Kit M

Minimum GBViE Response Package Tools

unicef
for every child

Contents

Note: There are no Tools for *Section 1: Overview of the Minimum Response Package* and *Section 2: Coordination.*

Section 5

Building Safety and Resilience

Section 6

Intergrating GBV Risk Mitigation Across Sectors and Clusters

Section 3

Rapid GBV Assessments

Good Practice Checklist

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

Participation in GBV assessments	
Appropriate level of community participation in the assessment has been determined.	○
Methodologies and tools suitable for the level of participation have been adapted as appropriate for use with: • Adults; and	○
• Adolescents, if relevant.	○
Barriers to participation by different groups have been identified and addressed.	○
Ethics and safety in GBV assessments	
Staff participating in the assessment have been sensitized on ethical and safety issues related to GBV.	○
Risks associated with the assessment have been assessed before, during and after data collection, and potential negative consequences of all assessment activities have been discussed and addressed through one of the following: • Not continuing with the activity if the risk of harm is too high;	○
• Modifying the activity to reduce or eliminate the risk; or	○
• Having a plan in place to respond to potential risk.	○
A community agreement for the assessment has been obtained, including both of the following: • Local authorities have been approached and support the assessment.	○
• Community leaders have been approached and support the assessment.	○
A clear process is in place for obtaining informed consent from assessment participants in: • Key informant interviews.	○
• Focus group discussions.	○
• Other activities.	○

Ethics and safety in GBV assessments (continued)	
The informed consent process outlines: • The purpose of the assessment;	○
• Issues to be discussed; and	○
• That participation is voluntary and the participant can stop at any time.	○
A clear process is in place for obtaining consent for young people to participate in interviews/focus groups.	○
A clear process is in place to ensure interview and focus group participants clearly understand that if any form of abuse against children is discovered, confidentiality may be broken and actions taken to protect the child or young person.	○
A clear plan is in place to refer survivors of GBV to appropriate services.	○
Other potential risks and safety hazards are assessed, such as road conditions to and within the affected area; presence of continued fighting; landmines; banditry; blockades; rioting; and likely evolution of the emergency and/or potential for recurrence of natural disaster or conflict.	○
Survivor-centred approach in GBV assessments	
Staff participating in assessments are trained on survivor-centred principles.	○
Assessment team members can explain guidelines surrounding confidentiality (including limits of confidentiality) to interview and focus group participants and others involved in assessment activities.	○
Staff involved in assessments can respond appropriately to people in distress.	○
Mechanisms are in place for the referral of child and adult survivors who disclose experiences of GBV or require support during assessment for: • Clinical management of sexual violence;	○
• Basic psychosocial support; and/or	○
• Protection from imminent risk of harm for child survivors.	○
Staff involved in assessments can provide relevant information and referrals.	○
Service delivery staff are trained on survivor-centred principles.	○

GBV Service Mapping Tool[1]

Purpose: To map availability of existing GBV response services and document and disseminate information about them. The tool will help UNICEF and partners to:

- Identify which services are currently available for GBV survivors in a geographical area;
- Identify key service gaps; and
- Develop a directory of services and begin the process of developing inter-agency referral protocols.

Sources of information:

- Service providers
- Site visits, where possible

Part A: Steps in Service Mapping provides step-by-step instructions on how to collect information for a GBV response service mapping.

Part B: Service Information Form provides a template with instructions to help document details of each GBV-related response service, including its location, contact details, types of assistance offered and costs, which will be used to create a service directory.

Part A: Steps in Service Mapping

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

1 This tool is not intended to replace or duplicate the 3W Matrix where it is operational and up to date. If the relevant information on GBV services is readily available to all actors and updated, this tool will not be required.

Part B: Service Information Form

1. Name of service/organization/group	
2. Sector	**3. Location**
4. Specific services provided	
5. Phone number	**6. Main contact person**
7. Days and hours	
8. Target group	**9. Fee for services**
10. Geographical area served	
11. How to make a referral	
12. Additional information	

Part B: Service Information Form (continued)

Notes for filling in service information form

1. Write the name of the organization.
2. Using the list of response sectors and services below, choose the sector that describes the organization and write it in the box. If the organization provides services in more than one sector, include all relevant sectors on the form.
3. Using the list of response sectors and services below, identify the specific services provided by the organization and write them on the form. If the service isn't included in the list, write 'Other' and give more information.
4. Write the physical location of the service and include details of how to get there so people know how to direct others to find it. **See note after #11.*
5. Write the phone number where a referral can be made or where more information about the service can be obtained. **See note after #11.*
6. Write the name of the main contact person who provides information and takes referrals.
7. Write the days and times that people can come for assistance.
8. Write the main target groups of the service, and include as much detail as possible; for example:
   - Adult women 19+
   - Adolescent girls 13–18
   - Girls aged 0–12
   - Unaccompanied children
   - Female and males of reproductive age
9. Write how much each service costs. Be specific.
10. Write how a person can be referred to and access the service. Referral usually involves either *self-referral* – a person can call or come into a service, organization or group and request assistance – or *referral by another service,* either verbally or in writing.
11. Note any additional information that is useful to know – for example, any exclusions from the service.

***Note: In the case of services that deal with safety, protection or other sensitive issues, DO NOT include detailed information in a service directory or other documents that will be publicly distributed.** For some services, it is very important that information about the location, contact details and contact people is NOT made publicly available or widely shared in order to protect survivors, their families and those helping them. This especially applies to shelters and safe houses, where disclosing people's locations can put women and their children, as well as staff, at risk. It also applies to facilities that provide other sensitive care and support for victims, such as pregnancy termination services where they are legal.

List of response sectors and services

Sector	Services Provided
Health	• Comprehensive post-rape care for *adults*, including injury management, treatment for sexually transmitted infections (STIs), emergency contraception (EC), and post-exposure prophylaxis (PEP) for HIV/AIDS • Comprehensive post-rape care for children, include injury management, treatment for STIs, EC, and PEP for HIV/AIDS • Partial post-rape care, which includes some components but not all • Forensic services • Treatment for chronic physical health outcomes • Reproductive healthcare

Part B: Service Information Form (continued)

List of response sectors and services (continued)	
Sector	**Services Provided**
Health (continued)	• Fistula repair • Voluntary Counselling and Testing (VCT) for HIV • HIV treatment, care and support services • Crisis counselling and support for adult survivors[2] • Crisis counselling and support for child survivors • Mental health assessment and management, e.g. psychological or psychiatric evaluation, treatment and care • Other health service – give details
Psychosocial support *Includes social welfare and education services*	• Crisis counselling and support for adults/children • Information and advocacy • Case work services • Individual counselling/support[3] • Group counselling/support[4] • Material support (e.g., clothing, food, etc.) • Financial support • Family outreach and education • Community outreach and education • Livelihoods/economic support • Formal and informal education • Traditional healing • Court support • Other psychosocial support service – give details
Safety	• Short-term shelter for adult women • Short-term shelter for mothers and their children • Short-term shelter for adolescent girls/children • Medium-term shelter and accommodation • Other safety service – give details

2 Crisis counselling and support is sometimes called 'psychological first aid' in the medical model; however, in a survivor-centred model, the terms 'crisis care' or 'crisis counselling and support' are preferred.
3 Refers to culturally appropriate and supportive counselling that aims to provide emotional and practical support, give information and solve problems, such as family and community relationship difficulties.
4 Refers to culturally appropriate and supportive group-based activities that aim to provide emotional and/or practical support to group members.

Part B: Service Information Form (continued)

List of response sectors and services (continued)	
Sector	**Services Provided**
Child protection	• Investigation of allegations of child abuse • Alternative care placement for children • Financial and other support to families • Emotional and practical care and support to at-risk children
Law enforcement and criminal justice	• Criminal investigation and arrest • Prosecution of perpetrators
Legal services	• Legal counselling and advice for survivors and their families • Legal advocacy and representation in court matters

GBV Service Capacity and Quality Audit Tool

Purpose: To assess the capacity and quality of health, psychosocial and safety services for GBV survivors.

The tool will help UNICEF and partners to:

- Learn about types of GBV being reported to service providers; and
- Identify gaps in survivor-centred clinical management, crisis care and immediate safety services for sexual violence survivors and those at risk.

Sources of information:

- Interviews with staff of agencies providing health, psychosocial and safety services
- Site visits and observation at facilities/services, where possible

Additional information: The focus of the service audit is care, support and protection for sexual violence survivors; however, teams can adapt the tool to capture information about other GBV services if relevant.

Part A: GBV Health Service Rapid Assessment

Name of camp/community:

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

1. Sources of information (tick all that apply)

- ◯ Interview with health agency staff (e.g., Programme Manager)
  Number and gender(s): _____
- ◯ Interview with health service provider (e.g., clinician, nurse)
  Number and gender(s): _____
- ◯ Observation at health facility
- ◯ Other: _____

2. General information

2.1 Name of health provider:

- ◯ Ministry of Health
- ◯ International NGO: _____
  _____
- ◯ National NGO: _____
  _____
- ◯ Other: _____

2.2 Type of facility:

- ◯ Hospital
- ◯ Primary health
- ◯ Mobile
- ◯ Other: _____

Part A: GBV Health Service Rapid Assessment (continued)

3. Reported incidents

3.1 Has girls'/women's safety changed since the crisis/emergency?

- ◯ No change
- ◯ More safe
- ◯ Less safe
- ◯ Don't know

3.2 Has there been an increase in reports of violence against girls and women since the crisis/emergency occurred?

- ◯ Yes
- ◯ No
- ◯ Don't know

3.3 If yes, what types of violence have there been increased reports of?

- ◯ Rape/sexual assault of a woman by a family member
- ◯ Rape/sexual assault of a girl child by a family member
- ◯ Rape/sexual assault of a boy child by a family member
- ◯ Rape/sexual assault of a woman by a known community member (e.g., neighbour)
- ◯ Rape/sexual assault of a girl child by a known community member (e.g., teacher or neighbour)
- ◯ Rape/sexual assault of a boy child by a known community member (e.g., teacher or neighbour)
- ◯ Rape/sexual assault of a woman by an unknown community member
- ◯ Rape/sexual assault of a girl child by an unknown community member
- ◯ Rape/sexual assault of a boy child by an unknown community member
- ◯ Sexual violence of a woman by an armed actor
- ◯ Sexual violence of a girl child by an armed actor
- ◯ Sexual violence of a boy child by an armed actor
- ◯ Other sexual violence
- ◯ Intimate partner violence against a partnered girl or woman by her spouse/partner
- ◯ Other: _____

_____

_____

_____

_____

Part A: GBV Health Service Rapid Assessment (continued)

4.	Service checklist	Yes	No	Don't know
4.1	Survivors can access healthcare without police involvement.	○	○	○
4.2	Service is free.	○	○	○
4.3	A safe and private environment is available for medical examination and treatment.	○	○	○
4.4	Health workers are trained on confidentiality.	○	○	○
4.5	Documentation is stored securely to protect confidentiality.	○	○	○
4.6	Protocols for clinical management of adults are in place.	○	○	○
4.7	Protocols for clinical management of children are in place.	○	○	○
4.8	Clinical management services are available for child survivors.	○	○	○
4.9	Clinical management services are available for adolescent survivors.	○	○	○
4.10	Clinical management services are available for adult survivors.	○	○	○
4.11	Medical examination and treatment is provided by trained staff.	○	○	○
4.12	Appropriate equipment and supplies, including drugs, are available for adult survivors.	○	○	○
4.13	Appropriate equipment and supplies, including drugs, are available for child survivors of all ages.	○	○	○
4.14	Health staff are trained to manage other forms of GBV.	○	○	○
4.15	Mental health services[1] are available for survivors.	○	○	○
4.16	Health workers know how to give age-appropriate information to survivors and their carers and make a referral for immediate safety or psychosocial support.	○	○	○
4.17	Sexual violence data is collected and analysed.	○	○	○
4.18	Community outreach is undertaken to promote the service.	○	○	○

1 Basic mental health services for survivors of sexual violence include crisis counselling provided by social workers and primary health care workers. Specialized mental health services are for survivors who require additional support to cope with severe mental disorders or suffering which prevents them from resuming normal activities. These specialized services include assessment and treatment by psychologists and psychiatrists.

Part A: GBV Health Service Rapid Assessment (continued)

5. Notes

Part A: GBV Health Service Rapid Assessment (continued)

6. Recommended actions for addressing critical health gaps

Name of camp/community/settlement:

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

Issue/gap identified	Action for addressing the gap	Person responsible	Timeframe	Priority: High/ Medium/Low

Part B: GBV Psychosocial Support Service Rapid Assessment

Name of camp/community:

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

1. Sources of information (tick all that apply)

- ◯ Interview with psychosocial agency staff (e.g., Programme Manager)
  - Number and gender(s): _____
- ◯ Interview with psychosocial worker (e.g., social worker, case worker)
  - Number and gender(s): _____
- ◯ Observation at service
- ◯ Other: _____

2. General information

2.1 Name of psychosocial service provider:

- ◯ Ministry of Social Welfare/ Health/etc.
- ◯ International NGO: _____
- ◯ National NGO: _____
- ◯ Women's group: _____
- ◯ Other: _____

2.2 Type of facility:

- ◯ Women's centre
- ◯ Safe space
- ◯ Mobile/outreach service
- ◯ Other: _____

3. Reported incidents

3.1 Has girls'/women's safety changed since the crisis/emergency?

- ◯ No change
- ◯ More safe
- ◯ Less safe
- ◯ Don't know

3.2 Has there been an increase in reports of violence against girls and women since the crisis/emergency occurred?

- ◯ Yes
- ◯ No
- ◯ Don't know

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

3. Reported incidents (continued)

3.3 If yes, what types of violence have there been increased reports of:

- ◯ Rape/sexual assault of a woman by a family member
- ◯ Rape/sexual assault of a girl child by a family member
- ◯ Rape/sexual assault of a boy child by a family member
- ◯ Rape/sexual assault of a woman by a known community member (e.g., neighbour)
- ◯ Rape/sexual assault of a girl child by a known community member (e.g., teacher or neighbour)
- ◯ Rape/sexual assault of a boy child by a known community member (e.g., teacher or neighbour)
- ◯ Rape/sexual assault of a woman by an unknown community member
- ◯ Rape/sexual assault of a girl child by an unknown community member
- ◯ Rape/sexual assault of a boy child by an unknown community member
- ◯ Sexual violence of a woman by an armed actor
- ◯ Sexual violence of a girl child by an armed actor
- ◯ Sexual violence of a boy child by an armed actor
- ◯ Intimate partner violence against a partnered girl or woman by her spouse/partner
- ◯ Other: _____

_____

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_____

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

4. Service checklist		Yes	No	Don't know
4.1	A safe and private environment is available for survivors to receive information and help.	◯	◯	◯
4.2	Staff/volunteers are trained on confidentiality.	◯	◯	◯
4.3	Trained staff/volunteers can provide relevant and age-appropriate information and referral for healthcare and safety options to people seeking help.	◯	◯	◯
4.4	Informed consent for services and referral is obtained.	◯	◯	◯
4.5	Trained staff/volunteers can provide age-appropriate basic crisis support to survivors of recent sexual assault or other traumatic GBV incidents and their families[2].	◯	◯	◯
4.6	Trained staff/volunteers can provide case management for survivors.	◯	◯	◯
4.7	Resources are available to meet immediate basic needs (e.g., clothing and food).	◯	◯	◯
4.8	Trained staff/volunteers are available to provide information and education to families of survivors.	◯	◯	◯
4.9	Traditional healing or community-based self-help strategies that survivors perceive as helpful in their recovery and that promote the human rights of survivors are used and supported.	◯	◯	◯
4.10	Community outreach is undertaken to inform communities about types and benefits of GBV services.	◯	◯	◯

5. Notes

2 Crisis support has been the cornerstone of rape and intimate partner violence response around the world for many decades. More recently, the term 'psychological first aid' has been applied to this activity; however, in a survivor-centred model, the terms 'crisis care' or 'crisis support' are preferred.

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

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

Name of camp/community/settlement:

Date(s) of assessment:

Completed by:

Issue/gap identified	Action for addressing the gap	Person responsible	Timeframe	Priority: High/ Medium/Low

Part C: GBV Survivor Safety Service Rapid Assessment

Name of camp/community:

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

1. Sources of information (tick all that apply)

- ◯ Interview with safety service agency staff (e.g., Programme Manager)
  Number and gender(s): _____
- ◯ Interview with safety service/shelter staff
  Number and gender(s): _____
- ◯ Interview with women's/children's group representative
  Number and gender(s): _____
- ◯ Observation at site or service
- ◯ Other: _____

2. General information

2.1 Name of health safety service:

- ◯ Government agency: _____
- ◯ International NGO: _____
- ◯ National NGO: _____
- ◯ Women's group: _____
- ◯ Other: _____

2.2 Safety model:

- ◯ Kinship placements with extended family or close friends of the family
- ◯ Foster care placements for children
- ◯ Safe house
- ◯ Guesthouses, hotels, community-based facilities such as church buildings, women's centres, children's centres, etc.
- ◯ Residential care in group homes or facilities
- ◯ Other: _____

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

3. Reported incidents

3.1 Has girls'/women's safety changed since the crisis/emergency?

- ◯ No change
- ◯ More safe
- ◯ Less safe
- ◯ Don't know

3.2 Has there been an increase in reports of violence against girls and women since the crisis/emergency occurred?

- ◯ Yes
- ◯ No
- ◯ Don't know

3.3 If yes, what types of violence have there been increased reports of:

- ◯ Rape/sexual assault of a woman by a family member
- ◯ Rape/sexual assault of a girl child by a family member
- ◯ Rape/sexual assault of a boy child by a family member
- ◯ Rape/sexual assault of a woman by a known community member (e.g., neighbour)
- ◯ Rape/sexual assault of a girl child by a known community member (e.g., teacher or neighbour)
- ◯ Rape/sexual assault of a boy child by a known community member (e.g., teacher or neighbour)
- ◯ Rape/sexual assault of a woman by an unknown community member
- ◯ Rape/sexual assault of a girl child by an unknown community member
- ◯ Rape/sexual assault of a boy child by an unknown community member
- ◯ Sexual violence of a woman by an armed actor
- ◯ Sexual violence of a girl child by an armed actor
- ◯ Sexual violence of a boy child by an armed actor
- ◯ Intimate partner violence against a partnered girl or woman by her spouse/partner
- ◯ Other: _____

_____

_____

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_____

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

4.	Service checklist	Yes	No	Don't know
4.1	Short-term safety options are available in the community for child survivors at risk of further GBV who require alternative care and protection.	◯	◯	◯
4.2	Short-term safety options are available in the community for women at risk of further GBV who require safe shelter.	◯	◯	◯
4.3	Short-term safety options are available in the community for women and their children at risk of further GBV who require safe shelter.	◯	◯	◯
4.4	Agencies or groups running crisis accommodation services have adequate resources to run the service.	◯	◯	◯
4.5	Security needs of safety services and facilities are addressed.	◯	◯	◯
4.6	Alternative care placements of children are overseen by trained volunteers or staff and are reviewed regularly.	◯	◯	◯
4.7	Trained staff/volunteers can provide case management for survivors.	◯	◯	◯
4.8	Resources are available to meet immediate basic needs of survivors (e.g., clothing and food).	◯	◯	◯

5. Notes

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

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

Name of camp/community/settlement:

Date(s) of assessment:

Completed by:

Issue/gap identified	Action for addressing the gap	Person responsible	Timeframe	Priority: High/ Medium/Low

Barriers to Care Analysis and Planning Tool

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

Sources of information: Representatives from the community

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

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

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

Step 1
Organize a workshop to develop a plan to address critical capacity gaps

Do this exercise in a participatory manner, invite representatives from women's and children's networks, survivor support groups, and other organizations and groups that advocate on behalf of survivors. It is good to have different ages represented, such as adolescents, young women and older women.

Step 2
Identify the service and population to be analysed

You can choose to look at barriers faced by survivors for a particular service – for example, barriers faced in accessing law enforcement; barriers faced by a particular group of survivors, such as adolescent girls; or barriers faced by a particular group in accessing a particular service, such as adolescent girls accessing healthcare. You can also do all three if it is needed, although this will take more time.

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

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

c. To identify barriers faced by a **particular group to a particular service**, write the name of the service and the name of the group in a circle and draw concentric circles around it.

Step 3
Ask 'why'

a. If you put the name of a service in the centre circle, ask participants why survivors don't use the service, and write the answers in the second circle.

b. If you put the name of a particular group of survivors in the centre circle, ask participants why that group doesn't access services, and write the answers in the second circle.

c. If you put the name of a service and particular group in the centre circle, ask why that group doesn't access that service, and write answers down in the second circle.

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

Step 4
Probe and get more information

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

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

c. Write the barriers on a list.

Step 5
Probe and get more information

a. Go through the list of barriers one by one, and have participants discuss and explore potential strategies and actions for reducing or eliminating each barrier.

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

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

Step 6
Develop a plan for addressing each gap

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

b. Start implementing it!

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

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

Barrier	Possible strategies for reducing the barrier	Who	When

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

Purpose: To assess the needs and preferences of adolescent girls and women to guide procurement of *Family Hygiene and Dignity Kits*.

The tool will help UNICEF and partners to:

- Learn about menstrual hygiene management practices and preferences; and
- Identify appropriate gender-sensitive non-food items (NFIs) to increase the dignity and safety of adolescent girls and women.

Sources of information:

- Girls 12–17 years
- Women 18–50 years

Additional information: Each focus group should include 8–10 volunteers of the same cultural background. Consideration should be given to the profile of group members to reduce the risk of power inequalities in the group based on status or role in the community, which can inhibit some women from speaking freely. Consideration should also be given to ensuring the discussions take place in private and safe spaces.

There should be 2 female facilitators to lead the focus group discussion (FGD) with the following roles:

- **Lead facilitator** – This person is responsible for asking the questions and guiding the discussion. The lead facilitator should have experience in facilitating FGDs, should be able to probe and draw out discussions, and should be experienced in observing group dynamics.
- **Process facilitator** – This person is responsible for taking notes and recording the discussion. This person should be fluent in local languages and should be directly involved in the translation of recordings and notes after the session.

Please review guidance and resources on focus group discussions in *Section 3: How to do a GBViE Assessment* for more information about planning and implementing focus groups and analysing the information generated.

Part A: Adult Women Focus Group Discussion Guide

1. Dignity and safety

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

1.2 Were you able to get these items when you first came to this place/when the emergency first occurred? *Probing questions: How did you obtain the items and/or support? Were you given the items for free or did you have to buy them? If you had to buy them, where did you buy them? Were you able to buy any items in a local shop?*

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

1.4 What makes women feel unsafe in these areas?

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

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

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

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

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

1.8 What other information would be beneficial to help women keep themselves safe? *Probing questions: How/when should information be disseminated? With Kit? Written? Discussion? To what ages?*

2. Personal hygiene and menstrual management

2.1 Think about when you first arrived here (camp/location) or when the emergency first occurred. What things did you feel you needed for your personal health or hygiene requirements? *Probing questions: How did you obtain the items and/or support? Were you given the items for free or did you have to buy them? If you had to buy them, where did you buy them? Were you able to buy any items in a local shop? Were facilities (water, latrines, bathing facilities, places to do laundry, etc.) available?*

2.2 Before coming to this place/before the emergency, did you have a latrine at home? *Probing questions: Did all members of the household use it, or were some members unable or preferring not to use it? For babies and infants, how did you manage their faeces? Do small children know how to use a latrine? Do they know how to use a potty? If yes, how/where did you normally empty the potty?*

2.3 Before coming to this place/before the emergency, what did you normally use to manage your menstrual cycle? (Note if support other than personal sanitary items is raised, but don't bring it out otherwise – it will be drawn out later.) *Probing questions: Describe the items you used. Were they locally produced sanitary pads or cloths?*

2.4 What are you using now to manage your menstrual cycle? *Probing questions: If different from what you were using before the emergency, why? If same, is it easy to get items now? How does the current emergency affect your menstrual hygiene management needs? How did it feel not having these items/ facilities?*

2.5 (If not already discussed in previous questions) What facilities are needed to help you with your menstrual hygiene management? *Probing questions: Where do you change your sanitary pads? Do you have areas for washing and drying towels? Are there appropriate disposal facilities for disposable sanitary items? Are there separate/private functional latrines with internal washing facilities? Are the toilets lockable from the inside? Are there lights? Do you have to pay for use of toilets?*

2.6 Do women have access to the proper facilities for menstrual hygiene management?

2.7 If facilities are not available or suitable, how do you cope? *Probing questions: What are the restrictions? How do you make do? If you go to bush to bathe, do you go alone or with other family members? Do you feel safe doing this?*

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

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

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

3. Additional information

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

Part B: Adolescent Girls Focus Group Discussion Guide

Considerations

- This section is for getting the opinion of girls primarily in a school setting, but could be used for girls not attending school (i.e., child-friendly spaces).
- The age of girls is flexible; however, the assessment team should consider those who have enough experience and confidence of menstrual hygiene management to talk about it. To reach teenage girls, FGDs may have to be conducted with mothers or run through school programmes.
- The questions can be combined with questions from the adult FGD if appropriate.
- The group leader and data collector should only be female.
- The FGD should be conducted in a private setting to ensure all girls are comfortable to discuss with each other in confidence.
- Ensure the facilitator tells participants that information will be confidential and names will not be collected.

1. Menstrual management and hygiene

1.1 What do you know about becoming a woman? What does it mean? *Probing questions: What changed after you reached puberty? What do you know of menstrual cycles?*

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

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

1.4 Before coming to this place/before the emergency, did you have a latrine at home? *Probing questions: Did all members of the household use it, or were some members unable or preferring not to use it?*

1.5 Before coming to this place/before the emergency, what did you normally use to manage your menstrual cycle? *Probing questions: Describe the items you used. Were they locally produced sanitary pads or cloths?*

1.6 What are you using now to manage your menstrual cycle? *Probing questions: If different from what you were using before the emergency, why? If same, is it easy to get items now? How does the current emergency affect your menstrual hygiene management needs? How did it feel not having these items/ facilities?*

1.7 (If not already discussed in previous questions) What facilities are needed to help you with your menstrual hygiene management? *Probing questions: Where do you change your sanitary pads? Do you have areas for washing and drying towels? Are there appropriate disposal facilities for disposable sanitary items? Are there separate/private functional latrines with internal washing facilities? Are the toilets lockable from the inside? Are there lights? Do you have to pay for use of toilets?*

1.8 If facilities are not available or suitable, how do you cope? *Probing questions: What are the restrictions? How do you make do? If you go to bush to bathe, do you go alone or with other family members? Do you feel safe doing this?*

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

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

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

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

1.13 Are the toilet facilities at your school appropriate to deal with your menstrual flow? If you could change one thing about the toilets, what would it be? *Optional activity: draw facility and discuss.*

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

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

2. Safety

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

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

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

3. Additional information

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

GBV Risk and Safety Focus Group Discussion Guide

Purpose: To use semi-structured in-depth discussions with different groups of females and other community members to learn about GBV risks and responses. This tool will help UNICEF and partners to learn more about:

- Perceptions of GBV risk and safety solutions in the community;
- Types of GBV community member are concerned about; and
- Community responses to sexual violence.

Sources of information:

- Older adolescent girls and women of different ages and backgrounds
- Community leaders

Additional information: Focus group discussions (FGDs) can help to identify places where girls and women feel unsafe and/or experience different forms of violence. The information can be further explored in safety mapping and/or safety walks, if appropriate.

Each focus group should include 6–8 volunteers of the same cultural background. Consideration should be given to the profile of group members to reduce the risk of power inequalities in the group based on status or role in the community, which can inhibit some women from speaking freely. Consideration should also be given to ensuring the discussions take place in private and safe spaces.

There should be 2 female facilitators to lead the FGD with the following roles:

- **Lead facilitator** – This person is responsible for asking the questions and guiding the discussion. The lead facilitator should have experience in facilitating FGDs, should be able to probe and draw out discussions, and should have experience observing group dynamics.
- **Process facilitator** – This person is responsible for taking notes and recording the discussion. This person should be fluent in local languages and should be directly involved in the translation of recordings and notes after the session.

Remember to make sure that one of the facilitators is trained to respond appropriately to any disclosures made during or after the focus group and to ensure appropriate follow-up as needed.

Please review guidance and resources on focus group discussions in *Section 3: How to do a GBViE Assessment* for more information about planning and implementing focus groups and analysing the information generated.

GBV risk and safety focus group discussion questions

1. Perceptions of risk and safety problems and solutions

Tell participants you are going to ask some questions about girls' and women's safety and security in this camp/community.

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

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

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

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

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

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

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

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

2. Types of GBV

Tell participants you would like to know more about different types of violence girls and women experience. Ask if it is OK to ask some questions on this topic.

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

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

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

2.4 Are some girls/women more at risk of violence? If so, who are they and why are they more at risk? (*If not already covered in Section 1.)*

3. Community responses to sexual violence

Tell participants that in most communities, there are people who have been raped or sexually abused. Ask if it is OK to ask some questions about this topic to help identify how to best help people.

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

3.2 Where do people who have been raped seek help?

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

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

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

4. Additional information

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

GBV Risk and Safety Key Informant Interviews

Purpose: To collect information from different community members and camp management actors/local authorities about service-related GBV risks in the setting.

These interviews provide UNICEF and partners with an opportunity to learn about:

- Different perceptions of girls' and women's risk and safety in the community and among authorities;
- Danger zones in the setting;
- Existing strategies for improving safety; and
- Specific risks associated with basic services such as shelter, food, water and security.

Sources of information:

- Community members (including girls and women, representatives from community organizations and groups, traditional and religious leaders, etc.)
- Representative of local authorities or camp management

Additional information: As well as obtaining information from informants, interviews are an opportunity to provide information to informants and to discuss immediate actions that can be taken to reduce risk. For example, if a camp management representative identifies that WASH facilities are not sex-segregated or secure, this is an opportunity to immediately discuss with them how this can be improved.

As with every tool, you will need to adapt the questions to the context. For example, the strategies that are listed pertaining to action that communities and others are taking to make girls and women safer are illustrative only; there may be additional relevant strategies in your context. If there is no existing information on the situation, information from focus groups can be used to help adapt the questions in this tool.

Please review resources on sampling, questionnaires and interviews in *Section 3: How to do a GBViE Assessment* for more information about interviews.

Part A: Key Informant Interview – Community Member

Name of camp/community:

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

1. General information

1.1 Sex of informant

- ◯ Male
- ◯ Female

1.2 Age of informant

- ◯ 16–18
- ◯ 19–25
- ◯ 25–39
- ◯ 40–54
- ◯ 54+

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

_____

_____

_____

_____

_____

2. Perception of risk and safety

2.1 What safety and security problems do adult women face in this camp/community? (tick all that apply)

- ◯ Don't know
- ◯ Intimate partner violence
- ◯ Sexual violence in the family
- ◯ Sexual violence outside the household, within the camp/community
- ◯ Sexual violence outside the camp/community
- ◯ Other: _____

_____

_____

_____

2.2 If sexual violence outside the household and/or outside the camp/community is occurring, who is perpetrating it?

- ◯ Don't know
- ◯ Male community members
- ◯ People in positions of authority or trust
- ◯ Armed actors who are parties to the conflict
- ◯ Armed actors who are not parties to the conflict
- ◯ Other: _____

_____

_____

_____

2.3 What safety and security problems do girls face in this camp/community? (tick all that apply)

- ◯ Don't know
- ◯ Sexual violence in the family
- ◯ Sexual violence outside the household, within the camp/community
- ◯ Sexual violence outside the camp/community
- ◯ Child marriage
- ◯ Other: _____

_____

_____

_____

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

2.4 If sexual violence against girls outside the household and/or outside the camp/community is occurring, who is perpetrating it?

- ◯ Don't know
- ◯ Male community members
- ◯ People in positions of authority or trust
- ◯ Armed actors who are parties to the conflict
- ◯ Armed actors who are not parties to the conflict
- ◯ Other: _____

2.5 Has girls'/women's safety changed since the crisis/emergency occurred?

- ◯ Don't know
- ◯ No change
- ◯ More safe
- ◯ Less safe

2.6 Are there known danger zones in the camp/community where girls and women are at increased risk for assault/harassment?

- ◯ Don't know
- ◯ Yes
- ◯ No

If yes and known, list places mentioned:

_____

_____

_____

_____

2.7 What is the community doing to help make girls and women safer?

- ◯ Don't know
- ◯ Sharing information about unsafe people and places
- ◯ Reporting incidents
- ◯ Establishing community security or watch groups
- ◯ Providing escorts
- ◯ Asking authorities for help
- ◯ None of these
- ◯ Other: _____

2.8 What are others (e.g., Government, NGOs, etc.) doing to make girls and women safer?

- ◯ Don't know
- ◯ Sharing information about unsafe people and places
- ◯ Reporting incidents
- ◯ Establishing community security or watch groups
- ◯ Providing escorts
- ◯ Taking action to make services and facilities safer and more accessible
- ◯ None of these
- ◯ Other: _____

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

- ◯ Don't know
- ◯ Sharing information about unsafe people and places
- ◯ Moving in groups
- ◯ Using protection items
- ◯ Reporting incidents
- ◯ Limiting their mobility
- ◯ Other: _____

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

_____

_____

_____

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

3. Shelter and registration	Yes	No	Don't know
3.1 Are unaccompanied females and their children accommodated separately from men?	◯	◯	◯
3.2 Is the area of the camp/community where unaccompanied females stay safe?	◯	◯	◯
3.3 Are married women registered separately from their husbands?	◯	◯	◯
3.4 Are unaccompanied females registered as individuals?	◯	◯	◯

Comments on shelter and registration

_____

_____

_____

4. WASH facilities	Yes	No	Don't know
4.1 Are men's and women's latrines and bathhouses separated?	◯	◯	◯
4.2 Are women's latrines and bathhouses accessible to girls and women?	◯	◯	◯
4.3 Are women's latrines and bathhouses secure for girls and women?	◯	◯	◯
4.4 Are water collection points accessible and safe for girls and women?	◯	◯	◯
4.5 Are women involved in water distribution management and monitoring?	◯	◯	◯

Comments on WASH facilities

_____

_____

_____

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

5. Food, fuel and non-food items (NFIs)	Yes	No	Don't know
5.1 Is food distributed to women?	◯	◯	◯
5.2 Are women involved in managing and monitoring food distribution?	◯	◯	◯
5.3 Are firewood/charcoal collection points safely and easily accessible to women?	◯	◯	◯
5.4 Are NFIs distributed directly to women?	◯	◯	◯
5.5 Do women receive NFIs that promote their dignity, hygiene and safety?	◯	◯	◯

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

_____

_____

_____

6. Security measures	Yes	No	Don't know
6.1 Are there security personnel patrolling outside this camp/community? *If no, indicate at right and then skip to question 6.4.*	◯	◯	◯

6.2 Security patrols outside the camp/community are provided by:

◯ Government security forces

◯ Militia

◯ Peacekeeping forces

◯ Other: _____

_____

6.3 Do these patrols make girls and women feel safer outside the camp/community?	◯	◯	◯
6.4 Are there security patrols or a watch group inside the camp/community? *If no, indicate at right and then skip to question 7.*	◯	◯	◯

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

6. Security measures (continued)	Yes	No	Don't know
6.5 Security patrols or watch group inside the camp/community are provided by: ○ Police ○ Other government security force ○ Militia ○ Community group ○ Other: _____			
6.6 Do these patrols make girls and women feel safer inside the camp/community?	○	○	○
Comments on security measures _____ _____ _____			

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

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

Name of camp/community:

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

1. General information

1.1 Sex of informant

- ◯ Male
- ◯ Female

1.2 Staff/volunteer from

- ◯ Government authority _____
- ◯ Community governance body _____
- ◯ Humanitarian agency _____
- ◯ Other: _____

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

_____

_____

_____

2. Safety

2.1 What safety and security problems do adult women face in this camp/community? (tick all that apply)

- ◯ Don't know
- ◯ Intimate partner violence
- ◯ Sexual violence in the family
- ◯ Sexual violence outside the household, within the camp/community
- ◯ Sexual violence outside the camp/community
- ◯ Other: _____

_____

_____

_____

2.2 If sexual violence outside the household and/or outside the camp/community is occurring, who is perpetrating it?

- ◯ Don't know
- ◯ Male community members
- ◯ People in positions of authority or trust
- ◯ Armed actors who are parties to the conflict
- ◯ Armed actors who are not parties to the conflict
- ◯ Other: _____

_____

_____

_____

2.3 What safety and security problems do girls face in this camp/community? (tick all that apply)

- ◯ Don't know
- ◯ Sexual violence in the family
- ◯ Sexual violence outside the household, within the camp/community
- ◯ Sexual violence outside the camp/community
- ◯ Child marriage
- ◯ Other: _____

_____

_____

_____

_____

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

2.4 If sexual violence against girls outside the household and/or outside the camp/community is occurring, who is perpetrating it?

- ◯ Don't know
- ◯ Male community members
- ◯ People in positions of authority or trust
- ◯ Armed actors who are parties to the conflict
- ◯ Armed actors who are not parties to the conflict
- ◯ Other: _____

2.5 Has girls'/women's safety changed since the crisis/emergency?

- ◯ Don't know
- ◯ No change
- ◯ More safe
- ◯ Less safe

2.6 Are there known danger zones in the camp/community where girls and women are at increased risk for assault/harassment?

- ◯ Don't know
- ◯ Yes
- ◯ No

If yes and known, list places mentioned:

_____

_____

_____

_____

_____

2.7 What is the community doing to help make girls and women safer?

- ◯ Don't know
- ◯ Sharing information about unsafe people and places
- ◯ Reporting incidents
- ◯ Establishing community security or watch groups
- ◯ Providing escorts
- ◯ Asking authorities for help
- ◯ None of these
- ◯ Other: _____

_____

_____

_____

2.8 What are others (e.g., Government, NGOs, etc.) doing to make girls and women safer?

- ◯ Don't know
- ◯ Sharing information about unsafe people and places
- ◯ Reporting incidents
- ◯ Establishing community security or watch groups
- ◯ Providing escorts
- ◯ Taking action to make services and facilities safer and more accessible
- ◯ None of these
- ◯ Other: _____

_____

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

- ◯ Don't know
- ◯ Sharing information about unsafe people and places
- ◯ Moving in groups
- ◯ Using protection items
- ◯ Reporting incidents
- ◯ Limiting their mobility
- ◯ Other: _____

_____

_____

_____

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

_____

_____

_____

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

3. Shelter and registration	Yes	No	Don't know
3.1 Are unaccompanied females and their children accommodated separately from men?	◯	◯	◯
3.2 Is the area of the camp/community where unaccompanied females stay safe?	◯	◯	◯
3.3 Are married women registered separately from their husbands?	◯	◯	◯
3.4 Are unaccompanied females registered as individuals?	◯	◯	◯
3.5 Is there adequate lighting in and around shelters and facilities?	◯	◯	◯

Comments on shelter and registration

_____

_____

_____

4. WASH facilities	Yes	No	Don't know
4.1 Are men's and women's latrines and bathhouses separated?	◯	◯	◯
4.2 Are women's latrines and bath houses accessible to girls and women?	◯	◯	◯
4.3 Are women's latrines and bath houses secure for girls and women?	◯	◯	◯
4.4 Are water collection points accessible and safe for girls and women?	◯	◯	◯
4.5 Are women involved in water distribution management and monitoring?	◯	◯	◯

Comments on WASH facilities

_____

_____

_____

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

5. Food, fuel and non-food items (NFIs)	Yes	No	Don't know
5.1 Is food distributed to women?	◯	◯	◯
5.2 Are women involved in managing and monitoring food distribution?	◯	◯	◯
5.3 Are firewood/charcoal collection points safely and easily accessible to women?	◯	◯	◯
5.4 Are NFIs distributed directly to women?	◯	◯	◯
5.5 Do women receive NFIs that promote their dignity, hygiene and safety?	◯	◯	◯

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

_____

_____

_____

6. Security measures	Yes	No	Don't know
6.1 Are there security personnel patrolling outside this camp/community? *If no, indicate at right and then skip to question 6.4.*	◯	◯	◯

6.2 Security patrols outside the camp/community are provided by:

◯ Government security forces

◯ Militia

◯ Peacekeeping forces

◯ Other: _____

_____

6.3 Do these patrols make girls and women feel safer outside the camp/community?	◯	◯	◯
6.4 Are there security patrols or a watch group inside the camp/community? *If no, indicate at right and then skip to question 7.*	◯	◯	◯

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

6. Security measures (continued)	Yes	No	Don't know
6.5 Security patrols or watch group inside the camp/community are provided by:			
○ Police			
○ Other government security force			
○ Militia			
○ Community group			
○ Other: _____			
6.6 Do these patrols make girls and women feel safer inside the camp/community?	○	○	○
Comments on security			

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

Participatory Safety Mapping Exercise

Purpose: To learn from different groups of girls and women about:

- Their key safety concerns in the community;
- Locations where they feel safe and unsafe, and threats that contribute to this; and
- Strategies for improving their safety and protection.

Sources of information: Girls and women of different ages

Additional information: This exercise can be done in settings where it is not possible or appropriate to conduct a safety walk (see **Tool 9: Participatory Safety Walk Guide**). It is ideally done with groups of girls and women of similar ages, where they can be divided into smaller groups of 4–5 people each.

Part A: Steps in Safety Mapping Exercise outlines a suggested process for conducting a participatory mapping exercise.

Part B: Safety Issues and Solutions Log provides a template for recording the safety problems identified and recommended solutions and strategies for addressing them.

Part A: Steps in Safety Mapping Exercise

Step 1
Small group mapping

1.1 Divide participants into three or four groups of four to five people each.

1.2 Give each group four flipchart pages taped together and markers, coloured stickers or post-it notes.

1.3 Ask each group to draw a geographical map of their camp or community, and – using different colours, stickers or post-it notes – mark the places on the map where:

- Girls and women feel safe;
- Girls and women feel unsafe; and
- Different types of GBV happen to different groups.

Step 2
Present findings

2.1 Divide participants into three or four groups of four to five people each.

2.2 As groups present their findings, write a consolidated list of all forms of GBV, where they occur and who is perpetrating them on a flipchart, as well as the places where women feel safe.

2.3 Post the maps on the wall.

Step 3
Discuss findings

3.1 Facilitate a discussion about the mapping. The following questions may be used or adapted:

- *Is anyone surprised by anything on the maps?*
- *Is there anything missing?*
- *Where are men safe/unsafe?*
- *Where are women safe/unsafe?*
- *Where are children safe/unsafe?*

Part A: Steps in Safety Mapping Exercise (continued)

Step 3
Discuss findings

(continued)

- *What have we learned about the different places that men and women experience violence?*
- *Focusing on girls and women, who is using violence against them?* (Go through forms of violence on the list compiled in step 2.)
- *Which types of violence are the most common and of most concern to women? How is this different among different groups of women?*
- *How could we break the silence around forms of violence that we have identified today, which we don't see because they are hidden?*

Step 4
Identify solutions

4.1 Go item by item through the forms of GBV and unsafe places identified in Step 2 and ask the large group to brainstorm solutions for making girls and women safer. Encourage participants to consider actions that different duty bearers can take (such as the community, local and international NGOs, government, etc.).

4.2 Document the issues and proposed solutions, and use the information to inform:

- Community safety planning;
- Advocacy with duty bearers and other actors/sectors; and
- UNICEF and partner programming.

Part B: Safety Issues and Solutions Log

Name of camp/community:

Date(s) of assessment:

Completed by:

Safety issue/risk identified	Solutions for reducing the risk/improving safety

Participatory Safety Walk Guide

Purpose: To enable adolescent girls and women to:

- Identify and articulate the safety concerns and problems they face in particular geographical areas and in accessing services;
- Communicate directly with service providers and other duty bearers (where safe and appropriate to do so) regarding their safety needs; and
- Engage in joint problem solving and decision-making regarding safety and protection.

Sources of information:

- Girls and women who regularly use the area that is being assessed
- Service providers and decision-makers

Additional information: The safety walk should take approximately three hours. If the area to be covered is too large to cover in this time, consider dividing it up into smaller areas and having more than one team work at the same time in different parts of the camp or community.

A safety walk can also be conducted to assess one route and amenity, such as a market, school or WASH facility.

Where safe to do so, obtain visual records of unsafe areas/facilities to use when explaining the problem to others – for example, in a community safety planning workshop.

More time will need to be allocated when working with women with disabilities, elderly women and any group where the members speak a variety of languages.

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

Step 1
Plan the safety walk

1.1 Identify the purpose of and route for the safety walk. The route should be decided with girls and women from the community and should include areas they have identified as unsafe during focus groups, during key informant interviews or through other means. These could be areas where incidents of sexual harassment or assault have taken place, areas that women avoid, and other areas that are considered risky or dangerous.

The size and number of areas chosen for assessment will determine how many teams will be needed to conduct the walk. For example:

- If the walk is focused on one location only, such as the school, only one team will be required.
- If the walk is assessing a whole camp or community, it will be necessary to recruit multiple teams based on the size of the area to be assessed.

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

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

Step 1
Plan the safety walk

(continued)

1.2 Identify 6–8 girls or women per team who regularly use the route and/or facilities that are going to be assessed. For example:

- If the purpose of the walk is to understand safety issues for girls travelling to and while at school, identify girls who attend that school.
- If the purpose of the walk is to understand safety issues associated with females' access to and use of WASH facilities, identify females of different ages to participate.

1.3 If the purpose of the safety walk is to inform duty bearers about safety issues and advocate for solutions to them, make sure one or two representatives from relevant authorities or agencies are present. For example, a safety audit of WASH facilities should include a representative from the authority managing the site or community and a representative from the agency responsible for WASH services.

1.4 Make sure each team is briefed on the purpose of the activity, the route and/or locations they will be visiting. Make a rough map of the route to be covered and explain the issues and the route to the group.

1.5 Make sure the team has a team leader or facilitator who will lead the process. Also, designate someone to take notes and to work with the team leader to consolidate the information.

Step 2
Conduct the safety walk

(2 hours)

2.1 As a group, follow the route identified and ask participants to identify locations where they have safety concerns and why. At each location identified by participants, stop and discuss why they feel unsafe in this area. The following questions may be helpful:

- *What is your first reaction to this place?*
- *What three words best describe this area?*
- *How well-lit is the area? Are there spaces which are poorly lit?* (Mark on the map where there is lighting and where it is dark.)
- *Does this make you feel safe/unsafe? Why?*
- *Are there a lot of people using this area?*
- *What are they doing (e.g., walking, working, or meeting)?*
- *Does this make you feel safe/unsafe? Why?*
- *Are there particular spaces where people could hide?*
- *Does this make you feel safe/unsafe? Why?*
- *Are there particular groups of people hanging around who make you feel unsafe? Who are they?*
- *What is their age and sex (e.g., groups of young men)?*
- *Why are they hanging around?*

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

Step 2
Conduct the safety walk
(continued)

- *Why do they make you feel unsafe? Why?*
- *Are community leaders/ authority figures present and visible in the area?*
- *Does this make you feel safe/unsafe? Why?*
- *Would you know where to go for help?*
- *Are there any other things about this space that make you feel unsafe?*

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

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

Step 3
Debrief and identify next steps
(1 hour)

3.1 Immediately after the walk, hold a short meeting to debrief the team. Facilitate a discussion on:

- What participants observed during the walk;
- Key safety concerns identified;
- Possible solutions to the problems; and
- Next steps. For example, if representatives from authorities and service providers are present, identify what actions and follow-up they will take and by when to implement solutions.

3.2 Document the issues and next steps, and use the information to inform:

- Community safety planning;
- Advocacy with duty bearers and other actors/sectors; and
- UNICEF and partner programming.

Part B: Tips for Conducting a Safety Walk

What to take

- Paper and pen/pencils
- Maps
- Red, orange and green stickers to mark safe/unsafe areas on map
- Camera/video camera
- Voice recording device, if appropriate

Tips for facilitators

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

GBV Risk and Safety Observation Guide

Purpose: To assist in the collection and recording of observations related to girls' and women's safety and security in a camp or community, in order to help build an understanding of the GBV situation. The tool may be used in one of two ways:

- To triangulate information generated through other rapid assessment activities – for example, to complement information collected in focus group discussions and key informant interviews; or
- As a primary information collection method in insecure environments where asking community members questions about the GBV situation might put them at risk – for example, in settings where there is a military presence within a camp or community.

Sources of information: Assessment team observations

Additional information: In insecure situations – for example, where it may not be safe to spend extended periods of time or where being seen collecting information about sensitive issues may put community members at risk of reprisal – it may be more appropriate to complete the form as soon as possible after leaving the camp or community rather than during the site visit.

GBV Risk and Safety Observation Checklist

Issue	Things to consider	Observation	Follow-up
Signs of military presence or activity	Presence of: ◯ Government forces ◯ Other armed group ◯ Peacekeepers		
Freedom of movement for girls and women in public spaces	• Are girls and women seen in different public places? • How do they appear to be behaving?		

Issue	Things to consider	Observation	Follow-up
Visibility of different groups in public spaces	Presence of: ◯ Girls ◯ Adolescent girls ◯ Women of reproductive age ◯ Older women		
What women are seen doing	• Walking slowly or quickly? • Talking with others? • Carrying out chores?		
What girls are seen doing	• Walking slowly or quickly? • Talking with others? • Carrying out chores?		

Issue	Things to consider	Observation	Follow-up
In and around the school	• Are girl children present? • Are adolescent girls present? • Are they moving freely?		
Latrines	• Are men's and women's latrines separated? • Are latrines private? • Are latrines secure? • Are groups of people hanging around? • Are there places for people to hide?		
Other WASH facilities	• Are men's and women's facilities separated? • Are facilities private? • Are facilities secure? • Are groups of people hanging around? • Are there places for people to hide?		

Issue	Things to consider	Observation	Follow-up
Water points	• Are women moving freely to and from water points? • Do they appear tense? • Is the route busy?		
Distribution points	• Are women moving freely to and from distribution points? • Do they appear tense? • Is the route busy? • Are women involved in distribution?		
Other			

Community Safety Planning Guide

Purpose: To bring community stakeholders together to analyse and discuss gaps in safety and accountability identified through the rapid assessment, and to strategize how to enhance the safety of girls and women and develop safety action plans. Participatory safety planning helps to:

- Mobilize affected communities to improve girls' and women's safety and protection from GBV;
- Strengthen the capacities of rights holders to make their claims;
- Strengthen the capacities of duty bearers to meet their obligations toward the protection of emergency-affected populations; and
- Promote girls' and women's voices, visibility and agency in humanitarian relief planning and management.

Sources of information:

- Community leaders, including religious and traditional leaders
- CBOs and representatives of children and youth organizations, etc.
- Local authorities and camp management agencies
- Service providers from WASH, food and nutrition, health, education, etc.
- Peacekeepers, if relevant and appropriate

Additional information: *Section 1: Community-Based Safety Planning and Action* in **Kit 3.2: Programming – Building Girls' and Women's Safety and Resilience** contains more information on community safety planning. It may be helpful to review this information prior to conducting a community safety planning workshop.

The timeframe provided here is simply a suggestion; more time may be needed, particularly if it is a large community and if community consultation meetings will be of help prior to the planning workshop.

Make sure the team is aware of resources that UNICEF can contribute toward implementing community safety plans.

Part A: Steps in Community Safety Planning

Step 1 Preparation

1.1 Identify approximately 30 stakeholders to participate in a community safety planning workshop. The following actors should be considered:

- Female representatives from different demographic and social groups (e.g., different ages, abilities, ethnicities, etc.)
- Community leaders, including religious and traditional leaders
- CBOs and representatives of children's and youth organizations, etc.
- Local authorities and camp management agencies
- Service providers from WASH, food and nutrition, health, education, etc.
- Peacekeepers (if relevant and appropriate)

Part A: Steps in Community Safety Planning (continued)

Step 1 Preparation (continued)

Note: In situations where the community is large, and having representation may not be possible in one workshop, consider:

- Holding planning workshops for different geographical areas of the camp/ community; and/or
- Holding consultation meetings with community members before the planning workshop to obtain the perspectives and input from a wide variety of girls, women and other community members. Participants may wish to nominate representatives to attend the planning workshop on their behalf.

1.2 Using information collected through the rapid assessment, develop a presentation on the following:

- Unsafe locations in and around the camp or community;
- Risks associated with shelter and site layout;
- Risks associated with access to and use of facilities and services;
- Risk related to accessing to basic resources such as food and fuel; and
- Potential solutions identified by community members for reducing risks and improving safety.

Step 2 Conduct an initial one-day planning workshop

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

2.2 Deliver a presentation on the rapid assessment findings. Where possible using visual aids such as photos, diagrams, maps, etc. Provide written information if stakeholders are literate and as long as it would not create safety risks for girls and women – for example, by detailing sensitive incidents such as conflict-related sexual violence, the public disclosure of which may could incur reprisal from perpetrators.

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

2.4 Break the large group into working groups of approximately five to six people each, and allocate each group an even number of safety problems identified. Where there are sector representatives present, make sure they are in the group addressing the problems associated with their sector.

2.5 Instruct each working group to:

- Discuss each issue/problem;
- Identify potential solutions to the problem and strategies for reducing risk and improving safety; and
- Identify the resources required to implement the solutions/strategies. Make sure each group considers existing resources and capacity from within the community, as well as external resources that may be required.

Part A: Steps in Community Safety Planning (continued)

Step 2
Conduct an initial one-day planning workshop

(continued)

Allow at least 30 minutes per issue/problem, and more time if needed. Provide information and ideas to the groups as they are discussing the problems, as well as strategies for addressing them. For example, where relevant, make sure the groups are aware of:

- Minimum actions as set out in the IASC GBV Guidelines;[1]
- Mandates of peacekeeping forces; and
- Examples of good practices from other settings.

2.6 Have each team provide a 10 minute report-back to the larger group on their solutions/strategies and obtain input from others, including additional suggestions and discussion on the feasibility of each solution.

2.7 Develop a **consolidated safety plan** for implementing these risk reduction strategies, identifying duties, responsibilities, timelines and resources required for each action. If the responsibility for an action lies with an actor not represented in the workshop, agree how the issue and recommendation will be communicated to them. For example, will the community directly advocate for action, or will UNICEF or partners advocate on their behalf?

2.8 Agree how the plan will be monitored to ensure strategies are implemented, risks are reduced, and girls and women feel safer.

Step 3
Immediately following the workshop

3.1 Document and distribute the plan to stakeholders.

3.2 Begin implementing actions immediately.

Step 4
Conduct a follow-up workshop

4.1 Invite participants to a half-day follow-up workshop 1-2 weeks after the initial workshop to review the action plan. Go through the plan action by action and identify:

- Whether the action has been implemented;
- Whether it has improved safety;
- Whether it requires adjustment; and
- Any further action needed, and by whom.

1 www.gbvguidelines.org

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

Name of camp/community:

Date(s) of assessment:

Completed by:

Problem/Issue	Actions	Resources	Person responsible

Section 4

Responding to GBV Survivors in Emergencies

GBV Health Response Audit Tool

Purpose: Use this tool to assess the status of healthcare programming for GBV survivors during the relevant phase of emergency response and to identify priority areas for action.

Health response audit 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 healthcare.	○	○	○	○	○
National health workers are trained in clinical management of rape for both child and adult survivors.	○	○	○	○	○
Essential drugs and equipment are stockpiled for clinical management of rape for both child and adult survivors of rape.	○	○	○	○	○
Mechanisms for coordinated service delivery in line with survivor-centred principles are in place.	○	○	○	○	○
Staff involved in health programming are trained on survivor-centred principles.	○	○	○	○	○
Adequate time has been allocated for participation of adult women and adolescent girls in health programme assessment, design and monitoring.	○	○	○	○	○
Assessment and monitoring tools are suitable for use with: • Adult women; and	○	○	○	○	○
• Adolescent girls.	○	○	○	○	○
Information has been obtained on mandatory reporting laws.	○	○	○	○	○
If there are mandatory reporting laws: • Staff have been trained on them.	○	○	○	○	○
• Procedure is in place for responding to mandatory reporting requirements while ensuring best interests of the child.	○	○	○	○	○

Health response audit rating (continued)

(1= not met, 5= fully met)	1	2	3	4	5
Safety and security risks associated with healthcare are identified and addressed, including: • Risks to health workers.	○	○	○	○	○
• Risks to children, adolescents and women accessing health services.	○	○	○	○	○
Immediate response					
Health providers are supported to deliver post-rape care.	○	○	○	○	○
Adequate supplies of essential drugs and equipment are procured and maintained for clinical management of rape for both child and adult survivors.	○	○	○	○	○
Technical support is provided for establishment of inter-agency referral system to link survivors with psychosocial, safety and legal support .	○	○	○	○	○
Health services are well-coordinated with other available services and assistance.	○	○	○	○	○
Different groups of survivors are catered for, including children.	○	○	○	○	○
Ongoing response and recovery					
National legislation and health policies and systems are audited to identify gaps in survivor-centred healthcare.	○	○	○	○	○
Technical support and funding are provided for GBV protocols to be developed and implemented within the national health system.	○	○	○	○	○
Technical support is provided for training of national health workforce in clinical management of rape and crisis care.	○	○	○	○	○
Clinical services and methods are of good quality and appropriate to the context and culture.	○	○	○	○	○
Clinical care is delivered by compassionate and skilled health workers.	○	○	○	○	○
Health workers are supervised and supported to prevent vicarious trauma.	○	○	○	○	○

Health response audit rating (continued)

(1= not met, 5= fully met)	1	2	3	4	5
Ongoing response and recovery (continued)					
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.).	◯	◯	◯	◯	◯
• Well-respected community members (e.g., elected officials, local authorities, teachers, traditional birth attendants, community elders, etc.).	◯	◯	◯	◯	◯
• Representatives from different ethnic, religious and socio-economic groups.	◯	◯	◯	◯	◯

Health Facility Readiness for Clinical Management of Rape Services Checklist

Purpose: This checklist can be used in an initial assessment and/or during ongoing monitoring of health facility capacity and readiness for delivering clinical management of rape survivor services. It may need to be adapted to the context as appropriate.[1]

Date:

Location:

Health facility:

Completed by:

	Available Yes	Available No	If not available, what are the plans?	Recommendation(s)
1. Protocol				
Written medical protocol in appropriate language	◯	◯		
2. Personnel				
Trained (local) healthcare professionals (on call 24 hours/day)	◯	◯		
Staff who have received training in clinical management of rape (number)	◯	◯		
For female survivors, a female healthcare provider speaking the same language is optimal. If this is not possible, a female health worker (or companion) should be in the room during the examination.	◯	◯		

1 This tool was developed by UNICEF South Sudan and will need to be reviewed and adapted as appropriate before being used in other contexts. Particular attention should be paid to ensure conformity with national essential drug lists and treatment protocols.

	Available Yes	Available No	If not available, what are the plans?	Recommendation(s)
3. Furniture/Setting				
Room (private, quiet, accessible, with access to a toilet or latrine)	◯	◯		
Examination table	◯	◯		
Light, preferably fixed (a torch may be threatening for children)	◯	◯		
Access to an autoclave to sterilize equipment	◯	◯		
Weighing scale and height chart for children	◯	◯		
Others, specify:	◯	◯		
4. Supplies				
'Rape Kit' for collection of forensic evidence; could include:				
• Speculum (preferably plastic, disposable, only adult sizes)	◯	◯		
• Tape measure for measuring the size of bruises, lacerations, etc.	◯	◯		
• Paper bags for collection of evidence	◯	◯		

	Available Yes	Available No	If not available, what are the plans?	Recommendation(s)
4. Supplies (continued)				
'Rape Kit' for collection of forensic evidence (continued)				
• Paper tape for sealing and labeling containers/bags	○	○		
• Supplies for universal precautions (gloves, box for safe disposal of contaminated and sharp materials, soap)	○	○		
• Resuscitation equipment	○	○		
• Sterile medical instruments (kit) for repair of tears, and suture material	○	○		
• Needles, syringes	○	○		
• Cover (gown, cloth, sheet) to cover the survivor during the examination	○	○		
• Sanitary supplies (pads or local cloths)	○	○		
• Pregnancy tests	○	○		
• Pregnancy calculator disk to deter-mine the number of weeks of a pregnancy	○	○		

	Available Yes	Available No	If not available, what are the plans?	Recommendation(s)
5. Drugs				
For prevention of HIV/AIDs transmission (first option)				
• Zidovudine (AZT) 300mg/ Lamivudine (3TC) 150 mg (combined pill)	◯	◯		
For prevention of HIV/AIDs transmission (second option) * **Note:** Both drugs are needed if combined pills are not available.				
• Zidovudine (AZT) 100mg*	◯	◯		
• Lamivudine (3TC) 150mg*	◯	◯		
For prevention of pregnancy (first option)				
• Levonorgestrel 1.5 mg (norlevo)	◯	◯		
For prevention of pregnancy (second option) * **Note:** These options work only if a family planning programme is there and a trained professional is available to insert IUD, specifically for survivors coming within 7 days; it cannot be helped with ECP, e.g. 6th and 7th day after a rape.				
• Progesteron only pills ('mini pills')	◯	◯		
• Combined oral contraceptive pills*	◯	◯		
• IUD	◯	◯		

	Available Yes	Available No	If not available, what are the plans?	Recommendation(s)
5. Drugs (continued)				
For treatment of STIs (first option)				
• Azithromycin 250mg f/c (blister)	○	○		
• Azithromycin dihydrate 200mg base/5ml suspension, 15ml	○	○		
• Cefixime 200 mg f/c (blister)	○	○		
• Cefixime 100 mg/5ml powder for suspension, 30ml	○	○		
For treatment of STIs (other option)				
• Ciprofloxacin 500 mg stat	○	○		
• Togamicine 1gm stat	○	○		
• Doxycycline 100 mg	○	○		

	Available Yes	Available No	If not available, what are the plans?	Recommendation(s)
6. Administrative supplies				
Medical chart with pictograms	◯	◯		
Forms for recording post-rape care	◯	◯		
Medical examination form for police for potential evidence collection	◯	◯		
Referral forms	◯	◯		
Consent forms	◯	◯		
Information pamphlets for post-rape care (for survivors and their parents/ caregivers)	◯	◯		
Safe, locked filing space to keep records confidential	◯	◯		

Healthcare
Tool 3

Client Satisfaction Survey

Purpose: To help monitor the quality of survivor-centred health service delivery of sexual violence.

Part A: Information About Assessing Client Satisfaction[1]

Overview of the survey

The client satisfaction questionnaire is a client exit survey designed to assess the level of satisfaction survivors of sexual violence feel with the health services they have received.

The survey aims to help healthcare services identify areas for improvement in their service provision and to monitor progress toward that improvement.

Before using the questionnaire, you will need to go through the survey with representatives from women's groups, children's groups and other organizations representing survivors to make sure the questions are appropriate for your context and to see if anything needs to be added.

The questionnaire is organized around five key areas in the provision of services to survivors of sexual violence: (1) accessibility of services, (2) confidentiality of services, (3) options available, (4) friendliness of staff and (5) friendliness of the centre/services.

How to use the survey

The questionnaire should be administered to clients after they have received healthcare services.

The questionnaire can be filled out by clients themselves (if they can read and write) or through an interview. Make sure you protect the client's privacy by providing a private space where survivors can fill out the form or be interviewed. Ensure to use interviewers who the community thinks are appropriate and who have not been involved in delivering services.

The exit survey can be implemented as a baseline to identify any areas that need strengthening in the provision of services. It should then be used to assess whether changes that have been made are leading to increased client satisfaction.

How to analyse the survey

A response of 'yes' indicates that a survivor is satisfied with the specific item, while a response of 'no' indicates dissatisfaction with that item. To calculate the percentage of satisfied clients for each question, count the total number of 'yes' responses, divide by the total number of responses, and multiply by 100 [% = (# of 'yes' responses ÷ # of total responses) x 100].

In addition to analysing the level of client satisfaction for each question, a percentage can be calculated for the average level of satisfaction in each of the five key areas, as well as an average for overall satisfaction with the services.

Questions with fewer than 80 per cent satisfied respondents indicate the need for improvement. Action should be taken with service providers and representatives from women's and children's groups to address these areas.

If more information is needed to understand why clients are not satisfied with an item or to elicit their suggestions for improving that area, focus groups and interviews can be conducted.

1 Material adapted from: International Planned Parenthood Foundation, *Your Comments Count! Assessing the Youth-Friendliness of Services*, <https://www.ippfwhr.org/sites/default/files/Youth_friendly_EN.pdf>, accessed 6 March 2017.

Part B: Sample Questionnaire

Before we start, you need to know that this questionnaire is voluntary and confidential. You do not have to take this questionnaire, and your identity will never be revealed. Its purpose is to collect information about health services, to help make improvements in the quality of care that survivors of receive.

Facility:

Date:

Questionnaire administered by:

About you

If you are a client:

Sex

- ◯ Female
- ◯ Male

Age

- ◯ I am 15–19 years old
- ◯ I am 20–24 years old
- ◯ I am 25–49 years old
- ◯ I am 50 years or older

Or if you are a caregiver or guardian of a minor or someone in your care:

Sex of child/person in my care

- ◯ Female
- ◯ Male

Age of child/person in my care

- ◯ The child is 0–5 years old
- ◯ The child is 6–12 years old
- ◯ The child is 13–18 years old
- ◯ The person in my care is over 18 years old

1. Did you/your child receive health services?

- ◯ Yes – Continue the interview
- ◯ No – Do not continue the interview

2. Was the service easy to find?

- ◯ Yes ◯ No
- ◯ Not applicable

3. Did you have to pay for the service?

- ◯ Yes ◯ No
- ◯ Not applicable

4. Did you receive information about what services were available and what your options were?

- ◯ Yes ◯ No

5. Is this facility open at times you could attend (i.e., before and after school, in the evenings or on weekends)?

- ◯ Yes ◯ No

Part B: Sample Questionnaire (continued)

About the options

6. Was there a same-sex staff member to examine you or accompany you during the examination?

- ◯ Yes
- ◯ No

7. Could you choose to have a support person with you?

- ◯ Yes
- ◯ No
- ◯ Not applicable

8. Were you given enough information about the treatment you received?

- ◯ Yes
- ◯ No
- ◯ Not applicable

9. Were you referred to another place if a service could not be provided?

- ◯ Yes
- ◯ No
- ◯ Not applicable

About confidentiality

10. Could you get the help you needed without drawing unwanted attention to yourself?

- ◯ Yes
- ◯ No
- ◯ Not applicable

11. Did the staff respect confidentiality and privacy? Were they trustworthy?

- ◯ Yes
- ◯ No

12. Were you examined/interviewed in private without being overheard?

- ◯ Yes
- ◯ No
- ◯ Not applicable

About the staff

13. Was the staff friendly?

- ◯ Yes
- ◯ No
- ◯ Somewhat

14. Was the staff open-minded and non-judgemental?

- ◯ Yes
- ◯ No
- ◯ Somewhat

15. Did the staff use language you could understand?

- ◯ Yes
- ◯ No
- ◯ Somewhat

16. Did the staff let you express your problems and needs in your own words?

- ◯ Yes
- ◯ No

17. Would you recommend to a friend that they come here for healthcare if they have experienced sexual violence?

- ◯ Yes
- ◯ No

18. Was there anything that made it difficult for you to get medical care, or are there any improvements that you can suggest?

Health Service Monitoring Sheet

Purpose: To help monitor the quality of survivor-centred health service delivery for survivors.

Section 1 – General information		
Date of visit (DD/MM/YY)	**Name of monitor**	
Province/State	**District**	**Sub-District**
Town/Village/Camp	**Neighbourhood**	**Name of health provider**
Name of facility	**Type of facility** ◯ Static health facility ◯ Mobile health service	

Key informant information

Name	Sex M/F	Position/Role	Phone number

Section 2 – Observation	Yes	No
The purpose of this section is to observe whether the health service meets standards		
1. Is there a quiet/private place where rape survivors can wait prior to being seen by a health worker?	◯	◯
2. Is there a private room available for medical examination and treatment of sexual violence (SV) survivors?	◯	◯
3. Are there written protocols for clinical management of adult SV survivors?	◯	◯
4. Are there written protocols for clinical management of child SV survivors?	◯	◯
5. Are there adequate equipment and supplies, including drugs, for treatment of adult survivors?	◯	◯
6. Are there adequate equipment and supplies, including drugs, for treatment of child survivors?	◯	◯

Section 2 – Observation (continued)	Yes	No
7. Is sexual violence data collected and analysed?	◯	◯
8. Are patient records/case files stored securely?	◯	◯
9. Is patient consent sought for treatment and referral?	◯	◯
10. Is the facility a friendly and accessible environment for particularly at-risk populations, including people with disabilities, children born of rape, children recruited and used by armed groups, etc.?	◯	◯

11. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions:

_____

_____

_____

Section 3 – Review of records and key informant interviews	Yes	No
Key informants for this section will most likely be health facility staff who are on site and implementing the GBV services.		
1. Are health services free?	◯	◯
2. Can survivors access healthcare without first going to police or other authorities?	◯	◯
3. Are female health workers available to examine and treat rape survivors?	◯	◯
4. If female health workers are not available, is a trained female staff member (e.g., nurse) available to be present during an examination by a male health worker?	◯	◯
5. Are translators available for clients who speak other languages?	◯	◯
6. Are support persons allowed to accompany child survivors during examination?	◯	◯
7. Are support persons allowed to accompany adult survivors during examination?	◯	◯
8. Are support persons allowed to accompany survivors with disabilities if requested?	◯	◯
9. Are health workers trained on clinical management of rape?	◯	◯

Section 3 – Review of records and key informant interviews (continued)	Yes	No
10. Are health workers trained to provide basic crisis support?	◯	◯
11. Are health workers trained to give information and make referrals for safety or psychosocial support if necessary?	◯	◯
12. Are health workers trained on survivor-centred principles of safety, confidentiality, self-determination and non-discrimination?	◯	◯
13. Is there a referral pathway and system in place? Are referrals made?	◯	◯
14. Are other health facility staff (e.g., nurses, administrative staff) trained on GBV?	◯	◯
15. Is ongoing training provided/planned?	◯	◯
16. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions: _____ _____ _____		

17. Services offered and % of eligible clients receiving services

Services	Yes	No	% of eligible child survivors receiving service in last month	% of eligible adult survivors receiving service in last month
Wound care	◯	◯		
STI preventive treatment	◯	◯		
STI treatment	◯	◯		
Pregnancy testing	◯	◯		
Emergency contraceptive	◯	◯		
HIV PEP	◯	◯		

17. Services offered and % of eligible clients receiving services (continued)

Services	Yes	No	% of eligible child survivors receiving service in last month	% of eligible adult survivors receiving service in last month
HIV VCT	◯	◯		
Crisis support	◯	◯		
Community outreach	◯	◯		
Forensic health services	◯	◯		
Mental health evaluation and care	◯	◯		

18. Equipment and supplies received

Supplies	Date last received (if never received, put N/A)	Organization	If UNICEF, describe any issues with quality, relevance and/or use
Medical equipment and supplies			
Drugs			

19. Do referral pathways exist for the following services? **If yes,** # of referrals made in last month: _____

Services	Yes	No	% of eligible child survivors referred in last month	% of eligible adult survivors referred in last month
Other healthcare (e.g., RH, fistula management)	◯	◯		
Case management	◯	◯		
Psychosocial assessment and support	◯	◯		
Safety services	◯	◯		
Other social welfare services (e.g., child protection)	◯	◯		
Police	◯	◯		
Legal services	◯	◯		
Other	◯	◯		

Section 4 – End user monitoring: review of client satisfaction surveys and/or focus group discussions/key informant interviews

The purpose of this section is to obtain survivor and/or community feedback on health services and any improvements that should be made.

Where client satisfaction surveys have been administered, review as many as possible to identify any trends in the responses. Document key strengths and concerns.

When conducting interviews or focus group discussions, it is important to conduct at least three interviews or two group discussions based on the questions below. At least one of each should be with adolescent girls/younger women. Be sure to move to a quiet space for the discussions. Partner staff should not be present for the discussions to ensure participants can speak freely about the service.

# of interviews/discussions _____

	Number	Age(s)	Sex of informant/ participants
Individual informant or group 1 participant profile			
Individual informant or group 2 participant profile			
Individual informant or group 3 participant profile			

Questions

1. Are community members aware of GBV services at the health facility?
2. Why do you think survivors access the health services?
3. Why do you think survivors *do not* access the health services?
4. Do you believe health workers provide non-judgemental and compassionate help for survivors?
5. Do you believe health workers keep survivors' details and information private and confidential?
6. Are there any individuals/families/groups within the community who would find it harder to use the health service if they were raped? *Probe specifically: age groups; religious/ethnic groups; children or women with disabilities; children/families away from centre of community; poorest families (who they are); displaced people vs. host families; LBTI girls and women; etc.*
7. Do you have any ideas on how this could be addressed?
8. If you have seen information or awareness messages about healthcare for GBV, what are the main messages you recall?

Psychosocial Response Audit Tool

Purpose: Use this tool to assess the status of psychosocial programming for GBV survivors during the relevant phase of emergency response, and to identify priority areas for action.

Psychosocial response audit 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.	○	○	○	○	○
Social service and community workers are trained in crisis care, case management and culturally appropriate psychosocial support.	○	○	○	○	○
Specialized mental health services are advocated for, including psychological or psychiatric evaluation, treatment and care.	○	○	○	○	○
Community education is delivered to promote help-seeking and promote community compassion and acceptance of GBV survivors.	○	○	○	○	○
Safety and security risks associated with psychosocial care have been identified and addressed, including: • Risks to psychosocial staff and volunteers.	○	○	○	○	○
• Risks to children, adolescents and women accessing psychosocial services.	○	○	○	○	○
Assessment and monitoring tools are suitable for use with: • Adult women; and	○	○	○	○	○
• Adolescent girls.	○	○	○	○	○
Psychosocial staff and volunteers are trained on guiding principles for survivor-centred care.	○	○	○	○	○
Adequate time has been allocated for participation of adult women and adolescent girls in psychosocial programme assessment, design and monitoring.	○	○	○	○	○
Immediate response					
Safe spaces are established for children and women to seek help and receive information, advocacy and referral for healthcare, safety options and meeting basic needs.	○	○	○	○	○

Psychosocial response audit rating (continued)

(1= not met, 5= fully met)	1	2	3	4	5
Immediate response (continued)					
Social workers and volunteers are trained in crisis support for survivors of recent sexual assault or other traumatic GBV incidents.	○	○	○	○	○
Technical support is provided for establishment of inter-agency referral system to link survivors with health, safety and legal support.	○	○	○	○	○
Community sensitization on sexual violence consequences and services is delivered to promote help-seeking and promote community compassion and acceptance of those affected.	○	○	○	○	○
Psychosocial healing activities, such as traditional cleansing ceremonies, do not cause further harm to survivors.	○	○	○	○	○
The needs of different groups of survivors are catered for, including children and adolescents.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○
Community education campaigns are conducted to reduce stigma attached to GBV and to promote social acceptance of and support for survivors.	○	○	○	○	○
Tailored psychosocial care services are developed for specific populations, such as women and their children born of rape, children recruited and used by armed groups, etc.	○	○	○	○	○
Relevant government and non-government mental health and social service partners have been involved in psychosocial programme assessment and design.	○	○	○	○	○
Psychosocial activities are of good quality and are appropriate to the context and culture.	○	○	○	○	○
Psychosocial services are well-coordinated with other services and assistance.	○	○	○	○	○
Psychosocial workers receive supervision to monitor their practice.	○	○	○	○	○

Client Satisfaction Survey

Purpose: To monitor the quality of psychosocial service delivery for GBV survivors.

Part A: Information About Assessing Client Satisfaction[1]

Overview of the survey

The client satisfaction questionnaire is a client exit survey designed to assess the level of satisfaction survivors feel with the psychosocial services they have received.

The survey aims to help identify areas for improvement in their service provision to GBV survivors and to monitor progress toward that improvement.

Before using the questionnaire, you will need to go through the survey with representatives from women's groups, children's groups and organizations representing survivors to make sure the questions are appropriate for your context and to see if anything needs to be added

The questionnaire is organized around five key areas in the provision of services to survivors: (1) accessibility of services, (2) confidentiality of services, (3) options available, (4) friendliness of staff and (5) friendliness of the centre/services.

How to use the survey

The questionnaire should be administered to clients after they have received services.

The questionnaire can be filled out by clients themselves (if they are able to read and write) or through an interview. Make sure you protect the client's privacy by providing a private space where survivors can fill out the form or be interviewed. Ensure to use interviewers who the community thinks are appropriate and who have not been involved in delivering services.

The exit survey can be implemented as a baseline to identify any areas that need strengthening in the provision of services. It should then be used to assess whether changes that have been made are leading to increased client satisfaction.

How to analyse the survey

A response of 'yes' indicates that a survivor is satisfied with the specific item, while a response of 'no' indicates dissatisfaction with that item. To calculate the percentage of satisfied clients for each question, count the total number of 'yes' responses, divide by the total number of responses and multiply by 100 [% = (# of 'yes' responses ÷ # of total responses) * 100].

In addition to analysing the level of client satisfaction for each question, a percentage can be calculated for the average level of satisfaction in each of the five key areas, as well as an average for overall satisfaction with the services.

Questions with fewer than 80 per cent satisfied respondents indicate the need for improvement. Action should be taken with service providers and representatives from women's and children's groups to address these areas.

If more information is needed to understand why clients are not satisfied with an item or to elicit their suggestions for improving that area, focus groups and interviews can be conducted.

1 Material adapted from: International Planned Parenthood Foundation, *Your Comments Count! Assessing the Youth-Friendliness of Services,* <https://www.ippfwhr.org/sites/default/files/Youth_friendly_EN.pdf>, accessed 6 March 2017.

Part B: Sample Questionnaire

Before we start, you need to know that this questionnaire is voluntary and confidential. You do not have to take this questionnaire, and your identity will never be revealed. Its purpose is to collect information about psychosocial services in order to help make improvements in the quality of care that survivors receive.

Service:

Date:

Questionnaire administered by:

About you

If you are a client:

Sex

- ◯ Female
- ◯ Male

Age

- ◯ I am 15–19 years old
- ◯ I am 20–24 years old
- ◯ I am 25–49 years old
- ◯ I am 50 years or older

Or if you are a caregiver or guardian of a minor or someone in your care:

Sex of child/person in my care

- ◯ Female
- ◯ Male

Age of child/person in my care

- ◯ The child is 0–5 years old
- ◯ The child is 6–12 years old
- ◯ The child is 13–18 years old
- ◯ The person in my care is over 18 years old

1. Did you/your child receive help today?

- ◯ Yes – Continue the interview
- ◯ No – Do not continue the interview

2. Was the service easy to find?

- ◯ Yes ◯ No
- ◯ Not applicable

3. Did you have to pay for the service?

- ◯ Yes ◯ No
- ◯ Not applicable

4. Did you receive information about what services were available and what your options were?

- ◯ Yes ◯ No

5. Is this facility open at times you could attend (i.e., before and after school, in the evenings or on weekends)?

- ◯ Yes ◯ No

Part B: Sample Questionnaire (continued)

About the options

6. Was there a same-sex staff to help you?

- ◯ Yes
- ◯ No

7. Could you choose to have a support person with you?

- ◯ Yes
- ◯ No
- ◯ Not applicable

8. Were you given enough information about what your options were?

- ◯ Yes
- ◯ No

9. Were you referred to another place if a service could not be provided here?

- ◯ Yes
- ◯ No
- ◯ Not applicable

About confidentiality

10. Could you get the help you needed without drawing unwanted attention to yourself?

- ◯ Yes
- ◯ No
- ◯ Not applicable

11. Did the staff respect confidentiality and privacy? Were they trustworthy?

- ◯ Yes
- ◯ No

12. Were you examined/interviewed in private without being overheard?

- ◯ Yes
- ◯ No
- ◯ Not applicable

About the staff

13. Was the staff friendly?

- ◯ Yes
- ◯ No
- ◯ Somewhat

14. Was the staff open-minded and non-judgemental?

- ◯ Yes
- ◯ No
- ◯ Somewhat

15. Did the staff use language you could understand?

- ◯ Yes
- ◯ No
- ◯ Somewhat

16. Did the staff let you express your problems and needs in your own words?

- ◯ Yes
- ◯ No

17. Would you recommend to a friend that they come here for help if they have experienced GBV?

- ◯ Yes
- ◯ No

18. Are there any improvements that you can suggest?

Psychosocial Service Monitoring Sheet

Purpose: To help monitor the quality of psychosocial service delivery for GBV survivors.

Section 1 – General information		
Date of visit (DD/MM/YY)	**Name of monitor**	
Province/State	**District**	**Sub-District**
Town/Village/Camp	**Neighbourhood**	
Agency/Organization	**Type of facility** ◯ Static/fixed PSS service/ centre ◯ Mobile PSS service	

Key informant information

Name	Sex M/F	Position/Role	Phone number

Section 2 – Observation	Yes	No
The purpose of this section is to observe whether the service meets standards.		
1. Is there a quiet/private place where GBV survivors can wait prior to being seen by a case/support worker?	◯	◯
2. Is there a private room/space available for interviews/meetings with GBV survivors?	◯	◯
3. Are resources available to meet immediate basic needs of GBV survivors (e.g., clothing and food)?	◯	◯
4. Are resources available for implementing case management services?	◯	◯
5. Are there adequate and appropriate supplies for community outreach and education?	◯	◯

Section 2 – Observation (continued)	Yes	No
6. Are there adequate and appropriate equipment and supplies for running identified support activities (e.g., peer-support groups for adolescent survivors)?	○	○
7. Is GBV data collected and analysed?	○	○
8. Are GBV client records stored securely?	○	○
9. Is client consent sought for service provision and referral?	○	○
10. Is the service friendly and accessible for adolescent girls?	○	○
11. Is the service friendly and accessible for other marginalized groups (e.g., children born of rape, children recruited and used by armed groups, etc.)?	○	○

12. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions:

_____

_____

_____

Section 3 – Review of records and key informant interviews	Yes	No
Key informants for this section will most likely be NGO partner staff who are on site and implementing the psychosocial support services.		
1. Are staff/volunteers trained on a survivor-centred approach and principles?	○	○
2. Are female staff/volunteers available to interview/work with GBV survivors?	○	○
3. Are staff/volunteers trained to interview/work with adult survivors?	○	○
4. Are staff/volunteers trained to interview/work with child survivors?	○	○
5. Are translators available and trained for clients who speak other languages?	○	○
6. Are support persons allowed to be present during interviews with survivors?	○	○
7. Are parents/carers allowed to accompany survivors with disabilities if requested?	○	○
8. Are staff/volunteers trained to provide basic crisis support?	○	○

Section 3 – Review of records and key informant interviews (continued)	Yes	No
9. Are staff/volunteers trained on giving information about GBV and making referrals for healthcare and immediate safety?	◯	◯
10. Is there a referral pathway and system in place?	◯	◯
11. Are staff/volunteers trained on case management?	◯	◯
12. Are staff/volunteers trained on providing information, education and support to caregivers of child survivors?	◯	◯
13. Are appropriate group activities offered (e.g., peer support, community reintegration, etc.)?	◯	◯
14. Does the service provide community outreach and education about GBV and available supports?	◯	◯
15. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions: _____ _____ _____		

16. Services offered and % of eligible clients receiving services

Services	Yes	No	% of eligible child survivors receiving service in last month	% of eligible adult survivors receiving service in last month
Material assistance	◯	◯		
Crisis support	◯	◯		
Other psychological services/ interventions	◯	◯		
Information and referral	◯	◯		
Case management	◯	◯		
Family education and outreach	◯	◯		

16. Services offered and % of eligible clients receiving services (continued)

Services	Yes	No	% of eligible child survivors receiving service in last month	% of eligible adult survivors receiving service in last month
Peer/social support activities	◯	◯		
Economic support activities	◯	◯		
Other psychosocial support activities	◯	◯		

17. Equipment and supplies received

Supplies	Date last received (if never received, put N/A)	Organization	If UNICEF, describe any issues with quality, relevance and/or use

18. Do referral pathways exist for the following services? **If yes,** # of referrals made in last month: _____

Services	Yes	No	% of eligible child survivors referred in last month	% of eligible adult survivors referred in last month
Post-rape medical examination and treatment	◯	◯		
Other medical care (e.g., RH, fistula repair)	◯	◯		
Safety services	◯	◯		
Other social services (e.g., child protection)	◯	◯		
Police	◯	◯		
Legal services	◯	◯		
Other	◯	◯		

Section 4 – End user monitoring: review of client satisfaction surveys and/or focus group discussions/key informant interviews

The purpose of this section is to obtain survivor and/or community feedback on psychosocial support services and any improvements that should be made.

Where client satisfaction surveys have been administered, review as many as possible to identify any trends in the responses. Document key strengths and concerns.

When conducting interviews or focus group discussions, it is important to conduct at least three interviews or two group discussions based on the questions below. At least one of each should be with adolescent girls/younger women. Be sure to move to a quieter space for the discussions. Partner staff should not be present for the discussions to ensure participants can speak freely about the service.

# of interviews/discussions _____

	Number	Age(s)	Sex of informant/ participants
Individual informant or group 1 participant profile			
Individual informant or group 2 participant profile			
Individual informant or group 3 participant profile			

Questions

1. Why do you think GBV survivors access psychosocial support at this service?
2. Why do you think GBV survivors do not access psychosocial support at this service?
3. Do you believe support workers/volunteers at the service provide non-judgemental and compassionate help for GBV survivors?
4. Do you believe support workers/volunteers at the service keep details and information private and confidential?
5. Are there any individuals/families/groups within the community who would find it harder to use the GBV psychosocial support service? *Probe specifically: age groups; religious/ethnic groups; children or women with disabilities; children/families away from centre of community; poorest families (who are they); displaced people vs. host families; etc.*
6. Do you have any ideas on how this could be addressed?
7. If you have seen information or awareness messages about GBV support services, what are the main messages you recall?

GBV Survivor Safety Response Audit Tool

Purpose: Use this tool to assess the status of safety response programming for GBV survivors during the relevant phase of emergency response and to identify priority areas for safety programming .

Safety response audit rating

(1= not met, 5= fully met)	1	2	3	4	5
Preparedness					
National legislative and policy provisions are reviewed for safety and protection of at-risk child and adult survivors and their children, including criteria for placement of children.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
Development of national standards for safety services for child and adult survivors of GBV and their children is supported.	◯	◯	◯	◯	◯
Safety and security risks associated with safety and shelter services have been identified and addressed, including: • Risks to staff and volunteers.	◯	◯	◯	◯	◯
• Risks to children, adolescents and women accessing safety services.	◯	◯	◯	◯	◯
Adequate time and space has been allocated for participation of adult women and adolescent girls in safety service assessment, design and monitoring.	◯	◯	◯	◯	◯
Assessment and monitoring tools are suitable for use with: • Adult women; and	◯	◯	◯	◯	◯
• Adolescent girls.	◯	◯	◯	◯	◯
Relevant government and non-government partners have been involved in safety service assessment and design.	◯	◯	◯	◯	◯
Case work and safe house staff and volunteers are trained on guiding principles for survivor-centred care.	◯	◯	◯	◯	◯

Safety response audit rating (continued)

(1 = not met, 5 = fully met)	1	2	3	4	5
Immediate response					
Community-based actors are funded and trained to provide case management services and emergency accommodation for at-risk GBV survivors and their children.	○	○	○	○	○
Technical support is provided for development of safe shelter guidelines for child and adult survivors of GBV and their children.	○	○	○	○	○
Funding and technical support is provided for training and supervision of case workers and shelter workers.	○	○	○	○	○
Ongoing response and recovery					
Funding and technical support is provided for training and supervision of case workers and shelter workers.	○	○	○	○	○
Technical, management and functional capacity of national government and/or non-government partners to manage safe shelters is built and supported.	○	○	○	○	○
Training on case management for GBV survivors is provided for social workers, community and child protection workers and volunteers.	○	○	○	○	○
Survivor-centred care					
Safety services are of good quality and appropriate to the context and culture.	○	○	○	○	○
Safety services are well-coordinated with other services and assistance.	○	○	○	○	○
Case work and safe house staff and volunteers are trained on guiding principles of survivor-centred care.	○	○	○	○	○
Safety needs of different groups of survivors are catered for, including children and adolescents.	○	○	○	○	○
Case workers and safe house staff and volunteers receive supervision to monitor their practice.	○	○	○	○	○

Safety
Tool 2

Safe Shelter Policy and Procedures Template

Purpose: To provide guidance on developing a policies and procedures manual for safe shelters.

Part A: Guidance

What is a policies and procedures manual?

A *policy* is a guideline for action, and a *procedure* explains how the policy is put into practice. It is best to have policies and procedures agreed upon and written down so that management, staff and clients know what is expected, what to do and how to do it. This helps to minimize confusion and promote consistency in programming. A **shelter/safe house policy and procedures manual** details all of the policies and procedures for managing the service's operations. Having clear, agreed upon and written guidelines on service management and administration, safety and security, staffing, and service delivery helps to ensure consistent practice across the organization.

All staff should be familiar with policies and procedures and have access to a copy of the manual for consultation at all times. Staff should have initial training during induction; however, they will also require regular refresher trainings, particularly when policies and procedures are updated. Clients should be aware of the sections relevant to them.

Process for developing policies and procedures

Policies and procedures for shelter services should be developed in consultation with staff and survivor representatives. Where a service is already established, existing or past clients should be involved in shaping policies and procedures.

If a service is managed by a government agency or an NGO, the agency's human resources and financial management policies – such as staff recruitment, performance management, employment conditions, budgeting, accounting, etc. – should be used in the manual. However, in situations where a service is being set up and managed by an organization with no existing relevant policies, such as a women's group or community-based organization, clear policies on all of these issues will need to be developed. Where possible, human resource policies should be aligned with similar services in the community.

Don't forget to consider national legislation and policies, where appropriate. For example, services need to consider their responsibilities under labour laws, child protection laws and mandatory reporting laws.

This template offers a suggested framework for developing a policy and procedures manual for a shelter or safe house service. Not all sections may be relevant, and additional sections or information may be included.

In many cases, services may not have the time to develop comprehensive protocols immediately following a rapid-onset disaster. However, existing safe houses/shelter services could use this template to revise their policies and procedures during emergency preparedness or during ongoing response.

Part A: Guidance (continued)

Step 1	Use the template to create an outline of all of the policies and procedures to be included in the manual. Make sure all of the roles, responsibilities and tasks involved in managing the service and in service delivery are covered. Consult with staff and survivor representatives to ask if there is anything missing.
Step 2	Write an introduction that speaks directly to the people who will use the manual. Include a brief description of what is in the manual and the best way to use the manual.
Step 3	Delegate a senior person – or work as a team – to write a statement or description for each policy area and the details for each step. Make sure each step is clear and concise, while providing enough detail that anyone can follow the instructions.
Step 4	Consult with various relevant stakeholders on each section of the manual. It is helpful to hold a workshop or meeting with stakeholders where possible. Stakeholders will provide valuable feedback on whether the policies and procedures are clear and what, if anything, is missing.
Step 5	Revise the manual based on the feedback.
Step 6	Put all of the documents together in a binder or bound format with a table of contents, an introduction, policies and procedures, and all relevant forms. Make enough copies available for staff and volunteers.
Step 7	Decide the timeline for reviewing and updating policies and procedures. Annual reviews are recommended.

Part B: Sample Manual Outline

Sample shelter policy and procedures manual

The policies and procedures in this manual template have been separated into four sections:

1. Service management and adminstration
2. Safety and security
3. Staff management
4. Service delivery

1. Service management and administration

1.1 Service philosophy and mission statement
Describe the philosophy and purpose of the service.

1.2 Service objectives
Write clear objectives for the service.

1.3 Principles
List and describe the principles that underpin the service and service delivery, including:

- Confidentiality;
- Safety;
- Dignity and self-determination;
- Non-discrimination;
- Best interests of the child, including participation in decision-making; and
- Other relevant principles.

1.4 Target group
Describe clearly who can use the service/stay at the shelter, including:

- Age and demographic characteristics – e.g., single adult women, women and their children, married or unmarried adolescent girls, unaccompanied girls, etc.;
- Survivors of which forms of GBV – e.g., sexual assault, trafficking for sexual exploitation, intimate partner violence or other forms of domestic violence, girls escaping forced marriage, adolescents abandoned by their husbands and families, etc.; and/or
- Other.

1.5 Service access and priority
Describe how clients will be prioritized for services if there is a higher demand than capacity. For example, are there groups of clients with special needs (such as those from different cultural and linguistic backgrounds, clients with disabilities who will have priority access, etc.)?

Describe the process for referring clients to other services in situations where they cannot be accommodated, due to either not fitting the criteria or limited capacity.

1.6 Length of stay
Describe the length of time clients can remain at the shelter. For example:

- Emergency accommodation – 1 to 14 days
- Short-term accommodation – 2 weeks to 3 months
- Medium-term accommodation – 3 months to 6 months
- Long-term accommodation – 6 months plus

1.7 Services provided
Describe in detail what services are provided to which age groups – for example, accommodation; food; clothing and other non-food items (NFIs); safety planning; case management; counselling; referral; attendance and advocacy with health, legal, security and social welfare services; peer support groups; child care; economic and employment activities; formal and non-formal education; life skills; etc.

1.8 Governance structure
Provide details on how the service fits and is managed within a wider government or non-government agency. If it is an independent entity, provide details on the governance arrangements, such as management committee roles and responsibilities, finance management, legal compliance, planning, staff management, etc. Outline provisions for client representation within the governance structure, as well as complaints mechanisms for clients and staff for governance-related issues.

Part B: Sample Manual Outline (continued)

1.9 Staff structure
Provide a description of the staffing structure – use an organogram where possible to show staff relationships and reporting lines.

1.10 Document management

- Policy and procedures review and updating process
- Confidential and secure storage of client information
- Staff records
- Financial information
- Other administrative information

1.11 Rules and routines
List the shelter/safe house rules and what happens if clients do not abide by them. Rules should promote safety and empowerment of clients and staff. Rules might cover:

- The way clients are expected to behave toward other clients and staff;
- Upkeep, maintenance and use of facilities;
- Whether or not family and friends can visit and under what conditions;
- Responsibilities for caring for children; and
- Cleaning, cooking and any other routines at the safe house/shelter.

1.12 Coordination with other actors
Describe coordination arrangements with other relevant GBV response actors, including government and non-government health, psychosocial and social welfare agencies; security and law enforcement; education actors; and camp management, where relevant.

Describe coordination arrangements with other shelter/safe house/emergency accommodation services. In addition to meeting regularly, what are the processes for referral between services?

Note: *This section does not cover coordination on individual cases – see* ***4. Service delivery*** *for information on case coordination.*

2. Safety and security

2.1 Client and staff security
Describe all possible security threats to clients and staff at the shelter, as well as in the community. Detail protocols for staff and clients to prevent and respond to each identified threat. Consider threats from perpetrators, their supporters, family members, community members and survivors who self-harm. The specific security protocols will depend on the type of threat. Provide information on whether clients and staff are expected to keep the safe house location confidential. In some settings, it is almost impossible to keep the location of a safe house secret; however, in other settings, such as urban areas, it is possible and can be an important security measure for certain clients. In other settings, it may be the community that is providing security to the safe house, and therefore the community is very involved in selecting the location. The policy on whether the location of the safe house is publicized or not must be made in consultation with staff, survivor representatives and community representatives.

Include details of preventative security measures and building security, such as locks on doors and windows, fencing, watchmen, security guards, security patrols by police or community, etc. Include relationships with neighbours, who may help by reporting security concerns.

2.2 Managing critical incidents
Describe what action to take in the event of a security incident or breach, such as a break-in, verbal abuse, serious threat of harm to client or staff, assault, etc. Include contact details wherever possible. Describe the process for keeping a record of the incident.

2.3 Health and safety
Describe policies and procedures for managing the health and safety of clients and staff/volunteers, covering the following:

- General health and hygiene;
- Hand-washing;
- First aid and medical emergencies;
- Universal infection control and managing blood and body fluids;
- Accidents affecting staff;
- Accidents affecting clients;
- Safety of infants; and
- Other health and safety protocols.

Part B: Sample Manual Outline (continued)

2. Safety and security (continued)

2.4 Reporting safety and security problems
Describe the process for reporting incidents of violence, abuse or exploitation taking place against clients or staff in or outside of the shelter. Provide clear guidance on how and when staff volunteers and clients can report incidents.

3. Staff/volunteer management

3.1 Staff/volunteer recruitment policy and procedures
Describe policies and processes for recruiting staff and volunteers. Where relevant, this must be in line with organizational processes and local labour laws and policies.

3.2 Staff/volunteer remuneration and conditions
Describe policy and procedures for wages for staff or for reimbursing costs incurred by volunteers, where relevant. Describe relevant employment conditions, including hours of work and leave entitlements, in line with organizational and national labour laws and policies, where relevant.

3.3 Position descriptions
Insert staff and volunteer position descriptions.

3.4 Code of behaviour for staff/volunteers
Insert code of behaviour for staff/volunteers, and describe the process of training and staff agreement. Make sure to include prohibitions on violence, exploitation and abuse.

Describe action taken when the code of behaviour is breached.

3.5 Orienting new staff/volunteers
Describe the process for orienting new staff and volunteers to the organization's policies and procedures.

3.6 Staff training and development
Describe minimum initial training staff/volunteers require and how it will be delivered. For example, staff should have initial training to ensure they have relevant knowledge and competencies in:

- Understanding GBV;
- Consequences of GBV;
- Safety and security protocols;
- Managing difficult situations;
- Case management;
- Working with children; and
- Needs of different at-risk groups.

Describe how ongoing training and staff development will be provided; for example, consider on-the-job training and mentoring as well as classroom-style training.

3.7 Staff supervision
Describe how staff will be formally supervised and who will supervise them. Include different types of supervision, such as one-on-one supervision sessions with a supervisor, group supervision in team meetings, etc. Be clear about the responsibilities of all parties and the purpose of different forms of supervision (e.g., for support on complex cases, staff well-being and staff development).

3.8 Staff support
Describe additional action beyond supervision for providing staff support for stress management and emotional and psychological support – for example, peer support groups, social groups, work sports or other team-based recreational activities.

3.9 Exit procedures
Describe procedures for staff exit interviews, and attach exit interview form.

4. Service delivery

4.1 Rights and responsibilities of clients
Clearly explain the rights and responsibilities of clients. Some examples include:

- *You have the right to participate in decisions that affect you. You are responsible for your own decisions.*
- *You have the right to information about the rules and services. You are responsible to follow the rules.*
- *You have the right to privacy and confidentiality. You have a responsibility to respect the privacy and confidentiality of others.*

Part B: Sample Manual Outline (continued)

4. Service delivery (continued)

- *You have the right to dignity and respect. You have the responsibility to respect staff and other clients in the safe house/shelter.*
- *You have the right to be free from physical, sexual and emotional violence. You have the responsibility to help make the shelter a safe place for others.*

Describe how clients will be made aware of these rights and responsibilities.

4.2 Referral
Describe the process for receiving referrals. For example, will referrals only be accepted from particular agencies? Are self-referrals accepted?

4.3 Intake and assessment
Describe the intake and assessment processes, and attach relevant forms.

4.4 Case management and service provision
Describe case management roles and responsibilities, making sure to clarify who has primary responsibilty for case management when there are other organizations involved with a client (for example, a GBV or CP programme run by an NGO, a government child protection worker, etc.).

In situations where shelter staff/volunteers have responsibility for case management, detail the following and attach relevant forms:

- Developing a case plan or support plan;
- Case plan/support plan review;
- Coordination, referral and advocacy with other services;
- Role of shelter staff in liaising with clients' family;
- Exit planning;
- Aftercare and safety planning; and
- Termination of involvement.

Make sure the different processes are documented for adult women with and without children, as well as for adolescent girls under age 18 accompanied by their children, adolescent girls without children, younger unaccompanied girls, etc.

4.5 Working with young people and children
Include all relevant additional information about the service's role with children, including children who are unaccompanied and children of clients. Clarify issues such as:

- Child protection responsibilities and protocols;
- Mandatory reporting and other statutory child protection obligations;
- Relationship with child protection/welfare committees, government child protection agencies, etc;
- Children's access to education while at the shelter;
- Family liaisions; and
- Children's specific psychosocial needs and the role of shelter workers related to these needs.

4.6 Client complaints
Document the process for making and addressing client complaints.

Forms

1. Service management and administration

- Relevant employment/volunteer contract forms
- Visitor form
- Accident/incident form, including theft/fraud

2. Safety and security

- Security/critical incident report and follow-up form

3. Staff/volunteer management

- Relevant staff employment contracts
- Staff code of behaviour with signature form
- Staff training log
- Supervision checklist
- Staff exit questionnaire

4. Service delivery

- Intake and assessment forms
- Case plan form
- Case notes form
- Consent for release of information form
- Referral form
- Client complaint form
- Client exit questionnaire

Sample Shelter Worker Job Description

Purpose: To assist in the development of job descriptions for shelter workers.

Purpose of the position

Support workers ensure that culturally appropriate, effective services are provided to all clients living in the shelter.

In line with good practice principles for working with survivors of GBV, shelter support workers will:

- Ensure the safety of clients and other workers is maintained at all times;
- Promote and protect survivor-centred principles, beliefs and practices in all actions; and
- Ensure that shelter policy and procedures are followed at all times.

Duties

Service delivery

- Provide practical and emotional support to all clients and their children.
- Assist clients to identify their needs and goals and to develop/implement a case plan.
- Assist clients in achieving their goals, monitoring progress and reviewing case plans.
- Provide clients with information about and referrals to relevant agencies and services.
- Act as an advocate on behalf of clients with other services and stakeholders.
- Coordinate and facilitate group activities/support.
- Ensure smooth day-to-day running of the shelter.

Non-service delivery

- Maintain accurate records in relation to all aspects of the service, including case management plans.
- Represent the shelter positively at inter-agency/multidisciplinary forums as required, and liaise with other agencies.
- Participate in community education and awareness-raising.
- Attend and actively participate in regular staff meetings, supervision, training and staff development.
- Provide verbal and written reports as required.
- Maintain confidentiality and adhere to the shelter code of conduct at all times.
- Monitor stress and personal needs, and implement strategies to reduce stress.
- Actively participate in the maintenance of the shelter work environment, including administrative and physical aspects.

Safety
Tool 4

GBV Safety Service Monitoring Sheet

Purpose: To help monitor the quality of safety services for GBV survivors.

Section 1 – General information

Date of visit (DD/MM/YY)	Name of monitor

Province/State	District/Sub-District	Agency/Organization

Type of Service

- ◯ Community-based (e.g., family/kinship placement or community protection model)
- ◯ Alternative accommodation model (e.g., accommodation in other facility)
  - ◯ Safe house/shelter
  - ◯ Other alternative accommodation model

(Describe) _____

_____

- ◯ Short-term (0–4 weeks)
- ◯ Medium-term (1–6 months)
- ◯ Long-term (6 months+)

Key informant information

Name	Sex M/F	Position/Role	Phone number

Section 2 – Observation[1]	Yes	No
The purpose of this section is to observe whether the shelter/other safety service meets standards		
1. Are the living and sanitation facilities adequate (e.g., private, clean and secure)?	◯	◯
2. Does the shelter have essential equipment and supplies for meeting the basic needs of women and their children (e.g., food, clean water, material supplies for basic needs such as maintaining hygiene, toys for children, etc.)?	◯	◯

1 Note: It may not be appropriate to visit some shelters, especially if the location is not publicly known and the presence of UNICEF staff would draw attention to the facility. In such circumstances, observation will not be possible, and monitoring will need to focus on interviewing staff and volunteers involved in running/managing the service off-site.

Section 2 – Observation (continued)	Yes	No
3. Are there clear security protocols in place for managing client and staff safety?	◯	◯
4. Are there protocols in place for case management outlining roles and responsibilities of shelter/ safe house staff?	◯	◯
5. Are client records stored securely?	◯	◯
6. Is client consent sought for referral?	◯	◯
7. Is the facility appropriate for babies, infants and older children accompanying their mothers?	◯	◯
8. Is the facility friendly and accessible for adolescent girls?	◯	◯
9. Is the facility friendly and accessible for other marginalized groups, such as children born of rape, girls recruited and used by armed groups, etc.?	◯	◯
10. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions: _____ _____ _____		

Section 3 – Review of records and key informant interviews	Yes	No
Key informants for this section will most likely be NGO partner staff managing the safety service.		
1. Does the shelter have essential equipment and supplies for meeting the basic needs of women and their children (e.g., food, clean water, maintaining hygiene, toys for children, etc.)?	◯	◯
2. Are there clear security protocols in place for managing client and staff safety?	◯	◯
3. Are there safety/security concerns at the shelter?	◯	◯
4. Are there clear guidelines for how long clients can stay?	◯	◯
5. Are there clear guidelines and processes for monitoring and responding to the needs of child survivors, including issues such as family contact and access to education?	◯	◯
6. Are staff/volunteers trained on GBV, including survivor-centred principles?	◯	◯
7. Are staff/volunteers trained to work with adult survivors?	◯	◯

Section 3 – Review of records and key informant interviews (continued)	Yes	No
8. Are staff/volunteers trained to work with child survivors?	◯	◯
9. Are staff/volunteers provided with ongoing supervision/support?	◯	◯
10. Do clients have access to case management?	◯	◯
11. Are the clients' circumstances and needs regularly reviewed?	◯	◯
12. Is there a referral pathway and system in place?	◯	◯

13. Use this space to note additional relevant information or issues requiring follow-up regarding the above questions:

_____

_____

_____

14. Services offered and % of eligible clients receiving services

Services	Yes	No	% of eligible child survivors receiving service in last month	% of eligible adult survivors receiving service in last month
Material assistance	◯	◯		
Crisis support	◯	◯		
Information and referral	◯	◯		
Case management	◯	◯		
Peer/social support activities	◯	◯		
Economic support activities	◯	◯		
Other psychosocial support activities	◯	◯		

15. Equipment and supplies received

Supplies	Date last received (if never received, put N/A)	Organization	If UNICEF, describe any issues with quality, relevance and/or use

16. Do referral pathways exist for the following services? **If yes,** # of referrals made in last month: _____

Services	Yes	No	% of eligible child survivors referred in last month	% of eligible adult survivors referred in last month
GBV-related healthcare	◯	◯		
Other healthcare	◯	◯		
Psychosocial support	◯	◯		
Case management (when not offered here)	◯	◯		
Other social welfare services (e.g., child protection)	◯	◯		
Education	◯	◯		
Police	◯	◯		
Legal services	◯	◯		
Other	◯	◯		

Section 4 – End user monitoring

The purpose of this section is to get feedback from users on the safety service.

Where exit or client satisfaction surveys have been done, review as many as possible and make comments below regarding perceptions of service users about service quality and appropriateness. If no data exists, provide information and support to staff to implement a client feedback system to enable end-user monitoring in the future.

_____

_____

Section 5

Building Safety and Resilience

Community Safety Monitoring Sheet

Purpose: To help monitor the quality of community safety assessment and planning processes.

Section 1 – General information		
Date of visit (DD/MM/YY)	**Name of monitor**	
Province/State	**District**	**Sub-District**
Town/Village/Camp	**Neighbourhood**	
Name of partner organization	**Date safety audit completed**	

Key informant information

Name	Sex M/F	Position/Role	Phone number

Section 2 – Observation	Yes	No
The purpose of this section is to observe the actual safety plan and any outcomes/actions that are observable.		
1. Is there a written action plan?	◯	◯
2. Are the action points feasible?	◯	◯
3. Does it specify timelines, resources and responsibilities?	◯	◯
4. Is there evidence of implementation of actions that are observable (e.g., locks on latrines or community watch groups)?	◯	◯

5. Use this space to note additional relevant information or issues requiring follow-up regarding the previous questions:

Section 3 – Review of records and key informant interviews	Yes	No
Key informants for this section will most likely be NGO partner staff who are on-site and implementing the safety planning.		
1. Were multiple stakeholders (e.g., community representatives, CBOs, local leadership and humanitarian actors) involved in the safety audit and action planning process?	◯	◯
2. Were risks associated with safety planning considered before the safety audit and planning process started?	◯	◯
3. Were girls and women directly involved in the safety audit and action planning?	◯	◯
4. Were different groups and ages of girls and women involved in the safety audit and action planning (e.g., those with particular vulnerabilities and from different ethnic or religious groups)?	◯	◯
5. Was the involvement of girls and women done in a safe and ethical manner, taking into consideration the risks of their participation?	◯	◯
6. Were a variety of tools used to collect data and assess safety problems (such as observation, safety walks, focus group discussions, safety mapping, etc.)?	◯	◯
7. Are the action points in the safety plan realistic and achievable?	◯	◯
8. Have the action points been implemented?	◯	◯
9. Have there been any unintended consequences associated with the safety audit and planning process?	◯	◯
10. Has there been an improvement in areas of concern highlighted through the safety audit?	◯	◯
11. Are there actions UNICEF could take to assist with implementation of the safety action plans?	◯	◯

Community Safety Monitoring Sheet (continued)

Section 4 – End user monitoring: focus group discussions (FDGs)

The purpose of this section is to get feedback on the safety planning process and to monitor perceived changes in safety.

# of interviews/discussions _____

When conducting FGDs, it is important to conduct at least two group discussions based on the questions below. At least one of each should be with adolescent girls/younger women. Be sure to move to a quieter space for the discussion.

	Number	Age(s)	Sex of participants
Group 1 participant profile			
Group 2 participant profile			
Group 3 participant profile			

Questions

1. Were girls and women involved in the community safety audit and planning?
2. Were there any individuals or groups of girls/women within the community who should have been involved in the safety audit and planning but were not? *Probe specifically: age groups; religious/ethnic groups; children or women with disabilities; children/families away from centre of community; poorest families (who are they); displaced people vs. host families; etc.*
3. Do you have any ideas on how this could be addressed next time?
4. Are you aware of changes/actions that have occurred as a result of the safety plans to improve safety?
5. Do you think the community/camp is safer for girls and women as a result of the community safety planning? Why or why not?
6. Do you personally feel safer as a result of the community safety planning? Why or why not?
7. Do you have any comments on additional actions that could be taken to help girls/women feel safer?
8. Do you have any other comments or recommendations to help improve future safety audits and safety planning processes in this community?

Good Practice Checklist

Safety and security	
Safety and security risks associated with kit distribution are addressed, including:	
• Risks and threats to distribution team;	○
• Risks and threats to girls and women travelling to and from distribution site; and	○
• Risks and threats to girls and women after distribution.	○
Participation of girls and women	
Appropriate level of participation of girls and women in kit programme design and implementation has been determined:	
• Girls and women have been consulted;	○
• Girls and women have been actively involved;	○
• Girls and women are assuming responsibility; or	○
• Girls and women are managing the dignity kit programming.	○
Assessment and monitoring tools suitable for the level of participation have been adapted as appropriate for use with:	
• Assessment and design; and	○
• Monitoring.	○
Where appropriate, girls and women from different ethnicities, religious or language groups have the opportunity to participate in kit assessment, design and monitoring.	○
Partnership	
Relevant clusters or sector coordination mechanisms have been consulted during kit needs assessment and design, including:	
• Camp Management/camp coordination;	○
• WASH;	○
• Shelter;	○
• Education; and/or	○
• Protection.	○

Partnership (continued)	
Relevant partners and actors on the ground have been consulted and informed regarding kit distribution, including: • Implementing partners;	○
• Camp management;	○
• Other authorities; and/or	○
• Service providers.	○
Partners have been consulted on and are aware of distribution plan.	○

Dignity Kit Monitoring Sheet

Purpose: To help monitor the quality of UNICEF dignity kit programming.

Section 1 - General Information		
Date of visit (DD/MM/YY)	**Name of monitor**	
Province/State	**District**	**Sub-District**
Town/Village/Camp	**Name of partner**	**Type of procurement** ◯ UNICEF supply division ◯ Local procurement
Kit contents		
Date received	**# Received**	**# Distributed**

Key informant information			
Name	Sex M/F	Position/Role	Phone number

Section 2 – Observation	Yes	No
The purpose of this section is to observe whether the kit contents meet standards.		
1. Do the contents appear to be of sufficient quantity, as per the UNICEF WASH/dignity kit content list?	◯	◯
2. Do the contents appear to be of appropriate quality?	◯	◯
3. Is relevant information included on the kits contents (e.g., how to use, dispose of and clean items)?	◯	◯

Section 2 – Observation (continued)	Yes	No
4. Is other relevant information included (e.g., WASH and GBV safety information)?	◯	◯
5. Use this space to note additional relevant information or issues requiring follow-up regarding the previous questions (for example, describe any issues with quality).		

Section 3 – Review of records and key informant interviews	Yes	No
Key informants for this section will most likely be NGO partner staff who are distributing the dignity kits.		
6. Were girls and women consulted on dignity kit contents prior to procurement?	◯	◯
7. Was the community involved in targeting and distribution?	◯	◯
8. Are the kit contents of sufficient quantity?	◯	◯
9. Are the kit contents of adequate quality?	◯	◯
10. Are the kit contents locally and culturally appropriate?	◯	◯
11. Were risks associated with distribution or use of kit items considered before distribution?	◯	◯
12. Have any risks been identified with kit distribution or use since distribution?[1]	◯	◯
13. Have there been any unintended consequences associated with dignity kit distribution or use?[2]	◯	◯
14. Are there items that were included that were not appropriate/relevant?	◯	◯
15. Were there items that were not included that might be included in future distributions to promote girls'/women's dignity, mobility and/or safety?	◯	◯

1 Risks to consider include safety and security of kit recipients – for example, threat of harassment; threat of attack travelling to or from distribution; risk of recipients being targeted for theft of items contained in the kit; etc.
2 Unintended consequences to consider include unsafe use or disposal of items included in the kits, such as blocking latrines and unsanitary waste disposal; sale of items; etc.

Dignity Kit Monitoring Sheet (continued)

Section 4 – End user monitoring focus group discussions

The purpose of this section is to get feedback on the effectiveness. acceptability and use of UNICEF dignity kits – including appropriateness of items, any improvements that should be made, etc.

When conducting interviews or FGDs, it is important to conduct at least two group discussions based on the questions below. At least one of each should be with adolescent girls/younger women. Be sure to move to a quieter space for the discussion. Partner staff should not be present for the discussions in order to ensure that participants can speak freely about the project.

# of interviews/discussions _____

	Number	Age	Sex of participants
Group 1 participant profile			
Group 2 participant profile			
Group 3 participant profile			

Questions

1. Were there any problems for girls and women during or after the distributions (for example, harassment or accessibility)?
2. Were there any individuals/families/groups within the community who should have received the kits but did not? *Probe specifically: age groups; religious/ethnic groups; children or women with disabilities; children/families away from centre of community; poorest families (who are they); displaced people vs. host families; etc.*
3. Do you have any ideas on how this could be addressed next time?
4. Do you have any comments on the menstrual hygiene items that were included in the kits? *Probe about cultural relevance and acceptance, disposal, cleaning, etc.*
5. Do you have any comments on the clothing or other items that were included in the kits to promote dignity and mobility? *Probe about cultural relevance and acceptance, etc.*
6. Do you have any comments on the protection items that were included in the kits to promote safety? *Probe about specific items; if and how they made girls women feel safer; etc.*
7. Are there other items that could be considered for future distributions that would help girls/women move freely in the community, carry out chores or attend school?
8. Are there other items that could be considered for future distributions that would help girls/women feel safer moving around the community?
9. Do you have any other comments of recommendations to help improve future distributions of gender-sensitive NFIs/kits?

Assessment and Design Checklist for Women- and Girls-Friendly Spaces

Purpose: This checklist presents standards for ensuring that each women- and girls-friendly (WGF) space is designed and implemented according to good practice.[1] It can be used with partners during programme planning to help establish clear expectations and standardize programming in WGF spaces. The checklist can also be used to develop more detailed guidance on how to establish and manage WGF spaces in a setting.

Before establishing a WGF space	
Coordination with other humanitarian actors has taken place to determine needs, gaps and appropriateness of establishing a WGF space.	◯
Community leaders, including girls and women, have been consulted about the appropriateness of establishing a WGF space and support the plan to do so.	◯
Assessment and design	
Capacity, consultation and coordination	
Partner capacity for establishing and managing a WGF space has been assessed (including organizational and technical capacity) and, where required, a capacity-building plan is in place to address gaps.	◯
Needs and strengths/capacities of girls and women, as well as available community resources, have been identified.	◯
A period of consultation with the community has taken place to explain the purpose and process for establishing a WGF space and to obtain ideas and suggestions from the community. Those consulted include:	
• Girls and women of different ages;	◯
• Girls and women with disabilities;	◯
• Marginalized girls and women in the community (e.g., those from ethnic minorities, girls and women recruited and used by armed groups, and child mothers); and	◯
• Boys and men of different ages.	◯
Coordination with other community service providers and actors takes place to ensure complementarity, collaboration and linkage with other actors.	◯

1 The checklist is based on UNICEF's experiences in establishing and managing WGF spaces in multiple contexts, including Lebanon and South Sudan. For more detailed guidance developed in one setting, see HealthNetTPO and United Nations Children's Fund, 'Promoting Positive Environments for Women and Girls Friendly Spaces in South Sudan', UNICEF, 2016.

Assessment and design (continued)	
Catchment and service delivery model	
The catchment for the WGF space has been determined in consultation with the community, taking into account the vulnerability and needs of different groups of girls and women in the community, including refugees, female-headed household, out-of-school girls, etc.	◯
An appropriate model for the WGF space in the setting has been identified in consultation with stake-holders, considering the need for outreach and mobile services where relevant for those living outside safe walking distance.	◯
Mobile services have been considered in the following circumstances: • Areas where there are reports of high GBV risks, GBV incidents, or vulnerable girls and women;	◯
• Circumstances where girls and women identify it will be difficult to access the WGF space due to distance, movement restrictions, insecurity or other reasons;	◯
• Circumstances where there is community acceptance of mobile services;	◯
• Areas where the security situation is stable enough for intervention; and/or	◯
• Areas where there is a lack of GBV services, but basic GBV services are accessible in a safe and reasonable distance.	◯
Space location and design	
Girls and women participated in the selection of the location and structure for the WGF space.	◯
The following issues have been considered during location selection and facility design: • Surroundings, considering presence of politically affiliated offices, faith-based organizations/ structures and general security;	◯
• Proximity to other services, such as child-friendly spaces, schools and health services;	◯
• Physical access to the centre, including safe routes for walking, access for people with disabilities and distance to settlements;	◯
• Adequate secure space for group activities that cannot be overheard by others (including individual private rooms for consultations with case workers; sleeping space for crisis accommodation for women and their children at risk of immediate harm; and rooms that can be locked);	◯
• Space for children to play safety or be cared for while girls and women participate in activities;	◯
• Sense of safety felt by girls and women in the location and at the facility;	◯
• Opening hours and days, consulting with girls and women and reflecting time-use of different groups; and	◯
• Safe access to latrines.	◯

Assessment and design (continued)	
Space location and design (continued)	
Where the WGF space is established in a structure that also hosts other activities or services, the following issues have been considered: • There are dedicated rooms and/or hours for girls and women only;	○
• Girls and women have control over the space when they are using it;	○
• Girls and women feel safe in the space;	○
• The community perception of the structure has been considered and it is acceptable to girls and women; and	○
• The room/space is not used by men and boys over the age of 12 years to live or sleep in.	○
Access for different groups	
Barriers to access for different groups have been considered and addressed, including: • Barriers faced by adolescent girls, such as parental permission to attend;	○
• Barriers faced by girls and women recruited and used by armed groups, such as social isolation and stigma; and	○
• Barriers faced by girls and women with disabilities, such as needs related to intellectual and physical disability.	○
Staffing and capacity	
There is an appropriate staffing structure in place, including provision for the following: • Management and supervisory staff responsible for overall operations, programming, coordination, and staff training and supervision;	○
• Social work/case work staff responsible for working with survivors;	○
• Psychosocial support workers responsible for managing formal and informal psychosocial support activities, including peer-support groups, life skills, emotional support groups, etc.;	○
• Community engagement and outreach staff; and	○
• Education and empowerment specialist staff as required, such as qualified teachers for literacy programmes and certified trainers for vocational or livelihoods activities.	○
Staff have clear job descriptions that outline their role and responsibilities according to the position.	○
All staff have had initial minimum training on GBV (including a survivor-centred approach) and on sexual exploitation and abuse.	○

Staffing and capacity (continued)	
Staff in specific roles are qualified or have received training in their area of work.	○
There are plans and resources in place for ongoing staff training and development.	○
There is a staff supervision and support plan in place.	○
Services and activities	
The appropriate mix of services has been identified in consultation with girls and women of different ages and different needs.	○
Separate age-appropriate activities are available for younger adolescent girls, older adolescent girls and adult women.	○
There are opportunities for girls and women of different ages to mix and participate in activities.	○
Activities and services include the following: • Drop-in service where girls and women can gather, socialize, support each other, access information on what is going on, access services and assistance, and learn about their entitlements and rights;	○
• Structured and unstructured psychosocial support activities based on assessed needs;	○
• Distribution of gender-sensitive emergency NFIs and access to other material support;	○
• Community-based risk and safety planning and other community mobilization initiatives to build girls' and women's safety and well-being;	○
• Confidential reporting, support, case management and referral for GBV survivors and those at risk; and	○
• Education and empowerment activities to develop girls' and women's knowledge, skills and assets.	○
Community outreach, including culturally appropriate and context-specific key messages, have been developed about the WGF space to promote wider community acceptance and support for uptake and use of services by girls and women.	○
Phase-out	
A phase-out or transition plan has been developed in consultation with the community.	○
The phase-out plan has a clear timeline and clear resources allocated for transfer of responsibilities to other actors.	○
A capacity development plan has been developed and resourced to support local actors to assume responsibility for different aspects of programming within WGF spaces after phase-out or handover.	○

Notes

Monitoring Sheet for Women-and Girls-Friendly Spaces

Purpose: To help monitor the quality of UNICEF-supported WGF safe spaces.

Section 1 – General information

Date of visit (DD/MM/YY)	Name of monitor	
Province/State	**District**	**Sub-District**
Town/Village/Camp	**Neighbourhood**	**Agency/Organization**

Type of Service

- ◯ Mobile
- ◯ Static
- ◯ Both
- ◯ Stand-alone facility
- ◯ Integrated into other building/service

If integrated, describe:

_____

_____

Is the centre active at the time of visit?

- ◯ Yes
- ◯ No

If No, why not?

_____

_____

Key informant information

Name	Sex M/F	Position/Role	Phone number

Section 2 – Observation

	Yes	No
The purpose of this section is to observe whether the space meets standards.		
1. Does the facility appear to be in a safe and accessible location for girls and women?	◯	◯
2. Is there safe access to latrines?	◯	◯
3. Does the space have essential equipment and supplies (e.g., water, gender-sensitive NFIs such as female hygiene kits, communication materials and other supplies)?	◯	◯

Section 2 – Observation (continued)	Yes	No
4. Is there a private space within the facility where individual girls and women can meet confidentially with staff?	○	○
5. Is there a space within the facility where groups of girls and women can meet privately together?	○	○
6. Is there space for children to play or be cared for while their mothers participate in activities?	○	○
7. Are there protocols in place for responding to reports of GBV?	○	○
8. Is the safe space friendly and accessible for girls and women with disabilities?	○	○
9. Is the safe space friendly and accessible for marginalized groups, such as girls and women with children born of rape, girls and women recruited and used by armed groups, etc.?	○	○
10. Use this space to note additional relevant information requiring follow-up regarding the above questions: _____ _____ _____		

Section 3 – Review of records and key informant interviews	Yes	No
Key informants for this section will most likely be NGO partner staff who are on-site and implementing the programme.		
1. Is the location safe and accessible for girls and women?	○	○
2. Are dedicated staff trained on responding to adult GBV survivors, including on case management?	○	○
3. Are dedicated staff trained on responding to child and adolescent GBV survivors, including case management? Is there a social worker/case worker trained to interview/work with child survivors?	○	○
4. Are there dedicated staff trained on providing psychosocial support to different age groups?	○	○
5. Are there dedicated staff trained to deliver education and empowerment activities?	○	○
6. Are all staff trained on GBV?	○	○
7. Is there ongoing staff training and development?	○	○

Section 3 – Review of records and key informant interviews (continued)	Yes	No
8. Do staff receive supervision and support?	◯	◯
9. Is there a safety information system in place?	◯	◯
10. Is there a referral pathway and system in place between the WGF space and other GBV service providers?	◯	◯
11. Are age-appropriate psychosocial support services/activities available and tailored for different groups?	◯	◯
12. Are age-appropriate information and education materials and sessions offered?	◯	◯
13. Are outreach or mobile services available to those who cannot travel to the WGF space?	◯	◯
14. Have the staff been involved in community safety planning and/or other mobilization activities?	◯	◯
15. Do safe space staff coordinate with other humanitarian actors in the setting on safety and other matters relating to girls' and women's well-being?	◯	◯
16. Do safe space staff regularly liaise with community leaders and other gate keepers about the service and about GBV/safety concerns?	◯	◯
17. Have girls and women been involved in the design of programs and services?	◯	◯

18. Use this space to note additional relevant information or issues requiring follow-up regarding the previous questions:

_____

_____

_____

19. Services offered and % of eligible clients receiving services

Services	Yes	No	% of eligible child survivors receiving service in last month	% of eligible adult survivors receiving service in last month
Material assistance, including gender-sensitive NFIs	◯	◯		
Drop-in for information and support	◯	◯		
Age-appropriate, structured and unstructured psychosocial support activities	◯	◯		
Community safety assessments and other mobilization activities	◯	◯		
GBV response, including confidential reporting, information and immediate support	◯	◯		
Case management and support with referral and access to other services	◯	◯		
Information and group education on GBV, rights and other health and safety issues	◯	◯		
Non-formal education (e.g., literacy) for adult women	◯	◯		
Non-formal education for adolescent girls	◯	◯		
Economic support activities	◯	◯		
Other support activities	◯	◯		

20. Equipment and supplies received

Supplies	Date last received (if never received, put N/A)	Organization	If UNICEF, describe any issues with quality, relevance and/or use

21. Do referral pathways exist for the following services? **If yes,** write the # of referrals made in last month: _____

Services	Yes	No	% of eligible child survivors referred in last month	% of eligible adult survivors referred in last month
GBV-related healthcare	◯	◯		
Other healthcare	◯	◯		
Psychosocial support	◯	◯		
Case management (when not offered at the WGF space)	◯	◯		
Other social services (e.g., Child Protection, Health, Shelter, Food, Nutrition and/or NFI services)	◯	◯		
Police	◯	◯		
Legal services	◯	◯		
Other	◯	◯		

Section 4 – End user monitoring: focus group discussions/key informant interviews

The purpose of this section is to get user feedback on GBV-related activities at the service and, if they are accessible, any improvements that should be made.

When conducting interviews or focus group discussions, it is important to conduct at least three interviews or group discussions based on the questions below. Be sure to move to a quieter space for the discussion. Partner staff should not be present for the discussions so that participants can speak freely about the project.

# of interviews/discussions _____

	Number	Age	Sex
Individual informant or group 1 participant profile			
Individual informant or group 2 participant profile			
Individual informant or group 3 participant profile			

Questions

1. Is the location of the WGF space safe and accessible for girls and women of different ages and from different locations?
2. Are there any individuals/families/groups within the community who would find it harder to use the service? *Probe specifically: age groups; religious/ethnic groups; girls and women with disabilities; girls away from centre of community; poorest girls (who are they); displaced people vs. host families; etc.*
3. Do you have ideas on how this could be addressed?
4. Are you aware of GBV services offered at the WGF space?
5. Do you believe staff provide non-judgmental and compassionate help for GBV survivors?
6. Do you believe staff/volunteers at the service keep survivors' details and information private and confidential?
7. Have you seen information or awareness messages about GBV at or from the service? If so, what are the main messages you recall?
8. Are you aware of other activities offered at this place for different groups? If so, what are they?
9. Do you have any recommendations about additional activities that the service could offer to help make girls safer and build their knowledge and skills?
10. Do you have comments or recommendations for improving this service to benefit girls and women?

Section 6

Intergrating GBV Risk Mitigation Across Sectors and Clusters

Sector Audit Checklist for Integrating GBV Risk Mitigation Across Programming

Purpose: Use this tool as a checklist to help assess the status of integration of GBV risk mitigation across the humanitarian programme cycle for each sector, and to identify priority areas for action.

Child Protection sector 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.	○	○	○	○	○
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.	○	○	○	○	○
Cultural practices, expected behaviours and social norms that constitute GBV and/or increase risk of GBV against girls and boys are identified.	○	○	○	○	○
Environmental factors that increase children's and adolescents' risk of violence are identified.	○	○	○	○	○
Community-based child protection mechanisms that can be fortified to mitigate the risks of GBV against children, particularly adolescent girls, are mapped.	○	○	○	○	○
Response services and gaps in services for girl and boy survivors are identified.	○	○	○	○	○
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.	○	○	○	○	○
Existing/proposed community outreach materials related to child protection are reviewed to ensure they include basic information about GBV risk reduction.	○	○	○	○	○

Child Protection sector self-assessment rating (continued)

(1= not met, 5 = fully met)	1	2	3	4	5
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.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○
Programming					
Women, adolescent girls and other at-risk groups are involved in relevant aspects of child protection programming.	○	○	○	○	○
Capacity of community-based child protection networks and programmes is supported to prevent and mitigate GBV.	○	○	○	○	○
Provision of age-, gender- and culturally sensitive multi-sectoral care and support for child survivors of GBV is supported.	○	○	○	○	○
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.	○	○	○	○	○
Risks of GBV for separated and unaccompanied girls and boys are monitored and addressed.	○	○	○	○	○
Efforts to address GBV are incorporated into activities targeting children associated with armed forces/groups.	○	○	○	○	○
Safety and protection of children in contact with the law is ensured, taking into account risks of GBV within detention facilities.	○	○	○	○	○

Child Protection sector 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 policies, standards and guidelines of child protection programmes.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○
Coordination					
Coordination with other sectors is undertaken to address GBV risks and ensure protection for girls and boys at risk.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○
GBV risk-reduction activities are evaluated by measuring programme outcomes (including potential adverse effects) and using data to inform decision-making and ensure accountability.	○	○	○	○	○

Education sector 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.	○	○	○	○	○
Level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of education programming is assessed.	○	○	○	○	○
Community norms and practices that may affect students' – particularly adolescent females' – access to learning are investigated.	○	○	○	○	○
Access to and physical safety of learning environments is analysed to identify risks of GBV.	○	○	○	○	○
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.	○	○	○	○	○
Capacity of education programmes to safely and ethically respond to incidents of GBV reported by students is assessed.	○	○	○	○	○
Existing/proposed national and local educational curricula are reviewed to identify opportunities to integrate GBV prevention messages.	○	○	○	○	○
Existing/proposed community outreach materials related to education are reviewed to ensure they include basic information about GBV risk reduction.	○	○	○	○	○
Resource mobilization					
Proposals are developed for education programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks.	○	○	○	○	○
Age-, gender- and culturally appropriate supplies for education that can mitigate risk of GBV are identified and pre-positioned.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○

Education sector self-assessment rating (continued)

(1= not met, 5 = fully met)	1	2	3	4	5
Programming					
Women and other at-risk groups are involved as staff and leaders in education programming.	○	○	○	○	○
Strategies are implemented that maximize accessibility of education for women, girls and other at-risk groups.	○	○	○	○	○
Strategies are implemented – in consultation with women, girls, boys and men – that maximize physical safety in and around education environments.	○	○	○	○	○
Capacity of education personnel is enhanced to mitigate risk of GBV in educational settings through ongoing support and training.	○	○	○	○	○
GBV specialists are consulted to identify safe, confidential and appropriate systems of care (i.e., referral pathways) for survivors.	○	○	○	○	○
Education staff have the basic skills to provide information to survivors on where they can obtain support.	○	○	○	○	○
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.	○	○	○	○	○
Policies					
Relevant GBV prevention and response strategies are incorporated into the policies, standards and guidelines of education programmes.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○

Education sector 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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
GBV risk-reduction activities are evaluated by measuring programme outcomes (including potential adverse effects) and using data to inform decision-making and ensure accountability.	◯	◯	◯	◯	◯

Health sector 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 health assessment processes.	○	○	○	○	○
Cultural and community perceptions, norms and practices associated with GBV and GBV-related health services are investigated.	○	○	○	○	○
Safety and accessibility of existing GBV-related health services is assessed.	○	○	○	○	○
Quality of existing GBV-related health services is assessed.	○	○	○	○	○
Awareness of *specialized* (clinical) staff in the provision of targeted care for survivors is assessed.	○	○	○	○	○
Awareness of *all* health personnel on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality is assessed.	○	○	○	○	○
National and local laws related to GBV that might affect the provision of GBV-related health services are investigated.	○	○	○	○	○
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.	○	○	○	○	○
Existing/proposed health-related community outreach materials are reviewed to ensure they include basic information about GBV.	○	○	○	○	○
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.	○	○	○	○	○
Trained staff and appropriate supplies are pre-positioned to implement clinical care for GBV survivors in a variety of health delivery systems.	○	○	○	○	○
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.	○	○	○	○	○

Health sector 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.	○	○	○	○	○
Accessibility of health and reproductive health facilities that integrate GBV-related services is increased.	○	○	○	○	○
Strategies are implemented that maximize the quality of survivor care at health facilities.	○	○	○	○	○
Capacity of health providers to deliver quality care to survivors is enhanced through training, support and supervision.	○	○	○	○	○
Where feasible, a GBV case worker is included on staff at health facilities.	○	○	○	○	○
All health programmes are implemented within the framework of sustainability beyond the initial crisis stage.	○	○	○	○	○
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.	○	○	○	○	○
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 healthcare and other services, and funding is allocated for sustainability.	○	○	○	○	○
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.	○	○	○	○	○
GBV messages are incorporated into health-related community outreach and awareness-raising activities.	○	○	○	○	○

Health sector 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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
GBV risk-reduction activities are evaluated by measuring programme outcomes (including potential adverse effects) and using data to inform decision-making and ensure accountability.	◯	◯	◯	◯	◯

Nutrition sector 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.	○	○	○	○	○
Level of participation and leadership of women, adolescent girls and other at-risk groups is assessed in all aspects of nutrition programming.	○	○	○	○	○
Community perceptions, norms and practices linked to nutrition that may contribute to GBV are assessed.	○	○	○	○	○
Physical safety of and access to nutrition services are assessed to identify associated risks of GBV.	○	○	○	○	○
Awareness of nutrition staff on basic issues related to gender, GBV, women's/ human rights, social exclusion and sexuality is assessed.	○	○	○	○	○
Existing/proposed community outreach materials related to nutrition are reviewed to ensure they include basic information about GBV risk reduction.	○	○	○	○	○
Resource mobilization					
Proposals are developed for nutrition programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks.	○	○	○	○	○
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.	○	○	○	○	○
Programming					
Women and other at-risk groups are involved as staff and leaders in the planning, design, implementation and monitoring of nutrition activities.	○	○	○	○	○
Strategies are implemented that increase the safety, availability and accessibility of nutrition services for women, girls and other at-risk groups.	○	○	○	○	○
Proactive strategies are implemented to meet the GBV-related needs of those accessing nutrition services.	○	○	○	○	○

Nutrition sector 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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
Communications and information sharing					
GBV specialists are consulted to identify safe, confidential and appropriate systems of care (i.e., referral pathways) for survivors.	◯	◯	◯	◯	◯
Nutrition staff have the basic skills to provide survivors with information on where they can obtain support.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
Coordination					
Coordination is undertaken with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
GBV risk-reduction activities are evaluated by measuring programme outcomes (including potential adverse effects) and using data to inform decision-making and ensure accountability.	◯	◯	◯	◯	◯

WASH sector 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.	○	○	○	○	○
Community norms and practices related to WASH that may increase the risk of GBV are investigated.	○	○	○	○	○
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.	○	○	○	○	○
Physical safety of and access to WASH facilities is analysed to identify associated risks of GBV.	○	○	○	○	○
Awareness of WASH staff on basic issues related to gender, GBV, women's/ human rights, social exclusion and sexuality is assessed.	○	○	○	○	○
Existing/proposed community outreach materials related to WASH are reviewed to ensure they include basic information about GBV risk reduction.	○	○	○	○	○
Resource mobilization					
Age-, gender- and culturally appropriate supplies for WASH that can mitigate risks of GBV are identified and pre-positioned.	○	○	○	○	○
Proposals are developed for WASH programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks.	○	○	○	○	○
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.	○	○	○	○	○
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.	○	○	○	○	○

WASH sector self-assessment rating (continued)

(1= not met, 5 = fully met)	1	2	3	4	5
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.	◯	◯	◯	◯	◯
Strategies are implemented that increase the availability and accessibility of water for women, girls and other at-risk groups.	◯	◯	◯	◯	◯
Strategies are implemented that maximize the safety, privacy and dignity of WASH facilities.	◯	◯	◯	◯	◯
Dignified access to hygiene-related materials is ensured.	◯	◯	◯	◯	◯
Policies					
Relevant GBV prevention and mitigation strategies are incorporated into the policies, standards and guidelines of WASH programmes.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
Communications and information sharing					
GBV specialists are consulted to identify safe, confidential and appropriate systems of care (i.e., referral pathways) for survivors.	◯	◯	◯	◯	◯
WASH staff have the basic skills to provide survivors with information on where they can obtain support.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯

WASH sector 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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯
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.	◯	◯	◯	◯	◯

WASH Assessment and Monitoring Tool

Purpose: This tool is a sample of a baseline WASH assessment and monitoring tool with GBV risk mitigation integrated throughout. It was developed by UNICEF South Sudan and will need to be adapted to each context.

Visit to project site

Preparation – please find out about the programme cooperation agreement (PCA) before going to the field; in particular, find out about the non-food item (NFI) distribution strategy.

Please be aware that many of the people who you will meet have gone through traumatic events. Please be sensitive to that and don't push the questions too much if it is causing discomfort to the person.

If people are travelling from far to meet with you, then it might be good to ask the partner or local authorities to tie the monitoring in with another event so that the time and effort made by the people seems to be worthwhile to them.

Bring along an introduction letter from UNICEF.

Name of implementing partner:

Location of project site:

Name of person doing the field monitoring:

Date:

Key informant interviews

This section includes discussions with community leaders, local authorities, and other key informants. Please explain the purpose of the field monitoring, and explain that the interview will follow a fixed format where we ask questions and the key informants respond. At the end, there will be time for an open discussion with the key informants.

Description of the group:

Please list the principal sources of water in the area	Wells	Rain harvesting	Tap	River/ lake
Total number in the village/area?				
How many were constructed or rehabilitated by the partner organization?				
Of those constructed or rehabilitated, how many are working?				

Are there other issues with drinking water?

_____

_____

Key informant interviews (continued)

Is there a water management committee?	◯ Yes	◯ No
If there is a committee, does it collect fees for the water?	◯ Yes	◯ No
Are the majority of the members men or women?	◯ Men	◯ Women
Do you think the community can manage the boreholes and latrines without support?	◯ Yes	◯ No
If no, why not? _____ _____		
Has the village received NFIs (e.g., jerry cans, soap or water purification products) from UNICEF/implementing partner?	◯ Yes	◯ No
If 'yes', which NFIs? _____ _____		
Did the distribution benefit all of the families in the area or only some families?	◯ All of the families	◯ Some families only
If 'some families only', why was this? _____ _____		
How many communal latrines have been constructed?		
How many of them can be used?		

Key informant interviews (continued)

Does the partner have sessions with people to explain to them about hygiene (hand washing, etc.)?	
How has the partner involved the local community in planning and operating the WASH facilities?	
Are there certain groups of people that aren't participating in the planning and management of WASH facilities? If so, which groups and why?	
Has there been a special effort made to consult with women and girls so as to ensure that the WASH facilities are appropriate to them?	
Were women's and girls' preferences acted upon?	

UNICEF staff conclusion on key informant interview

Water points

If this does not apply in this location, mark here ◯

Observation of the water source in the village or area constructed by the UNICEF partner	Water point 1		Water point 2	
Please measure the amount of time it takes to fill a 20-litre jerry can from the water point. (Start when you arrive – in minutes)	_____ mins.		_____ mins.	
	Yes	No	Yes	No
Is there a border around the water point?	◯	◯	◯	◯
Are there any risks of pollution within 30 metres of the water point (e.g., animal manure, household waste, etc.)?	◯	◯	◯	◯
Is there any stagnant water within 30 metres of the water point?	◯	◯	◯	◯
Does the water point still have sufficient water all year around (in Protection of Civilian sites during the hours for the water point)?	◯	◯	◯	◯
Is there a risk of flooding around the water point?	◯	◯	◯	◯
Is there a long queue?	◯	◯	◯	◯
Has the water point been recently treated with chlorine?	◯	◯	◯	◯
Test of residual chlorine in at least two water points (tap, jerry can, etc.)	Quantity of residual chlorine: _____ mg/l		Quantity of residual chlorine: _____ mg/l	

Observation of the water source in the village or area constructed by the UNICEF partner	Water point 1		Water point 2	
Please measure the amount of time it takes to fill a 20-litre jerry can from the water point. (Start when you arrive – in minutes)	_____ mins.		_____ mins.	
	Yes	No	Yes	No
UNICEF staff conclusion on water points _____ _____ _____ _____ _____ _____				

Communal latrines

If this does not apply in this location, mark here

Observation of communal latrines (please go to different stances if possible, not one beside the other)	Stance 1		Stance 2		Stance 3	
	Yes	No	Yes	No	Yes	No
Is there a bad smell from the latrines?	○	○	○	○	○	○
Are there traces of urine or excrement around the latrines?	○	○	○	○	○	○
Is there water and soap within 10 metres of the latrines for hand-washing?	○	○	○	○	○	○
Is there lighting around the latrines, and does it work?	○	○	○	○	○	○
Are the facilities for men and women separate and clearly identifiable as such?	○	○	○	○	○	○
Are there locks on the inside and is the door solid?	○	○	○	○	○	○
Are the latrines private (i.e., cannot be seen into from outside)?	○	○	○	○	○	○

Households

Observation and interview of household residents	Household 1		Household 2		Household 3	
Do you have any of the following items? (List and ask to see; tick those that they have.)	◯ Jerry cans ◯ Soap ◯ Aquatabs or PUR sachets ◯ Dignity kits		◯ Jerry cans ◯ Soap ◯ Aquatabs or PUR sachets ◯ Dignity kits		◯ Jerry cans ◯ Soap ◯ Aquatabs or PUR sachets ◯ Dignity kits	
Do you ever buy soap for handwashing?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No
If yes, did you buy soap in the last month?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No
Did they tell you about hygiene promotion?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No
We would like to know about when people wash their hands. Please mention all occasions when you think it is important to wash your hands. (Tick all mentioned; keep probing.)	◯ Before eating ◯ After eating ◯ Before praying ◯ Before breast-feeding or feeding a child ◯ Before cooking or preparing food ◯ After defecation/ urination ◯ After cleaning a child that has defecated/ changing child's nappy ◯ When hands are dirty ◯ After cleaning toilet or potty ◯ Other (Specify) ◯ Don't know		◯ Before eating ◯ After eating ◯ Before praying ◯ Before breast-feeding or feeding a child ◯ Before cooking or preparing food ◯ After defecation/ urination ◯ After cleaning a child that has defecated/ changing child's nappy ◯ When hands are dirty ◯ After cleaning toilet or potty ◯ Other (Specify) ◯ Don't know		◯ Before eating ◯ After eating ◯ Before praying ◯ Before breast-feeding or feeding a child ◯ Before cooking or preparing food ◯ After defecation/ urination ◯ After cleaning a child that has defecated/ changing child's nappy ◯ When hands are dirty ◯ After cleaning toilet or potty ◯ Other (Specify) ◯ Don't know	

Households (continued)

Observation and interview of household residents	Household 1		Household 2		Household 3	
How long did it take you to collect water today?						
Where did you collect the water from? (source type)						
Is there a water management committee in the village/area?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No
Do you pay any money to the committee?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No
Are there household latrines?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No
If 'no', where do members of your household go to defecate?						
If Yes, ask to see.						
Is there a bad smell from the latrines?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No
Are there traces of urine or excrement around the latrines?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No
Is there water alongside the latrines for hand-washing?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No
Is there soap with the water alongside the latrines for hand-washing?	◯ Yes	◯ No	◯ Yes	◯ No	◯ Yes	◯ No

Households (continued)

	Household 1	Household 2	Household 3
Any other comments?			

UNICEF staff conclusion on WASH for households

Health centre

◯ **If this does not apply in this location, mark here**

Observation and questions for a key informant from the health service		
How many patients are in the health centre today?		
What is the health centre's main water source? (check one below)		
Piped water ◯ Piped into yard ◯ Public tap/standpipe ◯ Tube well, borehole ◯ Neighbouring building **Dug well** ◯ Protected well ◯ Unprotected well	**Water from spring** ◯ Protected spring ◯ Unprotected spring ◯ Rainwater collection ◯ Tanker-truck ◯ Cart with small tank / drum ◯ Surface water (river, stream, dam, lake,pond, canal, irrigation channel)	◯ Other (specify) _____ _____ _____ _____ _____ _____ _____
How often is the water source functional? (check one below)		
◯ Fewer than 2 days per week	◯ 2–4 days per week	◯ 5–7 days per week
<u>Test for residual chlorine</u> in at least two water points (tap, jerry can, etc.) in the interior of the health centre.	Quantity of residual chlorine: _____ mg/l	Quantity of residual chlorine: _____ mg/l
Number of latrines accessible to patients and staff		
Male: _____	Female: _____	Mixed: _____

Health centre (continued)

Observation of health centre latrines	Stance 1		Stance 2	
	Yes	No	Yes	No
Is there a bad smell from the latrines?	◯	◯	◯	◯
Are there traces of urine or excrement around the latrines?	◯	◯	◯	◯
Is there water and soap alongside the latrines for hand-washing?	◯	◯	◯	◯
Is there lighting around the latrines, and does it work?	◯	◯	◯	◯
Are the facilities for men and women separate and clearly identified as such?	◯	◯	◯	◯
Are there locks on the inside of the latrines and is the door solid?	◯	◯	◯	◯
Are the latrines private (i.e., cannot be seen into from the outside)?	◯	◯	◯	◯

Observation around the exterior of the health centre	Yes	No
Do you see evidence of open defecation?	◯	◯

UNICEF staff conclusion on WASH in the health centre

School

◯ **If this does not apply in this location, mark here**

How many students are in the school?	

What is the school's main water source? (check one below)

Piped water ◯ Piped into yard ◯ Public tap/standpipe ◯ Tube well, borehole ◯ Neighbouring building **Dug well** ◯ Protected well ◯ Unprotected well	**Water from spring** ◯ Protected spring ◯ Unprotected spring ◯ Rainwater collection ◯ Tanker-truck ◯ Cart with small tank / drum ◯ Surface water (river, stream, dam, lake,pond, canal, irrigation channel)	◯ Other (specify) _____ _____ _____ _____ _____ _____ _____

How often is the water source functional? (check one below)

◯ Fewer than 2 days per week	◯ 2–4 days per week	◯ 5–7 days per week

<u>Test for residual chlorine</u> in at least two water points (tap, jerry can, etc.) in the interior of the education centre.	Quantity of residual chlorine: _____ mg/l	Quantity of residual chlorine: _____ mg/l

Are there hygiene clubs in the school?	◯ Yes	◯ No

Number of latrines accessible to patients and staff

Male: _____	Female: _____	Mixed: _____

School (continued)

Observation of school latrines	Stance 1		Stance 2	
	Yes	No	Yes	No
Is there a bad smell from the latrines?	◯	◯	◯	◯
Are there traces of urine or excrement around the latrines?	◯	◯	◯	◯
Is there water and soap alongside the latrines for hand-washing?	◯	◯	◯	◯
Are the facilities for boys and girls separate and clearly identified as such?	◯	◯	◯	◯
Are there locks on the inside of the latrines and is the door solid?	◯	◯	◯	◯
Are the latrines private (i.e., cannot be seen into from the outside)?	◯	◯	◯	◯

Observation around school grounds	Yes	No
Is there evidence of open defecation around the area of the school?	◯	◯

UNICEF staff conclusion on WASH in the school

Focus group discussions

Please conduct at least one focus group. All of the participants should be women. Special consideration should be given to the most disadvantaged groups (whether by geographical area, ethnicity or any other factor). If it seems appropriate, conduct another focus group with these people. Please explain the purpose of the field monitoring. The interview is semi-structured; this means you should ask all of the questions listed below, but also feel free to ask other questions as is appropriate.

Description of the members of the group:

How long did it take you to collect water today?	
Do the members know if there has been a distribution of WASH NFIs?	
Did the members of the group find the products to be appropriate and useful? Which and why?	
Were there certain families or social groups that did not receive NFIs? Why?	
What do you think of the quality of the (as appropriate) latrines, bathing shelters and water points?	
Are there specific groups in your community that do not have access to these? If so, who and why?	
Are there long waiting times at the water points? If yes, why?	
How has the partner involved the local community in the planning and operating the WASH facilities?	
Was there a special effort made to consult with women and girls so as to ensure that the WASH facilities are appropriate to them?	

Focus group discussions (continued)

Specific questions for women – *If there are any men in the discussion group, they should be asked to leave*	
Were women's and girls' preferences acted upon?	
Is there any reason why you don't use the laundry spaces, latrines or water points during the day?	
Is there any reason why you don't use the laundry spaces, latrines or water points at night? *(Prompt on safety; don't probe too much if people seem uncomfortable.)*	
Have you received dignity/ menstrual hygiene management kits? *(These questions should only be asked by a female interviewer.)*	
Was it a man or a woman who gave you these kits?	
Were the dignity kits appropriate and useful?	
Do you have a place where you can wash and dry the sanitary pads?	
Please mention at the end where GBV and medical services are available to the women in case of need.	
UNICEF staff conclusion on focus group	

Focus group discussions (continued)

Focus group discussions

Please conduct at least one focus group. All of the participants should be women. Special consideration should be given to the most disadvantaged groups (whether by geographical area, ethnicity or any other factor). If it seems appropriate, conduct another focus group with these people. Please explain the purpose of the field monitoring. The interview is semi-structured; this means you should ask all of the questions listed below, but also feel free to ask other questions as is appropriate.

Description of the members of the group:	

WASH Facility Privacy and Safety Checklist

Purpose: This checklist can be used in an initial assessment and/or during ongoing monitoring of safety and security of latrines. This tool was developed by UNICEF South Sudan and will need to be reviewed and adapted to the context prior to using.

1. Preparation of latrine construction	
Minimum requirements	**Required actions**
Ensure women's and girls' opinions are reflected in location and design of latrines to ensure privacy and safety.	◯ Women and girls are consulted on location of latrine and water points, especially safe locations and the safety of the routes to/from latrine. ◯ Women and girls are consulted on how they manage their menstruation and how they dispose of materials. ◯ Women and girls are consulted on how to ensure privacy and safety around latrines in the context. ◯ Women's and girls' opinions are reflected to the location and design of latrines.
2. Structure	
Minimum requirements	**Options for required actions*** **
Enclosed defecation fields	
Provide privacy in defecation fields.	◯ There is a barrier screen with offset entrance. ◯ Women and girls are consulted on additional ways to enhance their privacy and safety at the structure.
Ensure structures for males and females are separate and clearly marked.	◯ Separate defecation fields exist for men and women. Signs with pictures and writing in the appropriate language indicating male/female structures are posted immediately upon opening the structure.
Emergency trench latrines with simple structure	
Ensure the latrine can be fastened from inside.	◯ One side of flap door is nailed to the post. ◯ Nail with string is attached to the flap door to latch flap from inside.
Ensure privacy in the latrine.	◯ There is a barrier screen with offset entrance. ◯ There is a weight on bottom of flap to stop wind from blowing the door open. ◯ Women and girls are consulted on additional ways to enhance their privacy and safety at the structure.

*** These are some of options to implement the minimum requirements. However, the solutions to satisfy the minimum requirements will be different according to the local context. You can identify suitable solutions in consultation with girls and women.

2. Structure (continued)	
Minimum requirements	**Options for required actions*** **
Emergency trench latrines with simple structure (continued)	
Ensure sex-segregated facilities are provided which are clearly marked.	◯ Separate blocks for men and women are clearly marked. ◯ Entrances are on opposite sides. ◯ If male and female stalls cannot be in separate blocks, hard surfaces (metal or wood) are used as barrier walls between male and female stalls.
Shared block latrines with solid superstructure	
Ensure latrine is lockable from inside.	◯ Solid doors have solid slide locks on the inside.
Ensure privacy in the latrine.	◯ There is a barrier screen with offset entrance. ◯ Women and girls are consulted on additional ways to enhance their privacy and safety at the structure.
Ensure sex-segregated facilities are provided which are clearly marked.	◯ Separate blocks for men and women are clearly marked. ◯ Entrances are on opposite sides. ◯ There is a metal separation wall between male and female stalls.
3. Management	
Minimum requirements	**Required actions**
Ensure latrines are managed safely for women and girls.	◯ At least 50% of latrine attendants/volunteers are female. ◯ *All* latrine attendants/volunteers are trained on and sign a code of conduct.
Ensure sex-segregation of latrines.	◯ If signage is disappeared or erased for any reason, immediate action is taken to put signage at the latrine. ◯ Community outreach is conducted to explain to communities which latrines are for women and for men. ◯ Best way of maintaining sex-segregation at latrines (e.g., discouraging men from using women's latrine) are identified with community members.

*** These are some of options to implement the minimum requirements. However, the solutions to satisfy the minimum requirements will be different according to the local context. You can identify suitable solutions in consultation with girls and women.

Gender-Based Violence in Emergencies
Programme Resource Pack