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GBV SERVICE ASSESSMENT METHODOLOGY

A GUIDE ON HOW TO ASSESS THE ESSENTIAL SERVICES FOR WOMEN AND
GIRLS WHO HAVE EXPERIENCED GENDER-BASED VIOLENCE DECEMBER
2020

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UN Women, grounded in the vision of equality enshrined in the Charter of the **United Nations**, works for the elimination of discrimination against women and girls, the empowerment of women, and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security.

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1. Introduction¹

1.1. Background

In 2020, as a result of the COVID-19 crisis, the United Nation system embarked in the development of the Immediate Socio-Economic Response Plan (ISERP). The UN Immediate Socio-Economic Response Plan was launched by the UN DSG in April 2020. It is one of three components of the UN effort to save lives, protect people, and rebuild better in the context of COVID-19, alongside the health response, led by the World Health Organization, and the humanitarian response as detailed in the UN-led COVID-19 Global Humanitarian Response Plan.

The ISERP aims to mitigate the multifaceted impacts of COVID-19 so that the country can make a solid recovery and continue its progress towards its development goals, including the 2030 Agenda. In support of the economic stimulus and social protection packages issued by the Government in response to the crisis, the interventions and policy recommendations in the strategy intend to help Bangladesh build back better and seize opportunities to promote more inclusive sustainable development in the post-COVID landscape.

Without urgent socio-economic responses that focus on addressing the needs of those most vulnerable, suffering will escalate, jeopardizing lives and livelihoods for years to come. The ISERP therefore is firmly anchored in a 'whole of the society' approach and the principle of 'leaving no one behind,' with a central focus on advancing human rights and ensuring gender and conflict-sensitive considerations guide analysis, programming, and decision making. Under the ISERP Pillar 5, Promoting social cohesion and investing in community-led resilience and response systems one of the key priorities is strengthening prevention and response mechanisms to tackle Gender Based Violence, specifically on strengthening GBV response mechanisms that have been disrupted during COVID 19.

1.2. Gender Based Violence in Bangladesh

COVID-19 lockdown has disproportionately impacted women as existing gender inequalities are exacerbating gender-based disparities between women, men, girls, and boys in terms of access to information, resources to cope with the pandemic, and its socio-economic impact. The concentration of women's employment in the informal sector, on the one hand, and in Bangladesh's health system, on the other – where more than 94 percent of nurses, 90 percent of community health workers and all midwives are female – has placed women on the front lines of both the consequences of and the response to the pandemic.

These trends illustrate the unequal social norms that view domestic violence and intimate partner violence as a private matter that leads to underreporting. The outbreak has heightened exposure of children to abuse and yet fewer venues to report violence, both due to school shutdowns, a lack of social support and household stresses. Furthermore, it has evoked increased risks of child marriage for adolescent girls, which traditionally increase during times of emergency.

Violence against women, boys and girls was already alarming before the COVID 19 crisis. The VAW survey (2015) estimates a more than two thirds (72.6%) lifetime prevalence rate among women, while 37.5 % of the adolescent girls aged 15-19 years' experience partner physical violence. Further, before COVID-19

¹ From UN Women Terms of Reference

pandemic, an estimated 45 million children (MICS 2019) in Bangladesh were experiencing violence. Cases of domestic violence are often not reported because it is widely tolerated and justified for breaking gender norms. Fear, stigma, and inadequate understanding of human rights might be contributing factors to under-reporting. Despite the high prevalence of violence against women, children, and girls, an alarming culture of silence and impunity is widespread across the country, where 72.6% of women who suffered violence never reported or told others. Among those who did, the majority reported cases of violence to their family members or neighbours, while only a minimal 1.1% reported to the police and 2.1 to local leaders. A general lack of information, scarcity of trust towards service providers, fear of re-victimization, stigma, inadequate governance structures, and obstruction by community leaders are among the reasons for low reporting. Amid this emergency period some CSOs observed to continue their GBV focused interventions through hotline services, legal advice, and psychosocial counselling.

GBV is under-reported generally and it is difficult to obtain, due to insecurity, service gaps, lack of protection of survivors, fear of reprisals and impunity for perpetrators, social stigma, cultural norms, etc. Knowing just how much violence is occurring is already a challenge; it is an under-reported area in the first place, and all the more so under these circumstances of seclusion and inhibited communication. In Bangladesh, the Rapid Gender Analysis shows that 33% of women do not know where to call for help if they experience violence. Also, 49.2% of women, children and girls felt safety and security was an issue due to the lockdown and loss of livelihoods.

Safety, security, and access to justice services may be disrupted as government institutions shift resources to the public health crisis. Outside of the home, gender-based violence and sexual exploitation are likely to increase alongside increased social vulnerability and poverty. Risks to sexual orientation and gender identity minorities will likely increase alongside increased reinforcement of gendered norms (that require women at home), compromising their health, safety, and autonomy in public and private spaces. Physical violence and exploitation by law enforcement agencies being subjected on floating sex workers and transwomen for being on the streets during lockdown who need to make a living.

1.3. Purpose and Scope of this Methodology Document

UN Women, UNICEF, and UNFPA are working jointly towards strengthen prevention and response mechanisms to tackle Gender Based Violence, specifically on strengthening GBV response mechanisms that have been disrupted during the COVID-19 crisis. The three agencies are planning to conduct analyses of how the pandemic has disrupted the GBV services, and to gain a more in-depth understanding of the availability and quality of essential services for GBV survivors as well as new needs emerged from the crisis.

Essential services can diminish the losses experienced by women, families, and communities in terms of productivity, school achievement, public policies, and budgets, and help break the recurrent cycle of violence. Moreover, delivering GBV essential services also plays a key role in poverty reduction and development and efforts to achieve the newly agreed 2015 Sustainable Development Goals (UN Women, UNFPA, WHO, UNDP, & UNODC, 2015a).

Purpose

This GBV Service Assessment Methodology aims to guide the scope and process of a rapid assessment of governmental and nongovernmental GBV Services in Bangladesh. Such an assessment can assist in *understanding the national situation of services* for women and girls who have experienced gender-based violence, and in *identifying specific aspects of service quality that can be improved* or strengthened. It can

also *provide information on strengths*, where better services are being provided *and factors influencing the quality of essential services* for GBV survivors.

Defining Essential Services

The research methodology is based on the *Essential Services Package for Women and Girls Subject to Violence*²—developed as part of the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC in 2015—in order *to define what GBV services are essential*, and *to determine the standards* against which the different types of GBV services will be assessed.

This Essential Services Package for Women and Girls Subject to Violence (ESP) reflects the vital components of coordinated multi-sectoral responses for women and girls subject to violence. The Programme identifies the essential services to be provided by the *health, social services, police, and justice* sectors (the “Essential Services”), as well as guidelines for the coordination of Essential Services and the governance of coordination processes and mechanisms (the “Coordination Guidelines”).

The provision, coordination and governance of essential *health, justice & policing*, and *social services* are identified as the essential services that can “significantly mitigate the consequences that violence has on the well-being, health and safety of women’s and girls’ lives, assist in the recovery and empowerment of women, and stop violence from reoccurring” (UN Women et al., 2015a).

The Essential Services Package comprises six overlapping modules:

- Module 1 Overview and Introduction
- Module 2: Health Essential Services
- Module 3: Justice and Policing Essential Services
- Module 4: Essential Social Services
- Module 5: Essential Actions for Coordination and Governance of Coordination
- Module 6: Implementation Guide

In addition, the ESP identifies the following key resources to guide the implementation of the Guidelines for the effective provision of the essential services:

1. WHO Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: a manual for health managers, 2017 available at <https://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>
2. World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines available at <https://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>
3. WHO, UNW, UNFPA. Health care for women subjected to intimate partner violence or sexual violence. A clinical handbook, 2014 available at: <https://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>
4. UNODC, Blueprint of Action: Implementation Plan for Criminal Justice Systems to Prevent and Respond to Violence against Women and Girls, Chapter B.2 (on promoting effective training), available at http://www.unodc.org/documents/justice-and-prison-reform/Strengthening_Crime_Prevention_and_Criminal_Justice_Responses_to_Violence_against_Women.pdf
5. United Nations Updated Model Strategies and Practical Measures on the Elimination of Violence against Women in the Field of Crime Prevention and Criminal Justice, 2011 G.A. res 65/228, annex, <https://www.unodc.org/documents/justice-and-prison-reform/>

² Available at: <https://bit.ly/3nz1otd>

[reform/crimeprevention/Model_Strategies_and_Practical_Measures_on_the_Elimination_of_Violence_against_Women_in_the_Field_of_Crime_Prevention_and_Criminal_Justice.pdf](#)

Figure 1 below shows the key actions involved in each of the essential services as well as actions for national and local government coordination and oversight:

Essential services and actions	Health	Justice and Policing	Social services
	<ol style="list-style-type: none"> 1. Identification of survivors of intimate partner violence 2. First line support 3. Care of injuries and urgent medical treatment 4. Sexual assault examination and care 5. Mental health assessment and care 6. Documentation (medico-legal) 	<ol style="list-style-type: none"> 1. Prevention 2. Initial contact 3. Assessment/investigation 4. Pre-trial processes 5. Trial processes 6. Perpetrator accountability and reparations 7. Post-trial processes 8. Safety and protection 9. Assistance and support 10. Communication and information 11. Justice sector coordination 	<ol style="list-style-type: none"> 1. Crisis information 2. Crisis counselling 3. Help lines 4. Safe accommodations 5. Material and financial aid 6. Creation, recovery, replacement of identity documents 7. Legal and rights information, advice and representation, including in plural legal systems 8. Psycho-social support and counselling 9. Women-centred support. Children's services for any child affected by violence 10. Children's services for any child affected by violence 11. Community information, education and community outreach 12. Assistance towards economic independence, recovery and autonomy

Coordination and governance of coordination	
National level: Essential actions	Local level: Essential actions
<ol style="list-style-type: none"> 1. Law and policy making 2. Appropriation and allocation of resources 3. Standard setting for establishment of local level coordinated responses 4. Inclusive approaches to coordinated responses 5. Facilitate capacity development of policy makers and other decision-makers on coordinated responses to VAWG 	<ol style="list-style-type: none"> 1. Creation of formal structures for local coordination and governance of coordination 2. Implementation of coordination and governance of coordination

Figure 1. Essential Services Package: Overall framework diagram

Key Contents of the GBV Service Assessment Methodology

The main components of this Methodology document include:

- (1) the assessment protocol, with details of the scope of the analysis and key assessment questions, processes, and a description of methods.
- (2) guiding principles and good practices based on international standards regarding gender sensitive and rights-based approaches to researching and working on GBV.
- (3) samples of assessment tools and checklists to assess the quality of essential services; and
- (4) an indicative timeline and estimated lump-sum costs associated with conducting GBV Service Assessments

*Note: This Methodology can guide an assessment of the GBV Essential Services (health, policing and justice, and social services) to be conducted all together or separately. Thus, some of the methods of data gathering are repeated in each sectoral section; however, target respondents and tools can be tailored to the sector being assessed.

2. Assessment of GBV Essential Services: Research Objectives and Lines of Inquiry

For the implementation of essential services to meet the needs of women and girls who experienced gender-based violence, it is important to conduct an assessment of the current situation and identify gaps in the available services. This includes identifying factors that provide for an enabling environment. As the ESP Implementation Guide highlights, an assessment is necessary to *identify needs, the existing capacity to meet those needs, needs that are not being met, and establishing goals and objectives for meeting the unmet needs* (UN Women, UNFPA, WHO, UNDP, & UNODC, 2015f).

Service delivery across all essential services and actions should have the following *9 key characteristics* (UN Women et al., 2015a):

- | | |
|---|--|
| a. Availability | g. Effective communication and participation by stakeholders in the design, implementation, and assessment of services |
| b. Accessibility | h. Data collection and information management |
| c. Adaptability | i. Linking with other sectors and agencies through coordination |
| d. Appropriateness | |
| e. Prioritise safety | |
| f. Informed consent and confidentiality | |

Main Assessment Questions

There are two main research questions involved in undertaking a GBV service assessment:

- (1) **To what extent do the (a) health, (b) justice and policing, and (c) social services meet standards** of care for, and fulfilment of rights of women and girls who have experienced gender-based violence—based on the UN Essential Services Package *9 key characteristics*? and
- (2) What are the **strengths, gaps and factors influencing the quality of essential services** for GBV survivors that can inform concrete actions to improve for improvement or expansion that key stakeholders can address?
- (3) What are the **factors related to the current COVID-19 / pandemic context** that affected essential services, **and how can these be addressed?**

The sub-questions for a GBV service assessment aim to gather evidence regarding the *Foundational Elements* for services and service delivery to be of high quality. States and the health, police, justice, and social services sectors must ensure there are strong foundations in place to support these efforts.

Sub-questions:

To what extent...

1. ...is there a strong comprehensive legal framework that provides the legal and judicial basis for victims/survivors' seeking health, social services, justice, and policing services; and how are these implemented?
2. ...are their governance, oversight and accountability mechanisms that allow elected and government officials to ensure that the State's duty to provide quality essential services is met; and how effective are these mechanisms? Some examples include facilitating dialogue on whether and how guidelines should be implemented; determining the quality-of-service standards; monitoring compliance with service standards; and identifying systemic failures in their design, implementation, and delivery.

3. ...are their resources and financing required to build and sustain each sector, as well as an integrated coordinated system, that has capacity and capability to provide quality essential services that effectively and efficiently respond to violence against women and girls?
4. ...is training and workforce development available to ensure that sector agencies and coordination mechanisms have the capacity and capability to deliver quality services?
5. ...is there regular monitoring and evaluation, that can inform the continuous improvement of the sectors to deliver quality services to women and girls experiencing violence?
6. ...are policies in each sector and for coordination mechanisms gender sensitive, and linked to national policies, (as well as to a National Action Plan to Eliminate Violence against Women) in order for each sector to work alongside other services in an integrated way to provide the most effective response to women and girls subjected to violence?

3. Standards and Methods in Assessing GBV Essential Services

Essential services share a range of common characteristics and common activities. These are applicable regardless of the specific sector that may be responding to women and girls experiencing violence. Service delivery across all essential services and actions should have the following key characteristics (see table below for description and guidelines under each):

Key Characteristic / Standard for Essential Services	Guidelines
<p>Availability Essential health care, social services, justice, and policing services must be available in sufficient quantity and quality to all victims and survivors of violence regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, sexual orientation, marital status, disabilities, or any other characteristic not considered</p>	<ul style="list-style-type: none"> • Service delivery must be created, maintained, and developed in a way that guarantee women and girl's access to comprehensive services without discrimination in the whole territory of the State, including remote, rural, and isolated areas. • Services are delivered to reach all populations, including the most excluded, remote, vulnerable, and marginalized without any form of discrimination regardless of their individual circumstances and life experiences of women and girls including their age, identity, culture, sexual orientation, gender identity, ethnicity, and language preferences • Service delivery is organized to provide women and girls with continuity of care across the network of services and over their life cycle. • Consider innovative service delivery to broaden coverage of service delivery such as mobile health clinics and courts as well as the creative use of modern IT solutions when feasible
<p>Accessibility requires services to be accessible to all women and girls without discrimination. They must be physically accessible (services are within safe physical reach for all women and girls), economically accessible (affordability) and linguistically accessible (information is provided in various formats)</p>	<ul style="list-style-type: none"> • Women and girls are able to access services without undue financial or administrative burden. This means services should be affordable, administratively easy to access, and in certain cases, such as police, emergency health and social services, free of charge. • Services must be delivered as far as possible, in a way that considers the language needs of the user. • Service delivery procedures and other information about essential services are available in multiple formats (for example, oral, written, electronically) and user-friendly and in plain language to maximize access and meet the needs of different target groups.
<p>Adaptability Essential services must recognize the differential impacts of violence on different groups of women and communities. They must respond to the needs of victims and survivors in ways that integrate human rights and culturally sensitive principles.</p>	<ul style="list-style-type: none"> • Services understand and respond to the individual circumstances and needs of each victim / survivor. • A comprehensive range of services are provided to allow women and girls to have options to services that best meet their individual circumstances.
<p>Appropriateness Appropriate essential services for women and girls are those which are delivered in a way that is agreeable to her: respects her dignity; guarantees her confidentiality; is sensitive to her needs and perspectives; and minimizes secondary victimization.</p>	<ul style="list-style-type: none"> • Efforts are made to reduce secondary victimisation, for example, minimize the number of times she has to relay her story; the number of people she must deal with; and ensuring trained personnel are available. • Women and girls are supported to fully understand their options. • Women and girls are empowered to feel able to help herself and to ask for help. • Women and girls' decisions are respected after ensuring she fully understands the options available to her. • Services should be delivered in a way that responds to her needs and concerns without intruding on her autonomy.
<p>Prioritize safety risk assessment and safety planning Women and girls face many risks to their immediate and ongoing safety. These risks will be specific to the individual circumstances of each woman and girls. Risk assessment and management can reduce the level of risk. Best practice risk assessment and management includes consistent and coordinated approaches within and between social, health and police and justice sectors</p>	<ul style="list-style-type: none"> • Services use risk assessment and management tools specifically developed for responding to intimate partner violence and non-partner sexual violence. • Services regularly and consistently assess the individual risks for each woman and girl. • Services use a range of risk management options, solutions, and safety measures to support the safety of women and girls. • Service providers should ensure that women and girls receive a strengths-based, individualized plan that includes strategies for risk management. • Services must work with all agencies including health, social services, justice, and policing services to coordinate risk assessment and management approaches.
<p>Effective Communication and Participation by Stakeholders in design, implementation and assessment of services Women and</p>	<ul style="list-style-type: none"> • Service providers must be non-judgmental, empathetic, and supportive.

Key Characteristic / Standard for Essential Services	Guidelines
<p>girls need to know that she is being listened to and that her needs are being understood and addressed. Information and the way it is communicated can empower her to seek essential services. All communication with women and girls must promote their dignity and be respectful of them.</p>	<ul style="list-style-type: none"> • Women and girls must have the opportunity to tell her story, be listened to, and have her story accurately recorded and to be able to express her needs and concerns according to their abilities, age, intellectual maturity, and evolving capacity. • Service provider must validate her concerns and experiences by taking what she says seriously, not blame or judge her. • Service providers must provide information and counselling that helps her to make her own decisions.
<p>Informed consent and confidentiality All essential services must be delivered in a way that protects the woman or girl’s privacy, guarantees her confidentiality, and discloses information only with her informed consent, to the extent possible. Information about the woman’s experience of violence can be extremely sensitive. Sharing this information inappropriately can have serious and potentially life-threatening consequences for the women or girls and for the people providing assistance to her</p>	<ul style="list-style-type: none"> • Services have a code of ethics for the exchange of information (in accordance with existing legislation), including what information will be shared, how it will be shared and who it will be shared with. • Service providers working directly with women and girls are informed about, and comply with, the code of ethics. • Information relating to individual women and girls is treated confidentially and stored securely. • Women and girls are supported to fully understand their options and the implications of disclosure. • Service providers understand, and comply with, their responsibilities with respect to confidentiality.
<p>Data collection and information management The consistent and accurate collection of data about the services provided to women and girls is important in supporting the continuous improvement of services. Services must have clear and documented processes for the accurate recording and confidential, secure storage of information about women and girls, and the services provided to them</p>	<ul style="list-style-type: none"> • Ensure there is a documented and secure system for the collection, recording and storing of all information and data. • All information about women and girls who are accessing services is stored securely including: client files, legal and medical reports, and safety plans. • Ensure accurate data collection by supporting staff to understand and use the data collection systems, and providing them adequate time to enter data in data collection systems. • Ensure data are only shared using agreed protocols between organizations. • Promote the analysis of data collection to assist in understanding the prevalence of violence, trends in using the essential services, evaluation of existing services and inform prevention measures
<p>Linking with other sectors and agencies through referral and coordination Linking with other sectors and agencies through coordination, such as referral pathways, assist women and girls receive timely and appropriate services. Referral processes must incorporate standards for informed consent. To ensure the smooth navigation of the different essential services for victims and survivors, protocols, and agreements about the referral process with relevant social, health and justice services, including clear responsibilities of each service, need to be in place</p>	<ul style="list-style-type: none"> • Procedures between services for information sharing and referral are consistent, known by agency staff, and communicated clearly to women and girls • Services have mechanisms for coordinating and monitoring the effectiveness of referrals processes. • Services refer to child specific services as required and appropriate.

Table 1. Nine (9) Key Characteristics and guidelines for service delivery across all essential services and actions

Foundational Elements

Apart from Key Characteristics, for services and service delivery to be of high quality, the ESP highlights what States, and the health, police, justice, and social services sectors must ensure in order to have strong foundations in place to support quality service provision.

- 1. Comprehensive legislation and legal frameworks** States should have a comprehensive legal framework that provides the legal and judicial basis for victims/ survivors' seeking health, social services, justice, and policing services.
- 2. Governance, oversight and accountability** Governance, oversight and accountability are required to ensure that the State's duty to provide quality essential services is met. Elected and government officials are encouraged to support these efforts by facilitating dialogue on whether and how guidelines should be implemented, determining the quality-of-service standards, and in monitoring compliance with service standards and identifying systemic failures in their design, implementation, and delivery. Women and girls need to have recourse when essential services are denied, undermined, unreasonably delayed, or lacking due to negligence. Accountability is vital to ensuring essential services are available, accessible, adaptable, and appropriate. Accountability is enhanced by participation by stakeholders in design, implementation, and assessment of services.
- 3. Resources and financing** Resources and financing are required to build and sustain each sector as well as an integrated coordinated system that has capacity and capability to provide quality essential services that effectively and efficiently respond to violence against women and girls.
- 4. Training and workforce development** Training and workforce development ensures that sector agencies and coordination mechanisms have the capacity and capability to deliver quality services, and that service providers have the competency required to fulfil their roles and responsibilities. All service providers require opportunities to build their skills and expertise and to ensure their knowledge and skills remain up to date.
- 5. Monitoring and evaluation** Continuous improvement by sectors, informed by regular monitoring and evaluation, is needed to deliver quality services to women and girls experiencing violence. This relies on collection, analysis, and publication of comprehensive data on violence against women and girls in a form that can be used to gauge and promote quality service provisions.
- 6. Gender sensitive policies and practices** Policies in each sector and for coordination mechanisms need to be gender sensitive as well as integrated into a National Action Plan to Eliminate Violence against Women. For each sector to work with and alongside other services in an integrated way to provide the most effective response to women and girls subjected to violence, each sector policies should be linked with a national policy
- 7. Integration of GBV response as part of the country's overall COVID-19 pandemic response** in addition to the 6 foundational elements of the ESP, this methodology shall include a specific focus on assessing how the pandemic has affected essential services and identifying the specific needs that emerged and ways to address them.

3.1. Assessing Essential Health Services ³

Women and girls often seek health services even if they do not disclose the associated abuse or violence, thus, a quality health service response to violence against women and girls is crucial, not only to ensure survivors have access to the highest attainable health standard, but also because health care providers (such as nurses, midwives, doctors, community health workers, and others) are likely to be the first professional contact for women who experienced intimate partner violence or sexual violence (UN Women et al., 2015a).

³ Adapted from: (WHO, 2013)

Apart from the main aforementioned Research Questions and Sub-Questions regarding the foundational elements for service delivery, below are key questions to consider in the methodology for any GBV Health Service Assessment.

Key Areas for Assessment of Essential Health Services and Suggested Methods

Each of the main areas below constitute a key step in the process of assessing essential health services for GBV survivors:

1. Models of Care / Service – What are the models of care for service delivery to women exposed to intimate partner violence and sexual violence? *E.g., One-stop crisis centre model*
2. Institutional arrangements and infrastructure – Which institutions are primarily responsible for provision of GBV health services? What necessary resources, machinery/ equipment, infrastructure, etc. are available?
3. Capacity building – Are there necessary health care providers and do they have training? Is mentoring and supervision to support performance offered?
4. Guidelines and protocols – Are there established protocols or standard operating procedures for service delivery?
5. Referral systems – Are there established coordination and referrals within the health system to put protocols or standard operating procedures into practice?
6. Screening – What type/s of screening are practiced for the identification of intimate partner violence (i.e., clinical enquiry or case-finding as WHO recommends health-care providers to raise the topic with women who have injuries or conditions that they suspect may be related to violence (World Health Organization, 2014); and in a variety of settings such as general practice/primary care, antenatal care, family planning, trauma and emergency settings, HIV testing and counselling clinics, substance abuse clinics, and mental health-care settings), and among different populations?
7. Documentation and data management – What systems and protocols guide the documentation and data management of GBV survivors’ information (including information disclosure), and how is the safety of all concerned considered and planned for?

3.1.1. Standards of Essential Health Services and Key Questions for Assessment of Quality and Functionality

The standards proposed below are drawn from evidence-based recommendations in the *Responding to intimate partner violence and sexual violence against women: Clinical and policy guidelines* (WHO, 2013)⁴. These were organised according to the *Core Elements* identified in the Essential services package for women and girls subject to violence-Module 2 Health Services (UN Women, UNFPA, WHO, UNDP, & UNODC, 2015b).

Essential Health Service	Core Elements	Key Questions
ESSENTIAL SERVICE #1: IDENTIFICATION OF SURVIVORS OF INTIMATE	1.1. Information	<ul style="list-style-type: none"> ▪ Is there written information on IPV and sexual assault⁵ available in healthcare settings e.g., posters, pamphlets or leaflets made available in private areas such as women’s washrooms? ▪ How accurate, accessible, and complete is the information? E.g., have appropriate warnings about taking them home if an abusive partner is there (WHO Guidelines Recommendation 4)

⁴ Recommendations were considered as strong or conditional, on the basis of the generalizability of benefit across different settings, and the needs and preferences of women to access services, as well as taking into consideration the level of human and other resources that would be required. The ‘Strong’ recommendations were highlighted here in the form of key questions for the health service assessment.

⁵ Depending on the local legislation, the term sexual assault may also refer to sexual violence.

Essential Health Service	Core Elements	Key Questions
PARTNER VIOLENCE	1.2. Identification of women suffering intimate partner violence	<ul style="list-style-type: none"> Do health service providers ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence in order to improve diagnosis / identification and subsequent care?
ESSENTIAL SERVICE #2: FIRST LINE SUPPORT	2.1 Women-centred care	<ul style="list-style-type: none"> Are women who disclose any form of violence by an intimate partner (or other family member) or sexual assault by any perpetrator offered immediate support? Is the first line support women- or survivor-centred⁶?
	2.2 Mandatory Reporting	<ul style="list-style-type: none"> Is there mandatory reporting of violence against women to the police by health service providers? (Note: This is not recommended by WHO Guidelines) Do health service providers know that they should offer to report the incident to the appropriate authorities, including the police, if the woman wants this and is aware of her rights. <p>(Note: Child maltreatment and life-threatening incidents must be reported to the relevant authorities by the health service provider, where there is a legal requirement to do so. (WHO Guidelines Recommendation 36 and 37)</p> <ul style="list-style-type: none"> If health service providers are unable to provide first line support, do they ensure that someone else (within their healthcare setting or another that is easily accessible) is immediately available to do so?
ESSENTIAL SERVICE #3: CARE OF INJURIES AND URGENT MEDICAL ISSUES	3.1 History and examination	<ul style="list-style-type: none"> Does history take follow the standard medical procedures? Are there trained staff to provide trauma-informed care? (e.g., knowledge that during intake / assessment keeping in mind that IPV/SV women survivors are likely to be traumatized and how to refer trauma patients at a minimum) Is informed consent obtained before medical examination, treatment, forensic evidence collection, for the release of information to third parties, e.g., police and courts? Are there trained staff to conduct a thorough physical examination (with the woman's informed consent)? (See WHO Clinical Handbook for further details, pages 40-49)
	3.2 Emergency treatment	<ul style="list-style-type: none"> Is there emergency treatment available for a woman has suffered life threatening or severe conditions, and do staff know how to refer survivors immediately?
ESSENTIAL SERVICE #4: SEXUAL ASSAULT EXAM AND CARE	4.1. Complete History	<ul style="list-style-type: none"> Are there staff trained to take complete history, recording events to determine what interventions are appropriate and conduct a complete physical examination (head-to-toe including genitalia)? (WHO Guidelines Recommendation 11. Also see WHO Clinical Handbook for further details, pages 40-48)

⁶ This can be further investigated with the following principles of survivor-centered approach (SCA): • Being non-judgmental and supportive and validating what the women is saying • Providing practical care and support that responds to her concerns but does not intrude on her autonomy • Asking about her history of violence, listening carefully, but not pressuring her to talk • Listening without pressuring her to respond or disclose information • Offering information; helping her access information about resources, including legal and other services and helping her to connect to services and social supports - Provide written information on coping strategies for dealing with severe stress • Assisting her to increase safety for herself and her children, where needed • Offering comfort and help to alleviate or reduce her anxiety • Providing or mobilizing social support (including referrals). Health service providers should ensure: • That the consultation is conducted in private • Confidentiality, while informing women of the limits of confidentiality (i.e. when there is mandatory reporting).

Essential Health Service	Core Elements	Key Questions
	4.2 Emergency contraception	<ul style="list-style-type: none"> Is there emergency contraception offered to survivors of sexual assault presenting within 5 days of sexual assault, ideally as soon as possible after the assault, to maximize effectiveness? If a woman presents after the time required for emergency contraception (5 days), or emergency contraception fails, or the woman is pregnant as a result of rape, is she offered safe abortion, in accordance with national law? (WHO Guidelines Recommendations 12-14. Also see WHO Clinical Handbook for further details, pages 49-51)
	4.3 HIV post-exposure prophylaxis	<ul style="list-style-type: none"> Are women offered HIV post-exposure prophylaxis (PEP) for women presenting within 72 hours of a sexual assault? Is shared decision-making used with the survivor, to determine whether HIV PEP is appropriate and follow national guidelines for prophylaxis? (WHO Guidelines Recommendations 15-18. Also see WHO Clinical Handbook for further details, section 2.4, pages 55-57).
	4.4 Post-exposure prophylaxis for sexually transmitted infections	<ul style="list-style-type: none"> Are women survivors of sexual assault offered prophylaxis for the most common sexually transmitted infections⁷ and hepatitis B vaccine following national guidance? (WHO Guidelines Recommendations 19-20. Also see WHO Clinical handbook for further details, section 2.3, pages 52-54)
ESSENTIAL SERVICE #5: MENTAL HEALTH ASSESSMENT AND CARE	5.1 Mental health care for survivors of intimate partner violence	<ul style="list-style-type: none"> Are women experiencing violence assessed for mental health problems (symptoms of acute stress/post-traumatic stress disorder (PTSD), depression, alcohol and drug use problems, suicidality, or self-harm) and treated accordingly, using the mhGAP intervention guide, which covers WHO evidence-based clinical protocols for mental health problems? Is mental health care delivered by health service providers with a good understanding of violence against women?
	5.2 Basic psychosocial support	<ul style="list-style-type: none"> After an assault, is basic psychosocial provided for the first 1-3 months? Is monitoring for more severe mental health problems conducted? This includes: <ul style="list-style-type: none"> Helping strengthen her positive coping methods Exploring the availability of social support Teaching and demonstrating stress reduction exercises Providing regular follow-up
	5.3 More severe mental health problems	<ul style="list-style-type: none"> Is an assessment of mental status (at same time as physical examination) assessing for immediate risk or self-harm or suicide and for moderate-severe depressive disorder and PTSD conducted? Are referrals made to trained therapists, if available? Are referrals made when necessary for brief psychological treatments or cognitive behaviour therapy? (WHO Guidelines Recommendations 24-27. Also see WHO Clinical Handbook for further details, pages 67-83.)
ESSENTIAL SERVICE #6: DOCUMENTATION (MEDICO-LEGAL)	6.1 Comprehensive and accurate documentation	<ul style="list-style-type: none"> Does staff properly document in the medical record any health complaints, symptoms, and signs, including a description of her injuries? Does staff follow survivor-centred approach in documenting information? I.e., do they note the cause or suspected cause of these injuries or other conditions, including who injured her with her permission to write this information in her record, following her wishes?
	6.2 Collection and documentation of forensic specimens	<ul style="list-style-type: none"> Where a woman has consented to forensic evidence collection, is the chain of custody of evidence maintained and is everything clearly labelled?

⁷ Examples: chlamydia, gonorrhoea, trichomonas, syphilis, depending on the prevalence (WHO, 2013)

Essential Health Service	Core Elements	Key Questions
	6.3 Providing written evidence and court attendance	<ul style="list-style-type: none"> Are health service providers providing medico-legal services familiar with the legal system and know how to write a good statement (as a minimum, document injuries in a complete and accurate way, make sound clinical observations, and reliably collect samples from victims for when they choose to follow a legal recourse)?

Table 2. Essential Health Services, Core Elements and Key Questions

3.1.2. Methods to gather information to answer the Key Questions

Information and responses to the Key Questions above can be collected through a combination of primary data gathering (e.g., interviews, focus group discussions, consultation workshops, etc.) and secondary data gathering (e.g., review of documents, legislation, protocols, and reports, etc.)

Some questions can be answered by more than one method and would be useful in order to validate data through the various sources of information. For example, information on services available may be reported in national documents or human rights reports submitted by the State to various international human rights committees (e.g., CEDAW, CDC); however, it would be useful for the purpose of the GBV Service Assessment to validate how these services are functioning at the community level. Thus, responses gathered to the above questions via a document review can be complemented and validated by the information from interviews or FGDs from community members or NGO representatives.

Below are the main methods for data gathering suggested to be included in any GBV Service Assessment. It is not an exhaustive list, and can therefore be supplemented, adapted, and tailored based on the specific localities that will be included in the GBV Service Assessment, varying resources available (i.e., budget and time), and the specific research sampling and design.

1. Key Informant Interviews

In-depth and semi-structured interviews should be conducted with a wide range of stakeholders to gather information on the availability and quality of health services for GBV survivors, along with information on existing protocols (to validate any desk review) and gather additional information on formal and informal practices in the health service delivery. It is useful to conduct KIIs with:

- 1.1. Health service professionals from government institutions—especially health and psychosocial professionals in the one-stop crisis centres, and other government-run service points (e.g., Civil Surgeon at district level, Programme Officer at OCCs)
- 1.2. Representatives from national government agencies responsible for GBV services and local government (e.g., VAW focal points, DC, or Assistant DC⁸, Deputy Director of District Women Affairs, Sub Inspector at Policewomen help desk, etc.)
- 1.3. Health service professionals from NGOs (including VAW/GBV shelter managers, counsellors, survivor advocates / case managers, etc.)
- 1.4. Health and Gender/GBV programme managers from NGOs/ INGOs and UN agencies

2. Document Review

In many cases, significant information can be drawn from a review of documents, laws, policies and

⁸ Engagement with DC office depends on current engagement and existing partnerships of the organisation/UN agency conducting the GBV assessment; i.e., while it may not be possible to hold a KII with all DCs or ADCs, assessments shall endeavour to involve their offices to the extent possible.

studies reporting on the state of health services for GBV survivors. The following information are important to gather during a desk review (World Health Organization (WHO), 2017):

- 2.1. Search for mapping reports and/or directory of list of what services and programmes are in place to address violence against women including for medico-legal⁹, psychological support, and social services.¹⁰
- 2.2. Collect evaluation results and lessons learned from previous or other initiatives that provide services to survivors of violence from government and NGOs working on GBV response.
- 2.3. Identify any experts and staff who have been trained on violence against women (based on project reports).
- 2.4. Determine whether there are dedicated budgets allocated to addressing violence against women or that can be accessed to provide services.
- 2.5. Assemble any guidelines, protocols and training materials that have been developed on GBV response by government.¹¹
- 2.6. List which organization or institution is already working on this issue, what they are doing and who can be potential partners.
- 2.7. Identify any networks, partnerships or alliances addressing this issue; this can also help inform respondents for other primary data gathering (KIIs, and FGDs)
- 2.8. Ascertain if there is a focal point or unit/ministry/department or working group designated/mandated to coordinate the response to violence against women.
- 2.9. Identify any mechanisms for coordination and referral between the health and other sectors on violence against women

3. Focus group discussions

Discussions with community members that are composed of a good representation of users of health service can provide greater detail and insight regarding the quality of GBV services. Moreover, in countries where there is limited data on GBV issues and priority safety needs of women and girls, the GBV Service Assessment FGDs can also include questions to identify the most pressing needs of women and most urgent GBV threats present in the communities. Suggested organisation of focus group discussions include having separate FGDs conducted for the following stakeholders:

- 3.1. Government VAW focal points from various levels of local government (including *Upazila and Union Parishad* members knowledgeable on GBV services in the localities, e.g., Women Development Forum, VAW Standing Committees, etc.)
- 3.2. Community-based organisation / grassroots women's rights organisations leaders whether formal or informal (e.g., Changemakers, other NGO-organised groups of GBV advocates)
- 3.3. Youth leaders including advocates organised and trained by NGOs on related issues e.g., child marriage, adolescent clubs, comprehensive sexuality education
- 3.4. Community women (e.g., leaders of homeowner's associations, members of Village Savings and Loan Associations, etc.)
- 3.5. Community health workers

⁹ The World Health Organization has developed guidelines for medico-legal care for victims of sexual violence WHO (2004) Guidelines for medico-legal care for victims of sexual violence.

¹⁰ These could include national mapping reports by government, UN agencies or other INGOs, as well as local mapping documents from NGOs working on GBV response (i.e., District or sub-district level), or humanitarian actors in refugee or IDP camps.

¹¹ These could also include those developed by NGOs or jointly by government and NGOs if they are widely used and referenced in the country (national or sub-national levels).

*Note: It is advisable to have separate FGDs for women and men / adolescent girls and boys, as well as separate for adults and young people. Similarly, it may also be appropriate to have separate FGDs for government and NGO health service providers.

4. Self-Assessment Survey

In the event that there is enough time and resources to conduct a comprehensive GBV Service Assessment (as opposed to just a rapid assessment), Self-Assessment Surveys can be conducted with health service providers from government and NGOs in all the Divisions and Districts in the country. The questions in *Table 2. Essential Health Services, Core Elements and Key Questions* serve as the main questionnaire to conduct this survey.

5. Assessment and Planning Workshops

It is useful to organize a workshop to analyse critical capacity gaps and barriers to care and support services for women and girls who experienced GBV. Thus, to complete any GBV service assessment, once particular standards and quality issues have been identified, a workshop is needed to engage multiple stakeholders and ensure participation of both government and nongovernment stakeholders in the development of an action plan (with immediate and intermediate actions) to address barriers faced by survivors of GBV in accessing care and support services.

3.2. Assessing Essential Justice and Policing Services

Based on the ESP Module on Justice and Policing (UN Women, UNFPA, WHO, UNDP, & UNODC, 2015c) these services cover all survivor’s interactions with the police and the justice system from reporting or initial contact to ensuring appropriate remedies. The services are grouped according to the broad stages of the justice system: prevention, initial contact; investigation; pre-trial / hearing processes; trial / hearing processes; perpetrator accountability and reparations; and post-trial processes. There are also services that must be available throughout the entire justice system: protection; support; communications; and justice sector coordination. See *Figure 2 below*.



Figure 2. Policing and Justice services are grouped according to the broad stages of the justice system and services that must be available throughout the entire justice system.

Below is a checklist of important steps and considerations for conducting an assessment specifically of the justice and policing services for GBV survivors, drawn from the ESP Module 6 Implementation Guide (UN Women et al., 2015f):

1. Consult with relevant justice and police stakeholders, including with survivors, where possible, following ethical and safety recommendations.

2. Assess current enabling factors¹²:
 - ☑ Identify what legal frameworks are in place and identify the gaps and law reform needs to ensure a comprehensive legal framework for the effective delivery of quality essential justice and policing services¹³.
 - ☑ Identify existing joint and sector justice policies and practices, whether there are specific policies on violence against women for the justice and policing sectors and if they are linked to national policy and action plans, and whether such policies are integrated into existing justice and policing services.
 - ☑ Identify any companion procedures and protocols¹⁴.
 - ☑ Identify what resources and financing are in place and the minimum requirements for the functioning of those services.
 - ☑ Identify the current workforce capacity and development and training approaches.
 - ☑ Identify governance, oversight, and accountability mechanisms currently in place.
 - ☑ Identify the current ability of the justice and policing sectors to monitor and evaluate service delivery.

3. If there is no mapping yet available, map existing justice and policing essential services that are currently available in terms of availability, accessibility, responsiveness, adaptability, appropriateness, analyse quality and identify gaps.

3.2.1. Standards of Essential Policing and Justice Services and Key Questions for Assessment

The standards proposed below are the *Core Elements* identified in the Essential services package for women and girls subject to violence-Module 3 Justice and Policing Services (UN Women et al., 2015c)

Essential Policing and Justice Services	Core Elements	Key Questions
ESSENTIAL SERVICE #1. PREVENTION	1.1 Promotion and support of organizations and initiatives seeking to end violence against women and increase gender equality	<ul style="list-style-type: none"> ▪ To what extent do justice service providers seek out and establish relationships, and work collaboratively with organizations on long term strategies that seek to end violence and increase the equality of women? e.g., engaging educational institutions, women’s groups, men and boys, parents, young people, and the media to advocate for, and take action to reduce GBV ▪ To what extent do justice service providers demonstrate gender responsiveness e.g., consider the implications of policies, procedures and practices on women and men and adjust them to promote gender equality and GBV prevention? ▪ Do they ensure there is in place and enforce a zero-tolerance policy against violence committed against any person, including victims/survivors of violence against women for all employees? e.g., with defined sanctions for non-compliance such as the harassment of survivors of GBV by police or other justice actors

¹² For more detailed guidance on conducting gender assessments in the criminal justice system see UNODC Gender Assessment Tool UNODC (2010) Gender in the Criminal Justice Assessment Tool: <https://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/E-book.pdf>

¹³ For guidance, please see the UN Women Legislation Handbook: <https://www.unwomen.org/en/digital-library/publications/2012/12/handbook-for-legislation-on-violence-against-women>

¹⁴ For Guidance see the UN Women NAP Handbook : <https://www.unwomen.org/en/digital-library/publications/2012/7/handbook-for-national-action-plans-on-violence-against-women>

Essential Policing and Justice Services	Core Elements	Key Questions
	1.2 Support efforts to raise awareness and promote the unacceptability of men’s and boy’s violence against women	<ul style="list-style-type: none"> ▪ To what extent do justice service providers contribute to developing and implementing strategies to challenge social norms that contribute to the acceptability of VAWG? (Including affirm that men and boys are a significant part of the solution to addressing violence against women and girls) ▪ To what extent do they work with CSOs to increase public confidence in the ability of the justice system to respond effectively to VAWG? E.g., demonstrating commitment provide safety, support, and protection to survivors, promoting perpetrator accountability.
	1.3 Stopping violence and prevent future violence against women	<ul style="list-style-type: none"> ▪ Do justice service providers maintain accurate records of reported VAWG incidents of to identify trends of reporting to police services (including collection of data to assist in understanding the prevalence of various types of VAWG in the country, and in local jurisdictions) ▪ To what extent do they take action to prevent further violence based on analysis, through: a. early intervention, b. quick response and removal of the survivor and relevant others from violence, and c. arrest and removal of the perpetrator from the scene of violence?
	1.4 Encouraging women to report violence perpetrated against them	<ul style="list-style-type: none"> ▪ To what extent so justice service providers actively encourage reporting of violence through provision of community information and ensuring police can be contacted 24 hours a day, 365 days a year ? ▪ To what extent do they strive to increase women's confidence to report by responding quickly and appropriately to reported acts of violence against them.
ESSENTIAL SERVICE #2. INITIAL CONTACT	2.1 Availability	<ul style="list-style-type: none"> ▪ To what extent are justice and policing services available to every survivor regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, sexual orientation, marital status, disabilities, or any other characteristics that need to be considered?
	2.2 Accessibility	<ul style="list-style-type: none"> ▪ Is access to police services available 24 hours per day, 365 days per year? ▪ Are they geographically accessible? (Or where not geographically accessible, is there a mechanism in place that enables survivors to safely contact/access police services through other available means?) ▪ Are they user friendly, and meets the needs of various target groups including, for example, but not limited to those who are illiterate, visually impaired, or do not hold citizen or resident status? ▪ Are justice premises safe and have women and child friendly spaces? ▪ Are police being free of charge and does accessing service not place undue financial or administrative burdens on the victim/survivor? ▪ Are there steps taken to ensure survivors have access to needed "for fee services" (such as, medical examinations, psychological support services)?
	2.3 Responsiveness	<ul style="list-style-type: none"> ▪ Can a survivor make a report at any time, at a location that is safe, private? ▪ and limits the number of people a survivor must deal with? ▪ To what extent do policy and practice reflect the survivor-centred approach and principle of informed consent (i.e., especially in determining whether or not to proceed with an investigation or court process and not be punished for failing to cooperate when her safety cannot be guaranteed)? ▪ Are there trained service providers being available to assist and support the victim in filing her complaint?

Essential Policing and Justice Services	Core Elements	Key Questions
		<ul style="list-style-type: none"> ▪ Are justice service providers meeting a VAWG survivor non-judgmental, empathetic, and supportive; proceed in a manner that prevents secondary victimization; listens to her story; responds to the survivor's concerns but is not intrusive, and ensures the survivor's privacy is maintained? ▪ Are girl survivors able to express their views and concerns according to their abilities, age, intellectual maturity, and evolving capacity?
ESSENTIAL SERVICE #3. INVESTIGATION	3.1 Cases of violence against women are given high investigation priority	<ul style="list-style-type: none"> ▪ Are there policies in place that require justice service providers receiving VAWG reports of violence to explain a survivor's rights, and the services available to her throughout the justice process? ▪ Are there policies and procedures to immediately commence a survivor sensitive investigation and ensure that reports are immediately investigated and followed up? ▪ Are there mechanisms to ensure justice actions taken do not cause further harm and that survivors are not asked to wait to make a report, or be in any other way impeded in their effort to bring their case to the attention of justice authorities? ▪ Are there mechanisms to ensure that suspects are arrested as soon as practicable, and that suspects are required to submit to measures implemented for the protection of victims?
	3.2 Survivor medical and psycho-social needs are addressed	<ul style="list-style-type: none"> ▪ To what extent does the justice response during investigation focus on the survivor's needs, keeping in mind the physical and mental trauma she has experienced, and her medical and social needs? (e.g., justice service providers respond appropriately to problems that require immediate medical response; justice service providers facilitate access to medical assistance and medico-legal examinations)
	3.3 Relevant information and evidence is collected from the victim/survivor and witnesses	<ul style="list-style-type: none"> ▪ Is a victim statement taken promptly, and in a professional, non-judgmental, and victim sensitive manner? ▪ Is the medico-legal examination conducted and documented a timely and gender sensitive manner? ▪ Is all available evidence that can lend credibility to the allegation collected and is it collected in a respectful manner that maintains the dignity of the survivor? ▪ Is the crime scene viewed, investigated, and protected to preserve evidence? ▪ Are investigations working with girl survivors tailored to the unique requirements of the age of the girl (e.g., interview rooms and interviews are child friendly, procedures are child sensitive, the non-offending parent/guardian is involved, victim support services are age appropriate, and confidentiality is maintained)? ▪ Are witnesses and other persons who may have relevant information identified and interviewed as soon as practicable (i.e., make every attempt to corroborate the victim/survivor's statement)?
	3.4 A thorough investigation is conducted	<ul style="list-style-type: none"> ▪ Is a thorough investigation conducted to ensure that the suspect is identified, interviewed and when appropriate, arrested? ▪ Is there a thorough and well documented report that details investigations conducted, and actions taken?
	3.5 Professional accountability is	<ul style="list-style-type: none"> ▪ To what extent is there organizational accountability established and maintained throughout the investigation process e.g., the organization

Essential Policing and Justice Services	Core Elements	Key Questions
	maintained throughout the investigation	<p>ensures that someone is assigned to the case, ensure investigations are thorough and meet evidentiary requirements, ensure services are delivered to meet the survivor's needs?</p> <ul style="list-style-type: none"> ▪ Is there a transparent and accountable complaint management system in place to address service complaints?
ESSENTIAL SERVICE #4. PRE-TRIAL PROCESSES	4.1 Coordinated and integrated approaches to criminal, civil, family, and administrative law cases	<ul style="list-style-type: none"> ▪ Do justice service providers pro-actively seek information on any other on-going justice procedure (criminal, civil, family, administrative matters) that is relevant? ▪ Do they check for any outstanding protection and support orders and provide such information to the courts? (Including information from other proceedings as appropriate within the justice system)
	4.2 Primary responsibility for initiating prosecution	<ul style="list-style-type: none"> ▪ Does the primary responsibility for initiating prosecution rest with the justice service provider and not with the survivor? ▪ Do prosecution policies allow for victim agency? i.e., informing the survivor of any decisions concerning prosecution, unless she indicates that she does not want this information; listening to the survivor before any decisions concerning prosecution are made, etc.? ▪ Are there pro-prosecution policies to promote evidence building that focuses on the credibility of the allegation rather than the credibility of the survivor? (Including ensuring the collection of medico-legal and forensic evidence referring to complementary guidelines in the Health Module (essential service no. 7) ▪ Are barriers that place undue pressure on the survivor to withdraw charges reduced?
	4.3 Correct charge and approval of the charge made quickly	<ul style="list-style-type: none"> ▪ To what extent are there policies in place to ensure a decision regarding the correct charge and approval of the charge is made quickly and is based on the application of fair procedures and evidential standards? And ensures a decision regarding the charge reflects the gravity of the offence? ▪ Is “violence against women” regarded as an aggravating or decisive factor in deciding whether or not to prosecute in the public interest?
	4.4 Accessible, affordable, and simplified procedures to access justice	<ul style="list-style-type: none"> ▪ Are civil, family, and administrative law procedures (family court, tort claims, pre-trial discovery procedure) accessible and affordable? ▪ Are family law cases are scanned for domestic violence concerns and treated in a distinct manner?
	4.5 Prioritization of cases	<ul style="list-style-type: none"> ▪ Are there fast track procedures that can identify cases involving violence against women and prioritize them in court dockets, etc.? Whether in criminal justice or civil, family law and/or administrative matters? ▪ In cases of girl victims, do trials take place as soon as practical? (Unless delays are in the child’s best interest)
	4.6 Application of fair procedures and evidential standards in all pre-trial processes	<ul style="list-style-type: none"> ▪ To what extent is fair burden and evidentiary standards applied? ▪ Is all basic evidence collection completed before any decisions are made about the case? ▪ Are delays at all stages of the decision-making in the prosecution reduced? (e.g., limiting the number of case continuances/adjournments, taking into account the impact on the survivor). ▪ Are there pre-trial case management procedures that ensure that all relevant information has been gathered?

Essential Policing and Justice Services	Core Elements	Key Questions
	4.7 Victim / survivor centred, empowerment oriented and rights based pre-trial processes	<ul style="list-style-type: none"> ▪ To what extent are the service providers aware of and do they practice survivor-centred approach (e.g., are non-judgmental and supportive. survivors have a safe environment, full participation, informed consent, privacy, and confidentiality, respect their dignity and integrity, and minimize intrusion into their lives.)
	4.8 Readiness for trial	<ul style="list-style-type: none"> ▪ Are there mechanisms to ensure coordination of all key service providers (police, health care providers, etc)? ▪ Are there implementation and oversight mechanisms to ensure readiness for trial? e.g., attendance of critical witnesses; statements, analyses, and evidence is compiled; justice service providers are competent to present evidence in court in an ethical, objective, professional manner, etc. ▪ Are access for victim/survivor support, court familiarization and court preparation services appropriately facilitated?
	4.9 No forced mediation, alternative dispute resolution in cases involving violence against	<ul style="list-style-type: none"> ▪ Is mediation or restorative justice¹⁵ only allowed where procedures are in place to guarantee no force, pressure or intimidation has been used?
	4.10 Special considerations for victims / survivors who are suspected or accused of criminal behaviour	<ul style="list-style-type: none"> ▪ Where there are signs that the suspect may be a victim/survivor of violence against women, are there policies and procedures to ensure that evidence gathering appreciates the context of the violence she has experienced, for example, evidence that may support a self-defence claim? ▪ Are there mechanisms to perform a psychological examination to determine the mental state of the suspect? ▪ Are considerations made for vulnerabilities of suspects that are survivors of VAWG?
ESSENTIAL SERVICE #5. TRIAL / HEARING PROCESSES Victims	5.1 Safe and friendly court room environment	<ul style="list-style-type: none"> ▪ To what extent are there sufficient support mechanisms for survivors? e.g., allowing a support person to be with the survivor during the trial process; removing all unnecessary persons, including the alleged offender, whilst the victim/witness gives her evidence; ensuring no direct contact between victim/survivor and accused, using court-ordered restraining orders, or ordering pre-trial detention, etc. ▪ Are there mechanisms to notify appropriate authorities in the case of or suspicion of the victim/survivor being harmed or at risk of being harmed during the trial or hearing process?
	5.2 Protection of privacy, integrity, and dignity	<ul style="list-style-type: none"> ▪ To what extent are available measures that can protect the victim/survivor's privacy, integrity and dignity applied for during the hearing process? E.g., disallowing any misstatements or attempts to intrude too far on the witnesses' safety; removing any identifying information such as names and addresses from court's public record or

¹⁵ The use of mediation or restorative justice practices to address issues of violence against women is complicated for many reasons but mainly because there is already an unequal power relationship between the victim/survivor and the perpetrator which is often further perpetuated and exploited in such processes. Whilst guidelines have been provided in relation to this process, its use should be carefully considered taking into account the dynamics of intimate partner violence, issues of power and safety concerns (UN Women et al., 2015c).

Essential Policing and Justice Services	Core Elements	Key Questions
		use a pseudonym for the survivor, excluding public and media from courtroom during the girl’s testimony, where permitted by national law.
	5.3 Opportunity for full participation	<ul style="list-style-type: none"> ▪ To what extent are measures that can facilitate the survivor’s testimony in hearing applied? E.g., measures that permit the victim to testify in a manner that allows her to avoid seeing the accused, for example screens, behind closed doors, closed circuit television (CCTV). ▪ Are case management approaches adopted that ensure the survivor has an opportunity to fully participate in the proceedings with the least amount of secondary victimization and reduce the survivor’s stress, etc.? ▪ Are there child-sensitive procedures for girl survivors?
	5.4 Opportunity to give details of the impact of the crime	<ul style="list-style-type: none"> ▪ Is the survivor given the opportunity to give details of the impact of the crime if she wishes to do so? And are there different options for her to submit this information at trial?
	5.5 Non-discriminatory interpretation and application of evidentiary rules	<ul style="list-style-type: none"> ▪ To what extent do the processes in criminal justice or civil, family law systems ensure all relevant evidence is brought before the court, including allowing expert witnesses with experience on complexities of violence against women and girls? ▪ Are complaints regarded as credible and valid unless contrary is clearly indicated? ▪ Are steps taken to mitigate the potential impact of existing discriminatory evidentiary rules and procedures? e.g., disallow any questioning that relies on myths and stereotyping, or about the survivor’s sexual history when it is unrelated to the case. ▪ Does the application of the rules (in particular gender-based cautionary rules) and principles of defence discriminate against women or allow perpetrators of violence against women to escape criminal responsibility?
	5.6 Special considerations for survivors who have been charged with criminal offences	<ul style="list-style-type: none"> ▪ To what extent are considerations at criminal trials made for survivors who have been charged with criminal offences? ▪ Are steps taken to mitigate the potential impact of existing discriminatory evidentiary rules and procedures? E.g. object to or disallow any unfair, unnecessarily repetitive, aggressive, and discriminatory questioning by the prosecution
ESSENTIAL SERVICE #6. PERPETRATOR ACCOUNTABILITY AND REPARATIONS	1.1. Justice outcomes commensurate with the gravity of the crime and focused on the safety of the victim/survivor	<ul style="list-style-type: none"> ▪ To what extent are there sentencing policies that ensure consistent sentences commensurate with the gravity of the crime and meet the goals of deterring violence against women, stopping violent behaviour, promoting victim and community safety, and taking into account impact on victims/survivors and family? Do they consider aggravating factors for sentencing purposes? e.g., repeated violent acts, abuse of a position of trust or authority, perpetration of violence against a spouse or against a person under 18 years of age. ▪ Are there policies and procedures to inform survivors of any release of the offender? ▪ Do court decisions of family law cases that involve violence against women take into account the impacts to the victim/survivor and her

Essential Policing and Justice Services	Core Elements	Key Questions
		<p>family, particularly on the victim’s children, and on other relevant persons?</p> <ul style="list-style-type: none"> ▪ Are there timely, effective, gender sensitive and age-appropriate civil remedies for the different harms suffered by women and girls?
	6.2 Participation of victims / survivors at sentencing hearings, in applicable jurisdictions	<ul style="list-style-type: none"> ▪ To what extent is there opportunity for victims/survivors to tell the court the physical and psychological harm and the impact of victimization at the sentencing hearing? ▪ Are survivors allowed a role in sentencing through a broad range of methods that suit individual needs (for example, written or oral victim impact statements, victim impact reports done by experts such as social workers)? ▪ Are procedures simple, accessible, and free? ▪ In the case of girl victims, are the procedures are child-sensitive?
	6.3 Available and accessible options for reparations	<ul style="list-style-type: none"> ▪ To what extent are reparations are considered in criminal cases? E.g., restitution and financial compensation for harms done to the survivor is prioritized ahead of fines and penalties and should not preclude the victim in pursuing civil or other remedies ▪ In civil, family law and/or administrative matters, are there compensation schemes to provide timeliness of compensation to the survivor, ensure no fee is charged for application to compensation, make available, where possible, legal aid and other forms of legal assistance?
	6.4 Reparations that cover consequences and harms suffered by victim/survivor	<ul style="list-style-type: none"> ▪ Is the calculation of the survivor’s damage and costs incurred as a result of the violence are as expansively defined as possible, and aim to be transformative?
	6.5 Enforcement of remedies	<ul style="list-style-type: none"> ▪ To what extent are remedies decided upon effectively enforced? ▪ Are there measures to monitor the effective enforcement of remedies?
	6.6 Redress when essential justice services are denied, undermined, unreasonably delayed, or lacking due to negligence	<ul style="list-style-type: none"> ▪ To what extent are there a broad range of damages provided caused by the denial, undermining or unreasonable delay of justice? E.g., damages for lost wages, livelihoods and other expenses caused by the denial or delay; damages for emotional, psychological harm; actual expenses in seeking such redress, including transportation. ▪ Is there a process for claiming redress against the State? Is it simple, free, and safe?
ESSENTIAL SERVICE #7. POST TRIAL PROCESSES	7.1 Interventions that prevent re-offending focus on survivor safety	<ul style="list-style-type: none"> ▪ Does the rehabilitation treatment programme reduce risk for the repeat of the offense and promotes victim/survivor safety? ▪ To what extent are the perpetrators assessed for suitability prior to acceptance into a rehabilitation programme? ▪ Is a risk assessment conducted with the safety of victim/survivor? ▪ Is there appropriate supervision of rehabilitation programmes? ▪ Are there appropriate consequences for perpetrators who do not satisfactory complete their programmes?
	7.2 Prevention of and response to violence of women who are detained for any reason	<ul style="list-style-type: none"> ▪ Are there services in place for women in detention who experienced violence against women prior to detention? ▪ Is further victimization of female prisoners during visits by abusive intimate or former intimate partners? ▪ Are there special measures to protect women who are detained with their children?

Essential Policing and Justice Services	Core Elements	Key Questions
	7.3 Reduction of exposure to violence of female offenders in detention and post detention services	<ul style="list-style-type: none"> ▪ Are there accessible support and measures for redress for violence occurring during detention? ▪ To what extent are there detention and post detention services provided for female offenders to reduce their exposure to violence? ▪ Are there rehabilitation and re-integration programmes to include skills programmes, vocational training, and capacity building to ensure female offenders who have been victims of violence can avoid past abusive environments?
ESSENTIAL SERVICE #8. SAFETY AND PROTECTION	8.1 Access to immediate, urgent, and long-term protection measures	<ul style="list-style-type: none"> ▪ Are there immediate and urgent protection measures accessible to all survivors?
	8.2 Enforcement of protection measures	<ul style="list-style-type: none"> ▪ Is there prompt service of protection orders? ▪ Are roles and responsibilities for enforcement of protection measures clearly defined? ▪ Is there appropriate monitoring of protection measures? ▪ Is any breach responded to immediately? ▪ Are justice service providers held accountable for inaction in enforcement of protection measures?
	8.3 Risk assessment	<ul style="list-style-type: none"> ▪ To what extent is the risk assessment supported by timely gathering of intelligence, seek survivor perspective on potential threat, and implement strategies to eliminate or reduce victim/survivor risk? ▪ Are there ongoing risk assessments to identify changes in survivor vulnerability and are appropriate measures taken to ensure the victim remains safe?
	8.4 Safety planning	<ul style="list-style-type: none"> ▪ To what extent are safety plans developed and implemented based on risk assessment? ▪ Are safety plans reviewed and updated on an on-going basis?
	8.5 Prioritization safety concerns in all decisions	<ul style="list-style-type: none"> ▪ Are there policies and procedures to maintain the safety of the survivor, her family and relevant others? ▪ Does any decision concerning the release of the suspect or offender take into account the risk to the victim/survivor and consider her safety?
	8.6 Coordinated protection measures	<ul style="list-style-type: none"> ▪ Is there a registration system for protection orders to ensure all justice service providers have quick access to the relevant information? ▪ Can information be exchanged legally and safely, protecting confidentiality of the survivor?
	8.7 Coordinated protection and support services	<ul style="list-style-type: none"> ▪ To what extent are there integrated protocols and effective referral networks to arrange and supervise emergency measures? ▪ Are there coordinated efforts to develop standards for referral services? ▪ Are there support measures such as child support or alimony available to assist the survivor to safely rebuild her life?
ESSENTIAL SERVICE: 9. SUPPORT AND ASSISTANCE	9.1 Practical, accurate, accessible, and comprehensive information	<ul style="list-style-type: none"> ▪ Is there a broad range of information, including, at a minimum a clear description of justice processes in various languages and formats to meet the needs of different groups of women? ▪ Is timely information about a survivor's case available to her, including her role and opportunities for participating in the proceedings?
	9.2 Legal services	<ul style="list-style-type: none"> ▪ Are legal services are provided by the prosecution office? Are these affordable? ▪ Are administrative processes to obtain legal aid free and simple?

Essential Policing and Justice Services	Core Elements	Key Questions
		<ul style="list-style-type: none"> ▪ In civil, family law and/or administrative matters, are there a broad range of legal services, e.g., legal information, legal advice, legal assistance, and legal representation? Including where survivors have been accused of, or charged with a criminal offence?
	9.3 Victim and witness support services	<ul style="list-style-type: none"> ▪ What types of support services are available to survivors? E.g., psychological support, practical assistance, court preparation and support ▪ Are they provided throughout the justice continuum? ▪ Are support services tailored to individual survivor's needs? e.g., child friendly support services for both girls. ▪ Are the support persons professionals or trained in the complexity of violence against women and justice systems?
	9.4 Referrals to health and social service providers	<ul style="list-style-type: none"> ▪ To what extent do justice service providers work with other service providers to develop and implement integrated protocols and effective referral networks? To ▪ Are there standards for referral services?
ESSENTIAL SERVICE: 10. COMMUNICATION	10.1 Simple and accessible information about justice services	<ul style="list-style-type: none"> ▪ Is there adequate and timely information on available services provided in a manner that considers the needs of various target groups?
	10.2 Communications promote the dignity and respect of survivor	<ul style="list-style-type: none"> ▪ To what extent the communications between justice service providers and the survivors are survivor-centred? E.g., non-judgmental, empathetic, and supportive, her complaint is regarded as credible and valid unless the contrary is clearly indicated, she is treated with respect ▪ Do communicators use plain language that is patiently explained? ▪ Are there mechanisms to ensure the victim/survivor's privacy is maintained, and the confidentiality of all information is kept?
	10.3 Ongoing communication with the victim/ survivor	<ul style="list-style-type: none"> ▪ To what extent is regular communication maintained with the survivor throughout the justice process? E.g., including about any change in the level of risk she is exposed in case the suspect has escaped, or has been released and is on bail or parole ▪ Is there a justice service provider assigned to follow-up with the survivor and provides her with contact information for immediate response in the event of anticipated or actual violence or breach of protection order? ▪ Is there a mechanism in place to provide police reports to survivors and/or their legal team to facilitate action in related legal matters?
	10.4 Regular and effective communication between justice agencies	<ul style="list-style-type: none"> ▪ To what extent is there effective information sharing amongst justice service providers? ▪ Is informed consent for disclosure of information sought from the survivor and/or parents/guardians and legal representative of the girl survivor? ▪ Are there protocols and referral mechanisms/pathways that promote timely and efficient flow of information amongst justice service providers?
	10.5 Communication by justice agencies with other agencies	<ul style="list-style-type: none"> ▪ Is information is shared with other agencies within privacy and confidentiality requirements? ▪ Is informed consent for disclosure sought from the victim/survivor wherever possible?
ESSENTIAL SERVICE: 11. COORDINATION	11.1 Coordination amongst justice sector agencies	<ul style="list-style-type: none"> ▪ Do the integrated and coordinated justice responses incorporate broad stakeholder involvement? ▪ To what extent to justice agencies have a shared understanding of violence against women issues and the survivor-centred principles?

Essential Policing and Justice Services	Core Elements	Key Questions
AMONG JUSTICE AGENCIES		<ul style="list-style-type: none"> To what extent is there a consistent and coordinated approach to case management, risk assessment, safety planning among justice sector agencies?

Table 3. Essential Policing and Justice Services, Core Elements and Key Questions

Note: Some of the questions may be repetitive, however, each one is listed in each of the Essential Justice Services and Core Elements in order to ensure that the survivor-centred approach is embedded in each stage of a survivor’s contact with the justice system.

This detailed list of key questions aims to guide the researchers to look at all aspects of the survivors’ experience with the justice system. Nonetheless, upon the design of the sampling and conduct of the specific GBV Service Assessment of Policing and Justice Services, these Key Questions can be consolidated and prioritised based on the respondents and methods of data gathering selected. As with the table on the health essential services (Table 2), this table can be used for a comprehensive GBV Service Assessment that includes a Self-Assessment Survey to be conducted with justice service providers and police.

3.2.2. Methods to gather information to answer the Key Questions for Justice and Policing

The long list of key questions outlined in the above section can be answered through a combination of the following methods of data gathering. Some questions can be answered by more than one method and would be useful in order to validate data through the various sources of information.

For example, information on services available may be reported in national documents or human rights reports submitted by the State to various international human rights committees (e.g., CEDAW, CDC); however, it would be useful for the purpose of the GBV Service Assessment to validate how these services are functioning at the community level. Thus, responses gathered to the above questions via a document review can be complemented and validated by the information from interviews or FGDs from community members or NGO representatives.

Below are the main methods for data gathering suggested to be included in any GBV Service Assessment. It is not an exhaustive list, and can therefore be supplemented, adapted, and tailored based on the specific localities that will be included in the GBV Service Assessment, varying resources available (i.e., budget and time), and the specific research sampling and design.

1. Key Informant Interviews

In-depth and semi-structured interviews should be conducted with a wide range of stakeholders to gather information on the availability and quality of policing and justice services for GBV survivors, along with information on existing protocols (to validate any desk review) and gather additional information on formal and informal practices among justice service providers. It is useful to conduct KIIs with:

- 1.1. Police / women’s desk officers, including women’s police networks
- 1.2. Public prosecutors / Public Attorneys and other justice service professionals from government institutions
- 1.3. Justices (and if any, to include justices of special DV / VAW courts, family court, members of women’s judges association, etc.)

- 1.4. Representatives from national government agencies responsible for GBV legal services and local government (e.g., VAW focal points, DC, or Assistant DC¹⁶, Deputy Director of District Women Affairs, Sub Inspector at Policewomen help desk, etc.)
- 1.5. Human rights defenders, women's rights lawyers and other justice service professionals from NGOs providing legal services to GBV survivors
- 1.6. Gender and Access to Justice programme managers from NGOs/ INGOs and UN agencies (ex: UNDP, UNODC, UN Women)

2. Document Review

In many cases, significant information can be drawn from a review of documents, laws, policies and studies reporting on the state of policing and justice services for GBV survivors. The following information are important to gather during a desk review:

- 2.1. Search for mapping reports and/or directory or list of what justice services and programmes are in place for GBV survivors¹⁷
- 2.2. Legal frameworks are in place and identify the gaps and law reform needs to ensure a comprehensive legal framework for the effective delivery of quality essential justice and policing services¹⁸.
- 2.3. Existing joint and sector justice policies and practices, (identify whether there are specific policies on VAW for the justice and policing sectors and if they are linked to national policy and action plans, and whether such policies are integrated into existing justice and policing services)
- 2.4. Government reports on budgets, resources, and financing in place for the functioning of justice services.
- 2.5. Documents on current workforce capacity and development and training approaches.
- 2.6. Documents on current ability of the justice and policing sectors to monitor and evaluate service delivery or documents on governance, oversight, and accountability mechanisms currently in place.
- 2.7. Assemble any guidelines, protocols and training materials that have been developed on GBV response by government.¹⁹
- 2.8. Identify any networks, partnerships or alliances providing justice services to GBV survivors; this can also help inform respondents for other primary data gathering (KIIs, and FGDs)

3. Focus group discussions

Discussions with community members that are composed of a good representation of users and community providers of policing and justice services for GBV survivors can provide greater detail and insight regarding the quality of these services. Moreover, in countries where there is limited data on GBV issues and priority safety needs of women and girls, the GBV Service Assessment FGDs can also include questions to identify the most pressing needs of women and most urgent GBV threats present in the communities. Suggested organisation of focus group discussions include having separate FGDs conducted for the following stakeholders:

- 3.1. Government VAW focal points from various levels of local government (including *Upazila and Union Parishad* members knowledgeable on GBV services in the localities, e.g., Women Development Forum, VAW Standing Committees, etc.)

¹⁶ Engagement with DC office depends on current engagement and existing partnerships of the organisation/UN agency conducting the GBV assessment; i.e., while it may not be possible to hold a KII with all DCs or ADCs, assessments shall endeavour to involve their offices to the extent possible.

¹⁷ These could include national mapping reports by government, UN agencies or other INGOs, as well as local mapping documents from NGOs working on GBV response (i.e., District or sub-district level), or humanitarian actors in refugee or IDP camps.

¹⁸ For guidance, please see the UN Women Legislation Handbook: <https://www.unwomen.org/en/digital-library/publications/2012/12/handbook-for-legislation-on-violence-against-women>

¹⁹ These could also include those developed by NGOs or jointly by government and NGOs if they are widely used and referenced in the country (national or sub-national levels).

- 3.2. Community-based organisation / grassroots women's rights organisations leaders whether formal or informal (e.g., Changemakers, other NGO-organised groups of GBV advocates)
- 3.3. Youth leaders including advocates organised and trained by NGOs on related issues e.g., child marriage, adolescent clubs, comprehensive sexuality education
- 3.4. Community women (e.g., leaders of homeowner's associations, members of Village Savings and Loan Associations, etc.)
- 3.5. Community volunteers tasked with safety and security

*Note: It is advisable to have separate FGDs for women and men / adolescent girls and boys, as well as separate for adults and young people. Similarly, it may also be appropriate to have separate FGDs for government and NGO service providers.

4. Self-Assessment Survey

In the event that there is enough time and resources to conduct a comprehensive GBV Service Assessment (as opposed to just a rapid assessment), Self-Assessment Surveys can be conducted with police and justice service providers from government and NGOs in all the Divisions and Districts in the country. The questions in *Table 3. Essential Policing and Justice Services, Core Elements and Key Questions* serve as the main questionnaire to conduct this survey.

5. Assessment and Planning Workshops

It is useful to organize a workshop to analyse critical capacity gaps and barriers to care and support services for women and girls who experienced GBV. Thus, to complete any GBV service assessment, once particular standards and quality issues have been identified, a workshop is needed to engage multiple stakeholders and ensure participation of both government and nongovernment stakeholders in the development of an action plan (with immediate and intermediate actions) to address barriers faced by survivors of GBV in accessing care and support services.

3.3. Assessing Essential Social Services

The provision of quality social services forms a vital component of coordinated multi-sectoral responses for women and girls subject to violence, and these comprise a range of services that are critical in supporting the rights, safety and wellbeing of women and girls experiencing violence including crisis information and help lines, safe accommodation, legal and rights information and advice (UN Women, UNFPA, WHO, UNDP, & UNODC, 2015d).

As highlighted in the ESP Module on Social Services, quality social services for GBV survivors are women-focused, child-friendly, do not blame the survivor, assist women and children to consider the range of choices available to them, and support their decisions.

Below is a checklist of important steps and considerations for conducting an assessment specifically of the social services for GBV survivors, drawn from the ESP Module 6 Implementation Guide (UN Women et al., 2015f):

1. Consult with relevant stakeholders in the social services sector such as:
 - Organizations with specific responsibility for implementation of essential services including ministries responsible for social services; social service providers; civil society organizations; academics; organizations that represent victims/survivors; and victims/survivors.

- ☑ Key stakeholders and actors responsible for developing policies and protocols, involved in coordination, and involved in providing services, as well as members of the community, leaders of the community and women's organizations.
 - ☑ Other stakeholders with a role or interest in responding to violence against women and girls.
2. Assess current enabling factors:
- ☑ Identify what legal frameworks are in place to promote protection for women and support the delivery of safe, effective, and ethical social services and where gaps exist.
 - ☑ Identify existing policies and practices, whether there is a specific violence against women social services policy and if it is linked to national policy and assess how policies regarding social services for women subjected to violence are integrated into existing social services. Identify existing social services plans, protocols, or other guiding frameworks. What is the level of implementation of policies, plans and protocols, including gaps and bottlenecks, access barriers by sub-groups?
 - ☑ Identify what resources and financing are in place and the minimum requirements for the functioning of those services (e.g., social services budgets; infrastructure and locations). What is the availability of products / commodities and technology that enable confidentiality, privacy, and safety? If minimum requirements have not been identified, consult with organizations currently providing services, and their donors, regarding true costs of provision of services and where more resourcing is needed.
 - ☑ Identify the current workforce capacity and development and training approaches. In the social services sector this includes initial training, continuing education and in-service training; inter-sectoral team building; and social services work force supervision and mentoring.
 - ☑ Identify governance, oversight, and accountability mechanisms currently in place. Whether an institutional coordination mechanism exists at national or subnational levels, how it is functioning, which stakeholders are involved and who is not participating that should be. Identify groups of people that are more vulnerable to violence and seek ways to involve representatives of those groups to participate (for example people with disabilities). Identify processes to hold organisations and institutions accountable for their responsibilities.
 - ☑ Identify the current ability of the social services sector to monitor and evaluate service delivery. Are there information systems in place? Is there possibility to have client feedback and assessment and other methods to track the quality of services?
3. Search for reports (if any) that map existing essential social services in terms of availability, accessibility, responsiveness, adaptability, appropriateness; analyse quality and identify gaps, particularly regarding:
- Locations where services are concentrated and where there are gaps?
 - How are services being financed and what costs are for victims /survivors?
 - The level of quality and users' experience?
 - Who is accessing them and who is not?
 - What is the quality of services provided at different types of facilities (e.g., crisis centres, one stop centres, clinics and hospitals, shelters, women's advocacy centres, places of worship/faith-based groups)?
 - Do the facilities provide safety (e.g., security guard or police presence) and confidentiality (e.g., substituting the victim / survivor's name with a client number or alias, policies on confidentiality, (e.g., location of the facility is kept secret)?

3.3.1. Standards of Essential Social Services and Key Questions for Assessment

The standards proposed below are the *Core Elements* identified in the Essential services package for women and girls subject to violence-Module 4 Social Services (UN Women et al., 2015d). Whilst the guidelines may be applicable to other forms of violence against women, they have mainly been developed to respond to women and girls who have experienced intimate partner violence, and non-partner sexual violence, including the specific needs of girl mothers and their children²⁰.

Essential Social Services	Core Elements	Key Questions
ESSENTIAL SERVICE #1. CRISIS INFORMATION	1.1 Information content	<ul style="list-style-type: none"> Is crisis information clear, concise, and accurate? Does crisis information identify and refer to the range of existing services available for women and children?
	1.2 Information provision	<ul style="list-style-type: none"> Is crisis information widely available and accessible to all women and children? Is information offered in different forms ensuring that it is also suitable for women and children suffering multiple forms of discrimination (e.g., women and children with disabilities, children) Is there widespread distribution of culturally sensitive information through various and relevant media, in a variety of locations and settings throughout the region/ country?
ESSENTIAL SERVICE: 2. CRISIS COUNSELLING Crisis	2.1 Availability	<ul style="list-style-type: none"> Is crisis counselling provided free of charge? Are women and girls listened to, believed, and offered a range of options e.g., immediate access to safe and secure accommodation, emergency, and safe medical services? Are women and girls supported to make informed choices?
	2.2 Relevance	<ul style="list-style-type: none"> Is the crisis counselling appropriate to the various forms of violence experienced by the woman/girl?
	2.3 Accessibility	<ul style="list-style-type: none"> Is crisis counselling provided through a range of methods including in person, via telephone, mobile phone, email? Is crisis counselling provided in various locations and diverse settings?
ESSENTIAL SERVICE: 3. HELP LINES	3.1 Availability	<ul style="list-style-type: none"> Are there telephone help lines free of charge or toll-free? Preferably 24 hours a day, 7 days a week; or at a minimum, for four hours per day including weekends and holidays? Do staff answering help lines have appropriate knowledge, skills and are adequately trained? Are there help line protocols connecting it with other social services, and health and justice services to respond to individual circumstances of women and girls? Does the help line have access to resources to ensure the safety of women and girls, e.g., emergency transport of women and girls to safe accommodation regardless of location; immediate basic health care

²⁰ “The focus is primarily on the social service response to violence against women and girls (and their children) after the violence has occurred and taking action on the early signs of violence, or intervening to prevent the reoccurrence of violence. The guidelines are complemented by the focus of UNICEF, which, amongst other things, works to ensure all children live free from violence. There has been significant guidance and responses developed for children as victims of violence.” (UN Women et al., 2015d).

Essential Social Services	Core Elements	Key Questions
		items including food and clothing; links to immediate and appropriate police and justice responses?
	3.2 Accessibility	<ul style="list-style-type: none"> ▪ Is information about the service and hours of operation clearly and accurately communicated in appropriate channels? ▪ Is the telephone service accessible via mobile phones?
ESSENTIAL SERVICE: 4. SAFE ACCOMMODATION Many	4.1 Safe houses, refuges, women's shelters	<ul style="list-style-type: none"> ▪ Is there safe and secure emergency accommodation until the immediate threat is removed, with security measures in place, e.g., confidential location (where possible), security personnel & systems? ▪ Is there an access protocol for people entering and exiting safe accommodation? ▪ Are there basic accommodation facilities free of charge, including a protocol for children/unaccompanied children, including for longer-term alternative care where necessary and appropriate, that is aligned to existing national legislation and international standards? ▪ Is accommodation accessible for women and girls with disabilities?
	4.2 Responsiveness	<ul style="list-style-type: none"> ▪ Are there spaces within the accommodation that ensure privacy and confidentiality for women and girls? ▪ Does the accommodation address the needs of children and is child friendly? ▪ Is there capacity and protocol to assess immediate needs and develop an individualized support plan for the woman/ children, in consultation with them?
ESSENTIAL SERVICE: 5. MATERIAL AND FINANCIAL AID In	5.1 Availability	<ul style="list-style-type: none"> ▪ • Provide support to access immediate basic individual needs of each woman and girl including access to emergency transport, food, safe accommodation free of charge ▪ • Ensure aid provides for the needs of individual children • Provide in-kind and other non-monetary aid such as basic personal and health care items • Facilitate access to social protection such as cash transfers where these are available can be accessed at short notice ▪
	5.2 Accessibility	<ul style="list-style-type: none"> ▪ • Ensure a range of means for women and girls to safely access material and financial aid
ESSENTIAL SERVICE: 6. CREATION, RECOVERY, REPLACEMENT OF IDENTITY DOCUMENTS Identity	6.1. Availability	<ul style="list-style-type: none"> ▪ Are there capacities / protocols to assist women and girls to establish or re-establish their identity in accordance with the local legal specifications or international protocols, where necessary? E.g., including to liaise with appropriate foreign affairs/ consular services; provide assistance to create, recover or replace identity documents free of charge
ESSENTIAL SERVICE: 7. LEGAL AND RIGHTS INFORMATION, ADVICE AND REPRESENTATION INCLUDING IN PLURAL LEGAL SYSTEMS	7.1 Availability	<ul style="list-style-type: none"> ▪ Is information about their rights provided to women and girls, e.g., on available security measures from alleged perpetrator, procedures and timelines involved in justice solutions, and available support? ▪ Do information and advice include referral to essential services as agreed by, and with the consent of the woman/girl? ▪ Are legal and rights information, representation, advice, and legal advocacy provided free of charge? Are this advice documented?
	7.2 Accessibility	<ul style="list-style-type: none"> ▪ Is timely information, advice, and representation about options to support women and girl's immediate safety provided? (Including in a

Essential Social Services	Core Elements	Key Questions
		<p>written form and in a language that the woman/girl can understand, orally, and/or in a form with which the woman is familiar)</p> <ul style="list-style-type: none"> Are the information and advice in accordance with the availability of the woman/ girl, that is, at a time and location that is suitable to the woman/girl?
ESSENTIAL SERVICE: 8. PSYCHO-SOCIAL SUPPORT AND COUNSELLING	8.1 Individual and group counselling	<ul style="list-style-type: none"> Are individualized and group counselling provided where appropriate, by professionals with specialist training? What other services are offered, e.g., peer group support, Is counselling human rights-based and culturally sensitive?
	8.2 Accessibility	<ul style="list-style-type: none"> Is support/counselling provided free of charge; including transport options to support women to attend sessions, and at a time suitable for the woman/girl?
ESSENTIAL SERVICE: 9. WOMEN-CENTRED SUPPORT	9.1 Availability	<ul style="list-style-type: none"> Is women and child-centred support available for women and girls throughout their journey through the system; and provided by staff trained to respect the expressed wishes and decisions of women and girls? Is representation on behalf of women and girls carried out with their explicit and informed consent?
ESSENTIAL SERVICE: 10. CHILDREN'S SERVICES FOR ANY CHILD AFFECTED BY VIOLENCE The	10.1 Availability	<ul style="list-style-type: none"> Are child-centred rights-based counselling and psycho-social support provided free of charge? (Including an individualized care plan, access to emergency and long-term alternative care, if required, with or without a parent/caregiver, in line with the Guidelines of the Alternative Care of Children²¹, Is legal representation for children provided, where required? Are timely referrals and access to necessary services facilitated? E.g., child protection to address issues regarding guardianship, health care and education
	10.2 Accessibility	<ul style="list-style-type: none"> Are services that provided age appropriate, child sensitive, child friendly and in line with international standards? Are they provided by staff with training on child-sensitive and child-friendly procedures
ESSENTIAL SERVICE: 11. COMMUNITY INFORMATION, EDUCATION AND COMMUNITY OUTREACH	11.1 Community information	<ul style="list-style-type: none"> Does community information include information about the rights of women and girls and the range of services available to support them? <p>Note: At a minimum community information should include: • Where to go for help • What services are available and how to access them • What to expect, including roles, responsibilities, confidentiality</p> <ul style="list-style-type: none"> Is community information developed and disseminated in a range of formats, a variety of locations and in a culturally appropriate and sensitive manner?
	11.2 Community education and mobilization	<ul style="list-style-type: none"> Is community education regular and accurate and includes information about the rights of women and girls? Including target specific groups such as community/religious leaders and elders, to support service provision Is there appropriate training for men to advocate for women's human rights to act as role models and as support systems? Is there work with families to ensure support and access to services for women and girls?

²¹ Available at: <https://resourcecentre.savethechildren.net/library/united-nations-guidelines-alternative-care-children#:~:text=The%20Guidelines%20seek%20to%20ensure,needs%20of%20the%20child%20concerned.>

Essential Social Services	Core Elements	Key Questions
		<ul style="list-style-type: none"> Is there work with local associations, media, schools, community sport clubs to tailor community education messages and dissemination strategies? Are there clear protocols to support the safety of women where they may be contacted by the media to tell their story?
	11.3 Community outreach	<ul style="list-style-type: none"> Do services identify hard to reach and vulnerable groups and understand their specific needs? With community information tailored to the specific needs of hard to reach, vulnerable and marginalized groups? Is community information and education delivered in ways appropriate for hard to reach?
ESSENTIAL SERVICE: 12. ASSISTANCE TOWARDS ECONOMIC INDEPENDENCE, RECOVERY AND AUTONOMY	12.1 Availability	<ul style="list-style-type: none"> Is there sustained support for holistic recovery for a minimum of six months? Do women have access to income assistance and social protection where required? Including access to vocational training, income generating opportunities such as seed funding for business start-up?
	12.2 Accessibility	<ul style="list-style-type: none"> Is there safe reintegration of women and girls/children back into the community, where appropriate, according to her express wishes and needs?

Table 4. Essential Social Services, Core Elements and Key Questions

3.3.2. Methods to gather information to answer the Key Questions for Social Services

Information and responses to the Key Questions above can be collected through a combination of primary data gathering (e.g., interviews, focus group discussions, consultation workshops, etc.) and secondary data gathering (e.g., review of documents, legislation, protocols, and reports, etc.)

Some questions can be answered by more than one method and would be useful in order to validate data through the various sources of information. For example, information on services available may be reported in national documents or human rights reports submitted by the State to various international human rights committees (e.g., CEDAW, CDC); however, it would be useful for the purpose of the GBV Service Assessment to validate how these services are functioning at the community level. Thus, responses gathered to the above questions via a document review can be complemented and validated by the information from interviews or FGDs from community members or NGO representatives.

Below are the main methods for data gathering suggested to be included in any GBV Service Assessment. It is not an exhaustive list, and can therefore be supplemented, adapted, and tailored based on the specific localities that will be included in the GBV Service Assessment, varying resources available (i.e., budget and time), and the specific research sampling and design.

1. Key Informant Interviews

In-depth and semi-structured interviews should be conducted with a wide range of stakeholders to gather information on the availability and quality of social services for GBV survivors, along with information on existing protocols (to validate any desk review) and gather additional information on formal and informal practices among social service providers. It is useful to conduct KIIs with:

- 1.1. Social Service officers
- 1.2. Crisis and Psychosocial Counsellors

- 1.3. Representatives from national government agencies responsible for social services and local government related to VAW (e.g., VAW focal points, DC, or Assistant DC²², Deputy Director of District Women Affairs, etc.)
- 1.4. Social service and shelter professionals from NGOs
- 1.5. Gender and GBV programme managers from NGOs/ INGOs and UN agencies

2. Document Review

In many cases, significant information can be drawn from a review of documents, laws, policies and studies reporting on the state of social services for GBV survivors. The following information are important to gather during a desk review:

- 2.1. Search for mapping reports and/or directory or list of what social services and programmes are in place for GBV survivors²³
- 2.2. National frameworks and protocols regarding referral pathways to assist women and girls to receive timely and appropriate support service
- 2.3. Government reports on budgets, resources, and financing in place for the functioning of social services.
- 2.4. Documents on current workforce capacity and development and training approaches.
- 2.5. Documents on current ability of the social sector to monitor and evaluate service delivery or documents on governance, oversight, and accountability mechanisms currently in place.
- 2.6. Assemble any guidelines, protocols and training materials that have been developed on GBV response by government.²⁴
- 2.7. Identify any networks, partnerships or alliances providing social services to GBV survivors; this can also help inform respondents for other primary data gathering (KIIs, and FGDs)

3. Focus group discussions

Discussions with community members that are composed of a good representation of users and community providers of social services for GBV survivors can provide greater detail and insight regarding the quality of these services. Moreover, in countries where there is limited data on GBV issues and priority safety needs of women and girls, the GBV Service Assessment FGDs can also include questions to identify the most pressing needs of women and most urgent GBV threats present in the communities. Suggested organisation of focus group discussions include having separate FGDs conducted for the following stakeholders:

- 3.1. Government VAW focal points from various levels of local government (including *Upazila and Union Parishad* members knowledgeable on GBV services in the localities, e.g., Women Development Forum, VAW Standing Committees, etc.)
- 3.2. Community-based organisation / grassroots women's rights organisations leaders whether formal or informal (e.g., Changemakers, other NGO-organised groups of GBV advocates)
- 3.3. Youth leaders including advocates organised and trained by NGOs on related issues e.g., child marriage, adolescent clubs, comprehensive sexuality education

²² Engagement with DC office depends on current engagement and existing partnerships of the organisation/UN agency conducting the GBV assessment; i.e., while it may not be possible to hold a KII with all DCs or ADCs, assessments shall endeavour to involve their offices to the extent possible.

²³ These could include national mapping reports by government, UN agencies or other INGOs, as well as local mapping documents from NGOs working on GBV response (i.e., District or sub-district level), or humanitarian actors in refugee or IDP camps.

²⁴ These could also include those developed by NGOs or jointly by government and NGOs if they are widely used and referenced in the country (national or sub-national levels).

3.4. Community women (e.g., leaders of homeowner’s associations, members of Village Savings and Loan Associations, etc.)

3.5. If researchers have the needed skills, discussions can also be held with survivors of GBV who are in shelters or those who became community advocates against GBV

*Note: It is advisable to have separate FGDs for women and men / adolescent girls and boys, as well as separate for adults and young people. Similarly, it may also be appropriate to have separate FGDs for government and NGO service providers.

4. Self-Assessment Survey

In the event that there is enough time and resources to conduct a comprehensive GBV Service Assessment (as opposed to just a rapid assessment), Self-Assessment Surveys can be conducted with health service providers from government and NGOs in all the Divisions and Districts in the country. The questions in *Table 4. Essential Social Services, Core Elements and Key Questions* serve as the main questionnaire to conduct this survey.

5. Assessment and Planning Workshops

It is useful to organize a workshop to analyse critical capacity gaps and barriers to care and support services for women and girls who experienced GBV. Thus, to complete any GBV service assessment, once particular standards and quality issues have been identified, a workshop is needed to engage multiple stakeholders and ensure participation of both government and nongovernment stakeholders in the development of an action plan (with immediate and intermediate actions) to address barriers faced by survivors of GBV in accessing care and support services.

3.4. Coordination and Governance of that Coordination

Coordination and governance of coordination are intertwined functions that continually inform and contribute to each other, and the accountability function of governance should identify strengths and weaknesses of coordination and lead to modifications that enhance laws, policies and practices (UN Women, UNFPA, WHO, UNDP, & UNODC, 2015e).

The ESP Module 5 on Coordination and Governance of Coordination (UN Women et al., 2015e) highlights the importance of essential coordination actions, not least of all is the benefit for survivors: a coordinated response results in increased safety, by placing them at the centre of any intervention or institutional response. Below are other important benefits of a coordinated response:

- It is more effective in keeping victims/survivors safe from violence and holding offenders accountable than when different sectors of society work in isolation.
- Gives survivors access to informed and skilled practitioners who share knowledge in a supportive environment.
- Recognises survivors’ multiple needs, which can be met through co-locating services and referral networks.
- Information sharing among agencies can reduce the number of times victims and survivors are asked to tell their stories, thus reducing the risk of re-traumatization.
- Integrated care models mean that victim/survivors’ psychosocial, sexual health and other health needs are more likely to be addressed holistically.

- ☑ By complying with minimum standards partner agencies can deliver more consistent responses, and clarity about roles and responsibilities means that each sector can excel in its area of expertise, and each professional's work is complemented by that of other agencies and professionals.
- ☑ Coordination can result in greater community awareness of the availability of services to support victims/ survivors and send a message that violence against women will not be tolerated.
- ☑ Coordination results in greater impact and reach of programmes, at a lower cost through pooling financial and human resources and by reducing duplication of effort; and
- ☑ Shared data systems can support individual case management, such as ensuring an appropriate response to the results of on-going risk assessment and can serve as a source of information for monitoring and evaluating the program.

The Figure 4 below shows the common components of a coordinated response:

- (1) Enhancing inter-agency relationships
- (2) Changing institutional policies and practices
- (3) Increasing access to and improving service delivery
- (4) Raising awareness of survivor rights

The ESP Coordination Guidelines focus on ensuring a cohesive cross-agency approach for responding to violence against women and girls and protecting victims and survivors from further harm. While the Guidelines may be applied to other forms of violence against women and girls, they are primarily intended for situations of intimate partner violence, and non-partner sexual violence; primarily on responding to violence against women and girls (and their children) after the violence has occurred, taking action at the earliest stages of violence, and intervening to prevent the reoccurrence of violence (UN Women et al., 2015e).

COMMON COMPONENTS OF A COORDINATED RESPONSE

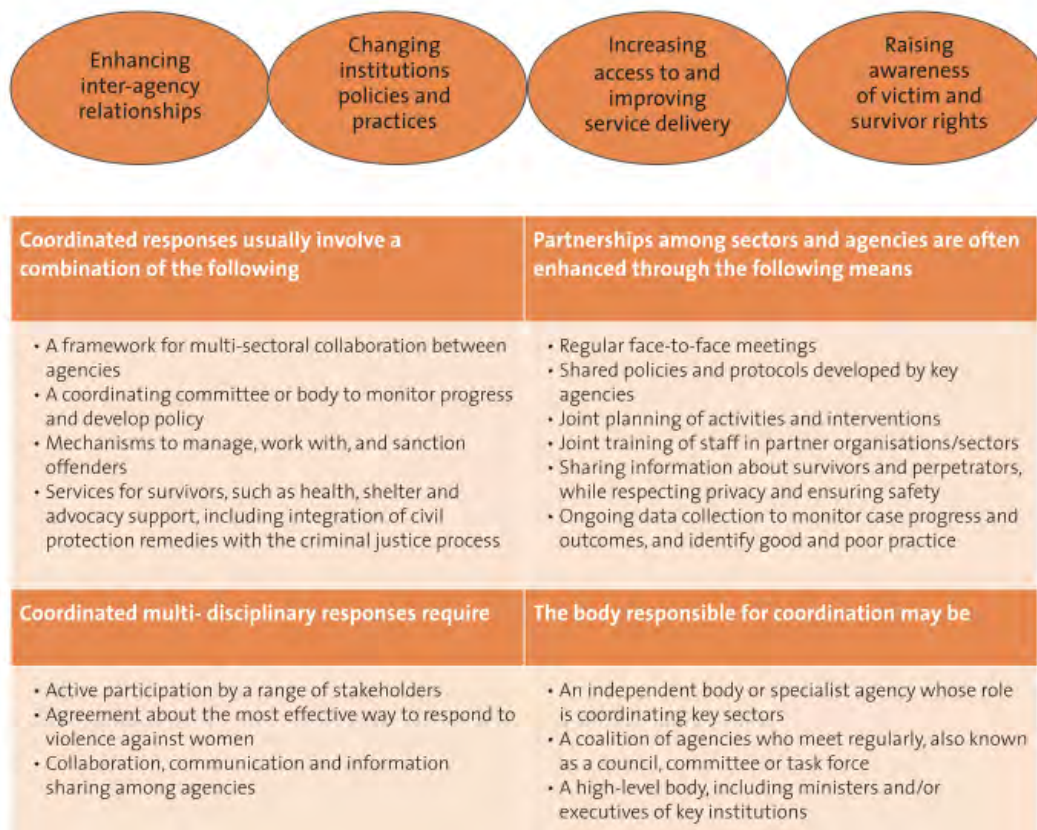


Figure 3. Common Components of a Coordinated response

3.4.1. Standards of Essential Actions for Coordination and governance of coordination

The standards proposed below are drawn from the *Core Elements* identified in the Essential services package for women and girls subject to violence-Module 5 on Coordination and Governance of Coordination (UN Women et al., 2015e); which can be reviewed for more details on the Guidelines. The Assessment of Coordination shall be conducted alongside the assessment of the Essential Health, Policing and Justice and Social Services. Below are the general or more high-level questions to assess the coordination for GBV services and national and local levels:

National Level Coordination

ESSENTIAL ACTION: 1. LAW AND POLICYMAKING

- 1.1. Are there laws and policies that address violence against women and girls? Addressing all forms of violence against women while ensuring that responses are tailored to specific forms, respects human rights standards, follows survivor-centred principles, and ensures offender accountability?
- 1.2. Do they create and strengthen government agencies and organizations and other structures that have a role in responding to violence against women?
- 1.3. Are there laws and policies for coordination of Essential Services at the national and local level that require appropriate information sharing among agencies, prioritises confidentiality for survivors, and require sufficient availability of police and justice services, social services, and health care services to meet the needs of victims and survivors?

ESSENTIAL ACTION: 2. APPROPRIATION AND ALLOCATION OF RESOURCES

- 2.1. To what extent is there adequate funding and other resources for coordination and governance of coordination? (Including guidelines for estimating cost of coordinating services, establishing mechanisms for timely funding, wide participation, and transparency in budget allocation process, tracking resource expenditures to promote accountability, and resource mobilisation)
- 2.2. To what extent is there coordination among relevant policymaking entities at the national level that integrate violence against women and girls' issues across all relevant policy areas?

ESSENTIAL ACTION: 3. STANDARD SETTING FOR ESTABLISHMENT OF LOCAL LEVEL COORDINATION

- 3.1. Are there standards being followed for creating local coordinated response that allow for efficient use of resources (by avoiding unnecessary duplication of services), participation of all critical parties, a role for survivors as leaders to the process without creating a risk to their safety, participation by underrepresented or marginalized groups, etc.?
- 3.2. Are there standards being implemented for agency accountability for coordination including on monitoring the coordination of responses by the police and justice sector, social service, and health care sector, and follows up on cases to learn outcome and improve responses (including review of fatalities to reduce risk of future homicides).
- 3.3. Are there systems for the recording and reporting of data that obtain consent of survivors before recording personally identifiable information (PII), protect confidentiality and privacy of victims and survivors when collecting, recording, and reporting PII, keep PII data secure, etc.?

ESSENTIAL ACTION: 4. INCLUSIVE APPROACHES TO COORDINATED RESPONSES

- 5.1. Are there mechanisms for participation that include representation of marginalized and vulnerable groups in all stages of policymaking and coordination, ensure voices of young women and girls are heard with attention to particular vulnerabilities they face, and tailor strategies aimed at the specific issues experienced by different groups?

ESSENTIAL ACTION: 5. FACILITATE CAPACITY DEVELOPMENT OF POLICYMAKERS AND OTHER DECISION MAKERS ON COORDINATED RESPONSES

- 5.1. To what extent is there capacity development that provide resources and guidance for organizational and financial stability, program quality and growth, as well as training for national and regional policymakers on coordinated response to violence against women and girls?
- 5.2. Are there multi-disciplinary training standards and cross sectoral training based on common understanding of violence against women and girls, common definitions, and how intervention from each sector contributes to enhancing victim/ survivor safety?

ESSENTIAL ACTION: 6. MONITORING AND EVALUATION OF COORDINATION AT NATIONAL and LOCAL LEVELS

- 7.1. Are there functional standards and protocols for monitoring and evaluation for national and local levels?
- 7.2. To what extent is there sharing and reporting good practice and findings of monitoring and evaluation?
- 7.3. To what extent is there transparency whilst maintaining confidentiality and minimising risk?

Local Level Coordination

ESSENTIAL ACTION: 1. CREATION OF FORMAL STRUCTURE FOR LOCAL COORDINATION AND GOVERNANCE OF COORDINATION

- 1.1. To what extent are there standards and structures for coordination that support the participation of local institutions and organization that are consistent with international human rights standards, take a survivor-centred approach grounded in women and girls' human right to be free from violence?

ESSENTIAL ACTION: 2. IMPLEMENTATION OF COORDINATION AND GOVERNANCE OF COORDINATION

- 2.1. To what extent is there an effective implementation of local level coordination and governance of coordination *guided by an action plan* that is aligned with national level strategy and developed via consultative processes, and creates linkages to other local responses to violence against women and girls?
- 2.2. Are there agreements for agency membership and participation in coordination mechanisms?
- 2.3. Is there case management/ case review process that provide accessible services to victims/survivors taking into account geographic accessibility, affordability, availability of providers, understandable information, etc. and ensures ongoing risk assessment and safety planning?
- 2.4. Are there standard operating procedures for coordination mechanisms that create a protocol for referrals and interactions among service providers, carry out training across sectors according to agreed standards, and develop linkages with third parties (for example, schools)?
- 2.5. Are there community awareness interventions on violence against women and girls?
- 2.6. To what extent is there monitoring and evaluation that is aligned with national monitoring and evaluation framework, identify baselines and indicators for measuring progress, require agencies to collect and share agreed data, develop capacity and resources for monitoring and evaluation, and include victims/survivors in monitoring and evaluation process?

3.4.2. Methods for Assessing Coordination and Governance of the Coordination of the GBV Multi-Sectoral Responses

The above Key Questions to assess the Coordination and Governance of Coordination of GBV Multisectoral Response can be included in the data gathering and tools for the GBV Service Assessment of any of the Essential Services Assessment (i.e., Health, Policing and Justice, Social Services). If there are key informants that are mainly responsible for the coordination of GBV responses, these would be helpful to hold stand-alone interviews with.

1. Key Informant Interviews

In-depth and semi-structured interviews should be conducted with a wide range of stakeholders to gather information on the availability and quality of the country's multisectoral GBV response and coordination mechanisms, along with information on existing protocols (to validate any desk review) and gather additional information on formal and informal practices among service providers. It is useful to conduct KIIs with:

- 1.1. Managers and officers from the Multi-Sectoral Programme on Violence Against Women (MSPVAW)
- 1.2. Representatives from national government agencies responsible for social services and local government related to VAW (e.g., VAW focal points, DC, or Assistant DC²⁵, Deputy Director of District Women Affairs, etc.)
- 1.3. Gender and GBV programme managers from NGOs/ INGOs and UN agencies

²⁵ Engagement with DC office depends on current engagement and existing partnerships of the organisation/UN agency conducting the GBV assessment; i.e., while it may not be possible to hold a KII with all DCs or ADCs, assessments shall endeavour to involve their offices to the extent possible.

2. Document Review

In many cases, significant information can be drawn from a review of documents, laws, policies and studies reporting on the state of social services for GBV survivors. The following information are important to gather during a desk review:

- 2.1. Search for mapping reports and/or directory or list of what social services and programmes are in place for GBV survivors²⁶
- 2.2. National frameworks and protocols regarding coordination, multi-sectoral responses, and referral pathways to assist women and girls who experienced GBV to receive timely and appropriate support service
- 2.3. Government reports on budgets, resources, and financing in place for the functioning of coordination of GBV services and response
- 2.4. Documents on current workforce capacity and development and training approaches on service coordination
- 2.5. Evaluation reports on the functioning of the coordination mechanisms and compliance with coordination protocols
- 2.6. Identify any networks, partnerships or alliances providing support to strengthen the government's coordination and governance of coordination of GBV essential services.

3.5. Summary of Data Sets and Methodologies for GBV Service Assessments

Data Sets	Methods of Data Gathering	Sources	Notes (e.g., coordinating entity, links)
1. Identification of the particular standards of quality essential <i>health, policing and justice</i> , and <i>social services</i> for GBV survivors that are being met and not met	<ul style="list-style-type: none"> - KIIs - Literature & Programme Document Review - Self-Assessment Surveys - Policy Review 	<ul style="list-style-type: none"> - KIIs with government and NGO service providers and institutional management - Human Rights Observations, Recommendations and Reports (e.g., CEDAW, CRC), both from State and shadow reports from NGOs - UN and other INGO Rapid Assessments (if available) - NGO Programme Reports (e.g., Baseline, Situation, Evaluation reports, etc.) 	Compile list of specific key informants with the help of MSPVAW as well as NGOs/UN agencies with the relevant expertise in each sectoral response (i.e., health, policing & justice, social services)
2. Presence or absence, and quality and effectiveness of the <i>Foundational Elements</i> ²⁷ for services and service delivery to be of high quality	<ul style="list-style-type: none"> - KIIs - FGDs - Policy and protocol review 	<ul style="list-style-type: none"> - KIIs with government officials (national and local levels) - KIIs with government and NGO service providers and institutional management - FGDs with NGOs working in each sectoral response - Policy Document review includes Policies, protocols, budgets, M&E systems, and reports 	

²⁶ These could include national mapping reports by government, UN agencies or other INGOs, as well as local mapping documents from NGOs working on GBV response (i.e., District or sub-district level), or humanitarian actors in refugee or IDP camps.

²⁷ The Six (6) Foundational Elements: Comprehensive legislation and legal framework; Governance oversight and accountability; Training and workforce development; Gender sensitive policies and practices; Resource and financing; and Monitoring and evaluation

<p>3. Community women and girls' experiences regarding the functionality and quality of essential GBV services</p>	<ul style="list-style-type: none"> - FGDs (separate for adult women and older /younger adolescents, if deemed necessary) 	<ul style="list-style-type: none"> - FGD participants to include community members, women's rights grassroots leaders / activists - FGD with GBV survivors or those who have become a community advocate or shelter staff (If researchers are skilled in interviewing GBV survivors) - FGD with girl and/or other child GBV survivors 	<p>Work with shelters and experienced counsellors and case managers to identify and ensure safety of all respondents and interviewers</p>
<p>4. Analysis of gaps, factors/barriers to quality essential GBV services, and identification of recommended actions to improve the quality and functionality of GBV essential services</p>	<ul style="list-style-type: none"> - Assessment and Planning Workshops (also to validate any information from desk review) 	<ul style="list-style-type: none"> - Workshops with both NGO and CBO representatives <p>Note: Participants may not be able to identify all the solutions for all the barriers. You may need to consult with others before finalizing the action plan. For example, visiting specific NGOs that work with women with disabilities, or particular local government institutions, which is a target site for an upcoming project, etc.</p>	<p>Select participants most familiar with GBV sectoral responses (can be held as one big workshop for all essential services together or with a separate workshop for each)</p>

Table 5. Summary of Data Sets to be gathered in a GBV Service Assessment, Methods and Sources

4. Guiding Principles and Good Practices in Essential Services for GBV Survivors

The following overlapping principles underpin the delivery of all essential services and coordination of those services (UN Women et al., 2015a):

- A rights-based approach
- Advancing gender equality and women’s empowerment
- Culturally and age appropriate and sensitive
- Women-centred or survivor-centred approach
- Safety is paramount
- Perpetrator accountability.

A rights-based approach Rights-based approaches to the delivery of quality essential services recognize that States have a primary responsibility to respect, protect, and fulfil the rights of women and girls. Violence against women and girls is a fundamental breach of women and girls’ human rights, particularly her right to a life free from fear and violence.

A human rights approach calls for services that prioritize the safety and well-being of women and girls and treat women and girls with dignity, respect, and sensitivity. It also calls for the highest attainable standards of health, social, justice and policing services – services of good quality, available, accessible, and acceptable to women and girls

Advancing gender equality and women’s empowerment The centrality of gender inequality and discrimination, as both a root cause and a consequence of violence against women and girls, requires that services ensure gender sensitive and responsive policies and practices are in place. Services must ensure that violence against women and girls will not be condoned, tolerated, or perpetuated. Services must promote women’s agency where women and girls are entitled to make their own decisions, including decisions that refuse essential services.

It is important to understand that: violence against women is rooted in unequal power between women and men; that woman may have less access than men to resources, such as money or information, and they may not have the freedom to make decisions for themselves; women may be blamed and stigmatized for violence and may feel shame and low self- esteem.

In practice, a provider must, at a minimum, avoid reinforcing these inequalities and promote women’s autonomy and dignity by:

- being aware of the power dynamics and norms that perpetuate VAW
- reinforcing her value as a person
- respecting her dignity
- listening to her story, believing her, and taking what she says seriously
- not blaming or judging her
- providing information and counselling that helps her to make her own decisions.

Culturally and age appropriate and sensitive Culturally and age appropriate and sensitive essential services must respond to the individual circumstances and life experiences of women and girls taking into account their age, identity, culture, sexual orientation, gender identity, ethnicity, and language preferences. Essential services must also respond appropriately to women and girls who face multiple forms of discrimination—not only because she is a woman, but also because of her race, ethnicity, caste,

sexual orientation, religion, disability, marital status, occupation, or other characteristics—or because she has been subjected to violence.

Survivor-centred Survivor-centred approaches place the rights, needs and desires of women and girls as the centre of focus of service delivery. This requires consideration of the multiple needs of the survivor.

Here is a quick checklist on how to ensure that services are survivor-/women-centred:

- being non-judgmental and supportive and validating what the woman is saying
- providing practical care and support that responds to her concerns, but does not intrude
- asking about her history of violence, listening carefully, but not pressuring her to talk (care should be taken when discussing sensitive topics when interpreters are involved)
- helping her access information about resources, including legal and other services that she might think helpful
- assisting her to increase safety for herself and her children, where needed
- providing or mobilizing social support.

Providers should ensure:

- that the consultation is conducted in private
- confidentiality, while informing women of the limits of confidentiality (e.g., when there is mandatory reporting)
- informed consent

Care and health services for women who have been subjected to violence should be woman-centred – that is, they should be organized around women’s health needs and perspectives. A woman-centred health response offers care that:

- takes actions to enhance women’s safety.
- minimizes or does no harm and maximizes benefits of how services are designed and delivered.
- takes into account women’s perspectives.
- responds to women’s needs and concerns in humane and holistic ways.
- provides women with information and supports them to make informed choices and decisions.
- empowers women to participate in their own care (World Health Organization (WHO), 2017).

Safety is paramount The safety of women and girls is paramount when delivering quality services. Essential services must prioritize the safety and security of service users and avoid causing her further harm

Perpetrator accountability Perpetrator accountability requires essential services, where appropriate, to effectively hold the perpetrators accountable while ensuring fairness in justice responses. Essential services need to support and facilitate the victim/survivor’s participation with the justice process, promote her capacity of acting or exerting her agency, while ensuring that the burden or onus of seeking justice is not placed on her but on the state.

5. Conducting GBV Service Assessments: Ethical Considerations and Safety Recommendations

The main ethical concern related to researching any topic related to violence against women is the potential to inadvertently cause harm or distress, especially when interviewing women and girls who have experienced gender-based violence. Potentially threatening and traumatic nature of the subject matter include issues of confidentiality, problems of disclosure, and the need to ensure adequate and informed consent (Ellsberg & Heise, 2002). Key Principles to follow throughout the research process:

1. Respect for persons at all stages of the research process
2. Minimizing harm to respondents and research staff
3. Maximizing benefits to participants and communities

Box 1 below summarizes key ethical and safety recommendations that should guide all GBV-related research. Recommended actions that should be taken to ensure that the research adheres to these principles are also briefly described below with a checklist of dos and don'ts.

Box 1. WHO ethical and safety recommendations for domestic violence research²⁸ (WHO, 2001)

- The safety of respondents and the research team is paramount and should infuse all project decisions.
- Protecting confidentiality is essential to ensure both women's safety and data quality.
- All research team members should be carefully selected and receive specialised training and ongoing support.
- The study design must include a number of actions aimed at reducing any possible distress caused to the participants by the research.
- Fieldworkers should be trained to refer women requesting assistance to available sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
- Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
- Violence questions should be incorporated into surveys designed for other purposes only when ethical and methodological requirements can be met

1. The **safety of the respondents and the research team** is paramount and should guide all project decisions
 - Ensure the physical safety of respondents and interviewers from potential retaliatory violence by the perpetrator or perpetrators
 - Do not announce in the community that you are conducting a study on VAW, instead it can be introduced as "study on women's health and life experiences".
 - When asking for informed consent already, the woman respondent should then be informed of the nature and sensitivity of the interview questions (See Annex 2 for sample consent forms).
 - Give the respondent the opportunity to either stop the interview or not answer the questions at any time.

²⁸ The summary of points does not include two WHO recommendations: "Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimise the under-reporting of abuse" and "Violence questions should be incorporated into surveys designed for other purposes only when ethical and methodological requirements can be met" which are not relevant to this GBV Service Assessment Methodology as it is not concerned with conducting a VAW prevalence study.

- Interviews should only be conducted in a private setting. Participants should feel free to reschedule or relocate at a time or place safer and more convenient for her.
 - Interviewers should be trained to terminate or change the subject of discussion when the interview is interrupted by anyone--including children. A short *diversionary questionnaire* on women's health can be developed.
 - Logistics planning and budgeting for interviewers: travel in pairs, carry mobile phones, use designated transport, assign a male escort to accompany teams to neighbourhoods known to be unsafe for women alone, especially if interviews will reach the evenings.
2. Protecting **confidentiality** is essential to ensure both women's safety and data quality.
- No interviewers should conduct interviews in their own community.
 - Participants should be informed of confidentiality procedures as part of the consent process.
 - No names should be written on questionnaires. Instead, unique codes should be used to distinguish questionnaires. Where identifiers are needed to link a questionnaire with the household location or respondent, they should be kept separately from the questionnaires, and upon completion of the research, destroyed.
 - If there is a need for study documentation, women should be asked specifically whether photographs may be taken and shown and must agree to this as part of the informed consent process.
3. All research team members should be carefully selected and receive **specialized training and support**.
- Fieldworkers must confront and overcome their own biases, fears, and stereotypes regarding abused women; overcome victim blaming
 - Regular debriefing meetings during fieldwork is advised to discuss feelings about the situation, and how it is affecting interviewers.
 - Interviewers should not take on the role as counsellor or take on the personal mission of trying to "save her"
4. The study design must include a number of actions aimed at **reducing possible distress** caused to the participants by the research.
- All questions about violence and its consequences should be asked in a supportive and non-judgmental manner
 - All interviews should end in a **positive manner** reinforcing the woman's coping strategies and reminding her that the information she shared is important and will be used to help other women.
 - Interviewers should **affirm** that no one deserves to be abused and inform the respondent of her rights under the law.
5. **Fieldworkers should be trained to refer women requesting assistance** to available sources of support. Where few resources exist, it may be necessary for the research to create short-term support mechanisms.
- A list of resources should then be developed and offered to all respondents, irrespective of whether they have disclosed experiencing violence or not.
 - The resource list should either be small enough to be hidden or include a range of other services so as not to alert a potential perpetrator to the nature of the information supplied.
 - Where few resources exist, it may be necessary to have a trained counsellor or women's advocate accompany the interview teams and provide support on an "as needed" basis.

6. Researchers and donors have an ethical obligation to help **ensure that their findings are properly interpreted and used to advance policy** and intervention development.
- ☑ It is important that research findings are fed into ongoing advocacy, policy making and intervention activities.
 - ☑ Do not withhold critical research findings, especially from the attention of the policymakers and advocates best positioned to use them.
 - ☑ One way to improve the relevance of research projects is, from the outset, to involve advocacy and direct service groups either as full partners in the research or as members of an advisory committee.

6. Timeline and Costs

6.1. Eight Steps to undertake GBV Service Assessment ²⁹

Stage 1: Situation and Data Audit	Comprehensive Assessment	Rapid Assessment
1. Preparing for the Assessment	2 to 3 weeks	1 week
1.1. GBV Service Assessment/Research Design and Plan for the Assessment		
1.2. Ethics Approval (if relevant)		
1.3. Funds		
1.4. Partnerships and Key Stakeholders		
1.5. Approvals to conduct research with various service institutions (especially government)		
1.6. Forming and training research/assessment team		
Stage 2: Analysis and Co-Design		
2. Developing the Sampling Frame and Deciding Who to Interview	1 week	2 weeks
3. Developing and/or Adapting the Tools	1 week	
4. Testing and Finalising the Tools	1 week	
Stage 3: Evidence Gathering and Conclusions		
5. Data Gathering	3 weeks	2 weeks
6. Data Management, Analysis and Synthesis of Key Findings	2 weeks	
Stage 4: Drafting of GBV Service Assessment Report and Recommendations & Validation		
7. Drafting of GBV Assessment Report	3 weeks	2 weeks
8. Validation and Finalisation		
TOTAL	13 to 14 weeks	7 weeks

Note this time frame includes the estimated time to get approvals and receive comments from the UN offices/NGOs commissioning the GBV Service Assessment.

²⁹ Adapted from: How to conduct a situation analysis of health services for survivors of sexual assault (Christofides, Jewkes, Lopez, & Dartnall, 2006)

Sample of Districts

While the document review and KIIs with national government officials and national NGOs shall include information and assessment of GBV services in the whole country, a sample of the districts can be selected for the conduct of the local Primary Data Gathering (i.e., KII with DC and local NGO and service providers, community leaders and members, women’s grassroots organisations, etc.)

Below is an example of Districts to include, applying the following criteria:

1. Targeting 25% of the Districts in each Division
2. Districts with largest populations in their respective Divisions

Division	No. of Districts	District Names
Barisal	1	Patuakhali
Chittagong	3	Chittagong, Comilla, Noakhali
Dhaka	4	Dhaka, Gazipur, Narayanganj, Tangail
Khulna	2	Jessore, Satkhira
Mymensingh	1	Mymensingh
Rajshahi	2	Bogura, Sirajganj
Rangpur	2	Dinajpur, Rangpur,
Sylhet	1	Sylhet

Total = 16 Districts

6.2. Indicative Budget for Conducting a GBV Service Assessment for all Health, Policing and Justice Essential GBV Services

S/N	Description	Unit	Unit Rate	Number	Total cost (in USD)
1	International Consultant	Days	400	40	16,000.00
2	National Consultant	Days	300	30	9,000.00
3	Local Transportation of National Consultant from Dhaka to 16 Districts (average cost applied)	District	200	16	3,200.00
4	Local Accommodation & Meals in during local travel of National Consultant to 12 Districts; excluding the 4 in Dhaka for a 2-day/2 night visit (average cost applied)	Days	75	24	1,800.00
5	Assessment and Planning Workshop	Participants	40	50	2,000.00
6	Validation Workshop	Participants	40	50	2,000.00
7	Administrative (Communication, Scanning/printing documents, Project management oversight ex: compliance with safeguarding standards, Quality assurance and accountability)				1,000.00
	Total cost (in USD) excluding VAT				35,000.00

Total Number of Consultant Days

Stage 1: Situation and Data Audit			
1. Preparing for the Assessment			
1.1. GBV Service Assessment/Research Design and Plan for the Assessment			
1.2. Ethics Approval (if relevant)			
1.3. Funds			
1.4. Partnerships and Key Stakeholders			
1.5. Approvals to conduct research with various service institutions (especially government)			
1.6. Forming and training research/ assessment team	3	2	5
Stage 2: Analysis and Co-Design			
2. Developing the Sampling Frame and Deciding Who to Interview	2	1	3
3. Developing and/or Adapting the Tools	3	0	3
4. Testing and Finalising the Tools	3	3	6
Stage 3: Evidence Gathering and Conclusions			
5. Data Gathering (including Assessment and Planning Workshop)	7	16	23
6. Data Management, Analysis and Synthesis of Key Findings	5	5	40
Stage 4: Drafting of GBV Service Assessment Report and Recommendations & Validation			
7. Drafting of GBV Assessment Report	10		0
8. Validation Workshop/s and Finalisation	7	3	10
Total per consultant	40	30	90

Budget Notes

1. The sampling of Districts may be selected based on other criteria as advised by local GBV service experts.
2. The budget covers the timeframe to assess health, policing & justice, and social services, which is estimated to total 40 International consultant and 30 national consultant days across 3 months.
3. The budget assumes the national consultant is based in Dhaka. In the event that local partners can conduct the assessment per District, the transport cost can be decreased, and replaced with a researcher training workshop to be held in Dhaka for partners from all Divisions.

7. Assessment Tools

7.1. Key Informant Interview Tools³⁰

Important Guidance Notes for Researchers:

- (1) The GBV Service Assessment researcher/team should identify key informants from government and nongovernmental service provision agencies, as well as from women's rights organisations, GBV prevention and response advocates and other actors in civil society working in the GBV space before beginning the assessment.
- (2) Individual interviews take time; you should take into account the available resources and time during the prioritization of key informants to be targeted.
- (3) Some of these questions are sensitive; you should review ethical considerations and safety guidelines listed in Section 4 of this Methodology Document prior to the interview; particularly considering the security of all stakeholders involved. It is possible to take out some questions if necessary due to security or other concerns. Fill out only the sections that are relevant to your key informant.
- (4) Researchers should be trained on Ethical Guidelines and Safety Recommendations (WHO, 2001) and shall comply with principles of confidentiality and informed consent.
- (5) It is unlikely that you will need to involve children in information collection as part of this rapid assessment. Be sure to revisit the WHO guidelines and to think through other means of gathering relevant information regarding the situation for girls under 18.

7.1.1. Interviews with women's rights organisations / NGOs familiar with the status of the country's GBV response (in health, social services and policing and justice)

Notes on Criteria for Respondents:

- a. Respondents for this KII should have significant experience in GBV response and working with VAWG survivors (e.g., more than 5 years). Ideally, the respondents should be familiar with the survivor-centred approach and trauma-informed care principles and processes.
 - b. There should be a good and balanced representation of NGO respondents working in the health, social service as well as the justice/police sectors.
 - c. If applicable and practicable, this tool can also be used to interview respondents from government agencies, e.g., managers from MSPVAW, government officials from agencies that have partnerships with UN agencies such as with UN Women, UNFPA, UNICEF, UNDP, UNODC, IOM or with other INGOs/NGOs etc. working on GBV response.
1. In your opinion, what are the main health services/policing & justice services/social services that **are most readily available and meeting the standards** for essential services for GBV survivors in most of the country?
 2. Which areas (Divisions and Districts) have the least access to GBV health services/policing & justice services/social services?
 3. In your opinion, what are the main health services/policing & justice services/social services that **are least readily available and are not meeting the standards** for essential services for GBV survivors in most of the country?

³⁰ Tools are adapted from the IRC GBV Assessment Toolkit in the GBV Assessment & Situation Analysis Tools (UNFPA, International Medical Corps, Global Protection Center, & Australian Government Aid Program, 2012)

4. What are the main strengths in the country's GBV response and provision of essential services for GBV survivors?
5. What are the main gaps in the country's GBV response and provision of essential services for GBV survivors?
6. What are the major factors/barriers influencing the quality of health services? Policing and justice services? Social services?
7. Which GBV services were most impeded by the Covid-19 crisis? Why?
8. Which particular groups and populations are most excluded, vulnerable, and marginalized in terms of access to GBV services (i.e., based on their age, identity, culture, sexual orientation, gender identity, ethnicity, disability, and language preferences)?
9. Are there specific groups of women that are discriminated in terms of GBV services due to their individual circumstances or experiences (e.g., divorcees, unmarried women and youth, women in prostitution, refugee or IDP, rape victims, etc.)?
10. To what extent is there a strong comprehensive legal framework that provides the legal and judicial basis for survivors' seeking health, social services, justice, and policing services; and how are these implemented? What are the biggest gaps?
11. Is care for women experiencing intimate partner violence and sexual assault integrated into existing health/justice and social services rather than as a stand-alone service?
12. Is priority given to providing training and service delivery at the primary level of care?
13. Are health-care providers, justice service actors and social service officers trained in gender-sensitive sexual assault care and examination available at all times of the day or night (on location or on-call) at a district/area level?
14. To what extent are there governance, oversight and accountability mechanisms that allow elected and government officials to ensure that the State's duty to provide quality essential services is met; and how effective are these mechanisms? Some examples include facilitating dialogue on whether and how guidelines should be implemented; determining the quality-of-service standards; monitoring compliance with service standards; and identifying systemic failures in their design, implementation, and delivery. What are the biggest gaps?
15. Are there reviews and consultations done to identify how guidelines should be implemented to operationalise service standards?
16. To what extent are there resources and financing required to build and sustain each sector, as well as an integrated coordinated system, that has capacity and capability to provide quality essential services that effectively and efficiently respond to violence against women and girls? What are the biggest gaps?
17. What resources and financing are available to build and sustain the essential services according to the WHO guidelines (particularly those that are strongly recommended)?
18. How are local government offices and agencies supported to ensure proper allocation of resources for quality health services for GBV survivors at the various local government levels (i.e., District, Upazila and Union)?
19. Is training and workforce development available to ensure that sector agencies and coordination mechanisms have the capacity and capability to deliver quality services? If not, what are most lacking?
20. Do service providers offering care to women receive in-service training, ensuring it:
 - enables them to provide first-line support with basic knowledge about violence, including on laws that are relevant to victims of intimate partner violence and sexual violence and knowledge of existing services that may offer support to survivors of intimate partner violence and sexual violence (this could be in the form of a directory of community services)

- teaches them appropriate skills, including when and how to enquire about IPV, the best way to respond to women, how to conduct forensic evidence collection where appropriate, etc.
 - corrects / transforms inappropriate attitudes among health-care providers (e.g., blaming women for the violence, expecting them to leave, etc.), as well as their own experiences of partner and sexual violence
21. Is training for both intimate partner violence and sexual assault integrated in the same programme, given the overlap between the two issues and the limited resources available for training health-care providers on these issues?
 22. Is there regular *monitoring and evaluation*, that can inform the continuous improvement of the sectors to deliver quality services to women and girls experiencing violence? If not, what are the biggest gaps?
 23. What monitoring mechanisms are in place to ensure compliance with service standards and identify systemic failures in the health programmes' / services' design, implementation, and delivery?
 24. Are policies in each sector and for coordination mechanisms *gender sensitive* and *linked to national policies*, (as well as to a National Action Plan to Eliminate Violence against Women) in order for each sector to work alongside other services in an integrated way to provide the most effective response to women and girls subjected to violence?
 25. Are GBV essential health services integrated into a coordinated system that has capacity and capability to provide quality essential services that effectively and efficiently respond to violence against women and girls?

7.1.2. Interviews with health service, justice and policing services, and social service providers (for Government and NGO)

Division and District:

Upazila and Union:

Name of institution:

Key informant's role institution: _____

Interview date:

Place of interview:

Translation necessary for the interview: Yes No

If yes, the translation was from _____(language) to ____ (language)

Sex of key informant:

- Male
- Female

A. AVAILABILITY

1. Did you provide services before the COVID-19 crisis?
 - Yes
 - No

2. Did you provide services during the COVID-19 crisis?
 - Yes
 - No

3. What type of services do you currently provide to survivors of GBV? *Read each type of service to the respondent. Check all that apply.

Health

- Identification of survivors of intimate partner violence
- First line support
- Care of injuries and urgent medical treatment
- Sexual assault examination and care
- Mental health assessment and care
- Documentation (medico-legal)

Social Services

- Crisis information
- Crisis counselling
- Help lines
- Safe accommodations
- Material and financial aid
- Creation, recovery, replacement of identity documents
- Legal and rights information, advice, and representation, including in plural legal systems
- Psycho-social support and counselling
- Women-centred support
- Children's services for any child affected by violence
- Community information, education, and community outreach
- Assistance towards economic independence, recovery, and autonomy

Justice Services

- Prevention
- Initial contact
- Assessment/investigation
- Pre-trial processes
- Trial processes
- Perpetrator accountability and reparations
- Post-trial processes
- Safety and protection
- Assistance and support
- Communication and information
- Justice sector coordination

4. What specific psychosocial services do you provide?

- Basic emotional support
- Case management / psychosocial support
- Group activities
- Other? _____

5. Are your psychosocial services provided by?

- Trained volunteers
- Partners (NGO, CBO, etc.) with these expertise
- Trained Staff of your organization

6. Do you have complete post-rape kits available? *Note: If they do not have all of the 5, check No, and the specific ones they have.*

- Yes
- No

Check all that applies:

- PPE
- Emergency contraception
- STI medicines
- Hepatitis B vaccination
- Tetanus vaccination

7. Do you have a safe, confidential space to receive survivors?

- Yes
 - No
8. In your opinion, do you have a sufficient number of the following health professionals to meet the service needs of GBV survivors in your area?
- | | | |
|---------------------------|--|------------------------------|
| 8.1. Nurses | 8.4. Gynaecologists | <input type="radio"/> No |
| <input type="radio"/> Yes | <input type="radio"/> Yes | 8.7. Forensic technicians |
| <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> Yes |
| 8.2. Doctors | 8.5. Surgeons | <input type="radio"/> No |
| <input type="radio"/> Yes | <input type="radio"/> Yes | 8.8. Others, please specify: |
| <input type="radio"/> No | <input type="radio"/> No | _____ |
| 8.3. Midwives | 8.6. Forensic doctors/
pathologists | <input type="radio"/> Yes |
| <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> No | | |
9. Do women and girls in the whole District, including remote, rural, and isolated areas have access to comprehensive services without discrimination? If not, in which Upazilas, Unions or Wards are health and social services for GBV survivors absent? In which are they lacking?
10. To what extent are services delivered to reach all populations, including the most excluded, remote, vulnerable, and marginalized without any form of discrimination regardless of their individual circumstances or their age, identity, culture, sexual orientation, gender identity, ethnicity, and language preferences? If not, which populations excluded from GBV services?
11. Is there continuity of care across the network of GBV services and over the woman's life cycle?
12. Do you know of any innovative service delivery models being used in the country to broaden coverage of service delivery e.g., mobile health clinics, use of modern IT solutions, mobile applications?

B. ACCESSIBILITY

13. Are police, emergency health and social services free of charge? If not, which ones are charged and for how much?
14. Are the "for fee" services affordable (e.g., medical examinations, psychological support services)? If not, how much are the main services that you believe are not affordable?
15. Are service delivery procedures and other information about essential services available in multiple formats (for example, oral, written, electronically) and user-friendly and in plain language to maximize access and meet the needs of different target groups? If not, what are the biggest gaps regarding accessibility of information on GBV services/

C. ADAPTABILITY

16. To what extent do you think the services respond to the individual circumstances and needs of each survivor, integrating human rights and culturally sensitive principles?
17. To what extent do you think there is a comprehensive range of services provided to allow women and girls to have options to services that best meet their individual circumstances?

D. APPROPRIATENESS, PRIORITISES SAFETY, INFORMED CONSENT & CONFIDENTIALITY, EFFECTIVE COMMUNICATION & PARTICIPATION BY STAKEHOLDERS

18. Have the medical personnel received any specialized training on clinical care and forensic service for survivors of GBV? List the main types of training received.
- Yes
 - No

19. Have the medical personnel received any specialized training on the provision of care for child survivors of GBV?
 - Yes, how many? ____
 - No
20. What specific age groups do your activities serve?
 - Children
 - Young adolescents (10-14)
 - Older adolescents (15-18)
 - Adult women (18-59)
 - Elderly (60+)
21. Do you have GBV focal points in the organisation?
 - Yes
 - No
 And are they trained in survivor-centred approach³¹?
 - Yes
 - No
22. Do the trainings for health-care providers on intimate partner violence and sexual assault include different aspects of the response to intimate partner violence and sexual assault (e.g., identification, safety assessment and planning, communication and clinical skills, documentation, and provision of referral pathways)?
23. To what extent are efforts made to reduce secondary victimisation for the survivor; for example, by minimising the number of times she has to relay her story, reducing the number of people she must deal with, and ensuring trained personnel are available?
24. Do you work in partnership or coordination with other government agencies and other local NGOs/CBOs? If so, which organizations?
25. What kinds of training have your medical/legal staff, volunteers and social workers received (related to GBV response)?
26. To what extent do service providers (health/justice / social services) use risk assessment and management tools specifically developed for responding to intimate partner violence and non-partner sexual violence?
27. To what extent are safety measures taken to support the safety of women and girls? What are the biggest gaps?
28. To what extent do women and girls receive a strengths-based, individualized plan that includes strategies for risk management as part of the GBV services they access?
29. To what extent do agencies including health, social services, justice, and policing services coordinate their risk assessment and management approaches?
30. To what extent are service providers non-judgmental, empathetic, and supportive, wherein women and girls have the opportunity to tell their story/ be listened to?
31. Is there a code of ethics for the exchange of information (in accordance with existing legislation), and to what extent is this followed, and are women and girls informed it?

³¹ This includes the principles of confidentiality, respecting privacy and obtaining informed consent, along with the following:

- Women and girls are supported to fully understand their options.
- Women and girls are empowered to feel able to help herself and to ask for help.
- Women and girls' decisions are respected after ensuring she fully understands the options available to her.
- Services should be delivered in a way that responds to her needs and concerns without intruding on her autonomy.

E. DATA COLLECTION AND INFORMATION MANAGEMENT

- 32. To what extent are information relating to women and girls treated confidentially, and stored securely?
- 33. To what extent are there policies and procedures to ensure accurate and efficient data collection that are used in understanding the prevalence of violence, trends in using the essential services, evaluation of existing services and inform prevention measures?

F. LINKING WITH OTHER SECTORS THROUGH REFERRAL AND COORDINATION

- 34. To what extent are there procedures between services for information sharing and referral known and followed by agency staff, and communicated clearly to women and girls?
- 35. Do the sectoral service providers have mechanisms for coordinating and monitoring the effectiveness of referrals processes?
- 36. Do they refer to child specific services as required?

Difficulties / Challenges

- 37. What are the significant challenges your organization faces in service provision?
- 38. Do you turn away women and girls because of a lack of available resources and/or expertise?
 - Yes
 - No

Assets and Strengths

- 39. What are strengths and community assets that support your organisation’s delivery of quality essential services to GBV survivors?
- 40. What recommendation or good practice would you want to highlight or share that can be a source of learning for other agencies / districts?
- 41. Other Comments:

Contact Person for the Organization

Name: _____

Telephone: _____ Email: _____

7.2. Focus Group Discussion Guides

7.2.1. FGD with community members, leaders, or civil society (local NGO, grassroots, or community-based organisations) working on GBV response

Notes on Criteria for Respondents:

- a. The NGO / CBO respondents intended in this KII are different from the ones to be interviewed with Tool 6.1.1. in that these respondents should ideally live in the sample communities and represent community-based or grassroots organisations or are members of the marginalised groups themselves, e.g., women with disabilities, young women, female IDPs, rural women, etc.
- b. Respondents for this FGD should either have some experience in GBV response and working with VAWG survivors or is a concerned community member who is familiar with women's experiences accessing GBV services in their community. It is possible to hold 2 separate FGDs for community leaders and community members if there are concerns regarding power dynamics or possible reluctance of community members to share openly in front of community leaders.
- c. If applicable and practicable, this tool can also be used to interview respondents from government officials and formal and informal elites / leaders at local government community levels e.g., Union *parishad* members, women vice-chair, standing committee members. Ideally, government respondents should be familiar with GBV services and processes in accessing these services in the communities.

Guidance on Conducting FGDs:

1. The research team should ensure participants that all information shared within the discussion will remain confidential.
2. If a documenter takes down notes, s/he will not have any information identifying or associating individuals with responses.
3. Ask the group to respect confidentiality and not to divulge any information outside of the discussion. The group should be made of like members – community leaders, women, youth, etc. – should not include more than 6 to 8 participants and should not last more than one to one-and-a-half hours.

Focus group discussion facilitator:

Documenter (if applicable):

Division and District:

Upazila and Union:

Name of organisation / association (who helped gather participants):

Participant's roles in the community (e.g., parishad members, youth leaders, members of women's groups/changemakers, etc.):

FGD date:

Place of FGD:

Translation necessary for the interview: Yes No

If yes, the translation was from _____ (language) to ____ (language)

Sex of FGD participants:

- All male
- All female
- Mixed / how many: Male _____ Female _____

Age of FGD participants:

- Young adolescents (10-14)
- Older adolescents (15-18)

- Adult women (18-59)
- Elderly (60+)

KEY STEPS BEFORE THE FGD:

- ☑ Introduce all facilitators and translators
- ☑ Present the purpose of the discussion:
 - General information about your organization
 - Purpose of the focus group discussion is to understand available services to women and girls who have experienced GBV
 - Participation is voluntary
 - No one is obligated to respond to any questions if s/he does not wish
 - Participants can leave the discussion at any time, and with no need to give an explanation
 - No one is obligated to share names or personal experiences if s/he does not wish
 - Be respectful when others speak
 - The facilitator might interrupt discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion
- ☑ Agree on confidentiality:
 - Keep all discussion confidential
 - Do not share details of the discussion later, whether with people who are present or not
 - If someone asks, explain that you were speaking about the health problems of women and girls
- ☑ Ask permission to take notes/photos:
 - No one's identify will be mentioned
 - The purpose of the notes is to ensure that the information collected is precise
 - Do not take any photos without written permission form all participants

Introduction: "The purpose of this FGD is to help the government, NGOs, and UN agencies to understand available services to women and girls who have experienced Gender-based violence (GBV).

Gender based violence is "any act of violence that is directed against a woman because she is a woman or that affects women disproportionately".

Intimate partner violence is "the most common form of violence experienced by women globally . . . and includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, without her consent. *Physical violence* involves intentionally using physical force, strength or a weapon to harm or injure the woman. *Sexual violence* includes abusive sexual contact, making a woman engage in a sexual act without her consent, and attempted or completed sex acts with a woman who is ill, disabled, under pressure or under the influence of alcohol or other drugs. *Psychological violence* includes controlling or isolating the woman and humiliating or embarrassing her. *Economic violence* includes denying a woman access to and control over basic resources."

Non-partner sexual violence "refers to violence by a relative, friend, acquaintance, neighbour, work colleague or stranger". It includes being forced to perform any unwanted sexual act, sexual harassment and violence perpetrated against women and girls frequently by an offender known to them, including in public spaces, at school, in the workplace and in the community.

Essential Services for GBV survivors encompass a core set of services provided by the health care, social service, police, and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.

We will start the discussion now...

A. AVAILABILITY

1. What services are safely available to adult women survivors of GBV in the community/ies? If relevant, please note the organization offering these services. Check all that apply:

<p>Health Services</p> <ul style="list-style-type: none"> ○ Identification of survivors of intimate partner violence ○ First line support ○ Care of injuries and urgent medical treatment ○ Sexual assault examination and care ○ Mental health assessment and care ○ Documentation (medico-legal) <p>Justice and Policing</p> <ul style="list-style-type: none"> ○ Initial contact ○ Assessment/investigation ○ Pre-trial processes ○ Trial processes ○ Perpetrator accountability and reparations ○ Post-trial processes ○ Safety and protection ○ Assistance and support ○ Communication and information ○ Justice sector coordination 	<p>Social Services</p> <ul style="list-style-type: none"> ○ Crisis information ○ Crisis counselling ○ Help lines ○ Safe accommodations ○ Material and financial aid ○ Creation, recovery, replacement of identity documents ○ Legal and rights information, advice, and representation, including in plural legal systems ○ Psycho-social support and counselling ○ Women-centred support ○ Children’s services for any child affected by violence ○ Children’s services for any child affected by violence ○ Community information, education, and community outreach ○ Assistance towards economic independence, recovery, and autonomy
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2. What services are safely available to child and adolescent girls GBV survivors? If relevant, please note the organization offering these services. *Read each type of service to the respondent. Check all that apply:

<p>Health Services</p> <ul style="list-style-type: none"> ○ Identification of survivors of intimate partner violence ○ First line support ○ Care of injuries and urgent medical treatment ○ Sexual assault examination and care ○ Mental health assessment and care ○ Documentation (medico-legal) <p>Justice and Policing</p> <ul style="list-style-type: none"> ○ Initial contact ○ Assessment/investigation ○ Pre-trial processes ○ Trial processes ○ Perpetrator accountability and reparations ○ Post-trial processes ○ Safety and protection ○ Assistance and support 	<p>Social Services</p> <ul style="list-style-type: none"> ○ Crisis information ○ Crisis counselling ○ Help lines ○ Safe accommodations ○ Material and financial aid ○ Creation, recovery, replacement of identity documents ○ Legal and rights information, advice, and representation, including in plural legal systems ○ Psycho-social support and counselling ○ Women-centred support ○ Children’s services for any child affected by violence ○ Children’s services for any child affected by violence
---	---

<ul style="list-style-type: none"> ○ Communication and information ○ Justice sector coordination 	<ul style="list-style-type: none"> ○ Community information, education, and community outreach ○ Assistance towards economic independence, recovery, and autonomy
--	--

3. What services are safely available to women and girls with disabilities who are GBV survivors? If relevant, please note the organization offering these services. *Read each type of service to the respondent. Check all that apply:

<p>Health Services</p> <ul style="list-style-type: none"> ○ Identification of survivors of intimate partner violence ○ First line support ○ Care of injuries and urgent medical treatment ○ Sexual assault examination and care ○ Mental health assessment and care ○ Documentation (medico-legal) <p>Justice and Policing</p> <ul style="list-style-type: none"> ○ Initial contact ○ Assessment/investigation ○ Pre-trial processes ○ Trial processes ○ Perpetrator accountability and reparations ○ Post-trial processes ○ Safety and protection ○ Assistance and support ○ Communication and information ○ Justice sector coordination 	<p>Social Services</p> <ul style="list-style-type: none"> ○ Crisis information ○ Crisis counselling ○ Help lines ○ Safe accommodations ○ Material and financial aid ○ Creation, recovery, replacement of identity documents ○ Legal and rights information, advice, and representation, including in plural legal systems ○ Psycho-social support and counselling ○ Women-centred support ○ Children’s services for any child affected by violence ○ Children’s services for any child affected by violence ○ Community information, education, and community outreach ○ Assistance towards economic independence, recovery, and autonomy
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4. Were GBV services affected by the COVID-19 crisis? If so, which ones?

- Yes
- No

5. Even before the COVID-19 crisis, what are some reasons that girl or women survivors of GBV may not be able to access health/policing and justice /social services mentioned above?

- | | |
|---|---|
| ○ They do not know where to go | ○ No female staff in facilities |
| ○ They are not allowed to go out without the husband’s permission | ○ No availability of private and confidential support |
| ○ Fear of backlash or retribution (either on herself or her children) | ○ Lack of trained staff |
| ○ Distance to facility | ○ Don’t know |
| | ○ Other – please specify: |

6. Is there written information on IPV and sexual assault available in healthcare settings e.g., posters, pamphlets or leaflets made available in private areas such as women’s washrooms?

7. Do women and girls in the whole District, including remote, rural, and isolated areas have access to comprehensive services without discrimination? If not, in which Upazilas, Unions or Wards are health and social services for GBV survivors absent? In which are they lacking?

8. To what extent are services delivered to reach all populations, including the most excluded, remote, vulnerable, and marginalized without any form of discrimination regardless of their individual circumstances or their age, identity, culture, sexual orientation, gender identity, ethnicity, and language preferences? If not, which populations are excluded from GBV services?
9. Do you know of any innovative service delivery models being used in the country to broaden coverage of service delivery e.g., mobile health clinics, use of modern IT solutions, mobile applications?

B. ACCESSIBILITY

10. Are police, emergency health and social services free of charge? If not, which ones are charged and for how much?
11. Are the “for fee” services affordable (e.g., medical examinations, psychological support services)? If not, how much are the main services that you believe are not affordable?
12. Are service delivery procedures and other information about essential services available in multiple formats (for example, oral, written, electronically) and user-friendly and in plain language to maximize access and meet the needs of different target groups? If not, what are the biggest gaps regarding accessibility of information on GBV services/

C. ADAPTABILITY

13. To what extent do you think the services respond to the individual circumstances and needs of each survivor, integrating human rights and culturally sensitive principles?
14. To what extent do you think there is a comprehensive range of services provided to allow women and girls to have options to services that best meet their individual circumstances?

D. APPROPRIATENESS, PRIORITISES SAFETY, INFORMED CONSENT & CONFIDENTIALITY, EFFECTIVE COMMUNICATION & PARTICIPATION BY STAKEHOLDERS

15. Are there GBV focal points in your community?
 - Yes
 - No
16. To your knowledge, do you believe services are provided with respect to their privacy and by obtaining informed consent? Please share any information incident or example you know of. (Please do not share names of persons).
 - Yes
 - No
17. To your knowledge, do you believe services are provided wherein women and girls are supported to fully understand their options, and are empowered to feel able to help herself and to ask for help? Please share any information incident or example you know of. (Please do not share names of persons).
 - Yes
 - No
18. To your knowledge, do you believe services are provided wherein women and girls are supported to fully understand their options, and are empowered to feel able to help herself and to ask for help? Please share any information incident or example you know of. (Please do not share names of persons).
 - Yes
 - No
19. To your knowledge, are there efforts made to reduce secondary victimisation for the survivor; for example, by minimising the number of times she has to relay her story, reducing the number of people she must deal with, and ensuring trained personnel are available? (Please do not share names of persons).

- Yes
 - No
20. (For members of CBOs or *parishad* members) Do you work in partnership or coordination with other government agencies and other local NGOs/CBOs? If so, which organizations?
 21. To what extent are safety measures taken to support the safety of women and girls? What are the biggest gaps?
 22. To what extent do women and girls receive a strengths-based, individualized plan that includes strategies for risk management as part of the GBV services they access?
 23. To what extent are service providers non-judgmental, empathetic, and supportive, wherein women and girls have the opportunity to tell their story/ be listened to?
- E. DATA COLLECTION AND INFORMATION MANAGEMENT**
24. To what extent are information relating to women and girls treated confidentially, and stored securely?
- F. LINKING WITH OTHER SECTORS THROUGH REFERRAL AND COORDINATION**
25. To your knowledge, are there procedures between services for information sharing and referral known and followed by agency staff, and communicated clearly to women and girls?
 26. To your knowledge, do they refer to child specific services as required?

Difficulties / Challenges

27. What are the significant challenges women in your community’s face in accessing GBV services?
 28. Do you know of any women and girls who’ve been turned away because of a lack of available resources and/or expertise?
- Yes
 - No

Assets and Strengths

29. What are strengths and community assets that support the delivery of quality essential services to GBV survivors in your community?
30. Other Comments:

Optional Questions

Note: These questions can be added if there is no sufficient information on most urgent safety and protection issues in the communities that can be gathered from secondary data gathering. Understanding these safety issues can help in assessing whether the GBV services provided meet the actual needs of the women in the communities, including where women turn to or go for help if they do not reach the health, social service, and police/justice service points.

1. What are the most significant safety and security concerns facing adult women in this community? (Check all that apply.)

<ul style="list-style-type: none"> ○ Violence from intimate partner ○ Violence from other family members in the home ○ Sexual violence/abuse in the home ○ Sexual violence/abuse outside the home ○ Risk of attack when traveling outside the community 	<ul style="list-style-type: none"> ○ Being asked to marry by their families ○ Trafficking ○ Unable to access services and resources ○ Don’t Know ○ Other – please specify:
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2. What are the most significant safety and security concerns facing child and adolescent girls in this community? (Check all that apply.)

- Violence from intimate partner
 - Violence from other family members in the home
 - No safe place in the community
 - Sexual violence/abuse in the home
 - Sexual violence/abuse outside the home
 - Risk of attack when traveling outside the community
 - Being asked to marry by their families
 - Trafficking
 - Unable to access services and resources
 - Don't Know
 - Other –please specify:
3. Has there been a noticeable increase in intimate partner violence since the COVID-crisis?
- Yes
 - No
4. Has there been a noticeable increase in rape/sexual violence being reported since crisis?
- Yes
 - No
5. What types of violence have women reported?
6. What types of violence have adolescent girls reported, if different from above?
7. What types of violence have girl children reported, if different from above?
8. What types of violence have women and girls with disabilities reported, if different from above?
9. What types of violence have members of the LGBT community reported, if different from above?
10. In what context in the community does rape/sexual violence occur? (Select all that apply.)
- At home
 - When girls/women are traveling to and from work/school
 - When girls/women are traveling to and from market
 - At latrines/bathing facilities
 - When girls/women are collecting firewood
 - At school
 - At work
 - When collecting water
 - When going to access services (food aid, etc.)
 - Don't Know
 - Other –please specify:
11. To whom do women most often go for help, when they've been victims of some form of violence?
- Family member
 - Community leader
 - Police
 - NGO
 - UN Agency
 - Friend
 - Don't Know
 - Other –please specify:
12. To whom do child and adolescent girls most often go for help, when they've been victims of some form of violence?
- Family member
 - Community leader
 - Police
 - NGO
 - UN Agency
 - Friend /classmate
 - Teacher
 - Don't Know
 - Other –please specify:
13. When a woman or girl is the victim of violence, where does she feel safe and comfortable going to receive medical treatment?
14. If a woman or girl is raped, where can she get help? What kind of help can she receive? If she visits a health facility, what services can she receive?
15. Is it common for people in the community to blame women or girls for sexual violence when this happens? How do people show that they blame the woman?

16. Are there women's groups in the community? Are there women's centres? Where do women gather?
17. Where can women seek support if they are facing problems or have faced violence? Are there women in the community who are good at supporting other women? Leaders?
18. Are there other services or support (counselling, women's groups, legal aid, etc.) available for women and girls that are victims of violence?

CONCLUDE THE DISCUSSION

- Thank participants for their time and their contributions.
- Remind participants that the purpose of this discussion was to better understand the services available to women and girls who have experienced GBV
- Remind participants of their agreement to confidentiality.
- Remind participants not to share information or the names of other participants with others in the community.
- Ask participants if they have questions.
- If anyone wishes to speak in private, respond that the facilitator will be available after the discussion.

7.3. Assessment and Planning Workshop Guide

This guide is adapted from the Rapid Assessment Tool 4: Barriers to Care Analysis and Planning Tool (UNICEF, n.d.) and aims to conduct a participatory consultation to analyse the barriers to the quality essential service provision for GBV survivors.

Target Participants: Representatives from government and NGO GBV service providers, 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 marginalised groups of women represented (including women with disabilities, young women, elderly, LBT women, Dalits, etc.).

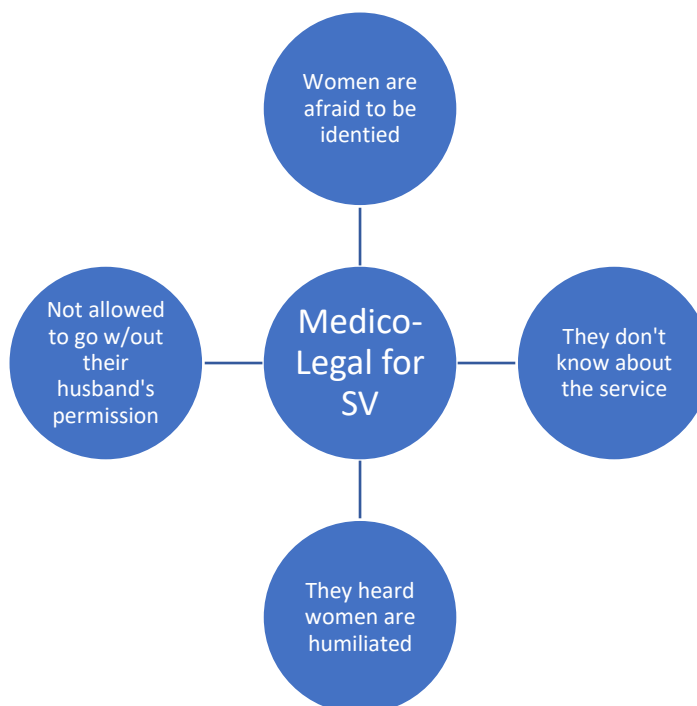
Workshop Discussion Guides:

A. Barriers to specific services

1. Group participants according to the area of sectoral service expertise. Ask each small group to discuss the following in their small groups.
2. Identify barriers 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.

Alternative: If the workshop will be conducted for just one essential service the groups can be assigned according to the specific health service, for example. Another option is they can be groups based on barriers faced by specific groups, e.g., adult women, married women, unmarried women, adolescent girls, young children, males, sex workers, etc.

3. Ask participants why survivors don't use the service and write the answers in the second circle. (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.) Sample:



4. For each factor or barrier identified, continue to ask, 'why is this so?' and write the corresponding answers in the next circle. Continue this process until all of the barriers have been revealed.
5. Write the barriers on a list. Present in plenary and validate with other participants.

B. Developing a plan of action

1. After the plenary, group participants again in the same groups to discuss the following.
2. 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.
3. Ask participants to decide which actions are high priority, who is responsible for them and the timeframe, e.g., Immediate (in the next 1 to 3 months); Intermediate (in the next 4 to 12 months); Long-Term (Year 2 onwards)

Sample Template: Action Plan for Addressing Barriers to Quality Essential Services:

Service	Barrier	Possible actions for reducing the barrier	Who is responsible	By when

Note: Participants may not be able to identify all the solutions for all the barriers. You may need to consult with others before finalizing the action plan. For example, visiting specific NGOs that work with women with disabilities, or particular local government institutions, which is a target site for an upcoming project, etc.

Annexes

Annex 1: Language and Terms³²

Case finding or clinical enquiry in the context of intimate partner violence refers to the identification of women experiencing violence who present to health care settings, through use of questions based on the presenting conditions, the history and, where appropriate, examination of the patient. These terms are used as distinct from “screening” or “routine enquiry”

Coordination is a central element of the response to violence against women and girls. It is required by international standards that aim at ensuring that the response to violence against women and girls is comprehensive, multidisciplinary, coordinated, systematic and sustained. It is a process that is governed by laws and policies. It involves a collaborative effort by multi-disciplinary teams and personnel and institutions from all relevant sectors to implement laws, policies, protocols and agreements and communication and collaboration to prevent and respond to violence against women and girls. Coordination occurs at the national level among ministries that play a role in addressing this violence, at the local level between local-level service providers, stakeholders and, in some countries, at intermediate levels of government between the national and local levels. Coordination also occurs between the different levels of government.

Core elements are features or components of the essential services that apply in any context, and ensure the effective functioning of the service.

Essential Services encompass a core set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety, and well-being of any woman or girl who experiences gender-based violence.

First-line support When providing first-line support to a woman who has been subjected to violence, 4 kinds of needs deserve attention:

- Immediate emotional/psychological health needs
- Immediate physical health needs
- Ongoing safety needs
- Ongoing support and mental health needs

Formal justice systems are justice systems that are the

responsibility of the State and its agents. They include government supported laws, and institutions such as police, prosecution services, courts, and prisons that have the responsibility to enforce and apply the laws of the State and to administer the sanctions imposed for violations of laws.

Gender based violence is “any act of violence that is directed against a woman because she is a woman or that affects women disproportionately”.

Governance of coordination has two major components. The first component is the creation of laws and policies required to implement and support the coordination of Essential Services to eliminate or respond to violence against women and girls. The second component is the process of holding stakeholders accountable for carrying out their obligations in their coordinated response to violence against women and girls and ongoing oversight, monitoring and evaluation of their coordinated response. Governance is carried out at both the national and local levels.

Health system refers to (i) all activities whose primary purpose is to promote, restore and/or maintain health. (ii) the people, institutions, and resources, arranged together in accordance with established policies, to improve the health of the population they serve.

Health care provider is an individual or an organization that provides health-care services in a systematic way. An individual health-care provider may be a healthcare professional, a community health worker; or any other person who is trained and knowledgeable in health. Organizations include hospitals, clinics, primary care centres and other service delivery points. Primary health care providers are nurses, midwives, doctors, or others.

Intimate partner violence is “the most common form of violence experienced by women globally . . . and includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, without her consent. *Physical violence* involves intentionally using physical force, strength or a weapon to harm or injure the woman. *Sexual violence* includes abusive sexual contact, making a woman engage in a sexual act without her consent, and attempted or completed sex acts with

³² Source: Essential Services Package for Women and Girls Subject to Violence-Module 1 Overview and Introduction

a woman who is ill, disabled, under pressure or under the influence of alcohol or other drugs. *Psychological violence* includes controlling or isolating the woman and humiliating or embarrassing her. *Economic violence* includes denying a woman access to and control over basic resources.”¹⁴

Justice service provider includes State/government officials, judges, prosecutors, police, legal aid, court administrators, lawyers, paralegals, and victim support/social services staff.

The Justice continuum extends from a victim/survivor’s entry into the system until the matter is concluded. A woman’s journey will vary, depending on her needs. She may pursue a variety of justice options, ranging from reporting or making a complaint which initiates a criminal investigation and prosecution or seeking protection, and/or pursuing civil claims including divorce and child custody actions and/or compensation for personal or other damages, including from State administrative schemes, concurrently or over time.

Multi-disciplinary response teams are groups of stakeholders who have entered into agreements to work in a coordinated manner to respond to violence against women and girls within a community. These teams are focused on ensuring an effective response to individual cases and may contribute to policy making.

Non-partner sexual violence “refers to violence by a relative, friend, acquaintance, neighbour, work colleague or stranger”.¹⁵ It includes being forced to perform any unwanted sexual act, sexual harassment and violence perpetrated against women and girls frequently by an offender known to them, including in public spaces, at school, in the workplace and in the community.

Post-trial processes include corrections as it relates to protection of the victim/survivor, minimizing the risk of re-offending by the offender, and the rehabilitation of the offender. It also covers prevention and response services for women who are detained in correctional facilities, and for women in detention who have suffered violence against women.

Pre-trial / hearing processes in criminal justice matters include bail hearings, committal hearings, selection of charges, decision to prosecute and preparation for criminal trial. In civil and family matters they include interim child custody/support orders, discovery procedures in civil cases, and preparation for trial or hearing. In administrative law matters, such as criminal injuries compensation schemes, it is recognized that this can be pursued in the absence of or in addition to

criminal and/or civil cases and include providing supporting documentation for applications

Prevention measures from a justice service provider’s perspective refer to those activities that are primarily focused on interventions to stop violence and prevent future violence and to encourage women and girls to report for their own safety.

Quality guidelines support the delivery and implementation of the core elements of essential services to ensure that they are effective, and of sufficient quality to address the needs of women and girls. Quality guidelines provide ‘the how to’ for services to be delivered within a human rights-based, culturally sensitive, and women’s-empowerment approach. They are based on and complement international standards and reflect recognized best practices in responding to gender-based violence.

Reparations means to wipe out, as far as possible, all the consequences of an illegal act and re-establish the situation which would, in all probability, have existed if that act had not been committed. Reparations cover two aspects: procedural and substantive.⁹ Procedurally, the process by which arguable claims of wrongdoing are heard and decided by competent bodies, whether judicial or administrative need to be women-centred, available, accessible, and adaptable to the specific needs and priorities of different women. Procedures need also to counter the traditionally encountered obstacles to accessing the institutions that award reparations. Substantively, remedies consist of the outcomes of the proceedings and, more broadly, the measures of redress granted to victims. This includes reflecting upon effective ways to compensate victims for harms suffered, including tort law, insurance, trust funds for victims and public compensation schemes and including non-economic losses which generally affect women more negatively than men. There are many forms of reparations, including: restitution; compensation; public acknowledgement of the facts and acceptance of responsibility; prosecution of perpetrators; restoration of the dignity of the victim through various efforts; and guarantees of non-repetition. While the notion of reparation may also include elements of restorative justice and the need to address the pre-existing inequalities, injustices, prejudices and biases or other societal perceptions and practices that enabled violence against women to occur, there was no agreement as to how to reflect the structural trans-formative reparations in the essential justice services. Reparations measures should ensure that remedies are holistic and not mutually exclusive.

Restitution is defined as those measures to restore the victim to her original situation before the violence.

The **social services sector** provides a range of support services to improve the general well-being and empowerment to a specific population in society. They may be general in nature or provide more targeted responses to a specific issue; for example, responding to women and girls experiencing violence. Social services for women and girls who have experienced violence includes services provided by or funded by government (and therefore known as public services) or provided by other civil society and community actors, including non-governmental organizations and faith-based organizations. *Social services responding to violence against women and girls are specifically focused on victims/survivors of violence.* They are imperative for assisting women's recovery from violence, their empowerment and preventing the reoccurrence of violence and, in some instances, work with particular parts of society or the community to change the attitudes and perceptions of violence. They include, but are not limited to, *providing psycho-social counselling, financial support, crisis information, safe accommodation, legal and advocacy services, housing and employment support and others, to women and girls who experience violence.*

Stakeholders are all government and civil society organizations and agencies that have a role in responding to violence against women and girls at all levels of government and civil society. Key stakeholders include victims and survivors and their representatives, social services, health care sector, legal aid providers, police, prosecutors, judges, child protection agencies, and the education sector, among others.

Screening (universal screening) Large- scale assessment of whole population groups, whereby no selection of population groups is made.

Secondary or Vicarious Trauma

Vicarious trauma: Defined as the transformation of the health-care provider's inner experiences because of empathetic and/ or repeated engagement with (sexual) violence survivors and their trauma material (see <http://www.svri.org/trauma.htm>).

Secondary victimization refers to behaviours and attitudes of social service providers that are "victim-blaming" and insensitive, and which traumatize victims of violence who are being served by these agencies. It occurs not as a direct result of a criminal act but through the inadequate response of institutions and individuals to the victim.

Sexual violence Any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or advances, or acts to traffic, or otherwise directed against a person's sexuality, using coercion, by any person, regardless of their relationship to the victim, in any setting, including, but not limited to, home and work.

Sexual assault A subcategory of sexual violence, sexual assault usually includes the use of physical or other force to obtain or attempt sexual penetration. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part, or object, although the legal definition of rape may vary and, in some cases, may also include oral penetration

Shared decision-making When clinicians and patients make decisions together using the best available evidence. In partnership with their clinicians, patients are encouraged to consider available options and the likely benefits and harms of each, to communicate their preferences, and help select the course of action that best fits these.

Survivor refers to women and girls who have experienced or are experiencing gender-based violence to reflect both the terminology used in the legal process and the agency of these women and girls in seeking essential services.

Trial / hearing processes include presentation of evidence and verdict or civil judgment, as well as submission of evidence to administrative board and the board's final decision.

Violence against women (VAW) means "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty,

FOCUS GROUP DISCUSSION /KEY INFORMANT INTERVIEW
CONSENT FORM

INVITATION TO PARTICIPATE

You are invited to participate in this focus group discussion because you were referred by _____(NGO) as knowledgeable on the topic of our research. Please read the information below and ask questions about anything you do not understand before deciding whether to participate. If you have any questions about this project, please contact UN Women/UNFPA/UNICEF Bangladesh Country Office, through (Contact person and email) _____.

PURPOSE OF THE STUDY

UN Women Bangladesh is conducting research to assess the services available for the health and well-being of women and girls who have been subjected to gender-based violence (GBV). Such an assessment can assist in understanding the national situation of services for GBV survivors, and in identifying specific aspects of service quality that can be improved or strengthened. By agreeing to contribute to this research, you can help provide information on strengths, where better services are being provided and factors influencing the quality of essential services for GBV survivors. Your inputs are very valuable for UN Women, UNFPA and UNICEF to explore how we can better support government institutions and NGOs to deliver high quality GBV services.

PROCEDURES, PRIVACY AND CONFIDENTIALITY

If you agree to participate, the FGD will last approximately 90 minutes.

- You will be asked to kindly share your honest views; we value all of your inputs, and there are no right or wrong answers.
- We will be documenting and recording this discussion in order to write a research report. Rest assured that the researcher and the UN offices commit to confidentiality, and we will respect everybody's privacy. This means that answers will not be tied to the specific person's name in the report, and your personal details will remain private.
- You are not required to share personal experiences, but you may do so if you want to. You can also share your knowledge about the issue, experiences, and observations in your villages / communities.
- During the discussion, photographs may be taken for documentation purposes or to include in the report. Your picture will only be taken with your permission.

RIGHT TO WITHDRAW

Participating in this FGD / interview is completely voluntary. You can decide not to answer questions or to leave the FGD / stop the interview at any time.

CONSENT AND AUTHORIZATION

I have read the information provided in this consent/authorization form. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. If I have questions later, I understand I can contact UN WOMEN/UNFPA/UNICEF or _____ (NGO).

BY SIGNING THIS FORM, I WILLINGLY AGREE TO PARTICIPATE IN THE STUDY IT DESCRIBES.

Participant Signature over Printed Name

Date

B. Parent / Guardian Consent Form

Parent / Guardian Consent Form with the Minor's Assent
(For respondents under 18 years old)

I, Mr. /Mrs. _____ allow my child/ward _____ to attend the **UN WOMEN/UNFPA/UNICEF Focus Group Discussion / Key Informant Interview** organized with _____ (NGO/CBO partner), which will be held on _____ at the office at: _____ (address). I understand that this FGD is part of a research that UN Women is conducting on NGO Projects in Bangladesh.

Signature:	Name of parent/guardian:	Mobile/ CP #:	Date:

I, (Name of minor) _____ give my assent to participate in the abovementioned **UN WOMEN/UNFPA/UNICEF Focus Group Discussion / Key Informant Interview** according to the above details.

Signature:	Name of respondent (minor):	Mobile/ CP #:	Date:

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- Figure 3.** Common Components of a Coordinated response

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