Menu of Measures

Gender-Based Violence Risk Mitigation in the Education in Emergencies sector

December 2025

unicef for every child

EDUCATION CANNOT WAIT

Inter-agency Network for Education in Emergencies

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The development process was led and coordinated by Estelle-Emile Dade (UNICEF).

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[1] The consulted resources can be classified into three categories: global-level resources (inter-agency guidance notes/guidelines, strategies, policy papers, tools, etc.); organization-specific resources (guidance notes/guidelines, research papers, policy papers, reports, etc.); and country-level resources (education cluster-led country strategies, 5Ws/4Ws, MYRP, HNO/HRPs, CP-education joint collaboration frameworks, education SOPs, JENA reports, etc.).

[2] Experts from GEC, INEE, UNHCR, GBV AoR, CP AoR, GEC (EiE-CP collaboration), UNGEI, CARE, ECW, Save the Children, UNICEF Education in Emergencies sector ERT team, Global, Child Protection in Humanitarian Action (CPHA) and Girl Education Challenge, in addition to UNICEF Education and CP teams, the Education Cluster and the GBV AoR coordination teams in Chad and Burkina Faso.

[3] Organizations involved in the field validation in Burkina Faso included: the Education Cluster Coordination, the Ministry of Education (represented by the Directorate of Education in Emergencies), UNICEF and Plan International Burkina Faso (as MYRP grantees), Save the Children, CPD, APIJCN, Children Believe, Association Todiyaba, Association Yamwekre, CREDO, Association Femmes Solidaires, ADC PDE, Andal et Pinal, ADCV, Enfants du Monde, NRC, FDC Burkina Faso, Tintua and the Burkinabe Red Cross Society.

[4] Organizations involved in the field validation in Chad included: the Education Cluster Coordination, the Ministry of Education (represented by the Directorate of Education in Emergencies and the Directorate of Girls' Education), the Ministry of Women and Child Protection, UNICEF Education Sector, Plan International and ADES (as MYRP grantees), UNICEF Child Protection Sector, REFADD, SAKHAL, Humanity and Inclusion, ACRA, Word Vision and AFDI.

[5] The field validation was conducted through a four-day workshop in both countries.

TABLE OF CONTENTS

5 ACRONYMS AND ABBREVIATIONS

6 BACKGROUND

6 PURPOSE AND TARGET OF THE DOCUMENT

6 STRUCTURE

» Clarification of terminology 7
» What is GBV risk mitigation? 7
» What are GBV risks? 8
» What are GBV risk mitigation interventions? 9

11 SECTION 1: HOW TO MEASURE GBV RISK MITIGATION INTERVENTIONS IN EiEPC PROGRAMMES: KEY MEASUREMENT ELEMENTS

» Access to education services and barriers to such access 11
  - Availability
  - Accessibility
  - Acceptability
  - Quality
» Individual, family or community coping strategies 12
» Safety perceptions of women and girls 13
» GBV Risk Mitigation Actions 13
» Linkage with other services 14
» Indirect effects or unintended consequences of programmes 15

16 SECTION 2: PREPARING TO MEASURE GBV RISK MITIGATION INTERVENTIONS IN EiEPC PROGRAMMES

» Determining what measurement scenario is appropriate for your context 16
» The decision tree 17
» LIGHT scenario 18
» Overview of the LIGHT scenario 19
» INTERMEDIATE scenario 20
» Overview of the INTERMEDIATE scenario 21
» ADVANCED scenario 22
» Overview of the ADVANCED scenario 23
» Applying the GBV guiding principles to GBV risk mitigation measurement 24
» Consultation with education programme beneficiaries, especially women and girls 25
» Additional safety considerations for child participation in consultation 27
» Final points of attention before starting 28

31 SECTION 3: MENU OF INDICATORS AND QUESTIONS RELATED TO THE MEASUREMENT DOMAINS

» Availability 32
» Accessibility 35
» Acceptability 40
» Quality 43
» Coping strategies 49
» GBV risk mitigation actions 52
» Safety perceptions 55
» Linkages with other services 58
» Indirect effects or unintended consequences 61

62 ADDITIONAL RESOURCES

ACRONYMS AND ABBREVIATIONS

AAAQ	Availability, Accessibility, Acceptability and Quality (Framework)
CP	Child Protection
CPiE	Child Protection in Emergencies
ECW	Education Cannot Wait
EiE	Education in Emergencies
EiEPC	Education in Emergencies and Protracted Crises
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GEC	Global Education Cluster
IASC	Inter-Agency Standing Committee
INEE	Inter-agency Network for Education in Emergencies
JENA	Joint Education Needs Assessment
KII	Key Informant Interview
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Plus
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
PSEA	Protection from Sexual Exploitation and Abuse
SDR	Secondary Data Review
SEA	Sexual Exploitation and Abuse
SMC	School Management Committee
SRGBV	School-Related Gender-Based Violence
WASH	Water, Sanitation and Hygiene
WLO	Women-Led Organization

BACKGROUND

The Menu of Measures: Gender-Based Violence Risk Mitigation in the Education Sector, along with the integrated Guidance Notes, are the result of a collaboration between UNICEF and Education Cannot Wait (ECW). It is an adaptation of the Menu of Measures for the nutrition sector[6] and has been tailored to suit the particularities and needs of the education sector.

This document offers a 'menu' of key elements that education practitioners can consider when assessing the effectiveness of GBV risk mitigation interventions within the sector. The measurement elements are not mutually exclusive: they are designed to be used together to ensure comprehensive analysis and to enhance data accuracy.

The integrated Guidance Notes provide step-by-step directions to guide practitioners through the measurement process, including selecting relevant measurement elements from the 'menu' (using a decision tree) and understanding how they interrelate to serve specific data-collection objectives. The Guidance Notes also provide insights on customizing the measurement questionnaires and indicators for particular contexts.

PURPOSE AND TARGET OF THE DOCUMENT

The Menu of Measures and the integrated Guidance Notes have been developed to assist education-sector actors working in emergencies and protracted crises in integrating GBV risk mitigation measurement into their monitoring and evaluation (M&E) processes. The measurement elements of the menu are designed to be easily embedded into existing education-sector tools and processes, enhancing the M&E of safe education interventions.

While the resources are drafted primarily for emergency and protracted crisis contexts, they are designed to be adaptable to contexts in the recovery phase or to development contexts where humanitarian and development nexus interventions are being implemented.

The questionnaire and indicators included in the menu have been validated in two humanitarian contexts. However, it is important to note that this area of work is dynamic and this document is intended to be continuously improved through lessons learned, feedback and good practices from various contexts, thereby ensuring its ongoing relevance and effectiveness.

STRUCTURE

This document is divided into three main sections:

- The first section outlines the key measurement elements[7] to consider when measuring changes in programme-related GBV risks following risk mitigation interventions. It is important to note that these changes may not always be positive or as expected. It is therefore recommended to integrate these measurement elements into the routine programme M&E to enable continuous programme adaptation as needed.

[6] Menu of Measures: GBV Risk Mitigation Menu of Measures Adapted for the Nutrition Sector was developed in September 2022 by UNICEF in collaboration with the Havard Humanitarian Initiative.
[7] The term 'elements' could also be understood as 'domains' – a term commonly used in M&E, i.e., the values that allow the measurement of changes over time.

- The second section outlines the key steps to consider before measuring GBV risk mitigation interventions, including safety and ethical considerations. It also guides decision-making on what to measure using the decision tree based on the availability of specialized GBV services/ referrals, M&E capacity and the purpose of data collection.
- The third section focuses on indicators and questionnaires for quantitative and qualitative information-gathering.

The Annexes to this document include further resources, which are referred to throughout.

CLARIFICATION OF TERMINOLOGY

The Inter-Agency Standing Committee (IASC) defines **gender-based violence** (GBV) as "any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private."[8]

Within the education sector, the term **school-related gender-based violence**[9] (SRGBV) is used to describe "acts or threats of sexual, physical or psychological violence occurring in and around schools, perpetrated as a result of gender norms and stereotypes, and enforced by unequal power dynamics".[10] It includes different manifestations of physical, sexual and/or psychological violence, such as verbal abuse, bullying, sexual abuse and harassment, coercion and assault, and rape, occurring at school, on the way to and from school, at home, in the community and in cyberspace.

The denial of education for girls or the exclusion of women from the education workforce – because of their gender – is also considered a form of GBV.

WHAT IS GBV RISK MITIGATION?

GBV risk mitigation aims to make humanitarian systems and services as safe, effective and responsive as possible – especially those most at risk of GBV. Concretely, this means ensuring that humanitarian service delivery:

- does not increase the likelihood of GBV occurring;
- involves the proactive identification and mitigation of GBV-related risks; and
- includes ongoing monitoring of access to services and barriers to such access, particularly those faced by women and girls.

GBV risk mitigation is everyone's responsibility, cutting across all sectors of humanitarian response. It is distinct from – but complementary to – GBV-specialized programming, which focuses on response services for GBV survivors (such as clinical care and psychosocial support) and longer-term prevention interventions.

[8] Inter-Agency Standing Committee (IASC), *Guidelines: Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, 2015.
[9] Mostly referred to in development, protracted, recovery and other, similar settings.
[10] UN Women and United Nations Educational, Scientific and Cultural Organization (UNESCO), *Global guidance on addressing school-related gender-based violence*, 2016.

"All humanitarian actors must be aware of the risks of GBV and – acting collectively to ensure a comprehensive response – prevent and mitigate these risks as quickly as possible within their areas of operation. Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities for promoting and protecting the rights of affected populations."

IASC GBV Guidelines (2015)

ESSENTIAL TO KNOW

Women, Girls and GBV

Women and girls everywhere are disadvantaged in terms of social power and influence, control of resources, control of their bodies and participation in public life—all as a result of socially determined gender roles and rela- tions. Gender-based violence against women and girls occurs in the context of this imbalance. While humanitarian actors must analyse different gendered vulnerabilities that may put men, women, boys and girls at heightened risk of violence and ensure care and support for all survivors, **special attention should be given to females due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance**. Humanitarian actors have an obligation to promote gender equality through humanitarian action in line with the IASC 'Gender Equality Policy Statement' (2008). They also have an obligation to support, through targeted action, women's and girls' protection, participation and empower- ment as articulated in the Women, Peace and Security thematic agenda outlined in United Nations Security Council Resolutions (see Annex 6). While supporting the need for protection of all populations affected by humanitarian crises, these Guidelines recognize the heightened vulnerability of women and girls to GBV and provide targeted guidance to address these vulnerabilities—including through strategies that promote gender equality.

Extract from IASC GBV Guidelines (2015)

WHAT ARE GBV RISKS?

GBV risks are factors that increase the likelihood of GBV occurring. GBV risks contribute to – but are not the same as – incidents of GBV or forms of GBV (such as sexual violence and child marriage). GBV risk factors vary according to the setting, population and type of GBV. Emergencies often exacerbate the risk of many forms of GBV. However, the underlying causes of violence are associated with attitudes, beliefs, norms and structures that promote and/or condone gender-based discrimination and unequal power, whether during emergencies or during times of stability.

Individual-/ family-level GBV risks

- Lack of awareness of individual rights and lower agency for girls owing to pre-existing harmful gender norms
- Sex, age, ethnicity, disability, displacement status
- Low level of education
- Negative parental attitudes toward girls' education
- Gender-inequitable distribution of family resources
- Lack of resources for parents to provide for children and/or cover education costs
- Parents' prioritization of boys' education over that of girls
- Harmful norms around sexual orientation and gender identity

School-level GBV risks

- Long distances or unsafe routes to or from schools/learning spaces
- Teaching and learning strategies and curricula that reinforce violence
- Lack of adequate water, sanitation and hygiene (WASH) and menstrual hygiene management (MHM) infrastructure in schools/learning spaces (gender-responsive, sex-segregated, well-lit, etc.)
- Lack of knowledge and awareness around GBV among teachers and education/school personnel
- School management rules or attitudes against the enrolment of married and/or pregnant girls
- Lack of school-level capacity to identify, prevent and mitigate the risk of GBV
- Lack of/inadequate female teachers and female education personnel (female teacher volunteers, etc.)
- Lack of codes of conduct and school safety plans

Community-level GBV risks

- Gender inequality and the low value of girls' education and agency
- Lack of access to education for women and girls, especially secondary education for adolescent girls
- Lack of gender-sensitive pedagogies embedded in the social fabric and structures of communities
- Harmful sociocultural norms and practices leading to high rates of child marriage among girls
- Stigma and/or other social norms around menstruation

Society-level GBV risks

- Lack of legislation banning violence against
- children and/or GBV
- Low rate of female teachers in the education workforce
- National legislation around child rights, including the minimum age for marriage, that conflicts with international law and child rights conventions
- Lack of gender equality considerations in academic training for teachers and/or school curricula
- Lack of incentive measures or policies that encourage the recruitment and retention of women and girls in the education system
- Laws/policies that hinder the school enrolment of pregnant girls and/or married girls/young mothers

WHAT ARE GBV RISK MITIGATION INTERVENTIONS?

GBV risk mitigation interventions are actions taken to reduce identified GBV-related risks. In some contexts, education actors use such actions without explicitly labelling them as 'GBV risk mitigation' interventions. For instance, interventions related to establishing a code of conduct in schools are identified under the whole-school approach as SRGBV preventive actions.

It is important to remember that, regardless of the terminology used to describe these interventions, whenever they contribute to reducing the GBV risks related to education interventions, the Menu of Measures can be used to measure their effectiveness, track both intended and unintended outcomes, and guide course corrections as needed.

Below are examples of GBV risk mitigation interventions[11] based on the education programming/school risks referred to above.

EXAMPLE 1

GBV risk: Long distances or unsafe routes to or from schools/learning spaces

Implications: This may expose children, teachers and/or other school staff to protection risks, including GBV (sexual assault, sexual harassment) along the way. Parents may be afraid to send their children, particularly girls, to school for fear of their exposure to GBV.

GBV risk mitigation interventions: In some contexts, education in emergencies and protracted crises (EiEPC) actors have organized transport to and from school. In others, they have established 'walking groups' where adults/community-based protection groups accompany groups of learners to and from school. EiEPC actors have also conducted awareness-raising activities with men and boys in affected communities to reduce the prevalence of harassment and violence on the way to and from school.

EXAMPLE 2

GBV risk: Lack of adequate WASH and MHM infrastructure in schools/learning spaces (gender-responsive, sex-segregated, well-lit, etc.)

Implications: Menstruating girls may feel unsafe or uncomfortable using the WASH/MHM facilities because of the presence of male learners or teachers. They may fear sexual harassment and violence in and around the WASH/MHM facilities. This may cause regular absences, especially during menstruation, and potentially lead to school dropout.

GBV risk mitigation intervention: EiEPC actors have collaborated with the WASH sector to build and/or renovate WASH and MHM facilities in schools that are sex-segregated, well-lit, lockable from inside, made of sturdy, non-transparent materials, and designed with MHM considerations in mind (such as a private corner for washing and drying reusable pads, as well as disposal bins and a handwashing station with water and soap). Additionally, they have worked with the GBV specialists to organize awareness-raising campaigns to engage men and boys as allies in the fight against violence in and around WASH facilities.

[11] Examples of GBV risk mitigation interventions are actual interventions implemented by education actors in humanitarian contexts.

For more information about GBV risks and risk mitigation actions in the education sector, refer to the Education Thematic Area Guide of the IASC GBV Guidelines. The Global Education Cluster and UNICEF have also developed an HPC Toolkit on GBV Risk Mitigation for the education sector. ECW guidance on GBV risk mitigation integration in supported investments is accessible here.

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SECTION 1

HOW TO MEASURE GBV RISK MITIGATION INTERVENTIONS IN EiEPC PROGRAMMES: KEY MEASUREMENT ELEMENTS

GBV risk mitigation aims to reduce exposure to GBV-related risks. However, for various reasons – including the safety and ethical complexities surrounding this type of data – it is not appropriate to use data on GBV prevalence or incidence to indicate the 'success' or 'failure' of risk mitigation interventions. Moreover, many factors that contribute to increases or decreases in the prevalence and incidence of GBV are outside the programme's sphere of influence.

As such, in order to measure the success or failure of GBV risk mitigation interventions, it is recommended to use a combination of data that take into account:

- access to education services and barriers to such access;
- the coping strategies used by individuals, families or communities to meet their basic needs;
- the reported safety perceptions of women and girls in, around and/or en route to education facilities; and
- other considerations, including the unintended consequences of accessing services, linkages with GBV services, and feedback on risk mitigation actions that have been undertaken.

These elements are designed to be integrated into existing programme M&E frameworks, enabling education programme staff to monitor changes over time and stay informed about new or emerging issues related to GBV risk that may arise.

1. ACCESS TO EDUCATION SERVICES AND BARRIERS TO SUCH ACCESS

Girls, boys, women and men face different barriers to accessing education services. These barriers include poverty (e.g., the direct or indirect cost of education), inadequate education facilities and/or services (including inappropriate WASH/MHM services), social norms and cultural harmful practices that reinforce gender stereotypes, and low prioritization of girls' education. Whether at the individual, relational, community or institutional levels, these barriers are often exacerbated during emergencies. Understanding them will not only help improve access to education programmes but also make such programmes safer for beneficiaries.

The *AAAQ Framework* is a simple and useful tool for assessing and analysing barriers, including GBV risks in accessing education services. When the Framework is used for GBV risk mitigation interventions, M&E will go beyond sectoral data on services and include users' experiences and perceptions of the implemented interventions.

Quantitative and qualitative data-collection methods are recommended for capturing information and the experience of beneficiaries in accessing (or facing barriers to accessing) education programmes. Focus group discussions (FGDs) with girls – especially adolescent girls – are recommended for providing qualitative data and adding context to quantitative data on accessibility. Additionally, education practitioners are encouraged to further consult with specific identified or at-risk population subgroups such as displaced girls, out-of-school girls, girls of menstruating age, married girls, pregnant girls, married young mothers, single girl mothers and girls with disabilities.

» **Availability**

'Availability' assesses whether GBV risk mitigation measures have been integrated into education programmes. In addition to data on actual GBV risk mitigation measures being implemented, it is also crucial to collect data on women's, girls' and boys' knowledge and awareness of the measures being implemented to help them feel safer in accessing education services.

Even when the GBV risk mitigation measures have been discussed and agreed upon with beneficiaries during the programme design phase, data on knowledge and awareness will help education practitioners understand whether the actual implementation addresses the identified GBV risks or barriers. It will also enlighten them as to other risks that may have arisen during programme implementation, which would require corrective action.

» **Accessibility**

For the purpose of measuring the effectiveness of GBV risk mitigation, 'Accessibility' assesses the ability to access education services following the implementation or adaptation of a programme with GBV risk mitigation interventions. For instance, if gender-responsive WASH facilities have been built or renovated in a school/learning facility as a GBV risk mitigation measure, the success of such a measure may be assessed through the actual use of the facilities by the intended beneficiaries. A reported low frequentation of the facility could be an indication of persisting or unforeseen barriers or risks.

» **Acceptability**

'Acceptability' is crucial when assessing the effectiveness of GBV risk mitigation interventions. It helps determine whether the measures implemented are socially and culturally appropriate for the beneficiaries of education programmes. A mitigation strategy that proves effective in one context may not work in another if it is not culturally acceptable. For example, women and girls may avoid using a well-lit toilet if the light draws attention to what should be a private moment. This highlights the importance of consulting beneficiaries – particularly women and girls – when designing risk mitigation interventions.

» **Quality**

Integrating GBV risk mitigation measures into a programme makes it safer and of higher quality. Here, the 'Quality' measurement element does not assess the overall quality of EiEPC services but rather of the GBV risk mitigation interventions that make the programme safer and of higher quality. It also assesses the extent to which women and girls are satisfied with the overall quality of the education programme. Quality education programmes must also be aligned with education-sector standards, including the *INEE Minimum Standards for Education: Preparedness, Response, Recovery* and context-specific education standards developed by the education coordination mechanisms.

2. INDIVIDUAL, FAMILY OR COMMUNITY COPING STRATEGIES

While coping strategies are not a direct measure of exposure to GBV, they help provide a sense of changes in the ability of an individual, family or community to meet their basic needs, which in turn impacts their vulnerability more generally and, in many cases, their risk of exposure to GBV.

Lessons learned from GBV risk analysis in the education sector have shown that it is sometimes very difficult for education practitioners to 'unpack' coping strategies. Coping strategies may not necessarily directly result from a lack of access to education. They could instead be a response to a lack of shelter or cash, or to food insecurity, which in turn negatively impact education-sector outcomes. Also, quite often, a coping strategy could result in a GBV risk, a barrier to accessing education services or an actual GBV incident. For instance, in a context of poverty, parents removing

girls from school and marrying them off to get the 'bride price' may be a coping strategy in the face of poverty; at the same time, child marriage is a form of GBV or a barrier to accessing education. Regardless of how this type of information is labelled, such data indicates potential GBV-related risks. For a fuller understanding, it is recommended to analyse them alongside data points from other sources and/or sectors.

Having education specialists and GBV specialists work together – ideally in collaboration with other sectors – is key, both when analysing information and when designing mitigation interventions.

3. SAFETY PERCEPTIONS OF WOMEN AND GIRLS

It is neither ethical nor feasible to directly measure the scale of GBV through programmatic M&E in EiEPC programming. Tracking how safe women and girls report feeling when accessing education services, schools and other learning facilities can therefore help give an indication of the overall level of risk.

Data on safety perceptions may overlap with those on physical accessibility, but they are not mutually exclusive. Safety perception data provide more detailed insights into specific perceived or actual safety risks when accessing education programmes, whereas physical accessibility data may focus on other concerns related to long distances, infrastructure or the location of facilities, which may or may not pose GBV risks. Analysing safety perception data alongside physical accessibility information can therefore offer a more comprehensive view of safety concerns when accessing education programmes.

When examining safety perceptions, it is crucial to pay special attention to the experiences of girls, including any relevant concerns for specific groups such as adolescent girls, pregnant and lactating girls, married girls, displaced girls and girls with disabilities. This is because their perceptions of and exposure to certain risks may differ from those of boys. Some risk factors will affect girls' feelings of safety specifically because they are girls; others may be broader security concerns that equally affect girls and boys.

Measuring the safety perceptions of female teachers is also critical. Evidence shows that, in crisis and conflict settings, one of the main barriers to female teachers' recruitment and retention is their perceived lack of safety in and around learning spaces. Furthermore, having female teachers improves access to education for girls and tends to help create an environment where both girls and boys who are experiencing violence feel more comfortable talking about it and seeking support.

4. GBV RISK MITIGATION ACTIONS

As mentioned above, GBV risk mitigation actions are concrete steps taken to ensure risk mitigation measures are integrated into the programme, whether at the design stage or as part of programme adaptation. A set of minimum GBV risk mitigation actions is recommended to improve safe access to programmes for women and girls and to ensure more effective programmes and better sectoral outcomes. The twin-track approach includes **three core GBV risk mitigation actions:**

- consultation with women and girls
- GBV risk analysis
- programme adaptation based on the risk analysis

It also includes a set of **three complementary actions:**

- the integration of GBV risk mitigation into sector-specific policies, guidance and/or core documents
- GBV risk mitigation training for staff
- safety audits

The results of these actions will inform the specific GBV risk mitigation interventions or measures to be integrated into the programme. The March 2024 *Learning Brief: Good Practices in Gender and Gender-Based Violence Risk Mitigation Integration by Education Clusters*, published jointly by the Global Education Cluster and ECW, highlights several good practices in terms of GBV risk mitigation measures implemented by education clusters at the country level. These practices include:

- training all education partners, teachers and school personnel on child safeguarding and on the protection from sexual exploitation and abuse (PSEA) policy, and having them sign the code of conduct;
- training education personnel on responding to GBV disclosures, on GBV referral processes and on using the GBV Pocket Guide; and
- conducting safety audits in and around schools and learning spaces.

Additionally, the Matching Matrix for Education[12] provides examples of commonly identified GBV risks and barriers in the sector, along with corresponding mitigation measures.

It is important to note that the risk mitigation measures identified in the Learning Brief and in the Matching Matrix are not exhaustive. Education practitioners are encouraged to adapt their programmes based on identified GBV risks and barriers, collaborating and consulting with women and girls, GBV specialists, and other sector specialists to design appropriate risk mitigation interventions.

For a number of GBV risk mitigation interventions, education practitioners may need to collect baseline and endline data to effectively analyse changes and measure the programme's impact over time.

5. LINKAGES WITH OTHER SERVICES

It is important that education services are linked with other services, particularly specialized services[13] for GBV survivors. A mechanism should also be in place for referral from schools or learning facilities to these services.

A brief note on GBV referral pathways and specialized services is available in Annex III

In addition to linkages with specialized GBV services, education programmes often require coordination with other sectors during both their design and implementation. For example, school feeding programmes may require close collaboration with the food security, nutrition and/or agriculture sectors to ensure that the meals provided meet children's minimum daily nutritional requirements.

[12] The Matching Matrix was developed in 2022 based on the review and analysis of rducation sector humanitarian needs overviews and humanitarian response plans. It is a working document that is meant to be regularly reviewed and updated.
[13] In some contexts, 'GBV response services' are referred to as 'women's empowerment services' owing to restrictions regarding the use of the term 'GBV'. It is important to use the appropriate terminology based on the context.

6. INDIRECT EFFECTS OR UNINTENDED CONSEQUENCES OF PROGRAMMES

Capturing and analysing both positive and negative consequences or indirect effects of education programmes is critical for programme readjustment. For instance, with the growing shift towards remote or online learning, it is essential to assess the impact of these modalities on family dynamics and the well-being of girls and boys, in order to ensure children's continued access to education or to mitigate the risks of GBV in a number of contexts.[14] Additionally, the potential risks of violence or safety concerns arising from increased access to online platforms must be considered.[15] Analysing these risks, including any gender-based disparities in access to new technologies, is crucial for identifying unforeseen negative consequences that could hinder the programme's intended objectives.

[14] The GEC and ECW publication *Good Practices on Gender and GBV Risk Mitigation Integration across the Humanitarian Programme Cycle phases by Education Clusters: Afghanistan*, 2024, highlights how community-based learning, including remote learning, has been used by education actors to address the barriers to education faced by girls in the country.

[15] The increase in digital platforms for education and work has exposed many to higher risks of online GBV. For instance, online harassment and cyberbullying have become prevalent, as have other forms of violence such as doxxing (publishing private information) and non-consensual sharing of images. Evidence-building on the subject is ongoing. There are, however, are a few resources available: United Nations Population Fund (UNFPA), *Learning Brief on Technology Facilitated Gender-Based Violence - GBV AoR Helpdesk 2021*, 2021; UN Women, *Online and ICT facilitated violence against women and girls during COVID-19*, 2020.

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SECTION 2

PREPARING TO MEASURE GBV RISK MITIGATION INTERVENTIONS IN EiEPC PROGRAMMES

DETERMINING WHAT MEASUREMENT SCENARIO IS APPROPRIATE FOR YOUR CONTEXT

A summary of the measurement approach can be found in Annex II

The following section – including the decision tree and the scenario summary tables – will help determine what measurement focus is most appropriate for a given programme. The framework is organized into three scenarios. No scenario is preferable to another. Instead, the 'best' approach is the one that fits your current context. The **LIGHT** and **INTERMEDIATE** scenarios are targeted at programmatic M&E, while the **ADVANCED** scenario applies to settings where operational research and/or more robust measurements are possible.

The priority should always be the safety of education programme beneficiaries and the use of findings to strengthen programming!

IMPORTANT

The three proposed scenarios are applicable to **ALL** types of emergencies and stages of crisis, whether at the onset or during a protracted or overlapping crisis. For example, GBV or GBV-focused child protection (CP) services may be available at the onset of a crisis in one context and unavailable in a protracted crisis. The stage of the emergency does not therefore influence the scenario selection process.

DECISION TREE

Are there existing GBV or GBV-focused CP services and referral pathways in the location?

NO OR UNKNOWN

YES

Is this routine M&E or an impact or end-of-project evaluation?

ROUTINE

IMPACT/ END-OF-PROJECT

FOCUS ON LIGHT SCENARIO MEASUREMENT

BARRIERS TO SERVICES
Availability, **A**ccessibility, **A**cceptability and **Q**uality of service

+

COPING STRATEGIES
Related to other sectors but with an impact on education

+

GBV RISK MITIGATION ACTIONS
Steps taken to guarantee safe education programmes

Is there access to research expertise and resources (human, financial, etc.) to conduct safe, ethical and gender-sensitive research and/or evaluation?
+
Is the overall context conducive to research and/or evaluation?
+
Will research and/or evaluation contribute to programme or strategic goals?
+
Are key local/national stakeholders – especially local women's groups and other education stakeholders, including government authorities – available to lead priority-setting processes for research?

FOCUS ON INTERMEDIATE SCENARIO MEASUREMENT

BARRIERS TO SERVICES
Availability, **A**ccessibility, **A**cceptability and **Q**uality of service

+

COPING STRATEGIES
Related to other sectors but with an impact on education

+

GBV RISK MITIGATION ACTIONS
Steps taken to guarantee safe education programmes

SAFETY PERCEPTION
Women's and girls' experiences versus men's and boys'

+

LINKAGES WITH OTHER SERVICES

+

INDIRECT EFFECTS
At home/in the community

NO OR DON'T KNOW (FOR ONE OR MORE)

YES FOR ALL

CONSIDER EXPLORING ADVANCED SCENARIO MEASUREMENT MEASUREMENT

BARRIERS TO SERVICES

GBV RISK MITIGATION ACTIONS

SAFETY PERCEPTIONS

RESEARCH/ EVALUATION
Design and methods specific to the programme and context

COPING STRATEGIES

INDIRECT EFFECTS

LINKAGES WITH OTHER SERVICES

LIGHT SCENARIO

LOCATIONS WHERE NO SPECIALIZED GBV SERVICES OR GBV-FOCUSED CP SERVICES ARE AVAILABLE

This scenario is recommended for locations where specialized GBV services or CP services with a focus on GBV response are not available. In order to respect the 'do no harm' principle, it is recommended to focus on the following components for GBV risk mitigation measurement:

- barriers to accessing education services, with a focus on female learners and teachers
- coping strategies related to other sectors (protection, food security, nutrition, etc.) but with an impact on access to education programmes
- GBV risk mitigation actions to help ensure a safe education programme

RECOMMENDED METHODOLOGY

As mentioned above, consultation with women and girls is a critical component of ensuring programme quality and accountability across all sectors. In situations where there are no specialized GBV services or CP services with a focus on GBV response, it is recommended, as a first step, to prioritize secondary data-collection methods.[16] Women and girls who are learners, teachers and/or other education personnel should be consulted as a second step, focusing on identifying barriers to accessing education services, as well as safety concerns and coping strategies. The questions within these sections of the Menu have been designed to capture the information needed to address safety risks, without delving too deep into themes that are likely to trigger GBV disclosures in contexts where services and referral options are limited. It is crucial to ensure that additional safeguarding measures are in place and that any engagement is carefully planned to prevent harm. This includes training all individuals involved in delivering education programming – as well as those collecting data for measurement/M&E purposes – on the GBV Pocket Guide.

SECONDARY DATA COLLECTION AND ANALYSIS

1. First, examine available information on barriers faced by women and girls (female learners and teachers) when attempting to access education. These data can come from surveys or previous programme M&E reports and can be analysed using the *AAAQ Framework*.
2. Second, review relevant data regarding coping strategies that could potentially impact access to education (data sources may include sectoral assessments, gender analyses, programme monitoring, post-distribution monitoring, situation reports, displacement tracking, service mapping, and surveys such as multiple indicator cluster surveys). Work with GBV specialists and other sector specialists to understand what existing sources are available and what data points are most useful for your analysis.
3. Third, collect sectoral data on GBV risk mitigation actions undertaken at the design stage (or during implementation) to ensure a safe access for women and girls (teachers and learners).

[16] Refer to the Education Clusters Secondary Data Review matrix, which might contain GBV-related information.

OVERVIEW OF THE LIGHT SCENARIO

M&E APPROACH

Integrated into routine programme M&E

MEASUREMENT

The objective is to assess whether GBV risk mitigation measures have been integrated into EiEPC programmes, whether these measures are considered acceptable by communities, and what impact they have on the overall accessibility and quality of education services. The assessment also aims to examine how data on coping strategies have been considered in GBV risk analyses and how they have influenced programme design, as well as the actions undertaken to ensure safe access for women and girls.

Availability, **A**ccessibility, **A**cceptability and **Q**uality of programmes + **Coping strategies** (related to other sectors with an impact on education) + **GBV risk mitigation actions**

It is recommended to collect both quantitative and qualitative data in this scenario, with an emphasis on the use of secondary data. The findings should be used to improve the existing programme or to inform the design of new ones.

AVAILABILITY OF SPECIALIZED GBV SERVICES

This scenario is recommended for locations where **specialized GBV services** or **GBV-focused CP services are not available.**

CONSULTATION WITH WOMEN AND GIRLS

It is recommended to prioritize secondary data review (SDR) for this scenario. Any consultations that take place should focus on access to education programmes (including barriers to access) and overall satisfaction.

TRAINING OF STAFF

Measurement under the **LIGHT** scienario requires the training of front-line workers on:

- the GBV Pocket Guide, including how to support survivors of GBV; and
- basic research ethics, consultation with children (including with children with disabilities), and obtaining informed consent and informed assent.

GBV SPECIALIST SUPPORT (RECOMMENDED)

GBV specialists provide technical support for planning for data collection and conducting data analysis (including relevant information from SDRs).

Where no GBV specialist is available, the GBV Pocket Guide is the appropriate resource for mapping out other types of services that may be relevant.

INTERMEDIATE SCENARIO

LOCATIONS WHERE SPECIALIZED GBV SERVICES OR GBV-FOCUSED CP SERVICES AND REFERRAL PATHWAYS ARE AVAILABLE

This approach builds on the **LIGHT** scenario by adding other measurement components: **safety perceptions, linkages with other services and unintended consequences of programmes**. As mentioned above, in order to respect the 'do no harm' principle, it is essential to ensure that specialized GBV services or GBV-focused CP services are in place and that a GBV specialist[17] is involved in planning data collection and conducting the analysis.

RECOMMENDED METHODOLOGY

Similarly to the **LIGHT** scenario, it is recommended to conduct an SDR (previous information collected through a multi-sectoral needs assessment or a joint education needs assessment (JENA)) to understand what data are already available before engaging in primary data collection through FGDs and/or key informant interviews (KIIs). It is recommended to reach out to the education cluster, where one exists, or to other education-sector coordination mechanisms to get updated data.

The availability of specialized GBV services/referrals is a requirement for this approach. Available services should also adequately integrate a developmental perspective that is responsive to the distinctive needs and experiences of girls. In situations where GBV services are available and a referral pathway is in place, but where there are questions about their quality or functionality, it is better to use the **LIGHT** scenario measurement.

Both quantitative and qualitative questions are recommended for this approach. Since the added measurement elements in this scenario are closely linked to the experiences of different subgroups accessing education programmes, it is advisable to structure FGD composition in a way that the individuals involved will feel comfortable to speak openly. The questions for these measurement elements are designed to allow education practitioners to collect and analyse data on gender or subgroup disparities.

[17] If no GBV specialist is available at the country level, it is recommended to reach out to specialists at the global or regional level of your organization or to the Global Education Cluster or other education coordination mechanisms.

OVERVIEW OF THE INTERMEDIATE SCENARIO

M&E APPROACH

Integrated into routine programme M&E

MEASUREMENT

Three measurement elements have been added to those included in the **LIGHT** scenario: how programme adaptations have improved the safety of beneficiaires, particularly women and girls; linkages with other services to improve the response for GBV survivors; and the indirect effects or unintended consequences of the programme.

Availability, **A**ccessibility, **A**cceptability and **Q**uality of programmes + **Coping strategies** + **Linkages with other services**, including specialized GBV services + **GBV risk mitigation actions** + **Safety perceptions** + **Indirect effects/ unintended consequences** of programmes

Both quantitative and qualitative questions are recommended for this approach. The findings should be used to improve the programme or feed into the design of new programmes.

AVAILABILITY OF SPECIALIZED GBV SERVICES

This scenario is recommended for locations where **specialized GBV services** or **GBV-focused CP services** and **referral pathways** are **available.**

CONSULTATION WITH WOMEN AND GIRLS

Consultation should focus on overall satisfaction with education programmes, including satisfaction with risk mitigation interventions, in addition to barriers to accessing education programmes, coping strategies, perceptions of safety, linkages with GBV services, and the indirect effects of the programme.

TRAINING OF STAFF

Measurement under the **INTERMEDIATE** scenario requires the training of front-line workers on:

- the GBV Pocket Guide, including how to support survivors of GBV and how to safely refer survivors to available specialized GBV services using the GBV referral pathway available in the location;
- basic research ethics, consultation with children (including with children with disabilities), and obtaining informed consent and informed assent; and
- the facilitation of discussion groups and/or interviews on safety-related topics, including participatory approaches[18] adapted to children of different ages and needs, including adolescent girls.

GBV SPECIALIST SUPPORT (REQUIRED)

GBV specialists provide technical support in planning for data collection, adapting safety questions to the specific context, conducting consultations in a safe and ethical way, and analysing data (including relevant information from SDRs).

CP specialists are also essential for integrating child safeguarding considerations into the data-collection process, and in particular to provide further assistance for child survivors.

[18] Examples of participatory approaches adapted to children are included in the Annexes to this document.

ADVANCED SCENARIO

LOCATIONS WITH SPECIALIZED GBV SERVICES OR GBV-FOCUSED CP SERVICES, AS WELL AS REFERRAL PATHWAYS AND AVAILABLE RESOURCES FOR INTENSIVE RESEARCH

The **ADVANCED** scenario is based on the same measurement elements as the **INTERMEDIATE** scenario. However, it differs in that it is recommended for contexts where resources are available to conduct in-depth evaluations of, or research on, the effectiveness of education programmes. This scenario requires:

- well-integrated GBV risk mitigation in programmes;
- access to a GBV specialist;
- a research or evaluation partner with relevant expertise; and
- additional time and budget.

As the education sector has yet to establish its own guidance on the prerequisites for implementing this scenario, lessons can be learned from the nutrition sector,[19] where similar measurement/research on GBV risk mitigation has begun to emerge.

Research is resource- and time-intensive. It is essential to plan for flexibility at every stage and to involve education programme staff throughout the process. A clear theory of change and well-defined research questions help guide data collection and link outcomes to GBV risk mitigation efforts. Consistent implementation of the intervention package is also key.

Formal research will require ethical approval from an accredited institutional review board, possibly including national authorities such as the ministry of education. Adapting the research to the local context is crucial for success.

Despite careful planning, challenges may arise, such as misunderstood questions, sensitive disclosures and enumerator difficulties. Regular debriefs with data collectors help identify issues early, allowing training, support and tools to be adjusted as needed. Budgets and timelines should be flexible to accommodate these adaptations.

[19] For lessons learned, see: UNICEF, *Multi-year Study on Integrating GBV Risk Mitigation in Nutrition Programming in South Sudan*, 2024.

OVERVIEW OF THE ADVANCED SCENARIO

M&E APPROACH

Data collection and analysis will go beyond routine education programme M&E, requiring a dedicated research effort and ethical approval.

MEASUREMENT

In addition to the objectives of the **INTERMEDIATE** scenario, the purpose is to carry out a thorough evaluation of the GBV risk mitigation interventions and to measure their impact and effectiveness over a given period of time. This requires a research or evaluation design and method specific to the implemented programme and the context.

Availability, **A**ccessibility, **A**cceptability and **Q**uality of programmes + **Coping strategies**

Linkages with other services, including specialized GBV services + **GBV risk mitigation actions**

Safety perceptions + **Indirect effects/ unintended consequences** of programmes

The research design and methods are determined based on the research and programme objectives, the context and the operational constraints. Both qualitative and quantitative methods are recommended.

AVAILABILITY OF SPECIALIZED GBV SERVICES

This scenario is recommended for locations where **specialized GBV services** or **GBV-focused CP services** and **referral pathways** are in place and known by the research team.

CONSULTATION WITH WOMEN AND GIRLS

Consultation should focus on overall satisfaction with education programmes, including satisfaction with risk mitigation interventions, as well as on barriers to accessing education programmes, coping strategies, perceptions of safety and GBV risks, linkages with specialized GBV services, and the indirect effects of the programme.

TRAINING OF STAFF

Measurement under the **ADVANCED** scenario requires training, long-term capacity-building, supervision and coaching for front-line workers and all research personnel on:

- the GBV Pocket Guide, including how to support survivors of GBV and how to safely refer survivors to available specialized GBV services using the GBV referral pathway available in the location;
- basic research ethics, consultation with children (including with children with disabilities), and obtaining informed consent and informed assent;
- the facilitation of discussion groups and/or interviews on safety-related topics, including participatory approaches[20] adapted to children of different ages and needs, including adolescent girls;
- the use of a survivor-centred approach; and
- the involvement of local specialized GBV services, or GBV-focused CP services and an associated referral system.

[20] Examples of participatory approaches adapted to children are included in the Annexes to this document.

GBV SPECIALIST SUPPORT (REQUIRED)	Collaboration with GBV and CP specialists is required. If possible, it is recommended that an agency/organization implementing GBV programming be a co-lead on the research.
REASEARCH PARTNER(S)	Measurement under the **ADVANCED** scenario requires partnership with (a) research institution(s) that exhibit(s) the following capacities: • GBV technical expertise, including knowledge of, and a track record in, implementing research in alignment with global best practices on safety and ethics for research on GBV • EiEPC sector expertise • experience in conducting research in humanitarian settings Whenever feasible, it is recommended to involve a local/regional research institution.
ENGAGEMENT WITH THE COMMUNITY, AUTHORITIES AND OTHER EDUCATION STAKEHOLDERS	National or regional authorities and local stakeholders – including women-led organizations (WLOs), school management committees (SMCs), teachers and parent associations – must be involved in the research process to ensure that methodologies are appropriate and to help align the research with broader priorities and goals. For example, it may be worth undertaking formative research. This can involve conducting FGDs or KIIs with SMC members, school principals and education authorities – first, to identify the most important issues to address with further research and, second, to agree on the appropriate language and adaptation for the context.
BUDGET	Additional budget is needed to engage in the **ADVANCED** scenario measurement. The amount will depend on the scope and scale of the research to be undertaken. It is recommended to ensure that at least 70 per cent of the budget is available and that potential donors are identified before initiating the research.

APPLYING THE GBV GUIDING PRINCIPLES TO GBV RISK MITIGATION MEASUREMENT

Regardless of the measurement scenario selected, it is essential to uphold the guiding principles of GBV interventions: safety, confidentiality, respect and non-discrimination.

- **Safety:** The safety of affected communities and front-line workers is the number-one priority. Any engagement with women, girls and other marginalized groups should not create additional risk or harm for participants. Practically, this means ensuring consultations are held in safe locations, scheduling them at a preferred time and location for participants, informing everyone involved about the potential risks or benefits of participating, and training front-line workers on how to respond safely and appropriately to disclosures of GBV.

- **Confidentiality:** For GBV risk mitigation interventions, it is important to remember that no information on individual survivors, incidents or perpetrators should be collected.[21] Instead, confidentiality in this context refers to the ethical precautions and accountability standards that need to be upheld for any data-collection exercise. For example, in most instances, enumerators should not collect or record identifying information about individual respondents. However, when conducting in-depth GBV risk mitigation measurement, there may be certain circumstances where collecting identifying information may be necessary (such as when the research design requires follow-up with the same individuals several times). In these cases, additional safeguards (such as assigning each person a numerical identifier) should be put in place, in consultation with experts, to ensure confidentiality. For the most part, information should be aggregated to see broader trends and themes, rather than individual responses being shared.

- **Respect:** All actions taken are guided by respect for the choices, wishes, rights and dignity of women, girls and other groups engaged in measurement activities. Putting affected communities at the centre of the process and listening to their wishes and opinions is central to this work. Women, girls and any other groups engaged in measurement activities must be treated with dignity, and their opinions, experiences and input must be valued and validated. Measurement activities should be designed in a way that ensures that all participants understand that they can stop taking part in the activities or decline to provide input on particular topics at any stage of the process.

- **Non-discrimination:** Measurement activities must proactively include the voices of those who are most marginalized and vulnerable and, therefore, less likely to participate in consultations. While preparing for data collection, education programme staff should assess the factors that inhibit these groups from participating and find ways to work around these barriers, such as by providing free and safe transportation to the consultation venue, providing childcare so that mothers of young children can participate in consultations, and providing translation during consultations. To the extent possible, activities should be appropriate and acceptable to people with different lived experiences (age, gender, marital status, race, religion, nationality, ethnicity, sexual orientation, etc.). In some cases, consulting with or engaging certain individuals or groups can place them at risk of harm. For instance, consulting with LGBTQIA+[22] people may risk putting them in danger of homophobic/transphobic violence. It is important to work with their community or with organizations that have experience of working with them, in order to find a safe, appropriate and non-discriminatory way of engaging with them. Finally, it is important to train enumerators on recognizing their own biases before engaging with participants.

CONSULTATION WITH EDUCATION PROGRAMME BENEFICIARIES, ESPECIALLY WOMEN AND GIRLS

The participation of community members is a foundational standard of the *INEE Minimum Standards*[23]. Along with coordination and analysis, community participation constitutes the cornerstone of inclusive, safe and effective education programming.

Consultation with community members, especially women and girls, is also a core component of GBV risk mitigation measurement and can take many forms. It can be part of various assessment approaches, including safety audits, and can be conducted in the form of FGDs, community mapping or other participatory methods.

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[21] If a participant chooses to disclose an experience of GBV during the data collection process, it is important to maintain confidentiality and follow the guidance outlined in the GBV Pocket Guide.
[22] Lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, plus.
[23] Standard 1 on Participation states that education practitioners should ensure that "[c]ommunity members participate meaningfully, transparently, and without discrimination in the analysis, planning, design, implementation, monitoring, and evaluation of the education response".

Safety audit tools[24] can be used in all phases of an emergency: during preparedness, immediately following a crisis, and at any time during ongoing response and recovery. It can be beneficial during the acute stages, when time is limited and/or when quantitative data-collection methods are not feasible. Safety audits that assess GBV risks and mitigation measures in humanitarian settings are not meant to be specialized assessments that investigate the nature, scope and response of GBV-related services. Rather, their purpose is to ensure that such services are implemented in a way that is safe and accessible for women and children without putting them at further risk.

A tip sheet on safe consultation with women and girls is available in Annex I

Several factors must be considered when determining how to approach these consultations to make them as safe and effective as possible. For example, depending on the context and culture, there may be particular characteristics of enumerators and/or group participants (such as age, gender, marital status or disability) that affect how comfortable and safe participants feel in voicing their opinions and/or discussing specific topics. These kinds of dynamics can be subtle. For instance, conducting an FGD with male leaders and young women together would result in clear power asymmetries. However, it is also possible to encounter less obvious dynamics. Unmarried young women may even be uncomfortable speaking frankly in front of married women, or there may be power dynamics among wives in polygamous families, for instance.

Working with a GBV specialist and/or local women's organizations[25] can help structure consultations in a way that is appropriate for the context. Local women's groups or women-led organizations can be among the most essential experts to consult with. These groups can provide guidance on appropriate approaches to engaging the community and help design more inclusive and effective research questions.

In order to avoid stigma and further risk, it is not recommended to convene GBV survivors as explicitly identified key informants or consultation groups. Rather, EiEPC practitioners must be intentional in reaching out to other groups who are often more vulnerable in emergencies but whose needs might not be fully accounted for in education-programme design. These can include adolescent girls[26], children living with disabilities[27] and child heads of households. In addition to these categories of beneficiaries, education practitioners may also wish to consider female teachers and administrators, older adolescent girls and young women who facilitate activities at the school's girls' club, women members of SMCs and community-based education committees, women members of parent-teacher associations, and associations of educating mothers.[27]

[24] The Global Education Cluster is planning to develop a standard safety audit tool for the sector. In the meantime, further resources on safety audits are available: CARE, *GBV integration resource: Safety Audits* (2022); GBV AoR, *Mapping of Safety Audit Tools and Reports*, 2019; UNICEF, *Safety Audits: A How-to Guide* (2018); and UNHCR, *Gender-Based Violence: Safety Audit Toolkit*, 2023.

[25] ECW has developed *Guidance Note on meaningful engagement of local women's and girls-led organizations (LWGOs) in ECW-supported investments*, 2021. Also, in collaboration with ECW, the Global Education Cluster (GEC) has committed to amplifying the voices and experiences of WLOs and the women and girls they represent in Education Clusters and, consequently, to enhancing their representation, participation, leadership and strategic decision-making in EiEPC coordination and response.

[26] Further resources are available on how to consult with adolescent girls: *Plan International, Plan International Adolescent Girls' Consultation Toolkit*, 2021; UNICEF, *Tip Sheet: Consulting with women and girls.*

[27] Further resources are available on how to consult with children with disabilities: GEC, *Consulting children with disability*.

[28] For more information on safety and ethical considerations in consultation with women and girls, see: WHO and RTI International, *Ethical and safety recommendations for intervention research on violence against women: Building on lessons from the WHO publication: Putting women first: ethical and safety recommendations for research on domestic violence against women*, 2016.

ADDITIONAL SAFETY CONSIDERATIONS FOR CHILD PARTICIPATION IN CONSULTATION

A few examples of participatory approches for consultation with children can be found in Annex V

When consulting with children[29] – including children with disabilities – during research on GBV through FGDs or KIIs, it is critical to prioritize their rights, needs,[30] safety and protection. To ensure the safety and well-being of children, the consultation process must adhere to strict ethical protocols and safety guidelines. It is recommended to coordinate data collection with CP specialists to receive appropriate guidance on child safeguarding before, during and after consultation, and to be aware of the available referral mechanisms in place in your area.

The Alliance for Child Protection in Humanitarian Action has developed a set of five core actions that all sectors should integrate into programming to protect children and prevent harm:

1. Prioritize children's safety and well-being in programming.
2. Adapt services to the needs of children.
3. Ensure children's participation.
4. Facilitate safe and equitable access
5. Ensure safe recognition, referral and response of CP cases.

To learn more about the core actionsand the priority indicators to monitor these actions, see: Alliance for Child Protection in Humanitarian Action, Working across sectors: Indicators to measure cross-sectoral contributions to children's protection and well-being (2024).

Before consultations:

→ Consult with the community and obtain acceptance to hold consultations with girls and boys, including children with disabilities.
→ Plan to collect and analyse information that is disaggregated by sex, age and disability. A generalization of children's needs may not provide insights into each group's specific vulnerability and needs.
→ Train enumerators[31] on how to respond to GBV disclosures[32] – including how to safely identify and refer child and adolescent survivors with disabilities – and on how to use the GBV Pocket Guide and the existing GBV referral pathway(s).
→ Ensure gender balance in the data-collection team; ideally, at least 50 per cent of team members should be women. Also ensure that trained, same-sex facilitators are available to conduct consultations with girls and boys, including those with disabilities.

During consultations:

→ Ensure that enumerators seek and obtain the informed consent of parents/caregivers and the informed assent of children[33] to participate in the consultation. For this, enumerators must explain the purpose of the consultation, the voluntary nature of participation, how the collected data will be used, and what will be done to protect the confidentiality of the child and the data collected.

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[29] For step-by-step guidance on how to make child participation in consultation safe and inclusive, see: GEC, *Checklist for Safe and Inclusive child participation*.
[30] Depending on the purpose of the consultation, it might be relevant to include both out-of-school and in-school children as consultation targets.
[31] Including facilitators, note-takers and interpreters.
[32] Chapter 4 of the CCS Guidelines is specific on how to handle GBV disclosure.
[33] For more information about how to obtain informed consent from parents/caregivers and informed assent from children based on their age and stage, see the CCS Guidelines, pages 96–100.

→ Ensure that only questions that will contribute to the data-collection needs of the education sector are asked.
→ Ensure that enumerators are alert to any sign of distress or any non-verbal communication that may be an indication of distress[34] and are ready to react. Disclosure of GBV may occur during consultation. Often, this is done in sequences, and the child's decision to fully disclose (or not) an incident of GBV will be determined by the adults' – and peers' – reactions. It is important to identify a safe and private place for receiving GBV disclosures and to never isolate a child against their will. Upholding the confidentiality of the disclosed information is key. This implies collecting the disclosed information in safe ways and agreeing to share only on a need-to-know basis and after gaining the explicit permission of the child and their caregiver.

There are limits to confidentiality, and working with children – especially younger children – requires an understanding not only of these limits but also of how caregivers should be involved and how to balance the best interests of the child. Ethical limits to confidentiality exist when there is an urgent need for protection (for the child or someone else) or in cases where urgent medical attention is required.

Additional limits to confidentiality for children may apply when mandatory reporting laws and PSEA policies exist.

To learn more about upholding and navigating the limits of confidentiality and mandatory reporting requirements, refer to Key Issue 3 and Key Issue 4 (pages 100–106) of the CCS Guidelines.

After consultations:

→ Validate the findings with the girls and boys (including children with disabilities) themselves and close the feedback loop. Consultation is an ongoing process and should be done at three main stages of a programme: during the needs assessment and analysis phase, at the programme midterm review stage, and at the end of the programme. If responses are tracked over time at an individual level, it is important to put in place additional safeguarding measures, such as assigning each child a numerical identifier to ensure confidentiality requirements.
→ If safe and appropriate to do so, consider using direct quotes from girls, including adolescent girls and girls with disabilities, about their situation/experience to amplify their voices later in your analysis/report.

FINAL POINTS OF ATTENTION BEFORE STARTING

Before moving forward, a few additional questions are to be considered for GBV risk mitigation measurement:

1. What is the programme's M&E capacity?

Often, this is influenced by the following factors:

- The emergency context (acute or protracted emergency, armed conflict, natural disaster, public health emergency, etc.): In protracted emergencies, for example, there may be more established structures and capacities in place. In an acute emergency, the options for M&E may be more limited. Because GBV risk mitigation measurement sits within existing programmatic M&E, education programme staff should keep in mind some of these practical considerations

[34] For further information about thr required communication skills when engaging with child survivors, refer to Chapter 4 of the CCS Guidelines.

to help ensure the GBV risk mitigation measurement is set up in a manner that is fit for purpose, provides useful information, and does not overburden affected communities or programme staff. This is why the scenarios have been designed in a way that helps choose what works best for a specific context.

- Staff capacity to conduct M&E activities, such as log frame, indicator, tool development, and data collection, analysis and interpretation, in alignment with best practices, ethical standards and child safeguarding measures.

2. **Are there access or security constraints that may impede your ability to carry out the risk mitigation measurement as planned? For example, is the programme conducting remote management or remote monitoring? If so, what information can be gathered in a manner that is accurate, high-quality and ethical?**

3. **How can the questions be adapted to the specific context?[35]**

Adapting questions to the context

The questions[36] that you choose to select from each measurement element can be adapted to your context. The meanings of questions on access, dignity and safety can change across different languages and cultures. To identify terminology and question wording that will elicit meaningful information from women, girls and other groups, it is critical to first work with women, girls and local staff to strategize how to phrase the questions in a way that will make sense to people.

Specific response options for questions may also require adaptation for different settings and implemented programmes. Consultations with women, girls and local staff can also help to determine the appropriate response options for the selected questions.

Translating questions

It is important to understand how to translate the questions. Having multiple people reach a consensus on the best framing and translation is important. The process of 'back-translation'[37] may be helpful.

Training enumerators or interviewers

Once the wording and translation are complete, ensure that sufficient time is dedicated to help ensure that enumerators and/or interviewers understand the meaning of the questions and the various answer options.

This step is crucial, particularly for protection issues, as recent studies have shown that, in some cases, enumerators understand only 10 per cent of key terms from surveys they administer.[38] Enumerator training is therefore not only important, but also vital to the success of data collection. As highlighted above, enumerators must also be trained on how to consult with children during data collection and on how to handle GBV disclosures and provide safe referrals.

It is also key to employ same-sex data collectors for data-collection activities and to consider other characteristics of the enumerators (such as age and language/dialect spoken).

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[35] Although primarily developed for humanitarian settings (refugee system, cluster system, hybrid system), the Menu of Measures can also be adapted to development settings.
[36] Some of the questions on GBV risks may be similar to those in the JENA Bank of questions with a gender focus. In that case, you may choose what question is relevant to the objective of your data collection.
[37] Back-translation involves having one translator/group of translators translate the questions into the desired language and then having a different translator/group of translators translate back from the desired language to the original language to ensure that the meaning is captured accurately.
[38] Translators without Borders, The words between us, 2018.

Working with GBV and CP specialists (whenever possible) to ensure that safeguard measures are in place

The Menu of Measures includes other types of questions about both the positive and negative indirect effects and the unintended consequences of programming, such as changes to relationships at home or in the community resulting from accessing education services. Practitioners are encouraged to collaborate with local partners to determine the appropriate questions to safely ask about coping strategies and any unintended consequences of accessing education programmes. It is therefore always advantageous to consult with GBV and CP specialists to implement safeguard measures, to help ensure that neither enumerators nor participants are placed in an uncomfortable situation and that any disclosures that do arise are handled appropriately.

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SECTION 3

MENU OF INDICATORS AND QUESTIONS RELATED TO THE MEASUREMENT DOMAINS

The indicators and questions proposed for all three scenarios focus on measuring changes (real or perceived) that have occurred following the implementation of GBV risk mitigation interventions. These changes may include increased access to education programmes for girls and women, and improved safety of programme environments through protection and safeguarding measures that ensure equitable and safe education programmes.

A sample safety audit by observation is available in Annex IV

Data collected may also reveal new GBV risks that were not identified during the programme design phase. Education practitioners are encouraged to use the education sector-adapted *AAAQ Framework*, the *Joint Education Needs Assessment Toolkit*, the GEC *Guide to Coordinated Education in Emergencies Needs Assessments and Analysis* or sector-specific safety audit tools for further programme-related GBV risk analysis.

Some proposed indicators are similar to existing education-sector indicators, mainly from the ECW Monitoring and Accountability framework for GBV risk mitigation,[39] the *INEE Minimum Standards Indicator Framework* and the GEC *JENA Bank of indicators*. A label is placed on the indicator whenever it is proposed in its original version or tweaked to fit the purpose of this tool.

[39] ECW, *Guidance Note on the integration of GBV risk mitigation measures in ECW-supported investments (FERs and MYRPs)*, 2021.

AVAILABILITY

GBV risk mitigation measures are available, meaning they have been integrated into all education in emergency and protracted crisis programmes.

Indicator 1: Output level

Percentage[40] of programme-supported schools/learning spaces in and around which GBV risk mitigation interventions are implemented ECW

Guidance note

This indicator measures the number or percentage of schools or learning spaces supported by the programme where GBV risk mitigation interventions have been implemented. When this indicator is reported as a percentage, the denominator should be the total number of schools or learning spaces supported by the programme.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	Formal versus non-formal	Programme documents, education programme coordination, education authorities, SMC, etc.	SDR, school survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

**This question can be adapted based on the key informant. See suggestions for adaptation below.*
***Select the appropriate response among those provided for each key informant.*

[Data source] School director/SMC member Have any GBV risk mitigation measures been implemented in THIS school or learning space?	1. ☐ Yes 2. ☐ No
[Data source] Regional education authority Have any GBV risk mitigation measures been implemented in ALL schools and learning spaces in the REGION?	1. ☐ Yes, in all schools or learning spaces in the REGION 2. ☐ Yes, but not in all schools or learning spaces in the REGION 3. ☐ No
[Data source] Education programme manager Have you implemented any GBV risk mitigation measures (or adapted programmes) in ALL programme-supported schools/learning spaces?	1. ☐ Yes, in all programme-supported schools or learning spaces 2. ☐ Yes, but not in all programme-supported schools or learning spaces 3. ☐ No

Probe each answer with the qualitative questions below.

Qualitative questions

If the answer is **YES:**

What GBV risk mitigation measures/interventions have been implemented?

[40] This ECW indicator was originally presented as a numeral. It is suggested here as a percentage to facilitate target-setting.

If the answer is **YES, BUT:**

1. In how many* programme-supported schools or learning spaces have GBV risk mitigation measures been implemented?
2. Why have GBV risk mitigation measures not been implemented in all programme-supported schools or learning spaces?

**This could also be asked in terms of a percentage.*

If the answer is **NO:**

Why have no GBV risk mitigation measures been implemented in programme-supported schools or learning spaces?

Indicator 2: Outcome level

Percentage of women and girls consulted who report knowing about GBV risk mitigation measures implemented in and around programme-supported schools or learning spaces [ECW]

Guidance note

This indicator measures the awareness of girls and women, as beneficiaries of the programme, regarding the GBV risk mitigation measures implemented in and around schools or learning spaces. Here, 'girls' refers to learners and 'women' refers to female teachers and female educational staff.

Boys may also be consulted if specific GBV risk mitigation measures have been implemented for them. In this case, the word 'boys' should be included in the indicator.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Level of education (if applicable) • Disability • Age Displacement status (if relevant)	Female learners,* female teachers and other female school personnel **Including specific subgroups identified as at-risk groups, such as girls of menstruating age, married girls, pregnant girls, married young mothers and single girl mothers*	FGDs, post-intervention monitoring	LIGHT, INTERMEDIATE and ADVANCED	Out-of-school girls can also be consulted for a comparative analysis.

Quantitative questions

Are you aware of the measures taken to reduce the risk of violence against girls and women in and around schools or learning spaces?

1. ☐ Yes
2. ☐ No

Probe each answer with the qualitative questions below.

Qualitative questions

If the answer is 1:

Which of the following measures* are you aware of?

**The proposed list of GBV risk mitigation measures below is not exhaustive. It can be adapted based on the measures implemented in your context.*

- ☐ Training of all education partners, teachers and school personnel on child safeguarding and the PSEA policy
- ☐ Establishment of a code of conduct referring to GBV and PSEA in the schools/learning spaces
- ☐ Signing of the code of conduct by teachers and school personnel
- ☐ Training of all education partners, teachers and school personnel on how to respond to GBV disclosures and on the existing GBV referral pathways
- ☐ Safety audits conducted in schools/learning spaces
- ☐ Recruitment of more female teachers
- ☐ Safe spaces/clubs, within the school/learning space, that provide opportunities for dialogue on gender and violence/GBV
- ☐ Sex-segregated, inclusive and safe WASH facilities within the school/learning space
- ☐ A complaints and reporting mechanism, including for SEA, at the school/learning space
- ☐ Distribution of dignity kits
- ☐ Other (specify)

If the answer is 2:

What can be done to improve your awareness of the measures taken to reduce the risk of violence against girls and women in and around schools or learning spaces?

ACCESSIBILITY

GBV risk mitigation measures integrated into EiEPC programmes have a positive impact on women's and girls' access to, and retention in, schools, learning environments and the education system as a whole. Here, 'access' should be understood as physical, administrative, financial, social and other forms of access.

Indicator 1: Outcome level

Number of schools or learning spaces where management/leadership report that GBV risk mitigation measures implemented in and around facilities have increased access for women and girls

Guidance note

This indicator measures the perception of education authorities at the school/learning space level of the impact of GBV risk mitigation measures on women's and girls' access to schools, learning environments and the education system as a whole. Here, 'girls' refers to learners and 'women' refers to female teachers and female educational staff.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
To be defined by the programme	Formal versus non-formal	Programme documents, education programme coordination, school attendance record, SMC, education programme partners, monitoring and supervision report, etc.	SDR, school survey, KIIs with school management authorities at the national or subnational level, etc.	LIGHT, INTERMEDIATE and ADVANCED	It is recommended to collect data at the beginning and end of the school year or programme cycle to establish a comparison.

Quantitative questions*

**Two different wordings are provided for this question. Choose the option that is appropriate to your context and research purpose.*

[First suggestion] Have you observed any increase in access to schools/learning spaces for women and girls since implementing GBV risk mitigation measures in and around the facilities?*

**This wording will provide general information on any increase in access for women and girls.*

[Second suggestion] Have you observed an increase in the rate of girls compared to boys accessing schools or learning spaces since implementing GBV risk mitigation measures in and around the facilities?*

**This wording emphasizes girls' access in comparison to boys', supporting an analysis that highlights disparities between girls and boys.*

1. ☐ Yes
2. ☐ No

For either suggestion, probe with the qualitative questions below.

Qualitative questions

If the answer is 1 for the **[First suggestion]**:

Have you documented the increase for [a specific subgroup of girls*] or [a specific subgroup of women**]?

**Select the specific subgroup of girls based on the context: girls of menstruating age, married girls, pregnant girls, married young mothers, single girl mothers, girls with disabilities, etc.*

***Select the specific subgroup of women based on the context: married women, single women, pregnant or lactating women, women with disabilities, etc.*

If the answer is 1 for the **[Second suggestion]**:

1. Is the increase in access for girls (compared to boys) linked to the GBV risk mitigation measures implemented?
2. If so, how is it linked?
3. If not, how would you explain this disparity in access?

If the answer is 2 for **[either suggestion]**:

Why do you think there has been no increase in access for women and girls despite the implementation of GBV risk mitigation measures?

Indicator 2: Outcome level

Number of schools or learning spaces where management/leadership report that GBV risk mitigation measures implemented in and around facilities have increased women's and girls' retention in schools/learning spaces

Guidance note

This indicator measures the perception of education authorities at the school/learning space level of the impact of GBV risk mitigation measures on women's and girls' retention in schools, learning environments and the education system as a whole. Here, 'girls' refers to learners and 'women' refers to female teachers and female educational staff.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
To be defined by the programme	Formal versus non-formal	Programme documents, education programme coordination, school attendance record, SMC, education programme partners, monitoring and supervision report, etc.	SDR, school survey, KIIs with school management authorities at the national or subnational level, etc.	LIGHT, INTERMEDIATE and ADVANCED	It is recommended to collect data at the beginning and end of the school year or programme cycle to establish a comparison.

Quantitative questions*

**Two different wordings are provided for this question. Choose the option that is appropriate to your context and research purpose.*

[First suggestion] Have you observed any increase in retention in to schools/learning spaces for women and girls since implementing GBV risk mitigation measures in and around the facilities?*

**This wording will provide general information on any increase in retention for women and girls.*

[Second suggestion] Have you observed an increase in the retention rate of girls compared to boys in schools or learning spaces since implementing GBV risk mitigation measures in and around the facilities?*

**This wording emphasizes girls' retention in comparison to boys', supporting an analysis that highlights disparities between girls and boys.*

1. ☐ Yes
2. ☐ No

For either suggestion, probe with the qualitative questions below.

Qualitative questions

If the answer is 1 for the **[First suggestion]**:

Have you documented the increase for [a specific subgroup of girls*] or [a specific subgroup of women**]?

**Select the specific subgroup of girls based on the context: girls of menstruating age, married girls, pregnant girls, married young mothers, single girl mothers, girls with disabilities, etc.*

***Select the specific subgroup of women based on the context: married women, single women, pregnant or lactating women, women with disabilities, etc.*

If the answer is 1 for the **[Second suggestion]**:

1. Is the increase in retention for girls (compared to boys) linked to the GBV risk mitigation measures implemented?
2. If so, how is it linked?
3. If not, how would you explain this disparity in retention?

If the answer is 2 for **[either suggestion]**:

Why do you think there has been no increase in retention for women and girls despite the implementation of GBV risk mitigation measures?

Indicator 3: Outcome level

Percentage of women and girls reporting that GBV risk mitigation measures implemented in and around schools and learning spaces have increased access for women and girls

Guidance note

This indicator measures women's and girls' perceptions of the impact of GBV risk mitigation measures on their access to in school and the education system in general. Here, 'girls' refers to learners and 'women' refers to female teachers and female educational staff. Boys may also be consulted if specific measures have been implemented to improve their access to school. In this case, the word 'boys' should be included in the indicator and the questions adapted.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
To be defined by the pro-gramme	• Disability • Displacement status, if relevant	Female learners*, female teachers and other female educational personnel **Including specific subgroups identified as at-risk groups such as girls of menstruating age, married girls, pregnant girls, married young mothers and single girl mothers*	FGDs	LIGHT, INTERMEDIATE and ADVANCED	It is recommended to collect data at the beginning and end of the school year or programme cycle to establish a comparison.

Quantitative questions

Do you think measures to reduce violence against women and girls implemented in and around schools (this school) have increased women's and girls' access to the facilities?

1. ☐ Yes
2. ☐ No

Probe each answer with the qualitative questions below.

Qualitative questions

If the answer is 1:

1. Have you observed an increase for [a specific subgroup of girls*] or [a specific subgroup of women**]?
2. Why do you think the increase in the access of women and girls is linked to the GBV risk mitigation measures?

**Select the specific subgroup of girls based on the context: girls of menstruating age, married girls, pregnant girls, married young mothers, single girl mothers, girls with disabilities, etc.*

***Select the specific subgroup of women based on the context: married women, single women, pregnant or lactating women, women with disabilities, etc.*

If the answer is 2:

1. Why do you think the measures have not increased women's [subgroup*] and girls' [subgroup*] access to schools/ learning spaces?
2. What can be done to improve women's and girls' access?**
3. What can be done to improve access for [women and girls from particular subgroup*]?

**Same subgroups as above.*
***Probe with different types of access: physical, financial, social, administrative, etc.*

Indicator 4: Outcome level

Percentage of women and girls reporting that GBV risk mitigation measures implemented in and around schools and learning spaces have increased women's and girls' retention

Guidance note

This indicator measures women's and girls' perceptions of the impact of GBV risk mitigation measures on their retention in school and the education system in general. Here, 'girls' refers to learners and 'women' refers to female teachers and female educational staff. Boys may also be consulted if specific measures have been implemented to improve their retention in school. In this case, the word 'boys' should be included in the indicator and the questions adapted.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
To be defined by the pro-gramme	• Disability • Displacement status, if relevant	Female learners*, female teachers and other female educational personnel **Including specific subgroups identified as at-risk groups such as girls of menstruating age, married girls, pregnant girls, married young mothers and single girl mothers*	FGDs	LIGHT, INTERMEDIATE and ADVANCED	It is recommended to collect data at the beginning and end of the school year or programme cycle to establish a comparison.

Quantitative questions

Do you think measures to reduce violence against women and girls implemented in and around schools (this school) have increased women's and girls' retention in the facilities?

1. ☐ Yes
2. ☐ No

Probe each answer with the qualitative questions below.

Qualitative questions

If the answer is 1:

1. Have you observed an increase for [a specific subgroup of girls*] or [a specific subgroup of women**]?
2. Why do you think the increase in the retention of women and girls is linked to the GBV risk mitigation measures?

**Select the specific subgroup of girls based on the context: girls of menstruating age, married girls, pregnant girls, married young mothers, single girl mothers, girls with disabilities, etc.*

***Select the specific subgroup of women based on the context: married women, single women, pregnant or lactating women, women with disabilities, etc.*

If the answer is 2:

1. Why do you think the measures have not increased women's [subgroup*] and girls' [subgroup*] retention in schools/learning spaces?
2. What can be done to improve women's and girls' retention?
3. What can be done to improve retention for [women and girls from particular subgroup*]?

**Same subgroups as above.*

ACCEPTABILITY

Educational services – including integrated GBV risk mitigation measures – are designed and implemented in an ethical manner that respects the sociocultural norms of communities and beneficiaries.

Indicator 1: Output level

Percentage of education services that were designed, implemented or adapted with the participation of, and feedback from, communities and beneficiaries, including women and girls

Guidance note

This indicator measures the percentage of programmes, out of the total number of supported programmes, for which community members and beneficiaries (including women and girls) were proactively consulted, in a transparent and non-discriminatory manner, on programme design and implementation (see also the *INEE Minimum Standards* – Standards 1 and 2 on community participation).

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	N/A	Programme documents, education programme coordination, SMC, education authorities, etc.	School survey, KIIs.	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Were education services designed and implemented or adapted with the participation of, and feedback from, communities and beneficiaries (including women and girls)?

1. ☐ Yes
2. ☐ No
3. ☐ No, communities and beneficiaries were consulted, but did not provide any feedback

Probe each answer with the qualitative questions below.

Qualitative questions

If the answer is 1:

How did you use/integrate the feedback?

If the answer is 2:

Why were communities and beneficiaries not involved in the design, implementation or adaptation of the services?

If the answer is 3:

Why do you think no feedback was received from communities/beneficiaries?

Probe with a few suggestions: How was the community consultation organized? Is there a transparent and secure consultation mechanism for participants? etc.

Indicator 2: Output level

Percentage of women and girls reporting that their feedback was reflected in the design, implementation or adaptation of education services

Guidance note

This indicator assesses whether women and girls feel that their voices were heard in the design, implementation or adaptation of the programme. Here, 'girls' refers to female learners, as well as out-of-school girls in the community, while 'women' refers to female teachers, other female educational staff, women in the community (including local women's organizations), etc.

Depending on the context, it may be relevant to collect data from boys (adolescents at risk of recruitment, forced labour, child trafficking, etc.). In this case, the word 'boys' should be included in the indicator.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Disability • Displacement status • Ethnicity • Mother tongue • Wealth quintile *As relevant*	Women and girls* (in school and from the community), female teachers and other female school personnel, WLOs **Including specific subgroups identified as at-risk groups such as girls of menstruating age, married girls, pregnant girls, married young mothers and single girl mothers*	KIIs, FGDs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Do you feel that your feedback was reflected in the design, implementation or adaptation of education services?

1. ☐ Yes
2. ☐ No
3. ☐ I did not provide feedback

Probe each answer with the qualitative questions below.

Qualitative questions

If the answer is 1:

What do you like about the way it was reflected?

If the answer is 2:

Why do you think it was not reflected?

If the answer is 3:

1. Why did you not provide feedback?

Probe with suggestions: Is it because you were not consulted? Is it because of the consultation process? How was the community consultation organized? Did you feel free and confident to give your opinion in a transparent and fair way?

2. What can be done to ensure you can provide feedback in the future?

Indicator 3: Outcome level

Percentage of women and girls reporting that education services are delivered in a culturally acceptable manner

Guidance note

This indicator assesses whether women and girls perceive education services as culturally acceptable. There are different ways of explaining the meaning of the term 'culturally acceptable'. It is recommended to use the explanation that best suits your context. For example, educational programmes are 'approved', 'appropriate', or considered to be 'normal' or respectful of the culture of the locality, region, etc. To facilitate data collection and analysis of the various EiEPC services provided, it is recommended to specify the service to which the data collection refers, such as the construction or rehabilitation of toilets, the distribution of dignity kits, or the provision of school canteens.

Here, 'girls' refers to female learners, as well as out-of-school girls in the community, while 'women' refers to female teachers, other female educational staff, women in the community (including local women's organizations), etc.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Disability • Displacement status, refugee status • Ethnicity • Mother tongue • Wealth quintile *As relevant*	Women and girls* (in school and from the community), female teachers and other female school personnel, WLOs **Including specific subgroups identified as at-risk groups such as girls of menstruating age, married girls, pregnant girls, married young mothers and single girl mothers*	KIIs, FGDs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Do you think education services are delivered in a way that is acceptable in your culture?

1. ☐ Yes, the services are culturally acceptable
2. ☐ No, the services are not culturally acceptable

Probe each answer with the qualitative questions below.

Qualitative questions

If the answer is 1:

What makes the services culturally acceptable?

If the answer is 2:

1. Why do you think the services are not culturally acceptable?
2. Are there specific groups [subgroups*] in the community who do not like how EiEPC services are delivered?

**Adapt the subgroup to your community, e.g., internally displaced persons, refugees, stateless people, minority groups, girls of menstruating age, married girls, pregnant girls, married young mothers or single girl mothers.*

QUALITY

Education services in emergencies are of high quality when they encompass the seven characteristics outlined in the *INEE Minimum Standards*. In addition, from a GBV risk mitigation perspective, quality education must include key interventions recognized as good practices in humanitarian settings and highlighted in the Menu of Measures. Furthermore, community and beneficiary satisfaction is a key indicator of service quality.

Indicator 1:* Output level

**Two different suggestions are provided for this indicator. Choose the option that is appropriate to your context and research purpose.*

[First suggestion] Percentage of EiEPC programme-supported schools or learning spaces in which a code of conduct – including reference to GBV and SEA – exists and is enforced, and in which teachers and communities are trained in/informed about its application INEE

[Second suggestion] Percentage of EiEPC programme-supported schools or learning spaces that have adopted and enforced child safeguarding measures and a code of conduct – including reference to GBV and SEA – and where teachers, education partners and school personnel have received training

Guidance note

This indicator assesses whether a code of conduct that addresses GBV and SEA exists within schools or learning spaces. Regardless of the selected suggestion, key elements to be measured include awareness among education personnel of the existence of such a code, the training of education personnel, and the enforcement of the code.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	Formal versus non-formal	Programme documents, education programme coordination, SMC, education authorities, etc.	SDR, school survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions*

**The questions below are provided for the indicator tagged 'INEE'. It is recommended to adapt the questionnaire to the second formulation if this has been chosen, in order to integrate child safeguarding measures as well as the three key elements: existence, training and enforcement.*

Is there a code of conduct addressing GBV and SEA in this school/learning space?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

1. Have teachers and other education personnel been trained in this code of conduct?

☐ Yes ☐ No

If Yes, how many have been trained?
If No, why?

2. How is the code enforced? Are disciplinary actions in place for personnel who breach the code of conduct?
☐ Yes ☐ No

If Yes, what disciplinary actions are in place?
If No, why is the code not enforced?

3. Are communities and beneficiaries informed of the existence of such a code?
☐ Yes ☐ No

If Yes, how, by what means?
If No, why not?

If the answer is 2:

Why is there no code of conduct addressing GBV and SEA in this school/learning space?

Indicator 2: Output level

Percentage of EiEPC programme-supported schools or learning spaces where female education personnel benefit from equal training and professional development opportunities as their male counterparts

Guidance note

This indicator assesses, on the one hand, whether training opportunities are offered to education personnel and, on the other hand, whether there are disparities in access to these opportunities for female and male teachers.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	Formal versus non-formal	Programme documents, education programme coordination, SMC, education authorities, etc.	SDR, school survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Does this EiEPC programme-supported school or learning space offer training and professional development opportunities to education personnel (in teaching, administration, etc.)?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

Are these opportunities equal for female and male personnel?
☐ Yes ☐ No

If Yes, what are these opportunities?
If No, why are they not equal?

If the answer is 2:

Why are there no training and professional development opportunities offered in this school/learning space?

Indicator 3: Outcome level

Percentage of female education personnel reporting satisfaction with accessing equal opportunities for training and professional development as male education personnel

Guidance note

This indicator assesses the satisfaction or dissatisfaction of female education personnel with the training and professional development opportunities available to them, in comparison to their male counterparts. Data from this indicator can be triangulated with those from the previous one to support a more comprehensive analysis.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Disability • Level of education • Displacement status • Wealth quintile • Minority group *As relevant*	Female education personnel (female teachers, female personnel in administration, support staff, etc.)	School survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Are you satisfied with the training and professional development opportunities offered by this school/learning space compared to those available to your male counterparts?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

What opportunities are you most satisfied with?

If the answer is 2:

1. Why are you not satisfied?
2. What could be done in the future to ensure equal opportunities for female and male education personnel?

Indicator 4: Output level

Percentage of EiEPC programme-supported schools or learning spaces providing training for teachers and school personnel on responding to GBV disclosures and on GBV referral pathway(s)

Guidance note

This indicator allows for the collection of information on the training of education personnel to receive GBV disclosures and to refer survivors following the established referral pathway(s). It also allows for the assessment of training achievements.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	Formal versus non-formal	Programme documents, education programme coordination, SMC, education authorities, etc.	SDR, school survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Have EiEPC programme-supported schools or learning spaces provided training for all teachers and school personnel on responding to GBV disclosures and on GBV referral pathways?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

Is there a monitoring mechanism in place to assess how the knowledge acquired is being applied in practice?
☐ Yes ☐ No

If Yes, how often is monitoring conducted? What are the lessons learned?
If No, how do you ensure that the knowledge acquired is being applied?

If the answer is 2:

Why has training not been provided on GBV disclosures and referral?

Indicator 5: Outcome level

Percentage of teachers and administrators in EiEPC programme-supported schools or learning spaces reporting increased knowledge of GBV core concepts and/or safe referral(s) [ECW]

Guidance note

This indicator assesses the self-perceived knowledge of core GBV concepts and safe referrals among education personnel. Data collected through this indicator can be used to complement that from the previous indicator. It is recommended to use one of the two proposed methodologies: learner self-assessment (quantitative measurement) or direct evaluation of knowledge gained (qualitative measurement).

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Gender • Disability • Level of education • Formal versus non-formal (community-based learning, etc.)	Education personnel (teachers, principals, school administrators, etc.)	School survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	For either method, it is important to have data collected before and after training.

Quantitative and qualitative questions

[**First methodology**] **Self-assessment**

Pre-training: On a scale of 1 to 5, how familiar are you with GBV core concepts and safe referral(s)?

Post-training: On a scale of 1 to 5, how familiar are you with GBV core concepts and safe referral(s) after completing the training?

1. ☐ 1
2. ☐ 2
3. ☐ 3
4. ☐ 4
5. ☐ 5

[**Second methodology**] **Direct evaluation of knowledge**

1. What are the core concepts you learned about GBV and safe referral(s)?
2. How will you apply the knowledge you gained in your work?

Indicator 6: Outcome level

Percentage of EiEPC-supported programmes integrating gender-transformative teaching or learning methods

Guidance note

This indicator tracks the number of supported programmes (or schools/learning spaces) that promote gender-transformative teaching or learning methods. These methods aim to make the education system more equitable, inclusive and non-harmful for every child. They help examine, challenge and shift harmful cultural norms or practices.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
To be defined by the programme	• Formal versus non-formal (community-based learning, etc.)	Education system data, national/regional education data, SMC, education authorities, education cluster, etc.	SDR, school survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	The indicator can be adapted at the regional or subregional level, depending on the context and scope of the research.

Quantitative questions

Do the EiEPC programme-supported programmes (schools/learning spaces) integrate gender-transformative components into teaching/learning methods?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

What gender-transformative components have been integrated into teaching/learning methods?

If the answer is 2:

1. Why have gender-transformative components not been integrated into teaching/learning methods?
2. What can be done to influence and encourage gender-transformative education in your context?

Indicator 7: Outcome level

Percentage of consulted community members reporting satisfaction with the quality of EiEPC services

Guidance note

This indicator assesses community members' feedback on the quality of EiEPC programmes/services. To gather useful data for potential programme adaptation, it is important to target both the direct beneficiaries of the programmes/services and the communities where they are being implemented. This indicator also provides an opportunity to collect data from subgroups (see additional recommendations below) that are often overlooked in such exercises.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
To be defined by the programme	• Gender • Age • Disability • Level of education • Displacement status • Wealth quintile • Minority group	Community members (including women and girls), WLOs, parents of students, SMC, parent-teacher association, community/religious leaders, etc.	FGDs, community KIIs	LIGHT, INTERMEDIATE and ADVANCED	FGDs can be organized with specific groups and subgroups, such as adolescent girls, adolescent boys, caregivers, and education personnel with disabilities.

Quantitative questions*

**Two different suggestions are proposed depending on the measurement scenario.*

[Suggestion for the LIGHT scenario]

How satisfied are you with the overall quality of the education services?

1. ☐ Very satisfied
2. ☐ Satisfied
3. ☐ Not satisfied at all

[Suggestion for the INTERMEDIATE and ADVANCED scenarios]

Are you satisfied with the overall quality of the education services available in your community?

1. ☐ Yes
2. ☐ No

Qualitative questions (for the INTERMEDIATE and ADVANCED scenarios only)

If the answer is 1:

Why are you satisfied with the quality of the education services*?

**For high-quality data collection, it is recommended to mention a few education services.*

If the answer is 2:

1. Why are you not satisfied with the quality of the education services?
2. In your view, what could be done to improve the quality of the education services?

COPING STRATEGIES

EiEPC programmes are designed and implemented based on an analysis of families' coping strategies that affect girls' and boys' access to education.

Indicator 1: Output level

Percentage of EiEPC programmes reporting having analysed families' coping strategies affecting girls' and boys' access to education

Guidance note

This indicator assesses whether, during the design of EiEPC programmes, programme managers/personnel actively and systematically seek information on and analyse families' coping strategies that may affect girls' and boys' access to education.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	Formal versus non-formal	Programme documents, education programme coordination, SMC, education authorities, etc.	SDR, school survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions*

**Two different suggestions are provided for this question. Choose the option that is appropriate to your context.*

[**First suggestion**] Are you aware of strategies that families may adopt to cope with hardship that may affect children's (girls' and boys') access to education, including for children with disabilities?

1. ☐ Yes
2. ☐ No

[**Second suggestion**] Are you aware of any methods or initiatives that families or communities use to cope with challenges for children (girls and boys) in accessing education?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

1. How did you become aware of these strategies/methods?
2. What initiatives/measures do families commonly take, if any, when they face challenges in ensuring their children's (girls' and boys') access to education?
3. In the family, who is most affected by these initiatives/measures?

If the answer is 2:

Why are you not aware of these strategies/methods?

Probe with: Because such strategies do not exist? Because no data is available on this subject? Because communities/families are not willing to talk about these strategies?

Indicator 2: Output level

Percentage of EiEPC programmes reporting having designed or adapted interventions based on families' coping strategies, in collaboration with relevant sectors

Guidance note

This indicator assesses how information known about families' coping strategies impacts the design (adaptation) and implementation of EiEPC programmes. It also allows for the assessment of collaboration with other relevant sectors in the design or adaptation of such interventions.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	Formal versus non-formal	Programme documents, education programme coordination, SMC, education authorities, etc.	SDR, school survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Have you designed or adapted the EiEPC programme following an analysis of families' coping strategies, and was this done in collaboration with relevant sectors?

1. ☐ Yes
2. ☐ Yes, the programme was adapted but without collaboration with other sectors
3. ☐ No

Probe with the qualitative questions below.

If the answer is 1:

How have you designed or adapted programmes to prevent families from having to resort to these strategies or to mitigate their consequences?

If the answer is 2:

Why did you not collaborate with other relevant sectors in designing/adapting the programme?

If the answer is 3:

Why has the programme not been designed/adapted to address the coping strategies of families or communities?

Indicator 3: Outcome level

Percentage of consulted community members who believe that EiEPC programmes integrate interventions addressing families' coping strategies that affect children's (girls' and boys') access to education

Guidance note

This indicator assesses community members' feedback on the extent to which EiEPC programmes address families' coping strategies that affect girls' and boys' access to education.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
To be defined by the pro-gramme	• Gender • Age • Disability • Level of education • Displacement status • Wealth quintile • Minority group	Community members, including girls and boys, women and men caregivers, community and religious leaders, etc.	FGDs, community KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Qualitative questions

Families may sometimes face hardships that could impact their decision to enrol their daughter(s) or son(s) in school, or that could lead to their child(ren) dropping out of school.

1. Are you aware of any measures integrated into the education programmes that help families avoid making such decisions? Or are you aware of any interventions that mitigate the consequences of such decisions?
2. How effective do you think these measures/interventions are?

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GBV RISK MITIGATION ACTIONS

EiEPC programme managers or coordinators undertake and document concrete actions to integrate GBV risk mitigation into their interventions. It is important to clearly distinguish between actions aimed at mitigating GBV risks and the mitigation measures themselves.

Indicator 1: Output level

Number of minimum GBV risk mitigation actions conducted by EiEPC programmes

Guidance note

This indicator assesses whether the three minimum GBV risk mitigation actions have been taken by programme staff in education programme design and implementation.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
3	N/A	Programme documents, education programme coordination, national/regional education authorities	SDR, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Which of the minimum GBV risk mitigation minimum actions have you taken to make the programme safer?

1. ☐ Consultation with women and girls
2. ☐ GBV risk analysis
3. ☐ Education programme adaptation
4. ☐ None of the above

Probe each answer with the qualitative questions below.

Qualitative questions

If consultation was done:

1. At what stage(s) of the programme cycle – before, during or at the end – did the consultation take place?
2. How was feedback from the consultation integrated into the programme?

If GBV risk analysis was done:

How did the GBV risk analysis improve programme design/implementation?

If the education programme was adapted:

How has the programme been adapted?

If none of the actions was taken:

Why have none of the minimum GBV risk mitigation actions been taken?

Indicator 2: Output level

Number of additional GBV risk mitigation actions conducted by EiEPC programmes

Guidance note

This indicator assesses whether the three additional GBV risk mitigation actions have been taken by programme staff in education programme design and implementation.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
3	N/A	Programme documents, education programme coordination, national/regional education authorities	SDR, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Which of the additional GBV risk mitigation actions have you taken to make the programme safer?

1. ☐ Integration of GBV risk mitigation into EiEPC programme documents/policies
2. ☐ Training of EiEPC programme staff
3. ☐ Safety audits
4. ☐ None of the above

Probe each answer with the qualitative questions below.

Qualitative questions

If GBV risk mitigation has been integrated into EiEPC programme documents/policies:

1. Into which documents (strategic documents, partnership documents, M&E frameworks, etc.) has GBV risk mitigation been integrated?
2. How has GBV risk mitigation been specifically integrated into these documents?

If EiEPC programme staff have been trained:

1. What type of training have staff received?
2. Have any follow-up actions been taken?
3. Have any lessons been learned?

If safety audits have been conducted:

1. What type of safety audit was conducted (observation, FGDs, KIIs)?
2. What were the key findings?
3. What follow-up actions have been undertaken?

Indicator 3: Output level

**Two different suggestions are provided for this indicator. Choose the option that is appropriate to your context.*

[First suggestion] Percentage of EiEPC programmes having dedicated budget lines for GBV risk mitigation interventions/measures [ECW]

[Second suggestion] Percentage of EiEPC programme budgets allocated to GBV risk mitigation interventions

Guidance note

This indicator assesses whether a specific budget is allocated to GBV risk mitigation interventions within EiEPC programmes. The 100 per cent target mentioned below applies to the first suggestion for the indicator. In the case of the second suggestion, the target is to be determined based on the specific programme. It is recommended that 5 per cent to 22 per cent of the total programme budget be allocated to GBV risk mitigation.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	Formal versus non-formal	Programme documents, education programme coordination, national/regional education authorities	SDR, school survey, KIIs	LIGHT, INTERMEDIATE and ADVANCED	N/A

Quantitative questions

How are GBV risk mitigation interventions/measures funded in EiEPC programmes?

1. ☐ Dedicated budget line
2. ☐ Funding integrated with other activities
3. ☐ No funding

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

What percentage of the overall budget is allocated to GBV risk mitigation interventions?

If the answer is 2:

How do you decide what portion of the budget for other activities goes to GBV risk mitigation?

If the answer is 3:

Why? What can be done to improve that situation?

SAFETY PERCEPTIONS

The safety perceptions of learners, teachers and other education personnel – particularly women and girls – are critical to ensuring a safe and secure learning environment that contributes to their protection and psychosocial well-being.

Indicator 1:* Outcome level

**Two suggestions are provided for this indicator. Choose the option that is appropriate to your context.*

[First suggestion] Number of girls in EiEPC programme-supported schools or learning spaces reporting feeling that their school/learning-space environment is safe, gender-inclusive and adapted to their needs ECW

Guidance note

This indicator assesses girls' (learners') safety perceptions of their learning environment. The word 'girls' can also be replaced with 'women' to assess the safety perceptions of female teachers and/or other female education personnel. The focus here is primarily on girls (and women if relevant).

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Disability • Level of education • Age • Displacement status • Wealth quintile • Minority group *As relevant*	Girls (learners)	FGDs	INTERMEDIATE and ADVANCED	It is essential to include subgroups such as girls of menstruating age, married girls, pregnant girls, married young mothers and single girl mothers.

[Second suggestion] Percentage of children (girls and boys), teachers (women and men) and other staff who report feeling safe in school INEE

Guidance note

This indicator is broader in scope than the first suggestion. It assesses the safety perceptions of learners (girls and boys) as well as those of education personnel, including teachers (women and men). The indicator can also be adapted to assess safety perceptions on the way to and from school. In this case, 'in school' should be replaced with 'on the way to and from school'.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Age • Level of education • Gender • Ethnicity • Mother tongue • Disability • Wealth quintile • Displacement status *As relevant*	Learners (girls and boys), teachers and other education personnel (women and men)	FGDs	INTERMEDIATE and ADVANCED	Conduct FGDs with each category of informant separately, and be cautious of group dynamics.

Quantitative questions*

**Questions should be adapted to the chosen indicator.*

Do you feel safe in school or in the learning space?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

What makes you feel safe in school or in the learning space?

If the answer is 2:

1. Why do you not feel safe?
2. What could be done to make you feel safer in school or in the learning space?
3. [*To be asked to women and girls only*] Are there things that make you feel unsafe that might not affect boys (or men) in the same way?

Indicator 2: Output level

Percentage of consulted caregivers reporting that schools or learning spaces are not safe for children (girls and boys)

Guidance note

This indicator assesses the safety perceptions of parents or caregivers. Data from this indicator could be triangulated with data collected from learners for a comprehensive analysis of the beneficiaries' sense of safety.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
0%	• Gender • Ethnicity • Disability • Wealth quintile • Displacement status	Learners' parents/ caregivers	FGDs	INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Do you worry about your daughter's (daughters') or son's (sons') safety in school or on their way to and from school or learning spaces?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

1. Do you worry more about your daughter(s) than your son(s)?

☐ Yes ☐ No, I worry for both

If Yes, what makes you worry more about your daughter(s) than your son(s)?
If No, what makes you worry about your daughter(s) and/or your son(s)?

2. What can be done to improve your child(ren)'s learning environment and to reassure you?

If the answer is 2:

What makes your daughter's (daughters') and/or your son's (sons') learning environment safe?

Indicator 3: Outcome level

Percentage of women and girls reporting that GBV risk mitigation measures integrated into programmes have made them feel safer in and around school/learning spaces

Guidance note

This indicator directly links the feeling of safety to the GBV risk mitigation measures implemented within the learning environment. If several mitigation measures have been integrated into the programme, it is recommended to assess each measure independently by adapting the questions. Here, 'girls' refers to female learners and 'women' refers to female teachers and other female education personnel.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Disability • Level of education • Displacement status • Minority group *As relevant*	Female learners and teachers **Including subgroups such as girls of menstruating age, married girls, pregnant girls, married young mothers and single girl mothers*	FGDs	INTERMEDIATE and ADVANCED	Conduct FDGs with each category of informant separately, and be cautious of group (subgroup) dynamics.

Quantitative questions*

**Adapt the questions by replacing 'the measures' with the specific measure to be assessed.*

Do you think the measures integrated into the programme make you feel safer within the learning environment?

1. ☐ Yes
2. ☐ No
3. ☐ I am not aware of the measures taken to make me feel safe
4. ☐ I feel safe, but not because of the measures

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

How have the measures changed your experience within the learning environment?

If the answer is 2:

1. Why do you think the measures are not effective?
2. What safety issues are you still facing within the learning environment?

If the answer is 3:

What can be done to improve your knowledge of the measures taken to make you feel safer?

If the answer is 4:

What made you feel safe besides the measures taken by the education programmes?

LINKAGES WITH OTHER SERVICES

Schools or learning spaces establish complaints and feedback mechanisms (including for SEA), and coordinate the response with specialized services for GBV survivors.

Indicator 1: Output level

Percentage of EiEPC programme-supported schools or learning spaces reporting having an established system for referral to other services, as well as an SEA complaint mechanism

Guidance note

This indicator assesses the availability, in schools or learning spaces, of a functioning referral system for GBV survivors, as well as a mechanism for managing SEA complaints.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	Formal versus non-formal	Programme documents, education programme coordination, school management/principal	SDR, school survey, KIIs	INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Is there a system for referral to special services for GBV survivors in this school or learning space?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

Is there also an SEA complaint mechanism?
☐ Yes ☐ No

If Yes, is this also linked to the referral system for GBV survivors?
If No, how do you manage SEA complaints in this school or learning space?

If the answer is 2:

1. Why is there no system for referral to special services for GBV survivors?
2. What options do SEA survivors have to report abuse and receive appropriate case management?

Indicator 2: Outcome level

Percentage of education personnel in EiEPC programme-supported schools or learning spaces who know how to support a GBV survivor and how to make referrals to other services if a GBV referral system is available

Guidance note

This indicator assesses knowledge, among education personnel, of the available referral and support systems for GBV survivors, as well as the ability of personel to use these systems if necessary.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Gender • Education level	Education personnel (teachers, school management, male and female support staff, etc.)	FGD, school survey, KIIs	INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Are you aware of the specialized services available for GBV survivors?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

Are you confident in referring GBV survivors to these services?
☐ Yes ☐ No

If Yes, how would you do it?
If No:

1. Why do you not feel confident in making referrals?

Probe with: Is it because you are not trained? Because you do not know the referral system?

2. What can be done to make you feel confident in making referrals in the future?

If the answer is 2:

Why are you not aware of the support services available for GBV survivors?

Probe with: Is it because they are not available? Because information is not accessible? Because the appropriate means of communication are not available? Because of language issues? Etc.

Indicator 3: Outcome level

Percentage of learners in EiEPC programme-supported schools or learning spaces reporting being aware of services available for GBV survivors and being confident using them ECW

Guidance note

This indicator assesses learners' (girls' and boys') knowledge of the available services for GBV survivors and their confidence in using them if necessary.

Target	Disaggregation	Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
100%	• Gender • Education level	Learners (girls and boys)	FGDs	INTERMEDIATE and ADVANCED	N/A

Quantitative questions

Have you heard of any services available for GBV survivors?

1. ☐ Yes
2. ☐ No

Probe with the qualitative questions below.

Qualitative questions

If the answer is 1:

If you were to refer someone, would you be confident in doing so?
☐ Yes ☐ No

If Yes, how would you do it?
If No:

1. Why do you not feel confident in making referrals?

Probe with: Is it because you are not trained? Because you do not know the referral system?

2. What can be done to make you feel confident in making referrals in the future?

If the answer is 2:

Why are you not aware of the support services available for GBV survivors?

Probe with: Is it because they are not available? Because information is not accessible? Because the appropriate means of communication is not available? Because of language issues? Etc.

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INDIRECT EFFECTS AND UNINTENDED CONSEQUENCES

EiEPC programmes and educational services – especially those implemented for at-risk groups – may have unanticipated effects apart from their initial objectives. These effects can be either positive or negative for direct beneficiaries, for their families and/or for the community.

Given the nature of this domain, no measurement indicators are provided. However, it is recommended to integrate the qualitative questions proposed below into routine or end-of-programme data collection to assess any unforeseen effects or consequences of the programme. It is also recommended to utilize other information collected through indicators from other domains, as well as data from human-interest stories, to draw lessons from the programme and make adaptations as required.

Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
School management, community members, caregivers, social workers, teachers	KIIs	INTERMEDIATE and ADVANCED	Disaggregate respondents by gender.

Questions

In your opinion, has the participation of girls or boys in EiEPC programmes (access to education services) impacted their relationships with their families, community and peers?

1. If so, what impacts have there been?
2. Are there situations where relationships have improved?
3. Are there situations where relationships have worsened?

Data source(s)	Data-collection method(s)	Scenario(s)	Additional recommendations
Girls or boys enrolled in specific, adapted programmes for at-risk groups	FGDs	INTERMEDIATE and ADVANCED	Segregate FDGs by gender and by subgroup.

Questions

Has your participation in EiEPC programmes* (access to education services) impacted your relationships with your family, community and peers?

1. If so, what impacts have there been?
2. Are there situations where relationships have improved?
3. Are there situations where relationships have worsened?

**Specific programmes should be adapted to the context (radio learning programmes for married/pregnant adolescent girls, flexible studying hours, etc.).*

ADDITIONAL RESOURCES

RELATED TO GENDER AND GBV RISK MITIGATION IN EDUCATION

GUIDANCE DOCUMENTS

- Education Cannot Wait (ECW), *Guidance Note: On the integration of GBV risk mitigation measures in ECW-supported investments (FERs and MYRPs)*, 2021.
- ECW, *Guidance Note: On the meaningful engagement of local women's and girls' organisations (LWGOs) in ECW-supported investments*, 2021.
- Inter-Agency Standing Committee (IASC), *Thematic Area Guide for: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action–Reducing risk, promoting resilience and aiding recovery–Education*, 2015.
- IASC, *Guidelines: The Gender Handbook for Humanitarian Action*, 2018.
- United Nations Children's Fund (UNICEF) and Global Education Cluster (GEC), Matching Matrix for Education, 2021.

TOOLS

- GEC, *HNO/HRP Tip sheet for Gender mainstreaming and GBV Risk Mitigation in Education Cluster Coordination*, 2023.
- GEC and UNICEF, *HPC Toolkit on GBV Risk Mitigation for UNICEF-led Clusters/AoRs*, 2021.
- Inter-agency Network for Education in Emergencies (INEE), ECW and United Nations Girls' Education Initiative (UNGEI), *EiE-GenKit: A core resource package on gender education in emergencies*, 2021.

TRAINING

- UNICEF and GEC, *Gender and GBV Risk Mitigation in Education Cluster Coordination and Response*, 2024.

RELATED TO SCHOOL-RELATED GENDER BASED VIOLENCE

- Safe to learn Coalition, *School-related gender-based violence: achieving systemic, sustainable change with youth and for youth*, 2023
- United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNWomen, *Global Guidance School-related gender-based violence*, 2016
- UNESCO and UNGEI, *School violence: Why gender matters and how to measure school-related gender-based violence*, 2023
- UNGEI, *A whole school approach to prevent school-related gender-based violence: Minimum standards and monitoring framework*, 2019

RELATED TO DATA COLLECTION ON VIOLENCE

GUIDANCE DOCUMENTS

- Global Women's Institute (GWI), *Research to Action Toolkit: VAWG in Conflict and Humanitarian Settings*, 2019.
- GWI, *Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations*, 2021.
- UNICEF, *Ethical Principles, Dilemmas and Risks in Collecting Data on Violence against Children*, 2012.
- World Health Organization (WHO), *Researching Violence Against Women: A Practical Guide for Researchers and Activitists*, 2005.
- WHO, *WHO Ethical and Safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, 2007.

WEBSITES

- Ethical Research Involving Children (ERIC).
- Sexual Violence Research Initiative (SVRI), 'Research Methods and Tools'.

RELATED TO CONSULTATION WITH CHILDREN

- Plan International, *Guidelines for Consulting with Children & Young People with Disabilities*, 2022.
- Save the Children, *Children's Consultations in Humanitarian Contexts*, 2023.

About UNICEF

UNICEF, the United Nations agency for children, works to protect the rights of every child, everywhere, especially the most disadvantaged children and in the toughest places to reach. Across more than 190 countries and territories, we do whatever it takes to help children survive, learn, thrive, and fulfil their potential.

For more information, please visit: www.unicef.org

About Education Cannot Wait

Education Cannot Wait (ECW) is the global fund for education in emergencies and protracted crises in the United Nations. We support quality education outcomes for refugee, internally displaced and other crisis-affected girls and boys, so no one is left behind. ECW works through the multilateral system to both increase the speed of responses in crises and connect immediate relief and longer-term interventions through multi-year joint programming. ECW works in close partnership with governments, public and private donors, UN agencies, civil society organizations, and other humanitarian and development aid actors to increase efficiencies and end siloed responses. ECW urgently appeals to public and private sector donors for expanded support to reach even more vulnerable children and adolescents.

Additional information is available at www.educationcannotwait.org

About INEE

The Inter-agency Network for Education in Emergencies (INEE) is an open, global network of representatives from non-governmental organizations, UN agencies, donor agencies, governments, and academic institutions, working together to ensure the right to quality and safe education for all people affected by crisis.

To learn more, please visit www.inee.org

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Annexes

Menu of Measures for Gender-Based Violence Risk Mitigation in the Education in Emergencies sector

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LIST OF ANNEXES

I. ANNEX 1: Tip Sheet: Consulting with women and girls 3

II. ANNEX 2: Summary of GBV Risk Mitigation approach to measurement: EiE Sector 5

III. ANNEX 3: Brief Note on GBV referral pathways 6

IV. ANNEX 4: Safety Audits by observation: EiE sector 9

V. ANNEX 5: Examples of participatory approaches for consultation with and participation of children 11

ANNEX I

TIP SHEET: CONSULTING WITH WOMEN AND GIRLS

Effective GBV risk mitigation measurement a) integrates regular and routine consultations with women and girls; and b) measures, analyses and documents changes over time related to the GBV risk mitigation measure(s) in the project. This tip sheet provides supplementary guidance on how to engage women and girls to assess if your GBV risk mitigation measures are reducing barriers to services or helping women and girls feel safer.

Basic information:

In general, engaging women and girls during consultations happens at three critical moments:

1. Before a project begins: women and girls themselves can identify GBV risks in the environment and/or barriers to accessing services, along with their priorities for which risks and/or barriers are most critical to address;
2. During the project: women and girls provide feedback as to if/how your GBV risk mitigation efforts have affected their access to services and/or perceptions of safety. This feedback allows you to assess the effectiveness of your risk mitigation measure(s), identify any unanticipated or unintentional consequences; and, if necessary, make changes in your programming;
3. When the project is nearing completion or after it has ended: consultations help identify what worked and what did not work to generate lessons learned and next steps which risks and/or barriers are the most important to be addressed.

For your programme, consultations can follow this model to assess perceptions of safety and if your GBV risk mitigation strategy is addressing the needs of women and girls.

Remember! Consultations can take multiple modalities such as focus group discussions, key informant interviews, community mapping exercises, ranking methods or other participatory approaches.

Preparation:

- If there is a GBV sub-cluster/working group or an organization implementing GBV programming, connect with them to request support on planning and carrying out the consultations.
- Carefully consider the restrictions or cultural sensitivities that may prevent a woman or girl from participating in a consultation or lead to more harm for her. GBV specialists, even if in a different location or at national level can provide support in thinking through how to engage women and girls in the safest possible way.
- Find out what GBV services are in place in the location where the consultations will be conducted. Ensure staff who will be facilitating the consultations are equipped to respond if someone discloses that they have experienced GBV. Staff conducting safety consultations should be (a) familiar with the "GBV Pocket Guide" on how to support GBV survivors and (b) familiar with how to appropriately refer survivors in a timely manner based on the GBV referral pathway in their area.
- Depending on the context, it may be necessary to speak with community leaders prior to the consultations. In some situations, guardians, husbands, male relatives, or mother-in-laws may need to be consulted and/or give their permission in order for women and girls to participate in your consultation.
- Related to the previous point, take care to carefully frame the purpose and scope of the consultation with communities and/or relevant stakeholders. Focus on the goal to improve programs and services for the community, especially with regards to making them safer and more accessible.
- Take into consideration what locations and times of day are safest and most appropriate for women and girls to participate in the study, based on school, chores, travel requirements, etc. Ensure consultations take place in a secure setting where all individuals feel safe to contribute to discussions.
- Remember that participants may answer the same question differently depending on who is involved in the conversation (international vs. local staff), what they think the data collection team wants to hear, and what action or benefit they believe may result from responding in a certain way. Consider these factors when planning your consultations.

- Be aware of the composition of a group during consultations and how to make sure everyone feels safe to express their voice and opinions without creating additional harm for them. For example, including unmarried girls with married girls or women can create different power dynamics. Similarly having young women and older women in the same group may prevent younger women from voicing their opinions or experiences. Groups that can be particularly difficult to access include:

  - Married girls
  - Unmarried women
  - People with disabilities
  - Female heads of household
  - Widows

- Work with a GBV specialist to determine what questions are appropriate. Questions should be worded in a way that explicitly links perceptions of safety to a specific intervention, facility, etc. and should include a time-bound component. Refer to the **Menu of Methods** in the main **Guidance Note**. Some examples specific to Level 2 and safety perceptions could be:

  - "Do women and girls in your community feel safer moving around the camp at night since the lighting has been installed (as compared to before the lighting was installed)?"
  - "Do women and girls in your community feel safer going to the distribution point since the location was changed to align with the community's preferences?"
  - "Do women and girls in your community feel their access to health services has improved with the increased number of female reception staff (as compared to when the reception staff were mostly male)?"

DO's

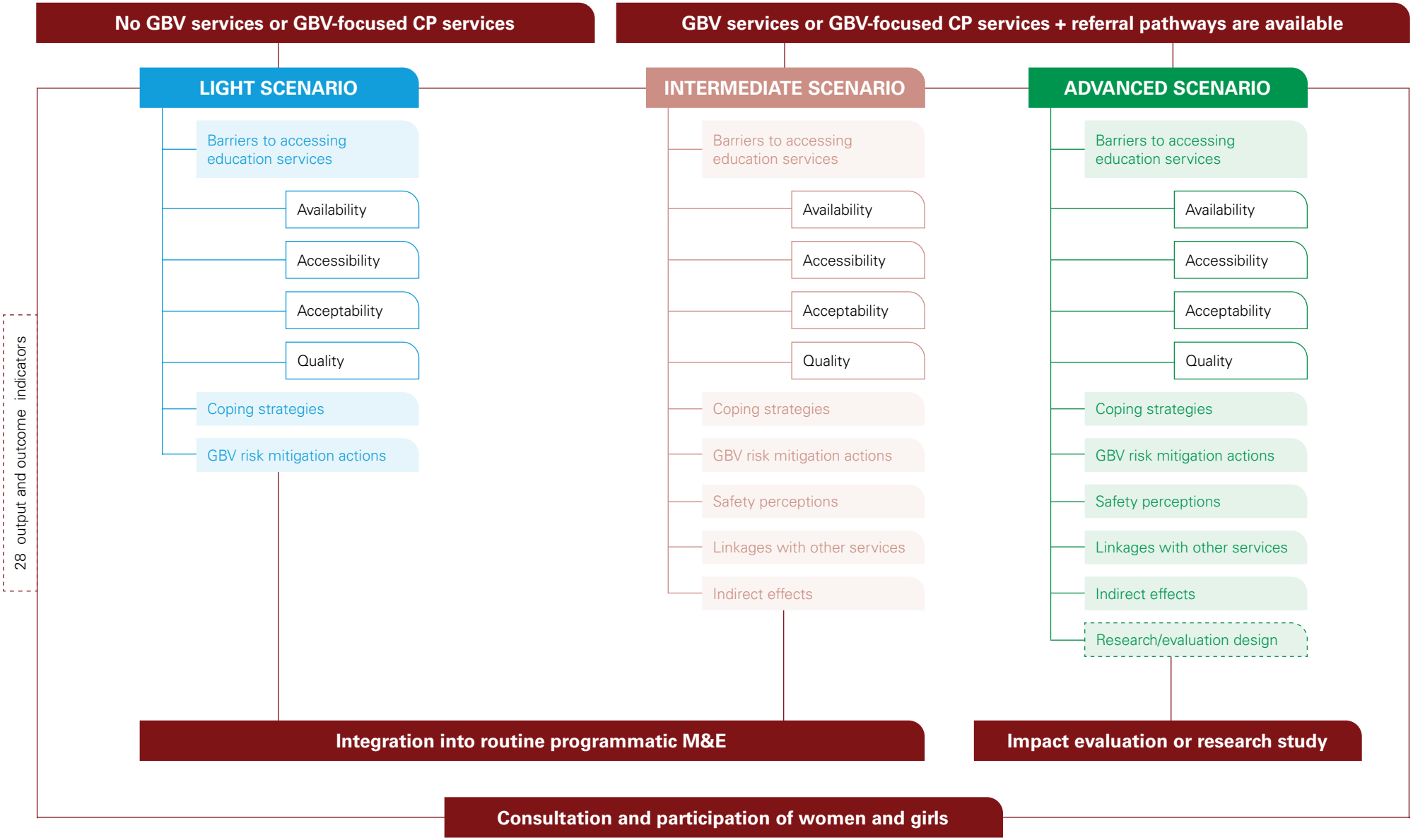
- Have trained female staff facilitate the consultations with women and girls.
- Be conscious of the fact that the females who are most visible/accessible for consultations may not be representative of the female population as a whole (in terms of access to services, etc.). Consider if you need to make alternative arrangements to connect with other groups of women and girls in a safe, non-stigmatizing way.
- Explain the purpose of the consultation and how the information will be used. Obtain informed consent before beginning the consultation.
- Manage expectations about participating in the consultation and what participants can expect to receive. Be honest and upfront in explaining that there will be no compensation.
- Keep questions simple, relevant to programme objectives and straightforward.
- If relevant, consider options for consulting with women and girls who are using the service (i.e. visiting to a water point to speak to them).

Important DON'TS

- DON'T ask questions about individuals'/specific people's experiences of GBV.
- DON'T collect or attempt to collect GBV incident data/numbers of cases.
- DON'T attempt to convene a consultation group comprised only of GBV survivors or to find GBV survivors to take part in the consultations.
- DON'T make questions too general. A question like "Do you feel safe?" can be interpreted in multiple ways and does not focus participants on the specific purpose of your consultation (whether there have been improvements in safety/access linked to particular risk mitigation measures).

ANNEX II

SUMMARY OF GBV RISK MITIGATION APPROACH TO MEASUREMENT: EiE SECTOR



ANNEX III

BRIEF NOTE ON GBV REFERRAL PATHWAYS

WHAT IS A GBV REFERRAL PATHWAY?

A GBV referral pathway is a coordination tool that outlines how survivors of Gender-Based Violence (GBV) can access appropriate, timely and confidential services. It maps out existing and available specialized GBV services, their contact information, and the roles and responsibilities of different service providers. It also describes how they coordinate to support GBV survivors.

It is critical that GBV referral pathways are regularly updated to ensure that accurate information is provided to survivors.

Key features of a GBV referral pathway include:

- clear steps for referring survivors safely and ethically;
- a list of available services and contact points;
- agreed protocols to protect confidentiality and do no harm; and
- a survivor-centred approach that respects choice, dignity and safety.

GBV referral pathways are often available through a GBV services map or standard operating procedures. They are essential to ensure that survivors receive appropriate, timely and confidential services in a coordinated and effective manner.

GBV referral pathways target both specialized services providers and other humanitarian sectors.

WHAT ARE SPECIALIZED GBV SERVICES?

Specialized GBV services are a range of services[42] available in a specific location for survivors of GBV. This is why front-line workers from all sectors must be aware of the available services, enabling them to safely and confidentially refer survivors.

The following services are generally proposed to support GBV survivors:

→ **GBV case management:** More than a service, GBV case management is the process through which a case manager or a social worker undertakes the assessment of the case, develops a care plan and implements the planned actions, including referral to other specialised services.

⚠ NO ACTION IS TAKEN WITHOUT THE SURVIVOR'S CONSENT

→ **Health services**, including the clinical management of rape, are often required within 72 hours for sexual violence cases.
→ **Psychosocial support** and mental health services.
→ **Legal or justice services**, including police, legal aid and representation – only if the survivor wishes.
→ **Safety, security and protection services**, including safe shelters and security support if the survivor is at risk.

[42] This list of services is indicative. Note that NOT ALL services are available or must be available in a specific location. This is why it is important to coordinate with GBV specialists in your location to know the available services and the updated referral pathways.

→ **Livelihood and socio-economic support,** if available and required.

THE SURVIVOR CAN CHOOSE TO STOP OR CHANGE SERVICES AT ANY TIME

WHAT IS YOUR ROLE?

A GBV incident is disclosed to you…

By someone else…

Provide up-to-date and accurate information about any services and support that may be available to the survivor. Encourage the individual to share this information safely and confidentially with the survivor so that they may disclose as willing.
NOTE: DO NOT seek out GBV survivors.

By the survivor

LOOK & LISTEN

Introduce yourself. Ask how you can help. Practice respect, safety, confidentiality and non-discrimination.

Is a GBV actor/referral pathway available?

Yes.

Follow the GBV referral pathway to inform the survivor about available GBV services and refer if given permission by the survivor.

No. LINK

Communicate accurate information about available services.

Does the survivor choose to be linked to a service?

Yes.

Communicate detailed information about the available resource/service including how to access it, relevant times and locations, focal points at the service, safe transport options etc. Do not share information about the survivor or their experience to anyone without explicit and informed consent of the survivor. Do not record details of the incident or personal identifiers of the survivor.

No.

Maintain confidentiality. Explain that the survivor may change his/her mind and seek services at a later time. If services are temporary, mobile or available for a limited time, provide information on when these services will cease to exist.

The Decision tree above is an extract from the GBV Pocket Guide

HOW TO BE SUPPORTIVE

PREPARE | LOOK | LISTEN | LINK

MORE RESOURCES ON SAFE REFERRALS

GBV POCKET GUIDE

ANNEX IV

SAFETY AUDITS BY OBSERVATION: EiE SECTOR

Note: A safety audit by observation is a type of safety audit that involves the visual documentation of safety concerns observed in and around schools and/or learning environments by education practitioners. If necessary, the findings of this observation should be complemented by FGDs and/or KIIs with relevant stakeholders to build a comprehensive understanding and analysis of safety concerns related to the specific learning environment.

It is recommended to take notes while conducting the assessment. However, if, for safety and security reasons, it is not possible to take notes, auditors are advised to take mental notes and report them in the form afterwards.

Location:

Observer details:

School/learning facility:

Date:

LOCATION			
Criteria	**Yes**	**No**	**Comments/action points**
Is the school/learning facility clearly marked as such in a visible manner?			
Are the paths or routes to the school/learning facility easily accessible for girls and boys, including those with disabilities?			
Are there any physical barriers, including checkpoints, around and on the way to/from the school/learning facility?			
Is the school/learning space located in the vicinity of military barracks?			
Is the school/learning facility located near the population/community (travel distance to school)?			
INFRASTRUCTURE			
Criteria	**Yes**	**No**	**Comments/action points**
Are the physical structures used for the school/learning facility appropriate for the situation and do they include adequate space for classes, administration, recreation and sanitation facilities?			

Are there security fences and walls around the school/learning facility?			
Do class space and seating arrangements meet agreed ratios of space per learner and teacher to promote participatory methodologies and learner-centred approaches?			
Does a safe play area exist, and are female and male learners allowed to play in it?			
Are there sex-segregated WASH and MHM facilities available in the school/learning facility?			
Are the WASH and MHM infrastructures clearly marked and lockable from the inside?			

SAFEGUARDING MEASURES

Criteria	Yes	No	Comments/action points
Are there both female and male teachers in the school/learning facility?			
Are female teachers available in sufficient numbers?			
Are male and female learners treated equally and afforded the same opportunities?			
Are there mechanisms for reporting abuse or obtaining information, including referral mechanisms to access appropriate support/care in the event of abuse? *If yes, indicate what is available.*			

OVERALL

Criteria	Yes	No	Comments/action points
Are there any other observations that might affect the safety and well-being of female and male learners in and around the school/learning facility? *If yes, what are they?*			

ANNEX V

EXAMPLES OF PARTICIPATORY APPROACHES FOR CONSULTATION WITH AND PARTICIPATION OF CHILDREN

Below are three participatory approaches recommended for consultation with children and adolescents. They can also be tailored for engagement with adults and are adaptable to any specific context, need and type of informant.

I. THE 'AGREE OR DISAGREE: WHERE DO YOU STAND?' APPROACH[43]

This method can help explore participants' perspectives or perceptions about specific issues/statements. The steps described below are relevant for face-to-face engagement, but the approach could be adapted to virtual meetings or as an online tool.

Materials: Two pieces of paper with the word AGREE on one and the word DISAGREE on the other, masking tape and scissors.

Instructions: Tape the AGREE and DISAGREE signs on opposite sides of a wall.

Invite each participant to take three to five pieces of masking tape. Say three to five statements related to a specific point of discussion. Invite each participant to stick their piece of tape between AGREE to DISAGREE:

- If closer to AGREE, place the tape closer to the AGREE sign.
- If neutral, place the tape in the middle.
- If closer to DISAGREE, place the tape closer to the DISAGREE sign.

After each question, lead a discussion, inviting participants who feel comfortable doing so to share why they placed their tape where they did. Remember, the discussion is often the most important part!

You can modify this activity to have the signs on the floor, using rocks or artefacts instead of tape.

The next step involves brainstorming concrete actions that can be taken to address/improve the identified issues related to education services.

The exercise should be undertaken with the same population subgroup but with different intersecting factors (e.g., adolescent girls as a subgroup, but integrating out-of-school adolescents, adolescents with disabilities, married or pregnant adolescents, adolescent heads of households, and adolescents who are refugees, internally displaced persons or part of minority groups). The goal is to gain a deeper understanding of how intersectionality may influence perceptions or perspectives within the same population subgroup.

Example statements for accessibility of education services/opportunities:

1. Adolescent girls have access to school in this community.
2. Adolescent girls have access to learning opportunities that meet their needs.

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[43] Adapted from CPC Learning Network et al., *Moving Towards Children as Partners in Child Protection in COVID-19 Guide: From Participation to Partnerships*, 2020.

3. Adolescent girls have access to the internet to join remote learning classes.
4. Adolescent girls have enough information about available education opportunities for them.
5. Adolescent girls know where to go or whom to reach out to for information about education opportunities.

The next step involves brainstorming with adolescent girls about how to improve their access to, and retention in, learning.

Education practitioners can then reflect on how to incorporate these suggestions into the education programme services or modify the programme to respond to the access barriers raised.

II. THE 'ROSE, BUD, THORN' APPROACH[44]

This approach could be used to engage participants to identify strengths (rose), challenges (thorn) and potential areas of growth/new ideas (bud) for ongoing GBV risk mitigation interventions integrated into education programming.

Example questions

Rose: What are the 'strengths' in the steps taken by this school/learning facility [you can also ask about the education programme in general] to help women and girls feel safer in accessing the facility?

Thorn: What are the 'challenges'?

Bud: How can the school/learning facility improve its interventions to mitigate GBV risks for women and girls? How can it better engage women and girls? What role do you think you can play?

Materials: Coloured paper or paints, flipchart paper, scissors and glue.

Instructions: Cut out, draw or paint large roses, thorns and buds and stick them on a large piece of flipchart paper. Provide each participant with three different-coloured sticky notes (e.g., pink for rose, green for thorn and yellow for bud) to answer the questions. Invite everyone to take two to three minutes to write or draw their ideas. Ask each child to take turns sticking them to the chart. Lead a 5-to-10-minute discussion exploring strengths, challenges and budding ideas.

III. THE 'COMMUNITY MAPPING' APPROACH

A community map is an excellent tool for engaging communities in general, and children in particular, especially in cultures with a strong visual tradition. The exercise involves guiding participants through a map-making process using a semi-structured guide to encourage participants to identify local security threats and vulnerabilities. It also helps to assess participants' knowledge of education services available for women and girls,[45] as well as to understand the challenges they may face in accessing those services (such as distance, safety and privacy).

[44] Ibid.
[45] Female teachers and learners.

The maps are intended to show not only areas of risk, but also areas of protection and resilience, and how both may change over time.[46]

The exercise should be undertaken with relatively homogeneous groups of individuals who have similar experiences.

Materials: Flipchart paper, pens, sticks, stones or other potential drawing materials.

Steps and example questions[47]

Identify questions that may be 'mapped' rather than addressed through discussion, and proceed with the following steps:

1. Ask a participant to draw a map of the general area, clearly mapping the location of available schools or learning facilities.

2. As the map is taking shape, other participants are likely to provide input or to get involved. Give plenty of time and space.

3. Wait until participants have finished before you begin asking questions. Use the questions below to help you understand the risk factors affecting, and services available to, women and girls. After each question, give participants time to consider their responses and indicate them on the map. Their indications can be particularly useful for understanding the spatial dimensions of safety.

    - Where do people in the community go if they need medical services?
    - At school, where do students go if they need medical services?
    - Is there a place where women/adolescent girls/girls can go to discuss problems together?
    - Are there places on the map that are not safe for female learners and teachers on their way to school?
    - Are there places on the map that are not safe for female learners and teachers on their way back from school?
    - At what moment/time [adapt to context] during the day might women and girls (female learners and teachers, for instance) feel the most unsafe?
    - Where might a woman/adolescent girl/girl (female learners and teachers, for instance) go for help if she is the victim of violence?

Notes should be taken during the mapping exercises to orient the viewer to the mapping approach, and a legend should be included to describe the symbols used in the map.

[46] A In many displacement contexts, schools are often represented as areas of protection. This gives education practitioners an idea of how to anticipate the use of schools and plan for alternative learning arrangements, for instance.
[47] The questions can be adapted to the context based on the purpose of the assessment and in consultation with GBV specialists. The proposed questions have been adapted from International Rescue Committee (IRC), *Community Mapping: Guidance Note*, 2012.

About UNICEF

UNICEF, the United Nations agency for children, works to protect the rights of every child, everywhere, especially the most disadvantaged children and in the toughest places to reach. Across more than 190 countries and territories, we do whatever it takes to help children survive, learn, thrive, and fulfil their potential.

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About Education Cannot Wait

Education Cannot Wait (ECW) is the global fund for education in emergencies and protracted crises in the United Nations. We support quality education outcomes for refugee, internally displaced and other crisis-affected girls and boys, so no one is left behind. ECW works through the multilateral system to both increase the speed of responses in crises and connect immediate relief and longer-term interventions through multi-year joint programming. ECW works in close partnership with governments, public and private donors, UN agencies, civil society organizations, and other humanitarian and development aid actors to increase efficiencies and end siloed responses. ECW urgently appeals to public and private sector donors for expanded support to reach even more vulnerable children and adolescents.

Additional information is available at www.educationcannotwait.org

About INEE

The Inter-agency Network for Education in Emergencies (INEE) is an open, global network of representatives from non-governmental organizations, UN agencies, donor agencies, governments, and academic institutions, working together to ensure the right to quality and safe education for all people affected by crisis.

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