

Survivors of GBV access life-saving services in emergencies, are protected from further harm, and are supported so they can recover and thrive.

Survivors access appropriate services in a safe and timely manner

Interventions to address GBV are coordinated

Decision-makers act to improve protection of women and girls

Survivors of GBV have safe access to health services, in line with guidelines for the clinical management of rape

Survivors of GBV have safe access to basic, quality case management services

Survivors of GBV have safe access to psychosocial services and community-based support networks

Communities know which GBV-related services are available and how to access them

Service provision is coordinated among service providers and GBV focal points

Other sectors identify factors that increase risks to women and girls, and develop strategies to address them

Advocacy leads to increased funding and improved policies/systems to protect women and girls

ACTIONS (also see full program model): Advocate for action based on identified gaps in health services, medicines and commodities, and technical capacity; work with health actors to identify and train GBV focal points in all health facilities; identify or establish private / confidential spaces for consultation within health centers; train health facility medical and non-medical staff on GBV guiding principles for supporting a survivor and providing safe referrals

ACTIONS (also see full program model): Identify service providers already providing GBV case management services; identify/establish private, safe and confidential spaces for the provision of case management to survivors of GBV; train GBV caseworkers in the provision of basic case management, including GBV guiding principles and survivor-centered, age-appropriate approaches; establish case management system, including appropriate intake and consent forms; ensure safe, confidential storage of all client information; provide weekly supervision and mentoring to GBV caseworkers

ACTIONS (also see full program model): Identify/establish safe spaces through which survivors can access basic emotional support, accurate information about services and referral from trained staff/volunteers; identify women's groups/networks that can provide survivors with basic emotional support and accurate information about services; provide context-appropriate group activities for women and girls through safe spaces; provide individual psychosocial support for survivors through trained staff and/or partners; train and mentor psychosocial staff and service providers

ACTIONS (also see full program model): Work with communities to understand their perceptions of safe, accessible entry points for services for survivors of GBV; identify and train community outreach teams of staff or volunteers; develop, translate and disseminate key messages about service availability through information boards, information sessions, radio transmissions, etc.

ACTIONS (also see full program model): Carry out mapping of available services; develop functional, appropriate referral pathways; disseminate information on referral pathways among service providers and GBV focal points; establish regular meetings between service providers; provide other sectors with information related to referral pathways and GBV guiding principles

ACTIONS (also see full program model): Advocate for and participate in inter-sector/cluster coordination on women and girls; lead and/or advocate for the distribution of context-appropriate risk mitigation material support (i.e., dignity kits, solar lamps, etc.); lead and/or advocate for actions that reduce risks for women and girls (i.e., firewood patrols, community patrol groups, appropriate lighting in public places, locks on latrines, etc.); advocate for the establishment of GBV working group focal points to attend other key meetings and ensure information exchange; advocate for the GBV working group to lead training of all sectors and service providers on IASC GBV Guidelines; advocate for establishment of and training on in-country PSEA protocols (including clear reporting protocols) and training for staff carrying out distributions of food and non-food items

ACTIONS (also see full program model): Develop clear, targeted recommendations based assessment and analysis of needs and risks; disseminate targeted recommendations to specific audiences, including other sectors/clusters, donors and governments; build inter-agency consensus around advocacy messages and strategies where possible

SAMPLE INDICATORS	M&E TOOL(S)	SAMPLE INDICATORS	M&E TOOL(S)	SAMPLE INDICATORS	M&E TOOL(S)	SAMPLE INDICATORS	M&E TOOL(S)	SAMPLE INDICATORS	M&E TOOL(S)	SAMPLE INDICATORS	M&E TOOL(S)	SAMPLE INDICATORS	M&E TOOL(S)
•Number of medical and non medical health facility staff trained in the GBV guiding principles for supporting a survivor and safe referrals	Training records	•A basic case management system is established and functional, with client intake and consent forms that are accurately used and safely stored	Project records	•Number of safe spaces available per camp or community	Project records	•Number of women, girls, and community members receiving accurate messages on service availability and accessibility	Community outreach monthly report	•Service mapping completed and shared with GBV working group and other relevant actors/service providers	Service mapping matrix and documentation	•At least one safety audit completed per target area, on minimum bi-weekly basis	Safety audit records	•Number of discussions with policymakers and donors based on GBV-specific findings and recommendations from assessment reports	Project records
•Percent of trained health providers demonstrating capacity to put in practice GBV survivor-centered services during a post-training practicum	Training practicum (including role play and observation) records	•Percent of survivors able to access case management services, including referral in line with their needs and wishes	Case management supervision records	•Number of women and girls actively attending safe space activities and/or seeking information and support within these spaces	Safe space attendance & activity records	•Number of participants in community outreach sessions that can answer two debriefing questions about GBV services available	Community Consultation & Focus Group Discussion Records	•Referral network and protocol are documented	Referral network document	•Recommendations from safety audits are shared with relevant actors to inform action	Sectoral coordination meeting records		
•Weekly support and mentoring meetings are held with health facility GBV focal points	Project records	•Weekly supervision meetings are held to discuss challenging cases, review quality of case management services, and provide opportunities for debriefing	Case management supervision records	•Number of women-led psychosocial, skill-building or life skills activities through safe spaces or other informal structures	Safe space attendance & activity records	•Number of survivors reporting to community outreach workers who are safely referred to additional services	Case management supervision records	•Number of case conference meetings held to review appropriate responses to cases in conjunction with other relevant service providers	Case management supervision records	•Other sectors take at least two actions based on recommendations from safety audits	Sectoral coordination meeting records		
•Health facilities are stocked with appropriate equipment and medicine, including post-rape kits	Health facility checklist	•Percent of GBV caseworkers that meet quality criteria	Case management skill supervision tool (including role play and observation)	•Number of women/girls participating in activities that can identify three or more other women/girls that they can turn to for support	Safe space focus group discussion records	•Community leaders undertake at least one strategy to address risks identified through safety audits and community consultations	Community Consultation & Focus Group Discussion Records	•Number of camp-based coordination meetings among response service providers held per month	Meeting records	•Number of women and girls of reproductive age receiving risk mitigation material support	Distribution records		
•Percent of sexual assault survivors who report within 120 hours that receive EC and HIV PEP, as appropriate	Health facility records					•In community consultation held in each target community, at least 50% of participants are able to identify where survivors of GBV can go to access services	Community Consultation & Focus Group Discussion Records			•Recipients of cash or vouchers report increased, safe access to food and other basic necessities for themselves and their families	Post-distribution assessment records		

Note: Cells shaded in grey denote more sophisticated indicators and may be too ambitious during acute emergency response.