

ANNEX R: FGD Tip Sheet for ASRH

This is a tool referenced in [Table 6](#) in Chapter 7: Data for Action. In addition to the guidance for conducting assessments, below are some tips for conducting focus group discussions (FGDs) based on the [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#) and program experience.

Preparation & Planning

- Train assessment team appropriately: The assessment team should receive training on how to conduct an FGD with adolescents and youth, and the training should include having time to practice conducting FGDs. Asking questions to adolescents, similar to counseling, requires a different set of skills. The assessment team should use terminology that adolescents understand, provide easier questions to start the discussion, and be ready to provide information and/or referral to other services offered (particularly for gender-based violence [GBV] services, should a survivor disclose information and/or request those services).
- Develop question guide/materials: Prior to conducting the FGD, assessment team members should determine the objective of the discussion and how they plan to conduct the FGD. If using a question guide, develop the question guide ahead of time. The ideal number of questions to be asked during an FGD is 10–12. For other FGD methods (body mapping, photo elicitation, story-telling), make sure to bring all materials and have the discussion questions prepared.
 - For all FGD methods, assessment team members should ensure there is adequate time set aside for introductions, asking questions, allowing for in-depth discussion, and closing the discussion. If too little time is allocated or too many questions are asked, the information obtained from the FGD may be superficial and of little benefit to the program. In general, a minimum of two discussions should be held with each focus group and discussions should be held with additional participants within each focus group until no new information is obtained.
- Obtain approvals and bring all materials: The assessment team should ensure they have the correct approvals, bring all materials (including FGD guide for all staff), assent/consent forms, and decide who will be asking which questions.
 - At minimum, the team should have one person facilitating the discussion and one person taking notes. If you are not able to secure an assessment team member who speaks the same language as the participants, your team would also include a translator that has been trained in child safeguarding, security, and FGD protocols.
- Select participants carefully: Participants in a focus group should be of similar age and gender, have comparable levels of education, speak the same language, and be from similar socio-economic backgrounds. Discussions conducted as part of an assessment for an ASRH program, for example, may be held with separate focus groups of adolescent boys, unmarried adolescent girls, married adolescent girls, separated boys, etc. Be flexible to rearranging the groups—some adolescents may self-identify and choose to be a part of a different discussion group than you had planned (eg a very young adolescent [VYA] that is pregnant may choose to be with other pregnant adolescents/adolescent mothers, versus with other VYAs). The ideal number of participants per FGD is 8–10 persons. At minimum, there should be more participants than assessment team members.
- Find a good space: Choose a space where you can ensure audio and visual privacy. While preferred, indoor spaces are not always required if you can find spaces that still provide privacy to the participants.

Conducting the FGD

- Introductions & purpose: Make sure all staff introduce themselves, including the note taker and/or translator, prior to explaining the purpose of the FGD (including that their participation is voluntary and their responses will be kept confidential and anonymous). This creates a welcoming atmosphere for the adolescent participants. Obtain assent/consent. Establish some ground rules, including respect for each other's thoughts and views, and that everything shared in the discussion stays within this group.
- Be careful with your words: Do not make promises you cannot fulfill. If you are not sure when you will be able to return to talk again, do not provide false ideas of returning.
- Promote inclusion: As assessment team members, you are trying to make sure all participants feel welcome to share their point of view. If you notice one participant is more vocal than others, you can use techniques to encourage other people to share. Be careful not to force anyone to participate. Adolescents' input to these discussions is voluntary. Instead of asking a quieter adolescent to respond to the question, you might ask them what they think of the response of another participant. You can also bring items in that promote inclusion, such as a ball that adolescents pass to each other when they want to speak.
- Use open-ended questions: Avoid using yes/no questions. This is a discussion, not a survey. You want to encourage conversation among the participants. Also, remember to pause and allow time for silence. Participants may need time to reflect upon what you have asked or what others have said.
- Come prepared for questions: Should an adolescent need referral to other services, you should be prepared to tell them about those services and provide the necessary referral on site.
- Ensure enough time to close: The note taker should also be monitoring the time to provide the assessment team member who is facilitating the FGD a warning when they are reaching the end of the time. You want to make sure you have enough time to wrap up the discussion, provide a summary, and say goodbye.

After the FGD

- Safeguard the data: As discussed earlier, ensuring confidentiality and anonymity is paramount to conducting assessments with adolescents. You should make sure the notes, transcripts, audio tapes, consent/assent forms, and all other materials used during the FGD are kept under lock and key, and safely destroyed after they are no longer being used by the team.
- Debrief and analyze results: Debrief about the FGD in a private space. Understand that some of the findings may be difficult for staff to process and discuss, so be prepared to refer staff to the appropriate mental health services. Work with your team to analyze the results, discuss common themes (particularly if you completed multiple FGDs to compare against), and prepare a report with your findings.
- Use the data: You collected this data to serve a specific objective. Make sure to use the data, including adjusting programming or advocating for additional funding and/or expanding coverage. Your team should be consulting with adolescents, as well as community members (without breaking confidentiality).
- Share your data appropriately: Make sure you are coordinating information sharing with other agencies, including government staff, as appropriate. Your findings and/or recommendations could help inform other health, SRH, GBV, etc clusters and/or working groups, and should be shared through relevant humanitarian coordination mechanisms. Data should also be shared with adolescents and community members in an accessible, appropriate format.

Source: [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#) (IAWG, 2018); Programmatic experience from the [IAWG ASRH Sub-Working Group](#).