The “Availability, Accessibility, Acceptability, Quality (AAAQ)” framework is normally discussed in the context of healthcare, but is useful for assessing all types of GBV services and particularly for identifying barriers to services that may not be immediately apparent.

**Availability** refers to the existence of services. Essentially, 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? Do users have to pay a fee? If so, is the fee reasonable/manageable given the economic circumstances/means of those who need this type of care?

Bureaucratic/administrative accessibility: Are there procedural steps a survivor must complete before accessing certain services? For example, must s/he report to the police before receiving medical treatment? Are the facilities open at times that are convenient given the daily/weekly rhythm of community members?

Social accessibility: Do service providers respect and practice non-discrimination in the provision of services? Are certain groups excluded from services because of language barriers? Are there female doctors, nurses and (if necessary) interpreters? Are there stigma issues related to a person being seeing in/around a certain facility? Are other responsibilities, such as childcare, affecting certain individuals’ ability to access services?

Information accessibility: How is information about services communicated to the community? Is it accessible to those who need it (i.e. is it available in various languages?) Are there alternatives to printed information in order to reach illiterate members of the community? 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? Are services gender-sensitive? Are there certain characteristics of the service providers (gender, international vs. local staff, etc.) that make the community more/less comfortable accessing services?

**Quality:** Do service providers possess the necessary skills/training? Are there adequate supplies (drugs that aren’t expired, etc.)? Is the environment appropriate? Are the facilities safe and sanitary? Quality also extends to the way people are treated before, during and after accessing services.