**UNICEF**

**Gender-Based Violence**

**in Emergencies Programme Resource Pack**

**ASSESSMENT**

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| To prevent and respond to gender-based violence in emergencies (GBViE), UNICEF and partners need relevant and timely information about what types of gender-based violence (GBV) are occurring; the needs of survivors; gaps in meeting these needs; factors impacting girls’ and women’s risks of and resilience to GBV. Collecting and analysing the right amount of context-specific information on GBV in an emergency enables UNICEF country offices (COs) to:* Advocate for duty bearers to take action to stop the violence from continuing;
* Advocate within the humanitarian system for funding and action across humanitarian assistance for life-saving GBV response; and
* Design, implement and monitor effective GBV prevention, mitigation and response programmes.

**ASSESSMENT**provides guidance on safely incorporating GBV into multi-sectoral and other assessments that take place as part of humanitarian response. It also provides information and tools to help UNICEF COs and partners carry out rapid and comprehensive GBV assessments when it is appropriate to do so, such as in the following circumstances:* As part of preparedness planning;
* In situations where there is inadequate existing information for planning and delivering GBV interventions, and no GBV assessments are planned by other agencies operating in the same geographical location; and/or
* In situations where undertaking a joint situation analysis would significantly delay information gathering and prevent UNICEF from delivering a timely response.

**ASSESSMENT**includes five sections:*Section 1: Introduction to GBV Assessments in Emergencies* provides an overview of GBV assessments in emergency contexts, including: different types and timing of assessments; types and sources of information; and methods for collecting it. *Section 2: Good Practice in GBViE Assessments* overviews basic good practice such as participation, ethics and safety and a survivor-centred approach.*Section 3: How to Do GBViE Assessments* describes the steps to follow when (a) integrating questions about GBV into sectoral assessments and (b) conducting rapid or comprehensive GBV assessments in emergency situations. *Section 4: Rapid GBViE Assessment Tools* contains sample tools for conducting UNICEF-led rapid GBV assessments.*Section 5: Comprehensive GBViE Assessment Tools* contains sample tools for conducting UNICEF-led comprehensive GBV assessments. **ASSESMENT** also includes *Introduction to Gender-Based Violence in Emergencies Assessments*, a training module designed to build knowledge on GBV assessments in emergencies, and help facilitate planning for implementation of UNICEF’s **Minimum GBViE Response Package**. |

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# Section 1: Introduction to GBV Assessments in Emergencies

## Summary

This section provides an overview of GBV assessments in emergency contexts.

### When to use this section

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| **Type of emergency** | **Phase of response** | **Population location** |
| * Rapid-onset natural disaster
* Slow-onset natural disaster
* Cyclical disaster
* Armed conflict
* Political violence/instability
* Public health emergency
* Protracted emergency
* Complex emergency

  | * Preparedness
* Immediate response
* Ongoing response
* Recovery
* Post-conflict development
 | * Urban/peri-urban
* Rural
* Community/formal non-camp settlement
* Camp
* Informal/spontaneous settlement
* In transit/on the move
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### Materials included in this section

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| **INFO SHEETS** |

**UNICEF CCCs and GBV Prevention and Response**

**IASC GBV Guidelines: Assessments**

**Multi-Cluster/Sector Initial Rapid Assessment (MIRA)**

**Minimum GBViE Response Package**

**Primary and Secondary Data in Emergencies**

**Focus Group Discussions**

**Observation**

**Interviews**

**Secondary Data Analysis**

**Gender-Based Violence Information Management System (GBVIMS)**

**Qualitative and Quantitative Information**

**Triangulation**

## Introduction

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| **INFO SHEET** |
| **UNICEF CCCs and GBV Prevention and Response** |

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| **INFO SHEET** |
| **IASC GBV Guidelines: Assessments** |

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| UNICEF’s work to address GBV in emergencies focuses on the rights and needs of girls and women, recognizing their systematic exposure to and risk of GBV. Girls, in particular, face heightened vulnerability to many forms of GBV due to both gender- and age-based power relations. GBV programming is critical not only as a stand-alone intervention, but also as an essential part of UNICEF’s violence against children, health, education and other programming.While focusing on interventions addressing GBV against girls and women in emergencies, UNICEF recognizes and seeks to ensure support is available for *all* survivors of sexual violence. As such, UNICEF’s programming to assist and support GBV survivors also aims to ensure that care, support and protection-related services are in place to meet the needs of boys who have experienced sexual violence in emergency settings. Other dimensions of programming to address violence experienced by children are addressed through Child Protection in Emergencies and other violence against children programming. |

UNICEF’s response to GBViE is shaped not only by UNICEF’s humanitarian responsibilities and commitments set out in the [**Core Commitments for Children**](https://www.unicef.org/publications/files/CCC_042010.pdf)**[[1]](#footnote-1)** (CCCs), the Inter-Agency Standing Committee (IASC) [**Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action**](https://gbvguidelines.org) (referred to as the ‘IASC GBV Guidelines’),[[2]](#footnote-2) and the[Child Protection Minimum Standards](https://cpwg.net/minimum-standards/);[[3]](#footnote-3) it is also shaped by the context and circumstances surrounding the emergency, as well as the needs and capacity on the ground to deliver life-saving services to survivors of GBV and to reduce the risks of further GBV.

While some aspects of GBViE programming follow standard procedures – for example, establishing clinical management of rape services and a referral pathway for survivors – other aspects depend on the nature of GBV taking place, the contributing factors and the context. For example, preventing child marriage – a social norm in many communities – requires different strategies than preventing sexual assault perpetrated by armed actors against girls and women collecting firewood outside a camp for displaced people.

Not only do circumstances, vulnerabilities, and risk and protective factors for GBV differ by type of violence and the context in which it is taking place; the needs of survivors also vary depending on the type of violence they have experienced and the response they receive from their family and community. For example, the health and safety needs of a young girl who has been sexually assaulted within the family and is at continued risk of abuse will be different from the health and safety needs of an adolescent girl who has been raped by an armed actor at a border crossing. For these reasons, humanitarian response to GBV must be tailored to the situation and realities of the setting. Rigorous analysis of relevant aspects of the GBV situation is necessary to guide the design, implementation, monitoring and evaluation of effective, context-specific GBV interventions.

This analysis is also necessary to support advocacy efforts targeting duty bearers, donors and others within the humanitarian system to encourage them to take action to stop the violence and promote and protect the rights of survivors and those at risk.

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| *“In humanitarian crises, the focus is often on how many cases there have been. Though ‘getting the numbers’ may seem like the most logical and efficient way to understand any issue, placing too much emphasis on counting GBV cases can – for numerous reasons – actually be counterproductive. Focusing only on numbers not only fails to capture the true extent and scale of the GBV that is occurring, it can also expose survivors to further harm, lead to misinterpretations of the data, and result in other, more useful sources of information being dismissed or ignored.”[[4]](#footnote-4)* |

In humanitarian settings, assessments are the key tool for understanding the context – the nature, scope and impact of a crisis – and for planning appropriate humanitarian action to save lives, protect rights and help communities cope and recover. GBV assessments involve collecting and examining *the right amount of relevant information to facilitate appropriate action* that strengthens care and support for survivors and prevents further acts of GBV.

Getting information about GBV in emergency contexts can be challenging – not only because is it a sensitive subject often surrounded by social norms that create stigma and prevent people from talking about it, but also because many forms of GBV are hidden and cannot be directly observed. Furthermore, GBV is *always* under-reported. Most survivors of sexual violence never disclose due to shame, stigma, the risk of further violence that reporting may bring, and the lack of access to services. Additionally, common forms of GBV (such as intimate partner violence and coerced sex) are not criminalised in many countries and may even be considered normal behaviour in communities. This means that it is not useful to make assumptions about how prevalent different types of GBV are based on the number of reported cases.

As GBV is such a hidden and sensitive issue, it is very important to be aware that reported information about the nature and scope of GBV may only represent a very small fraction of what is occurring. Assessment data may therefore only allow educated estimates of the true extent of GBV. Where such estimates are made, it is important to be explicit about how these estimates have been made and their limitations.

Collecting useful information about the different types and dynamics of GBV must be done in a sensitive and confidential manner aligned with ethical and safety principles and considerations. It must also be done using multiple data sources – including both quantitative and qualitative – on GBV patterns, trends, risks and responses in order to obtain a fuller picture of the GBV situation.

## Types, timing and objectives of assessments

***Figure 1: Timing of different types of assessments in emergency management***

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| **INFO SHEET** |
| **Multi-Cluster/Sector Initial Rapid Assessment (MIRA)** |

Gathering data and producing information about the GBV situation in humanitarian settings is done through:

**Multi-sector joint assessments:**These are inter-agency assessments designed to identify humanitarian priorities during the first weeks following an emergency or a change in circumstances. **Multi-Cluster/Sector Initial Rapid Assessment (MIRA)**, for example, is the humanitarian country team’s first response to an emergency.

It is critical that multi-sector joint assessments appropriately address gender and age-based safety and protection considerations, including GBV. UNICEF Child Protection (CP), GBV and gender focal points play an important role in this regard.

**Sector-specific assessments (rapid or comprehensive):** These are led by non-GBV actors such as Health, Education or Child Protection personnel, and they aim to provide detailed information for the design of sectoral response programmes or interventions. Some, such as the Child Protection Rapid Assessment tools, address aspects of GBV.

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| Conducting unnecessary or duplicative assessments is unethical and harmful – it wastes precious resources including time, and is unfair to communities who have a right to timely services and assistance. Wherever possible, UNICEF participates in joint GBV assessments or uses data generated by other assessments to determine GBV priorities and activities.  |

UNICEF CP, GBV and gender focal points have an important role in collaborating with other sectors, both internally and at an inter-agency level, to advocate for and support appropriate integration of GBV considerations into other sectoral assessments. Wherever possible, they should also use the findings from other assessments rather than unnecessarily collecting information that already exists.

**GBV assessments (rapid or comprehensive):** Led by GBV specialists, these aim to collect information on the GBV situation specifically to inform GBV prevention, risk mitigation and response activities. UNICEF launches these assessments in situations where there is a lack of adequate existing information for planning and delivering GBV interventions, and where there are no inter-agency, joint or other GBV assessments planned.

In certain circumstances, UNICEF and partners may launch a rapid or comprehensive GBV assessment for programme planning and advocacy purposes. These circumstances may include:

* During preparedness planning to support government and other national actors;
* Situations where there is no established coordination mechanism, and/or no joint or inter-agency GBV assessments are planned;
* Situations where there is inadequate existing information to use for planning and delivering life-saving GBV interventions;
* Situations where undertaking a joint assessment would significantly delay information gathering and prevent UNICEF from timely humanitarian response; and/or
* Situations where UNICEF and partners need population-specific information to help develop a programme response; for example, to learn about vulnerabilities, capacities, needs and rights of survivors and their children born of rape or adolescent girls.

**See the IASC GBV Guidelines**

As well as enabling effective GBV programme design, assessment findings are used by CP, GBV and gender specialists to advocate for, encourage and support internal and inter-agency actors to integrate GBV across sectoral programming, in line with the **IASC GBV Guidelines.**

Prior to launching an assessment, UNICEF and other GBV actors should always first review existing data collected during multi-sector or sectoral assessments to ascertain what information on affected communities, their circumstances, needs and capacities is already available.

Assessments happen in all phases of the emergency management cycle – during preparedness, immediately following a crisis to facilitate immediate response, and at any time during ongoing response and recovery efforts.

The objectives, scope and timing of assessments depend on the phase of emergency response; information needs of humanitarian actors; and availability of referral services for survivors.

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| **In practice*** Asking about GBV can be dangerous in some contexts – especially when it is being perpetrated by armed actors or others in positions of power, or when there are high levels of stigma attached to GBV. Asking about GBV can also be traumatizing for those who have experienced or witnessed it. Very careful consideration must be given to the potential risks posed to communities and to staff before an assessment is launched, and these should be revisited throughout the process. If there is a risk of harm, alternative methods for collecting information must be found.
* It is essential to follow good practice guidance pertaining to ethics, safety and a survivor-centred approach in all assessments. This includes making sure there are referral options and protocols in place for those who disclose violence during assessments.
* GBV assessments in emergencies should collect the right amount of relevant information on the GBV situation to facilitate action to prevent, mitigate and respond to GBV. The objectives, scope and timing of each assessment will depend on the phase of emergency response and on information needs of humanitarian actors.
* Humanitarian-context-related and GBV-related information can be collected in multi-sectoral and sector-specific assessments, as well as through dedicated GBV assessments.
* UNICEF launches GBV assessments as part of preparedness planning, in situations where there is a lack of adequate information to use for planning and delivering GBV interventions and where there are no inter-agency or joint assessments planned.
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## Integrating GBV into multi-cluster and sectoral assessments

In the early days of humanitarian response and during ongoing response and recovery efforts, a variety of actors carry out information gathering and assessment activities, some of which may involve asking about some aspect of the GBV situation. The data generated through these assessments can be useful for planning GBV programmes. Below are some common examples:

* Multi-cluster/sector initial rapid assessment (MIRA) carried out during the first two weeks of a disaster.
* Rapid and comprehensive sectoral assessments in Health, WASH, Education, Child Protection, etc.
* Protection assessments led by military actors, such as peacekeepers or joint civilian-military teams.

Multi-sector and sectoral assessments are usually led by generalists or by specialists in the relevant technical areas. For example, a rapid education assessment that includes GBV-related questions is led by an education expert.

In general, when GBV is included in multi-cluster or sectoral assessments, one or a few aspects of the GBV situation relevant to the overall assessment objectives are covered. For example, WASH assessments might inquire about the risks of GBV associated with accessing WASH facilities, and military-led protection assessments might inquire about conflict-related sexual violence perpetrated by parties to a conflict.

CP, GBV and gender specialists must ensure that multi-sector or sectoral assessments include relevant and appropriate questions on gender- and age-based determinants of vulnerability, including girls’ and women’s mobility, perceptions of safety, and access to information and resources. Issues such as collection of sex- and age-disaggregated data and the importance of GBV information may be referenced in guidance documents; however, there is ongoing need to advocate for and actively ensure that the safety- and protection-related rights, needs and perspectives of girls and women are reflected in assessment tools.

**See the IASC GBV Guidelines**

Wherever possible, GBV and CP specialists should support other sectors – both internally and at an inter-agency level – to incorporate GBV considerations into their assessments and to use the findings to mitigate GBV risks in line with the **IASC GBV Guidelines.**

Equally importantly, GBV actors must make use of data and findings generated from multi-sector and sectoral assessments. For example, if a Child Protection assessment has identified GBV-related information in a camp or community, there may be sufficient information to proceed with GBV response activities without immediately collecting more information. Information that is not explicitly related to GBV can also be used, such as information related to site and shelter conditions and layout, household composition, access to resources, etc. Shelter, WASH, Health, Nutrition and Education colleagues – inside and outside of UNICEF – all collect vital information relevant to GBV risk and response that can be used to inform a GBV assessment or programme. Better use of existing data will help to avoid duplication, improve response efficiency and effectiveness, and speed up response timeframes.

To promote inclusion of GBV-related questions and to ensure timely assessments, it is highly recommended that actors consider how GBV will be reflected in multi-sector or other sectoral assessment *as part of preparedness planning*. Especially in disaster-prone settings and complex emergencies, UNICEF COs should make sure that risk-informed programming efforts include GBV considerations so that UNICEF and partners, including government ministries, can respond to natural disasters more quickly and effectively.

Integrating GBV into multi-sector and other sectoral assessments – and then using the findings from all assessments for GBV programme planning – requires effective coordination and communication with other sectors and actors to improve all emergency assessments and programming.

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| **RESOURCES** | ***Key multi-sector assessment resources*****[Operational Guidance for Coordinated Assessments in Humanitarian Crises](https://www.humanitarianresponse.info/system/files/documents/files/ops_guidance_finalversion2012_1.pdf)**IASC (2012)<[www.humanitarianresponse.info/system/files/documents/files/ops\_guidance\_finalversion2012\_1.pdf](http://www.humanitarianresponse.info/system/files/documents/files/ops_guidance_finalversion2012_1.pdf)>[**Multi-Sector Initial Rapid Assessment Guidance**](https://docs.unocha.org/sites/dms/Documents/mira_final_version2012.pdf) IASC (July 2015)<www.humanitarianresponse.info/system/files/documents/files/mira\_revised\_2015\_en\_1.pdf> **UNOCHA Humanitarian Response Needs Assessment Guidance and Tools website** <[www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-tools-guidance](https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-tools-guidance)>***Key sectoral assessment resources***[**Child Protection Rapid Assessment Toolkit**](http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/info_data_management/CPRA_English-EN.pdf)Child Protection Working Group (December 2012)<[www.globalprotectioncluster.org/\_assets/files/tools\_and\_guidance/info\_data\_management/CPRA\_English-EN.pdf](http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/info_data_management/CPRA_English-EN.pdf)> **Rapid Protection Assessment Tool**Global Protection Cluster (July 2012)<www.globalprotectioncluster.org/en/tools-and-guidance/information-and-data-management.html>**Integrated Assessments Handbook** UN Department of Peacekeeping Operations (2013) <[www.un.org/en/peacekeeping/publications/2014-IAP-HandBook.pdf](http://www.un.org/en/peacekeeping/publications/2014-IAP-HandBook.pdf)>**The Short Guide to Rapid Joint Education Needs Assessments** Global Education Cluster (2010)<<http://educationcluster.net/?get=000398%7C2013/12/ShortGuide_RJENA_EN.pdf>>***General assessment resources*****Assessment Capacities Project (ACAPS) website**<[www.acaps.org](https://www.acaps.org)>**Humanitarian Needs Assessment: The Good Enough Guide**The Assessment Capacities Project and Emergency Capacity-Building Project (2014)<http://reliefweb.int/sites/reliefweb.int/files/resources/h-humanitarian-needs-assessment-the-good-enough-guide.pdf> |

## Rapid and comprehensive GBV assessments

Rapid and comprehensive GBV assessments consist of information gathering and analysis exercises that are focused solely on the GBV situation in a specific emergency setting. They are carried out by GBV actors, including UNICEF and partners, to identify and prioritize needs and gaps in GBV prevention and response, as well as to support the design, monitoring and evaluation of GBV interventions (see chart on page 19, ‘UNICEF’s role in gathering information on the GBV situation’).

Generating and sharing information on GBV in an emergency may have any or all of the following objectives:

* To investigate the nature, scope and scale of GBV occurring and to understand who is affected and how;
* To identify and address immediate needs of survivors of GBV;
* To identify capacity, gaps and barriers in survivor-centred systems and services for care, support and safety;
* To investigate risk and to implement risk mitigation options for reducing girls’ and women’s vulnerability to GBV;

**See the IASC GBV Guidelines**

* To engage humanitarian actors across sectors in identifying, analysing and addressing risks and reducing vulnerabilities, in line with the **IASC GBV Guidelines;**
* To contribute to the development of evidence-based prevention strategies;
* To engage the community and other stakeholders in analysing and addressing the problem of GBV;

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| **INFO SHEET** |
| **Minimum GBViE Response Package** |

* To generate baseline data for programme monitoring and evaluation.

### Rapid GBV assessments

A rapid GBV assessment aims to collect and analyse *basic information* *about the GBV situation* to inform UNICEF’s and partners’ immediate response, in line with the **Minimum GBViE Response Package**. This minimum package contains essential humanitarian action to put coordinated life-saving

response to GBV (beginning with sexual violence as the initial priority[[5]](#footnote-5)) in place and to mitigate GBV risks immediately following an emergency.

In a situation where there is no existing information on the GBV situation, a rapid assessment might evaluate what types of GBV are occurring. Rapid assessments can also be used to explore a specific problem, such as sexual exploitation and abuse of adolescent girls, if appropriate.

During the acute phase of an emergency, rapid assessments are used to gather information about the immediate needs of affected girls and women, as well as safety risks and solutions for protecting girls and women from GBV.

UNICEF may conduct a rapid GBV assessment with partners in the following circumstances:

* In the days and weeks following a sudden-onset emergency, where there is inadequate existing information and no inter-agency or sub-cluster assessments are planned;
* In protracted or complex contexts where the security or humanitarian situation changes significantly and no inter-agency or sub-cluster assessments are planned.

It is important to recognise that rapid assessments reflect a ‘snapshot’ in time, and the findings need to be acted on as quickly as possible.

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| **TOOL** | See *Section 4: Rapid GBViE Assessment Tools*. |

### Comprehensive GBV assessments

A comprehensive GBV assessment aims to collect and analyse *relevant* *detailed information about multiple aspects of the GBV situation* before or after an emergency, in order to inform programme design, monitoring and evaluation. Given UNICEF’s role and mandate in supporting the State and building national systems and capacity, comprehensive assessments emphasize the collection and analysis of information related to national and community systems, paying attention to the legal and regulatory environment and to national systems for addressing GBV.

Comprehensive assessments can focus on one or more forms of GBV. For example, a comprehensive assessment could focus on different forms of sexual and intimate partner violence, or it could just focus on child marriage. Typically, a comprehensive assessment focused on only one form of GBV takes place when one or more previous GBV assessments have identified a specific issue as particularly problematic, and further information is needed to learn more about the problem and adequately address it.

A UNICEF country office (CO) would conduct a comprehensive GBV assessment with partners, in the following circumstances:

* As part of emergency preparedness, especially in fragile contexts and countries prone to disasters;
* Following a rapid-onset emergency, when the situation has stabilized and there is inadequate existing information to inform UNICEF programming, and no inter-agency or sub-cluster assessments are planned; and/or
* At any point during a complex or protracted emergency to facilitate programme planning and systems strengthening, where there is inadequate existing information and no inter-agency or sub-cluster assessments are planned.

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| **TOOL** | See *Section 5: Comprehensive GBViE Assessment Tools*.  |

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| **RESOURCES** | **Key GBV Assessment Resources****Researching Violence Against Women: A practical guide for researchers and activists**World Health Organization/PATH (2005)<[www.path.org/publications/files/GBV\_rvaw\_front.pdf](http://www.path.org/publications/files/GBV_rvaw_front.pdf)>**Gender-based Violence Tools Manual**Reproductive Health Reproductive Health Response in Conflict Consortium (2004)<http://reliefweb.int/report/world/gender-based-violence-tools-manual-assessment-program-design-monitoring-evaluation> |

## UNICEF’s role in gathering information on the GBV situation

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| **Phase of emergency management** | **Type of assessment** | **UNICEF’s role** |
| **Preparedness and** **slow-onset disasters** | * Comprehensive GBV assessments
 | UNICEF may lead a comprehensive GBV assessment in partnership with national or local government authorities and other development or humanitarian partners to strengthen coordinated preparedness planning efforts, or to assist in developing an appropriate response to a slow-onset disaster.  |
| **Immediate response**,including following renewed population displacement or other change in humanitarian circumstances in protracted settings  | * Multi-cluster/sector joint assessment (e.g., MIRA)
* Single or multi-agency rapid GBV assessments
 | UNICEF contributes resources and technical support to multi-cluster/sector assessments.UNICEF participates in inter-agency rapid assessments led by the GBV sub-cluster or other GBV coordination body.UNICEF only launches rapid GBV assessments in the following situations: * Where no coordination mechanism is established and/or no inter-agency GBV assessments are planned;
* Where there is inadequate existing information to use for planning and delivering GBV interventions; and/or
* Where undertaking a joint assessment would significantly delay information gathering and prevent UNICEF from timely humanitarian response.
 |
| **Ongoing response in stabilized and recovery settings** | * Single or multi-agency comprehensive GBV assessments
 | UNICEF participates in joint or inter-agency comprehensive GBV assessments led by the GBV sub-cluster or other GBV coordination body.UNICEF only launches comprehensive GBV assessments in the following situations: * Where no coordination mechanism is established and/or no inter-agency GBV assessments are planned;
* Where there is inadequate existing information to use for planning and delivering GBV interventions; and/or
* To inform UNICEF programming – for example an intimate partner violence or child marriage intervention – when there is inadequate existing information to inform intervention design.
 |

## Types and sources of information on the GBV situation

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| **INFO SHEET** |
| **Primary and Secondary Data in Emergencies** |

There are two types of information collected and analysed as part of GBV assessments in emergencies: **primary and secondary data**.

**Primary data** consists of new information/data collected directly through first-hand experience – for instance through surveys, meetings, **focus group discussions** (FGDs), **observation, interviews** or other methods that involve direct contact with the respondents.

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| **INFO SHEET** |
| **Focus Group Discussions** |

**Secondary data** consists of existing data that has already been collected, collated and analysed by other sectors, agencies, institution or bodies.

### Secondary data

**Secondary data analysis** during the assessment preparation phase is essential to:

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| **INFO SHEET** |
| **Observation** |

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| **INFO SHEET** |
| **Interviews** |
| **INFO SHEET** |
| **Secondary Data****Analysis** |

* Develop an understanding of the *pre-emergency GBV situation*. In all communities, there are forms of GBV happening prior to a disaster or conflict. Having even a basic understanding of these forms of GBV – including who is impacted and how, the cultural and social context in which they occur, and pre-emergency capacity and programmes to prevent and respond to GBV – is essential to formulating interventions in the emergency.
* Develop an understanding of what is already known about the GBV situation *after the onset of the* *crisis*. Existing information on the emergency and how it has impacted the GBV situation(such asconflict dynamics and drivers, security issues and threats, humanitarian access, etc.) can be used to inform GBV interventions.

There are **many types of existing information** on different aspects of GBV in a country or community prior to and following an emergency. These include:

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| **INFO SHEET** |
| **Gender-Based Violence Information Management System (GBVIMS)** |

* General information about a community and context (such as demographic information about a population; details of site and shelter conditions; access to food, water and other basic resources; presence of armed groups; etc.);
* Service and case management data on reported incidents (for example, health systems data on reported sexual assault cases, or **Gender-Based Violence Information Management System (GBVIMS)** data where the system is operational);
* Statistical and prevalence data on known forms of GBV in the country (such as the prevalence of intimate partner violence);
* Types, trends and patterns of GBV from previous disasters or conflict in the country;
* Types and patterns of GBV occurring during flight and in and around displaced settings;
* Reports about the known risk factors and drivers of GBV (for example, social, anthropological or cultural analyses of gender norms);
* The formal legal framework detailing criminal justice aspects of GBV and legal protections from GBV for girls and women;
* Customary justice frameworks and practices for dealing with GBV;
* Government policy regarding GBV-related health, child protection, social services, law enforcement and criminal justice responses; and
* Information on help-seeking behaviour and formal and informal systems of care, support and protection.

Existing information can be obtained by reviewing relevant literature, research, assessment reports and findings, documents and service delivery data from **the following sources:**

* Government ministries, authorities and bodies (including statistical offices and law reform authorities);
* National and international human rights organizations;
* International and national academic, research and policy institutions;
* International development and humanitarian actors, including cluster lead agencies and UN agencies;
* National women’s and child rights organizations, including Women Lawyers Associations; and
* International and local non-government organizations (NGOs) working on GBV, violence against women (VAW), child protection, health, HIV/AIDS, education, and family and social welfare.

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| **RESOURCES** | **Population-Specific Assessment Resources** ***Survivors and children born of rape*****Research Toolkit: Understanding and addressing the needs of survivors and their children born of sexual violence in conflict[[6]](#footnote-6)**UNICEF (2012)***Adolescent girls*****Strong Girls, Powerful Women: Program planning and design for adolescent girls in humanitarian settings**Women’s Refugee Commission (2014)<www.womensrefugeecommission.org/images/zdocs/Strong-Girls--Powerful-Women--2014.pdf>**Girl Safety Toolkit**Girl Hub (2014)<[www.girleffect.org/media?id=3050](http://www.girleffect.org/media?id=3050)>**Girls in Emergencies and Humanitarian Settings Resource List**Coalition for Adolescent Girls<http://coalitionforadolescentgirls.org/resources-by-topic-2/>***Girls and women with disabilities*****I See That It Is Possible: Building Capacity for Disability Inclusion in Gender-based Violence (GBV) Programming in Humanitarian Settings**Women’s Refugee Commission (2015) <www.womensrefugeecommission.org/populations/disabilities/research-and-resources/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview>**Including Adolescent Girls with Disabilities in Humanitarian Programs**Women’s Refugee Commission (2015) <[www.womensrefugeecommission.org/girls/resources/1252-girls-disabilities-2015](https://www.womensrefugeecommission.org/girls/resources/1252-girls-disabilities-2015)>**Working to Improve Our Own Futures: Inclusion of Women and Girls with Disabilities in Humanitarian Action**Women's Refugee Commission (2016)<[www.womensrefugeecommission.org/disabilities/resources/1342-networks-women-disabilities](http://www.womensrefugeecommission.org/disabilities/resources/1342-networks-women-disabilities)>***Other*****Rapid Humanitarian Assessments in Urban Settings** Assessment Capacities Project (April 2015)<www.acaps.org/library/assessment> |

### Primary data

**Primary data,** ornew information on the GBV situation, is collected during the ‘fieldwork’ phase of an assessment. The purpose of collecting and analysing new data is to fill information gaps. New information collected during a GBV assessment in an emergency might include:

* Information on the types and patterns of GBV occurring (both new forms of GBV and those which are being exacerbated by the emergency). Details may include relationships between survivors and perpetrators, number of survivors reporting and accessing services, location, timing, etc.;
* Details of the immediate needs of survivors;
* Capacity, gaps and barriers in survivor-centred systems and services for care, support and safety, including number and type of services provided; and/or
* Risks and risk mitigation options for reducing girls’ and women’s vulnerability to GBV.

During the fieldwork phase, new data on the GBV situation is **obtained from the following potential sources:**

* Girls/women of different ages;
* Community representatives and leaders;
* International and national NGOs and community-based organizations (CBOs) working on issues of women’s and children’s rights and/or providing services to survivors;
* Health, psychosocial, law enforcement and justice services and service providers;
* Observation; and
* Risk and safety mapping.

Not all the above sources will be used in every assessment. For example, if talking to girls and women in a setting would put community members or staff at risk of harm, data would be collected from other sources, such as service mapping, service providers, or women’s and children’s organizations. Risk assessment needs to be conducted in every setting each time an assessment is planned.

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| **In practice*** GBV is always under-reported; for this reason, it is not useful to make assumptions about how widespread or prevalent GBV is based on the number of reported cases. Most survivors of sexual violence never disclose due to shame, stigma and lack of access to quality services. Furthermore, many forms of GBV (such as intimate partner violence and coerced sex) are not criminalised and are even considered normal behaviour in many communities around the world.
* In humanitarian crises, there is often pressure to count how many cases of GBV there have been. Though ‘getting the numbers’ may, at first glance, seem like the most logical and efficient way to understand any issue, placing too much emphasis on counting GBV cases can – for numerous reasons – actually be counterproductive. Focusing only on numbers not only fails to capture the true extent and scale of GBV that is occurring; it can also expose survivors to further harm, lead to misinterpretations of the data, and result in other, more useful sources of information being dismissed or ignored.
* In many instances, awareness-raising activities may increase the number of reported cases simply because more people begin to come forward, even though the actual incidence rate may remain the same.
* Reported cases do not reflect the actual number of incidents; they only provide information about incidents that are reported. Case-based information can only be used to understand what types of GBV are being reported and information pertaining to those cases.
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## Assessment methods

### Qualitative and quantitative methods

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| **INFO SHEET** |
| **Qualitative and Quantitative Information** |

A wide range of **qualitative and quantitative** methods are used to collect data in GBV assessments. There is no prescribed approach: deciding which methods are appropriate will depend on a variety of factors, such as assessment purpose, objectives, time, resources, access and security. The potential risks related to each tool must be carefully considered in each context. For example, key informant interviews or focus group discussions (discussed further below) may be unsafe in settings controlled by armed groups who perceive sharing of information with UN or other humanitarian actors as against their interests.

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| **INFO SHEET** |
| **Triangulation** |

It is good practice to **triangulate**, or use more than one method – for example, collecting and comparing data from focus groups, key informant interviews and service mapping, wherever possible. Using different sources of information from different sources and stakeholders increases the reliability and validity of data. Obviously, if a method may increase risk to those participating or to staff, it should not be used.

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| **RESOURCES** | **Qualitative and Quantitative Research Techniques**Assessment Capacities Project (May 2012) <www.acaps.org/library/assessment>**Researching Violence Against Women: A practical guide for researchers and activists**Chapter 5: Qualitative Approaches to ResearchChapter 8: Tools for Collecting Quantitative DataChapter 9: Tools for Collecting Qualitative DataChapter 12: Analyzing Quantitative DataChapter 13: Analyzing Qualitative DataWorld Health Organization/PATH (2005)<[www.path.org/publications/files/GBV\_rvaw\_front.pdf](http://www.path.org/publications/files/GBV_rvaw_front.pdf)> |

### A note on sampling

**Sampling** is the process of selecting people or other units, such as camps or communities, to participate in an assessment. Sampling is used because it is not possible to interview every person or visit every affected community. In quantitative research (such as prevalence studies where the aim is to generate reliable data that can be generalized across a whole population), using rigorous sampling strategies is very important to ensure *reliability* and *generalizability* of findings (or, whether the findings can be replicated in future assessments or applied to the entire population, respectively). In such cases, GBV and CP staff should consult those with expertise in research design. In rapid GBV assessments, where the aim is to quickly understand the situation and immediate needs and risks, rigorous statistically reliable sampling is not appropriate or necessary. In these contexts, ‘purposive’ sampling is used to select sites to assess and individuals to participate in interviews, focus groups or other assessment activities.

**Purposive sampling** enables the development of an initial understanding of a situation and is appropriate in situations where there are time and resource pressures. In this method, units of measurement – such as sites or people – are *purposefully selected* based on a set of defined criteria. It gives a measure and sense of the scale and priorities that is approximate enough to enable initial rapid prioritization and planning. Purposive sampling can provide insight into how the emergency has had a different impact on the different categories of affected groups.

In rapid GBV assessments, purposive sample is used to select affected sites where it is not possible to assess all sites, as well as to select individuals to serve as key informants. There is no rule about sample size in purposive sampling, such as how many sites or how many people; it depends on the questions, scale of the problem, size of the camp/community/population and what information is required. Consideration, however, should be given to:

* Selecting a cross-section of sites and a cross-section of the target population to participate in interviews, focus groups and participatory assessment activities such as risk mapping; and
* Making sure the perspectives of different groups are included when selecting a sample for focus groups and participatory activities based on factors such as ethnicity, religion, age, gender and disability.[[7]](#footnote-7)

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| **RESOURCES** | **Rapid Assessment Sampling in Emergencies**UNICEF (2010)<www.unicef.org/eapro/Rapid\_assessment\_sampling\_booklet.pdf>**Researching Violence Against Women: A practical guide for researchers and activists**Chapter 7: Developing a sampling strategyWorld Health Organization/PATH (2005)<[www.path.org/publications/files/GBV\_rvaw\_front.pdf](http://www.path.org/publications/files/GBV_rvaw_front.pdf)>**Purposive sampling and site selection in Phase 2** Assessment Capacities Project (October 2011)<www.acaps.org/library/assessment> |

### Key qualitative assessment methods

The table below summarises some of the **key qualitative assessment data collection methods** used in GBViE assessments. More information on when and how to use them can be found in the resources listed below. Sample tools to help apply different methods can be found in *Section 4: Rapid GBViE Assessment Tools* and *Section 5: Comprehensive GBViE Assessment Tools*.

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| **Method** | **Description** | **Benefits** |
| **Review of existing information**  | Analysis of relevant literature, research, assessment reports and findings, documents, and service delivery data on GBV pre- and post-crisis.  | * Provides background and contextual information to GBV situation.
* Helps scope assessment parameters and priorities.
* Helps identify potential issues/problems for examination during field visits.
* Helps identify information gaps and what should be covered in an assessment.
* Reduces risk of duplication.
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| **Key informant interviews (KIIs)** | Structured or semi-structured interviews based on a set of predetermined questions, typically in-depth or technical in nature. May be held with:* Women and adolescents;
* Representatives from community organizations/ groups and NGOS;
* Traditional and religious leaders and local government representatives;
* Service providers and those who have regular contact with children and women, including teachers, health workers, social workers, etc.
 | * Allows for examination of issues raised in focus group discussions (see below).
* Provides an opportunity to verify and further identify gaps, risks or problems.
* Can compare responses from different respondents.
 |
| **Review of case or incident data**  | Analysis of service provider records, statistics or other data related to reported cases from health services, police, and community-based support organizations, as well as the Gender-Based Violence Information Management System (GBVIMS), the Child Protection Information Management System (CPIMS), or the Monitoring and Reporting Mechanism (MRM), where operational. | * Provides an overview of forms of GBV that are being documented or reported.
* Provides an opportunity to determine trends in reported cases.
 |
| **Service mapping and audit** | Identification of which services are in place for GBV survivors, and the quality of service delivery from a survivor-centred perspective.  | * Provides an overview of critical gaps in availability of existing services.
* Provides an audit of survivor-centred practices within each service to ensure service quality and availability is assessed.
 |
| **Risk and safety audit and mapping**  | Use of a variety of techniques, including safety walks and visual maps, to:1. Understand girls’ and women’s key safety concerns;
2. Identify safety risks and threats in the physical environment and within service delivery practices; and
3. Identify actions that can be taken to reduce risks and improve safety.
 | * Ensures girls’ and women’s experiences and perspectives are considered.
* When done with women and service providers, facilitates communication between affected people and humanitarian actors, as well as joint problem solving.
* Provides an opportunity for affected communities to identify locally appropriate solutions to protection threats.
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| **Observation**  | Visual observation during field visits to emergency-affected areas and communities. | * Provides an opportunity to verify information from other sources, such as participatory risk mapping.
* Provides an opportunity to further identify gaps, risks or problems.
* Can be used if participatory risk mapping or audit is not safe.
 |
| **Focus group discussions (FGDs)** | In-depth discussions with different groups in the community based on a semi-structured guide. Usually involve 10 -12 women, girls, men or boys of similar ages and/or backgrounds (for example, religious leaders) to gain in-depth information on community beliefs, attitudes, perspectives and perceptions on different aspects of the GBV situation, such as priority problems, risks, safety, vulnerability and capacity. | * Collects opinions and perspectives from multiple groups and people with expert knowledge on the situation, including those most affected by GBV.
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### A note on focus group discussions

Focus group discussions (FGDs) have become a standard method for collecting information on GBV in emergencies. While they are an important tool, it is critical that they are well-designed and led by trained facilitators, and that there is a plan for recording and analysing information generated through focus groups. Too often, GBV assessment data is collected through focus groups with no plan in place or capacity for analysing large amounts of qualitative data or for triangulating it with other data. Ineffective analysis of qualitative data can lead to generalizing inappropriately from focus groups and generating assessment findings and recommendations on the opinion of individuals rather than on reliable data. This should be avoided, and CO staff and partners designing and leading assessments should consult appropriate guidance on designing, conducting and analysing focus group and other qualitative data. Putting a data analysis plan in place in the preparation phase is an important step before starting data collection. See resources below for guidance materials.

In general, the following guidelines for focus groups should be considered:[[8]](#footnote-8)

* Focus groups are generally considered to be most effective with about 10–12 participants.
* Participants can be matched according to age, sex, ethnic background or other characteristics that have a bearing on the kinds of information that are sought from the discussion.
* Discussions should not take more than an hour; otherwise participants may become restless. Longer sessions are particularly unfair on women with small children.
* A question guide should be developed around topics and open-ended questions, rather than structured like a questionnaire.
* A venue where participants can feel secure and will not be overheard or interrupted is a necessity. If women are invited, it may be appropriate to provide childcare.
* The facilitator should be experienced, familiar with the context and language of the group, and ideally matched with the make-up of the group (for example, an older woman for an older women’s group).
* A dedicated note-taker is required, even if the group discussion is being recorded electronically, as the technology may fail or not pick up all of the voices.
* Refreshments can be served after the event, especially if people have come a long way, but not during the discussion, as eating and drinking can prove disruptive.

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| **In practice*** Selection of methods depends on the assessment objectives, timeframe, capacity (including for data analysis) and security situation. For example, conducting a participatory safety walk may be unsafe in some environments, such as those that are highly militarised.
* Be sure to only collect information that can be easily analysed based on the timeframe and the skills and capacity of the assessment team.
* Avoid the common mistake of collecting extensive qualitative data from focus groups unless there is a plan – as well as the tools and capacity – to effectively analyse and use it.
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| **RESOURCES** | ***General resources on methods*****Researching Violence Against Women: A practical guide for researchers and activists**Chapter 9: Tools for Collecting Qualitative DataChapter 13: Analyzing Qualitative DataWorld Health Organization/PATH (2005)<[www.path.org/publications/files/GBV\_rvaw\_front.pdf](http://www.path.org/publications/files/GBV_rvaw_front.pdf)>**Participative Ranking Methodology: A Brief Guide,** version 1.1Program on Forced Migration & Health, Mailman School of Public Health Columbia University (February 2010)<www.alnap.org/resource/8070>***Focus groups*****Conducting Focus Groups**Oxfam Great Britain (October 2015) <<http://policy-practice.oxfam.org.uk/publications/conducting-focus-groups-578994>>**How to Conduct a Focus Group** Elliot and Associates (2005)<<http://masstapp.edc.org/guidelines-conducting-focus-group>>**Designing and Conducting Focus Groups**Richard A. Krueger, Professor and Evaluation Leader University of Minnesota (2002)<[www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf](http://www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf)>***Interviews and observation*****Direct Observation and Key Informant Interview Techniques for Primary Data Collection During Rapid Assessments** Assessment Capacities Project (October 2011)<[www.acaps.org/resources/assessment#resource-589](https://www.acaps.org/resources/assessment#resource-589)> |

## Overview of assessments

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| **Type of Assessment** | **When** | **Assessment Leader** | **Methods** |
| **Multi-cluster, sectoral or other assessments** | * **Immediately following a sudden-onset emergency** to determine scale of emergency and humanitarian needs
* **During protracted situations** when there is a change in the humanitarian situation
 | * Generalist or specialist from any sector engaged in the response
 | * GBV-related questions integrated into focus group discussions and key informant interviews
* Observation
 |
| **Rapid GBV Assessment**  | * **Immediately following a sudden-onset emergency** (1 -3 weeks)
* **During protracted situations** when there is a change in context or humanitarian situation and there is need for new information to inform response
 | * GBV specialist (may be from UNICEF, sister UN agency, INGO, LNGO or government agency)
 | * Review of existing information
* Key informant interviews with women, community leaders, service providers, etc.
* Focus group discussions with community members
* Service mapping
* Risk and safety mapping
* Observation
 |
| **Comprehensive GBV Assessment**  | * **Before an emergency** to gather detailed information on the GBV situation in emergency-prone regions to support preparedness planning
* **During response and recovery** to inform comprehensive GBV programme planning, monitoring and evaluation
 | * GBV specialist (may be from UNICEF, sister UN agency, INGO, LNGO or government agency)
 | * Extensive review of existing information
* Key informant interviews with women and older adolescents, community leaders, service providers, etc.
* Focus group discussions with community members of different ages; service providers; etc.
* Service mapping and capacity audits
* Risk and safety mapping
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# Section 2: GOOD PRACTICE in GBViE Assessments

## Summary

This section overviews good practice principles that underpin all GBV assessments in emergency contexts.

### When to use this section

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| **Type of emergency** | **Phase of response** | **Population location** |
| * Rapid-onset natural disaster
* Slow-onset natural disaster
* Cyclical disaster
* Armed conflict
* Political violence/instability
* Public health emergency
* Complex emergency
* Protracted emergency

  | * Preparedness
* Immediate response
* Ongoing response
* Recovery
* Post-conflict development
 | * Urban/peri-urban
* Rural
* Community/formal settlement
* Camp
* Informal/spontaneous settlement
* In transit/on the move
 |

### Materials included in this section

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| **INFO SHEETS** |

**GBV Guiding Principles**

**Levels of Participation**

**Confidentiality**

**Dos and Don’ts with GBV Data**

**Child Participation in Assessments**

**Survivor-Centred Principles**

## Introduction

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| **INFO SHEET** |
| **GBV Guiding Principles** |

All assessments inquiring about GBV in an emergency setting must be designed and conducted based on **GBV guiding principles** and good practices to ensure that:

* An appropriate level of **participation** is adopted, ensuring the greatest amount of age-appropriate participation by children and women and by different groups in the community as the circumstances allow;
* **No harm** is done to individuals, communities or those collecting information during or because of an assessment; and
* The **rights and safety of survivors** are promoted.

As with all aspects of GBV work, the knowledge, skills and attitudes of staff conducting assessments are critical elements for success. Conducting effective and safe assessments requires that UNICEF and partner staff involved in planning and carrying out assessments have appropriate training. This includes training on survivor-centred principles; ethics and safety, including responding to survivors who disclose violence; and assessment tools and methods. Paying attention to staff knowledge, skills and attitudes is especially important in settings where there is limited existing GBV programming or capacity and the issue is new to staff.

UNICEF COs should take the following minimum actions to (1) promote **participation**, (2) adhere to standards of **ethics and safety**, and (3) maintain a **survivor-centred approach** in all information collection activities that inquire about GBV in emergencies.

## Participation in assessments

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| **INFO SHEET** |
| **Levels of Participation** |

* **Ensure the appropriate level of community participation in the assessment.**

GBV assessments should be participatory to the extent that is possible and safe. Ensuring meaningful community participation in GBV assessments has multiple benefits, such as:

* Ensuring the problem is properly understood and assessed;
* Ensuring girls’ and women’s experiences and perspectives are at the centre of problem analyses and solutions;
* Ensuring the vulnerabilities, capacities, needs and rights of vulnerable groups are recognised and reflected in programming;
* Raising awareness of the problem in the community by sharing information, creating dialogue and increasing ownership of the issue; and
* Ensuring community capacity, strengths and positive coping mechanisms are supported and strengthened.

The nature and impact of an emergency, as well as the type and timeframe for the assessment, will determine the level of community participation possible.

* **Obtain appropriate consent for children and young people to participate.**

When involving children and young people in GBV assessments, find out who should give consent for adolescents and children to participate in assessment activities. For example, is parental consent needed as well as informed consent of the young person?

In general, children will not be included in rapid GBV assessments. Guidance from the Child Protection Rapid Assessment Toolkit[[9]](#footnote-9) states that children should not be involved in rapid assessment exercises because of ethical concerns and individuals not having the required skills to address sensitive topics with children, who are likely to still be exhibiting signs of distress. There may, however, be occasions where children are involved, for example in mapping risks of GBV related to school attendance and participation (see ‘**Follow ethical guidelines for child participation in GBV assessments**’, below.)

* **Provide communities with feedback on assessment findings.**

Where appropriate and safe, information and action generated by assessments should be shared with communities. Not only is assessment information helpful for communities as they act to improve the care, support and safety of children and women; communities also have a right to information collected about them. Care must be taken, however, to never breach confidentiality, reveal the identity of key informants, or place informants at risk in any way (see **Ethics and safety** below).

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| **RESOURCES** | **The Participation of Children and Young People in Emergencies**UNICEF (2007)<www.unicef.org/eapro/the\_participation\_of\_children\_and\_young\_people\_in\_emergencies.pdf> **A Toolkit for Monitoring and Evaluating Children's Participation: Children and young people's experiences, advice and recommendations**Save the Children (2014)<<http://resourcecentre.savethechildren.se/library/toolkit-monitoring-and-evaluating-childrens-participation-children-and-young-peoples>>**Guidelines for Children’s Participation in Humanitarian Programming**Save the Children (2013)<<http://resourcecentre.savethechildren.se/library/guidelines-childrens-participation-humanitarian-programming>>**Actions on the Rights of the Child Resource Pack** Foundation Module 4: Participation and inclusion analysisInter-Agency (2009)<http://resourcecentre.savethechildren.se/library/arc-resource-pack-actions-rights-children-english-version>**Participation Handbook for Humanitarian Field Workers**Groupe URD/ALNAP (2009)<www.alnap.org/system/files/content/resource/files/main/alnap-groupe-urd-participation-handbook-2009.pdf> |

## Ethics and safety in assessments

* **Do not ask girls or women directly about their experience of GBV.**

For ethical reasons, crisis-affected girls and women should not be asked directly about their *personal* experiences of GBV. Doing so can be dangerous and traumatic. Instead, ask general questions about patterns of GBV in their location. For example, rather than asking girls or women if they have personally experienced violence, ask questions related to general trends of safety or violence in the area.

Of course, if individuals choose to disclose their personal experience of GBV during an assessment, assessment team members have an obligation to respond appropriately and to provide relevant information about available services and supports. Ensure resources are available to meet the immediate needs of children and women who do disclose experiences of GBV. In the case of children, resources and procedures need to be in place for protective intervention where the child is at imminent risk of further sexual violence, abuse or exploitation. It is very important that all information related to individual disclosures is kept confidential.

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| **INFO SHEET**  |
| **Confidentiality** |

* **Explain confidentiality and its limits to those participating in assessment activities.**

At the start of every data collection exercise involving girls and women, make sure **confidentiality** and its limits are explained so that participants can make informed decisions about what information, if any, they wish to share during interviews or focus groups. This is particularly important in settings where there are mandatory reporting laws. (See also **GETTING STARTED** *Section 4: Foundations for GBV Programming.)*

* **Ensure participation in GBV assessments is voluntary.**

All individuals who participate in GBV assessments must be informed of the purpose of the activity, that their participation is voluntary, and that they can stop participating at any time. Participants must also be informed about how, when, where and with whom the assessment data will be used.

* **Consider potential safety risks that may arise during and after data collection.**

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| **INFO SHEET**  |
| **Dos and Don’ts with GBV Data** |

Potential safety problems arising from collecting and disseminating GBV-related information must be avoided. Consider the safety implications for individuals and communities seen giving sensitive information about GBV issues, especially when GBV is

being perpetrated by armed actors. It is vital that everyone involved in GBV assessments understands the basic ‘**dos and don’ts’ with GBV** **data** collection, security and sharing. Be aware that it is not possible to guarantee confidentiality of information that is discussed during focus groups and there is therefore a need to consider this when planning and facilitating focus groups.

Remember that safety considerations extend beyond the data collection phase of an assessment. It is essential to consider, for example, the risks of insecurely storing sensitive data, such as data pertaining to sexual violence that constitutes a war crime or a crime against humanity. It is also essential to consider potential safety risks created by disseminating GBV-related information inappropriately. Any written reports should *not* give information that may reveal the identity of key informants, breach their confidentiality, or place them at risk in any way. This means that only de-identified information about incidents should be included in assessment documents and reports.

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| **In practice**In some settings, such as those where sexual violence is being used by parties to the conflict, **de-identifying data** includes making sure that even information about geographical location is not included in reports or made public in other ways. This is important to protect community members from reprisals and to safeguard humanitarian access. For example, in one setting, an organization made public information of sexual violence by members of an armed group in the area collected during an assessment. Soon after, the armed group entered the camp and assaulted adults and children as reprisal for reporting incidents against them. The armed group also expelled the organization from the camp. |

* **Follow ethical guidelines for child participation in GBV assessments.**

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| **INFO SHEET** |
| **Child Participation****in Assessments** |

In general, children under 16 should not be involved in rapid GBV assessments. They may, however, participate in comprehensive GBV assessments during stabilized phases of response and recovery. Where children are involved in GBV-related information collection, there is need for input from qualified personnel to address ethical issues such as balancing the risks and protection of children while promoting their participation in research. Children’s right to participation must be weighed against the principles of *do no harm* and *the best interests of the child,* as well as recognising the different developmental capacities and stages of younger children and older adolescents. Before including children and adolescents in assessments, the following **minimum actions** must be taken:

* Ensure reporting and referral services are in place to assist children with GBV-related needs;
* Assess the capacity of data collectors;
* Consult with local staff and partners to understand the context;
* Consult with groups and organizations who reflect the views of marginalized children, such as children with disabilities;
* Obtain permission from the child and their parent/guardian for all interviews (some exceptions may apply for older adolescents);
* Ensure children have themselves agreed to participate in the assessment and that they are informed that they can withdraw at any time;
* Provide children with comprehensive, age-appropriate information about the assessment process and how the information will be used; and
* Use age-appropriate methodologies, and ensure facilitators and interpreters are trained in working with children.[[10]](#footnote-10)

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| **RESOURCES** | **What We Know About Ethical Research Involving Children: An overview of principles, the literature and case studies**UNICEF Office of Research (June 2016)<[www.unicef-irc.org/publications/pdf/IWP\_2016\_18.pdf](http://www.unicef-irc.org/publications/pdf/IWP_2016_18.pdf)>[**Ethical Research Involving Children Guidance**](http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-Researcher-support-section-only.pdf)Southern Cross University and UNICEF (n.d.)<http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-Researcher-support-section-only.pdf>**WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies**World Health Organization (2007)<www.who.int/gender/documents/OMS\_Ethics&Safety10Aug07.pdf>**Researching Violence Against Women: A practical guide for researchers and activists**Chapter 2: Ethical ConsiderationsWorld Health Organization/PATH (2005)<[www.path.org/publications/files/GBV\_rvaw\_front.pdf](http://www.path.org/publications/files/GBV_rvaw_front.pdf)>**Putting Women First: Ethical and safety recommendations for research on domestic violence against women**World Health Organization (2001)<www.who.int/gender/violence/womenfirtseng.pdf> |

## A survivor-centred approach in assessments

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| **INFO SHEET**  |
| **Survivor-Centred Principles** |

* **Train data collectors and translators on survivor-centred principles and ensure that they have appropriate support throughout the assessment.**

In case of disclosure of GBV during an assessment, data collectors need to understand their responsibilities toward ensuring the survivor’s rights to safety, confidentiality and self-determination. In the case of child survivors, data collectors must also know how to apply the principle of the best interests of the child.

* **Ensure same-sex data collectors and translators are available when asking sensitive questions about GBV.**

It is important to have same-sex data collectors and translators are available, especially when asking community members sensitive questions about GBV.

* **Ensure basic services are available and referral protocols are in place.**

Before starting a GBViE assessment or programme intervention, make sure basic medical and psychosocial services are in place to provide care and protection to survivors who disclose GBV, and ensure there is an agreed referral protocol in place. Even where there are few services available, make sure there is access to basic medical care at minimum.

# section 3: HOW TO DO GBViE ASSESSMENTS

## Summary

This section outlines assessment phases and steps to take for safely integrating questions about GBV into multi-cluster and sectoral assessments, as well as for carrying out UNICEF-led rapid and comprehensive GBV assessments in emergency contexts.

### When to use this section

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| **Type of emergency** | **Phase of response** | **Population location** |
| * Rapid-onset natural disaster
* Slow-onset natural disaster
* Cyclical disaster
* Armed conflict
* Political violence/instability
* Public health emergency
* Complex emergency
* Protracted emergency

  | * Preparedness
* Immediate response
* Ongoing response
* Recovery
* Post-conflict development
 | * Urban/peri-urban
* Rural
* Community-based/formal settlement
* Camp-based informal/spontaneous settlement
* In transit/on the move
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### Materials included in this section

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| **INFO SHEETS** |

**Pre-Testing Tools**

**At-Risk Groups**

**Assessment Reports**

## Assessment phases

All assessments follow three phases, each with defined tasks:

1. The *preparation phase* involves laying the groundwork for the assessment by reviewing all existing relevant information on GBV; engaging stakeholders; clearly defining the objectives, scope and methodology for the assessment; and planning resources, timeframe and logistics.
2. The *data collection and analysis phase* (also known as the fieldwork phase) involves training the assessment team; collecting new information; and collating primary and secondary data to gather information on GBV perpetration and victimization, as well as risks and resources required to support preventative and responsive action.
3. The *application phase* involves using the assessment findings to improve the situation for survivors of GBV and to reduce the risk of further violence by determining programming priorities, disseminating findings and advocating to influence the work of others.

## Assessment steps

The flowchart below shows the five steps in GBV assessments. The first column shows the process for GBV specialists to safely integrate questions about GBV into multi-cluster and sectoral assessments, while the second column shows the steps to follow in UNICEF-led rapid or comprehensive GBV assessments. Following this are diagrams that illustrate how each of these steps are linked to the assessment phases above.

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| **Flowchart for including GBV in multi-cluster, sectoral and other assessments** | **Flowchart for rapid or comprehensive GBV assessments** |

## Including GBV in multi-cluster, sectoral and other assessments

This guidance is for UNICEF GBV specialists to support safe integration of questions about GBV into multi-cluster, sectoral or other emergency-related assessments.

 **Phase 1 Phase 2 Phase 3**

 **Preparation Data collection & Application**

 **analysis**

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| **Emergency preparedness**Where possible, relevant aspects of the preparation phase should be incorporated into preparedness planning activities. This includes coordinating with and building capacity of other actors, such as government disaster management agencies, and collating and sharing briefings on the GBV situation and on GBViE prevention and response. Preparedness is especially important in disaster-prone and complex emergency settings. |

### Step 1: Coordinate with relevant actors

* **Coordinate with the following actors** to advocate for safe and appropriate integration of questions about GBV into multi-cluster, sectoral and other assessments:
* *UNICEF Child Protection, Health, HIV/AIDS, WASH, Education and Nutrition sectors involved in emergency response.* Encourage each sector to gather relevant information on GBV in assessment and programme planning processes to implement UNICEF’s GBV obligations in the CCCs.
* *Clusters, alternative sectoral coordination groups, and multi-cluster needs assessment task forces within the humanitarian system.* Provide clusters and sectors with information on sector standards and actions set out in the **IASC** [**GBV Guidelines**](http://gbvguidelines.org/) and Child Protection Minimum Standards, and encourage each cluster or sector to integrate questions about GBV into inter-agency assessments.

**See the IASC GBV Guidelines**

* *Peacekeeping or other military forces through dedicated civ-mil coordination arrangements.* Encourage them to seek expert input when carrying out protection-related assessments.

### Step 2: Input into scope of assessment, including aim, objectives and geographical coverage

* **Share information with non-GBV sectors and actors** planning an assessment about what is already known about the GBV situation in the area to be assessed. This reduces the risk of duplication or unnecessary data collection and ensures the assessment team has relevant knowledge about the GBV context.
* **Make sure the aim and objectives of collecting GBV information are clearly defined***.* Clarify how information generated through the assessment will be used to directly improve the safety, dignity and protection of girls and women.
* **Make sure the assessment team is aware of ethical and safety dimensions** of asking about GBV in emergencies. Confirm with the team:
* Systems are in place to ensure the process does not cause harm;
* Consideration has been given to the potential risks to survivors, or to girls and women at risk of violence, of asking certain questions or participating in the process; and
* Services and procedures are in place to refer survivors who disclose specific incidents of GBV.

Where these issues have not yet been considered, support the team to put these considerations into practice.

### Step 3: Provide technical guidance on assessment design

* **Ensure data collection, analysis and information dissemination tools are appropriate,** and that they:
* Are ethical and safe – for example they do not ask direct questions about personal experiences of GBV;
* Reflect gender- and age-based considerations and data;
* Reflect meaningful participation of girls and women; and
* Are survivor-centred – for example, there is a plan for appropriate response to disclosure of violence.

**Help develop appropriate and relevant questions** for key informant interviews and focus group discussions. Ensure these questions meet assessment objectives, reflect ethical and safe practice, and seek to only obtain relevant *new* information that GBV and other actors really need to address GBV – rather than very general information that is not helpful (for example, ‘is gender-based violence occurring?’) or is already available from other sources.

**Ensure both male and female informants are included in interviews and focus groups** and that data collection tools have space to identify the gender of informants. Women and men often answer the same question differently as they have different experiences and access to different information. In addition, male leaders may lack awareness of the specific protection concerns faced by girls and women.

* **Provide information and/or training for data collectors** on GBV, how to ask sensitive questions on GBV, what to do when someone discloses GBV and how to safely refer them to appropriate services.

### Step 4: Support data collection and analysis

* **Contribute resources to inter-agency multi-cluster or sector assessments** if appropriate, such as vehicles and personnel for data collection.
* **Provide real-time advice and support on GBV issues** as they arise during UNICEF Child Protection, Health, WASH and Education assessments. For example, provide advice on the course of action to take if a case of child sexual abuse is detected, or options for responding to risks identified during assessment.

### Step 5: Support application of findings

* **Use assessment findings to advocate for the integration of GBV prevention and response initiatives across sectors** and across other affected geographic areas.
* **Provide technical support to clusters/sectors and other actors to take immediate action t**o address gaps in survivor-centred health, psychosocial care and safety; and/or to implement strategies to reduce identified risks and improve safety and security for girls and women.
* **Identify areas for further investigation,** forimmediate action or for launching a comprehensive GBV assessment.

### Summary of phases and steps for including GBV in multi-cluster, sectoral and other assessments

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| **Phase 1: Preparation** |
| **Step 1: Coordinate with relevant stakeholders** | * Coordinate with the following actors to advocate for safe and appropriate integration of GBV into multi-cluster, sectoral and other assessments:
	+ UNICEF Child Protection, Health, HIV/AIDS, WASH, Education and Nutrition sectors involved in emergency response.
	+ Clusters, alternative sectoral coordination groups, and multi-cluster needs assessment task forces within the humanitarian system.
	+ Peacekeeping or other military forces through dedicated civ-mil coordination arrangements.
 |
| **Step 2: Input into scope of assessment** | * Share information with non-GBV sectors and actors planning an assessment about what is already known about the GBV situation in the area to be assessed.
* Make sure the aim and objectives of collecting GBV information are clearly defined*.*
* Make sure the assessment team is aware of ethical and safety dimensions of asking about GBV in emergencies.
 |
| **Step 3: Provide technical guidance on assessment design** | * Ensure data collection, analysis and information dissemination tools are appropriate, ethical and safe, and reflect meaningful participation of women and girls.
* Help develop appropriate and relevant questions for key informant interviews and focus group discussions.
* Ensure both male and female informants are included in interviews and focus groups.
* Provide information and training for data collectors on GBV, what to do when someone discloses GBV and how to safely refer them to appropriate services.
 |
| **Phase 2: Data Collection and Analysis** |
| **Step 4: Support data collection and analysis** | * Contribute resources to inter-agency multi-cluster or sector assessments if appropriate.
* Provide real-time advice and support on GBV issues as they arise during UNICEF Child Protection, Health, WASH and Education assessments.
 |
|  **Phase 3: Application**  |
| **Step 5: Support application of findings** | * Use assessment findings to advocate for integration of GBV prevention and response across sectors and geographic areas.
* Provide technical support to clusters/sectors and other actors to take immediate action to address gaps in survivor-centred health care, psychosocial care and safety; and/or to implement strategies to reduce risks and improve safety and security for girls and women.
* Identify areas for further investigation, for immediate action or for launching a comprehensive GBV assessment.
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## Rapid and comprehensive GBV assessments

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| **Emergency preparedness**Where possible, relevant aspects of the preparation phase should be incorporated into preparedness planning activities. This includes coordinating with and building capacity of other actors, such as government disaster management agencies, and collating and sharing briefings on the GBV situation and on GBViE prevention and response. Preparedness is especially important in disaster-prone and complex emergency settings. |

This section provides information and guidance to help UNICEF GBV and CP specialists plan and implement both rapid and comprehensive GBV assessments. Where possible, inter-agency assessments should be prioritized. However, when inter-agency assessments are not viable, UNICEF and partners may conduct a GBV assessment.

**Before launching a UNICEF-led GBV assessment,** make sure the following criteria have been satisfied:

* There is no established coordination mechanism and/or no single agency, joint or inter-agency GBV assessment planned; *and*
* There is inadequate existing information to use for planning and delivering life-saving GBV interventions; *and*
* Undertaking a joint assessment would significantly delay UNICEF from delivering timely humanitarian response; *or*
* UNICEF and partners need population-specific information to develop a programme response – for example, to learn about vulnerabilities, capacities, needs and rights of adolescent girls or of survivors and their children born of rape.

**Phase 1 Phase 2 Phase 3**

**Preparation Data collection & Application**

 **analysis**

### Step 1: Define aims, objectives and geographic scope of assessment

* **Review existing relevant information on the GBV and humanitarian situation** in the country or setting. A thorough review of secondary data at the beginning of the process (see Info Sheet on **Secondary Data Analysis**) has multiple benefits, including:
* Minimising the risk of duplication or collecting unnecessary data;
* Helping to determine assessment priorities and define objectives;
* Identifying information to include in the analysis of the situation.

Review of secondary data can include reading assessment reports from other sectors – such as shelter, non-food items (NFI), WASH, nutrition, health, etc. – that contain important information about the population-make up, living conditions, access to resources and other relevant circumstances. In addition, make sure to communicate directly with colleagues from other sectors within the CO and at an inter-agency level, as they can provide important additional information regarding affected communities and shed light on assessment findings documented in reports. Conducting interviews with other humanitarian actors will also help to build their knowledge and awareness about GBV.

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| **RESOURCE** | **Secondary Data Review**Assessment Capacities Project (May 2014)<www.acaps.org/library/assessment> |

* **Develop a clear aim and specific objectives** for the assessment that spell out how the information will be analysed and used to inform interventions, programming and advocacy linked to concrete outcomes for girls and women. *One common pitfall in GBV assessments is collecting too much data with no clear plan for how to analyse or apply it.* Having a clearly defined aim and objectives will help to determine what information is needed and will help to avoid collection of a lot of information that you do not have the capacity to analyse and use.
* **Identify the target areas and populations** with whom the assessment will be carried out. Think carefully about locations and check the following:
* Whether the community has already been assessed;
* The risks of GBV posed to girls and women in the area, such as proximity to military groups, security forces, etc.; and
* Whether there are any accessible support services for survivors.

Different geographic boundaries for assessments can include the National level; Governorate/Province/State level; District/County level; and camp, settlement, and community level.

Remember, the geographic scope of an assessment will influence the timeframe, resources and logistics, including the amount of data that will be collected, processed and analysed.

### Step 2: Coordinate with stakeholders

* **Communicate with other GBV, Child Protection and Protection actors about the assessment** to reduce the risk of duplication, wasting resources and subjecting communities to multiple information gathering exercises. In complex or protracted contexts, discuss the assessment with other sectors, as multiple assessments in communities can cause a negative response in the community and can be unethical. Coordinating with others when preparing for a GBV assessment has the following additional benefits:
* It increases access to information about the GBV situation and develops a more accurate and comprehensive picture of the situation, including information gaps;
* It improves coordinated response planning and programming;
* It increases capacity of others to conduct GBV assessments safely and appropriately;
* It promotes shared ownership over GBV-related problems and solutions;
* It promotes consistency between and within clusters/sectors; and
* It builds awareness and magnifies advocacy efforts.
* **Identify relevant stakeholders**. Stakeholder engagement is about putting participation into practice. It encourages ownership of the problem, the assessment process and the findings by a wider group of actors, including the community itself.

Stakeholder engagement in GBV assessments is important for several reasons, including (but not limited to): ensuring assessment aims, objectives and methods are relevant and appropriate; facilitating access to communities; and providing important contextual information and secondary data about the GBV situation. Making sure relevant stakeholders are involved will save time and ensure the collection of useful, relevant and accurate information. Potential stakeholders in GBV assessments can include:

* National/local authorities;
* Cluster/sector lead agencies;
* Cluster/sector coordinators;
* Local NGOs and CBOs;
* Women’s and children’s networks and groups;
* Networks and groups representing specific populations, such as people with disabilities; and/or
* Community leaders.
* **For comprehensive assessments, consider convening an advisory group***,* especially for assessments conducted as part of preparedness planning to facilitate access to resources, provide guidance, and obtain buy-in, ownership and input from key national actors. The advisory group should include representatives from Government ministries and bodies, UN agencies and other civil society actors, and academics and researchers.

### Step 3: Design the assessment

* **Define the information required to meet each objective, and develop a data**

**collection plan and a data analysis plan.** Consider how to best decide the sample of sites and people. Consider how each data element collected will be compiled, aggregated, analysed and disseminated to create information. The data analysis plan allows the assessment team to ensure all the data collected can be analysed and is useful, as well as develop information management requirements.

* **Determine how assessment findings will be reported.** It is important at the planning stage of an assessment to identify who is responsible for compiling assessment reports and other information products, as well as the format these documents will take.

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| **INFO SHEET** |
| **Pre-Testing Tools**  |

* **Select, adapt and pre-test data collection tools.**Review GBV Rapid and Comprehensive tools in this section, and identify which ones to use, adapt and pre-test as appropriate. It may be necessary to use or adapt additional tools.

For assessments targeting a specific population, it will be necessary to consult additional relevant resources.

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| **RESOURCES** | **Questionnaire Design for Needs Assessments in Humanitarian Emergencies**Assessment Capacities Project (July 2016)<[www.acaps.org/resources/assessment#resource-759](https://www.acaps.org/resources/assessment#resource-759)>**Compared to What? Analytical Thinking and Needs Assessment**Assessment Capacities Project (August 2013)<[www.acaps.org/resources/assessment#resource-577](https://www.acaps.org/resources/assessment#resource-577)>**How Sure Are You? Judging Quality and Usability of Data Collected During Rapid Needs Assessments**Assessment Capacities Project (August 2013)[<www.acaps.org/library/assessment>](http://<www.acaps.org/library/assessment%3E) |

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| **TOOLS** | See *Section 4: Rapid GBViE Assessment Tools* and *Section 5: Comprehensive GBViE Assessment Tools* for sample tools for GBV assessments.  |

* **Plan human resource needs.** Identify assessment team members, roles and responsibilities, and capacity strengthening needs.

Much of the rigour and quality of the assessment will depend on the abilities of the assessment team leader and the team. The assessment team leader should have previous experience in designing, conducting, analysing and reporting on qualitative and quantitative assessment methods in humanitarian settings.[[11]](#footnote-11)

The profile of the assessment team shouldinclude women and should reflect appropriateages, ethnicities, language skills, etc. Ideally, there should be a mix of people with GBV technical and community expertise and a mix of older and younger people. Decide how data collection teams will be structured, making sure each team has a supervisor and a focal point for taking reported cases of GBV during the assessment.

Assessment team members who will be involved in conducting interviews and focus groups must be able to relate well to and be trusted by people they will interact with. They should have participatory research skills and specific experience in engaging children if it is intended to have focus groups with those less than 18 years old.

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| **RESOURCE** | **Building an Effective Assessment Team**Assessment Capacities Project (May 2012)<www.acaps.org/resources/assessment#resource-584> |

* **Set out an assessment timeline with logistics needs.** Develop a timeline of what will happen when and where. Against this timeline, plan the logistics, including listing all the materials, transport and accommodation for data collectors.
* **Put in place a communications and security plan.** Make sure to consult with UNICEF logistics, relevant security advisors, the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the UN Department of Safety and Security (UNDSS).
* **Review ethics and safety.**Assess potential risks to girls and women during and after the assessment, and share referral plans and information.

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| **INFO SHEET** |
| **At-Risk Groups** |

* Make sure there is an **appropriate level of participation** of girls and women, especially those from **at-risk groups**.
* **Prepare the site.** Communicate with relevant authorities and community members to get permission for the assessment. Identify which members of the community will participate, and arrange timeframe and logistics for assessment activities. Ensure this is dealt with in a sensitive manner, so as not to put those who will carry out or participate in the research at risk.

### Step 4: Collect and analyse data

* **Train data collectors** on:
* Basic information about GBV, including GBV guiding principles and elements of response;
* Ethics and safety;
* Participation (for both adults and children);
* Administering data collection tools, including roles and responsibilities of lead facilitators, note-takers, etc.; and
* Procedures for responding to disclosure, including responding with compassion and providing referral information for GBV survivors.
* **Conduct primary data collection according to the plan.** Support data collectors to conduct key informant interviews, focus group discussions, observation, participatory mapping and other assessment techniques. Ensure secure data

storage for sensitive data, such as password-protected databases or files for any quantitative or qualitative data that will be transcribed and stored on computers. Ensure any sensitive handwritten notes from interviews, group discussions, observations, etc. are filed in lockable storage space.

* **For rapid assessments, brief and debrief data collectors each day.** Make sure there is a system for communicating with data collectors before and after assessment activities each day to identify and troubleshoot problems that arise and discuss issues and trends in findings.

Be mindful also that the data collectors may hear and bear witness to difficult stories and situations, as well as having potentially gone through the emergency firsthand. Data collectors themselves may therefore need some form of psychosocial support. Group discussions should address this, but assessment staff or volunteers showing greater signs of distress may themselves need referrals to services.

* **Conduct preliminary analysis of new data** and prepare a summary of key findings.
* **Review ethics and safety considerations associated with sharing assessment data or findings.** Consider potential backlash or repercussions against those who directly participated in the assessment, members of communities assessed or staff and other humanitarian actors. At this point it may be determined that it is appropriate to only share findings with a limited audience and to not make any or all findings publicly available due to security concerns or potential problems with other actors.

* **Validate findings from the assessment.** For rapid assessments, review and verify the findings with relevant stakeholders. This may include members of the GBV working group, selected key informants, representatives from women’s or children’s organizations or others with expert knowledge on GBV in the context. For comprehensive assessments, validation of findings can also be done with the advisory group.
* **Elaborate findings with detailed analysis** of new data, synthesize it with existing information based on assessment objectives, and document key trends and conclusions.

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| **RESOURCE** | **How Sure Are You? Judging Quality and Usability of Data Collected During Rapid Needs Assessments**Assessment Capacities Project (2013)[<www.acaps.org/library/assessment>](http://<www.acaps.org/library/assessment%3E) |

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| **INFO SHEET** |
| **Assessment Reports** |

* **Produce an assessment report and other information products for relevant audiences**. Consider with whom the information should be shared and how it should be presented to different audiences, including:
* Key findings and recommendations for GBV actors;
* Key findings and programme recommendations for other sectors (e.g., WASH, Camp Management, Shelter, Food Security, Child Protection and Protection)
* Advocacy messages to key humanitarian donors and decision-makers;
* Advocacy message to duty bearers; and
* Feedback to communities, where it is safe and appropriate to do so.

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| **RESOURCE** | **Documenting Methods and Data in Rapid Needs Assessments**Assessment Capacities Project (2012)<www.acaps.org/sites/acaps/files/resources/files/documenting\_methods\_and\_data\_in\_rapid\_needs\_assessments\_may\_2012.pdf > |

### Step 5: Apply findings

* **During immediate response, use rapid assessment findings** to:
* Advocate with donors and mobilize resources to ensure a minimum package of services is in place to meet immediate needs of survivors and reduce identified risks of GBV;

**See the IASC GBV Guidelines**

* Advocate with other clusters, sectors and actors about relevant actions required to prevent and respond to GBV. Provide technical support on the integration of GBV considerations into programme plans of other sectors in line with the **IASC GBV Guidelines;**
* Identify issues for further investigation, and assess the need and plan for comprehensive GBV assessments; and
* Prioritize and guide CO programming.
* **During preparedness, use comprehensive assessment findings**to design a GBV emergency preparedness plan with relevant national actors.
* **During ongoing response and recovery, use comprehensive assessment findings** to:
* Advocate with donors and mobilize resources;
* Design the CO’s ongoing GBV prevention, protection and response programme; and
* Inform and advocate with other clusters, sectors and actors about actions required to prevent and respond to GBV.

### Summary of phases and steps for rapid and comprehensive GBV assessments

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| **Phase 1: Preparation** |
| **Before launching an assessment**  | * Ensure the criteria for launching a UNICEF-led GBV assessment are satisfied before proceeding:
	+ There is inadequate existing information on the GBV situation;
	+ Other GBV actors have been consulted; and
	+ There is no other agency, inter-agency or sub-cluster GBV assessment planned or underway.
 |
| **Step 1: Define aims, objectives and scope of assessment**  | * Review existing relevant information on the GBV and humanitarian situation.
* Develop a clear aim and specific objectives.
* Identify the target areas and populations.
 |
| **Step 2: Coordinate with stakeholders** | * Communicate with other GBV, Child Protection and Protection actors about the assessment.
* Identify relevant stakeholders for the assessment.
* For comprehensive assessments, convene an advisory group.
 |
| **Step 3: Design the assessment** | * Define the information required to meet each objective, and develop a data collection and analysis plan.
* Determine how assessment findings will be reported.
* Select and adapt data collection tools.
* Plan human resource needs.
* Set out an assessment timeline with logistics needs.
* Put in place a communications and security plan.
* Review ethics and safety.
* Review level of community participation.
* Prepare the site.
* Agree on team composition to ensure GBV trained staff are on the team and that teams are appropriate (factoring age, sex, ethnicity, religion, etc.) to the community.
* Assess GBV referral systems that are in place and ensure actors are aware of potential referrals due to the assessment.
 |
| **Phase 2: Data Collection and Analysis** |
| **Step 4: Collect and analyse data**  | * Train data collectors on GBV, ethics and safety, participation, administering tools, roles and responsibilities, and procedures for responding to disclosure of GBV.
* Conduct primary data collection according to plan.
* For rapid assessments, brief and debrief data collectors each day.
* Conduct preliminary analysis of new data and prepare a summary of key findings.
* Review ethics and safety considerations from findings and assess any potential backlash on participants, communities or staff.
* Validate findings from the assessment.
* Elaborate findings with detailed analysis, and document key trends and conclusions.
* Produce a report and other information products for relevant audiences.
 |
|  **Phase 3: Application**  |
| **Step 5: Apply findings** | Use rapid assessment findings to:* Advocate with donors and mobilize resources to ensure a minimum package of services is in place to meet immediate needs of survivors and reduce identified risks of GBV.
* Advocate with other clusters, sectors and actors on relevant actions required by them to prevent and respond to GBV.
* Identify issues for further investigation, and assess the need and plan for a comprehensive GBV assessment.
* Prioritize and guide CO programming action.

Use comprehensive assessment findings to: * Design a GBV emergency preparedness plan with national actors.
* Advocate with donors and mobilize resources.
* Design the CO’s ongoing GBV prevention, protection and response programme.
* Advocate with other clusters, sectors and actors on relevant actions required by them to prevent and respond to GBV.
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# **SECTION 4: RAPID GBViE ASSESSMENT TOOLS**

## Summary

This section contains tools to support UNICEF and partner staff in carrying out rapid GBV assessments.

### When to use this section

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| **Type of emergency** | **Phase of response** | **Population location** |
| * Rapid-onset natural disaster
* Armed conflict
* Political violence/instability
* Public health emergency
* Complex emergency
* Protected emergency
 | * Immediate response
* Change in circumstances/context
 | * Urban/peri-urban
* Rural
* Community/formal settlement
* Camp
* Informal/spontaneous settlement
* In transit/on the move
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### Materials included in this section

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| **TOOLS** |

**Rapid Assessment Tool 1: Good Practice Checklist**

**Rapid Assessment Tool 2: GBV Service Mapping Tool**

**Rapid Assessment Tool 3: GBV Service Capacity and Quality Audit Tool**

**Rapid Assessment Tool 4: Barriers to Care Analysis and Planning Tool**

**Rapid Assessment Tool 5: WASH and Dignity Kit Sample Focus Group Discussion Guide**

**Rapid Assessment Tool 6: GBV Risk and Safety Focus Group Discussion Guide**

**Rapid Assessment Tool 7: GBV Risk and Safety Key Informant Interviews**

**Rapid Assessment Tool 8: Participatory Safety Mapping Exercise**

**Rapid Assessment Tool 9: Participatory Safety Walk Guide**

**Rapid Assessment Tool 10: GBV Risk and Safety Observation Guide**

**Rapid Assessment Tool 11: Community Safety Planning Guide**

## Introduction to rapid GBViE assessment tools

This section contains tools to assist COs and partners in undertaking rapid GBV assessments in emergency contexts. A rapid GBViE assessment aims to collect and analyse *basic information* *about the GBV situation* to inform UNICEF’s and partners’ *immediate response* to GBV, and advocate for humanitarian actors and duty bearers to act to meet the needs of survivors and prevent further GBV from occurring.

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| **When to do rapid assessments** UNICEF may undertake a rapid GBV assessment in the days and weeks following an emergency where there is inadequate existing information and no inter-agency or sub-cluster assessments are planned, as well as when the security or humanitarian situation changes significantly in complex contexts and there are no inter-agency or sub-cluster assessments planned.  |

During the acute phase of an emergency, rapid assessments are used to gather information about the immediate needs of affected girls and women, as well as problems and solutions for protecting girls and women from GBV.

UNICEF uses information generated from rapid assessments to inform the following priority actions:

1. To design and deliver a Minimum GBViE Response Package;
2. To advocate on behalf of girls and women with clusters/sectors, government and other duty bearers for action to improve GBV care and support services and to prevent GBV.

## Minimum GBViE Response Package

The ten tools in this section are designed to facilitate rapid collection of relevant information to enable UNICEF and partners to deliver a Minimum GBViE Response Package. Elements of the Minimum Response Package include:

* Age-appropriate clinical and crisis care for sexual violence survivors;
* Community safety assessments and safety plans;
* Dignity kits;
* Safe space programming;
* GBV risk mitigation across UNICEF sectors and clusters in line with the IASC GBV Guidelines; and
* Effective coordination of humanitarian action to address GBV.

Assessment tools included in this section that are associated with different aspects of the Minimum GBViE Response Package are listed in the table below.

|  |  |
| --- | --- |
| **Minimum GBViE Response Package**  | **Rapid GBV Assessment Tool** |
| Age-appropriate clinical and crisis care for sexual assault | **Tool 2: GBV Service Mapping Tool****Tool 3: GBV Service Capacity and Quality Audit Tool****Tool 4: Barriers to Care Analysis and Planning Tool** |
| Dignity kits | **Tool 5: WASH and Dignity Kit Sample Focus Group Discussion Guide**  |
| Community safety assessments and plans.GBV risk mitigation across clusters and sectors. | **Tool 6: GBV Risk and Safety Focus Group Discussion Guide****Tool 7: GBV Risk and Safety Key Informant Interviews** **Tool 8: Participatory Safety Mapping Exercise****Tool 9: Participatory Safety Walk Guide****Tool 10: GBV Risk and Safety Observation Guide****Tool 11: Community Safety Planning Guide** |

## Before an assessment

* **Analyse all existing information on the humanitarian and GBV situation**, including information about the affected population and their circumstances, what is known about GBV before the crisis/emergency, and information generated since. Make sure to review literature, research, reports, service data, etc.

* **Plan the assessment carefully**, identifying the objectives, timeframe, proposed tools and resources required, including the size of the team and their training needs.
* **Conduct a risk assessment,** considering risks associated with the assessment itself, as well as risks associated with specific assessment activities and methods, such as focus group discussions with affected communities and safety walks.
* **Adapt the tools** to meet the assessment objectives, the context and the culture. Always consider the balance between the need to collect data from multiple sources and the need to collect and analyse information quickly to take immediate action to improve girls’ and women’s safety.
* **Make sure that the circumstances and needs of marginalized groups are reflected** in assessment objectives and tools. (See Info Sheet on **At-Risk Groups***.*)
* **Identify how information will be fed back to the community**.

|  |  |
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| **RESOURCES** | **Population-Specific Assessment Resources** ***Survivors and children born of rape*****Research Toolkit: Understanding and addressing the needs of survivors and their children born of sexual violence in conflict[[12]](#footnote-12)**UNICEF (2012)***Adolescent girls*****Strong Girls, Powerful Women: Program planning and design for adolescent girls in humanitarian settings**Women’s Refugee Commission (2014)<www.womensrefugeecommission.org/images/zdocs/Strong-Girls--Powerful-Women--2014.pdf>**Girl Safety Toolkit**Girl Hub (2014)<[www.girleffect.org/media?id=3050](http://www.girleffect.org/media?id=3050)>**Girls in Emergencies and Humanitarian Settings Resource List**Coalition for Adolescent Girls<http://coalitionforadolescentgirls.org/resources-by-topic-2/>***Girls and women with disabilities*****I See That It Is Possible: Building Capacity for Disability Inclusion in Gender-based Violence (GBV) Programming in Humanitarian Settings**Women’s Refugee Commission (2015) <www.womensrefugeecommission.org/populations/disabilities/research-and-resources/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview>**Including Adolescent Girls with Disabilities in Humanitarian Programs**Women’s Refugee Commission (2015) <[www.womensrefugeecommission.org/girls/resources/1252-girls-disabilities-2015](https://www.womensrefugeecommission.org/girls/resources/1252-girls-disabilities-2015)>**Working to Improve Our Own Futures: Inclusion of Women and Girls with Disabilities in Humanitarian Action**Women's Refugee Commission (2016)<[www.womensrefugeecommission.org/disabilities/resources/1342-networks-women-disabilities](http://www.womensrefugeecommission.org/disabilities/resources/1342-networks-women-disabilities)>***Other*****R****apid Humanitarian Assessments in Urban Settings** Assessment Capacities Project (April 2015)*<*[www.acaps.org/library/assessment](http://www.acaps.org/library/assessment) > |

## Overview of the tools

|  |  |
| --- | --- |
| Tool | Purpose |
| Tool 1: Good Practice Checklist | To assist UNICEF and partner staff in undertaking rapid GBV assessments in line with good practice principles.  |
| Tool 2: GBV Service Mapping Tool | To map availability of existing GBV response services, and document information about them. The tool will help UNICEF and partners to:* Identify which services are currently available for adult and child GBV survivors in a geographical area;
* Identify key service gaps; and
* Develop a directory of services and begin the process of developing inter-agency referral protocols.
 |
| Tool 3: GBV Service Capacity and Quality Audit Tool | To assess the **capacity and quality** of health, psychosocial and safety services for GBV survivors. The tool will help UNICEF and partners to:* Learn about types of GBV being reported to service providers; and
* Identify gaps in survivor-centred clinical management, crisis care and immediate safety services for sexual violence survivors and those at-risk.
 |
| Tool 4: Barriers to Care Analysis and Planning Tool | To help identify and address barriers faced by different groups in the community in accessing GBV services. The tool will help UNICEF and partners:* Learn from the community about barriers to service; and
* Identify solutions to the barriers.
 |
| Tool 5: WASH and Dignity Kit Sample Focus Group Discussion Guide  | To assess the needs and preferences of adolescent girls and women to guide procurement of *Family Hygiene and Dignity Kits.* The tool will help UNICEF and partners to:* Learn about menstrual hygiene management practices and preferences; and
* Identify appropriate gender-sensitive non-food items (NFIs) to increase dignity and safety for adolescent girls and women.
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| Name | Purpose |
| Tool 6: GBV Risk and Safety Focus Group Discussion Guide  | To use semi-structured in-depth discussions with different groups of females and other community members to learn about GBV risks and responses. This tool will help UNICEF and partners to learn more about:* Perceptions of GBV risk and safety solutions in the community;
* Types of GBV community members are concerned about; and
* Community responses to sexual violence.
 |
| Tool 7: GBV Risk and Safety Key Informant Interviews | To collect information from different community members and camp management actors/local authorities about service-related GBV risks in the setting. This provides UNICEF and partners with an opportunity to learn about:* Different perceptions of girls’ and women’s risk and safety in the community;
* Danger zones in the setting;
* Existing strategies for improving safety; and
* Specific risks associated with basic services such as shelter, food, water and security.
 |
| Tool 8: Participatory Safety Mapping Exercise | To learn from different groups of girls and women about:Their key safety concerns in the community;Locations where they feel safe and unsafe, and threats that contribute to this; andStrategies for improving their safety and protection. |
| Tool 9: Participatory Safety Walk Guide | To enable adolescent girls and women to identify and articulate the safety concerns and problems they face in particular geographical areas and in accessing services. Where safe and appropriate to do so, this tool empowers them to communicate directly with service providers and other duty bearers regarding their safety needs and to engage in joint problem-solving and decision-making regarding safety and protection. |
| Tool 10: GBV Risk and Safety Observation Guide | To assist in the collection and recording of observations related to girls’ and women’s safety and security in a camp or community to help build an understanding of the GBV situation. The tool may be used in one of two ways:To triangulate information generated through other rapid assessment activities – for example, to complement information collected in focus group discussions and key informant interviews; or As the main information collection method in insecure environments where asking community members questions about the GBV situation might put them at risk – for example, in settings where there is a military presence within a camp or community.  |
| Tool 11:Community Safety Planning Guide | To bring community stakeholders together to analyse gaps in safety and accountability identified through the rapid assessment process, and to strategize how to make changes to enhance the safety of girls and women and develop safety action plans. This tool helps to: * Mobilize affected communities to improve girls’ and women’s safety and protection from GBV;
* Strengthen the capacities of rights holders to make their claims;
* Strengthen the capacities of duty bearers to meet their obligations toward the protection of emergency-affected populations; and
* Promote girls’ and women’s voices, visibility and agency in humanitarian relief planning and management.
 |

## Rapid Assessment Tool 1: Good Practice Checklist

|  |  |
| --- | --- |
| Purpose | To assist UNICEF and partner staff in undertaking rapid GBV assessments in line with good practice principles. Prior to initiating a rapid GBV assessment, UNICEF and partner staff should make sure each item on this list is checked off and accounted for. |
| **Participation in GBV assessments** |
| * Appropriate level of community participation in the assessment has been determined.
 |
| * Methodologies and tools suitable for the level of participation have been adapted as appropriate for use with:
* Adults
* Adolescents, if relevant
 |
| * Barriers to participation by different groups have been identified and addressed.
 |
| **Ethics and safety in GBV assessments** |
| * Staff participating in the assessment have been sensitized on ethical and safety issues related to GBV.
 |
| * Risks associated with the assessment have been assessed before, during and after data collection, and potential negative consequences of all assessment activities have been discussed and addressed through one of the following:
* Not continuing with the activity if the risk of harm is too high;
* Modifying the activity to reduce or eliminate the risk; or
* Having a plan in place to respond to potential risk.
 |
| * A community agreement for the assessment has been obtained, including both of the following:
* Local authorities have been approached and support the assessment.
* Community leaders have been approached and support the assessment.
 |
| * A clear process is in place for obtaining informed consent from assessment participants in:
* Key informant interviews
* Focus group discussions
* Other activities
* The informed consent process outlines:
* Purpose of assessment;
* Issues to be discussed; and
* That participation is voluntary and the participant can stop at any time.
* A clear process is in place for obtaining consent for young people to participate in interviews/focus groups.
* A clear process in place to ensure interview and focus group participants clearly understand that if any form of abuse against children is discovered, confidentiality may be broken and actions taken to protect the child or young person.
 |
| * A clear plan is in place to refer survivors of GBV to appropriate services.
 |
| * A plan and protocols are in place to respond to protection needs of a child or young person found to be experiencing sexual or other violence or at other risk of imminent harm.
 |
| * Other potential risks and safety hazards are assessed, such as road conditions to and within the affected area; presence of continued fighting; landmines; banditry; blockades; rioting; and likely evolution of the emergency and/or potential for recurrence of natural disaster or conflict.
 |
| **Survivor-centred approach in GBV assessments** |
| * Staff participating in assessments are trained on survivor-centred principles.
 |
| * Assessment team members can explain guidelines surrounding confidentiality (including limits of confidentiality) to interview and focus group participants and others involved in assessment activities.
 |
| * Staff involved in assessments can respond appropriately to people in distress.
 |
| * Mechanisms are in place for the referral of child and adult survivors who disclose experiences of GBV or require support during assessment for:
* Clinical management of sexual violence;
* Basic psychosocial support; and/or
* Protection from imminent risk of harm for child survivors.
 |
| * Staff involved in assessments can provide relevant information and referrals.
 |
| * Service delivery staff are trained on survivor-centred principles.
 |

## Rapid Assessment Tool 2: GBV Service Mapping Tool[[13]](#footnote-13)

|  |  |
| --- | --- |
| Purpose | To map availability of existing GBV response services and document and disseminate information about them. The tool will help UNICEF and partners to:* Identify which services are currently available for GBV survivors in a geographical area;
* Identify key service gaps; and
* Develop a directory of services and begin the process of developing inter-agency referral protocols.
 |
| Sources of information | Service providers * Site visits, where possible
 |
| Parts | **Part A: Steps in Service Mapping** provides step-by-step instructions on how to collect information for a GBV response service mapping.**Part B: Service Information Form** provides a template withinstructions to help document details of each GBV-related response service, including its location, contact details, types of assistance offered and costs, which will be used to create a service directory.  |

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| **Part A: Steps in Service Mapping** |
| **Step 1. Define the geographical area for the mapping.** Identify the geographical boundaries for the service mapping. For example, decide if you are mapping services within a camp/community or across a district, etc.  |
| **Step 2. Develop a list of all services, organizations and groups in the selected area that provide care and support to GBV survivors.**Develop a list of services by sector. If there is **no existing information** on available services, consult with cluster lead agencies; camp management agencies; NGOs operating in the camp/community; government health, welfare, gender and children’s agencies; police; women’s and children’s groups; and other sources to gather information.  |
| **Step 3. Visit or contact each service/organization on the list and, using the service information form (Part B), collect and document information about the service.** Collect detailed information about each service using **Part B: Service Information Form.** If it is not possible to visit the service due to security, time or other constraints, collect the information through a phone conversation. |
| **Step 4. Find out about and contact other services, organizations or groups that provide care and support to survivors**.Ask each service, organization or group that you contact about other services, organizations or groups they are in contact with or know about that provide care and support to survivors of GBV. Contact these new services identified, and repeat Step 3 above.  |
| **Step 5. Develop and share a directory of services.**Develop a service directory using **Part B: Service Information Form**. Make copies and distribute to all community-based response actors.  |
| **Step 6. Regularly update directory of services.** Be sure to regularly update the list as you become aware of new services or changes to services. Plan when, how and by whom the directory will be updated. |

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|  **Part B: Service Information Form** |
| 1. **Name of service/**

**organization/ group** |  |
| 1. **Sector**
 |  |
| 1. **Specific services provided**
 |  |
| 1. **Location**
 |  |
| 1. **Phone number**
 |  |
| 1. **Main contact person**
 |  |
| 1. **Days and hours**
 |  |
| 1. **Target group**
 |  |
| 1. **Fee for services**
 |  |
| 1. **Geographical area served**
 |  |
| 1. **How to make a referral**
 |  |
| 1. **Additional information**
 |  |

|  |
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| **Notes for filling in Service Information Form** 1. Write the name of the organization.
2. Using the list of Response Sectors and Services below, choose the sector that describes the organization and write it in the box. If the organization provides services in more than one sector, include all relevant sectors on the form.
3. Using the list of Response Sectors and Services below, identify the specific services provided by the organization and write them on the form. If the service isn’t included in the list, write ‘Other’ and give more information.

 1. Write the physical location of the service and include details of how to get there so people know how to direct others to find it. \*\**See note below.*
2. Write the phone number where a referral can be made or where more information about the service can be obtained. \*\**See note below.*
3. Write the name of the main contact person who provides information and takes referrals.
4. Write the days and times that people can come for assistance.
5. Write the main target groups of the service and include as much detail as possible, for example:
	* Adult women 19 +
	* Adolescent girls 13- 18
	* Girls aged 0 - 12
	* Unaccompanied children
	* Female and males of reproductive age
6. Write how much each service costs. Be specific.
7. Write how a person can be referred to and access the service. Referral usually involves either *self-referral* – a person can call or come into a service, organization or group and request assistance – or *referral by another service* either verbally or in writing.
8. Note any additional information that is useful to know – for example, any exclusions from the service.

**\*\*Note**: **In the case of services that deal with safety, protection or other sensitive issues, DO NOT include detailed information in a service directory or other documents that will be publicly distributed.** For some services, it is very important that information about the location, contact details and contact people is NOT made publicly available or widely shared in order to protect survivors, their families and those helping them. This especially applies to shelters and safe houses, where disclosing people’s locations can put women and their children, as well as staff, at risk. It also applies to facilities that provide other sensitive care and support for victims, such as pregnancy termination services, where they are legal. |
|  **List of Response Sectors and Services**  |
| **Sector** | **Services Provided** |
| **Health**  | * Comprehensive post-rape care for *adults*, including injury management, treatment for sexually transmitted infections (STIs), emergency contraception (EC), and post-exposure prophylaxis (PEP) for HIV/AIDS
* Comprehensive post-rape care for *children*, include injury management, treatment for STIs, EC, and PEP for HIV/AIDS
* Partial post-rape care, which includes some components but not all
* Forensic services
* Treatment for chronic physical health outcomes
* Reproductive health care
* Fistula repair
* Voluntary Counselling and Testing (VCT) for HIV
* HIV treatment, care and support services
* Crisis counselling and support for adult survivors[[14]](#footnote-14)
* Crisis counselling and support for child survivors
* Mental health assessment and management (e.g., psychological or psychiatric evaluation, treatment and care)
* Other health service – give details
 |
| **Psychosocial Support** *Includes social welfare and education services* | * Crisis counselling and support for adults/children
* Information and advocacy
* Casework services
* Individual counselling/support[[15]](#footnote-15)
* Group counselling/support[[16]](#footnote-16)
* Material support (e.g., clothing and food)
* Financial support
* Family outreach and education
* Community outreach and education
* Livelihoods/economic support
* Formal and informal education
* Traditional healing
* Court support
* Other psychosocial support service – give details
 |
| **Safety**  | * Short-term shelter for adult women
* Short-term shelter for mothers and their children
* Short-term shelter for adolescent girls/children
* Medium-term shelter and accommodation
* Other safety service – give details
 |
| **Child Protection**  | * Investigation of allegations of child abuse
* Alternative care placement for children
* Financial and other support to families
* Emotional and practical care and support to at-risk children
 |
| **Law Enforcement and Criminal Justice**  | * Criminal investigation and arrest
* Prosecution of perpetrators
 |
| **Legal Services** | * Legal counselling and advice for survivors and their families
* Legal advocacy and representation in court matters
 |

## Rapid Assessment Tool 3: GBV Service Capacity and Quality Audit Tool

|  |  |
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| Purpose | To assess the capacity and quality of health, psychosocial and safety services for GBV survivors. The tool will help UNICEF and partners to:* Learn about types of GBV being reported to service providers; and
* Identify gaps in survivor-centred clinical management, crisis care and immediate safety services for sexual violence survivors and those at risk.
 |
| Sources of information | * Interview with staff of agencies providing health, psychosocial and safety services
* Site visits and observation at facilities/services, where possible
 |
| Additional information | The focus of the service audit is care, support and protection for sexual violence survivors; however, teams can adapt the tool to capture information about other GBV services if relevant.  |
| Parts | **Part A: GBV Health Service Rapid Assessment** **Part B: GBV Psychosocial Support Service Rapid Assessment****Part C: GBV Survivor Safety Service Rapid Assessment** |

|  |
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| **Part A: GBV Health Service Rapid Assessment**  |
| Name of camp/community: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1. Sources of Information (tick all that apply)** |
| * Interview with health agency staff (e.g., Programme Manager)

Number and gender(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Interview with health service provider (e.g., clinician, nurse)

Number and gender(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Observation at health facility
* Other: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **2. General Information** |
| 2.1 Name of health provider:* Ministry of Health
* International NGO: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* National NGO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 2.3 Type of facility:* Hospital
* Primary health
* Mobile
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **3. Reported incidents** |
| 3.1 Has girls’/women’s safety changed since the crisis/emergency?* No change
* More safe
* Less safe
* Don’t know

3.2 Has there been an increase in reports of violence against girls and women since the crisis/emergency occurred? * Yes
* No
* Don’t know
	1. If yes, what types of violence have there been increased reports of?
* Rape/sexual assault of a woman by a family member
* Rape/sexual assault of a girl child by a family member
* Rape/sexual assault of a boy child by a family member
* Rape/sexual assault of a woman by a known community member (e.g., neighbour)
* Rape/sexual assault of a girl child by a known community member (e.g., teacher or neighbour)
* Rape/sexual assault of a boy child by a known community member (e.g., teacher or neighbour)
* Rape/sexual assault of a woman by an unknown community member
* Rape/sexual assault of a girl child by an unknown community member
* Rape/sexual assault of a boy child by an unknown community member
* Sexual violence of a woman by an armed actor
* Sexual violence of a girl child by an armed actor
* Sexual violence of a boy child by an armed actor
* Other sexual violence
* Intimate partner violence against a partnered girl or woman by her spouse/partner
* Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4. Service checklist**  | **Y** | **N** | **DK** |
| 4.1 Survivors can access health care without police involvement |  |  |  |
| 4.2 Service is free |  |  |  |
| 4.3 A safe and private environment is available for medical examination and treatment  |  |  |  |
| 4.4 Health workers are trained on confidentiality |  |  |  |
| 4.5 Documentation is stored securely to protect confidentiality |  |  |  |
| 4.6 Protocols for clinical management of adults are in place |  |  |  |
| 4.7 Protocols for clinical management of children are in place |  |  |  |
| 4.8 Clinical management services are available for child survivors |  |  |  |
| 4.9 Clinical management services are available for adolescent survivors |  |  |  |
| 4.10 Clinical management services are available for adult survivors |  |  |  |
| 4.11 Medical examination and treatment is provided by trained staff |  |  |  |
| 4.12 Appropriate equipment and supplies, including drugs, are available for adult survivors |  |  |  |
| 4.1.3 Appropriate equipment and supplies, including drugs, are available for child survivors of all ages |  |  |  |
| 4.14 Health staff are trained to manage other forms of GBV  |  |  |  |
| 4.15 Mental health services[[17]](#footnote-17) are available for survivors |  |  |  |
| 4.16 Health workers know how to give age-appropriate information to survivors and their carers and make a referral for immediate safety or psychosocial support |  |  |  |
| 4.17 Sexual violence data is collected and analysed |  |  |  |
| 4.18 Community outreach is undertaken to promote the service  |  |  |  |

**5. Notes:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **6. Recommended actions for addressing critical health gaps**Name of camp/community/settlement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Issue/gap identified** | **Action for addressing the gap** | **Person responsible**  | **Timeframe** | **Priority** **High/Medium/Low** |
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| **Part B: GBV Psychosocial Support Service Rapid Assessment**  |
| Name of camp/community: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1. Sources of Information (tick all that apply)** |
| * Interview with psychosocial support agency staff (e.g., Programme Manager)

Number and gender(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Interview with psychosocial worker (e.g., social worker, case worker)

Number and gender(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Observation at service
* Other: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **2. General Information** |
| 2.1 Name of psychosocial service provider:* Ministry of Social Welfare/Health/etc.
* International NGO: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* National NGO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Women’s group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 2.2 Type of facility:* Women’s centre
* Safe space
* Mobile/outreach service
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **3. Reported incidents** |
| 3.1 Has girls’/women’s safety changed since the crisis/emergency?* No change
* More safe
* Less safe
* Don’t know

3.2 Has there been an increase in reports of violence against girls and women since the crisis/emergency occurred? * Yes
* No
* Don’t know
	1. If yes, what types of violence have there been increased reports of:
* Rape/sexual assault of a woman by a family member
* Rape/sexual assault of a girl child by a family member
* Rape/sexual assault of a boy child by a family member
* Rape/sexual assault of a woman by a known community member (e.g., neighbour)
* Rape/sexual assault of a girl child by a known community member (e.g., teacher or neighbour)
* Rape/sexual assault of a boy child by a known community member (e.g., teacher or neighbour)
* Rape/sexual assault of a woman by an unknown community member
* Rape/sexual assault of a girl child by an unknown community member
* Rape/sexual assault of a boy child by an unknown community member
* Sexual violence of a woman by an armed actor
* Sexual violence of a girl child by an armed actor
* Sexual violence of a boy child by an armed actor
* Intimate partner violence against a partnered girl or woman by her spouse/partner
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **4. Service Checklist**  | **Y** | **N** | **DK** |
| 4.1 A safe and private environment is available for survivors to receive information and help  |  |  |  |
| 4.2 Staff/volunteers are trained on confidentiality |  |  |  |
| 4.3 Trained staff/volunteers can provide relevant and age-appropriate information and referral for health care and safety options to people seeking help |  |  |  |
| 4.4 Informed consent for services and referral is obtained  |  |  |  |
| 4.5 Trained staff/volunteers can provide age-appropriate basic crisis support to survivors of recent sexual assault or other traumatic GBV incidents and their families[[18]](#footnote-18)  |  |  |  |
| 4.6 Trained staff/volunteers can provide case management for survivors |  |  |  |
| 4.7 Resources are available to meet immediate basic needs (e.g., clothing and food) |  |  |  |
| 4.8 Trained staff/volunteers are available to provide information and education to families of survivors  |  |  |  |
| 4.9 Traditional healing or community-based self-help strategies that survivors perceive as helpful in their recovery and that promote the human rights of survivors are used and supported |  |  |  |
| 4.10 Community outreach is undertaken to inform communities about types and benefits of GBV services  |  |  |  |

**5. Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Recommended actions for addressing critical gaps in psychosocial care and support**

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| Name of camp/community/settlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Issue/gap identified** | **Action for addressing the gap** | **Person responsible** | **Timeframe** | **Priority High/Medium/Low**  |
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| **Part C: GBV Survivor Safety Service Rapid Assessment** |
| Name of camp/community: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1. Sources of Information (tick all that apply)** |
| * Interview with safety service agency staff (e.g., Programme Manager)

Number and gender(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Interview with safety service/shelter staff

Number and gender(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Interview with women/children’s group representative

Number and gender(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Observation at service or site
* Other: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **2. General Information** |
| 2.1 Name of safety service provider:* Government agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* International NGO: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* National NGO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Women’s group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 2.2 Safety model:* Kinship placements with extended family or close friends of the family
* Foster care placements for children
* Safe house
* Guesthouses, hotels, community-based facilities such as church buildings, women’s centres, children’s centres, etc.
* Residential care in group homes or facilities
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **3. Reported incidents** |
| 3.1 Has girls’/women’s safety changed since the crisis/emergency?* No change
* More safe
* Less safe
* Don’t know

3.2 Has there been an increase in reports of violence against girls and women since the crisis/emergency occurred? * Yes
* No
* Don’t know
	1. If yes, what types of violence have there been increased reports of:
* Rape/sexual assault of a woman by a family member
* Rape/sexual assault of a girl child by a family member
* Rape/sexual assault of a boy child by a family member
* Rape/sexual assault of a woman by a known community member (e.g., neighbour)
* Rape/sexual assault of a girl child by a known community member (e.g., teacher or neighbour)
* Rape/sexual assault of a boy child by a known community member (e.g., teacher or neighbour)
* Rape/sexual assault of a woman by an unknown community member
* Rape/sexual assault of a girl child by an unknown community member
* Rape/sexual assault of a boy child by an unknown community member
* Sexual violence of a woman by an armed actor
* Sexual violence of a girl child by an armed actor
* Sexual violence of a boy child by an armed actor
* Intimate partner violence against a partnered girl or woman by her spouse/partner
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **4. Service Checklist**  | **Y** | **N** | **DK** |
| 4.1 Short-term safety options are available in the community for child survivors at risk of further GBV who require alternative care and protection |  |  |  |
| 4.2 Short-term safety options are available in the community for women at risk of further GBV who require safe shelter |  |  |  |
| 4.3 Short-term safety options are available in the community for women and their children at risk of further GBV who require safe shelter  |  |  |  |
| 4.4 Agencies or groups running crisis accommodation services have adequate resources to meet basic needs of survivors, including shelter, clothing and food |  |  |  |
| 4.5 Security needs of safety services and facilities are addressed |  |  |  |
| 4.6 Alternative care placements of children are overseen by trained volunteers or staff and are reviewed regularly  |  |  |  |
| 4.7 Trained staff/volunteers can provide case management for survivors |  |  |  |
| 4.8 Resources are available to meet immediate basic needs of survivors (e.g., clothing and food) |  |  |  |

**5. Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Recommended actions for addressing critical gaps in immediate safety for survivors**

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| Name of camp/community/settlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Issue/gap identified** | **Action for addressing the gap** | **Person responsible** | **Timeframe** | **Priority** **High/Medium/ Low** |
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## Rapid Assessment Tool 4: Barriers to Care Analysis and Planning Tool

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| Purpose | Use this tool to develop an action plan to address barriers faced by survivors of sexual violence in accessing care and support services. This tool has two parts: |
| Sources of information | Representatives from the community |
| Parts | **Part A** provides guidance on how to do a barrier assessment and identify solutions. **Part B** provides a template to use to document the action plan for addressing barriers faced by survivors. |

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| **Part A: Steps in Addressing Barriers to Care and Support Services** |
| ***Step 1. Organize a workshop to develop a plan to address critical capacity gaps*** |
| Do this exercise in a participatory manner, inviting representatives from women’s and children’s networks, survivor support groups, and other organizations and groups that advocate on behalf of survivors. It is good to have different ages represented, for example adolescents, young women and older women.  |
| ***Step 2. Identify the service and population to be analysed*** |
| You can choose to look at barriers faced by survivors for a particular service, for example, barriers faced in accessing law enforcement; barriers faced by a particular group of survivors, for example, general barriers faced by adolescent girls in seeking help; or barriers faced by a particular group in accessing a particular service, for example, barriers to adolescent girls in accessing health care. You can also do all three if it is needed, although this will take more time.1. To identify barriers survivors’ face **in accessing a particular service**, **write the** **name of the service** in a circle, eg. health post, police, women’s centre, women’s shelter, child protection network, etc. and draw a series of concentric circles around it.
2. To identify barriers faced by **a particular group of survivors**, **write the name of the group** in a circle, eg. adult women, married women, unmarried women, adolescent girls, young children, males, sex workers, etc. and draw a series of concentric circles around it.
3. To identify barriers faced by **a particular group to a particular service,** **write the name of the service and the name of the group** in a circle and draw concentric circles around it.
 |
| ***Step 2. Ask ‘why’***  |
| 1. If you put the name of a service in the centre circle, ask participants why survivors don’t use the service and write the answers in the second circle.
2. If you put the name of a particular group of survivors in the centre circle, ask participants why that group doesn’t access services and write the answers in the second circle.
3. If you put the name of a service and particular group in the centre circle, ask why that group doesn’t access that service and write answers down in the second circle.
 |
| ***Step 3. Probe and get more information*** |
| 1. For each factor or barrier identified, continue to ask ‘why is this so?’ and write the corresponding answers in the next circle.
2. Continue this process until all of the barriers have been revealed.
3. Write the barriers on a list.
 |
| ***Step 4. Develop a plan for addressing each gap*** |
| 1. Go through the list of barriers one by one and have participants discuss and explore potential strategies and actions for reducing or eliminating each barrier.

 1. Ask participants to decide which actions are high priority, who is responsible for them and the timeframe.
2. Participants may not be able to identify all the solutions for all the barriers. You may need to consult with others before finalizing the action plan.
 |
| ***Step 5. Document, implement and review the action plan for addressing barriers***  |
| 1. Using **Part B** **action plan for addressing barriers**, document the action plan and distribute it to relevant stakeholders.
2. Start implementing it!
3. Organize a review meeting to follow up on progress in implementing the plan and make adjustments as needed. You can use Part B Checklist again to review and monitor progress towards addressing gaps.
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| **Part B: Action Plan for Addressing Barriers to Care and Support** |
| **Barrier** | **Possible strategies for reducing the barrier** | **Who** | **When** |
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## Rapid Assessment Tool 5: WASH and Dignity Kit Sample Focus Group Discussion Guide[[19]](#footnote-19)

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| Purpose | To assess the needs and preferences of adolescent girls and women to guide procurement of *Family Hygiene and Dignity Kits.*The tool will help UNICEF and partners to:* Learn about menstrual hygiene management practices and preferences; and
* Identify appropriate gender-sensitive non-food items (NFIs) to increase the dignity and safety of adolescent girls and women.
 |
| Sources of information | * Girls 12 – 17 years
* Women 18 – 50 years
 |
| Additional information | Each focus group should include 8 – 10 volunteers of the same cultural background. Consideration should be given to the profile of group members to reduce the risk of power inequalities in the group based on status or role in the community, which can inhibit some women from speaking freely. Consideration should also be given to ensuring the discussions take place in private and safe spaces.There should be 2 female facilitators to lead the focus group discussion (FGD) with the following roles:* **Lead facilitator** – This person is responsible for asking the questions and guiding the discussion. The lead facilitator should have experience in facilitating FGDs, should be able to probe and draw out discussions, and should be experienced in observing group dynamics.
* **Process facilitator** – This person is responsible for taking notes and recording the discussion. This person should be fluent in local languages and should be directly involved in the translation of recordings and notes after the session.

Please review guidance and resources on focus group discussions in *Section 3: How to Do GBViE Assessments* for more information about planning and implementing focus groups and analysing the information generated. |
| Parts | **Part A: Adult Women Focus Group Discussion Guide****Part B: Adolescent Girls Focus Group Discussion Guide** |

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| **Part A: Adult Women Focus Group Discussion Guide** |
| **1. Dignity and safety** * 1. Are there personal items that women need to enable them to move freely, and feel safe in the community and carry out chores?
	2. Were you able to get these items when you first came to this place/when the emergency first occurred? *Probing questions: How did you obtain the items and/or support? Were you given the items for free or did you have to buy them? If you had to buy them, where did you buy them? Were you able to buy any items in a local shop?*
	3. Are there areas in this place/the community where you or other women feel unsafe?
	4. What makes women feel unsafe in these areas?
	5. Are there items that could be given to women to help them feel safer in these areas?
	6. Are there other things that could be done to make women feel safer in these areas?
	7. What information do women get about personal safety for women in this location?
	8. What other information would be beneficial to help women keep themselves safe? *Probing questions: How/when should information be disseminated? With Kit? Written? Discussion? To what ages?*

 |
| **2. Personal hygiene and menstrual management**2.1Think about when you first arrived here (camp/location) or when the emergency first occurred. What things did you feel you needed for your personal health or hygiene requirements? *Probing questions: How did you obtain the items and/or support? Were you given the items for free or did you have to buy them? If you had to buy them, where did you buy them? Were you able to buy any items in a local shop? Were facilities (water, latrines, bathing facilities, places to do laundry, etc.) available?* 2.2 Before coming to this place/before the emergency, did you have a latrine at home? *Probing questions: Did all members of the household use it, or were some members unable or preferring not to use it? For babies and infants, how did you manage their faeces? Do small children know how to use a latrine? Do they know how to use a potty? If yes, how/where did you normally empty the potty?*2.3 Before coming to this place/before the emergency, what did you normally use to manage your menstrual cycle? (Note if support other than personal sanitary items is raised, but don’t bring it out otherwise – it will be drawn out later.) *Probing questions: Describe the items you used. Were they locally produced sanitary pads or cloths?* 2.4 What are you using now to manage your menstrual cycle? *Probing questions: If different from what you were using before the emergency, why? If same, is it easy to get items now? How does the current emergency affect your menstrual hygiene management needs? How did it feel not having these items/ facilities?*  2.5 (If not already discussed in previous questions) What facilities are needed to help you with your menstrual hygiene management? *Probing questions: Where do you change your sanitary pads? Do you have areas for washing and drying towels? Are there appropriate disposal facilities for disposable sanitary items? Are there separate/private functional latrines with internal washing facilities? Are the toilets lockable from the inside? Are there lights? Do you have to pay for use of toilets?*2.6 Do women have access to the proper facilities for menstrual hygiene management? 2.7 If facilities are not available or suitable, how do you cope? *Probing questions: What are the restrictions? How do you make do? If you go to bush to bathe, do you go alone or with other family members? Do you feel safe doing this?*2.8Looking at your current situation, what type of changes or improvements to facilities are needed for your menstrual hygiene management?* 1. How do girls/women get information about menstrual management and hygiene?
	2. What other information would be beneficial? *Probing questions: How/when should information be disseminated? With Kit? Written? Discussion? To what ages?*

  |
| **3. Additional information*** 1. Is there anything else you would like to share about girls’/women’s safety and dignity or menstrual hygiene management?
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| **Part B: Adolescent Girls Focus Group Discussion Guide** |
| **Considerations*** This section is for getting the opinion of girls primarily in a school setting, but could be used for girls not attending school (i.e., child-friendly spaces).
* The age of girls is flexible; however, the assessment team should consider those who have enough experience and confidence of menstrual hygiene management to talk about it. To reach teenage girls, FGDs may have to be conducted with mothers or run through school programmes.
* The questions can be combined with questions from the adult FGD if appropriate.
* The group leader and data collector should only be female.
* The FGD should be conducted in a private setting to ensure all girls are comfortable to discuss with each other in confidence.
* Ensure the facilitator tells participants that information will be confidential and names will not be collected.
 |
| 1. **Menstrual management and hygiene**
	1. What do you know about becoming a woman? What does it mean?

*Probing questions: What changed after you reached puberty? What do you know of menstrual cycles?** 1. Who taught you about your menstrual cycle? What age were you? What type of things were you taught?
	2. What types of menstrual hygiene management items were you taught to use? (*Show samples or pictures of products)*
	3. Before coming to this place/before the emergency, did you have a latrine at home? *Probing questions: Did all members of the household use it, or were some members unable or preferring not to use it?*
	4. Before coming to this place/before the emergency, what did you normally use to manage your menstrual cycle? *Probing questions: Describe the items you used. Were they locally produced sanitary pads or cloths?*
	5. What are you using now to manage your menstrual cycle? *Probing questions: If different from what you were using before the emergency, why? If same, is it easy to get items now? How does the current emergency affect your menstrual hygiene management needs? How did it feel not having these items/ facilities?*
	6. (If not already discussed in previous questions) What facilities are needed to help you with your menstrual hygiene management? *Probing questions: Where do you change your sanitary pads? Do you have areas for washing and drying towels? Are there appropriate disposal facilities for disposable sanitary items? Are there separate/private functional latrines with internal washing facilities? Are the toilets lockable from the inside? Are there lights? Do you have to pay for use of toilets?*
	7. If facilities are not available or suitable, how do you cope? *Probing questions: What are the restrictions? How do you make do? If you go to bush to bathe, do you go alone or with other family members? Do you feel safe doing this?*
	8. Looking at your current situation, what types of changes or improvements to facilities are needed for your menstrual hygiene management?
	9. How do girls/women get information about menstrual management and hygiene?
	10. Do you come to school when you are menstruating? If not, why not?
	11. What would make it easier to come to school when you are menstruating?
	12. Are the toilet facilities at your school appropriate to deal with your menstrual flow? If you could change one thing about the toilets, what would it be?

*OPTIONAL ACTIVITY – Draw facility and discuss.** 1. What type of information would be useful for younger girls who are about to start menstruating?
 |
| **2. Safety*** 1. Are there areas in this place/community where girls feel unsafe?
	2. What makes you or other girls feel unsafe in these areas?
	3. Are there items that could be given to girls to help them feel safer in these places?
 |
| **3. Additional information*** 1. Is there anything else you would like to share about girls’ and women’s safety and dignity or menstrual hygiene management?
 |

## Rapid Assessment Tool 6: GBV Risk and Safety Focus Group Discussion Guide

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| Purpose | To use semi-structured in-depth discussions with different groups of females and other community members to learn about GBV risks and responses. This tool will help UNICEF and partners to learn more about:* Perceptions of GBV risk and safety solutions in the community;
* Types of GBV community member are concerned about; and
* Community responses to sexual violence.
 |
| Sources of information | * Older adolescent girls and women of different ages and backgrounds
* Community leaders
 |
| Additional information | Focus group discussions (FGDs) can help to identify places where girls and women feel unsafe and/or experience different forms of violence. The information can be further explored in safety mapping and/or safety walks, if appropriate. Each focus group should include 6 – 8 volunteers of the same cultural background. Consideration should be given to the profile of group members to reduce the risk of power inequalities in the group based on status or role in the community, which can inhibit some women from speaking freely. Consideration should also be given to ensuring the discussions take place in private and safe spaces.There should be 2 female facilitators to lead the FGD with the following roles:* **Lead facilitator** – This person is responsible for asking the questions and guiding the discussion. The lead facilitator should have experience in facilitating FGDs, should be able to probe and draw out discussions, and should have experience observing group dynamics.
* **Process facilitator** – This person is responsible for taking notes and recording the discussion. This person should be fluent in local languages and should be directly involved in the translation of recordings and notes after the session.

Remember to make sure that one of the facilitators is trained to respond appropriately to any disclosures made during or after the focus group and to ensure appropriate follow-up as needed.Please review guidance and resources on focus group discussions in *Section 3: How to Do GBViE Assessments* for more information about planning and implementing focus groups and analysing the information generated. |
| **GBV Risk and Safety Focus Group Discussion Questions** |
| **1. Perceptions of risk and safety problems and solutions***Tell participants you are going to ask some questions about girls’ and women’s safety and security in this camp/community.** 1. Do girls and women in this camp/community worry about their safety and security? How does this compare to before the crisis/displacement?
	2. What/who is making girls and women feel unsafe? *(Generate a list and continue asking until there are no more responses).*
	3. Where and when do girls and women feel unsafe? *(Go through each item on the list).*
	4. Are certain individuals or groups less safe? If so, who are they and why are they more at risk?
	5. What do girls and womendo to feel safer? When and why?
	6. What is the community doing to help girls and women feel safer?
	7. What are others (e.g., Government authorities, NGOs) doing to make girls and women safer?
	8. What else could be done to help girls and women feel safer?
 |
| **2. Types of GBV** *Tell participants you would like to know more about different types of violence girls and women experience. Ask if it is OK to ask some questions on this topic.** 1. What types of violence were girls and women exposed to before the crisis/displacement? *(Probe, if appropriate, and list different forms of GBV.)*
	2. What types of violence have girls and women been exposed to since the crisis/displacement?
	3. Which forms of violence that you have identified are most important to address? *(Consider doing a group ranking exercise to identify priorities.)*
	4. Are some girls/women more at risk of violence? If so, who are they and why are they more at risk? *(If not already covered in section 1).*
 |
| **3. Community responses to sexual violence** *Tell participants that in most communities, there are people who have been raped or sexually abused. Ask if it is OK to ask some questions about this topic to help identify how to best help people.** 1. If someone has been raped in this community, what kind of problems might they have?
	2. Where do people who have been raped seek help?
	3. What do community members think about people who have been raped? How do they treat them?
	4. What do community members do to help someone who has been raped?
	5. What more could be done to help those who have been raped?
 |
| **4. Additional information**Are there other things you’d like to mention in relation to girls’ and women’s safety in this camp/community? |

## Rapid Assessment Tool 7: GBV Risk and Safety Key Informant Interviews

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| Purpose | To collect information from different community members and camp management actors/local authorities about service-related GBV risks in the setting. These interviews provide UNICEF and partners with an opportunity to learn about:* Different perceptions of girls’ and women’s risk and safety in the community and among authorities;
* Danger zones in the setting;
* Existing strategies for improving safety; and
* Specific risks associated with basic services such as shelter, food, water and security.
 |
| Sources of information | * Community members (including girls and women, representatives from community organizations and groups, traditional and religious leaders, etc.)

Representative of local authorities or camp management |
| Additional information | As well as obtaining information *from* informants, interviews are an opportunity to provide information *to* informants and to discuss immediate actions that can be taken to reduce risk. For example, if a camp management representative identifies that WASH facilities are not sex-segregated or secure, this is an opportunity to immediately discuss with them how this can be improved. As with every tool, you will need to adapt the questions to the context. For example, the strategies that are listed pertaining to action that communities and others are taking to make girls and women safer are illustrative only; there may be additional relevant strategies in your context. If there is no existing information on the situation, information from focus groups can be used to help adapt the questions in this tool.Please review resources on sampling, questionnaires and interviews in *Section 3: How to Do GBViE Assessments* for more information about interviews. |
| Parts | Part A: Key Informant Interview – Community Member**Part B: Key Informant Interview – Local Authority/Camp Management**  |

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| --- |
| **Part A: Key Informant Interview – Community Member** |
| Name of camp/community: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1. General information** |
| 1.1 Sex of informant* Male
* Female
 | 1.2 Age of informant* 16 – 18
* 19 - 25
 | * 25 -39
* 40 – 54
* 54 +
 |
| * 1. Role/position of informant, if any (e.g., women’s leader, member of youth network, CBO member, community leader)

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| **2. Perception of risk and safety** |
| 2.1 What safety and security problems do adult women face in this camp/community? (tick all that apply).* Don’t know
* Intimate partner violence
* Sexual violence in the family
* Sexual violence outside the household, within the camp/community
* Sexual violence outside the camp/community
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.2 If sexual violence outside the household and/or outside the camp/community is occurring, who is perpetrating it?* Don’t know
* Male community members
* People in positions of authority or trust
* Armed actors who are parties to the conflict
* Armed actors who are not parties to the conflict
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.3 What safety and security problems do girls face in this camp/community? (tick all that apply)* Don’t know
* Sexual violence in the family
* Sexual violence outside the household, within the camp/community
* Sexual violence outside the camp/community
* Child marriage
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.4 If sexual violence outside the household and/or outside the camp/community is occurring, who is perpetrating it? * Don’t know
* Male community members
* People in positions of authority or trust
* Armed actors who are parties to the conflict
* Armed actors who are not parties to the conflict
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.5 Has girls’/women’s safety changed since the crisis/emergency occurred?* Don’t know
* No change
* More safe
* Less safe

2.6 Are there known danger zones in the camp/community where girls and women are at increased risk for assault/harassment? * Don’t know
* Yes
* No

If yes and known, list places mentioned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.7 What is the community doing to help make girls and women safer? * Don’t know
* Sharing information about unsafe people and places
* Reporting incidents
* Establishing community security or watch groups
* Providing escorts
* Asking authorities for help
* None of these
* Other

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* Sharing information about unsafe people and places
* Reporting incidents
* Establishing community security or watch groups
* Providing escorts
* Taking action to make services and facilities safer and more accessible
* None of these
* Other

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* Sharing information about unsafe people and places
* Moving in groups
* Using protection items
* Reporting incidents
* Limiting their mobility
* Other

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| **3. Shelter and registration** | **Y** | **N** | **DK** |
| 3.1 Are unaccompanied females and their children accommodated separately from men? |  |  |  |
| 3.2 Is the area of the camp/community where unaccompanied females stay safe? |  |  |  |
| 3.3Are married women registered separately from their husbands? |  |  |  |
| 3.4 Are unaccompanied females registered as individuals? |  |  |  |

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| 3.5 Comments on shelter and registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4. WASH facilities** | **Y** | **N** | DK |
| 4.1 Are men’s and women’s latrines and bathhouses separated? |  |  |  |
| 4.2 Are women’s latrines and bathhouses accessible to girls and women? |  |  |  |
| 4.3 Are women’s latrines and bathhouses secure for girls and women? |  |  |  |
| 4.4 Are water collection points accessible and safe for girls and women? |  |  |  |
| 4.5 Are women involved in water distribution management and monitoring? |  |  |  |
|  Comments on WASH facilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5. Food, fuel and non-food items (NFIs)** | **Y** | **N** | DK |
| 5.1 Is food distributed to women? |  |  |  |
| 5.2 Are women involved in managing and monitoring food distribution? |  |  |  |
| 5.3 Are firewood/charcoal collection points safely and easily accessible to women? |  |  |  |

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| 5.4 Are NFIs distributed directly to women? |  |  |  |
| 5.5 Do women receive NFIs that promote their dignity, hygiene and safety? |  |  |  |

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|  Comments on food, fuel and NFIs on WASH facilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. Security measures** | **Y** | **N** | DK |
| 6.1 Are there security personnel patrolling outside this camp/ community? *If no, indicate at right and then skip to question 6.4.* |  |  |  |
| 6.2 Security patrols outside the camp/community are provided by:* Government security forces
* Militia
* Peacekeeping forces
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 6.3 Do these patrols make girls and women feel safer outside the camp/community? |  |  |  |
| 6.4 Are there security patrols or a watch group inside the camp/ community? *If no, indicate at right and then skip to question 7.* |  |  |  |
| 6.5 Security patrols or watch group inside the camp/community are provided by:* Police
* Other government security force
* Militia
* Community group
* Other:

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| 6.6 Do these patrols make girls and women feel safer inside the camp/community? |  |  |  |
| Comments on security\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7. Decision-making and governance** |
| 7.1 Are women involved in decision-making and governance structures? |  |  |  |

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| **Part B: Key Informant Interview – Local Authority/Camp Management** |
| Name of camp/community: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1. General information** |
| 1.1 Sex of informant* Male
* Female
 | 1.2 Staff/volunteer from* Government authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Community governance body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Humanitarian agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * 1. Role/position of informant (e.g., elected official, traditional leader, camp manager, shelter manager)

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| **2. Safety** |
| 2.1 What safety and security problems do adult women face in this camp/community? (tick all that apply).* Don’t know
* Intimate partner violence
* Sexual violence in the family
* Sexual violence outside the household, within the camp/community
* Sexual violence outside the camp/community
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.2 If sexual violence outside the household and/or outside the camp/community is occurring, who is perpetrating it?* Don’t know
* Male community members
* People in positions of authority or trust
* Armed actors who are parties to the conflict
* Armed actors who are not parties to the conflict
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.3 What safety and security problems do girls face in this camp/community? (tick all that apply)* Don’t know
* Sexual violence in the family
* Sexual violence outside the household, within the camp/community
* Sexual violence outside the camp/community
* Child marriage
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.4 If sexual violence outside the household and/or outside the camp/community is occurring, who is perpetrating it? * Don’t know
* Male community members
* People in positions of authority or trust
* Armed actors who are parties to the conflict
* Armed actors who are not parties to the conflict
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.5 Has girls’/women’s safety changed since the crisis/emergency?* Don’t know
* No change
* More safe
* Less safe

2.6 Are there known danger zones in the camp/community where girls and women are at increased risk for assault/harassment? * Don’t know
* Yes
* No

If yes and known, list places mentioned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.7 What is the community doing to help make girls and women safer? * Don’t know
* Sharing information about unsafe people and places
* Reporting incidents
* Establishing community security or watch groups
* Providing escorts
* Asking authorities for help
* None of these
* Other

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* Sharing information about unsafe people and places
* Reporting incidents
* Establishing community security or watch groups
* Providing escorts
* Taking action to make services and facilities safer and more accessible
* None of these
* Other

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* Sharing information about unsafe people and places
* Moving in groups
* Using protection items
* Reporting incidents
* Limiting their mobility
* Other

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| **3. Shelter and registration** | **Y** | **N** | **DK** |
| 3.1 Are unaccompanied females and their children accommodated separately from men? |  |  |  |
| 3.2 Is the area of the camp/community where unaccompanied females stay safe? |  |  |  |
| 3.3Are married women registered separately from their husbands? |  |  |  |
| 3.4 Are unaccompanied females registered as individuals? |  |  |  |
| 3.5 Is there adequate lighting in and around shelters and facilities? |  |  |  |

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| 3.5 Comments on shelter and registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4. WASH facilities** | **Y** | **N** | DK |
| 4.1 Are men’s and women’s latrines and bathhouses separated? |  |  |  |
| 4.2 Are women’s latrines and bath houses accessible to girls and women? |  |  |  |
| 4.3 Are women’s latrines and bath houses secure for girls and women? |  |  |  |
| 4.4 Are water collection points accessible and safe for girls and women? |  |  |  |
| 4.5 Are women involved in water distribution management and monitoring? |  |  |  |
|  Comments on WASH facilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5. Food, fuel and non-food items (NFIs)** | **Y** | **N** | DK |
| 5.1 Is food distributed to women? |  |  |  |
| 5.2 Are women involved in managing and monitoring food distribution? |  |  |  |
| 5.3 Are firewood/charcoal collection points safely and easily accessible to women? |  |  |  |

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| 5.4 Are NFIs distributed directly to women? |  |  |  |
| 5.5 Do women receive NFIs that promote their dignity, hygiene and safety? |  |  |  |

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|  Comments on food, fuel and NFIs on WASH facilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. Security measures** | **Y** | **N** | DK |
| 6.1 Are there security personnel patrolling outside this camp/ community? *If no, indicate at right and then skip to question 6.4.* |  |  |  |
| 6.2 Security patrols outside the camp/community are provided by:* Government security forces
* Militia
* Peacekeeping forces
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 6.3 Do these patrols make girls and women feel safer outside the camp/community? |  |  |  |
| 6.4 Are there security patrols or a watch group inside the camp/ community? *If no, indicate at right and then skip to question 7.* |  |  |  |
| 6.5 Security patrols or watch group inside the camp/community are provided by:* Police
* Other government security force
* Militia
* Community group
* Other
 |
| 6.6 Do these patrols make girls and women feel safer inside the camp/community? |  |  |  |
| Comments on security\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7. Decision-making and governance** |
| 7.1 Are women involved in decision-making and governance structures? |  |  |  |

## Rapid Assessment Tool 8: Participatory Safety Mapping Exercise

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| Purpose | To learn from different groups of girls and women about:Their key safety concerns in the community;Locations where they feel safe and unsafe, and threats that contribute to this; andStrategies for improving their safety and protection. |
| Sources of information | Girls and women of different ages |
| Additional information | This exercise can be done in settings where it is not possible or appropriate to conduct a safety walk (see Tool 9).It is ideally done with groups of girls and women of similar ages, where they can be divided into smaller groups of 4-5 people each.  |
| Parts | Part A: Steps in Safety Mapping Exercise outlines a suggested process for conducting a participatory mapping exercise.**Part B: Safety Issues and Solutions Log** provides a template for recording the safety problems identified and recommended solutions and strategies for addressing them. |

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| **Part A: Steps in Safety Mapping Exercise** |
| **Step 1 Small group mapping – 30 minutes**1.1 Divide participants into three or four groups of four to five people each.* 1. Give each group four flipchart pages taped together and markers, coloured stickers or post-it notes.
	2. Ask each group to draw a geographical map of their camp or community, and – using different colours, stickers or post-it notes – mark the places on the map where:
* Girls and women feel safe;
* Girls and women feel unsafe; and
* Different types of GBV happen to different groups.
 |
| **Step 2 Present findings*** 1. Ask each group to present their map to the large group. Allow five minutes per group.
	2. As groups present their findings, write a consolidated list of all forms of GBV, where they occur and who is perpetrating them on a flipchart, as well as the places where women feel safe.
	3. Post the maps on the wall.
 |
| **Step 3 Discuss findings*** 1. Facilitate a discussion about the mapping. The following questions may be used or adapted:
* *Is anyone surprised by anything on the maps?*
* *Is there anything missing?*
* *Where are men safe/unsafe?*
* *Where are women safe/unsafe?*
* *Where are children safe/unsafe?*
* *What have we learned about the different places that men and women experience violence?*
* *Focusing on girls and women, who is using violence against them?* (Go through forms of violence on the list complied in step 2.)
* *Which types of violence are the most common and of most concern to women? How is this different among different groups of women?*
* *How could we break the silence around forms of violence that we have identified today, which we don’t see because they are hidden?*
 |
| **Step 4. Identify solutions*** 1. Go item by item through the forms of GBV and unsafe places identified in Step 2 and ask the large group to brainstorm solutions for making girls and women safer. Encourage participants to consider actions that different duty bearers can take (such as the community, local and international NGOs, government, etc.).

4.2 Document the issues and proposed solutions, and use the information to inform:* Community safety planning;
* Advocacy with duty bearers and other actors/sectors; and
* UNICEF and partner programming.
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| **Part B: Safety Issues and Solutions Log** |
| **Name of camp/community: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Safety issue/risk identified** | **Solutions for reducing the risk/improving safety** |
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## Rapid Assessment Tool 9: Participatory Safety Walk Guide

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| Purpose | To enable adolescent girls and women to identify and articulate the safety concerns and problems they face in certain geographical areas and in accessing services. Where safe and appropriate to do so, this tool empowers them to communicate directly with service providers and other duty bearers regarding their safety needs and to engage in joint problem solving and decision-making regarding safety and protection.  |
| Sources of information | Girls and women who regularly use the area that is being assessed * Service providers and decision-makers
 |
| Additional information | The safety walk should take approximately three hours. If the area to be covered is too large to cover in this time, consider dividing it up into smaller areas and having more than one team work at the same time in different parts of the camp or community.A safety walk can also be conducted to assess one route and amenity, such as a market, school or WASH facility. Where safe to do so, obtain visual records of unsafe areas/facilities to use when explaining the problem to others, for example in a community safety planning workshop. More time will need to be allocated when working with women with disabilities, elderly women or any group where the members speak a variety of languages. |
| Parts | **Part A: Steps in Conducting a Safety Walk****Part B: Tips for Conducting a Safety Walk** |

**EPS FOR CONDUCTING A SAFETY WALK**

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| **Part A: Steps in Conducting a Safety Walk[[20]](#footnote-20)** |
| **Step 1: Plan the safety walk** * 1. Identify the purpose of and route for the safety walk. The route should be decided with girls and women from the community and should include areas they have identified through focus groups, key informant interviews or other means as unsafe (such as areas where incidents of sexual harassment or assault have taken place, areas that women avoid, and other areas that are considered risky or dangerous).

The size and number of areas chosen for assessment will determine how many teams will be needed to conduct the walk. For example:* If the walk is focused on one location only, such as the school, only one team will be required.
* If the walk is assessing a whole camp or community, it will be necessary to recruit multiple teams based on the size of the area to be assessed.
	1. Identify 6 – 8 girls or women per team who regularly use the route and/or facilities that are going to be assessed. For example:
* If the purpose of the walk is to understand safety issues for girls travelling to and while at school, identify girls who attend that school.
* If the purpose of the walk is to understand safety issues associated with females’ access to and use of WASH facilities, identify females of different ages to participate.
	1. If the purpose of the safety walk is to inform duty bearers about safety issues and advocate for solutions to them, make sure one or two representatives from relevant authorities or agencies are present. For example, a safety audit of WASH facilities should include a representative from the authority managing the site/community and a representative from the agency responsible for WASH services.
	2. Make sure each team is briefed on the purpose of the activity, the route and/or locations they will be visiting. Make a rough map of the route to be covered and explain the issues and the route to the group.
	3. Ensure each team has a team leader or facilitator who will lead the process. Also designate someone to take notes and to work with the team leader to consolidate the information.
 |
| **Step 2: Conduct the safety walk – 2 hours*** 1. As a group, follow the route identified, and ask participants to identify locations where they have safety concerns and why. At each location identified by participants, stop and discuss why they feel unsafe in this area. The following questions may be helpful:
* *What is your first reaction to this place?*
* *What three words best describe this area?*
* *How well-lit is the area? Are there spaces which are poorly lit?* (Mark on the map where there is lighting and where it is dark.)
* *Does this make you feel safe/ unsafe? Why?*
* *Are there a lot of people using this area?*
* *If so, what are they doing (e.g., walking, working, meeting)?*
* *Does this make you feel safe/unsafe? Why?*
* *Are there particular spaces where people could hide?*
* *Does this make you feel safe/unsafe? Why?*
* *Are there certain groups of people hanging around who make you feel unsafe? Who are they?*
* *What is their sex? (e.g., groups of young men)*
* *Why are they hanging around?*
* *Why do they make you feel unsafe? Why?*
* *Are community leaders/ authority figures present and visible in the area?*
* *Does this make you feel safe/unsafe? Why?*
* *Would you know where to go for help?*
* *Are there any other things about this space that makes you feel unsafe?*
	1. If appropriate, take photos of the site/area. These may be helpful for explaining the problem and context to others and for monitoring changes.
	2. After the discussion, mark the area on the map. Consider using different colours or symbols to highlight areas where participants feel very unsafe, quite unsafe, or safe.
 |
| **Step 3: Debrief and identify next steps – 1 hour**3.1 Immediately after the walk, hold a short meeting to debrief with the team. Facilitate a discussion on:* What participants observed during the walk;
* Key safety concerns identified;
* Possible solutions to the problems; and
* Next steps. For example, if representatives from authorities and service providers are present, identify what actions and follow-up they will take and by when to implement solutions.

3.2 Document the issues and next steps, and use the information to inform:* Community safety planning;
* Advocacy with duty bearers and other actors/sectors; and
* UNICEF and partner programming.
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| **Part B: Tips for Safety Walks** |
| **What to take*** Paper and pens/pencils
* Maps
* Red, orange and green stickers to mark safe/unsafe areas on map
* Camera/video camera
* Voice recording device, if appropriate

**Tips for facilitators*** Provide refreshments and time for creating a friendly atmosphere that promotes dialogue and makes participants feel welcome and at ease with the facilitators and with one another.
* Ensure each participant has safe transportation to and from the meeting point.
* Take notes or use your camera to document positive features as well as problem areas.
* If it is difficult for you to take notes, use a tape-recorder if safe and appropriate and if participants give their permission.
* It is important to talk to other women you meet during the walk. Introduce yourself. Tell them that you are looking at women’s safety in the area and would like to know what they think.
* Encourage participants to:
* Stay together so that each person is listened to and heard; remember, note-takers cannot note what they have not heard.
* Voice their personal opinion about an area.
* Respect what others say; remember, each person’s experience of an area is different, and the goal of the group is to note each person’s opinion about an area.
* Be mindful of the person taking notes; speak loudly, simply and slowly.
* Avoid making negative comments such as “Nothing ever gets done.”
* Remember that sometimes a place is so poorly designed that there may not be any satisfactory solutions – only measures that will make the area a little better. It is still important to note that there is a problem.
* Take notes on everything, including comments on the process of the walk itself.
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## Rapid Assessment Tool 10: GBV Risk and Safety Observation Guide

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| Purpose | To assist in the collection and recording of observations related to girls’ and women’s safety and security in a camp or community to help build an understanding of the GBV situation. The tool may be used in one of two ways:To triangulate information generated through other rapid assessment activities – for example, to complement information collected in focus group discussions and key informant interviews; orAs a primary information collection method in insecure environments where asking community members questions about the GBV situation might put them at risk – for example, in settings where there is a military presence within a camp or community.  |
| Sources of information | Assessment team observations |
| Additional information | In insecure situations – for example, where it may not be safe to spend extended periods of time or where being seen collecting information about sensitive issues may put community members at risk of reprisal – it may be more appropriate to complete the form as soon as possible after leaving the camp or community rather than during the site visit. |

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| **GBV Risk and Safety Observation Checklist** |
| **Issue** | **Things to consider** | **Observation** | **Follow-up** |
| Signs of military presence or activity | Presence of:* Government forces
* Other armed group
* Peacekeepers
 |  |  |
| Freedom of movement for girls and women in public spaces | Are girls and women seen in different public places?How do they appear to be behaving? |  |  |
| Visibility of different groups in public spaces | Presence of:* Girls
* Adolescent girls
* Women of reproductive age
* Older women
 |  |  |
| What women are seen doing | Walking slowly or quickly?Talking with others?Carrying out chores? |  |  |
| What girls are seen doing | Walking slowly or quickly?Talking with others?Carrying out chores? |  |  |
| In and around the school | Are girl children present? Are adolescent girls present?Are they moving freely? |  |  |
| Latrines | Are men’s and women’s latrine separated?Are latrines private?Are latrines secure?Are groups of people hanging around?Are there places for people to hide? |  |  |
| Other WASH facilities | Are men’s and women’s facilities separated?Are facilities private?Are facilities secure?Are groups of people hanging around?Are there places for people to hide? |  |  |
| Water points | Are women moving freely to and from water points?Do they appear tense?Is the route busy? |  |  |
| Distribution points | Are women moving freely to and from distribution points?Do they appear tense?Is the route busy?Are women involved in distribution? |  |  |
| Other |  |  |  |

## Rapid Assessment Tool 11: Community Safety Planning Guide

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| Purpose | To bring community stakeholders together to analyse and discuss gaps in safety and accountability identified through the rapid assessment, and to strategize how to enhance the safety of girls and women and develop safety action plans. Participatory safety planning helps to: * Mobilize affected communities to improve girls’ and women’s safety and protection from GBV;
* Strengthen the capacities of rights holders to make their claims;
* Strengthen the capacities of duty bearers to meet their obligations toward the protection of emergency-affected populations; and
* Promote girls’ and women’s voices, visibility and agency in humanitarian relief planning and management.
 |
| Sources of Information | * Community leaders, including religious and traditional leaders
* CBOs and representatives of children and youth organizations, etc.
* Local authorities and camp management agencies
* Service providers from WASH, food and nutrition, health, education, etc.
* Peacekeepers, if relevant and appropriate
 |
| Additional information | *Section 2: Community Safety Planning and Action* in **PROGRAMMING Part 2: Building Girls’ and Women’s Safety and Resilience** contains more information on community safety planning. It may be helpful to review this information prior to conducting a community safety planning workshop.The timeframe provided here is simply a suggestion; more time may be needed, particularly if it is a large community and if community consultation meetings will be of help prior to the planning workshop.Make sure the team is aware of resources that UNICEF can contribute toward implementing community safety plans. |
| Parts | Part A: Steps in Community Safety Planning**Part B: Community Safety Plan Template** |

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| **Part A: Steps in Community Safety Planning** |
| **Step 1: Preparation*** 1. Identify approximately 30 stakeholders to participate in a community safety planning workshop. The following actors should be considered:
* Female representatives from different demographic and social groups (e.g., different ages, abilities, ethnicities, etc.)
* Community leaders, including religious and traditional leaders
* CBOs and representatives of children’s and youth organizations, etc.
* Local authorities and camp management agencies
* Service providers from WASH, food and nutrition, health, education, etc.
* Peacekeepers (if relevant and appropriate)

*Note:* In situations where the community is large, and having representation may not be possible in one workshop, consider:* Holding planning workshops for different geographical areas of the camp/community; and /or
* Holding consultation meetings with community members before the planning workshop to obtain the perspectives and input from a wide variety of girls, women and other community members. Participants may wish to nominate representatives to attend the planning workshop on their behalf.
	1. Using information collected through the rapid assessment, develop a presentation on the following:
* Unsafe locations in and around the camp or community;
* Risks associated with shelter and site layout;
* Risks associated with access and use of facilities and services;
* Risk related to access to basic resources such as food and fuel; and
* Potential solutions identified by community members for reducing risks and improving safety.
 |
| **Step 2: Conduct an initial one-day planning workshop*** 1. Introduce participants and explain the purpose of the workshop, the outcomes expected and the resources available to support implementation of safety plans.
	2. Deliver a presentation on the rapid assessment findings, where possible using visual aids such as photos, diagrams, maps, etc. Provide written information if stakeholders are literate and as long as it would not create safety risks for girls and women – for example, by detailing sensitive incidents such as conflict-related sexual violence, the public disclosure of which may could incur reprisal from perpetrators.
	3. Facilitate a question-and-answer session and a discussion on why each problem is occurring.
	4. Break the large group into working groups of approximately five to six people each, and allocate each group an even number of safety problems identified. Where there are sector representatives present, make sure they are in the group addressing the problems associated with their sector.
	5. Instruct each working group to:
* Discuss each issue/problem;
* Identify potential solutions to the problem and strategies for reducing risk and improving safety; and
* Identify the resources required to implement the solutions/strategies. Make sure each group considers existing resources and capacity from within the community, as well as external resources that may be required.

Allow at least 30 minutes per issue/problem, and more time if needed. Provide information and ideas to the groups as they are discussing the problems, as well as strategies for addressing them. For example, where relevant, make sure the groups are aware of:* Minimum actions as set out in the IASC GBV Guidelines;[[21]](#footnote-21)
* Mandates of peacekeeping forces; and
* Examples of good practices from other settings.
	1. Have each team provide a 10 minute report-back to the larger group on their solutions/strategies and obtain input from others, including additional suggestions and discussion on the feasibility of each solution.

 * 1. Develop a **consolidated safety plan** for implementing these risk reduction strategies, identifying duties, responsibilities, timelines and resources required for each action. If the responsibility for an action lies with an actor not represented in the workshop, agree how the issue and recommendation will be communicated to them. For example, will the community directly advocate for action, or will UNICEF or partners advocate on their behalf?
	2. Agree how the plan will be monitored to ensure strategies are implemented, risks are reduced, and girls and women feel safer.
 |
| **Step 3: Immediately following the workshop**3.1 Document and distribute the plan to stakeholders. 3.2 Begin implementing actions immediately.  |
| **Step 4: Conduct a follow-up workshop** * 1. Invite participants to a half-day follow-up workshop 1-2 weeks after the initial workshop to review the action plan. Go through the plan action by action and identify:
* Whether the action has been implemented;
* Whether it has improved safety;
* Whether it requires adjustment; and
* Any further action needed, and by whom.
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| **Part B: Community Safety Plan Template** |
| **Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date developed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date for review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Problem/Issue** | **Actions** | **Resources** | **Person responsible** | **Target date** |
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# section 5: comprehensive gbviE assessment tools

## Summary

This section contains tools to support UNICEF and partner staff in carrying out GBV assessments in stable humanitarian situations.

### When to use this section

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| --- | --- | --- |
| **Type of emergency** | **Phase of response** | **Population location** |
| * Rapid-onset natural disaster
* Slow-onset natural disaster
* Cyclical disaster
* Armed conflict
* Political violence/instability
* Public health emergency
* Complex emergency
* Protracted emergency

  | * Preparedness
* Ongoing response
* Recovery
 | * Urban/peri-urban
* Rural
* Community/formal settlement
* Camp
* Informal/spontaneous settlement
 |

### Materials included in this section

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| **TOOLS** |

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| **Comprehensive Assessment Tool 1: Good Practice Checklist** |
| **Comprehensive Assessment Tool 2: GBV Assessment Preparation Checklist** |
| **Comprehensive Assessment Tool 3: GBV Assessment Outline and Data Collection Guide** |
| **Comprehensive Assessment Tool 4: GBV Service Mapping Tool** |
| **Comprehensive Assessment Tool 5: Participatory Service Audit Guide**  |
| **Comprehensive Assessment Tool 6: Service Barriers Focus Group Discussion Questions** |
| **Comprehensive Assessment Tool 7: Guide to Designing Community Assessment Activities** |

## Introduction to comprehensive GBViE assessment tools

This section of the UNICEF GBViE Programme Resource Pack contains tools to assist COs and partners in planning comprehensive GBV assessments in stable emergency-affected settings. A comprehensive GBV assessment aims to collect and analyse *relevant* *detailed information about specific aspects of the GBV situation* to inform humanitarian programming.

UNICEF conducts GBV assessments in stabilised humanitarian settings with partners in the following circumstances:

* As part of emergency preparedness, especially in fragile contexts and countries prone to disasters;
* Following a rapid-onset emergency, when the situation has stabilized and there is inadequate existing information to inform UNICEF programming, and no inter-agency or sub-cluster assessments are planned; and
* At any point during a complex or protracted emergency to facilitate programme planning where there is inadequate existing information, and no inter-agency or sub-cluster assessments are planned.

There is no ‘one size fits all’ prescription for comprehensive GBV assessments; what is investigated will depend on the purpose of the assessment and what information is already available about the GBV situation. For example, in circumstances where little is known about the GBV situation, the focus of a comprehensive assessment may be on learning more about what types of GBV are occurring in the community, the capacity of services to address GBV, and community attitudes and priorities for addressing GBV. In circumstances where there is existing information about the problem and the responses to it, UNICEF and partners may undertake a targeted assessment to obtain in-depth information to learn about a specific form of GBV occurring, as well as the State and community responses to it, for the purpose of designing a specific programmatic response. For this reason, there is no standard set of data collection tools for comprehensive GBV assessments – they must be developed in line with the purpose and objectives of each GBV assessment.

Below are some common objectives for undertaking comprehensive GBV assessments:

1. To identify national and international responses to GBV;
2. To understand the legal and policy environment related to GBV in a particular country/context, and to identify areas for system-strengthening through reform or implementation support;
3. To collect information about capacity and gaps in availability, accessibility and quality of GBV response services, and to identify areas for capacity-building;
4. To identify GBV-related vulnerabilities, capacities and coping skills amongst at-risk groups in order to inform programming for reducing risk and building resilience against GBV;
5. To investigate community attitudes, beliefs, perceptions and behaviours in relation to some form(s) of GBV in order to inform prevention strategies and programming.

## Before an assessment

* **Review the assessment purpose and objectives carefully.** It is essential to be very thorough at this point to reduce the likelihood of wasting time collecting unnecessary data. At an early stage, really think through what data is needed and why, as well as how it will be collected, analysed and used. These decisions will be context-specific. For example, in some settings it will not be possible to collect detailed information about the legislative and policy environment due to time constraints. However, where possible, collection of comprehensive information is encouraged, especially in protracted settings, as such information is vital to a system-strengthening approach.
* **Plan carefully.** Consider the geographical area, the population to be assessed, and the appropriate tools, timeframe and resources required, such as the size of the data collection team and their training needs.
* **Conduct a thorough risk analysis**, considering all potential risks associated with the assessment.
* **Identify how to include representatives from** at-risk groups and those most vulnerable to GBV safety concerns in the assessment. (See Info Sheet on **At-Risk Groups***.*)
* **Identify how information will be fed back to the community**.

## Overview of the tools

The tools in this section of the GBViE Programme Resource Pack aim to guide UNICEF and partners in planning for GBV assessments in stabilised settings. While sample data collection tools are included, they are intended as a guide only. Assessment team leaders will need to adapt – and, where relevant, **pre-test** – the tools, as well as consult other relevant resources when designing data collection tools. (See Info Sheet on **Pre-Testing Tools**).

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| Name | Purpose |
| **Tool 1 Good Practice Checklist** | To assist UNICEF and partner staff in conducting comprehensive GBV assessments in line with good practice principles.  |
| **Tool 2 GBV Assessment Preparation Checklist** | To assist UNICEF and partner staff in planning and preparing comprehensive GBV assessments.  |
| **Tool 3 GBV Assessment Outline and Data Collection Guide** | To provide an overview of and information about data collection and analysis for four common areas of investigation within GBV assessments. This tool covers: * Background and contextual information;
* The legal and policy framework;
* GBV response services; and
* Community knowledge, attitudes, beliefs and behaviours.
 |
| **Tool 4 GBV Service Mapping Tool** | To map GBV response services and document information about them. This tool will help UNICEF and partners to document:Which services are currently available for GBV survivors in a geographical area;What they provide and for whom; andKey gaps in essential services. |
| **Tool 5 Participatory Service Audit Guide**  | To outline a process for conducting a participatory audit of GBV services against good practice standards, for the purpose of identifying critical gaps in GBV service quality and potential solutions for addressing those gaps. |
| **Tool 6 Service Barriers Focus Group Discussion Questions** | To assist in designing a focus group discussion to investigate GBV-related help-seeking behaviour and barriers to accessing GBV services in the community. This tool will help UNICEF and partners learn more about:* Help-seeking behaviours;
* Community responses to GBV; and
* Barriers faced by different groups in accessing GBV services.
 |
| **Tool 7 Guide to Designing Community Assessment Activities** | To assist in designing assessment activities for learning about community understanding and perspectives in relation to GBV based on assessment objectives.  |

## Comprehensive Assessment Tool 1: Good Practice Checklist

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| Purpose | To assist UNICEF and partner staff in conducting GBV assessments in line with good practice principles. Prior to initiating a comprehensive GBV assessment, UNICEF and partner staff should make sure each item on this list is checked off and accounted for. |

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| **Participation in GBV assessments** |
| * Staff conducting assessment have been trained on participatory approaches to be used in the assessment.
 |
| * Appropriate levels of community participation in the assessment has been determined, and the community is:
* Informed;
* Consulted;
* Actively involved; and
* Assuming responsibility.
 |
| * Methodologies and tools suitable for the level of participation have been adapted as appropriate for use with:
* Adults
* Adolescents
* Children, if relevant
 |
| * Participation of different segments of the community appropriate to the type of assessment has been considered:
* Older women (50+ years)
* Women (25 – 49 years)
* Young women (19 – 24 years)
* Adolescent girls (12 – 18 years)
* Older men (50+ years)
* Men (25 – 49 years)
* Young men (19 – 24 years)
* Adolescent boys (12 – 18 years)
* Representatives from marginalized groups (e.g., girls and women with disabilities, young people out of school, married girls, etc.)
* Well-respected community members (e.g., elected officials, local authorities, teachers, traditional birth attendants, community elders, etc.)
* Representatives from different ethnic, religious and socio-economic groups
* Where relevant, other groups
 |
| * Barriers to participation by different groups have been identified and addressed.
 |
| * Risks to participation have been identified and addressed.
 |
| * Adequate time and space has been allocated for the meaningful participation of:
* Women
* Adolescent girls
* Adolescent boys
* Younger children, both girls and boys, where relevant
 |
| **Ethics and safety in GBV assessments** |
| * Staff participating in the assessment have been sensitized on ethical and safety issues related to GBV.
 |
| * Different stakeholders (such as girls and women, community leaders and representatives, CBOs, NGOs, government authorities, etc.) have been involved in planning the assessment.
 |
| * Risks associated with the assessment have been assessed, and potential negative consequences of all assessment activities have been discussed and addressed through one of the following:
* Not continuing with the activity if the risk of harm is too high;
* Modifying the activity to reduce or eliminate the risk; or
* Having a plan in place to respond to potential risk.
 |
| * A community agreement for the assessment has been obtained, including all of the following:
* Local authorities have been approached, and they understand and support the assessment.
* Community leaders have been approached, and they understand and support the assessment.
* Information about the assessment purpose and process has been communicated to the broader community.
 |
| * A process is in place for obtaining informed consent from assessment participants in:
* Key informant interviews
* Focus group discussions
* Other activities
* The informed consent process outlines:
* The purpose of the assessment;
* The issues to be discussed; and
* That participation is voluntary and participant can stop at any time.
* A clear process is identified for obtaining consent of young people to participate in interviews/focus groups.
* A clear process is in place to make sure interview and focus group participants clearly understand that if any form of abuse against children is discovered, confidentiality may be broken and actions taken to protect the child or young person.
 |
| * Information has been obtained on mandatory reporting laws.
 |
| * If there are mandatory reporting laws:
* Staff have been trained on them; and
* A procedure is in place for responding to mandatory reporting requirements while ensuring best interests of the child.
 |
| * A plan is in place to refer GBV survivors to appropriate services.
 |
| * Plan and protocols are in place to respond to the protection needs of a child or young person found to be experiencing sexual or other violence or at other risk of imminent harm.
 |
| * Other potential risks and safety hazards are assessed, such as road conditions to and within the affected area; presence of continued fighting; landmines; banditry; blockades; rioting; and likely evolution of the emergency and/or potential for recurrence of natural disaster or conflict.
 |
| **Survivor-centred approach in GBV assessments** |
| * Staff participating in assessments are trained on survivor-centred principles.
 |
| * Assessment team members can explain guidelines surrounding confidentiality (including limits of confidentiality) to interview and focus group participants and others involved in assessment activities.
 |
| * Staff involved in assessments can respond appropriately to people in distress.
 |
| * Mechanisms are in place for the referral of survivors who disclose or require support during assessment for:
* Clinical management of sexual violence;
* Basic psychosocial support; and
* Protection from imminent risk of harm for child survivors.
 |
| * Staff involved in assessments can provide relevant information and referral.
 |
| * Service delivery staff trained on survivor-centred principles.
 |

## Comprehensive Assessment Tool 2: **GBV Assessment Preparation Checklist**

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| Purpose | To assist UNICEF and partner staff in planning and preparing comprehensive GBV assessments. This tool outlines key tasks for each phase of the assessment and can be used to develop an implementation schedule. |

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| **Planning Checklist** |
| **Phase 1: Preparation** |
| **Before launching an assessment**  | * The following criteria for launching a UNICEF-led GBV assessment have been satisfied:
* There is inadequate existing information on the GBV situation;
* Other GBV actors have been consulted; and
* There is no other inter-agency or sub-cluster GBV assessment planned or underway.
 |
| **Step 1: Define aims, objectives and geographic scope of assessment**  | * Existing relevant information on the GBV and humanitarian situation has been reviewed.
* A clear aim and specific objectives for the assessment have been developed.
* The geographic scope and target populations for assessment have been identified.
 |
| **Step 2: Coordinate with stakeholders** | * GBV, Child Protection and Protection actors have been advised/consulted about the assessment.
* Relevant stakeholders in the assessment have been identified.
* A risk assessment covering ethical and safety issues has been undertaken.
* An assessment advisory group has been convened.
* Appropriate permissions and/or approval for conducting the assessment have been obtained.
 |
| **Step 3: Design the assessment** | * The information required to meet each assessment objective has been defined.
* The appropriate level of community participation in the assessment has been identified.
* A data collection and analysis methodology and plan have been developed.
* Data collection tools have been selected and adapted to the local context.
* Human and other resource needs have been identified.
* An assessment timeline has been developed, including logistics needs.
* A communications and security plan is in place.
* The site has been prepared.
 |
| **Phase 2: Data Collection and Analysis** |
| **Step 4: Collect and analyse data**  | * Data collectors have been trained.
* A supervision, briefing and debriefing plan for data collectors is in place.
* A system for review of qualitative data during data collection is in place.
* Preliminary analysis of primary and secondary data has been undertaken, and a summary of key findings has been prepared.
* Detailed analysis and documentation of findings has been completed.
* Information products have been produced for different audiences.
 |
|  **Phase 3: Application**  |
| **Step 5: Apply findings** | * Feedback has been provided to the community regarding assessment findings.
* Assessment findings are used to:
* Design a GBV emergency preparedness plan with national actors;
* Design GBV prevention and response programmes or interventions; and/or
* Advocate with other clusters, sectors and actors on relevant actions required by them to prevent and respond to GBV.
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## Comprehensive Assessment Tool 3: GBV Assessment Outline and Data Collection Guide

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| Purpose | To provide an overview of and information about data collection for four areas of investigation within GBV assessments. This tool covers: * Background and contextual information;
* The legal and policy framework;
* GBV response services; and
* Community knowledge, attitudes, beliefs and behaviours.
 |
| Additional information | Not all assessments will focus on the four areas of investigation outlined in this guide. Assessment priorities will be determined by the assessment objectives. It is important to bear in mind the need to *only collect the right amount of relevant information* to meet the assessment objectives. As with other tools in the GBViE Programme Resource Pack, this tool is intended as a guide – not as a prescription for GBV assessments. |
| Parts | **Part A: Collating Background and Contextual Information** **Part B: Assessing the Legal and Policy Framework** **Part C: Assessing GBV Response Services and Practices** **Part D: Assessing Community Knowledge, Beliefs, Attitudes, Perceptions and Priorities** |

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| **Part A: Collating Background and Contextual Information** |  |
| **Overview**It is important to develop a thorough contextual overview of the humanitarian situation and what is already known about GBV in the setting. This will help to ensure the assessment draws on what is already known about the situation; to reduce the likelihood of collecting unnecessary data; and to help refine assessment objectives and questions. Overviewing the context involves collecting and reviewing *existing information* on the country, on the humanitarian context and on GBV in the setting.  |
| **Data collection methods for context overview*** Desk review of all relevant reports and documents about the current and/or past emergencies, as well as humanitarian responses to them.
* Desk review of population-based surveys. These may include national, regional or international prevalence survey reports which record magnitude, scope and/or risk factors for GBV; National Demographic and Health Surveys that include data on GBV or violence against children; or other similar surveys.
* Desk review of qualitative research and reports, such as studies, reports or situation analyses on sexual violence, GBV, violence against women, violence against children, etc.
 | **Potential sources of information*** National statistical agency
* Relevant government ministries (Health, Police, Social Welfare, Justice, Education, etc.)
* GBV and CP sub cluster/working group
* UN agencies, including OCHA
* UN peacekeeping and political missions
* Universities and other research institutions
* National and international human rights, women’s rights and child rights NGOs and networks
 |
| **Steps** 1. **Collect, review and analyse relevant documents that contain the following information.**
	* 1. **Administrative, geographical, demographic and crisis-related information** **about the area where the assessment will be carried out, such as:**
* Impact and drivers of the current crisis.
* History of emergencies/crises in the country (e.g., cyclical weather events, ongoing armed conflict dynamics) where relevant.
	+ 1. **The type(s) of GBV being investigated, including:**
* Prevalence data and trends, such as increases or changes in perpetration of GBV in the current or past emergencies (e.g., evidence of increases in sexual violence perpetrated by armed groups, intimate partner violence, child marriage).
* Who is most affected and where (e.g., age or other characteristics of those at risk; settings where violence takes place, such as the home, public spaces in camps or school).
* Consequences of GBV being investigated (e.g., known health, psychosocial and other outcomes for survivors and their families).
* What is known about risks and drivers for type(s) of GBV being investigated (e.g., political or military aspects of sexual violence used by parties to a conflict; linkage between economic stressors and chid marriage, intimate partner violence and sexual exploitations; cultural norms driving harmful traditional practices; and other factors increasing risk).
	+ 1. **Current humanitarian capacity and gaps in responding to GBV, including:**
* Existing national initiatives, responses and resources for preventing and responding GBV.
* Status of essential health, psychosocial, safety and law enforcement response to GBV.
* Status of GBV risk mitigation within humanitarian action.
* Existence, membership and functioning of regular and emergency GBV coordination mechanisms.
1. **Document key findings, and use analysis to help define critical information gaps, assessment priorities and objectives.**
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| **Part B: Assessing the Legal and Policy Framework[[22]](#footnote-22)** |  |  |
| **Overview**The statutory legal and policy frameworks are where the human rights of girls and women are translated into legal rights and into State actions for promoting and fulfilling those rights. Analysing the legal and policy framework provides critical information about strengths and gaps in legal protections and in the policy and regulatory environment governing response to GBV – including health, social welfare, child protection, law enforcement and justice sector service delivery. It will also help to identify existing initiatives for law or policy reform; identify efforts to address bottlenecks in policy implementation; and strengthen the systems response to GBV. Where customary law is operational, it can be a source of protection and/or harm for GBV survivors. Investigating how customary law operates in relation to protecting the rights of girls and women can help to identify priorities for engaging with traditional leaders to ensure that customary practices promote adherence to survivor’s rights.This component of a GBV assessment usually involves *desk* *review of existing information*, although key informant interviews may also be helpful to clarify issues or to learn more about some aspect of formal or customary law or of policy implementation in practice. |
| **Data collection methods for legal and policy analysis*** Desk review of legislation and law reform reports
* Desk review of Government policy documents
* Desk review of National Action Plans on violence against women, violence against children, etc.
* Desk review of research, studies or analysis on the customary legal system
* Key informant interviews with focal points/responsible officers within health, social welfare, law enforcement and justice ministries; representatives from the law reform commission; or representatives from other organizations involved in law reform advocacy
 | **Potential sources of information*** Law Reform Commission
* Women Lawyers Association
* Relevant government ministries (Health, Police, Justice, Social Welfare/Child Protection, Education, etc.)
* Universities and other research institutions
* National and international Human Rights, Women’s Rights and Child Rights NGOs and networks
 |
| **Steps**1. **Collect, review and analyse documents that contain information about legislation and policies relevant to the type(s) of GBV being investigated**, such as:
2. **Criminal law** related to sexual assault, physical assault, defilement, mandatory reporting, prostitution, pornography, trafficking, sexual exploitation, child abuse, female genital mutilation/cutting, etc.
3. **Relevant civil law**, including those related to consent, majority, marriage, divorce, custody of children, etc.
4. **Government policies, regulations and related procedures pertaining to multi-sectoral response to GBV**, including:
* GBV data collection and surveillance systems;
* Coordinated response systems;
* Health and medico-legal policies and procedures for sexual assault;
* Policies and procedures for law enforcement and administration of court and justice processes;
* Social welfare and child protection policies and procedures in relation to GBV; and
* Education sector policies related to prevention, protection and response to GBV.
1. **Collect, review and analyse documents that contain information about customary legal framework in relation to GBV.**
2. **If relevant, conduct semi-structured interviews with key informants** to clarify aspects of the legal and policy environment, and identify existing priorities and initiatives for formal and customary law reform and policy development and implementation.
3. **Analyse and document the strengths, gaps, existing initiatives and priorities for improving:**
* The national legal framework enshrining rights to protection from GBV and government response to GBV.
* The national GBV health, social welfare, law enforcement and justice sector policy framework governing multi-sector response to GBV, noting in particular gaps in policy implementation and in age-specific response mechanisms and procedures.
* Customary law as it pertains to GBV.
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| **Part C: Assessing GBV Response Services and Practices** |  |  |
| **Overview**To strengthen response to GBV, it is necessary to analyse the capacity and gaps in multi-sectoral services, including health, psychosocial, safety, law enforcement and justice services. There are three dimensions of GBV response services to consider during an assessment. These include:* Whether services are *available* to survivors;
* Whether services are of *good quality;* and
* Whether community members, including different groups, can easily *access* the services.

Assessment of GBV response services usually involves collecting new information about what services are available; what kinds of GBV are reported; how cases are managed; whether services are delivered in line with good practices; and whether different groups in the community can access these services.  |
| **Data collection methods*** Service mapping to ascertain what services are available
* Participatory analysis, key informant interviews and observation of facilities to assess service quality against good practice standards
* Review of reported incident data to learn about types of cases that are reported and how they are managed
* Focus group discussions with community members to learn about service access
 | **Tools*** **Comprehensive Assessments Tool 4: GBV Service Mapping Tool** (in this section)
* **Comprehensive Assessments Tool 5: Participatory Service Audit Guide** (in this section)
* **Comprehensive Assessment Tool 6: Service Barriers Focus Group Discussion Questions** (in this section)
* **Rapid Assessments Tool 3: GBV Service Capacity and Quality Audit Tool** (in *Section 4*)
 | **Sources of information*** Service providers from health, social welfare, child protection, law enforcement and justice systems
* Local organizations and networks, including women’s and children’s groups that provide advocacy, support and other services to survivors
* Community members
 |
| **Steps**1. **Conduct a service mapping to identify all available GBV services in the area under assessment,** covering the following:
* **Medical treatment and health care,** including initial examination and treatment for sexual assault; follow-up medical care; counselling and psychological care; and health-related legal services, such as preparation of documentation and giving evidence in justice processes.
* **Psychosocial care and support** toassist with healing and recovery from emotional, psychological and social effects.This includes crisis care as well as longer-term emotional and practical support for the survivor and her family; information and advocacy; case management;, and education to families.
* **Options for safety and protection** for survivors and their children who are at risk of further violence. In the case of girls under 18 years of age, this includes child protection services for ongoing protection and alternative care arrangements.
* **Law enforcement and criminal justice** **response** to promote legal rights and protections for survivors. This includes criminal investigation and prosecution, legal assistance and court support.

See **Comprehensive Assessments Tool 4: GBV Service Mapping Tool** for an example of a mapping tool.1. **Review incident data for reported cases.** Where it is operational, the GBVIMS[[23]](#footnote-23) provides information on reported cases. Where it is not operational, it may be possible to review agency and institutional records of reported cases from health services, police, courts and social support service providers. This must only be done if anonymised data can be shared about reported cases. *Anonymity of the data must be guaranteed at all times.* Analyse the following to learn more about the patterns, trend and responses to reported cases of GBV:
* Types of GBV reported within a specific time-period to health service providers, police, traditional justice mechanisms, social service and psychosocial service providers;
* Demographic information on reported survivors and perpetrators;
* Relationship between reported survivors and perpetrators;
* Where and when reported incidents occurred; and
* Number and scope of services available and used.

*Remember – reported incident data is not an indicator of prevalence; it is an indicator of how many and what types of case of GBV are reported and how they are managed. Reported cases do not reflect the real number of incidents; they only tell you about those that are reported. For example, in the case of sexual assault, the majority of survivors never tell anyone about their experience. Further, many forms of GBV are not criminalized, so it is essential to never make assumptions about prevalence based on reported cases.* 1. **Identify capacities and critical gaps** **in services against good practice standards,** including:
* Whether services are delivered in line with principles for working with survivors, including child survivors;
* Whether services are comprehensive; and
* Whether services are age-appropriate and child- and adolescent-friendly.

See **Comprehensive Assessment Tool 5: Participatory Service Audit Guide** for an example of a stakeholder workshop guide to conduct a participatory assessment of GBV services against good practice standards.See **Rapid Assessment Tool 3: GBV Service Capacity and Quality Audit Tool** (in *Section 4*) for an example of a tool using key informant interviews and observation to assess GBV service quality, which can be adapted for use during comprehensive assessment of GBV services.1. **Identify barriers to GBV service use and uptake,** including:
* Community-level barriers, such as social stigma;
* Service-level barriers, such as cost, distance and perceptions of service providers.

See **Comprehensive Assessment Tool 6: Service Barriers Focus Group Discussion Questions** for an example of questions for inquiring about barriers to service access. 1. **Analyse and document the strengths and gaps in service availability, quality and accessibility,** highlighting:
* The types of cases that are currently reported, and how they are managed;
* Key gaps in availability and quality of essential care, support and protection services for GBV survivors; and
* Needs of specific groups of survivors who are especially at-risk or excluded from existing services and programmes, including different age groups where relevant.
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| **Part D: Assessing Community Knowledge, Beliefs, Attitudes, Perceptions and Priorities** |  |
| **Overview**Learning about community members’ understanding, experiences, opinions and perspectives on different aspects of GBV is a critical aspect of assessment. In-depth investigation of knowledge, beliefs, awareness, perceptions and priorities amongst different groups in the community – especially those most affected – is essential for a variety of reasons, including but not limited to the following: * To assess local experiences, perceptions and strategies for addressing GBV-related risks and safety problems;
* To identify the perspectives, experiences and needs of vulnerable groups in the community, including those that may not usually be consulted or visible;
* To identify community priorities and entry points for GBV programming to design prevention interventions relevant to the community;
* To identify and harness local resources and capacities for preventing GBV;
* To develop context-specific strategies for addressing GBV; and
* To design effective communication interventions to increase knowledge or awareness or to shift harmful attitudes and social norms pertaining to GBV.

Assessing community knowledge, beliefs, attitudes, perceptions or priorities involves collecting and analysing new information from the community based on specific assessment questions or objectives.  |
| **Data collection methods*** Focus group discussions
* Participatory problem analysis, safety mapping and prioritisation exercises
* Semi-structured interviews with key informants
* Surveys
 | **Tools*** **Comprehensive Assessment Tool 7: Guide to Designing Community Assessment Activities** (in this section)
* **Rapid Assessment Tool 6: GBV Risk and Safety Key Informant Interviews** (in *Section 4*)
* **Rapid Assessment Tool 8: Participatory Safety Walk Guide** (in *Section 4*)
 | **Sources of information*** Different age and demographic cohorts within the community, such as older women, older men, young women, young men, adolescent girls and boys, women with disabilities, etc.
* Formal and informal community leaders
* Representatives from local organizations and networks, including women’s, youth and children’s groups
 |
| **Steps**1. **Review the assessment objectives, and define exactly what information is required to meet each objective.** Identify which of the following dimensions should be investigated in relation to the assessment questions and objectives:
* **Community/sub-group *knowledge*** about some aspect of GBV being investigated; for example, knowledge about human or legal rights to protection from GBV, or types of GBV occurring in the community.
* **Community/sub-group *beliefs*** about some aspect of GBV being investigated; for example, personal or shared beliefs about gender roles or who is to blame for rape.
* **Community/sub-group *attitudes*** toward some aspect of GBV; for example, attitudes about gender equality or men’s use of violence to discipline or control women.
* **Community/sub-group *perceptions*** about some aspect of GBV; for example, girls’ and women’s perceptions of risks and safety in a community or camp.
* **Community/sub-group *priorities*** in relation to GBV; for example, forms of GBV that different groups think are most problematic and would like to address.

 1. **Identify which data collection methods are most appropriate for collecting the right amount of relevant information required.**
2. **If focus groups or other participatory exercises will be used**, determine:
* Who will participate and why;
* How many groups should be facilitated for each cohort; and
* How the data will be analysed.
1. **If semi-structured interviews will be used**, determine:
* Who will be interviewed and why;
* How participants will be selected; and
* How the results will be analysed.
1. **If a survey will be used**, determine:
* Who will be surveyed and why;
* How the sampling will be done; and
* How the results will be analysed.

 1. **Design data collection tools that will enable the collection of relevant information.**
* Review each question to clarify the purpose of every question and how the information will be used.
* Continually revisit the objectives of the assessment to make sure each question is tailored to a specific purpose.
* Do NOT develop lengthy focus groups discussion guides, surveys or interviews that inquire about every aspect of community knowledge, attitudes or practices in relation to GBV unless there is a plan in place to analyse and use such comprehensive data.

See **Comprehensive Assessment Tool 7: Guide to Designing Community Assessment Activities.**If you are assessing risk and safety, see the following tools in *Section 4*:**Rapid Assessment Tool 6: GBV Risk and Safety Key Informant Interviews****Rapid Assessment Tool 8: Participatory Safety Walk Guide**1. **Make sure that the tools are adapted for use with different groups;** for example, adults and adolescents may be asked different questions.
2. **Pre-test each tool** to ensure: it is appropriate to the context; the questions are clear and understandable; the questions generate the right amount of relevant information; and the information produced can be easily analysed.
3. **Collect data according to the assessment plan.**
4. **Analyse and document the findings**.
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## Comprehensive Assessment Tool 4: GBV Service Mapping Tool

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| Purpose | To map GBV response services and document information about them. This tool will help UNICEF and partners to document:Which services are currently available for GBV survivors in a geographical area;What they provide and for whom; andKey gaps in availability of essential services. |
| Sources of information | Interviews with service providers * Site visits and observation
 |
| Parts | **Part A: Steps in GBV Service Mapping** provides instructions for conducting a service mapping. **Part B: GBV Service Information Form** provides a template withinstructions to help in the documentation of each GBV-related response service, including its location, contact details, types of assistance offered and costs. This information will then be used to create a service directory.  |

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| **Part A: Steps in GBV Service Mapping** |
| **Step 1. Define the geographical area for the mapping.** Identify the geographical boundaries for the service mapping. For example, decide if you are mapping services within a camp/community or across a district, etc.  |
| **Step 2. Develop a list of all services, organizations and groups in the area identified that provide care and support to GBV survivors.**Develop a list of services by sector. Consult with cluster lead agencies; camp management agencies; NGOs operating in the camp/community; government health, welfare, gender and children’s agencies; police; women’s and children’s groups; and other sources to gather information.  |
| **Step 3. Visit or contact each service/organization on the list and document information about the service.** Collect detailed information about each service using **Part B: GBV Service Information Form**. If it is not possible to visit the service due to security, time or other constraints, collect the information through a phone conversation.  |
| **Step 4. Find out about and contact other services, organizations or groups that provide care and support to survivors**.Ask each service, organization or group that you contact about other services, organizations or groups they are in contact with or know about that provide care and support to survivors of sexual violence. Contact these new services identified, and repeat Step 3 above.  |
| **Step 5. Develop a list of services by sector.** Once you have collected information about all available services, document the available services by sector.  |
| **Step 6. Develop and share a directory of services.**Develop a service directory using **Part B: GBV Service Information Form**. Make copies and distribute to all community-based response actors.  |
| **Step 7. Regularly update list and directory of services.** Be sure to regularly update the list as you become aware of new services or changes to services. Plan when, how and by whom the directory will be updated. |

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|  **Part B: GBV Service Information Form** |
| 1. **Name of service/**

**Organization** |  |
| 1. **Sector**
 |  |
| 1. **Specific services provided**
 |  |
| 1. **Location**
 |  |
| 1. **Phone number**
 |  |
| 1. **Main contact person**
 |  |
| 1. **Days and hours**
 |  |
| 1. **Target group**
 |  |
| 1. **Fee for services**
 |  |
| 1. **Geographical area served**
 |  |
| 1. **How to make a referral**
 |  |
| 1. **Additional information**
 |  |

**Notes for filling in Service Information Form**

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| 1. Write the name of the organization.
2. Using the list of Response Sectors and Services below, choose the sector that describes the organization and write it in the box. If the organization provides services in more than one sector, include all relevant sectors on the form.
3. Using the list of Response Sectors and Services below, identify the specific services provided by the organization and write them on the form. If the service isn’t included in the list, write ‘Other’ and give more information.

 1. Write the physical location of the service, and include details of how to get there so people know how to direct others to find it. \*\**See note below.*
2. Write the phone number where a referral can be made or where more information about the service can be obtained. \*\**See note below.*
3. Write the name of the main contact person who provides information and takes referrals.
4. Write the days and times that people can come for assistance.
5. Write the main target groups of the service and include as much detail as possible, for example:
	* Adult women 19 +
	* Adolescent girls 13- 18
	* Girls aged 0 – 12
	* Boys 0 -12
	* Unaccompanied children
	* Females and males of reproductive age
	* People with disabilities
6. Write how much each service costs. Be specific.
7. Write how a person can be referred to and access the service. Referral usually involves either *self-referral* – a person can call or come into a service, organization or group and request assistance – or *referral by another service,* either verbally or in writing.
8. Note any additional information that is useful to know, such as any exclusions from the service.

**\*\*Note**: **In the case of services that deal with safety, protection or other sensitive issues, DO NOT include detailed information in a service directory or other documents that will be distributed.** For some services, it is very important that information about the location, contact details and contact people is NOT made publicly available or widely shared in order to protect survivors, their families and those helping them. This applies specially to shelters and safe houses, where disclosing people’s locations can put staff, women and their children at risk. It also applies to facilities that provide other sensitive care and support for victims, such as pregnancy termination services, where they are legal.**List of Response Sectors and Services** |
| **Sector** | **Services Provided** |
| **Health**  | * Comprehensive post-rape care for *adults*, include injury management, treatment for sexually transmitted infections (STIs), emergency contraception (EC), and post-exposure prophylaxis (PEP) for HIV/AIDS.
* Comprehensive post-rape care for *children*, include injury management, treatment for STIs, EC, and PEP for HIV/AIDS.
* Partial post-rape care, which includes some components but not all
* Forensic services
* Treatment for chronic physical health outcomes
* Reproductive health care
* Fistula repair
* Voluntary Counselling and Testing (VCT) for HIV
* HIV treatment, care and support services
* Crisis counselling and support for adult survivors[[24]](#footnote-24)
* Crisis counselling and support for child survivors
* Mental health assessment and management (e.g., psychological or psychiatric evaluation, treatment and care)
* Other health service – give details
 |
| **Psychosocial Support** *Includes social welfare and education services* | * Crisis counselling and support for adults/children
* Information and advocacy
* Casework services
* Individual counselling/support[[25]](#footnote-25)
* Group counselling/support[[26]](#footnote-26)
* Material support (e.g., clothing, food)
* Financial support
* Family outreach and education
* Community outreach and education
* Livelihoods/economic support
* Formal and informal education
* Traditional healing
* Court support
* Other psychosocial support service – give details
 |
| **Safety**  | * Short-term shelter for adult women
* Short-term shelter for mothers and their children
* Short-term shelter for adolescents/children
* Medium-term shelter and accommodation
* Other safety service – give details
 |
| **Child Protection**  | * Investigation of allegations of child abuse
* Alternative care placement for children
* Financial and other support to families
* Emotional and practical care/support to vulnerable children
 |
| **Law Enforcement and Criminal Justice**  | * Criminal investigation and arrest
* Prosecution of perpetrators
 |
| **Legal Services** | * Legal counselling and advice for survivors and their families
* Legal advocacy and representation in court matters
 |
| **Other** | * Other support services
 |

## Comprehensive Assessment Tool 5: Participatory Service Audit Guide

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| Purpose | To outline a process for conducting a participatory audit of GBV services against good practice standards. This will help UNICEF and partners to identify critical gaps in GBV service quality, as well as potential solutions for addressing those gaps. |
| Sources of information | * Service providers
* Community representatives
 |
| Additional information | Having a minimum set of good practice standards for GBV services across sectors has multiple benefits. These standards: * Establish a uniform benchmark against which services can been assessed to determine capacity and gaps in service quality;
* Reflect survivor’s rights and service providers’ responsibilities for upholding those rights;
* Promote awareness and education amongst service providers about good practices and their responsibilities toward survivors; and
* Can be used to promote awareness and education within the community about survivors’ rights and what community members should expect from services.

The good practice standards contained in this tool are intended as a guide and should be adapted to each context. Some of the standards *may not be applicable* in all settings. For example, if there are no mental health services available in the country or context, this standard will not be achievable. Similarly, *it may be necessary to add standards* in some settings. The standards may also be adapted to different sectors – for example, if there are safety services in place, adapt the standards to audit these services.A participatory service audit can be done as a stand-alone assessment, or it may be done to triangulate with other data on service quality produced through interviews with service providers and/or observational visits at facilities. See **Rapid Assessment Tool 3: GBV Service Capacity and Quality Audit Tool** in *Section 4* for an example that may be adapted for a comprehensive GBV assessment.A participatory service audit may also be used following the implementation of strategies to build capacity for monitoring changes over time. |

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| Parts | **Part A:** **Steps in Participatory GBV Audits** provides an outline of steps to conduct a participatory audit of GBV services against good practice standards. **Part B: Good Practice Standards for GBV Services** provides a checklist of good practice standards against which services can be audited. **Part C:** **Good** **Practice Gaps and Solutions Log** provides a template for documenting areas and strategies for improving service quality.  |

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| **Part A: Steps in Participatory GBV Audits**   |
| **Steps** 1. **Organize a half-day GBV workshop to assess GBV services against good practice standards.**
* Make sure there are representatives present from each sector to be assessed, as well as representatives from women’s and children’s organizations.
* Introduce the purpose of the workshop.
* Overview the good practice standards for each sector, as set out in **Part B: Good Practice Standards for GBV Services.** Ensure participants understand what each standard means and how it can be measured.
 |
| 1. **Form sector-based working groups for each sector to be assessed** (e.g., health, social welfare, law enforcement, legal and justice services). Make sure each working group has representatives from women’s and children’s CBOs to provide the perspective of service users as well as service providers.
 |
| 1. **Ask each group to review their sector against each of the good practice standards,** as set out in **Part B: Good Practice Standards for GBV Services.** Ask each group to discuss whether they think each standard has been met or not.
2. If the standard has been fully met and all participants in the working group agree, the working group should tick **‘Met’**.
3. If the standard has not yet been fully met but there are initiatives underway to build capacity toward meeting the standard, the working group should tick **‘Working Toward’**.For example, if the Ministry of Health is in the process of creating concrete plans and resources (or already has them in place) to train clinicians on clinical management of child survivors, this standard would qualify as ‘working toward’.
4. If the standard has not been met and there are no plans to address it, the working group should tick **‘Not Met’.**
 |
| 1. **When this exercise has been completed, write the standards marked ‘Not Met’ in a list organized by sector**. This list constitutes the critical capacity gaps to be addressed so that GBV services are offered in line with good quality standard of care.
 |
| 1. **Task each sector-based working group with reviewing and discussing each gap on the list for their sector and identifying potential strategies for addressing them.** When stakeholders are discussing solutions and responsibilities, remind them there are a number of possibilities for addressing gaps. For example:
* Finding solutions and resources within the community, such as mobilizing existing community networks and resources to come up with ways of providing safety for survivors.
* Advocating with decision-makers for additional resources.
 |
| 1. **Have the working groups use Part C: Good Practice Gaps and Solutions Log to document:**
* Which gaps and actions are high priority;
* What the potential solutions are; and
* Who should be responsible.
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| **Part B: Good Practice Standards for GBV Services** |
| **Health sector practice standards** | **Met** | **Working Toward** | **Not Met** |
| Health care can be accessed without police involvement.  |  |  |  |
| A safe and private environment is available for medical examination and treatment.  |  |  |  |
| Health workers are trained on confidentiality. |  |  |  |
| Protocols for clinical management of adult survivors are in place and followed. |  |  |  |
| Protocols for clinical management of adult survivors are in place and followed. |  |  |  |
| Medical examination and treatment is provided by trained staff.  |  |  |  |
| Appropriate equipment and supplies, including drugs, are available for adult survivors. |  |  |  |
| Appropriate equipment and supplies, including drugs, are available for child survivors. |  |  |  |
| Patients are referred for additional health care as needed. |  |  |  |
| Follow-up health care is provided. |  |  |  |
| Health workers know how to give information and make a referral for protection, safety or psychosocial support. |  |  |  |
| Mental health services[[27]](#footnote-27) are available for survivors.  |  |  |  |
| Sexual violence health data is collected and analysed. |  |  |  |
| The community is aware of health services. |  |  |  |

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| **Psychosocial care and support sector practice standards** | **Met** | **Working Toward** | **Not Met** |
| A safe and private environment is available for people to be interviewed and receive assistance.  |  |  |  |
| Staff/volunteers are trained on confidentiality. |  |  |  |
| Trained staff/volunteers are able to provide relevant information and referral for health care, police and safety options to people seeking help. |  |  |  |
| Trained staff/volunteers are able to provide basic crisis support to individuals and families. |  |  |  |
| Trained staff/volunteers are able to provide case management for survivors. |  |  |  |
| Resources are available to meet immediate basic needs (e.g., clothing and food). |  |  |  |
| Short-term safety options are available in the community. |  |  |  |
| Trained staff/volunteers are available to provide information and education to families of survivors.  |  |  |  |
| Group activities are available for peer support, community reintegration and promoting economic empowerment. |  |  |  |
| Traditional healing or cleansing practices that survivors perceive as helpful in their recovery and that promote the human rights of survivors are used.  |  |  |  |
| Community outreach and education about sexual and other gender-based violence take place. |  |  |  |
| The community is aware of the existence of support services. |  |  |  |

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| **Law enforcement and criminal justice sector practice standards** | **Met** | **Working Toward** | **Not Met** |
| Procedures for reporting complaints to police promote dignity and confidentiality.  |  |  |  |
| Interviews and investigations are conducted by police officers trained in GBV and working with survivors.  |  |  |  |
| Investigative techniques promote the dignity of survivors. |  |  |  |
| Police have the capacity to respond promptly to criminal allegations of sexual violence.  |  |  |  |
| Investigations are documented appropriately. |  |  |  |
| Police procedures – including decisions on arrest, detention and terms of any form of release of the perpetrator – consider the needs and safety of the survivor, the survivor’s family, witnesses and others. |  |  |  |
| Court mechanisms and procedures are accessible and sensitive to the needs of survivors.  |  |  |  |
| Training and education on sexual violence and human rights is provided to police, criminal justice officials, practitioners and professionals involved in the criminal justice system. |  |  |  |
| The community is aware of the legal rights of survivors and how the criminal justice system processes allegations. |  |  |  |

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| **Part C: Good Practice Gaps and Strategies Log** |
| **Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Gap/Issue** | **Priority** **(High, Medium, Low)** | **Potential strategies for addressing the gap** |
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## Comprehensive Assessment Tool 6: Service Barriers Focus Group Discussion Questions

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| Purpose | To assist in the design of a focus group discussion to investigate GBV-related help-seeking behaviour and barriers to accessing GBV services in the community. This tool will help UNICEF and partners learn more about:* Help-seeking behaviours;
* Community responses to GBV; and
* Barriers faced by different groups in accessing GBV services.
 |
| Sources of information | * Older adolescent girls
* Women of different ages and backgrounds
* Community leaders and representatives
 |
| Additional information | The questions in this tool are intended as a guide only and should be adapted to the context. This involves adapting them based on what information is already available, as well as ensuring they are culturally and contextually relevant. Note that the sample questions in this tool ask about rape. They should be adapted to focus on whichever type(s) of violence the assessment is exploring.  |

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| **Services Barriers Sample Focus Group Discussion Questions** |
| **1. Community responses to GBV***Tell participants that in most communities, there are people who have been raped or sexually abused. Ask if it is OK to ask some questions about this topic to help identify how to best help people.** 1. If someone has been raped in this community, what kind of problems might they have?
	2. Where do people who have been raped seek help? Who might they ask for help and why?
	3. What do community members think about people who have been raped?
	4. How do they treat them? Is it different for a married or unmarried adult or adolescent? For a child?
	5. What do community members do to help someone who has been raped?
	6. What more could be done to help those who have been raped?
 |
| **2. Community knowledge and practices in relation to sexual assault*** 1. What does the law say about rape?
	2. What services are available for someone who has been raped?
	3. What do parents do if they believe their child has been raped?
	4. Where can people who have been raped get medical care?
	5. What might be some of the reasons why people who have been raped do not go to get medical attention?
	6. Do people who have been raped go to the police? If not, what are some of the reasons why they don’t?
	7. Do people who have been raped get help from other services or groups in the community? If yes, who are the other services and groups? What help do they give? *(Probing question: If traditional leaders are mentioned as a source of help, why might people go to them for assistance? Why not?)*
	8. Would you advise a friend to get medical help if she had been raped? Why or why not?
	9. Would you advise a friend to go to police if she had been raped? Why or why not?
	10. Would you advise a friend to go to anyone else if she had been raped? Why or why not?
	11. Are there particular groups of people in the community who are less likely to report or ask for help if they have been raped? Who are they? Why might they be less likely to ask for help from health workers/police/others?
	12. Who do you think adults/adolescents/children trust to get information and help from if they are raped?
 |
| **3. Additional information*** 1. Are there other things you’d like to mention in relation to getting help after rape in this camp/community?
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## Comprehensive Assessment Tool 7: Guide to Designing Community Assessment Activities

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| Purpose | To assist in designing assessment activities for learning about community understanding and perspectives on GBV.This tool will help UNICEF and partners to develop key informant interviews, focus group discussion guides and other participatory data collection instruments for assessing GBV-related risks based on defined assessment objectives.  |
| Additional information | This tool contains *sample questions and activities* for exploring community knowledge, attitudes, beliefs, perceptions and behaviours related to GBV.There is no standard GBV questionnaire or focus group guide for learning about community perspectives on GBV, such as risks or beliefs that increase exposure to GBV or perpetration of it. What information is collected will be determined by the specific assessment objectives, which are shaped, among other things, by what information is already known about GBV in the setting. This tool aims to complement – and not replace –other assessment and GBV research tools that exist.  |
| Parts | **Part A: Steps in Designing Assessment Activities****Part B: Sample Assessment Questions and Exercises** |

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| **Part A: Steps in Designing Assessment Activities** |
| Review the relevant assessment objective(s), and clarify what information is required (including from which groups in the community) to meet each objective. Consider the following dimensions of information from the community (or sub-groups within the community) that may be required: Perceptions about some aspect of GBV under investigation; for example, girls’ and women’s perceptions of:* Risks and safety in a community or camp.
* How widespread different forms of GBV are in the community.
* **Knowledge** about some aspect of GBV under investigation; for example, knowledge about:
* Legal rights to protection from GBV.
* Types of GBV occurring in the community.
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| * **Beliefs** about some aspect of GBV under investigation; for example, personal or shared beliefs about:
* Gender roles.
* Who is to blame for rape.
* **Attitudes** toward some aspect of GBV under investigation; for example, attitudes about:
* Gender equality.
* Men’s use of violence to control women.
* **Behaviours** in relation to some aspect of GBV under investigation; for example:
* Actions that girls and women take to make themselves safer.
* Positive and harmful survival strategies.
* **Priorities** in relation to preventing GBV; for example, which forms of GBV different groups in the community think are most problematic.

**Example 1***Assessment objective*To identify GBV-related safety problems and risks in the community.*Information required** Girls’ and women’s knowledge and experience of safety problems in the community
* Girls’ and women’s perceptions of risk in the community
* Girls’ and women’s priorities for improving safety

*Data collection methods:*Focus group discussions with females of different agesParticipatory risk and safety mapping**Example 2***Objective* To identify the GBV-related vulnerabilities, needs and coping strategies of unaccompanied girls and female-headed households.*Information required** Unaccompanied girls’ and single females’ knowledge and perceptions of GBV-related vulnerability and needs
* Behaviours target groups use to cope
* Knowledge and perceptions of community leaders regarding GBV-related vulnerability and needs
* Knowledge and perceptions of CBOs/NGOs supporting unaccompanied girls and female-headed households regarding GBV-related vulnerability, needs and coping strategies

*Data collection methods** Focus group discussions with unaccompanied girls and females heading households
* Key informant interviews with male and female formal and informal community leaders
* Key informant interviews with CBO/NGO workers supporting unaccompanied girls and single females heading households

**Example 3***Objective*To identify knowledge, perceptions and attitudes about different types of GBV occurring in the community, and to determine community priorities for prevention.*Information required** Knowledge and perceptions about GBV perpetration/exposure before the crisis/displacement
* Knowledge and perceptions of GBV perpetration/exposure since the crisis/displacement
* Attitudes toward different types of GBV
* Perspectives on GBV prevention priorities among different groups

*Data collection methods** Focus group discussions with the following cohorts: older women; older men; young women; young men; adolescent girls; and adolescent boys
* Key informant interviews with formal and informal community leaders
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| 1. **Draft data collection tools for each method by selecting questions and/or exercises most appropriate for eliciting the required information from the specific audiences.**

See **Part B: Sample Questions and Exercises** for focus group discussions and key informant interviews on GBV. Remember that this is a *sample* of questions and activities and not an exhaustive list. |
| 1. **Pre-test each tool before administering.** Things to consider when you are pre-testing tools include:
* Whether the questions or activities are clear and understandable;
* The length of time it takes to conduct an interview or group discussion;
* The amount of information generated and how it will be analysed; and
* Relevance and usefulness of the information generated.
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| **Part B: Sample Assessment Questions and Exercises** |
| **Questions on types of GBV occurring and priorities for addressing them** |
| 1. What types of violence were girls and women exposed to before the crisis/displacement? *Ask probing questions, as appropriate; for example, if there is evidence to suggest some forms of GBV are prevalent in the community but not mentioned in the discussions, this issue can be probed to explore the reason(s) it has not been mentioned.*
2. Who experienced each of these forms of violence?
3. Who perpetrated each of these forms of violence?
4. Where did it take place?
5. Why do you think each type of violence was used?
6. What types of violence have girls and women been exposed to since the crisis/displacement?
7. Are some girls/women more at risk of violence now? If so, who?
8. Why are each of these groups more at risk of violence?
9. Who is perpetrating this violence?
10. Which forms of violence that you have identified do you think are most important to address? Why?

*You may wish to have large or small groups collectively rank the different forms of GBV mentioned in order of priority.*  |
| **Questions for assessing GBV-related risk and safety problems** |
| * 1. Do girls and women in this camp/community worry about their safety and security? How does this compare to before the crisis/displacement?
	2. What/who is making girls and women feel unsafe? *(Generate a list, and continue asking until there are no more responses.)*
	3. Where and when do girls and women feel unsafe? *(Go through each item on the list.)*
	4. Are certain individuals or groups less safe? If so, when and why?
	5. What do girls or women do to feel safer? When and why?
	6. What is the community doing to help girls and women feel safer?
	7. What are others (e.g., Government authorities, NGOs) doing to make girls and women safer?
	8. What else could be done to help girls and women feel safer?
	9. Are there other things you’d like to mention in relation to girls’ and women’s safety in this camp/community?
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| **Questions for assessing the GBV-related vulnerabilities, needs and coping mechanisms of unaccompanied girls** |
| 1. Are there specific safety problems that unaccompanied children face?
2. What safety problems do unaccompanied boys face? *Probe if there is some evidence of safety threats that boys face that are not mentioned.*
3. What safety problems do unaccompanied girls face? *Probe if there is some evidence of safety threats that unaccompanied girls face that are not mentioned.*
4. What makes girls vulnerable to these problems?
5. What do girls do to deal with these problems?
6. What could be done to help so that girls don’t have these problems?
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| **Sample participatory risk and safety mapping exercise** |
| *This activity can be used to assess risks and safety over a large or small area; for example, it can be used to assess a whole community or to assess a school and the routes to and from it.* 1. Divide participants into three or four groups. Give each group four flipchart pages taped together, along with markers, coloured stickers or post-it notes. Ask each group to draw a geographical map of their camp/community or other area to be assessed and – using different colours, stickers or post-it notes – mark the places on the map where:
* Girls and women feel safe;
* Girls and women feel unsafe;
* What and who makes them feel unsafe; and
* Where different types of violence that happen to different groups.
1. Ask each group to present their map to the large group. As groups present, write a consolidated list of all forms of GBV mentioned, where they occur and who is perpetrating them on a flipchart, as well as the places where women feel safe. Post the maps on the wall.
2. Facilitate a discussion about the mapping. The following questions may be useful:
* Is there anything missing?
* What have we learned about the different places that men and women experience violence?
* Where are men safe/unsafe?
* Where are women safe/unsafe?
* Where are boys safe/unsafe?
* Where are girls safe/unsafe?
* Focusing on girls and women, who is using violence against them? *(Go through forms of violence on the list compiled in step 2.)*
* Which types of violence are the most common and of most concern to women/different groups of women?
* What ideas do people have on what could be done to improve safety and security in different locations?
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| **Small group activity for mapping beliefs related to violence in the community** |
| 1. Ask participants to say what violence means and to give examples. *If different types of GBV are not mentioned, give examples, such as forcing another person to have sex, and ask if participants feel they are forms of violence.*
2. Divide participants into four small groups. Ask each group to identify different life stages of men and women – such as childhood, adolescence, youth and old age – and draw a picture symbolizing each stage. Have the groups identify the different types of violence that men and women experience at each stage of life.
3. Bring the groups back together and ask each group to present their findings. *Make sure different types of GBV are reflected across the lifespan. If participants don’t mention that particular types of GBV occur in the community, bring them out, especially those forms that are more hidden and that people may be reluctant to talk about, or that may not be considered violence at all.*
4. Facilitate a discussion between participants, using the following questions as a guide:
* What can we discover about violence in our community?
* What can we discover about the relationship between violence and being a man or a woman?
* How does violence harm people at different stages of life?
* Are there rules in the community that encourage violence against men or against women?
* What do men believe about violence?
* What do women believe about violence?
* Who do men use violence against?
* Who do women use violence against?
* What causes violence?
* Are some members of the community expected to behave violently?
* Are some members of the community expected to accept violence? If so, why? What would happen if they didn’t accept the violence?
* How does violence make the person who experienced it feel?
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| **Example of case study activity for learning about beliefs and attitudes toward sexual violence** |
| *Note: These are sample case studies. You will need to use case studies appropriate to the local context. You may also use case studies related to other forms of GBV that you are investigating.*Tell participants that you are going to listen to some stories about sexual violence, and participants will be invited to share their opinions on these stories. If the participants can read, you can distribute the stories as a handout and ask them to discuss in small groups. You can also do it as a large group activity. After reading each case study, ask participants to form pairs and discuss the questions with each other and to then share their responses with the whole group.Case Study 1[[28]](#footnote-28)*Amira is 14 years old. She was raped by a group of boys on her way to school. She knows they are in an older class. She heard the boys telling each other they were real men now. Amira feels humiliated and believes that she has dishonoured her family. She wishes that she were dead. She will not tell her parents because she is ashamed. But she is afraid that she might be hurt or pregnant or have caught some disease. She believes that if anyone finds out what happened to her, no man will love her and her future will be destroyed.*Ask the following discussion questions:1. If people in the community found out what happened to Amira, how do you think they would react?
2. Is Amira to blame for what happened to her? If yes, why? If no, why not?
3. Do you think anyone would blame her? If yes, why?
4. Should she tell her parents?
5. Who can help her, and how?
6. If you were her friend, what would you advise her to do?
7. What would you advise Amira’s parents to do?
8. Would you advise Amira to go to the police?
9. What might be some reasons for Amira to go to the police? What might be reasons not to?
10. What might be some reasons for Amira to seek medical help? Why might she not seek help?
11. How could Amira have been protected from this situation? What would need to be different for this to happen?

Case study 2[[29]](#footnote-29) *Fatimah’s husband forces her to have sex with him, even when she is in pain due to a medical problem. If Fatimah refuses to have sex with him, sometimes he hits her and is very rough. He used to lock her in the house during the day so that she couldn’t go anywhere and would have to have sex with him. She is forbidden from talking to friends whom she knew before marrying him, and this is making her very sad. Life is very difficult for her. Fatimah told her uncle about these problems, and he said that since she was married she should take care of her own problems. Fatimah went to the headman, and the headman told her to go back to her husband. Fatimah feels sick, sad and depressed.* Discuss using the following questions:1. What do you think most people you know would say about Fatima’s situation?
2. Is Fatimah to blame for her husband assaulting her because she refuses to have sex with him? Why or why not?
3. What do people you know think about a man’s right to have sexual relations with his wife or a wife’s right to say no?
4. Who can help Fatimah, and how?
5. If you were her friend, what would you advise her to do?
6. How could Fatimah have been protected from this situation? What would need to be different for this to happen?

Case study 3*Mary is 12 years old. Her family shares a compound with her father’s brother and his family. For some time, Mary’s uncle has been doing things to her that make her feel ashamed, like touching her when no one is looking. Recently when there was no one else home, her uncle forced her to have sex with him. Mary’s mother noticed that she was bleeding and withdrawn. When Mary told her parents what had happened, her father accused her of lying and threw her out of the family home. Mary feels sick and scared and has nowhere to go.* Discuss using the following questions:1. Have you ever heard of a situation like this? What happened*? Remind participants not to share information that might identify people in the community when they are reflecting on similar situations.*
2. Is Mary to blame for what her uncle did? Why or why not?
3. Who should do something to help her?
4. What kind of help might Mary need?
5. If you were Mary’s friend, what would you advise her to do?
6. How could Mary have been protected from this situation?
 |
| **Example of a group activity for learning about individual and collective beliefs and norms sustaining GBV** |
| *Note: These are sample scenarios. You will need to use case studies appropriate to the local context. You may also use case studies related to other forms of GBV that you are investigating.* *This activity can be adapted and used in an interview or survey context.*Read the first scenario and then read each statement. For each statement, ask participants to move to one side of the room if they agree with the statement, to the other side if they do not agree, and to the middle of the room if they are unsure.**Scenario 1:** A young woman is raped when she is home alone after school. She knows the man who raped her – he is a friend of her father. He stopped by the house looking for her father, but when he realized she was alone, he attacked her. 1. The girl should report the rape to her family.
2. The girl should report the rape to the authorities.
3. The girl probably did something that encouraged the man to have sex with her.

**Scenario 2:** Your sister-in-law comes to talk with you about troubles with her husband, your younger brother. She says that her husband is coming home very late at night, and that when he gets home he often is angry and aggressive, demanding to have sexual relations. If she refuses his demand, he beats her. She also tells you that the children see the violence. 1. The man is showing his love for his wife.
2. The man has a right to demand sex from his wife.
3. It is most important for the woman to take care of her husband and home.

**Scenario 3:** A 14-year-old is raped by a group of boys in an older class on her way to school. She heard the boys telling each other they were real men now. She feels humiliated and believes that she has dishonoured her family. She will not tell her parents because of the shame. She believes that if anyone finds out what happened to her, no man will love her and her future will be destroyed.1. The boys can’t be blamed for behaving like this – boys do these things when they are together.
2. The girl should not tell anyone in order to protect her honour.
3. The girl should tell her parents and marry one of the boys.
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1. See <www.unicef.org/publications/files/CCC\_042010.pdf>. [↑](#footnote-ref-1)
2. See <https://gbvguidelines.org>. [↑](#footnote-ref-2)
3. See <https://cpwg.net/minimum-standards>. [↑](#footnote-ref-3)
4. Global Protection Cluster, ‘South Sudan Crisis: Why we must broaden the conversation on GBV data’, Gender-Based Violence Area of Responsibility, 2014, p. 1. [↑](#footnote-ref-4)
5. As highlighted in the IASC GBV Guidelines, the focus on responding to sexual violence as an initial priority in emergency settings is due to the immediate and potentially life-threatening health consequences of sexual violence, coupled with the feasibility of managing these consequences through medical care. At the same time, there is a growing recognition that affected populations can experience various forms of GBV during conflict and natural disasters, during displacement, and during and following return. Therefore, establishing response for other forms of GBV must occur as soon as clinical management of rape services are in place. [↑](#footnote-ref-5)
6. Contact UNICEF GBViE specialist staff at Headquarters to obtain this resource. [↑](#footnote-ref-6)
7. Information on sampling adapted from the following sources: Child Protection Working Group, *Child Protection Rapid Assessment Tools,* CPWG, 2012, p.16; and Assessment Capacity-Building Project, ‘Purposive sampling and site selection in Phase 2’, ACAPS, 2011. [↑](#footnote-ref-7)
8. Oxfam Great Britain, ‘Conducting Focus Groups’, Research Guidance series, Oxfam, Oxford, 2015, p. 2. [↑](#footnote-ref-8)
9. See <www.globalprotectioncluster.org/\_assets/files/tools\_and\_guidance/info\_data\_management/CPRA\_English-EN.pdf>. [↑](#footnote-ref-9)
10. Global Protection Cluster, *Protection of Conflict-Induced IDPs: Assessment for Action*, GPC, February 2008, p. 63. [↑](#footnote-ref-10)
11. United Nations High Commissioner for Refugees and World Health Organization, *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for humanitarian settings*,WHO, 2012, p. 9. [↑](#footnote-ref-11)
12. Contact UNICEF GBViE specialist staff at Headquarters to obtain this resource. [↑](#footnote-ref-12)
13. This tool is not intended to replace or duplicate the 3W Matrix where it is operational and up to date. If the relevant information on GBV services is readily available to all actors and updated, this tool will not be required. [↑](#footnote-ref-13)
14. Crisis counselling and support is sometimes called ‘psychological first aid’ in the medical model; however, in a survivor-centred model, the terms ‘crisis care’ or ‘crisis counselling and support’ are preferred. [↑](#footnote-ref-14)
15. Refers to culturally appropriate supportive counselling that aims to provide emotional and practical support, give information, and solve problems, such as family and community relationship difficulties. [↑](#footnote-ref-15)
16. Refers to culturally appropriate supportive group-based activities that aim to provide emotional and/or practical support to group members. [↑](#footnote-ref-16)
17. Basic mental health services for survivors of sexual violence include crisis counselling provided by social workers and primary health care workers. Specialized mental health services are for survivors who require additional support to cope with severe mental disorders or suffering which prevents them from resuming normal activities. These specialized services include assessment and treatment by psychologists and psychiatrists. [↑](#footnote-ref-17)
18. Crisis support has been the cornerstone of rape and intimate partner violence response around the world for many decades. More recently, the term ‘psychological first aid’ has been applied to this activity; however, in a survivor-centred model, the terms ‘crisis care’ or ‘crisis support’ are preferred. [↑](#footnote-ref-18)
19. Adapted from UNICEF WCARO *Menstrual Hygiene Management in Emergencies Focus Group Discussion Guide*. [↑](#footnote-ref-19)
20. Adapted from ActionAid International, *Making Cities and Urban Spaces Safe for Women and Girls: Safety Audit Participatory Toolkit,* AAI, Johannesburg, 2013. [↑](#footnote-ref-20)
21. <www.gbvguidelines.org> [↑](#footnote-ref-21)
22. Much of this information already exists, and where there are time constraints, assessment can focus on critical aspects of the policy environment related to ensuring survivor-centred access to health, safety and justice. [↑](#footnote-ref-22)
23. <www.gbvims.com> [↑](#footnote-ref-23)
24. Crisis counselling and support is sometimes called ‘psychological first aid’ in the medical model; however, in a survivor-centred model, the terms ‘crisis care’ or ‘crisis counselling and support’ are preferred. [↑](#footnote-ref-24)
25. Refers to culturally appropriate supportive counselling that aims to provide emotional and practical support; provide information; and solve problems, such as family and community relationship difficulties. [↑](#footnote-ref-25)
26. Refers to culturally appropriate supportive group-based activities that aim to provide emotional and/or practical support to group members. [↑](#footnote-ref-26)
27. Basic mental health services for survivors of sexual violence include crisis counselling provided by social workers and primary health care workers. Specialized mental health services are provided for survivors who require additional support to cope with severe mental disorders or suffering which prevents them from resuming normal activities. These specialized mental health services include assessment and treatment by psychologists and psychiatrists. [↑](#footnote-ref-27)
28. This case study is based on interviews with survivors of sexual violence in Somalia as documented in Human Rights Watch, *Hostages of the Gatekeepers: Abuses Against Internally Displaced in Mogadishu, Somalia*, HRW, 2013. [↑](#footnote-ref-28)
29. This case study is based on interviews with survivors of forced marriage in South Sudan as documented in Human Rights Watch, *This Old Man He Can feed US: You will marry him*, HRW, New York, 2013. [↑](#footnote-ref-29)