**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 sector,¹ but it can also serve as a useful tool for assessing other types of services.² 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. As such, this adapted AAAQ framework, which helps to identify barriers women and girls may face accessing humanitarian aid and services, forms part of UNICEF’s set of tools for GBV risk mitigation.

**Availability** refers to the existence of services. Are services sufficient in terms of quantity and type?

**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? 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? 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 women and girls in the community?

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

- **Information accessibility:** How is information about services communicated to the community? Is dissemination and content of the information accessible to those who need it, for example in various languages, formats and modalities (i.e. radio, drama, outreach, print etc.)? Are there alternatives to printed information in order to reach members of the community with limited literacy? Is personal information treated confidentially?

---


² For example, the Danish Institute for Human Rights has developed a document called The AAAQ Framework and the Right to Water – international indicators that can be accessed here: https://www.humanrights.dk/publications/aaaq-framework-right-water-international-indicators
**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? 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?

**Quality**: Do service providers possess the necessary skills and training? Are there adequate supplies (i.e. drugs that are not expired and stored properly) that meet relevant standards? Is the environment appropriate, non-discriminatory, private and confidential as needed? Are the facilities safe and sanitary? 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.

**Consultations with women and girls**

Consultations with affected communities in crisis, especially women and girls, is a critical component of effective humanitarian response. Consultations with women and girls, in addition to observation, secondary data review and other methods, can be utilized to better understand the specific barriers that women and girls face. Consultations can be conducted in the form of focus group discussions, participatory approaches and other methods.

For more information, contact Christine Heckman (checkman@unicef.org) or Sonia Rastogi (srastogi@unicef.org).