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| **Focus Groups Discussion for Youth Centers**  |
| # | **Section A: Facility Information** |
| **A.1** | **Name of Facility:**……………………………………………………………………………………………………………………………………………………………………....... |
| **A.2** | **Location of Facility****A.2.1** Governorate: .................................................................................................................................................................................**A.2.2** District: .................................................................................................................................................................................**A.2.3** Sub-District: .................................................................................................................................................................................**A.2.4** Community: ................................................................................................................................................................................. |
| # | **Section B: Metadata on the Participants** |
| **B.1** | Number of Participants in the Focus Group Discussion: …………………………………………………………………………………………………………………….. |
| **B.2** | Sex of participants:**B.2.1** # of male participants: …….……………………………………………………………………………………………………………….**B.2.2** # of female participants: ……………………………………………………………………………………………………..……………… |
| **B.3** | Please specify the residency status of participants:**B.3.1** # of Refugees: ..……………………………………………………………………………………………………………………**B.3.2** # of IDPs: ……………………………………………………………………………………………………………………..**B.3.3** # of host-community: …………………………………………………………………………………………………………………….. |
| **B.4** | Please specify the marital status of participants:**B.4.1** # of participants who have been divorced and who are currently not married : …………………………………………………………………………………………………..…………………**B.4.2** # of participants who are married: ………………………………………………………………………………………………...…………………...**B.4.3** # of participants who are widowed: ………………………………………………………………………………………………...…………………...**B.4.4** # of participants who are not married: ………………………………………………...…………………………………………………..………………. |
| **B.5** | Please specify the # of children that the participants have:**B.5.1** # of participants who do not have children:…………………………………………………………………………………………………..…………………**B.5.2** # of participants who have 1 - 3 children: ………………………………………………………………………………………………….………………….**B.5.3** # of participants who have 4 - 5 children: ………………………………………………………………………………………………….………………….**B.5.4** # of participants who have 6 children or more: ……………………………………………………………………………………………………….................... |
| **B.6** | Please specify the main income generator of the participants household:**B.6.1** # of participants who are the main income generator of their household: ……………………………………………………………………………………………………………………..**B.6.2** # of participants whose spouse is the main income generator of their household: ……………………………………………………………………………………………………………………..**B.6.3** # of participants whose sibling is the main income generator of their household: ………………………………………………………………………………………………..…………………...**B.6.4** # of participants whose parent is the main income generator of their household: ………………………………………………………………………………………………..…………………...**B.6.5** # of participants whose child is the main income generator of their household: ………………………………………………………………………………………………..…………………... |
| **#** | **Section C: Focus Group Questions** |
| **C.1** | **C.1.1** When is the center open? (What are the working hours and days?) ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**C.1.2** Is this satisfactory? …………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………….***C.1.2.1*** *If not, why?* *……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.2** | **C.2.1** How easy is it for you to come here?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. ***C.2.1.1*** *If not easy, why****?*** *(Please mention specific barriers)*…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  |
| **C.3** | How often do you on average come here? *[Tick the answer of the majority of the group]* Several times a week Once a week Twice a month Once a month Once every two to three months Less than once every three months |
| **C.4** | How did you find out about the center? ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.5** | **C.5.1** Who comes here? (e.g. types of adolescents and youth, minorities, age groups, etc.) ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**C.5.2** Are there adolescents / youth that do not come for specific reasons?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**\*If yes:*****C.5.2.1*** *what are the specific reasons?**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.6** | **C.6.1** Do you think the activities and services in this center help the women and girls in your community that need the most help? ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..***C.6.1.1*** *If not, why?* *……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………****C.6.1.2*** *What would need to be changed in the center to better serve them?**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**…………………………………………………………………………………………………………….* |
| **C.7** | In terms of access to this facility for women and girls with disabilities:**C.7.1** Have youth with Physical disabilities (e.g. difficulty seeing, even if wearing glasses; difficulty hearing, even if using a hearing aid; difficulty walking or climbing steps) accessed services at this facility within the last week?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..***C.7.1.1*** *Please mention some specific barriers that people with physical disabilities face to access services at this facility:* *……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………***C.7.2** Have youth with Mental disabilities (e.g. difficulty remembering or concentrating; difficulty with self-care such as washing all over or dressing; difficulty communicating, for example understanding or being understood) accessed services at this facility within the last week?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..***C.7.1.1*** *Please mention some specific barriers that people with mental disabilities face to access services at this facility:* *……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.8** | Which activity/services have you been participating in so far?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.9** | **C.9.1** Overall, were you satisfied with the quality and range of the activities and services provided in the center during the past month? ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..***\*If yes:******C.9.1.1*** *Why were you satisfied (please be specific)?**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………****\*If no:******C.9.1.2*** *Why were you not satisfied (please be specific)?**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.10** | What would you improve or change at the youth center? (Please make specific suggestions, for example other types of activities?)……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.11** | How does the community perceive the youth center?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.12** | Please mention two activities and/or services in this center that you think are the most important for empowering youth and explain why:……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.13** | What would youth / adolescents do if this center did not exist and they needed help?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.14** | **C.14.1** Were you or other beneficiaries consulted on your opinions regarding the activities and services to be provided at the center? ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**\*If yes:** **C.14.1.1** Do you feel it was important to be consulted and why do you think so?*……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.15** | **C.15.1** Have you experienced any issues at the center related to the following : a) SafetyB) Discrimination C) Confidentiality / privacyd) Respect ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. **\*If so,** **C.15.1.1** Can you describe what happened:*……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………*  |
| **C.16** | **C.16.1** Have services at the center improved the lives of youth / adolescents? ……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**\*If yes:** **C.16.1.1** please explain how the lives of youth / adolescents have been improved (please be specific but do not mention any names):*……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………***\*If not:****C.16.1.2** please explain why you think the services have not been able to make a difference:*……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.17** | **C.17.1** Have services at the center improved your knowledge and awareness on issues related to Sexual and Reproductive Health (SRH) and Gender Based Violence (GBV)?……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**\*If yes:** **C.17.1.1** Please mention some specific issues or topics where your knowledge and awareness has improved:*……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………***\*If not:****C.17.1.2** please explain why you think there has not been any improvement:*……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………* |
| **C.18** | Let us discuss the rights of women and girls in the context of human rights. Generally, what do think are the rights that women and girls have? (Please list as many as possible.)……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.19** | Let us now discuss gender-based violence (GBV). What do you think are different forms of GBV? (Please list as many as possible.)……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| **C.20** | Lastly, let us discuss marriages. What do you believe are consequences for girls and boys from getting married under the age of 18? (Please list as many as possible. Facilitator to probe for negative and 'positive' consequences.)……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |