	
05-Aug	Mon	Dassa-Zoume	Fita	7h30	8h00	Travel to Fita						Fita (30 minutes to Dassa Centre)	***Fita:*** *Language = Idactha; Amenities = accommodation, no electricity, no toilet, drinking water, phone network available*
				8h00	10h30	**FGD A9**	**FGD A1**	**FGD A3**	**KII C19**	**FGD A14**	**FGD A8**		
				10h30	11h00	*Break*							
				11h00	13h30	**FGD A11**	**FGD A7**	**FGD A13**	**KII D23**	**KII D20, KII D20**	**FGD B18**		
				13h30	14h00	*Lunch*							
				14h00	16h30	*Buffer*	**FGD B17**	*Buffer*	*Buffer*	**KII D22**	**KII D21, KII D21**		
				16h30	17h30	All Teams Debrief							
06-Aug	Tues	Dassa-Zoume	Fita	7h30	8h00	*Preparation*						Gbaffo-Houegbo (45 minutes from Dassa Centre)	***Gbaffo-Houegbo:*** *Language = Mahi; Amenities = accommodation, electricity, toilet, drinking water,*
				8h00	10h30	*Buffer*	*Buffer*	*Buffer*	*Buffer*	*Buffer*	*Buffer*		

DATE	DAY	COMMUNE	VILLAGE	TIME		ACTIVITY BY TEAM[1,2]						ACCOMMO-DATIONS (overnight)	COMMENTS
						Female			Male				
				START	END	1	2	3	4	5	6		
		Savalou	Gbaffo-Houegbo	10h30	12h30	Community Exit (Fita), Travel to Gbaffo-Houegbo & Village Entry							*phone network available*
				12h30	13h30	*Lunch*							
				13h30	15h30	**KII D21, KII D21**	**KII D22**	**KII D20**	**KII C19**	**KII D20**	**KII D23**		
				15h30	18h00	*Buffer*	*Buffer*	*Buffer*	*Buffer*	*Buffer*	*Buffer*		
				18h00	20h00		Mobilization Process (2F)		Mobilization Process (2M)				
				10h30	11h00	*Break*							
				11h00	13h30	*Buffer*	**KII D21**	*Buffer*	*Buffer*	**KII D22**	**KII D21**		
				13h30	14h00	*Lunch*							
				14h00	15h30	All Teams Debrief							

2. SAMPLE AGENDA FOR PILOT

DAY 1

Time	Session	Notes
30 min	Introduction	• Welcome • Icebreaker • Introduction, presentation of objectives and agenda
15 min	Methodology	• Presentation of objectives of piloting and overall methodology
1h	Skills and techniques	• Introducing roles and responsibilities • Facilitation techniques, note-taking and observation
15 min	**Break**	
15 min	Safeguarding and code of conduct	• Integrating safeguarding and code of conduct considerations into consultations
45 min	Introducing the tools	• Review and discuss tools, forms, templates, etc. • Group activity
1h	Review of tools	• Group activity
1h	**Break**	
1h30	Simulation in plenary	• Simulation • Retrospective interview • Reporting back
10 min	**Break**	
50 min	Group simulation	• Forming groups for pilot testing • Group simulation
1h	Logistics and wrap up	• Logistics information and material distribution • Questions and closing

DAY 2

Departure for the Field

Time	Session	Notes
2h	Pilot test	Group 1 – Tool A10 (female) Group 2 – Tool A3 (female) Group 3 – Tool A2 (male)
2h	Pilot test	Group 1 – Tool A14 (female) Group 2 – Tool A7 (female) Group 3 – Tool A6 (male)
2h	Pilot test	Group 1 – Tool B17 (female)

DAY 3

De-Briefing on the Pilot

Time	Session
Morning	Introduction Village entry process Overall results summary
15 min	**Break**
Pre-lunch	Debriefing on introduction, including consent forms Debriefing on the body map Debriefing on the resource map Debriefing on the visionary journey Debriefing on the circle of influence
1h	**Lunch**
Afternoon	Debriefing on the wrap up Debriefing on roles and responsibilities and templates Various (language, local icebreaker strategies, use of equipment) Next Steps and closing
End of the day	

3. SAMPLE TRAINING AGENDA

DAY 1

Time	Session
45 min	Welcome, participant presentation and ground rules
15 min	Introducing the training objectives and agenda
30 min	Introducing **<ORGANISATION NAME>** and the project
45 min	Consultations: why, what, how, who?
15 min	Introducing the toolkit: content and structure
1h30	Introducing the tools
1h30	Considerations of Gender Equality and Inclusion
1h30	Considerations related to safeguarding children and young people and code of conduct (part 1)

DAY 2

15 min	Recap of the previous day and the agenda of the day
45 min	Protocols and procedures for village entry and mobilization
2 h	• Data collection team: who does what and how? • Facilitation techniques
1 h	• Team formation • Introducing FGDs, simulation in local languages and feedback
1h30	**Get to know:** Tools A9, A10, A11, A12 – Vision Journey Tool A1, A2 – Body Mapping (Education) Tool A13, A14 – Resource Map (SRHR)
1h30	**Get to know:** Tools B17, B18 – Circle of Influence Tools A15, A16 – Resource Map (Protection) Tools A5, A6 – Resource Map (Economic Empowerment)

DAY 3

Time	Session
15 min	Recap of the previous day and the agenda of the day
1h30	**Get to know:** Tools A3, A4 – Body Mapping (SRHR) Tools A7, A8 – Resource Map (Out-of-school adolescents)
1h15	Practicing questions in local languages
1h30	Local language simulation and feedback
1h30	• Closing a group discussion • Debriefing following a group discussion • Filing session outputs
1h	Local language simulation and feedback

DAY 4

15 min	Recap of the previous day and the agenda of the day
1h30	Interviews with key informants
30 min	Case study
1h30	Simulation and feedback
30 min	Considerations related to safeguarding children and young people and code of conduct (part 2)
2h30	Transcription techniques
15 min	Supervisor's role

DAY 5

Time	Session
15 min	Recap of the previous day and the agenda of the day
30 min	Team composition and fieldwork schedule review
45 min	• Use and maintenance of cameras and recorders • Photography policies and techniques
1h30	• Intra- and inter-team communication • Administrative information • Distribution of materials, equipment and document binders • Logistics
45 min	Team building exercise
30 min	Roundtable discussion and closing

CONSULTATION CHILD & YOUTH SAFEGUARDING TOOLS

APPENDIX C

TABLE OF CONTENTS

1. Safeguarding Risk Register 195

2. Child Safeguarding Tool for Facilitation Teams 196

3. Incident Reporting Form 197

1. SAFEGUARDING RISK REGISTER

Step 1: Who is at risk? (Think about the factors which put them at risk)	**Step 2:** What are the risks?	**Step 3:** What are the control measures currently in place and how effective are they?	**Step 4:** Risk Calculation *(see below)*			**Stage 5:** What are the agreed additional controls/actions to be put in place to mitigate the risk?	By Whom	By When
			Likelihood	Impact	Risk Level			

Guidance notes:

High Certain / near certain	LIKELIHOOD OF OCCURRENCE	High	Medium Risk	High Risk	High Risk
Medium Reasonably likely		Medium	Low Risk	Medium Risk	High Risk
Low Unlikely / never		Low	Low Risk	Low Risk	Medium Risk
			Low	Medium	High
			IMPACT/SEVERITY OF OCCURRENCE		

2. CHILD SAFEGUARDING TOOL FOR FACILITATION TEAMS

FOLLOW-UP QUESTIONS TO A CHILD ABUSE DISCLOSURE

This tool is meant to assist enumerators in responding to impromptu child abuse disclosures during data collection.

Guidelines to remember

Confidentiality script

"What you tell me will be kept confidential. Confidential means I will not tell anyone, **unless I believe that a child is at risk of being hurt.** In this case, I must share the information with people who can protect the child."

During the Disclosure

Maintain a calm appearance

- Inevitably, a disclosure of child abuse will evoke some feelings for the enumerator hearing it.
- Use the **Child-Centered Approach:**

1. Listen
2. Take it seriously
3. Reassure and thank the child for telling you
4. Support
5. Report

Follow-up questions (to be asked on a 1:1 basis only)

Disclosure of abuse:

1. When did this happen?
2. Did you tell anyone about what happened?
   a. If 'yes': What actions were taken?
3. If reporting an incident about another child: Does the child live in this village? If 'no': Where is she/he now?
4. Do you feel that you (or the child involved in the incident) are still at risk?

Things to say:

✓ 'Thank you for telling me"
✓'You did the right thing to tell me'
✓ 'We will do our best to help'

Things not to say:

✗ 'You should have told someone before'
✗ 'I can't believe it! I'm shocked!'
✗ 'Oh that explains a lot'
✗ 'I won't tell anyone else'

Next Steps

1. Thank the respondent for telling you and tell them that **<ORGANISATION NAME>** will do a follow-up
2. Contact the assigned Child Safeguarding Focal Point for the project (person responsible for supervision)

Child Safeguarding Focal Point

Name of Safeguarding Focal Point:
Contact Details Cell:
Email:

Last updated (date):

3. INCIDENT REPORTING FORM

Your name:	
Your role:	❍ Facilitator ❍ Note-Taker / Transcriber ❍ Observer ❍ Supervisor ❍ **<ORGANISATION NAME>** Staff
Date:	
Community:	
Name of Child/Youth:	
Does the child/youth have a disability? (If yes, please state)	❍ Yes ❍ No
Sex of Child/Youth:	❍ Female ❍ Male ❍ Other
Are you:	❍ A. Responding to my own concerns ❍ B. Responding to concerns raised by someone else (such as facilitator, observer, note-taker, transcriber, community member, etc.) If B, who raised this concern (name and position):
Child/youth's account of the incident: Ask the child/youth to describe what happened and record their own words - do not prompt or ask further questions	
When did the incident take place? Include month or date, and time of day if possible	
Did you tell anyone about the incident?	❍ Yes ❍ What actions were taken? ❍ No ❍ Why was no one told?
If reporting an incident about another child/youth: Does the child/youth currently live in this village?	❍ Yes ❍ No ❍ Where is the child/youth now?
Do you feel that you (or the child/youth involved in the incident) are still at risk?	❍ Yes ❍ No
Your Signature:	
Print Name:	

INFORMATION SHEETS AND CONSENT FORMS

APPENDIX D

TABLE OF CONTENTS

1. Information Sheet for Parents/Caregivers 200
2. Information Sheet for Children (Under 18 Years) 202
3. Information Sheet for Adult Participant (18+ Years) 204
4. Parent/Caregiver Informed Consent Form 206
5. Child Informed Assent Form (Under 18 Years) 207
6. Adult Participant Informed Consent Form (18+ Years) 208
7. Consent form For Photographs/Filming 209

1. INFORMATION SHEET FOR PARENTS/CAREGIVERS[1]

CONSULTATIONS PROCESS

INTRODUCTION

Your child is being invited by **<ORGANISATION NAME>** to take part in a consultation process for a new project funded by **<DONOR NAME>**. Before you decide to allow your child to take part, it is important that you understand why the consultations are being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.We will discuss this with your child only if you agree to their participation.

WHAT IS THE CONSULTATION ABOUT?

<ORGANISATION NAME> is talking to adolescents and young people to learn about their experiences and the kinds of supports and services available to them. We want to hear from adolescents and young people themselves about their challenges, needs and priorities. We will talk about a wide range of topics, including education, health and well-being. The consultations will also seek to understand the perspectives of parents/caregivers, community leaders and service providers.

WHY ARE WE DOING THE CONSULTATION?

The information we collect from the consultations will help **<ORGANISATION NAME>** design and develop a new five-year project to support adolescents and young people realize their rights and improve their well-being. The consultations are not limited only to your village. They are being carried out in **<INSERT NUMBER>** villages where **<ORGANISATION NAME>** will work.

WHY HAS YOUR CHILD BEEN INVITED TO TAKE PART?

Your child is being invited to take part in this consultation because they live in this village, but you do not have to permit them to participate if you do not want to. Participation in this consultation is entirely voluntary.

HOW WILL THE INFORMATION YOUR CHILD GIVES BE USED?

We hope that these consultations can be used to help improve the situation for adolescents and young people in your community. When we are finished with the consultations, we will write a report and have meetings about the current situation of adolescents and young people and potential opportunities for improvement. This report will not include your child's name or any other information that would help to identify you or your child.

WHAT WILL HAPPEN IF YOUR CHILD DECIDES TO TAKE PART IN THIS STUDY?

If you decide to agree to your child's participation in the consultation, we will ask them to join a conversation with 5–9 other **[boys/girls]** similar in age and background. My colleagues and I will guide and supervise the conversation. The setting should be comfortable and people outside of the group should not be able to hear our conversation. In this discussion, the children would each share thoughts on issues that are important and related to the project.

The discussion will take about 90–120 minutes and will involve an activity. **<ORGANISATION NAME>** will use what we learn today to plan programs to support adolescents and young people in your community. We are very interested to know about your child's views, but if you do not want them to talk to us you may say so. If you decide not to allow your child to take part, this will not have any negative consequences in your relation to **<ORGANISATION NAME>.**

1. The information sheet and consent form formats in this Appendix are based on materials originally developed by Plan International Inc.

HOW WILL YOUR CHILD'S PRIVACY AND CONFIDENTIALITY BE PROTECTED?

If you agree for your child to take part, their name will not appear in any reports that we write and their comments will remain completely anonymous. Any information your child provides us with will remain confidential, unless we have reason to believe that a child or young person is at risk of harm. Then, we have a responsibility to share information with people who can help that child or young person.

We would like to use an audio recorder and take photographs so that all information is fully captured. If you are not comfortable with this, we will only take detailed notes of the discussions.

WHAT ARE THE BENEFITS?

You will not be given money or anything else to participate in this consultation, but it is an opportunity to help **<ORGANISATION NAME>** better understand the issues facing adolescents and young people in this village.

WHAT ARE THE RISKS?

Participation in this consultation does not involve any risks to your child other than what they would encounter in daily life. There is, however, a chance for unexpected risks, such as discomfort when answering questions that discuss potentially sensitive topics. If your child feels uncomfortable at any time, they can withdraw from the consultation without any consequences or they can skip questions that they do not wish to respond to.

Given that the consultation will include other children from the community, there is a possibility that what is discussed may not be kept confidential. To help make everyone feel comfortable, we will ask that participants not share what their peers say during the discussion with others.

COVID-19 precautions: *We understand that given the COVID-19 pandemic, you may have concerns for your child's health and safety, as well as your own and members of your community. Please be assured that the safety of participants is of the utmost priority to the facilitation team. The entire facilitation team has been instructed on physical distancing and good hygiene practices. All facilitators and participants will be equipped with masks or face shields. The health of the facilitation team is being monitored and anyone who even appears sick will not continue to conduct group discussions or interviews. Finally, if we come across any potential participants who appear ill, we will halt discussions.*

CAN YOUR CHILD CHANGE THEIR MIND AND WITHDRAW FROM THE STUDY?

Even if you choose to allow your child to take part, your child does not have to answer any questions that they do not want to. Your child may also stop the interview or leave the discussion at any point.

HOW WILL YOU AND YOUR CHILD FIND OUT WHAT HAPPENS WITH THIS PROJECT?

The project aims to be participatory in design. There will be various touch points throughout the project's five-year life. For example, we will be organizing a workshop to prioritize issues and solutions identified through the consultations when completed. At this time, would you like to ask me any questions about any part of this activity?

CONTACT DETAILS FOR FURTHER INFORMATION

If you have any additional questions or concerns about this consultation, you may contact: **<ADD NAMES AND CONTACT INFORMATION FOR RELEVANT <ORGANISATION NAME> STAFF AND THE SUPERVISORS FOR THE CONSULTATION PROCESS>**

SUPPORT SERVICES

- **<LIST RELEVANT SUPPORT SERVICES AVAILABLE IN THE COMMUNITY>**

2. INFORMATION SHEET FOR CHILDREN (UNDER 18 YEARS)

CONSULTATIONS PROCESS

INTRODUCTION

You are being invited by **<ORGANISATION NAME>** to take part in a consultation process for a new project funded by **<DONOR NAME>.** Before you decide to take part, it is important that you understand why the consultations are being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

We have discussed this with your parent(s)/caregiver(s) and they know that we are also asking you if you want to participate. **If you want to participate in the consultation, your parent/caregiver also has to agree before the discussion. Even if your parent(s)/caregiver(s) have agreed, you do not have to participate if you do not wish to.**

You may talk about anything in this form with your caregivers, friends or anyone you feel comfortable talking to. There may be some words you don't understand or things that you want me to explain because you are interested or concerned. Please ask me to stop at any time and I will take time to explain.

WHAT ARE WE DOING?

<ORGANISATION NAME> is talking to adolescents and young people to learn about their experiences and the kinds of supports and services available to them. We want to hear from adolescents and young people themselves about their challenges, needs and priorities. We will talk about a wide range of topics, including education, protection, sexual and reproductive health and economic empowerment. The consultations will also seek to understand the perspectives of parents/caregivers, community leaders and service providers.

WHY ARE WE DOING THIS CONSULTATION?

The information we collect from the consultations will help **<ORGANISATION NAME>** design and develop a new five-year project to support adolescents and young people realize their rights and improve their well-being. The consultations are not limited only to your village. They are being carried out in **<INSERT NUMBER>** villages where **<ORGANISATION NAME>** will work.

WHY HAVE YOU BEEN INVITED TO TAKE PART?

You have been selected for the consultation because you reside in this village and have unique perspectives that we are interested in hearing about.

WHAT WILL HAPPEN IF I DECIDE TO TAKE PART?

If you decide to take part in the consultation, we will ask you to join a conversation with 5–9 other **[girls/boys]** similar in age and background. My colleagues and I will guide and supervise the conversation. The setting should be comfortable and people outside of the group should not be able to hear our conversation. In this discussion, you and any other children would each share thoughts on issues that are important and related to the project. We hope that you will feel comfortable to respond honestly and openly.

The discussion will take about 90–120 minutes and will involve an activity. You will not be given money or anything else to take part in the discussion. However, **<ORGANISATION NAME>** will use what we learn today to plan programs to support adolescents and young people in your community

We are very interested to know about your views, but if you do not want to talk to us you do not have to. If you decide not to take part, this will not have any negative effects in your relation to **<ORGANISATION NAME>**.

DO I HAVE TO TAKE PART?

You are being invited to take part in this consultation, but you do not have to participate if you do not want to. Participation in this consultation is entirely voluntary. It is up to you if you want to take part. Even if you choose to take part, you do not have to answer any questions that you do not want to. You may also stop the interview or leave the discussion at any point.

It is up to you whether you agree to participate in this discussion. The choice is yours. Even if your caregiver consented to your participation in this discussion, it is up to you finally whether you agree to participate.

WHAT ARE THE BENEFITS?

There will not be any immediate effects and you will not receive any money for taking part, but the information you share will be useful in the longer term in informing the design and delivery of the **<NAME OF PROJECT>** project in your community.

WHAT ARE THE RISKS?

Participation in this consultation does not involve any risks other than what you would encounter in daily life. There is, however, a chance for unexpected risks, such as discomfort when answering questions that discuss potentially sensitive topics. If you feel uncomfortable at any time, you can withdraw from the consultation without any consequences or you may skip questions that you do not wish to respond to.

Given that the consultation will include other members of your community, there is a possibility that what is discussed may not be kept confidential. To help make everyone feel comfortable, we will ask that participants not share what their peers say during the discussion with others.

COVID-19 precautions: *We understand that given the COVID-19 pandemic, you may have concerns for your own health and safety, as well as that of members of your community. Please be assured that the safety of participants is of the utmost priority to the facilitation team. The entire facilitation team has been instructed on physical distancing and good hygiene practices. All facilitators and participants will be equipped with masks or face shields. The health of the facilitation team is being monitored and anyone who even appears sick will not continue to conduct group discussions or interviews. Finally, if we come across any potential participants who appear ill, we will halt discussions.*

KEEPING THE INFORMATION PRIVATE AND SAFE

All comments and responses are confidential. That means, if you choose to participate in the consultation, your response will not be linked to your names in any way. We will write down your views, opinions and other observations, but we will not use your name. Only we will know who said what. The information you give us today will be combined with other similar discussions that are taking place across the other villages.

It is very important to **<ORGANISATION NAME>** to keep children and young people safe. If you do tell us something where we are worried about the safety of a child or young person, we will share this information with people who can help.

We would like to use an audio recorder and take photographs so that all information is fully captured. If you are not comfortable with this, we will only take detailed notes of the discussions. At this time, would you like to ask me any questions about any part of this activity?

CONTACT DETAILS FOR FURTHER INFORMATION

If you have any additional questions or concerns about this consultation, you may contact: **<ADD NAMES AND CONTACT INFORMATION FOR RELEVANT <ORGANISATION NAME> STAFF AND THE SUPERVISORS FOR THE CONSULTATION PROCESS>**

SUPPORT SERVICES

- **<LIST RELEVANT SUPPORT SERVICES AVAILABLE IN THE COMMUNITY>**

3. INFORMATION SHEET FOR ADULT PARTICIPANT (18+ YEARS)

CONSULTATIONS PROCESS

INTRODUCTION

You are being invited by **<ORGANISATION NAME>** to take part in a consultation process for a new project funded by **<DONOR NAME>**. Before you decide to take part, it is important that you understand why the consultations are being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

WHAT IS THE CONSULTATION ABOUT?

<ORGANISATION NAME> is talking to adolescents and young people to learn about their experiences and the kinds of supports and services available to them. We want to hear from adolescents and young people themselves about their challenges, needs and priorities. We will talk about a wide range of topics, including education, protection, sexual and reproductive health and economic empowerment. The consultations will also seek to understand the perspectives of parents/caregivers, community leaders and service providers.

WHY ARE WE DOING THE CONSULTATION?

The information we collect from the consultations will help **<ORGANISATION NAME>** design and develop a new five-year project to support adolescents and young people realize their rights and improve their well-being. The consultations are not limited only to your village. They are being carried out in **<INSERT NUMBER>** villages where **<ORGANISATION NAME>** will work.

WHY HAVE YOU BEEN INVITED TO TAKE PART?

You have been selected for the consultation because you reside in this village and have unique perspectives that we are interested in hearing about.

HOW WILL THE INFORMATION YOU GIVE BE USED?

We hope that these consultations can be used to help improve the situation for adolescents and young people in your community. When we are finished with the consultations, we will write a report and have meetings about the current situation of adolescents and young people and potential opportunities for improvement. This report will not include your name or any other information that would help to identify you.

WHAT WILL HAPPEN IF YOU DECIDE TO TAKE PART IN THIS CONSULTATION?

If you decide to take part in the consultation, we will interview you or ask you to join a conversation with 5–9 others with a similar background. My colleagues and I will guide and supervise the conversation. The setting should be comfortable and people outside of the group should not be able to hear our conversation. In this discussion, you and any other participants would each share thoughts on issues that are important and related to the project. We hope that you will feel comfortable to respond honestly and openly.

The discussion will take about 90–120 minutes and will may involve an activity. We are very interested to know about your views, but if you do not want to talk to us you do not have to. If you decide not to take part, this will not have any negative consequences in your relation to **<ORGANISATION NAME>.**

HOW WILL YOUR PRIVACY AND CONFIDENTIALITY BE PROTECTED?

If you agree to take part, your name will not appear in any reports that we write and your comments will remain completely anonymous. Any information you provide us with will remain confidential, unless we have reason to believe that a child or young person is at risk of harm. Then we have a responsibility to share that information with people who can help that child or young person.

WHAT ARE THE BENEFITS?

There will not be any immediate effects and you will not receive any money for taking part, but the information you share will be useful in the longer term in informing the design and delivery of the **<NAME OF PROJECT>** project in your community.

WHAT ARE THE RISKS?

Participation in this consultation does not involve any risks other than what you would encounter in daily life. There is, however, a chance for unexpected risks, such as discomfort when answering questions that discuss potentially sensitive topics. If you feel uncomfortable at any time, you can withdraw from the consultation without any consequences or you may skip questions that you do not wish to respond to.

Given that the consultation will include other members of your community, there is a possibility that what is discussed may not be kept confidential. To help make everyone feel comfortable, we will ask that participants not share what their peers say during the discussion with others.

COVID-19 precautions: *We understand that given the COVID-19 pandemic, you may have concerns for your own health and safety, as well as that of members of your community. Please be assured that the safety of participants is of the utmost priority to the facilitation team. The entire facilitation team has been instructed on physical distancing and good hygiene practices. All facilitators and participants will be equipped with masks or face shields. The health of the facilitation team is being monitored and anyone who even appears sick will not continue to conduct group discussions or interviews. Finally, if we come across any potential participants who appear ill, we will halt discussions.*

CAN YOU CHANGE YOUR MIND AND WITHDRAW FROM THE STUDY?

Even if you choose to take part, you do not have to answer any questions that you do not want to. You may also stop the interview or leave the discussion at any point.

HOW WILL YOU FIND OUT WHAT HAPPENS IN THIS PROJECT?

The project aims to be participatory in design. There will be various touch points throughout the project's five-year life. For example, we will be organizing a workshop to prioritize issues and solutions identified through the consultations when completed. At this time, would you like to ask me any questions about any part of this activity?

CONTACT DETAILS FOR FURTHER INFORMATION

If you have any additional questions or concerns about this consultation, you may contact: **<ADD NAMES AND CONTACT INFORMATION FOR RELEVANT <ORGANISATION NAME> STAFF AND THE SUPERVISORS FOR THE CONSULTATION PROCESS>**

SUPPORT SERVICES

- **<LIST RELEVANT SUPPORT SERVICES AVAILABLE IN THE COMMUNITY>**

4. PARENT/CAREGIVER INFORMED CONSENT FORM

CONSULTATIONS PROCESS

Participant Name/Code: _____

1. I confirm that I have read the information sheet concerning this consultation, or the information sheet concerning this consultation has been read to me, and I understand what is required of my child if they take part in this consultation.

2. I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.

3. I understand that participation is voluntary and that my child may withdraw at any time without giving a reason.

4. I consent to any information given by my child being used in future reports, articles or presentations by **<ORGANISATION NAME>.**

5. I understand that my child's name will not appear in any reports, articles or presentations.

6. I consent to the discussion being recorded with a recorder and for pictures of the session to be taken.

Do you give permission for your child to take part in the consultation? Please draw a circle around the YES or NO below:

✓ YES ✗ NO

I understand what the consultation is about and how my child will be involved.

Name of Parent/Caregiver: _____

Parent/Caregiver's Signature/finger print: _____

Relationship to child: _____

<u>Person Obtaining Consent:</u>

I have discussed the consultation with the parent/caregiver and answered all the parent/caregiver's questions in a language they understand. I believe the parent/caregiver understood this explanation and voluntarily agreed to their child's participation in the consultation.

_____ _____

Signature of person obtaining consent Date

_____

Printed name of person obtaining consent

5. CHILD INFORMED ASSENT FORM (UNDER 18 YEARS)

CONSULTATIONS PROCESS

✓ I have read the information sheet/ the information sheet has been read to me.

✓ I have had my questions answered and know that I can ask questions later if I have them.

✓ I understand why you are doing this consultation.

✓ I understand that I can stop you at any time and that I don't have to answer any questions that I don't want to.

✓ I agree for you to record the information with a recorder.

✓ I agree for you to take pictures of the session.

✓ I agree to talk to you and take part in the consultation.

#	Name of Participant	Participant Signatures (or thumb print)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Date (day/month/year): _____

Person Obtaining Consent:

I have discussed the consultation with the participants and answered all the participants' questions in a language they understand. I believe the participant understood this explanation and voluntarily agreed to participate in the consultation.

_____ _____

Signature of person obtaining consent Date

_____

Printed name of person obtaining consent

6. ADULT PARTICIPANT INFORMED CONSENT FORM (18+ YEARS)

CONSULTATIONS PROCESS

- ✓ I confirm that I have read the information sheet concerning this consultation, or the information sheet concerning this consultation has been read to me, and I understand what is required of me if I take part in this consultation.
- ✓ I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.
- ✓ I understand that participation is voluntary and that I may withdraw at any time without giving a reason.
- ✓ I consent to any information given by me being used in future reports, articles or presentations by **<ORGANISATION NAME>.**
- ✓ I understand that my name will not appear in any reports, articles or presentations.
- ✓ I consent to the discussion being recorded with a recorder and for pictures of the session to be taken.
- ✓ I consent to take part in the above study.

#	Name of Participant	Participant Signatures (or thumb print)	Name of Witness	Witness Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date (day/month/year): _____

Person Obtaining Consent:

I have discussed the consultation with the participants and answered all the participants' questions in a language they understand. I believe the participant understood this explanation and voluntarily agreed to their participation in the consultation.

_____ _____

Signature of person obtaining consent Date

_____

Printed name of person obtaining consent

7. CONSENT FORM FOR PHOTOGRAPHS/FILMING

<INSERT BRIEF DESCRIPTION OF ORGANISATION>

This consent form should be completed by children, young people or adults who are involved in interviews, photography or filming organised by **<ORGANISATION NAME>.** Where participants are under 18 years of age or are over 18 but do not have capacity to provide consent, their parent, guardian or other legal representative should give consent by signing this form.

This consent form must be completed before the interview/photography/filming takes place.

Subject of contribution:

……

Date of contribution:

……

Country (including local office details):

……

To be completed by the contributor or subject of photograph/video/statement

1) I agree to participate in the above interview / filming / photography.

2) I agree that some or all of the information, interview statements, images, video footage or other contributions I make/appear in may be used for any of the following purposes:

- to publicise and promote **<ORGANISATION NAME>'s** work
- for marketing of the organisation
- in connection with **<ORGANISATION NAME>'s** advocacy, educational and/or media work
- in connection with **<ORGANISATION NAME>'s** research and/or monitoring and evaluation work
- in connection with **<ORGANISATION NAME>'s** sponsorship and/or programming work
- to help raise money for **<ORGANISATION NAME>**
- by a donor to publicise its relationship with **<ORGANISATION NAME>** and/or its support for a programme

3) I understand and agree that the information, statements, images, and video footage that I provide may be used in many different forms, including:

- in newspapers, magazines and books
- on television and/or radio
- on electronic media, including social media and on the internet
- in reports, leaflets and letters

4) I agree that my contributions may be used in these ways in any country in the world by **<ORGANISATION NAME>,** and its member organisations and subsidiaries, and I understand that **<ORGANISATION NAME>** may share my contributions with parties outside of **<ORGANISATION NAME>**, including, for example, companies that provide services to **<ORGANISATION NAME>**, media organisations, and companies that donate money to **<ORGANISATION NAME>.**

5) I understand that if my comments, information, image or video footage is uploaded to social media or other websites, then **<ORGANISATION NAME>** has no control over the copying or distribution of such material by other internet users.

6) I understand that I will not receive any money or gift now or in the future as a result of giving my consent to be interviewed, photographed or filmed. I also understand that my consent or participation in the above interview / filming / photography does not affect my involvement in **<ORGANISATION NAME>** programmes or projects. I can still participate in **<ORGANISATION NAME>** programmes or projects even if I do not sign this form.

7) I understand that **<ORGANISATION NAME>** will store and be able to use my contribution in the ways described above for a period of time that it considers appropriate, after which **<ORGANISATION NAME>** will move the material into its image archive.

8) I understand that I can withdraw my consent for **<ORGANISATION NAME>** to use all or part of my contribution by contacting **<INSERT RELEVANT CONTACT>. <ORGANISATION NAME>** will comply with my requests to amend or delete my contribution, where it is possible to do so. I understand that it is not possible to withdraw images, videos, case studies or television or radio content where already published.

9) I understand that I do not own copyright or have any rights of ownership or other claim over the written copy, photographs or films that **<ORGANISATION NAME>** produces.

Name: ……

Address / community name:

……

……

Signature:

……

Date:

……

Parent, Guardian, Legal Representative:

I confirm that I am the contributor's parent/guardian/legal representative and agree to the above on behalf of the contributor.

Name:

……

Address / community name:

……

……

Relationship to contributor:

……

Signature:

……

Date:

……

NOTE-TAKING TEMPLATES

APPENDIX E

TABLE OF CONTENTS

Note-Taking Template A (#A1–A16, B17–B18)	**213**
Participant List 1 (#A1–A16)	**215**
Participant List 2 (#B17–B18)	**216**
Note-Taking Template B (#C19–D23)	**217**

NOTE-TAKING TEMPLATE A (#A1–A16, B17–B18)

Tool #:	_____	**Date (dd/mm/yyyy) :**	_____
Team # :	_____	**Session # :**	_____
Facilitator :		**Note-Taker :**	_____
Observer :	_____	**Transcriber :**	_____
Commune:	_____	**Village:**	_____
Venue:	_____	**Session Recorded :**	[ ] Yes [ ] No
Sex of Participants :	[ ] Male [ ] Female [ ] Other, specify:	Age Group of Participants:	[ ]10–14 [ ]15–19 [ ]20–24 [ ]Adult (25+)

Draw how participants are seated and assign a number to each person to track who says what. Ensure the same numbers are assigned when completing the Participant List (which should not include names). Note also where the facilitator, you (the note-taker) and the observer are positioned.

MAIN AND PROBING QUESTIONS	RESPONSES	OBSERVATIONS
1. *Insert questions from the tools here.*	*Expand the height of each row before printing.*	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Add rows as needed		

Record any other observations you have about the session.

PARTICIPANT LIST 1 (#A1–A16)

#	Sex of Participant			Age	Current Marital Status			Number of Children	Ethnicity	Religion	Disability		Highest Level of Education Completed					Head of Household			Profession of Head of Household	Signed Consent/ Assent Form	
	Male	Female	Prefer to self-describe:		Never married	Married	Separated, Divorced or Widowed				Yes	No	No schooling	Primary	Lower secondary	Upper secondary	Tertiary	Male	Female	Prefer to self-describe :		Yes	No
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

PARTICIPANT LIST 2 (#B17–B18)

#	Sex of Participant			Head of Household		Total Number of People in Household	Number of Children Aged 10-19 Years			Ethnicity	Religion	Disability		Highest Level of Education Completed					Profession of Head of Household	Consent Form Signed	
	Male	Female	Prefer to self-describe :	Yes	No		Male	Female	Prefer to self-describe :			Yes	No	No schooling	Primary	Lower secondary	Upper secondary	Tertiary		Yes	No
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

NOTE-TAKING TEMPLATE B (#C19–D23)

Tool #:	_____	**Date (dd/mm/yyyy) :**	_____
Team # :	_____	**Session # :**	_____
Facilitator :		**Note-Taker :**	_____
Observer :	_____	**Transcriber :**	_____
Commune:	_____	**Village:**	_____
Venue:	_____	**Session Recorded :**	[ ] Yes [ ] No
Sex of Participants :*	[ ] Male [ ] Female [ ] Other, specify:	Interviewee:	[ ] Traditional or religious leader [ ] Health service provider [ ] Education actor [ ] Protection actor [ ] Economic empowerment actor

**If the interview includes more than one participant, record the number of individuals interviewed, by sex.*

MAIN AND PROBING QUESTIONS	RESPONSES	OBSERVATIONS
1. *Insert questions from the tools here.*	*Expand the height of each row before printing.*	
2.		
3.		
4.		
5.		

Record any other observations you have about the session.

PROCESS CHECKLISTS & INSTRUCTIONS

APPENDIX F

TABLE OF CONTENTS

1. Community assembly Checklist (Sample) 221
2. Debrief Form 222
3. Filing, Storing and Naming guidelines 226

1. COMMUNITY ASSEMBLY CHECKLIST (SAMPLE)

Refer to the sample checklist and the steps below as a guide during the community assembly. During the assembly, check (✓) under either 'yes' or 'no' depending on the steps completed. Then add notes if needed. Information from Plan International Benin and the Plan for Girls project are included as examples.

Steps	Yes	No	Notes
1. Introduction of the team			
• Introduction – of the community mobilization team – of facilitation teams already in place • Thank you – Mention that all community members have been invited – Thank the assembly for their participation			
2. Who is < Organization name>: Mission and experience			
Mission: International non-governmental organization that advances children's rights and gender equality. **Experience:** (For example) Has been working in Benin since 1994 in the areas of protection, health, education, water and sanitation, economic empowerment; Merger with the NGO BonneFontaine since 2018; covers all of Benin; Offices located on 3 sites: Bohicon, Natitingou and Adjohoun with National Office in Cotonou.			
2. Who is < Organization name>: Mission and experience			
(For example) • An initiative funded by the Government of Canada to support communities in improving the well-being of adolescents aged 10 to 24 in the areas of Health, Education, Protection and Economic Empowerment. • Pilot project in Benin and Cameroon; Partnership with the Communes; implemented with NGOs (e.g., DEDRAS and RACINES). • Focus on adolescent and young girls who will be supported to lead the initiative in collaboration with other adolescents including boys, families, community leaders, town halls and/or government services.			

3. What are the consultations? Why? For what? How?			
(For example) • Dialogue with adolescent girls and young women, as well as their other peers including male peers, their parents/guardians and services to understand the reality of adolescent and young girls, better understand their specific needs and the underlying challenges they face; opportunities that are available in their locality and offersolutions in the four thematic areas (Health, Education, Protection and Economic Empowerment). • Consultations are one part and the initial phase of the project to listen to girls for girls-led planning, implementation and evaluation of the project.			
4. Why participate? What participation involves? Who can participate?			
(For example) • You are the ones that can best speak to your realities, challenges and opportunities. • During the sessions, there are no right or wrong answers - the team is there to better understand the opinions, needs and experiences of each group and it can be expected that these will differ among participants. • Only a specific number of participants will take part in the sessions and their discussions will be used to represent the views and experiences of their groups in the community. Nevertheless, all members of the community will benefit from the project.			
5. Are there any risks? (Consent and confidentiality)			
• The information collected during this process will remain confidential (unless there is reason to believe that a child is at risk of harm) but will be analyzed to define the actions to be carried out by the project. • Adolescents under the age of 18 will only participate in the sessions if they agree AND their parents/ guardians authorize them to and sign the consent form. • Young people between the age of 18 and 24 will sign their own consent forms.Parents/guardians (mothers and fathers) and other actors will also sign a consent form. • It is important to respect the confidentiality of what will be discussed during the sessions, and to avoid gathering around the participants during the sessions.			

6. Determine next steps. What will be done with the data collected? How they will be shared back?			
• Community debrief will be organized after we finish with the collection of all data and high-level results and findings will be shared back • Data collected will be triangulated with mappings of existing services in the communes to identify gaps and develop appropriate interventions to improve adolescent and girl's wellbeing. • Interventions identified will be implemented in your community and other communities visited			
7. Target group to consult in this village (to be defined by village)			
• Refer to the data collection schedule for the list of tools and groups to consult in a given village (see **Appendix B**). • Proceed to the recruitment of participants			

2. DEBRIEF FORM

Session #:	_____	**Date (*dd/mm/yyyy*):**	_____
Facilitator:	_____	**Note-Taker:**	_____
Observer:	_____	**Transcriber:**	_____
Commune:	_____	**Village:**	_____
Venue:	_____	**Session Recorded:**	[ ] Yes [ ] No
Sex of Participants:	[ ] Male [ ] Female [ ] Other, specify:_____	**Age Group(s):**	[ ] 10–14 [ ] 15–19 [ ] 20–24 [ ] 25+

A. PROCESS

1. What went well?
2. What did not work as well and why?
3. What changes could help to improve future sessions?

B. EMERGING THEMES

1. What were the things that you heard more than once?
2. What were the things that you found most interesting in the responses?
3. What were the things you found most surprising?
4. What additional questions does this bring up for you?
5. Any other observations or comments?

3. FILING, STORING AND NAMING GUIDELINES

CONTENT TO SEND TO THE SUPERVISOR:

All paper copies (if any) and electronic copies must be shared with the supervisor.

- Completed note-taking template (**NT**)
- Photos of completed session tools (activity sheets/flipchart papers, e.g. body map) (**PO**)
- Transcripts (**TR**)
- Audio recordings (**RE**)
- Completed debrief forms (**DE**)
- Completed case study template (**CS**)
- Photos of sessions and participants (**PH**)

FILE NAMING GUIDELINES:

See below, the information to indicate as well as the exact order and codes to follow when naming files.

- **Country:** BEN (Benin) or CMR (Cameroon)
- **Team number:** 01, 02, 03, 04, 05, 06
- **Tool Code:**
  A1, A2, A3, A4, A5, A6, A7, A8, A9, A10, A11, A12, A13, A14, A16, B17, B18, C19, D20, D21, D22, D23, CS
- **Date:** DDMMYYYY (indicate the date the session took place, not the date the completed files were saved or transcribed)
- **Number representing the number of times the tool was used that day (if any):** Some tools/sessions will be performed more than once a day in some villages with similar information when naming files. To identify this distinction, the number of the session must be indicated: 01, 02, 03, 04
- **File type:** Indicate the type of files/documents by referring to and using the codes listed in the previous section above (i.e. content to send to supervisors), for example: NT, PO, TR, RE, DE, CS, PH.
- **File number (if any):** There may be several photos of tools (activity sheets) and/or photos of sessions/participants per session, for example. To make the distinction, each photo file must be labeled with a number: 1, 2, 3, etc. (see example below).

FOR EXAMPLE:

- Focus group with in-school women aged 10 to 14 (tool A1) completed on 26 August 2019 by team 1 in Cameroon; Session 1 (of 2); file type – transcript of the session.

  File name: CMR.01.A1.26082019.01_TR

- Focus Group with (NEET) men aged 20-24 (tool A12) completed on 30 August 2019 by Team 6 in Benin; Session 2 (of 3); file type – tool photos (body map activity sheets), photo 3 (of 5).

  File name: BEN.06.A12.30082019.02_PO3

CONSENT FORMS:

All consent forms must be collected and filed with the supervisor. They must be kept separate from the data files found above.

SAMPLE CODING FRAMEWORK

APPENDIX G

SAMPLE CODING FRAMEWORK

Theme	Category	Code
Current Situation	Sexual and reproductive health	Early sexual debut and pregnancy
		Common illnesses of girls
		Common illnesses of boys
		Knowledge of SRHR topics
		Sources of SRHR information and services
		Preferred places to get SRHR information
		SRHR topics discussed with others
		Decision-making on SRHR issues
		Support to access SRHR services
		Availability of SRHR services
		Perceived quality of health services
		Health worker trainings
		Community health workers/volunteers
		Community health committees
	Education	Attitudes toward girls' education
		Decision-making on schooling or training
		Access to formal education
		Perceptions of learning environment
		Gender equality in the classroom
		Feedback mechanisms in schools
		Extra-curricular and leisure activities
		Reasons for school non-attendance and dropout
		School re-entry
		Existing education-related initiatives or supports
	Economic Empowerment	Attitudes towards women's economic participation
		Decision-making on economic participation
		Access to and control over household resources
		Income and savings behaviours
		Access to economic empowerment-related services
		Perceived quality of economic empowerment opportunities and services
		Employment and work (domestic work, IGAs, agricultural work)
		Ages of workers
		Safety (travelling to work and at work) and work conditions
		Transition from school (or training) to work
		Challenges with self-employment
		Unemployment
	Protection	Child, early and forced marriage
		Intimate partner violence
		Sexual exploitation

Theme	Category	Code
		Human trafficking
		Child labour
		Online abuse
		Other forms of violence and abuse
		Perceptions of safety at home and in the community
		Knowledge of self-protection and rights to protection
		Sources of information about safety and protection
		Reporting protection incidents or other concerns
		Access to protection services
		Perceived quality or adequacy of protection services
		Existing initiatives to prevent VAWG
Reasons for Current Situation	Barriers and risk factors	Individual
		Inter-personal
		Socio-cultural
		Structural
	Enabling factors	Individual
		Inter-personal
		Socio-cultural
		Structural
Proposed Actions	Family-level actions	*Open coding*
	Community-level actions	*Open coding*
	Institutional-level actions	Sexual and reproductive health
		Education
		Economic empowerment
		Protection
		Gender equality & inclusion

CASES (Rows)					
Commune	**Village**	**Accessibility (H/M/L)**	**Profile Type**	**Sex**	**Age Group**
			In-School	Females	10–14
			In-School	Males	10–14
			In-School	Females	15–19
			In-School	Males	15–19
			Vocational Training/Young Workers	Females	20–24
			Vocational Training/Young Workers	Males	20–24
			Out-of-School	Females	10–14
			Out-of-School	Males	10–14
			NEET	Females	15–19
			NEET	Males	15–19
			NEET	Females	20–24
			NEET	Males	20–24
			Married/In Union, Pregnant or Young Parent	Females	15–19
			Married/In Union, Pregnant or Young Parent	Males	15–19
			Married/In Union, Pregnant or Young Parent	Females	20–24
			Married/In Union, Pregnant or Young Parent	Males	20–24
			Parent/Caregiver	Females	
			Parent/Caregiver	Males	
			Religious Leader	Female	
			Religious Leader	Male	
			Service Provider Health	Female	
			Service Provider Health	Male	
			Service Provider Education	Female	
			Service Provider Education	Male	
			Service Provider Child Protection	Female	
			Service Provider Child Protection	Male	
			Service Provider Economic Empowerment	Female	
			Service Provider Economic Empowerment	Male	

REFERENCES

REFERENCES

Breakthrough action (2019). Effective community entry processes: How to build partnerships with communities Webinar, August 2019, **<https://www.youtube.com/watch?v=7L8yOyuJQCo>**

Erlingsson, Christen and Petra Brysiewicz. 2017. "A hands-on guide to doing content analysis." African Journal of Emergency Medicine, Vol. 7, Issue 3, parges 93-99: DOI: https://doi.org/10.1016/j.afjem.2017.08.001

Gale, N., G. Heath, E. Cameroon and S. Rashid (2013). "Using the framework method for the analysis of qualitative data in multi-disciplinary health research." BMC Medical Research Methodology, September 2013. DOI: 10.1186/1471-2288-13-117.

Girl Guides of Canada. 2015. "Guidelines for the Inclusion of Transgender Members." **<https://gendercreativekids.ca/wp-content/uploads/2015/10/GGC-transgender-resource-guide.pdf>**

Glaad. An Ally's Guide to Terminology: Talking about LGBT People and Terminology.

Green, Eli R. and Eric N. Peterson at the LGBT Resource Center at UC Riverside, 2003-2004, **<https://www.uis.edu/gendersexualitystudentservices/about/lgbtqaterminology/#:~:text=LGBTQIA%2B%20%E2%80%93%20A%20common%20abbreviation%20for,heterosexual%2Dand%2Dmonogamous%20majority>**

Mama Cash and Frida | The Young Feminist Fund (2018). Girls to the front : a snapshot of girl-led organising **<https://www.mamacash.org/media/publications/girlstothefront_report_web.pdf>**

Morgan, D.L. (1997). Focus Groups as Qualitative Research, 2nd edition. DOI: https://dx.doi.org/10.4125/9781412984287.

Plan for Girls Project: Consultations Report – Benin, January 2020

Plan for Girls Project: Consultations Report – Cameroon, February 2020

Plan International (2017). Gender Equality & Inclusion Policy. **<https://plan-international.org/publications/policy-gender-equality-inclusion>**

Plan International (2017). Guidelines for consulting with children and young people with disabilities **<https://plan-international.org/publications/guidelines-consulting-children-and-young-people-disabilities#download-options>**

Plan International (2019). Safeguarding in Programming and Influencing work

Plan International (2020). Adolescent Programming Toolkit – Guidance and tools for adolescent programming and girls' empowerment in crisis settings **<https://plan-international.org/publications/adolescent-programming-toolkit>**

Plan International (2020). Walking the Talk: Supporting Young LGBTQI+ People in our COVID-19 Adaptation and Response

Population Council (2016). Building girls' protective assets : a collection of tools for Program Design **<https://www.popcouncil.org/uploads/pdfs/2016PGY_GirlsProtectiveAssetsTools.pdf>**

Population Council: Girl-Centred Program Design – A Toolkit to Develop, Strengthen & Expand Adolescent Girls Programs **<http://www.popcouncil.org/uploads/pdfs/2010PGY_AdolGirlToolkitComplete.pdf>**

Ritchie, J. and L. Spencer (1994). "Qualitative data analysis for applied policy research" by Jane Ritchie and Liz Spencer in A. Bryman and R.G. Burgess [eds.]. Analyzing Qualitative Data, pg: 173-194.

The Safe Space Network: What is a Safe Space? | The Safe Space Network (tumblr.com) **<https://safespacenetwork.tumblr.com/Safespace>**

Learn more and get involved at **plancanada.ca**

Plan International Canada Inc.
245 Eglinton Avenue East
Suite 300
Toronto, ON M4P 0B3
Canada

416 920-1654
1 800 387-1418
info@plancanada.ca
plancanada.ca

CRA Charity Registration Number 11892 8993 RR0001

© 2021 Plan International Canada Inc. The Plan International Canada, Because I am a Girl names, associated trademarks and logos are trademarks of Plan International Canada Inc.

*The Standards Program Trustmark is a mark of Imagine Canada used under licence by Plan International Canada.