

FOCUS GROUP DISCUSSION (FGD) GUIDE FOR COMMUNITY-BASED ORGANIZATION (CBO)

COMMUNITY RISK ASSESMENT

OBJECTIVES

- The purpose of FGD is to document perception of community-based organization regarding resilient health systems
- To determine whether the community-based organizations, are equipped with necessary supplies and tools to improve linkages between communities and health facilities particularly during the emergency shock i.e. Drought.

CONSENT FORM

INTERVIEWER DETAILS

Name of Interviewer: _____ **Organization:** _____

PARTICIPANT DETAILS

Name of CBO who attended FGD _____

Total No. of Participants (excluding facilitator) Male: __ **Female:** __

Date of FGD: _____ **Tehsil Name:** _____

District Name: _____

PLEASE READ TO THE PARTICIPANTS:

Hello, my name is _____ and I am conducting focus group discussion today.

You were selected to participate in this FGD on the behalf of xxxx and xxxx (CBO names), we would like to hear from you because your organization is working on Climate Change, FP, SRHR, WASH and drought.

We are asking for your help to document barriers and challenges (actors creating obstacle for the women in community), your knowledge, and perception as well knowledge and perception of communities residing in your (CBOs) targeted area based on your knowledge and experience by answering some questions about emergency shock, climate change, drought, maternal, neonatal and child health and water, sanitation, and hygiene. We will ask about knowledge and perception in your community (at district level) regarding emergency shock, your views regarding the climate change and drought and household decision making, community referrals mechanisms and communication channels. We use this information from all selected respondents, in a completely non-identifiable way, to help us improve emergency preparedness and MNCH services uptake during the emergency shock.

The focus group discussion will take about 60-90 minutes to complete. All information that you give us will remain strictly private and confidential. We will not write your name on any of the questionnaires, and it will not be possible to identify you from any information we release or use. We will not discuss your individual answers with any staff members either like Pathfinder or else.

Whether you decide to take part in this interview is voluntary – this means that you do not have to answer these questions if you don't wish to. Whether you take part or not will not affect any future care that you receive. Additionally, you may decline to answer any question or withdraw from the interview without giving a reason at any point of time.

If you have questions about this discussion, you may contact Muhammad Ishaque any time at this number [+923222471388] and Madiha Latif at this number [+92XXXXXXX].

If you have any concerns or comments about the conduct to this baseline, you may contact the [Research and Development Solutions +9251XXXXXX]. Do you want to ask me anything now?

You can take as much time as you need to decide whether you would like to continue with the interview. Do you need more time to think about it?

If not, may I continue with the interview?

1) Yes 2) No (Thank you for your time)

Signature of participant if they wish to attend this FGD:

Date of signature:

Thank you for your time.

Section 1: Barriers to access Antenatal care, delivery care and Postnatal care during emergency as well normal situation.

First, we will talk about some possible barriers and challenges that woman face during emergency like flood/drought, climate change as well during normal situation.

Q101: In your opinion, what are some possible barriers in this community/district that may prevent pregnant women from accessing antenatal care services in general? What are some possible barriers they may face during the emergency shock / crisis including natural disaster like climate change and drought?

Probe: Do pregnant women in this community/district typically receive support like financial, ride, permission to visit health facility and/or in a favor to avail ANC services from their husband or community to access routine antenatal care services?

Q102: Do you think public health facilities in this community/district are capable of providing sufficient antenatal care services to pregnant women?

Probe: Do you think enough number, well trained and skilled staff is deployed there to handle the load of routine cases of antenatal care, the health facility have sufficient stock of required medical supplies?

Q103: In your opinion, what are some possible barriers preventing women from delivering a child at the health facility or seeking assistance from a healthcare professional during delivery?

Probe: Do they receive any support (in terms of finance and ride along with moral support) from their husband or community to access delivery care services? Why do you think this?

Probe: What are some possible barriers women may face to accessing professional care for a delivery during emergency like climate change, drought/flood?

Q104: Do you think public health facility are capable to provide sufficient delivery care services to the women giving birth?

Probe: Do you think service providers are trained and have sufficient skills and the health facility have stocked with required medical supplies?

Q107: In your opinion, do women in this community/district generally visit the health facility for postnatal check/care within the first 42 days after the delivery? If not, what are the major reasons you believe she does not visit a health facility?

Probe: Do you think service providers offer FP services or provide counseling during the postnatal check/care? Why do you think this?

Q108: What are some of the reasons that mothers do not exclusively breastfeeding her baby for the first 6 months?

Probe: Are any of these reasons related to local beliefs or customs?

Section 2: Child nutrition

Now, we will talk about child nutrition in your community/district

Q201: For how long do mothers typically breastfeed their babies in your community/district?

Q202: What are the major obstacles preventing women from starting complementary/additional food for her baby after 6 months of age?

Q203: Is malnutrition common in this district? If yes, what is/are the cause?

Probe for food insecurity, knowledge gap, diseases, etc.

Section 3: Water, sanitation and hygiene (WASH) and Food Insecurity

Now let's talk about WASH and Food Insecurity issues during emergency and normal situation. The WASH program works on long-term prevention and control measures for improving health, reducing poverty, and improving socio-economic development as well as responding to global emergencies and outbreaks of life-threatening illnesses

Q301: What are the main sources of drinking water/domestic water in your respective community/union council or district?

Q302: What are the main challenges communities are facing for collecting water?

Probe: Generally, who responsible for collecting water in the household?

Probe: What are the main challenges during the emergency for collecting water?

Q303: What are the common practices in the community for treating water for drinking?

Q306: What are the main crops cultivated in your community/district?

Q307: What percent of the land in this village/community is cultivated during the last year?
(Estimation)

Section 4: Climate Change and Drought

Thanks for your response, now we will talk about climate change and drought situation in your community.

Q401: What does climate change mean to you?

Probe: Do you see signs of climate change in your community? What does that look like?

Q402: Have you witnessed or ever seen any natural disaster/ emergencies in this district? If so, what type of natural disaster have you ever seen/witnessed?

Q403: What coping mechanism (both positive and negative) does the community use to deal with drought/flood in terms of health, SRHR, SGBV?

Q404: How did the community respond to those emergencies in terms of disaster and in accessing the basic general health services, SRHR and SGBV

Q405: How did the government respond to those emergencies at local level?

Q406: What community-based organizations or other groups are involved in preparing and supporting the community for drought?

Probe: In what ways do these programs help the community to prepare? Who in the community receives this support? Are the programs sufficiently staffed and funded to do their work?

Q407: In your opinion, how well prepared is your community to cope with and rebound from a natural disaster like drought?

Probe: How well prepared is your community to cope with and rebound from the emergency you mentioned above (insert emergency from 402).

Q408: In your opinion, what are some activities that might help your community to be more resilient against such emergencies?

Section 5: Decision Making

Next, we will talk about the various role pregnant women, lactating women and non-pregnant women play in decision-making within the community.

Q501: In your opinion, to what extent are mothers in your district involved in decision-making for their children's education? Are women in this community/district generally able to voice their opinion about what should happen with children's education? Who will ultimately make this decision?

Probe: To what extent are women in this community/district able to make decisions around their own use of family planning methods? Who within the household usually has standing to voice their opinion on this subject? Who ultimately makes the decision about women's use of FP? What about the use of condoms?

Probe: To what extent do women in this community/district participate in community decision-making and management of disaster risk reduction and recovery? To what extent are women given the opportunity to participate in these community decision-making mechanisms/processes?

Q502: If women in this community/district need to visit a health facility, can they do so alone? Do they need to ask permission before traveling there? From whom?

Probe: What about women—do they need to visit to a health facility, can they do so alone? Do they need permission?

Q503: To what extent can women in this community/district make their own decisions about spending money to purchase items like clothes, groceries, or other household needs for the family? Do women typically have their own money? Is money considered "household money" regardless of who earns it?

Probe: To what extent might livelihood improvements for women be negatively perceived or unwelcome by their husbands?

Probe: What percentage of women in this community would you estimate earn no income of their own? Among women who do earn income, what kinds of income-generating activities do they typically engage in? How are these women perceived by others in the community?

Section 6: Referral mechanisms in the community

Now let's talk about referral systems and mechanisms in your community

Q601: What is/are the referral mechanisms in your community/village for health services? If anyone needs special care or specific health facilities/services, how easy is it for them to access these referral services for both men and women?

Probe: In terms of distance/travel time, access to transportation, cost, time burden, ease of access (roads and other infrastructure), etc.

Q602: Is there any network of CBOs/community workers in your community/village? What type of services are they providing at household level?

Section 7: Communication Channels

Lastly, we would like to know what type of communication channels are available during the emergency as well in normal conditions.

Q701: Do you or other community-based organizations / community health workers provide health education to the community on risks and health protective behaviors regarding common climate stressors like heat events, severe storms, drought, rain/flood events)?

Q702: What communication channels do you use to communicate with / provide health education to the community under normal circumstances?

Probe: How do you communicate with the community to provide education on risks and health protective behaviors during emergency conditions / shocks like heat events, severe storms, flood, drought etc.?

Probe: Are there any differences in the way you may communicate with men and women in the community? Do women face any particular challenges (relative to men) when it comes to being reached with information from LHWs in general? What about during climate emergencies?

Q703: What are the main problems women face in getting information about antenatal, delivery and postnatal care particularly during the emergency?

Probe: In your opinion, can you share some examples of how women have successfully obtained health information outside of the health facility setting, especially during climate emergencies?