

Kit 4

Evaluation Tools



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Note: There are no Tools for *Section 1: Introduction to GBV Evaluation in Emergencies*, *Section 2: Good Practice in GBViE Evaluations*, or *Section 3: How to Design and Manage a GBViE Evaluation*.

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Introduction to GBViE Programme Review and Operational Evaluation Tools



GBViE Intervention Review Workshop Guide¹

Purpose

The purpose of this guide is to support UNICEF GBV and CP specialists in facilitating a half-day participatory workshop to review a GBViE intervention or activity. The aim of the workshop is to learn directly from the experience of those implementing the intervention or activity and identify strengths, shortcomings and lessons for future implementation. The workshop will help to identify how to replicate or sustain what was done well and make recommendations on how to improve in the future. The half-day workshop format contained in this guide is most useful for reviewing a single intervention or activity, such as a dignity kit distribution or a community safety assessment.

Objectives

An intervention review has the following objectives:

- To engage UNICEF GBViE partners in collaborative reflection and review of a GBViE intervention or activity, focusing on lessons, achievements and gaps to strengthen future action;
- To build relationships and collaboration amongst partners and develop capacity in critical reflection and lesson-learning; and
- To develop capacity within UNICEF staff and partners by improving communication, clarifying team roles and objectives, and building confidence.

Method

The half-day workshop uses a combination of facilitated open discussion and a Visualization in Participatory Planning, a system whereby groups analyse and plan together using colour-coded cards to brainstorm group ideas and prioritize options.

The workshop explores four key questions:

- What was expected to happen?
- What actually occurred?
- What went well and what can be improved?
- What will we do the same and differently next time?

The workshop focuses on both the process and outcomes of the intervention. The times suggested for each session are indicative only; for larger, more complex interventions, it may be necessary to allocate more time for each session.

For an intervention that was implemented over multiple operational areas, a half-day review workshop can be conducted with each team, and then representatives from each workshop can be brought together in a subsequent workshop to combine findings and learnings from multiple sites and teams. While this approach takes more time, it has the advantage of maximizing learning and keeping the size of each workshop manageable whilst obtaining input from as many people as possible. If multiple workshops are facilitated, make sure to use the same method for recording the discussion in each group so that the results can be easily compared.

¹ This workshop is based on United Nations Children's Fund, *Knowledge Exchange Toolbox*, UNICEF Division of Data, Research and Policy, New York, 2015; and United States Agency for International Development, *Toolkit for Monitoring and Evaluation of GBV Interventions along the Relief to Development Continuum*, USAID, Washington D. C., 2014.



Sample agenda

Time	Content
8:00–8:15	<ul style="list-style-type: none">• Welcome and introductions• Ground rules
8:15–9:00	What was supposed to happen?
9:00–9:45	What actually happened?
9:45–10:15 Break	
10:15–11:15	What went well and what can be improved?
11:15–12:00	What will we do the same and differently next time?
12:00–12:15	Closing

Before the workshop

- ✓ Collate and examine relevant background information on the intervention.
- ✓ Choose a facilitator or facilitators.
- ✓ Assign date(s) for the workshop(s) as soon as possible after the intervention/ activity has taken place. Identify participants, making sure to include everyone who played a key role in the activity.
- ✓ Draft the agenda.
- ✓ Identify and confirm the venue(s), making sure there is enough space to hang flipchart paper on the wall.
- ✓ Obtain relevant input from stakeholders, including others involved in similar or related GBViE activities.
- ✓ Arrange logistics.
- ✓ Confirm participants.
- ✓ Set up venue, arranging seating so that participants are in a circle.

During the workshop

- ✓ Balance reflection on past implementation with recommendations for the future.
- ✓ Focus on what's important; don't get stuck on unnecessary details.
- ✓ Make sure everyone can participate and share their opinions, observations and experiences. If participating, pay special attention to whether girls and women can make their voices heard.
- ✓ Make the recommendations both actionable and as specific as possible
- ✓ Close with a summary of what has been discussed and agreed and what the next steps are.



After the workshop

- ✓ Prepare a brief report based on the workshop notes and any action plan agreed upon.
- ✓ Circulate notes and action plan for comments, and finalize them to share with participants and others who may benefit from the learning generated.
- ✓ Implement action plan.
- ✓ Set a date to review implementation of the action plan or other changes emerging from the workshop.

Note to facilitator

To facilitate this workshop, you need a good understanding of the objectives and process of the intervention being reviewed. You also need excellent facilitation skills, including the ability to recognize and minimize the impact of hierarchy in a group and the ability to encourage everybody's participation throughout. Openness and honesty are key to an effective review, and this requires careful facilitation to create a safe environment, build trust and reduce defensiveness. Facilitation strategies for doing this include:

- Setting and maintaining agreed group guidelines or ground rules;
- Making sure all participants are respected and respectful;
- Facilitating everyone's participation;
- Using and encouraging active listening throughout the process;
- Using effective non-verbal communication;
- Being able to manage disagreement and conflict effectively;
- Regularly summarizing and reflecting back what has been said;
- Making it clear that it's OK to disagree; and
- Using open-ended questions.



Session Plan

Welcome and introductions (20 minutes)

Welcome and housekeeping

(5 minutes)

1. Welcome all participants, and provide information about the facilities, logistical issues, workshop objectives and agenda.
2. Explain that the group will explore the following four areas:
 - What was expected to happen in the intervention/activity;
 - What actually happened;
 - What went well and why; and
 - What can be improved and how.
3. Make it clear that the focus of the workshop is on learning relevant to future activities. Explain how the workshop outputs will be used to influence future interventions or activities of a similar nature.
4. Explain to participants:
 - This is not a critique or a complaint session.
 - No one – regardless of rank, position or strength of personality – has all the information or answers.
 - This activity will maximize learning if everyone can talk openly and honestly about the activity.
 - This is not a full-scale evaluation.
 - There are always weaknesses to improve, strengths to sustain and opportunities to learn from experience.

Introductions and ice-breaker

(10 minutes)

1. Ask participants to introduce themselves to each other.
2. If there are power imbalances in the group (which there likely will be), use an ice-breaker as a means of connecting group members. Ice-breakers cannot shift power imbalances, but they may help participants feel more comfortable.

Ground rules

(5 minutes)

1. Explain that there are some ground rules that will help the workshop be successful, and ask participants if they have suggestions for ground rules.
2. Write the suggestions on flipchart paper, and add the following if they are not mentioned:²
 - There are no bad ideas or bad questions
 - Ask open and honest questions, offer open and honest responses
 - Leave preconceptions and prejudgments at the door
 - Leave hierarchy at the door – everyone's knowledge is of equal value
 - Respect and listen to each other
 - It's OK to disagree
 - Don't rush to solutions

² Source: <www.nickmilton.com/2014/07/0-ground-rules-for-after-action-review.html#ixzz4QnpBFNUC>.



Welcome and introductions (continued)

Ground rules (continued)

- Focus on real issues and learning, not individual performance evaluation
- Keep focus
- Incorporate the learnings into future activity

Question 1: What did we intend to do? (45 minutes)

Note: This step is very useful for assessing if participants fully understood the intended purpose and steps in the intervention or activity. If they did not, this will become evident during the responses, and this is an important learning for improvement.

1. Explain to participants that the first area to explore together is what was supposed to happen in the intervention or activity.
2. Begin the discussion with an open-ended question, such as: "Looking broadly at this intervention or activity, how would you describe it, in one sentence?"
3. Then ask participants to talk in detail about what was intended. You can use the following prompts:
 - What was the purpose and objectives?
 - Who was the audience?
 - What was the timing?
 - Who was involved?
 - What outcomes and outputs were intended?
 - What products were to be produced?
 - What were the guidance and standards for those engaged in this activity?
 - What were the underlying conditions or issues of context or environment?
4. Note down responses on flipcharts and place them on the walls.

Question 2: What actually happened? (45 minutes)

Note: It might be helpful to remind participants that this is not a critique. However, the facilitator should make sure relevant positive and negative issues are discussed. This requires skillful facilitation so that all issues are addressed in a positive manner and participants do not feel defensive or discouraged.

1. Ask participants to describe and discuss what happened in a logical sequence covering three phases:
 - The planning and preparation phase;
 - The implementation phase; and
 - The post-implementation phase.

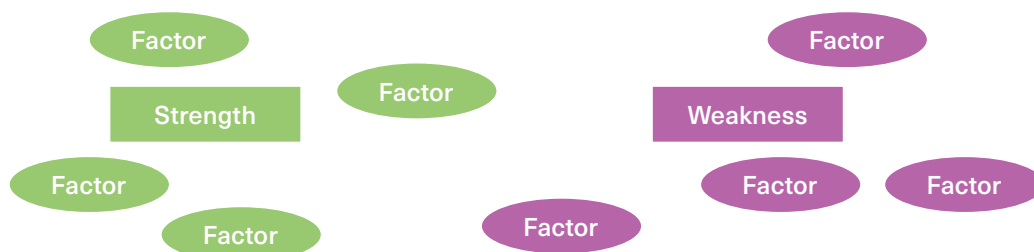
It is particularly important to consider the post-implementation phase of GBViE interventions or activities to make sure any unintended consequences and safety concerns that may have arisen, but were not previously considered, are recognized and addressed. Use open-ended questions as needed. As the discussion expands and more participants add their perspectives, further clarity may emerge.

2. Note down responses along a timeline of events covering the three phases. For example, if you are reviewing a dignity kit distribution, begin by discussing the planning process for identifying kit contents, procuring contents, targeting recipients, the actual distribution phase and the post-distribution phase.



Question 3: What went well and what can be improved? (60 minutes)

1. Explain to participants that you are going to analyse what went well and what can be improved in the future.
2. Using the timeline of events covering the planning, implementation and post-implementation phases, ask participants to identify what went well and what can be improved for each stage and event on the timeline. Provide participants with several cards of two different colours, and ask them to write as many as they can think of, using one coloured card for strengths and a different coloured card for weaknesses. Make sure to ask them to consider every aspect of the process and the outcomes, including logistics, management, administration, support, participation, safety, etc.
3. Ask a few volunteers to help collect and cluster the cards, showing convergence of common issues. Use large circular cards to give titles to closely linked issues.
4. If you have many weaknesses or areas for improvement identified, you may wish to prioritize them using the dot-voting method, where each participant is given three dots and asked to prioritize three areas for improvement.
5. Facilitate a discussion to analyse the strengths by asking participants to identify what factors made each strength possible and what lessons can be drawn to replicate such success in the future.
6. Facilitate a discussion to analyse the areas for improvement/weaknesses by asking participants, for each of the weaknesses, what factors contributed to this and how things can be done differently in the future. If you have a very large group, you can break them into smaller groups to do the analysis, making sure you have enough time for each small group to report their discussion back to the larger group.
7. For each strength or weakness, have participants describe contributing factors and provide any concrete examples. Write these up on cards (cards of corresponding colours in different shapes for contributing factors and examples). Contributing to a given strength, there may be some constraining factors too – nothing is completely positive or negative.





Question 4: What will we do the same and differently next time? (45 minutes)

1. Tell participants that the final step is to identify what should be done the same way and differently in the future. The task here is to develop concrete recommendations for future action based on the lessons identified in the previous session.
2. If it is a large group, you can break participants into three smaller groups to work on recommendations for each phase. Tell participants that good recommendations are specific, clear, actionable and achievable. Each group will need to identify who is responsible, who else should be involved, what is the timeline, what is the action required and what is the expected result.
3. Bring small groups back together to present the recommendations for each phase and obtain input and consensus from the large group.
4. Document the recommendations in a brief action plan format as the groups give feedback.

Closing (15 minutes)

Review and summarize key points identified during the workshop, linking the key points to the recommendations and actions agreed for future improvement. Thank participants for their contribution.



GBViE Programme Review Workshop Guide

Purpose

The purpose of this programme review workshop guide is to support UNICEF GBV and CP specialists in facilitating a participatory process to review a multi-component GBViE programme. The aim of the review is to analyse programme effectiveness, outputs, quality, lessons and gaps in order to improve or adjust ongoing and future programming.

Programme reviews do not apply the due process or rigour of an evaluation; as they are informal, there is no expectation to use standard evaluation criteria or to be independent. It is highly recommended that the input and views of affected community members and other stakeholders are obtained and shared during the workshop. This workshop guide contains a suggested structure and content for a day-long programme review workshop based on a Retrospect methodology.¹ However, it is only a suggested structure, and it can and should be adjusted based on the context and on the needs and preferences of the facilitator and programme leaders.

Objectives

The objectives of the programme review include:

- To engage UNICEF GBViE partners and stakeholders in collaborative reflection and review of programming effectiveness, lessons, achievements and gaps;
- To build relationships and collaboration amongst programme partners and foster peer learning;
- To develop capacity amongst partners in assessing and reflecting on programming quality and progress;
- To contribute to improvements for ongoing programming;
- To identify recommendations for UNICEF staff to strengthen future humanitarian action by analysing strengths and weaknesses of the programme and why they occurred, and by drawing out lessons on what to sustain and replicate as well as what to do differently;
- To help in the development of a GBViE annual or strategic plan or to scale-up a GBViE programme, where relevant; and
- To develop capacity within UNICEF staff and partners by improving communication, clarifying team roles and objectives, and building confidence in their joint capacity to plan and implement a comprehensive GBViE programme.

¹ This workshop guide is based on the Retrospect methodology set out in United Nations Children's Fund, *Knowledge Exchange Toolbox*, UNICEF Division of Data, Research and Policy, New York, 2015.



Sample agenda

Time	Content
8:00–8:15	<ul style="list-style-type: none">• Welcome and introductions• Ground rules
8:45–9:15	Programme overview
9:15–10:15	Partner presentations
10:15–10:45 Break	
10:45–11:15	Stakeholder feedback
11:15–12:45	Achievements and successes
12:45–1:30 Lunch	
1:30–3:00	Areas for improvement
3:00–3:30 Break	
3:30–4:00	Wrap-up and closing

Before the workshop

- ✓ Collect relevant input from stakeholders, making sure to include the perspectives of community members on each aspect of the programme to be presented during the stakeholder feedback session.
- ✓ Choose a facilitator. Ideally, this will be a person who is not directly involved in managing the programme – for example, another member of the CP/GBV team or the country office Monitoring and Evaluation (M&E) Officer.
- ✓ Brief the facilitator on the programme background, stakeholders, timeline, results and potential areas of improvement. Also, address potential sensitivities during the briefing so the facilitator can be prepared to manage them during the discussions.
- ✓ Assign date(s) for the workshop(s).
- ✓ Identify up to 15 participants, making sure to include partner organization programme managers; key stakeholders, including government and civil society representatives; and representatives of children's and women's groups. If the number of participants exceeds 15, then either invite only the key players or organize a second workshop to make sure all stakeholders can participate.
- ✓ Designate someone to record the discussions and learning at the session. Taking notes is essential for creating a report which summarizes the recommendations for future action.
- ✓ Draft the agenda.



Before the workshop (continued)

- ✓ Identify and confirm the venue(s), making sure there is enough space for participants to move around and for facilitators and note-takers to hang flipchart paper on the wall.
- ✓ Confirm participants, making sure that everyone attending understands the purpose and objectives relating to learning and that it is not a performance review.
- ✓ Arrange logistics.
- ✓ Set up venue.

During the workshop

- ✓ Focus on what's important; don't get stuck on unnecessary details or micro-level lessons.
- ✓ Make sure everyone can participate and share their observations. Prioritize the voices of women and (as appropriate) girls in the room.
- ✓ Maintain the perspective that this is a learning exercise and, as such, it is assumed that everyone did their best under the circumstances; ensure the discussion reflects this.
- ✓ Foster good communication and a team spirit.
- ✓ Encourage ideas for improvement that are specific and actionable. If some ideas seem promising to the group but are too general or vague, help the team try to sharpen them up.
- ✓ Always bring the focus back to the affected community, particularly to children and women, to make sure the lessons and recommendations are centred on people's well-being, safety and rights.

After the workshop

- ✓ Prepare a draft report based on the notes, and include recommendations and action points agreed.
- ✓ Circulate the draft for comments, and finalize for sharing with participants and others who may benefit from the learning generated.

Note to facilitator

To facilitate this workshop, you need a good understanding of the GBViE programme and the UNICEF GBViE programme framework. You also need excellent facilitation skills, including the ability to recognize and minimize the impact of hierarchy in a group and the ability to encourage everybody's participation. Openness and honesty are key to an effective review, and this requires careful facilitation to create a safe environment, build trust and reduce defensiveness. Facilitation strategies for doing this include:

- Setting and maintaining agreed group guidelines or ground rules;
- Making sure all participants are respected and respectful;
- Facilitating everyone's participation;
- Using and encouraging active listening throughout the process;
- Using effective non-verbal communication;
- Being able to manage disagreement and conflict effectively;
- Regularly summarizing and reflecting back what has been said;
- Making it clear that it's OK to disagree; and
- Using open-ended questions.



Session Plan

Welcome and introductions (15 minutes)

Welcome and housekeeping

(5 minutes)

1. Welcome all participants and provide information about the facilities, logistical issues, workshop objectives, content and timetable.
2. Explain that the group will explore the following areas:
 - GBViE prevention programming;
 - GBViE risk mitigation across sectors; and
 - GBViE response programming.
3. Make it clear that the focus of the workshop is on learning and improvement; it is not for performance review or reporting purposes. It will achieve these objectives by means of transparent, open sharing of experiences, impressions and insights, as well as joint reflection on lessons and recommendations for the future. In addition, explain how workshop outputs will be used and how the learning generated will be complemented by planning and decision-making.
4. Explain to participants:
 - This is not a critique or a complaint session.
 - No one, regardless of rank, position, or strength of personality has all the information or answers.
 - This is not a full-scale evaluation.
 - There are always weaknesses to improve, strengths to sustain and opportunities to learn from experience.

Introductions and ice-breaker

(5 minutes)

1. Ask participants to introduce themselves to each other.
2. Use an ice-breaker to help all participants feel more comfortable.

Ground rules

(5 minutes)

1. Explain that there are some ground rules that will help the workshop be successful, and ask participants if they have suggestions for ground rules.
2. Write the suggestions on flipchart paper, and add the following if they are not mentioned:
 - Ask open and honest questions, offer open and honest responses
 - Leave preconceptions and prejudgments at the door
 - Leave hierarchy at the door – everyone's knowledge is of equal value
 - Respect and listen to each other
 - Focus on issues and learning, not individuals



Overview of the GBViE programme (30 minutes)

1. Have the GBViE specialist deliver a presentation that overviews the UNICEF GBViE programme, covering the following elements:
 - The context, including the types and scope of GBV;
 - History of the programme – how long it has been operating and how it has evolved over time;
 - The theory of change or programme logic;
 - Key programme outcomes/objectives, outputs, targets and indicators; and
 - Implementing partners.
2. Facilitate a question-and-answer discussion session to enable participants to ask questions, clarify issues, etc. This will help to identify whether there are differences in understanding by partners and stakeholders of the programme and its objectives.

Partner presentations (1 hour)

1. Have each partner agency deliver a presentation that overviews their component of the GBViE programme, covering the following elements:
 - The outcomes and outputs;
 - Geographical coverage; and
 - Key successes and challenges.
2. Facilitate a question-and-answer session to enable participants to ask questions, clarify issues, etc.

Stakeholder feedback (30 minutes)

1. Deliver a presentation on stakeholder feedback, reflecting the perspectives of stakeholders consulted before the workshop. This should be delivered by the facilitator and may cover any of the following:
 - Partner scorecard on UNICEF, addressing any relevant aspects of the programme or the partnership;
 - Government perspectives on UNICEF's programme and performance; and/or
 - Perspectives from the community on survivor services, community safety, risk mitigation activities, prevention programming, etc.

Achievements and successes (90 minutes)

1. Have the GBViE specialist deliver a brief overview of the results achieved in the period under review. The results can address outputs but must also focus on the outcomes and benefits produced for affected people, including:
 - Services and supports for survivors;
 - Improvements in girls' and women's safety; and
 - Changes in community attitudes and norms for longer-running or more mature programmes.



Achievements and successes (continued)

2. If it is a small group, facilitate a whole-group discussion on the questions below; otherwise, break into four working groups and have each address one of the following areas of programming:
 - What went/is going well in **improving availability, accessibility and quality of age-appropriate health, psychosocial and safety services** for GBV survivors? What are the factors underpinning success?
 - What went/is going well in **GBV risk mitigation across UNICEF sectors**? What are the factors underpinning success?
 - What went/is going well in **improving girls' and women's safety and resilience**? What are the factors underpinning success? Make sure the groups consider both targeted actions, such as safety plans, and risk mitigation strategies being implemented by other sectors.
 - What went/is going well in **prevention efforts**? What are the factors underpinning success? Make sure the groups consider all the aspects of prevention and not just awareness-raising.
3. Ensure each participant gets a chance to contribute and that you stay on schedule. Ask 'why' more than once for every success to stimulate reflection and deeper insight, and consider also prompting the realization that not everything went as well as possible. Focus on the successes that were greater than expected and/or those that were achieved with unconventional or innovative approaches.
4. Note key successes and the factors underpinning them for each area of programming on flipchart paper.

Areas for improvement (90 minutes)

1. If it is a small group, facilitate a whole-group discussion on the questions below; otherwise, break into four working groups and have each address one of the four areas of programming below:
 - What are the gaps and areas for improvement in **availability, accessibility and quality of age-appropriate health, psychosocial and safety services** for GBV survivors?
 - What are the gaps and areas for improvement in **GBV risk mitigation across UNICEF sectors**?
 - What are the gaps and areas for improvement in **girls' and women's safety and resilience**?
 - What are the gaps and areas for improvement in **prevention efforts**? Make sure the groups consider all the aspects of prevention and not just awareness-raising.

Tell the groups as they are discussing to consider both internal obstacles and external factors; how these might be overcome; and, knowing what they know now, how they would do things differently to improve results. This may be a difficult or sensitive portion of the discussion, so ensure all participants understand the objective as finding recommendations for future improvement. This will help to obtain objective responses without assigning blame. Encourage the contribution of practical ideas for change.



Areas for improvement (continued)

2. Allow time for each smaller group to provide feedback to the large group, and ensure each participant gets a chance to contribute. Make sure the barriers and concrete suggestions for change (which might include things like partner organizational and technical capacity, security and access, etc.) are identified, drawn out and well-documented, as they may indicate key areas for UNICEF to provide guidance and support moving forward.

Wrap up and closing (30 minutes)

1. End the session by asking if there's anything that still puzzles anyone. Are there still any relevant programming issues that we don't know how to address? Don't force participants to contribute; rather, just give them the opportunity, as it is potentially very valuable for guiding future programming research, planning and action.
2. Review and summarize key lessons and recommendations identified during the workshop, and let participants know about next steps, including the need for their comments on the draft workshop report and anything else relevant regarding future UNICEF GBViE programming.
3. Ask participants to share their impressions of the workshop, and thank them for their contributions.



Good Practice Checklist

Use this checklist before undertaking a GBViE evaluation to make sure the evaluation adheres to GBViE good practice principles. See [Operational Evaluation Tool 3: Sample Terms of Reference for a Multi-Country Evaluation](#) for other evaluation preparation activities.

Participation in GBV evaluations	
Appropriate level of community participation in the evaluation has been determined.	<input type="radio"/>
Methodologies and tools suitable for the level of participation have been adapted as appropriate for use with:	<input type="radio"/>
• Adults;	<input type="radio"/>
• Adolescents, if relevant; and	<input type="radio"/>
• Children, if relevant.	<input type="radio"/>
Barriers to participation by different groups have been identified and addressed.	<input type="radio"/>
Ethics and safety in GBV evaluations	
Risks associated with the evaluation have been assessed, and potential negative consequences of all evaluation activities have been discussed and addressed through one of the following:	<input type="radio"/>
• Not continuing with the activity if the risk of harm is too high;	<input type="radio"/>
• Modifying the activity to reduce or eliminate the risk; or	<input type="radio"/>
• Having a plan in place to respond to potential risk.	<input type="radio"/>
Community agreement for an evaluation has been obtained:	<input type="radio"/>
• Local authorities have been approached and support the evaluation; and	<input type="radio"/>
• Community leaders have been approached and support the evaluation.	<input type="radio"/>
Process is in place for obtaining informed consent from evaluation participants in:	<input type="radio"/>
• Key informant interviews;	<input type="radio"/>
• Focus group discussions;	<input type="radio"/>
• Surveys; and	<input type="radio"/>
• Other activities.	<input type="radio"/>



Ethics and safety in GBV evaluations (continued)	
Informed consent process outlines: <ul style="list-style-type: none">• Purpose of the evaluation;	<input type="radio"/>
<ul style="list-style-type: none">• Issues to be discussed; and	<input type="radio"/>
<ul style="list-style-type: none">• That participation is voluntary and participant can stop at any time.	<input type="radio"/>
Process is in place for obtaining consent for children or young people to participate in interviews/ focus groups.	<input type="radio"/>
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.	<input type="radio"/>
Plan is in place to refer survivors of GBV to appropriate services.	<input type="radio"/>
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.	<input type="radio"/>
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.	<input type="radio"/>
Survivor-centred approach in GBV evaluations	
Staff participating in evaluations are trained on survivor-centred principles.	<input type="radio"/>
Evaluation team members can explain guidelines surrounding confidentiality, including limits of confidentiality, to interview and focus group participants and others involved in information collection activities.	<input type="radio"/>
Staff involved in evaluation activities involving community members can respond appropriately to people in distress.	<input type="radio"/>
Mechanisms are in place to refer survivors who disclose incidence of GBV or require support during evaluations for: <ul style="list-style-type: none">• Clinical management of sexual violence;	<input type="radio"/>
<ul style="list-style-type: none">• Basic psychosocial support; and/or	<input type="radio"/>
<ul style="list-style-type: none">• Protection from imminent risk of harm for child survivors.	<input type="radio"/>



Sample Evaluation Questions and Criteria

This tool contains sample evaluation questions to illustrate examples of questions placed within the standard evaluation criteria (**relevance, effectiveness, connectedness and sustainability, coordination, coverage, and efficiency**). In practice, the selection of questions for every evaluation will depend on the actual objectives of the evaluation.

Evaluation criteria	Evaluation questions
Relevance	<ul style="list-style-type: none">• To what extent is UNICEF GBViE programming for care, support, protection and risk reduction based on:<ul style="list-style-type: none">◦ Needs and data analysis? (Are the different needs of women, adolescents and children considered separately?)◦ Established good practice for GBViE service provision, risk reduction and prevention? (Is UNICEF employing the most appropriate strategies to ensure further violence is reduced and survivors are provided with appropriate services and support?)• To what extent has risk reduction been integrated into other UNICEF sector programmes?• To what extent do GBViE programmes adapt to changing needs, and how well are the changing needs documented?• How well have the views of survivors and other high-risk groups (adolescent girls, women, children, etc.) been reflected in programme assessment, design, implementation and monitoring? (<i>Covers accountability to affected populations</i>)• Are programmes built on a clear Theory of Change (ToC) for GBViE programming? To what extent is this consistent with a corporate/regional ToC and with UNICEF standards and guidelines expressed through the CCCs¹ or elsewhere?• To what extent has a human rights-based approach been taken in the design, implementation and monitoring of GBViE programming? (<i>Covers capacities and responsibilities of rights holders and duty bearers</i>)
Effectiveness	<ul style="list-style-type: none">• To what extent have UNICEF GBViE programmes improved survivors' access to quality, life-saving, multi-sectoral services for care and support?• How quickly has UNICEF been able to establish services at the scale required?• To what extent has the programme contributed to preventing and mitigating risks of GBV for women, adolescents² and children?• Are programme objectives clear and specific for different GBViE areas of programming? How far have programme objectives been achieved, or how far are they likely to be achieved?• Which have been the most/least effective programmes? Why?• How systematically have results been captured/used/learned from?

¹ See the Core Commitments for Children in Humanitarian Action, <www.unicef.org/publications/files/CCC_042010.pdf>.

² Noting the imperative for different programming targeting adolescent girls' specific needs as appropriate to the context.



Evaluation criteria	Evaluation questions
Effectiveness (continued)	<ul style="list-style-type: none">• How and to what extent has UNICEF leadership contributed to the effectiveness of UNICEF GBViE programming? Does this include ensuring that GBViE is included in the earliest response strategies and funding priorities?• In what ways and to what extent has technical support from headquarters and regional offices contributed to the effectiveness of UNICEF GBViE programming?
Connectedness and sustainability	<ul style="list-style-type: none">• In which ways – and how successfully – does UNICEF GBViE programme design and implementation link emergency programming with UNICEF's longer-term programming to prevent and respond to GBV? Is UNICEF's approach to GBViE built into its conceptualization and implementation of sustainable resilience programming?• How effectively have partnerships with civil society and government been built to address planned GBViE outcomes?• In which ways and to what extent has the capacity of local and national partners been strengthened through the programme?• To what extent has UNICEF's internal and external advocacy contributed to improved GBV response and prevention (including clarifying UNICEF's specific programme and leadership roles)?
Coordination	<ul style="list-style-type: none">• To what extent are programmes consistent with the UNICEF GBViE programme framework, the UNICEF GBViE Programme Resource Pack and the IASC GBV Guidelines?³• Does UNICEF add value to the GBViE response (through leadership, standard setting, coordination, etc.)? If so, how?
Coverage	<ul style="list-style-type: none">• Are there any gaps in GBViE programming (specialized and integrated) in terms of geographical and demographic coverage? How has UNICEF (a) identified the gaps and (b) taken action to close the gaps?
Efficiency	<ul style="list-style-type: none">• To what extent have UNICEF financial and human resource inputs been commensurate/adequate to the task of meeting GBV programming need?• To what extent have UNICEF inputs achieved value for money?

3 See <<http://gbvguidelines.org>>.



Sample Terms of Reference for a Multi-Country Evaluation¹

Introduction

UNICEF provides technical leadership to governments and development partners to strengthen monitoring and evaluation, research and knowledge management to ensure that intervention packages to address gender-based violence (GBV) in conflict and disaster contexts are evidence-based and based on best practice. For the purpose of this project, objectives of the Child Protection Section, particularly the Child Protection in Emergencies (CPiE) team working in this area of responsibility, are as follows:

1. To improve monitoring, evaluation and documentation of GBV-related programmes in humanitarian contexts supported by UNICEF;
2. To provide technical support for improved programming, including on monitoring and evaluation and implementation research to UNICEF headquarters, regional and country office programmes;
3. To conduct and commission strategic analyses or reviews on GBV in humanitarian contexts in order to guide policy and practice;
4. To publish and disseminate new findings and innovations in addressing GBV in humanitarian contexts throughout UNICEF and beyond, and apply them directly to the development and implementation of a UNICEF-wide GBV in Emergencies (GBViE) Programme Framework and technical Resource Pack; and
5. To work jointly with and support capacity-building of local research teams (as feasible), as well as with international research and monitoring and evaluation working groups, to advance evidence for interventions and strategies to prevent and respond to GBV in humanitarian contexts.

Background information

UNICEF's efforts to respond to GBV in situations of armed conflict and disasters lie at the heart of the agency's mandate for the protection, health and well-being of children and women. Addressing GBV in emergencies is a lifesaving measure and central to promoting the rights of children and women affected by conflict and disasters to safety, dignity and protection. Illustrative of this priority accorded to the issue, GBViE is furthermore one of the four pillars of UNICEF's Gender Action Plan 2018–2021, for which there are objectives against which progress is reported regularly to UNICEF's Executive Board.

In the past decade, UNICEF has been at the forefront of efforts to prevent and respond to GBV in emergencies, both globally and at country level. Globally, UNICEF has been instrumental in the development of inter-agency GBV technical standards, programming tools and resources, as well as a strong advocate for action and accountability on GBV within the humanitarian system. At country level, UNICEF has delivered essential services and programmes for survivors of GBV and piloted innovative prevention and risk reduction interventions during emergencies. UNICEF has also built capacity of government, NGOs and other civil society actors to strengthen structures, systems and services

to institutionalize and operationalize legal protections for children and women from GBV and ensure survivors' rights to quality health and psychosocial care are realized.

UNICEF headquarters (HQ) is committed to supporting regional offices (ROs) and country offices (COs) to continue to deliver on UNICEF's mandate to protect children and women from GBV through consistent and effective GBV prevention and response in emergencies.

To facilitate continuous learning and improvement within UNICEF's ongoing GBV response in emergency-affected countries, the CPiE Team of the Child Protection Section, in collaboration with ROs and COs, is undertaking an evaluation to analyse two different facets of UNICEF's GBV response in emergencies: 1) GBV programming as a comprehensive whole (programme-wide evaluation, including both GBV-specialized programmes as well as cross-sectoral programmes focused on GBV risk mitigation, for example); and 2) GBV-specific interventions (including service provision for survivors; safe spaces; or dignity and hygiene kit distributions, for example).

¹ This Terms of Reference was developed for the UNICEF multi-country GBViE evaluation conducted in 2015–16.



Purpose, objectives and scope of work

Evaluation purpose

To strengthen UNICEF's current and future GBViE programming based on real-time learning.

Evaluation objectives

- ✓ Assess GBViE programming in UNICEF country programmes using standard criteria for evaluating humanitarian action to generate learning that informs future UNICEF GBViE programming.
- ✓ Develop recommendations to help UNICEF operationalize its organizational commitments to GBViE at HQ, regional and country levels.

The evaluation will:

- Assess UNICEF's response to GBV in eight current emergencies against standard criteria for evaluating humanitarian action, namely: relevance, effectiveness, connectedness/sustainability, coordination, coverage, efficiency.
- Identify gaps, tools and good practices in safe, participatory and survivor-centred GBV programme design and delivery, including strategy development; GBV assessment and situation analysis in emergencies; capacity development; and monitoring and evaluation.

A total of eight countries will be visited during the evaluation. In approximately half the countries, the evaluation will include the whole UNICEF programme, encompassing both GBV **specialized** programming (standalone GBV interventions) and **integrated** programmes (GBV risk mitigation actions/approaches which are mainstreamed across the programmes of other sectors). In the other countries visited, the evaluation will focus on specific interventions.

The evaluation is focus primarily on *learning* at country level, looking at the extent to which UNICEF's GBViE programming is modelled on good and emergent practice with a view to strengthening UNICEF's GBViE programmes and guidance. It will also assess how well UNICEF corporate commitments/responsibilities have been translated into practice on the ground.

Whole-of-programme evaluation

Using a real-time evaluation approach, the evaluation will assess UNICEF's comprehensive GBV response across four to five country programmes comprising all relevant GBV-related activities, projects and interventions in order to draw lessons to improve current and future practice in participating countries, as well as future emergencies across countries.

GBViE intervention-specific evaluation

The intervention-specific element will identify lessons and good practices from specific GBV activities across emergency and programme contexts to generate evidence-based information and tools; to provide participating countries with information from their own context, as well as from others; and to support ongoing and future fundraising and programming. This aspect of the evaluation is not looking at the GBV programme as a whole, but focuses on generating evidence for 3 specific GBV activities across two or more settings.

In collaboration with participating COs, three interventions for which there is some evidence of efficacy in GBV risk mitigation and prevention, but limited technical and programming guidance, will be identified for review through this evaluation. Potential specific GBV-related interventions for review include:

- **Safe spaces for children and women in displaced settings** that mitigate risk of diverse forms of GBV through a range of services and resources, including access to information, health and psychosocial support services and referral, non-formal educational and empowerment activities.
- **Dignity and WASH kit and other gender sensitive non-food items (NFI)** distribution to improve women's and girls' dignity, mobility and safety from GBV in displaced camps and settlements.
- **Economic empowerment for adolescent girls and women** to reduce their vulnerability to engaging in unsafe and exploitative survival and income generation activities, such as exploitative transactional sex.
- **Intimate partner violence prevention and response services** that address some aspect of intimate partner violence prevention, risk mitigation and service delivery for girls and women experiencing this kind of violence.
- **Child marriage prevention and response** initiatives that address education, economic and social norms dimensions of child marriage in humanitarian settings,² and/or empowerment and support services for married girls to reduce the risk of secondary GBV, such as intimate partner violence, and promote their health and protection.
- **Sectoral mainstreaming of GBV prevention in line with the revised IASC GBV Guidelines** to document what is working and what the challenges are regarding integration of recommended GBV actions for different sectors to reduce children's and women's risk of GBV and facilitate better referral and access to services for survivors.

² The impact of emergencies on child marriage patterns and trends and married girls' exposure to further violence and harm will also be examined, as these issues both require further investigation in humanitarian settings.



Purpose, objectives and scope of work (continued)

The evaluation will not include an assessment of the sub-cluster (or other GBV coordination mechanism) function per se, as it is focused on the GBV programming function of UNICEF. It will, however, evaluate the extent/nature of UNICEF's programming contribution to realizing sub-cluster strategy/plans and addressing identified gaps, and it will address how the agency has added value to the whole GBV

response, including leadership and advocacy activities within the CO and across the response as a whole.

Evaluation questions

The table below sets out the key evaluation questions to be addressed under each of the evaluation criteria:

Evaluation criteria	Evaluation questions
Relevance	<ul style="list-style-type: none">To what extent is UNICEF GBViE programming for care, support, protection and risk reduction based on:<ul style="list-style-type: none">a) Needs and data analysis? (Are the different needs of needs of women, adolescents and children considered separately?)b) Established good practice for GBViE service provision, risk reduction and prevention? (Is UNICEF employing the most appropriate strategies to ensure further violence is reduced and survivors are provided with appropriate services and support?)To what extent has risk reduction been integrated into other UNICEF sector programmes?To what extent do GBViE programmes adapt to changing needs, and how well are the changing needs documented?How well have views of survivors and other high risk groups (adolescent girls, women, children) been reflected in programme assessment, design, implementation and monitoring? <i>(Covers accountability to affected populations)</i>Are programmes built on a clear Theory of Change for GBViE programming? To what extent is this consistent with a corporate/regional Theory of Change and with UNICEF standards and guidelines expressed through the CCCs³ or elsewhere?To what extent has a human rights-based approach been taken in the design, implementation and monitoring of GBViE programming? <i>(Covers capacities and responsibilities of rights holders and duty bearers)</i>
Effectiveness	<ul style="list-style-type: none">To what extent have UNICEF GBViE programmes improved survivors' access to quality, life-saving, multi-sectoral services for care and support?How quickly has UNICEF been able to establish services at the scale required?To what extent has the programme contributed to preventing and mitigating risks of GBV for women, adolescents⁴ and children?Are programme objectives clear and specific for different GBViE areas of programming? How far have programme objectives been achieved, or how far are they likely to be achieved?Which have been the most/least effective programmes? Why?How systematically have results been captured/used/learned from?How and to what extent has UNICEF leadership contributed to the effectiveness of UNICEF GBViE programming (including insuring that GBViE is addressed from the earliest response strategies and funding priorities)?In what ways and to what extent has technical support from HQ and RO contributed to the effectiveness of UNICEF GBViE programming?

³ See the Core Commitments for Children in Humanitarian Action, <www.unicef.org/publications/files/CCC_042010.pdf>.

⁴ Noting the imperative for different programming targeting adolescent girls' specific needs as appropriate to the context.



Evaluation questions (continued)

Evaluation criteria	Evaluation questions
Connectedness and sustainability	<ul style="list-style-type: none"> In which ways and how successfully does UNICEF GBViE programme design and implementation link emergency programming with UNICEF's longer-term programming to prevent and respond to GBV? Is UNICEF's approach to GBViE built into its conceptualization and implementation of sustainable resilience programming? In which ways and to what extent has the capacity of local and national partners been strengthened through the programme? To what extent has UNICEF's internal and external advocacy contributed to improved GBV response and prevention (including clarifying UNICEF's specific programme and leadership roles)?
Coordination	<ul style="list-style-type: none"> To what extent are programmes consistent with good practice as recommended in UNICEF's GBViE Resource Pack and the IASC GBViE Guidelines?⁵ Does/how does UNICEF add value to the GBViE response (through leadership, standard setting, coordination)?
Coverage	<ul style="list-style-type: none"> Are there any gaps in GBViE programming (specialized and integrated) in terms of geographical and demographic coverage? How has UNICEF (a) identified the gaps and (b) taken action to close the gaps?
Efficiency	<ul style="list-style-type: none"> To what extent have UNICEF financial and human resource inputs been commensurate/adequate to the task of meeting GBV programming need? To what extent have UNICEF inputs achieved value for money outputs?

UNICEF responsibilities

The UNICEF Child Protection Section will work internally across various sections and departments as needed – including with Education, HIV/AIDS and Health Sections of the Programme Division, as well as with the Evaluation Office – in order to build rich, multi-sectoral collaboration. The UNICEF Research Task Force, Evaluation Office and Office of Research - Innocenti (UNICEF-IRC) in Italy will further provide critical technical support on the design and implementation of the evaluation and on important ethical considerations. In each country site, a local researcher or team will also be engaged and involved in the evaluation process. Where possible/ feasible, appropriate government ministries/actors will be engaged to ensure government buy-in and learning.

More specifically, UNICEF HQ will be responsible for the following:

1. Selection and orientation of the evaluation team;
2. Communication with the evaluation team;

3. Collection of relevant internal materials;
4. Facilitation of the identification of appropriate local researcher(s) and government actors;
5. Facilitation of new data collection (e.g., administrative support for arranging country visits and video/teleconferences);
6. Coordination of stakeholders;
7. Securing agreement of country and regional offices for field visits;
8. Review and acceptance of intermediate and final products;
9. Facilitation of feedback to local groups and actors on results from the evaluation process and outcomes; and
10. Authorizing payment.

Important note: UNICEF may elect to designate a project manager for the evaluation.

⁵ See <<http://gbvguidelines.org>>.



UNICEF responsibilities (continued)

UNICEF country offices will be responsible for the following:

1. Designation of a focal point for support;
2. Communication with and introduction of the evaluation and M&E team to national counterparts and other partners;
3. Logistical support to evaluation team, including limited administrative support with domestic travel (where not feasible from outside the country) and accompanying team on field missions where feasible;

4. Provision of documents for review, serving as key informants and assisting in identifying other country-level key informants; and
5. Review of reports for factual errors and omissions.

Expected deliverables and timeline

The evaluation will involve three phases of data collection and reporting:

Phase A: Inception and initial data collection

- a) Desk review of: published and grey literature; programme and related documents, including concepts and proposals outlining programme logic or theories of change and indicators; assessment, monitoring and other reports; intervention tools; and other relevant documents, such as UNICEF and inter-agency GBV, Child Protection and Protection assessment documents, strategies and plans.
- b) Initial interviews with UNICEF colleagues and partners at global level.
- c) Development of inception report, which will include a final terms of reference (ToR), methodology, mission timeline and draft evaluation tools.

Phase B: In-country evaluations

- a) Key informant interviews with key UNICEF RO and CO staff; engagement of local research teams as relevant, including undertaking capacity-building as needed.
- b) Key informant interviews with implementing partners and other relevant humanitarian actors on the ground; focus group discussions and key informant interviews with members of affected populations; and observation and field visits to intervention and programme sites, where relevant.
- c) Brief country-specific reports.

Phase C: Consultation and reporting

- a) Draft overall evaluation report.
- b) Final report.



Key skills, technical background and experience required

The evaluation will be conducted in eight to nine country offices that will be supported by a team of experts in NYHQ in terms of the evaluation framework, methodologies and tools.

The approach will be guided by the principle of credibility – that is, ensuring that the best evidence available is harnessed, and that it is analysed appropriately, to generate well-grounded findings, conclusions and recommendations that UNICEF can act on. The selected institution must demonstrate commitment to ensuring that all activities adhere to the guiding principles of programming, employing human rights, participatory and survivor-centred approaches, including adherence to the WHO Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence in emergencies.⁶

Proposing institutions must include, at a minimum, two experts (a leader and a technical expert), one of whom must have significant research/evaluation background in GBV programming in emergencies and the other a strong background in mixed-method research and analysis. The Team Leader and the additional Technical Expert member will be responsible for undertaking and developing all tools and resources required to effectively measure programme outcomes and for the bulk of data collection and analysis (doing so in a timely and high-quality manner). Work cannot be given to graduate or PhD students; field work must be supervised in country by the Team Leader or the Technical Expert. In view of the sensitive nature of this programme and its focus on women and girls, at least one member of the team is expected to be female. It will further be expected that the proposing institution will demonstrate capacity to convene an experienced team with the appropriate size and technical expertise to fully manage and capably perform and deliver throughout all phases of the evaluation, including the field work and reporting, in the timeframe outlined.

Team Leader:

- Demonstrated experience as the Principal Investigator on similar projects.
- Extensive research and evaluation expertise and experience (at least 10 years at a senior level). Research and/or evaluation experience in emergency contexts is needed.
- Knowledge and experience in working on GBV in development settings at a minimum; familiarity with GBV programming in emergencies a strong plus.
- Team leadership and management, interpersonal/communication skills.

Technical Expert:

- A minimum of 10 years working on GBV in emergencies.
- Strong research/evaluation expertise and experience (at least 5 years at a medium level), including methodological and data collection skills with focus on GBV in emergencies.
- Demonstrated skill in conducting research and evaluations of GBV in emergencies programmes.
- Teamwork and interpersonal communication, and strong commitment to undertake the evaluation.

Team Leader and members:

- Advanced university degree in social science, preferably with multi-disciplinary training.
- Significant international exposure and some experience in working with UN and NGOs in emergency contexts.
- Established record in conducting high-quality, utilization-focused evaluations and research in GBV or related areas.
- Strong analytical, synthesizing, report-writing and presentation skills.
- Must be willing and able to work in a challenging environment affected by an emergency and independently.
- Background in engaging local research teams, including undertaking capacity-building as needed.
- Good communication, advocacy and people skills. Ability to communicate with various stakeholders in multi-cultural contexts and to express concisely and clearly ideas and concepts in written and oral form.
- Language proficiency: Fluency in English is mandatory, good command of French and/or Arabic is an asset.

⁶ World Health Organization, *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, WHO, Geneva, 2007.



Sample Evaluation Matrix

This tool is a sample completed evaluation matrix showing data sources to help answer the evaluation questions.¹

Evaluation criteria and questions		Data sources				
Relevance		Reports/ documents	Financial reports	Key informants interviews	Focus groups	Mapping
1. To what extent is UNICEF GBViE programming for care, support, protection and risk reduction based on: <ul style="list-style-type: none">Assessed needs and data analysis? (Are the different needs of women, adolescents and children considered separately?)Established good practice for GBViE service provision, risk reduction and prevention? (Is UNICEF employing the most appropriate strategies to ensure further violence is reduced and survivors are provided with appropriate services and support?)		✓	✓	✓		
		✓		✓		
2. To what extent has risk reduction been integrated into other UNICEF sector programmes?		✓		✓	✓	
3. To what extent do GBViE programmes adapt to changing needs, and how well are the changing needs documented?		✓		✓	✓	
4. How well have the views of survivors and other high-risk groups (adolescent girls, women, children, etc.) been reflected in programme assessment, design, implementation and monitoring? <i>(Covers accountability to affected populations)</i>		✓		✓	✓	
5. Are programmes built on a clear Theory of Change (ToC) for GBViE programming? To what extent is this consistent with a corporate/regional ToC and with UNICEF standards and guidelines expressed through the CCCs ² or elsewhere?		✓		✓		✓

¹ This tool was developed for the UNICEF multi-country GBViE evaluation conducted in 2015–16.

² See the *Core Commitments for Children in Humanitarian Action*, <www.unicef.org/publications/files/CCC_042010.pdf>.



Sample Evaluation Matrix (continued)

Operational Evaluation

Tool 4

Evaluation criteria and questions		Data sources				
Relevance (continued)		Reports/ documents	Financial reports	Key informants interviews	Focus groups	Mapping
6. To what extent has a human rights-based approach been taken in the design, implementation and monitoring of GBViE programming? <i>(Covers capacities and responsibilities of rights holders and duty bearers)</i>		✓		✓		
Effectiveness						
7. To what extent have UNICEF GBViE programmes improved survivors' access to quality, life-saving, multi-sectoral services for care and support?		✓		✓	✓	
8. How quickly has UNICEF been able to establish services at the scale required?				✓		
9. To what extent has the programme contributed to preventing and mitigating risks of GBV for women, adolescents ³ and children?		✓		✓	✓	
10. Are programme objectives clear and specific for different GBViE areas of programming? How far have programme objectives been achieved, or how far are they likely to be achieved?		✓		✓		
11. Which have been the most/least effective programmes across different countries/settings? Why?				✓	✓	
12. How systematically have results been captured/used/learned from?		✓	✓			
13. How and to what extent has UNICEF leadership contributed to the effectiveness of UNICEF GBViE programming? Does this include ensuring that GBViE is included in the earliest response strategies and funding priorities?				✓		

³ Noting the imperative for programming targeting adolescent girls' specific needs as appropriate.



Sample Evaluation Matrix (continued)

Operational Evaluation

Tool 4

Evaluation criteria and questions		Data sources				
Connectedness/sustainability		Reports/ documents	Financial reports	Key informants interviews	Focus groups	Mapping
14. How and to what extent has technical support from HQ and RO contributed to the effectiveness of/results achieved by UNICEF GBViE programming in country?		✓		✓		✓
Coordination						
15. In which ways – and how successfully – does UNICEF GBViE programme design and implementation link emergency programming with UNICEF's longer-term programming to prevent and respond to GBV? Is UNICEF's approach to GBViE built into its conceptualization and implementation of sustainable resilience programming?		✓		✓		
16. How effectively have partnerships with civil society and government been built to address planned GBViE outcomes?		✓		✓		
17. In which ways and to what extent has the capacity of local and national partners been strengthened through the programme?				✓		
18. To what extent has UNICEF's internal and external advocacy contributed to improved GBV response and prevention (including clarifying UNICEF's specific programme and leadership roles)?		✓		✓		
19. To what extent are programmes consistent with good practice as recommended in the UNICEF GBViE programme framework, the UNICEF GBViE Programme Resource Pack and the IASC GBV Guidelines? ⁴		✓		✓	✓	
20. Does UNICEF add value to the GBViE response (through leadership, standard setting, coordination, etc.)? How?				✓		

⁴ See <<http://gbvguidelines.org>>.



Sample Evaluation Matrix (continued)

Operational Evaluation

Tool 4

Evaluation criteria and questions		Data sources				
Coverage		Reports/ documents	Financial reports	Key informants interviews	Focus groups	Mapping
21. Are there any gaps in GBViE programming (specialized and integrated) in terms of geographical and demographic coverage? How has UNICEF (a) identified the gaps and (b) taken action to close the gaps?		✓		✓	✓	
Effectiveness						
22. To what extent have UNICEF financial and human resource inputs been commensurate/adequate to the task of meeting GBV programming need?		✓	✓	✓		
23. To what extent have UNICEF inputs achieved value for money outputs?		✓	✓	✓		



Self-Assessment Tool

Use this tool to collect self-reported data for a GBViE evaluation, or as an audit tool for a GBViE programme review. The standards below are based on minimum actions as set out in this Resource Pack and in the IASC GBV Guidelines.¹

Part A: Self-Assessment Checklist for GBViE Specialized Programming

Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors

Part A: Self-Assessment Checklist for GBViE Specialized Programming

Health response self-assessment rating

(1 = not met, 5 = fully met)	1	2	3	4	5
Preparedness					
National health protocols and systems are audited to identify gaps in survivor-centred health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National health workers are trained in clinical management of rape of child and adult survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Essential drugs and equipment are stockpiled for clinical management of child and adult survivors of rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mechanisms for coordinated service delivery in line with survivor-centred principles are in place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff involved in health programming are trained on survivor-centred principles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate time has been allocated for participation of adult women and adolescent girls in health programme assessment, design and monitoring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment and monitoring tools are suitable for use with: <ul style="list-style-type: none">• Adult women; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none">• Adolescent girls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information has been obtained on mandatory reporting laws.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ This tool was developed for the UNICEF multi-country GBViE evaluation conducted in 2015–16. The standards in **Part A** are based on the minimum actions for specialized programming set out in the UNICEF GBViE Programme Resource Pack, and the standards in **Part B** are based on minimum actions for integrating GBV prevention and mitigation across sectors as set out in the Inter-Agency Standing Committee *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, IASC, 2015. See <http://gbvguidelines.org/> for more information.

**Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)****Health response self-assessment rating (continued)**

(1 = not met, 5 = fully met)	1	2	3	4	5
Preparedness (continued)					
If there are mandatory reporting laws:					
<ul style="list-style-type: none"> Staff have been trained on them. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Procedure is in place for responding to mandatory reporting requirements while ensuring best interests of the child. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and security risks associated with health care are identified and addressed, including:					
<ul style="list-style-type: none"> Risks to health workers; and 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Risks to children, adolescents and women accessing health services. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate response					
Health providers are supported to deliver post-rape care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate supplies of essential drugs and equipment are procured and maintained for clinical management of child and adult survivors of rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical support is provided for establishment of inter-agency referral system to link survivors with psychosocial, safety and legal support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health services are well coordinated with other available services and assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Different groups of survivors are catered for, including children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing response and recovery					
National legislation and health policies and systems are audited to identify gaps in survivor-centred health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical support and funding are provided for GBV protocols to be developed and implemented within the national health system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical support is provided for training of national health workforce in clinical management of rape and crisis care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical services and methods are of good quality and are appropriate to the context and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)****Health response self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Ongoing response and recovery (continued)					
Clinical care is delivered by compassionate and skilled health workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health workers are supervised and supported to prevent vicarious trauma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation of different segments of the community has been considered, including:					
• Representatives from marginalized groups in the community (e.g., young people with disabilities, young people out of school, married girls, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Well-respected community members (e.g., elected officials, local authorities, teachers, traditional birth attendants, community elders, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Representatives from different ethnic, religious and socio-economic groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)****Psychosocial response self-assessment rating**

(1= not met, 5= fully met)	1	2	3	4	5
Preparedness					
National social service and social protection policies and customary systems are reviewed against survivor-centred principles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social service and community workers are trained in crisis care, case management and culturally appropriate counselling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialized mental health services are advocated for, including psychological or psychiatric evaluation, treatment and care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community education is delivered to promote help-seeking and promote community compassion and acceptance of GBV survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and security risks associated with psychosocial care have been identified and addressed, including:					
• Risks to psychosocial staff and volunteers; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Risks to children, adolescents and women accessing psychosocial services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment and monitoring tools are suitable for use with:					
• Adult women; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Adolescent girls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial staff and volunteers are trained on guiding principles for survivor-centred care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate time has been allocated for participation of adult women and adolescent girls in psychosocial programme assessment, design and monitoring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate response					
Safe spaces are established for children and women to seek help and receive information, advocacy and referral for health care, safety options and meeting basic needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social workers and volunteers are trained in crisis support for survivors of recent sexual assault or other traumatic GBV incidents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)****Psychosocial response self-assessment rating**

(1 = not met, 5 = fully met)	1	2	3	4	5
Immediate response (continued)					
Technical support is provided for establishment of inter-agency referral system to link survivors with health, safety and legal support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community sensitization on sexual violence consequences and services is delivered to promote help-seeking and promote community compassion and acceptance of those affected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial healing activities, such as traditional cleansing ceremonies, do not cause further harm to survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The needs of different groups of survivors are catered for, including children and adolescents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing response and recovery					
Case management and supportive case work services are established to provide ongoing emotional, practical and problem-solving support, referral and advocacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and economic empowerment activities are delivered for survivors and other vulnerable children and women, including formal and non-formal education, livelihoods and social protection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community education campaigns are conducted to reduce stigma attached GBV and promote social acceptance of and support for survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tailored psychosocial care services are developed for specific populations, such as women and their children born of rape, girls and women associated with fighting forces, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant government and non-government mental health and social service partners have been involved in psychosocial programme assessment and design.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial activities are of good quality and are appropriate to the context and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial services are well coordinated with other services and assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial workers receive supervision to monitor their practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)

Safety response self-assessment rating

(1= not met, 5= fully met)	1	2	3	4	5
Preparedness					
National legislative and policy provisions are reviewed for safety and protection for at-risk child and adult survivors, including criteria for placement of children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing safety and protection services and practices for children and women at risk of harm are identified, assessed and capacitated in line with good practice standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development of national standards for safety services for child and adult survivors of GBV is supported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and security risks associated with safety and shelter services have been identified and addressed, including:					
• Risks to staff and volunteers; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Risks to children, adolescents and women accessing safety services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate time has been allocated for participation of adult women and adolescent girls in safety service assessment, design and monitoring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment and monitoring tools are suitable for use with:					
• Adult women; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Adolescent girls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant government and non-government partners have been involved in safety service assessment and design.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case work and safe house staff and volunteers are trained on guiding principles for survivor-centred care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate response					
Community-based actors are funded and trained to provide case management services and emergency accommodation for at-risk GBV survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical support is provided for development of safe shelter guidelines for child and adult survivors of GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding and technical support is provided for training and supervision of case workers and shelter workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)****Safety response self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Ongoing response and recovery					
Technical support and funding is provided to legislative and policy reform.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical, management and functional capacity of national government and/or non-government partners to manage safe shelters is built and supported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training for social workers, community and child protection workers and volunteers is provided on case management for GBV survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivor-centred care					
Safety services are of good quality and appropriate to the context and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety services are well-coordinated with other services and assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case work and safe house staff and volunteers are trained on guiding principles of survivor-centred care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety needs of different groups of survivors are catered for, including children and adolescents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case workers and safe house staff and volunteers receive supervision to monitor their practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)****Access to justice self-assessment rating**

(1= not met, 5= fully met)	1	2	3	4	5
Preparedness					
Criminalization of all forms of GBV and codification of customary law are advocated for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government is supported to develop protocols for survivor-centred forensic health, policing and court procedures in GBV cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forensic health, law enforcement and legal practitioners are trained on protocols and survivor-centred practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate response					
Information is delivered to communities, survivors and families on legal rights and remedies within different justice systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral, advocacy, and emotional and practical support are provided for survivors wishing to pursue justice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy and training are provided for applying survivor-centred principles in forensic, law enforcement and court processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing response and recovery					
Advocacy and technical support are provided for law reform processes to promote women's and children's equality before the law and criminalization of all forms of GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NGOs and CBOs are supported to provide victim support services, including legal aid and legal literacy for communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivor-centred knowledge, skills and attitudes of formal and informal justice sector actors (including police, lawyers, judges, court staff and customary justice custodians) are built and supported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)

NFI WASH and Dignity Kit self-assessment rating

(1= not met, 5= fully met)	1	2	3	4	5
Safety and security					
Safety and security risks associated with Kit distribution are addressed, including:					
• Risks and threats to distribution team;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Risks and threats to women and girls travelling to and from distribution site; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Risks and threats to women and girls after distribution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation of women and girls					
Appropriate level of participation of girls and women ¹ in Kit programme design and implementation has been determined, and women and girls are:					
• Consulted;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Actively involved;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Assuming responsibility; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Managing the process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment and monitoring tools suitable for the level of participation have been adapted as appropriate for use with:					
• Adult women; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Adolescent girls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate time and appropriate space has been allocated for participation of adult women and adolescent girls in Kit programme:					
• Assessment and design; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Monitoring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where appropriate, women and girls from different ethnic, religious or language groups have participated in Kit assessment and monitoring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ See Info Sheet on Levels of Participation in **Kit 2: Assessment** for more information

**Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)****NFI WASH and Dignity Kit self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Partnership					
Relevant clusters or sector coordination mechanisms have been consulted during Kit needs assessment and design, including: ²					
• Camp management/Camp coordination;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• WASH;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Shelter;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Education; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Protection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant partners and actors on the ground have been consulted and informed regarding Kit distribution, including:					
• Implementing partners;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Camp management;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Other authorities; and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Service providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partners have been consulted on and are aware of distribution plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

² Address only those that are applicable.

**Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)****Safe space programming self-assessment rating**

(1= not met, 5= fully met)	1	2	3	4	5
Immediate response					
Girls and women have a place to safely gather, access information and access psychosocial support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate GBV-related safety and other information is disseminated through safe spaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe spaces coordinate and advocate with authorities, service providers and other CP and GBV actors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender-sensitive non-food items (NFIs) are distributed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe spaces facilitate community mobilization against GBV, including safety assessments and planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe spaces provide outreach services to vulnerable groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparedness/continued response/early recovery					
Safe space staff and volunteers are trained in GBV prevention and response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social norms that inhibit access to safe spaces for particular groups are identified (e.g., those related to mobility and freedom of movement, adolescent girls, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social norms that contribute to GBV are identified, and social norm change interventions are implemented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criteria for safe space location and design are developed, including resource and equipment list to deliver minimum set of services during initial response as part of preparedness planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site and facility design criteria and equipment list are developed for safe spaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanded services are available for GBV survivors, including case management and psychosocial support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV prevention interventions are implemented in partnership with other actors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part A: Self-Assessment Checklist for GBViE Specialized Programming (continued)****Safe space programming self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Preparedness/continued response/early recovery (continued)					
Funding and technical support are provided to develop, implement and monitor age-appropriate education and empowerment activities through safe spaces, based on good practice and local needs, capacities and vulnerabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication campaigns are implemented to promote community support for safe spaces and to promote participation of children, adolescents and women in relevant safe space activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors****Child protection self-assessment rating**

(1 = not met, 5 = fully met)	1	2	3	4	5
Assessment, analysis and planning					
Active participation of children and adolescents is promoted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of participation and leadership of women, adolescent girls and other at-risk groups in the design, implementation and monitoring of child protection programmes is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural practices, expected behaviours and social norms that constitute GBV and/or increase risk of GBV against girls and boys are identified.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental factors that increase children's and adolescents' risk of violence are identified.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based child protection mechanisms that can be fortified to mitigate the risks of GBV against children, particularly adolescent girls, are mapped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response services and gaps in services for girl and boy survivors are identified.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity of child protection programmes and personnel are assessed to recognize and address the risks of GBV against girls and boys and to apply the principles of child-friendly care when engaging with girl and boy survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing/proposed community outreach material related to child protection is reviewed to ensure it includes basic information about GBV risk reduction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource mobilization					
Proposals are developed for child protection programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainings are prepared and provided for government, humanitarian workers, national and local security and law enforcement, child protection personnel, teachers, legal/justice sector actors, community leaders, and relevant community members on violence against children and adolescents, recognizing the differential risks and safety needs of girls and boys.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protection actors who work directly with affected populations are trained to recognize GBV risks for children and adolescents and to inform survivors and their caregivers about where they can obtain care and support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****Child protection self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Resource mobilization (continued)					
Women and other at-risk groups are targeted for job skills training related to child protection, particularly in leadership roles to ensure their presence in decision-making processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programming					
Women, adolescent girls and other at-risk groups are involved in relevant aspects of child protection programming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity of community-based child protection networks and programmes is supported to prevent and mitigate GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provision of age-, gender-, and culturally sensitive multi-sectoral care and support for child survivors of GBV is supported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where there are gaps in services for children and adolescents, training is supported for medical, mental health/psychosocial, police and legal/justice actors in how to engage with child survivors in age-, gender-, and culturally sensitive ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risks of GBV for separated and unaccompanied girls and boys are monitored and addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efforts to address GBV are incorporated into activities targeting children associated with armed forces/groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and protection of children in contact with the law is ensured, taking into account particular risks of GBV within detention facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies					
Relevant GBV prevention and mitigation strategies are incorporated into policies, standards and guidelines of child protection programmes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reform of national and local laws and policies (including customary laws) is supported to promote and protect the rights of children and adolescents to be free from GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****Child protection self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Communications and information sharing					
Child protection programmes sharing information about reports of GBV within the Child Protection sector or with partners in the larger humanitarian community abide by safety and ethical standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV messages (including prevention, where to report risk and how to access care) are incorporated into child protection-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination					
Coordination with other sectors is undertaken to address GBV risks and ensure protection for girls and boys at risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV coordination mechanism is sought out for support and guidance, and, whenever possible, a child protection focal point is assigned to regularly participate in GBV coordination meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring and evaluation					
A core set of indicators – disaggregated by sex, age, disability and other relevant vulnerability factors – is identified, collected and analysed to monitor GBV risk-reduction activities throughout the programme cycle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV risk-reduction activities are evaluated by measuring programme outcomes (including potential adverse effects) and using data to inform decision-making and ensure accountability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****Education self-assessment rating**

(1= not met, 5= fully met)	1	2	3	4	5
Assessment, analysis and planning					
Active participation of women, girls and other at-risk groups is promoted in all education assessment processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of education programming is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community norms and practices that may affect students' – particularly adolescent females' – access to learning are investigated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to and physical safety of learning environments is analysed to identify risks of GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of all education staff on Codes of Conduct and basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity of education programmes to safely and ethically respond to incidents of GBV reported by students is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing/proposed national and local educational curricula are reviewed to identify opportunities to integrate GBV prevention messages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing/proposed community outreach material related to education is reviewed to ensure it includes basic information about GBV risk reduction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource mobilization					
Proposals are developed for education programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age-, gender- and culturally appropriate supplies for education that can mitigate risk of GBV are identified and pre-positioned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainings are prepared and provided for government, education personnel (including 'first responder' education actors) and relevant community members on the safe design and implementation of education programmes that mitigate the risk of GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****Education self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Resource mobilization (continued)					
Women and other at-risk groups are targeted for job skills training related to education, particularly in leadership roles to ensure their presence in decision-making processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women and other at-risk groups are involved as staff and leaders in education programming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programming					
Strategies are implemented that maximize accessibility of education for women, girls and other at-risk groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies are implemented – in consultation with women, girls, boys and men – that maximize physical safety in and around education environments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity of education personnel is enhanced to mitigate risk of GBV in educational settings through ongoing support and training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV specialists are consulted to identify safe, confidential and appropriate systems of care (i.e., referral pathways) for survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education staff have the basic skills to provide information to survivors on where they can obtain support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the emergency wanes, Ministry of Education is consulted to develop and implement school curricula that contribute to long-term shifts in gender-inequitable norms and promote a culture of non-violence and respect for women, girls and other at-risk groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies					
Relevant GBV prevention and response strategies are incorporated into the policies, standards and guidelines of education programmes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy is conducted for the integration of GBV risk-reduction strategies into national and local laws and policies related to education, and funding is allocated for sustainability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****Education self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Communications and information sharing					
Education programmes sharing information about reports of GBV within the Education sector or with partners in the larger humanitarian community abide by safety and ethical standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV messages (including prevention, where to report risk and how to access care) are incorporated into education-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination					
Coordination is undertaken with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV coordination mechanism is sought out for support and guidance, and, whenever possible, an education focal point is assigned to regularly participate in GBV coordination meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring and evaluation					
A core set of indicators – disaggregated by sex, age, disability and other relevant vulnerability factors – is identified, collected and analysed to monitor GBV risk-reduction activities throughout the programme cycle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV risk-reduction activities are evaluated by measuring programme outcomes (including potential adverse effects) and using data to inform decision-making and ensure accountability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)

Health self-assessment rating

(1= not met, 5= fully met)	1	2	3	4	5
Assessment, analysis and planning					
Active participation of women, girls and other at-risk groups in all health assessment processes is promoted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural and community perceptions, norms and practices related to GBV and GBV-related health services are investigated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and accessibility of existing GBV-related health services is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of existing GBV-related health services is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of <i>specialized</i> (clinical) staff in the provision of targeted care for survivors is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of <i>all</i> health personnel on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National and local laws related to GBV that might affect the provision of GBV-related health services are investigated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With the leadership/involvement of the Ministry of Health, existing national policies and protocols related to the clinical care and referral of GBV are assessed to determine whether they are in line with international policies and standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing/proposed health-related community outreach material is reviewed to ensure it includes basic information about GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource mobilization					
Proposals are developed for GBV-related health programming that reflect awareness of GBV risks for the affected population and strategies for health sector prevention and response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trained staff and appropriate supplies are pre-positioned to implement clinical care for GBV survivors in a variety of health delivery systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainings are prepared and provided for government, health facility administrators and staff, and community health workers (including traditional birth attendants and traditional healers) on sexual assault-related protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****Health self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Programming					
Women, adolescent girls and other at-risk groups are involved in design and delivery of health programming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility of health and reproductive health facilities that integrate GBV-related services is increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies are implemented that maximize the quality of survivor care at health facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity of health providers to deliver quality care to survivors is enhanced through training, support and supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where feasible, a GBV case worker is included on staff at health facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All health programmes are implemented within the framework of sustainability beyond the initial crisis stage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies					
Protocols and policies for GBV-related health programming that ensure confidential, compassionate and quality care of survivors and referral pathways for multi-sectoral support are developed and/or standardized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy is conducted for the reform of national and local laws and policies that hinder survivors or those at risk of GBV from accessing quality health care and other services, and funding is allocated for sustainability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications and information sharing					
Health programmes sharing information about reports of GBV within the health sector or with partners in the larger humanitarian community abide by safety and ethical standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV messages are incorporated into health-related community outreach and awareness-raising activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****Health self-assessment rating (continued)**

(1= not met, 5= fully met)	1	2	3	4	5
Coordination					
Coordination is undertaken with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV coordination mechanism is sought out for support and guidance, and, whenever possible, a health focal point is assigned to regularly participate in GBV coordination meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring and evaluation					
A core set of indicators – disaggregated by sex, age, disability and other relevant vulnerability factors – is identified, collected and analysed to monitor GBV risk-reduction activities throughout the programme cycle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV risk-reduction activities are evaluated by measuring programme outcomes (including potential adverse effects) and using data to inform decision-making and ensure accountability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****Nutrition self-assessment rating**

(1 = not met, 5 = fully met)	1	2	3	4	5
Assessment, analysis and planning					
Active participation of women, girls and other at-risk groups is promoted in all nutrition assessment process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of participation and leadership of women, adolescent girls and other at-risk groups is assessed in all aspects of nutrition programming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community perceptions, norms and practices linked to nutrition that may contribute to GBV are assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical safety of and access to nutrition services are assessed to identify associated risks of GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of nutrition staff on basic issues related to gender, GBV, women's/ human rights, social exclusion and sexuality is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing/proposed community outreach material related to nutrition is reviewed to ensure it includes basic information about GBV risk reduction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource mobilization					
Proposals are developed for nutrition programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainings are prepared and provided for government, nutrition staff and community nutrition groups on the safe design and implementation of nutrition programmes that mitigate the risk of GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programming					
Women and other at-risk groups are involved as staff and leaders in the planning, design, implementation and monitoring of nutrition activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies are implemented that increase the safety, availability and accessibility of nutrition services for women, girls and other at-risk groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proactive strategies are implemented to meet the GBV-related needs of those accessing nutrition services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****Nutrition self-assessment rating (continued)**

(1 = not met, 5 = fully met)	1	2	3	4	5
Policies					
Relevant GBV prevention and mitigation strategies are incorporated into the policies, standards and guidelines of nutrition programmes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy is conducted for the integration of GBV risk-reduction strategies into national and local laws and policies related to nutrition, and funding is allocated for sustainability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications and information sharing					
GBV specialists are consulted to identify safe, confidential and appropriate systems of care (i.e., referral pathways) for survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition staff have the basic skills to provide survivors with information on where they can obtain support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition programmes sharing information about reports of GBV within the nutrition sector or with partners in the larger humanitarian community abide by safety and ethical standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV messages (including where to report risk and how to access care) are incorporated into nutrition-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination					
Coordination is undertaken with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV coordination mechanism is sought out for support and guidance, and, whenever possible, a nutrition focal point is assigned to regularly participate in GBV coordination meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring and evaluation					
A core set of indicators – disaggregated by sex, age, disability and other relevant vulnerability factors – is identified, collected and analysed to monitor GBV risk-reduction activities throughout the programme cycle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV risk-reduction activities are evaluated by measuring programme outcomes (including potential adverse effects) and using data to inform decision-making and ensure accountability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****WASH self-assessment rating**

(1 = not met, 5 = fully met)	1	2	3	4	5
Assessment, analysis and planning					
Active participation of women, girls and other at-risk groups is promoted in all WASH assessment processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community norms and practices related to WASH that may increase the risk of GBV are investigated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of participation and leadership of women, adolescent girls and other at-risk groups in the design, construction and monitoring of WASH facilities is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical safety of and access to WASH facilities is analysed to identify associated risks of GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of WASH staff on basic issues related to gender, GBV, women's/ human rights, social exclusion and sexuality is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing/proposed community outreach material related to WASH is reviewed to ensure it includes basic information about GBV risk reduction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource mobilization					
Age-, gender- and culturally appropriate supplies for WASH that can mitigate risks of GBV are identified and pre-positioned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proposals are developed for WASH programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainings are prepared and provided for government, WASH staff and community WASH groups on the safe design and construction of WASH facilities that mitigate the risk of GBV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women are targeted for job skills training on operation and maintenance of water supply and sanitation, particularly in technical and managerial roles to ensure their presence in decision-making processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programming					
Women and other at-risk groups are involved as staff and leaders in the siting, design, construction and maintenance of water and sanitation facilities and in hygiene promotion activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****WASH self-assessment rating (continued)**

(1 = not met, 5 = fully met)	1	2	3	4	5
Programming (continued)					
Strategies are implemented that increase the availability and accessibility of water for women, girls and other at-risk groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies are implemented that maximize the safety, privacy and dignity of WASH facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dignified access to hygiene-related materials is ensured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies					
Relevant GBV prevention and mitigation strategies are incorporated into the policies, standards and guidelines of WASH programmes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy is conducted for the integration of GBV risk-reduction strategies into national and local policies and plans related to WASH, and funding is allocated for sustainability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications and information sharing					
GBV specialists are consulted to identify safe, confidential and appropriate systems of care (i.e., referral pathways) for survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WASH staff have the basic skills to provide survivors with information on where they can obtain support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WASH programmes sharing information about reports of GBV within the WASH sector or with partners in the larger humanitarian community abide by safety and ethical standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV messages (including where to report risk and how to access care) are incorporated into hygiene promotion and other WASH-related community outreach activities, using multiple formats to ensure accessibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part B: Self-Assessment Checklist for Integrating GBV Risk Mitigation Across Sectors (continued)****WASH self-assessment rating (continued)**

(1 = not met, 5 = fully met)	1	2	3	4	5
Coordination					
Coordination is undertaken with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBV coordination mechanism is sought out for support and guidance, and, whenever possible, a WASH focal point is assigned to regularly participate in GBV coordination meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring and evaluation					
GBV risk-reduction activities are evaluated by measuring programme outcomes (including potential adverse effects) and using data to inform decision-making and ensure accountability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

