Availability, Accessibility, Acceptability and Quality framework

A tool to identify potential barriers to accessing services in humanitarian settings.

The "**Availability, Accessibility, Acceptability, Quality**" (AAAQ) framework was originally developed for the healthcare sector1 but it can also serve as a useful tool for assessing other types of services. Barriers that impede access to services – including those that may not be immediately apparent -- can increase the risk of multiple forms of gender-based violence (GBV), particularly in humanitarian emergencies.[1] As such, the GBV sector adapted the AAAQ to identify barriers women and girls may face accessing humanitarian aid and services and the framework has been widely accepted by many humanitarian sectors. The AAAQ is used to identify barriers for persons with disabilities as well. That is why the Child Protection sector adapts the AAAQ framework to help other sectors to identify specific barriers for children.

> The AAAQ framework is a barrier analysis framework which can be used for specific population groups. For GBV, the focus is on women and girls as GBV disproportionately affects women and girls. For Child Protection, the focus will be on boys and girls with diverse background i.e. disabilities, status etc and their family.

Availability refers to the existence of services. Are services sufficient in terms of quantity and type? Are there services for children in all age groups and children with special needs such as children with disabilities?

Accessibility includes many components, such as:

Physical accessibility: Are facilities located within a reasonable distance? Is the route to and from the facility safe to travel for children? Are the facilities accessible for target children (e.g., Hight of a lock in WASH facilities, size of latrine etc)? Are there other forms of physical barriers, such as armed guards outside the facility?

Financial accessibility: How is the service funded? If so, is the fee reasonable/manageable given the economic circumstances/means of those who need to access this service? If so, is the fee reasonable/manageable given the economic circumstances/means of those who need this type of care? What other indirect costs are associated with the service (such as transport)?

Bureaucratic/administrative accessibility: Are there procedural steps that must be completed before accessing certain services? For example, is a particular kind of registration required? Can child-headed households access to those services? Does accessing relevant information require a bank account, internet access, mobile phone, etc.? What level of literacy and/or numeracy is needed? Are the facilities open at times that are convenient given the daily/weekly responsibilities and preferences of boys and girls (if the services target children) and their care givers in the community?

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[1] UNICEF, Availability, Accessibility, Acceptability, Quality Framework

THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

This document was developed by the Alliance's Child Protection Minimum Standards (CPMS) Working Group. For additional information, please visit www.AllianceCPHA.org/cpms or send your questions or request for support to cpms.wg@alliancecpha.org

Social accessibility: Do service providers respect non-discrimination in the provision of services? Are certain groups of children excluded from services because of language or other barriers? Are there female frontline workers (including translators/interpreters, if necessary)? Are there any risks of stigma related to a person being seeing in/around a certain facility? Are other responsibilities, such as childcare or household chores, affecting certain individuals' ability to access services? Do the caregivers understand the needs of the services for children? Are they agreeing for children to use the services?

Information accessibility: How is information about services communicated to the children? Is dissemination and content of the information accessible to children, for example in various languages, formats and modalities (i.e. radio, drama, outreach, print etc.)? Are there age-, gender- and disability- appropriate communication materials to reach to children ? Is personal information treated confidentially?

Acceptability: Are the services respectful of the culture of individuals, minorities, peoples and communities? Are services designed to respect relevant ethical and professional standards? Do service providers respect confidentiality and informed consent and assent for children? Are services gender- and age-sensitive? Are there certain characteristics of the service providers (i.e. gender, international versus local staff etc.) that make the community more or less comfortable accessing services? Does the setup of distribution sites and or modality of distributions take into account cultural considerations and children who will need to received food and NFIs?

Quality: Do service providers possess the necessary skills and training? Are there adequate supplies (i.e. drugs that are not expired and stored properly, specific supplies for children in target age groups) that meet relevant standards? Is the environment appropriate, non-discriminatory, private and confidential as needed? Are the services incorporated children's special needs? Are the staff trained on child safeguarding? Do the staff know how to engage with children? Are the facilities safe and sanitary for children? Are services provided at an acceptable standard of care in alignment with relevant standards as appropriate? Quality also extends to the way people are treated before, during and after accessing services.

Consultation with girls and boys

Humanitarian workers must provide children with the time and space to meaningfully participate in all decisions that affect children, including during emergency preparedness and response. While all children can exercise their right to participation, it will take different forms depending on gender, age, communication method, level of maturity,
context, safety, security, etc. Humanitarian actors should always:
- Support and facilitate developmentally appropriate participation;
- Share decision-making power with children;
- Be sensitive to how children's participation may change roles and/or the balance of power in a family or community; and
- Encourage children's participation according to Principles 4: The best interests of the child and 5: Do no harm.

(Child Protection Minimum Standards)