Kit 2

Assessment Tools

unicef

for every child

Contents

Note: There are no Tools for *Section 1: Introduction to GBV Assessments in Emergencies*, *Section 2: Good Practice in GBViE Assessments* and *Section 3: How to do GBViE Assessments.*

Section 4

Introduction to Rapid GBViE Assessment Tools

Section 5

Comprehensive GBViE Assessment

Rapid GBViE Assessment Tools

Kit 2: Assessment, Section 4

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; and	◯
• 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.	◯

Ethics and safety in GBV assessments (continued)

The informed consent process outlines:	
• The purpose of the 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 is 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.	○
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.	○

GBV Service Mapping Tool[1]

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

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 with instructions 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.

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.

1   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.

Part B: Service Information Form

1. Name of service/organization/group

2. Sector

3. Location

4. Specific services provided

5. Phone number

6. Main contact person

7. Days and hours

8. Target group

9. Fee for services

10. Geographical area served

11. How to make a referral

12. Additional information

Part B: Service Information Form (continued)

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.

4. 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 after #11.*

5. Write the phone number where a referral can be made or where more information about the service can be obtained. *See note after #11.*

6. Write the name of the main contact person who provides information and takes referrals.

7. Write the days and times that people can come for assistance.

8. 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

9. Write how much each service costs. Be specific.

10. 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.

11. 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 healthcare

Part B: Service Information Form (continued)

List of response sectors and services (continued)	
Sector	**Services Provided**
Health (continued)	• Fistula repair • Voluntary Counselling and Testing (VCT) for HIV • HIV treatment, care and support services • Crisis counselling and support for adult survivors[2] • 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 • Case work services • Individual counselling/support[3] • Group counselling/support[4] • Material support (e.g., clothing, food, etc.) • 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

2   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.
3   Refers to culturally appropriate and supportive counselling that aims to provide emotional and practical support, give information and solve problems, such as family and community relationship difficulties.
4   Refers to culturally appropriate and supportive group-based activities that aim to provide emotional and/or practical support to group members.

Part B: Service Information Form (continued)

List of response sectors and services (continued)	
Sector	**Services Provided**
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

GBV Service Capacity and Quality Audit Tool

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:

- Interviews 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.

Part A: GBV Health Service Rapid Assessment

Part B: GBV Psychosocial Support Service Rapid Assessment

Part C: GBV Survivor Safety Service Rapid Assessment

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: _____

2.2 Type of facility:

- ◯ Hospital

- ◯ Primary health

- ◯ Mobile

- ◯ Other: _____

Part A: GBV Health Service Rapid Assessment (continued)

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

3.3   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: _____

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Part A: GBV Health Service Rapid Assessment (continued)

4.	Service checklist	Yes	No	Don't know
4.1	Survivors can access healthcare 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.	○	○	○
4.13	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[1] 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.	○	○	○

1   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.

Part A: GBV Health Service Rapid Assessment (continued)

5. Notes

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Part A: GBV Health Service Rapid Assessment (continued)

Part A: GBV Health Service Rapid Assessment (continued)

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

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 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: _____

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

Part B: GBV Psychosocial Support Service Rapid Assessment (continued)

3. Reported incidents (continued)

3.3 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: _____

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Part B: GBV Psychosocial Support Service Rapid Assessment (continued)

4.	Service checklist	Yes	No	Don't know
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 healthcare 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[2].	○	○	○
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

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2 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.

Part B: GBV Psychosocial Support Service Rapid Assessment (continued)

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

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

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's/children's group representative Number and gender(s): _____ ◯ Observation at site or service ◯ Other: _____

2. General information

2.1   Name of health safety service:

◯ 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: _____
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Part C: GBV Survivor Safety Service Rapid Assessment (continued)

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

3.3 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: _____

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Part C: GBV Survivor Safety Service Rapid Assessment (continued)

4.	Service checklist	Yes	No	Don't know
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 run the service.	○	○	○
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

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Part C: GBV Survivor Safety Service Rapid Assessment (continued)

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

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

Barriers to Care Analysis and Planning Tool

Purpose: Use this tool to develop an action plan to address barriers faced by survivors of sexual violence in accessing care and support services.

Sources of information: Representatives from the community

Part A: Steps in Addressing Barriers to Care and Support Services provides guidance on how to do a barrier assessment and identify solutions.

Part B: Action Plan for Addressing Barriers to Care and Support provides a template to use to document the action plan for addressing barriers faced by survivors.

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, invite 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, such as 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, such as adolescent girls; or barriers faced by a particular group in accessing a particular service, such as adolescent girls accessing healthcare. You can also do all three if it is needed, although this will take more time.

a. To identify barriers that survivors face in **accessing a particular service**, write the name of the service in a circle (e.g., health post, police, women's centre, women's shelter, child protection network, etc.) and draw a series of concentric circles around it.

b. To identify barriers faced by a **particular group of survivors**, write the name of the group in a circle (e.g., adult women, married women, unmarried women, adolescent girls, young children, boys, sex workers, etc.) and draw a series of concentric circles around it.

c. 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 3
Ask 'why'

a. 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.

b. 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.

c. 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.

Part A: Steps in Addressing Barriers to Care and Support Services (continued)

Step 4
Probe and get more information

a. For each factor or barrier identified, continue to ask 'why is this so?' and write the corresponding answers in the next circle.

b. Continue this process until all of the barriers have been revealed.

c. Write the barriers on a list.

Step 5
Probe and get more information

a. 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.

b. Ask participants to decide which actions are high priority, who is responsible for them and the timeframe.

c. Participants may not be able to identify all of the solutions for all of the barriers. You may need to consult with others before finalizing the action plan.

Step 6
Develop a plan for addressing each gap

a. Using **Part B: Action Plan for Addressing Barriers to Care and Support**, document the action plan and distribute it to relevant stakeholders.

b. Start implementing it!

c. Organize a review meeting to follow up on progress in implementing the plan, and make adjustments as needed. You can use **Part B** again to review and monitor progress toward addressing gaps.

Part B: Action Plan for Addressing Barriers to Care and Support

Barrier	Possible strategies for reducing the barrier	Who	When

WASH and Dignity Kit Sample Focus Group Discussion Guide[1]

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 a GBViE Assessment* for more information about planning and implementing focus groups and analysing the information generated.

Part A: Adult Women Focus Group Discussion Guide

Part B: Adolescent Girls Focus Group Discussion Guide

Part A: Adult Women Focus Group Discussion Guide

1. Dignity and safety

1.1 Are there personal items that women need to enable them to move freely, feel safe in the community and carry out chores?

1.2 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?*

1.3 Are there areas in this place/the community where you or other women feel unsafe?

1.4 What makes women feel unsafe in these areas?

1.5 Are there items that could be given to women to help them feel safer in these areas?

1.6 Are there other things that could be done to make women feel safer in these areas?

1 Adapted from UNICEF WCARO Menstrual Hygiene Management in Emergencies Focus Group Discussion Guide.

Part A: Adult Women Focus Group Discussion Guide (continued)

1.7 What information do women get about personal safety for women in this location?

1.8 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

2.1 Think 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?*

2.8 Looking at your current situation, what type of changes or improvements to facilities are needed for your menstrual hygiene management?

2.9 How do girls/women get information about menstrual management and hygiene?

2.10 What other information would be beneficial? *Probing questions: How/when should information be disseminated? With Kit? Written? Discussion? To what ages?*

3. Additional information

3.1 Is there anything else you would like to share about girls'/women's safety and dignity or menstrual hygiene management?

_____   _____

_____   _____

_____   _____

_____   _____

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

1.1 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?*

1.2 Who taught you about your menstrual cycle? What age were you? What type of things were you taught?

1.3 What types of menstrual hygiene management items were you taught to use? *(Show samples or pictures of products.)*

1.4 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?*

1.5 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?*

1.6 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?*

1.7 (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?*

1.8 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?*

1.9 Looking at your current situation, what types of changes or improvements to facilities are needed for your menstrual hygiene management?

1.10 How do girls/women get information about menstrual management and hygiene?

1.11 Do you come to school when you are menstruating? If not, why not?

1.12 What would make it easier to come to school when you are menstruating?

1.13 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.*

1.14 What type of information would be useful for younger girls who are about to start menstruating?

Part B: Adolescent Girls Focus Group Discussion Guide (continued)

2. Safety

2.1 Are there areas in this place/community where girls feel unsafe?

2.2 What makes you or other girls feel unsafe in these areas?

2.3 Are there items that could be given to girls to help them feel safer in these places?

3. Additional information

3.1 Is there anything else you would like to share about girls' and women's safety and dignity or menstrual hygiene management?

_____

_____

_____

_____

GBV Risk and Safety Focus Group Discussion Guide

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 a GBViE Assessment* 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.

1.1 Do girls and women in this camp/community worry about their safety and security? How does this compare to before the crisis/displacement?

1.2 What/who is making girls and women feel unsafe? *(Generate a list and continue asking until there are no more responses.)*

1.3 Where and when do girls and women feel unsafe? *(Go through each item on the list.)*

1.4 Are certain individuals or groups less safe? If so, who are they and why are they more at risk?

1.5 What do girls and women do to feel safer? When and why?

1.6 What is the community doing to help girls and women feel safer?

1.7 What are others (Government authorities, NGOs, etc.) doing to make girls and women safer?

1.8 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.

2.1 What types of violence were girls and women exposed to before the crisis/displacement? *(Probe, if appropriate, and list different forms of GBV.)*

2.2 What types of violence have girls and women been exposed to since the crisis/displacement?

2.3 Which forms of violence that you have identified are most important to address? *(Consider doing a group ranking exercise to identify priorities.)*

2.4 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.

3.1 If someone has been raped in this community, what kind of problems might they have?

3.2 Where do people who have been raped seek help?

3.3 What do community members think about people who have been raped? How do they treat them?

3.4 What do community members do to help someone who has been raped?

3.5 What more could be done to help those who have been raped?

4. Additional information

4.1 Are there other things you'd like to mention in relation to girls' and women's safety in this camp/community?

GBV Risk and Safety Key Informant Interviews

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 a GBViE Assessment* for more information about interviews.

Part A: Key Informant Interview – Community Member

Part B: Key Informant Interview – Local Authority/Camp Management

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+

1.3   Role/position of informant, if any (e.g., women's leader, member of youth network, CBO member, community leader, etc.)

_____

_____

_____

_____

_____

---

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: _____

_____

_____

_____

Part A: Key Informant Interview – Community Member (continued)

2.4 If sexual violence against girls 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: _____

_____

_____

2.8 What are others (e.g., Government, NGOs, etc.) doing to 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

○ Taking action to make services and facilities safer and more accessible

○ None of these

○ Other: _____

2.9 What are girls or women doing to make themselves safer?

○ Don't know

○ Sharing information about unsafe people and places

○ Moving in groups

○ Using protection items

○ Reporting incidents

○ Limiting their mobility

○ Other: _____

_____

_____

_____

2.10 What else could be done to help make girls and women safer?

_____

_____

_____

Part A: Key Informant Interview – Community Member (continued)

3. Shelter and registration	Yes	No	Don't know
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?	○	○	○
3.3 Are married women registered separately from their husbands?	○	○	○
3.4 Are unaccompanied females registered as individuals?	○	○	○

Comments on shelter and registration

_____

_____

_____

4. WASH facilities	Yes	No	Don't know
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

_____

_____

_____

Part A: Key Informant Interview – Community Member (continued)

Part A: Key Informant Interview – Community Member (continued)

5.	Food, fuel and non-food items (NFIs)	Yes	No	Don't know
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?	○	○	○
5.4	Are NFIs distributed directly to women?	○	○	○
5.5	Do women receive NFIs that promote their dignity, hygiene and safety?	○	○	○

Comments on food, fuel and non-food items (NFIs)

_____

_____

_____

6.	Security measures	Yes	No	Don't know
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.* | ○ | ○ | ○ |

Part A: Key Informant Interview – Community Member (continued)

6. Security measures (continued)	Yes	No	Don't know

6.5 Security patrols or watch group inside the camp/community are provided by:

○ Police

○ Other government security force

○ Militia

○ Community group

○ Other: _____

_____

	Yes	No	Don't know
6.6 Do these patrols make girls and women feel safer inside the camp/community?	○	○	○

Comments on security measures

_____

_____

_____

7. Decision-making and governance	Yes	No	Don't know
7.1 Are women involved in decision-making and governance structures?	○	○	○

Comments on decision-making and governance

_____

_____

_____

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: _____

1.3   Role/position of informant, if any (e.g., elected official, traditional leader, camp manager, shelter manager)

_____

_____

_____

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: _____

_____

_____

_____

Part B: Key Informant Interview – Local Authority/Camp Management (continued)

2.4 If sexual violence against girls 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: _____

_____

_____

_____

2.8 What are others (e.g., Government, NGOs, etc.) doing to 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

◯ Taking action to make services and facilities safer and more accessible

◯ None of these

◯ Other: _____

2.9 What are girls or women doing to make themselves safer?

◯ Don't know

◯ Sharing information about unsafe people and places

◯ Moving in groups

◯ Using protection items

◯ Reporting incidents

◯ Limiting their mobility

◯ Other: _____

_____

_____

_____

2.10 What else could be done to help make girls and women safer?

_____

_____

_____

Part B: Key Informant Interview – Local Authority/Camp Management (continued)

3. Shelter and registration	Yes	No	Don't know
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?	◯	◯	◯
3.3 Are 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?	◯	◯	◯

Comments on shelter and registration

_____

_____

_____

4. WASH facilities	Yes	No	Don't know
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

_____

_____

_____

Part B: Key Informant Interview – Local Authority/Camp Management (continued)

5. Food, fuel and non-food items (NFIs)	Yes	No	Don't know
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?	○	○	○
5.4 Are NFIs distributed directly to women?	○	○	○
5.5 Do women receive NFIs that promote their dignity, hygiene and safety?	○	○	○

Comments on food, fuel and non-food items (NFIs)

_____

_____

_____

6. Security measures	Yes	No	Don't know
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: _____

_____

	Yes	No	Don't know
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._	○	○	○

Part B: Key Informant Interview – Local Authority/Camp Management (continued)

6. Security measures (continued)	Yes	No	Don't know
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	Yes	No	Don't know
7.1 Are women involved in decision-making and governance structures?	◯	◯	◯
Comments on decision-making and governance _____ _____ _____			

Participatory Safety Mapping Exercise

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; and

- Strategies 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: Participatory Safety Walk Guide**). 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.

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.

Part A: Steps in Safety Mapping Exercise

Step 1 **Small group mapping**	1.1 Divide participants into three or four groups of four to five people each.
	1.2 Give each group four flipchart pages taped together and markers, coloured stickers or post-it notes.
	1.3 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**	2.1 Divide participants into three or four groups of four to five people each.
	2.2 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.
	2.3 Post the maps on the wall.
Step 3 **Discuss findings**	3.1 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?*

Part A: Steps in Safety Mapping Exercise (continued)

**Step 3
Discuss findings**

(continued)

- *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 compiled 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**

4.1   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.

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

Participatory Safety Walk Guide

Purpose: 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;

- Communicate directly with service providers and other duty bearers (where safe and appropriate to do so) regarding their safety needs; and

- 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 and any group where the members speak a variety of languages.

Part A: Steps in Conducting a Safety Walk

Part B: Tips for Conducting a Safety Walk

Part A: Steps in Conducting a Safety Walk[1]

Step 1
Plan the safety walk

1.1   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 as unsafe during focus groups, during key informant interviews or through other means. These could be 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.

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1   Adapted from ActionAid International, *Making Cities and Urban Spaces Safe for Women and Girls: Safety Audit Participatory Toolkit*, AAI, Johannesburg, 2013.

Part A: Steps in Conducting a Safety Walk (continued)

Step 1
Plan the safety walk

(continued)

1.2   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.

1.3   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 or community and a representative from the agency responsible for WASH services.

1.4   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.

1.5   Make sure the 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)

2.1   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?*

- *What are they doing (e.g., walking, working, or 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 particular groups of people hanging around who make you feel unsafe? Who are they?*

- *What is their age and sex (e.g., groups of young men)?*

- *Why are they hanging around?*

Part A: Steps in Conducting a Safety Walk (continued)

Step 2
Conduct the safety walk

(continued)

- *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 make you feel unsafe?*

2.2   If appropriate, take photos of the site/area. These may be helpful for explaining the problem and context to others and for monitoring changes.

2.3   After the discussion, mark the area on the map. Consider using different colours or symbols to highlight areas where participants feel very unsafe, a little unsafe, or safe.

Step 3
Debrief and identify next steps

(1 hour)

3.1   Immediately after the walk, hold a short meeting to debrief 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.

Part B: Tips for Conducting a Safety Walk

What to take

- Paper and pen/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 opinion about an area;
  - Respect what others have to 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 a particular area);
  - Be mindful of the person taking notes, and speak loudly, simply and slowly; and
  - Avoid making negative comments, such as "Nothing ever gets done."
- Remember that sometimes a place is so poorly designed that there are not 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.

GBV Risk and Safety Observation Guide

Purpose: To assist in the collection and recording of observations related to girls' and women's safety and security in a camp or community, in order 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 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.

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?		

Issue	Things to consider	Observation	Follow-up
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?		

Issue	Things to consider	Observation	Follow-up
In and around the school	• Are girl children present? • Are adolescent girls present? • Are they moving freely?		
Latrines	• Are men's and women's latrines 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?		

Issue	Things to consider	Observation	Follow-up
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			

Community Safety Planning Guide

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 1: Community-Based Safety Planning and Action* in **Kit 3.2: Programming – 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.

Part A: Steps in Community Safety Planning

Part B: Community Safety Plan Template

Part A: Steps in Community Safety Planning

Step 1 **Preparation**	1.1 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)

Part A: Steps in Community Safety Planning (continued)

**Step 1
Preparation

(continued)**

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.

1.2   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 to and use of facilities and services;

• Risk related to accessing 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**

2.1   Introduce participants and explain the purpose of the workshop, the outcomes expected and the resources available to support implementation of safety plans.

2.2   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.

2.3   Facilitate a question-and-answer session and a discussion on why each problem is occurring.

2.4   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.

2.5   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.

Part A: Steps in Community Safety Planning (continued)

**Step 2
Conduct an initial one-day planning workshop

(continued)**

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;[1]

• Mandates of peacekeeping forces; and

• Examples of good practices from other settings.

2.6   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.

2.7   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?

2.8   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**

4.1   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.

1   www.gbvguidelines.org

Part B: Action Plan for Addressing Barriers to Care and Support

Name of camp/community:

Date(s) of assessment: **Completed by:**

Problem/Issue	Actions	Resources	Person responsible

Comprehensive GBViE Assessment Tools

Kit 2: Assessment, Section 5

Good Practice Checklist

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.

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; and	◯
• 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)	◯

Participation in GBV assessments (continued)

• 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; and	○
• 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.	○

Ethics and safety in GBV assessments (continued)

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 are trained on survivor-centred principles.	◯

GBV Assessment Preparation Checklist

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.

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 the 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.

Planning Checklist (continued)

Phase 1: Preparation (continued)

Step 3
Design the assessment

(continued)

- ◯ 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.

GBV Assessment Outline and Data Collection Guide

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.

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

Part A: Collating Background and Contextual Information

Overview

It is important to develop a thorough contextual overview of the humanitarian and GBV situation. 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

Part A: Collating Background and Contextual Information (continued)

Step 1

Collect, review and analyse relevant documents that contain the following information.

a. **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.

b. **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 or 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; etc.).

• 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 child marriage, intimate partner violence and sexual exploitations; cultural norms driving harmful traditional practices; and other factors increasing risk).

c. **Current humanitarian capacity and gaps in responding to GBV, including:**

• Existing national initiatives, responses and resources for preventing and responding to 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.

Step 2

Document key findings, and use analysis to help define critical information gaps, assessment priorities and objectives.

Part B: Assessing the Legal and Policy Framework[1]

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 a *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

Step 1

Collect, review and analyse documents that contain information about legislation and policies relevant to the type(s) of GBV being investigated, such as:

a. **Criminal law** related to sexual assault, physical assault, defilement, mandatory reporting, prostitution, pornography, trafficking, sexual exploitation, child abuse, female genital mutilation/cutting, etc.

b. **Relevant civil law,** including those related to consent, majority, marriage, divorce, custody of children, etc.

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1   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.

Part B: Assessing the Legal and Policy Framework (continued)

Step 1

(continued)

c. **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.

Step 2

Collect, review and analyse documents that contain information about customary legal framework in relation to GBV.

Step 3

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.

Step 4

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.

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

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

Tools

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

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

Part C: Assessing GBV Response Services and Practices (continued)

Step 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** to assist 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.

Step 2

Review incident data for reported cases. Where it is operational, the GBVIMS[2] 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.

Part C: Assessing GBV Response Services and Practices (continued)

Step 3	**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: Service Capacity and Quality Audit Tool 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.
Step 4	**Identify barriers to GBV service use and uptake,** including:
	• Community-level barriers, such as social stigma; and
	• 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.
Step 5	**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.

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 prioritization exercises
- Semi-structured interviews with key informants
- Surveys

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

Tools

Comprehensive Assessment Tool 7: Guide to Designing Community Assessment Activities

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

Rapid Assessment Tool 9: Participatory Safety Walk Guide

Part D: Assessing Community Knowledge, Beliefs, Attitudes, Perceptions and Priorities (continued)

Step 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.

Step 2

Identify which data collection methods are most appropriate for collecting the right amount of relevant information required.

a. **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.

b. **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.

c. **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.

Part D: Assessing Community Knowledge, Beliefs, Attitudes, Perceptions and Priorities (continued)

Step 3	**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 detailed data.

See **Comprehensive Assessment Tool 7: Guide to Designing Community Assessment Activities.**

If you are assessing risk and safety, see the following Rapid Assessment Tools:

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

Rapid Assessment Tool 9: Participatory Safety Walk Guide

Step 4	**Make sure that the tools are adapted for use with different groups;** for example, adults and adolescents may be asked different questions.
Step 5	**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.
Step 6	**Collect data according to the assessment plan.**
Step 7	**Analyse and document the findings.**

GBV Service Mapping Tool

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; and

- Key gaps in availability of essential services.

Sources of information:

- Interviews with service providers

- Site visits and observation

Part A: Steps in GBV Service Mapping provides instructions for conducting a service mapping.

Part B: GBV Service Information Form provides a template with instructions 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.

Part A: Steps in GBV Service Mapping

Step 1 **Define the geographical area for the mapping**	The purpose of the meeting is to help staff identify areas for achievement and improvement in order to meet good practice standards in survivor-centred service delivery, and/or to help them monitor progress toward achieving these standards.
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 GBV. 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.

Part B: GBV Service Information Form

1. Name of service/organization	

2. Sector	3. Location

4. Specific services provided

5. Phone number	6. Main contact person

7. Days and hours

8. Target group	9. Fee for services

10. Geographical area served

11. How to make a referral

Additional information

Part B: GBV Service Information Form (continued)

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.

4. 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 after #11.*

5. Write the phone number where a referral can be made or where more information about the service can be obtained. *See note after #11.*

6. Write the name of the main contact person who provides information and takes referrals.

7. Write the days and times that people can come for assistance.

8. 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

9. Write how much each service costs. Be specific.

10. 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.

11. 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 especially applies 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

1   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.

Part B: GBV Service Information Form (continued)

List of response sectors and services (continued)	
Sector	**Services provided**
Health **(continued)**	• HIV treatment, care and support services • Crisis counselling and support for adult survivors[1] • 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 • Case work services • Individual counselling/support[2] • Group counselling/support[3] • 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

1   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.
2   Refers to culturally appropriate and supportive counselling that aims to provide emotional and practical support; provide information; and solve problems, such as family and community relationship difficulties.
3   Refers to culturally appropriate and supportive group-based activities that aim to provide emotional and/or practical support to group members.

Part B: GBV Service Information Form (continued)

List of response sectors and services (continued)	
Sector	**Services provided**
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

Participatory Service Audit Guide

Purpose: To outline a workshop 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 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.

Part A: Steps in Participatory GBV Audit Workshop 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.

Part A: Steps in Participatory GBV Audit Workshop

Step 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.
Step 2	**Have workshop participants form 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.
Step 3	**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. a. If the standard has been fully met and all participants in the working group agree, the working group should tick **'Met'**. b. 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'. c. If the standard has not been met and there are no plans to address it, the working group should tick **'Not met'**.
Step 4	**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 standards of care.
Step 5	**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; or • Advocating with decision-makers for additional resources.
Step 6	**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.

Part B: Good Practice Standards for GBV Services

Health sector practice standards	Met	Working toward	Not met
Healthcare 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 child 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 healthcare as needed.	○	○	○
Follow-up healthcare is provided.	○	○	○
Health workers know how to give information and make a referral for protection, safety or psychosocial support.	○	○	○
Mental health services[1] are available for survivors.	○	○	○
Sexual violence health data is collected and analyzed.	○	○	○
The community is aware of health services.	○	○	○

1   Basic mental health services for survivors of sexual violence include crisis counselling provided by social workers and primary healthcare 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.

Part B: Good Practice Standards for GBV Services (continued)

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 healthcare, 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.	○	○	○

Part B: Good Practice Standards for GBV Services (continued)

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.	○	○	○

Part C: Good Practice Gaps and Strategies Log

Location:

Sector:

Date:

Prepared by:

Issue/gap identified	Priority: High/Medium/Low	Potential strategies for addressing the gap

Service Barriers Focus Group Discussion Questions

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.

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.

1.1 If someone has been raped in this community, what kind of problems might they have?

1.2 Where do people who have been raped seek help? Who might they ask for help and why?

1.3 What do community members think about people who have been raped?

1.4 How do they treat them? Is it different for a married or unmarried adult or adolescent? For a child?

1.5 What do community members do to help someone who has been raped?

1.6 What more could be done to help those who have been raped?

2. Community knowledge and practices in relation to sexual assault

2.1 What does the law say about rape?

2.2 What services are available for someone who has been raped?

2.3 What do parents do if they believe their child has been raped?

2.4 Where can people who have been raped get medical care?

2.5 What might be some of the reasons why people who have been raped do not go to get medical attention?

2.6 Do people who have been raped go to the police? If not, what are some of the reasons why they don't?

2.7 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?)*

2.8 Would you advise a friend to get medical help if she had been raped? Why or why not?

Services Barriers Sample Focus Group Discussion Questions (continued)

2.9   Would you advise a friend to go to police if she had been raped? Why or why not?

2.10   Would you advise a friend to go to anyone else if she had been raped? Why or why not?

2.11   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?

2.12   Who do you think adults/adolescents/children trust to get information and help from if they are raped?

3.   Additional information

3.1   Are there other things you'd like to mention in relation to getting help after rape in this camp/community?

_____

_____

_____

_____

Guide to Designing Community Assessment Activities

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.

Part A: Steps in Designing Assessment Activities

Part B: Sample Assessment Questions and Activities

Part A: Steps in Designing Assessment Activities

Step 1
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.

- **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.

Part A: Steps in Designing Assessment Activities (continued)

**Step 1
Review the relevant
assessment objective(s)...**

(continued)

- **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	Information required	Data collection methods
To identify GBV-related safety problems and risks in the community	- 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	- Focus group discussions with females of different ages - Participatory risk and safety mapping

Example 2

Assessment objective	Information required	Data collection methods
To identify the GBV-related vulnerabilities, needs and coping strategies of unaccompanied girls and female-headed households	- 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	- 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

Assessment objective	Information required	Data collection methods
To identify knowledge, perceptions and attitudes about different types of GBV occurring in the community, and to determine community priorities for prevention	- 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	- 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

Part A: Steps in Designing Assessment Activities (continued)

Step 2
Draft data collection tools for each method by selecting questions and/or activities most appropriate for eliciting the required information from the specific audiences

See Part B: Sample Assessment Questions and Activities for focus group discussions and activities on GBV. Remember that this is a sample of questions and activities and not an exhaustive list.

Step 3
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.

Part B: Sample Assessment Questions and Activities

1. Questions on types of GBV occurring and priorities for addressing them

1.1 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.*)

1.2 Who experienced each of these forms of violence?

1.3 Who perpetrated each of these forms of violence?

1.4 Where did it take place?

1.5 Why do you think each type of violence was used?

1.6 What types of violence have girls and women been exposed to since the crisis/displacement?

1.7 Are some girls/women more at risk of violence now? If so, who?

1.8 Why are each of these groups more at risk of violence?

1.9 Who is perpetrating this violence?

1.10 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.*)

2. Questions for assessing GBV-related risk and safety problems

2.1 Do girls and women in this camp/community worry about their safety and security? How does this compare to before the crisis/displacement?

2.2 What/who is making girls and women feel unsafe? (*Generate a list, and continue asking until there are no more responses.*)

2.3 Where and when do girls and women feel unsafe? (*Go through each item on the list.*)

2.4 Are certain individuals or groups less safe? If so, when and why?

2.5 What do girls or women do to feel safer? When and why?

2.6 What is the community doing to help girls and women feel safer?

2.7 What are others (e.g., government authorities, NGOs) doing to make girls and women safer?

2.8 What else could be done to help girls and women feel safer?

2.9 Are there other things you'd like to mention in relation to girls' and women's safety in this camp/community?

3. Questions for assessing the GBV-related vulnerabilities, needs and coping mechanisms of unaccompanied girls

3.1 Are there specific safety problems that unaccompanied children face?

3.2 What safety problems do unaccompanied girls face? (*Probe if there is some evidence of safety threats that girls face that are not mentioned.*)

3.3 What safety problems do unaccompanied boys face? (*Probe if there is some evidence of safety threats that boys face that are not mentioned.*)

3.4 What makes girls vulnerable to these problems?

3.5 What do girls do to deal with these problems?

3.6 What could be done to help so that girls don't have these problems?

Part B: Sample Assessment Questions and Activities (continued)

4. Sample participatory risk and safety mapping activity

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.

4.1 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 take place.

4.2 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 per- petrating them on a flipchart, as well as the places where girls and women feel safe. Post the maps on the wall.

4.3 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 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 girls and women?

- What ideas do people have on what could be done to improve safety and security in different locations?

5. Small group activity for assessming beliefs related to violence in the community

5.1 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.*

5.2 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.

5.3 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 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.*

5.4 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 experi- enced it feel?

Part B: Sample Assessment Questions and Activities (continued)

6. Sample 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[1]

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.

Discuss using the following 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[2]

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 head-man, 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 Fatimah'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?

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1   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.
2   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.

Part B: Sample Assessment Questions and Activities (continued)

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?

7. Sample 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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