

Gender And Diversity: Minimum Standard Commitments in Emergency Programming

In the box marked "S" rate your progress – A = Achieved, P = Partially achieved, N = Not achieved, X = Not applicable

This assessment tool is to be utilized in conjunction with the guideline:

[Minimum Standard Commitments to Gender and Diversity in Emergency Programming \(Pilot Version\)](#)

International Federation of Red Cross and Red Crescent Societies (IFRC) 2015

Name and role of the person completing this assessment	
Email address	
Date of completion	
Program being assessed, Sector	
Organization	
General comments	

Sectors Included:

1. Emergency Health
2. Food Security
3. Water, Sanitation and Hygiene (WaSH)
4. Emergency Shelter
5. Livelihoods
6. Non-Food Items
7. Disaster Risk Reduction



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1. Emergency Health

Dignity	S	Justification for score	Next steps
Separate consulting rooms and toilets and, in some contexts, separate entrances and waiting areas for females and males provide maximum privacy and dignity.			
Health services and facilities are culturally-appropriate for females and males of all ages, including older people and people with a disability, to use.			
Health services are confidential and the affected population trust that they are.			
Examinations and treatment are undertaken with the patient's informed consent.			
Female health personnel are available to attend to female patients or, at the very minimum, to accompany them in the presence of a male health worker, if the context requires.			
Access	S	Justification for score	Next steps
The beneficiary selection and prioritisation criteria for accessing health services and facilities is informed by a gender and diversity analysis to ensure that the most marginalised have access.			
Male and female Interpreters are made available to those who need them in order to understand health information.			
Health services are available and health facilities are accessible at times, in locations and with appropriate staffing levels and gender/diversity composition to ensure females and males of all ages have equitable access.			
In consultation with the community, the constraints or barriers faced by females and males of all ages, including those from marginalised groups, in accessing health services and facilities are identified and action taken to respond to them.			



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Everyone, including those from marginalised groups, has access to confidential and culturally appropriate reproductive health services.			
Survivors of sexual violence are supported to seek and referred for clinical care and have access to psychosocial support.			
People living with HIV AIDS receive or are referred for [continued] care and medication.			
The affected community is informed of their entitlements in terms of healthcare and such information is disseminated widely in relevant language(s) and picture format at the health point and around displacement camps/shelter sites.			
Violence is included in health surveillance forms and includes checking for bruises, broken bones, lacerations, anxiety issues, fear, increased alcohol and sexually transmitted diseases, etc.			
The health facility meets the 'minimum initial service package' (MISP) for reproductive health in crisis situations (i.e. referral to health, psychological and social support systems, post-exposure prophylaxis (PEP) kits, antibiotics to prevent and treat STIs, Tetanus toxoid/Tetanus immunoglobulin, Hepatitis B vaccine, emergency contraception (where legal and appropriate)).			
Where medical personnel are obliged to report incidence of sexual violence to the police/authorities, medical personnel should seek the expert advice from GBV Advisers. Medical personnel provide a medical certificate free of charge where the local authorities require same in the case of sexual violence.			
The health facility tracks the number and sex- and age-disaggregation of incidents of sexual and physical violence. In all cases, only the number of disaggregated data is retained, with no identifying information on the survivor/victim.			
Information on post-violence (rape, physical assault, suicide, etc.) care and access to services is disseminated to the community.			



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Participation	S	Justification for score	Next steps
Females and males of all ages, including those from marginalised groups, are consulted and involved in the design of all health services and facilities. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.			
Assessment and response teams have balanced/fair representation of female and males, including from marginalised groups.			
Community health committees or equivalent have fair/balanced representation of females and males, including those from marginalised groups. Where it is not possible to have one single, mixed-sex committee, then two committees may have to be established to address female and male health issues separately.			
Both female and male health workers are hired and trained. Where this is difficult, the community has been consulted about appropriate action to be taken and/or action is taken to hire and train the under-represented sex.			
Safety	S	Justification for score	Next steps
There is adequate lighting in and around the health facility, including ERU field hospitals, separate consultancy rooms, female and male toilets and, if necessary, separate waiting areas and entrances, etc.			
With the involvement of the community, the accessibility of health facilities has been assessed, including safety travelling to/from the facility, cost, language, cultural and/or physical barriers to services, especially for marginalised groups, including older people and people with a disability.			
Where data on sexual and physical violence is recorded, only the number of incidents and sex- and age-disaggregated data on the survivors/victims is retained. No identifying information on the survivor/victim is retained.			
Gender-based violence (GBV) prevention and response and child protection			
Those at greatest risk of GBV are involved in the siting, design and construction of health facilities and services.			



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Specific actions are taken to reduce the risk of GBV. For example, involve women and/or women's organisations, other at-risk groups and coordinate with other relevant sectors, such as WASH and shelter and settlements in the design of the facilities and services.			
GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors and to ensure staff has the knowledge and skills to provide basic care.			
All Red Cross Red Crescent personnel involved in the health response carry an updated list and contact details of agencies and professionals on GBV, child protection and psychosocial support services to which they can refer survivors of GBV or violence against a child who reveal an incident to them.			
Messages on preventing and responding to GBV and child protection are included in consultation rooms and in health outreach activities, e.g. dialogue with patients or poster messages in consultation rooms.			

Internal Protection Systems

S

Justification for score

Next steps

Prevention of sexual exploitation and abuse

Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.			
Clear, consistent and transparent guidance is available on people's entitlements to healthcare in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures remind the affected population of their exact entitlements and that these require no return favours.			



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Groups and/or individuals that rely on others for assistance in accessing health services and facilities (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.			
Code of Conduct and Child Protection Policy			
All Red Cross Red Crescent personnel have signed the Code of Conduct, are aware of the Child Protection Policy and have received a briefing(s) in this regard.			



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2. Food Security

Dignity

	S	Justification for score	Next steps
Food services and distribution facilities are culturally-appropriate for females and males of all ages, including those with special nutritional requirements, such as pregnant and lactating women, older people and people with a disability or chronic illness.			
Food distributions take into account any food restrictions, requirements and taboos within the affected community and specific groups therein.			
The distribution process is organised in a way that it allows people to queue, to wait, to receive and to carry food away from the distribution points in a dignified manner.			

Access

	S	Justification for score	Next steps
The beneficiary selection and prioritisation criteria for accessing food distribution and all food security activities (e.g. food-for-work, food vouchers) is informed by a gender and diversity analysis to ensure that the most vulnerable have access.			
In consultation with the community, the constraints or barriers faced by females and males of all ages, including those from marginalised groups, in accessing all food security activities, including distributions, trainings, cash/food-for-work, income-generation activities, etc., are identified and action taken to respond to them.			
Distribution points are designed and adapted so that everyone, especially pregnant and lactating women, older people and people with disabilities, can access them.			
Households have access to culturally-appropriate cooking utensils, fuel, potable water and hygiene materials.			



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Those who cannot prepare food or feed themselves have access to carers to prepare appropriate food and administer feeding where necessary.			
The affected community is informed of their entitlements in terms of food assistance and such information is disseminated widely in relevant language(s) and picture format at the distribution point and around displacement camps/shelter sites.			
Participation	<i>S</i>	<i>Justification for score</i>	<i>Next steps</i>
Males and females, including those from marginalised groups, are consulted about their specific nutritional needs and priorities to inform the design of all food security activities and projects. Where necessary, single-sex focus group discussions with same-sex facilitators are carried out.			
Assessment and response teams have balanced/fair representation of females and males, including from marginalised groups.			
Food security committees have fair/balanced representation of females and males, including those from marginalised groups. Where mixed-sex committees are not culturally acceptable, two committees are established to address female and male's distinct food security needs.			
Females and males, including those from marginalised groups, all have equal opportunities to participate in training/employment/volunteering opportunities. If this requires that special measures (timing, location/venue, same-sex instructors, etc.) need to be taken, then these are included in the project activities.			
Safety	<i>S</i>	<i>Justification for score</i>	<i>Next steps</i>
Distribution sites are safe and the community feels safe coming to the sites. Measures to ensure safety for all might include allocation during daylight, lighting around the distribution sites, close proximity of distribution site(s) to accommodation, clearly marked and accessible roads to and from distribution sites, male and female distribution teams, etc.			
Stoves, fuel and equipment used in the preparation of food are safe.			



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Commodity- and cash-based interventions that minimise possible negative impacts are designed/selected (e.g. transfer modalities meet food requirements needs; food ration cards assigned without discrimination or, with agreement of community leaders and with full explanation and transparency, given to women; girls and boys included in school feeding programmes; etc.)			
Gender-based violence (GBV) prevention and response and child protection			
Those at greatest risk of GBV are involved in the siting, design and management of food security distribution sites and services.			
Specific actions are taken to reduce the risk of GBV. For example, food distribution is done by a distribution team made up of male and female members, distributions are carried out during daylight hours and in locations that women and girls in particular have said that they feel safe travelling to/from.			
GBV specialists, if available, are consulted, to identify safe, confidential and appropriate systems of care for survivors who may share with food security staff that they have experienced violence and ensure staff has the basic knowledge and skills to provide information to survivors on where they can obtain support.			
All Red Cross Red Crescent personnel involved in the food security response carry an updated list and contact details of agencies and professionals on GBV, child protection and psychosocial support services to which they can refer survivors of GBV or violence against a child who reveal an incident to them.			
Messages on preventing and responding to GBV and child protection are included in community outreach activities during food distributions, e.g. dialogue or poster messages in distribution lines and activities with children and youth while they wait for their parents.			



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Internal Protection Systems	S	Justification for score	Next steps
Prevention of sexual exploitation and abuse			
Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.			
Clear, consistent and transparent distribution systems are established for food, cash-for-food and/or voucher systems in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. The distribution of food items is done by a sex-balanced team, distributions are carried out during daylight hours and/or at times that do not discriminate one sex over another, public notices in writing and with pictures advise of the distribution time and location and remind the affected population of their exact entitlements and that these require no return favours.			
Groups and/or individuals that rely on others for assistance in accessing food distributions and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.			
Code of Conduct and Child Protection Policy			
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3. Water, Sanitation and Hygiene (WaSH)

Dignity	S	Justification for score	Next steps
Sanitation facilities are culturally-appropriate for all – females and males of all ages, including older people and people with a disability – to use.			
Latrine and bathing facilities ensure maximum privacy and dignity.			
Women and adolescent girls are consulted about their personal hygiene management practices.			
Culturally-appropriate sanitary materials and underwear are distributed to women and girls of reproductive age in sensitive ways (e.g. distribution through women's groups, distribution directly after school when girls are together) and appropriate disposal or care (washing and drying) facilities provided. Pre-packaged materials for distribution are clean and unopened.			
Access	S	Justification for score	Next steps
The beneficiary selection and prioritisation criteria for participation in all WASH activities is informed by a gender and diversity analysis to ensure that the activity reaches the most vulnerable.			
Water and sanitation facilities are designed or adapted so that all people can use and access them, especially older people and people with disabilities.			
The size and volume of water containers are appropriate for use by women, children, older people and others with restricted strength or mobility.			
Water points are located so that people do not have to walk unreasonable distances or gradients and they are located in areas that the community deems unsafe.			
Sanitary materials are distributed to individuals, not households.			



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The affected community is informed of their entitlements in terms of WASH assistance and such information is disseminated widely in relevant language(s) and picture format at distribution points and around displacement camps/shelter sites.			
Participation	<i>S</i>	<i>Justification for score</i>	<i>Next steps</i>
Females and males, including those from marginalised groups, are consulted about their specific needs and priorities and this information informs the design of all WASH facilities and services. Single-sex focus group discussions with same-sex facilitators are carried out.			
Assessment and response teams have balanced/fair representation of females and males, including those from marginalised groups.			
Community water and sanitation committees have fair/balanced representation of females and males, including those from marginalised groups. Where mixed-sex committees are not culturally acceptable, single-sex committees are set up to address female and males' distinct WASH needs and priorities.			
Females and males, including those from marginalised groups, have the same opportunities, as is culturally appropriate, to learn how to operate and maintain water and sanitation infrastructure.			
Safety	<i>S</i>	<i>Justification for score</i>	<i>Next steps</i>
Latrines and bathing facilities are segregated for females and males, are secure, with internal locks, lighting in and around the facilities, are in close proximity to shelters, etc.			
Separate latrines and bathing facilities are safely and easily accessible for females and males, including those with special needs, such as people with disabilities, older people, etc.			
Gender-based violence (GBV) prevention and response and child protection			
Those at greatest risk of GBV are involved in the siting, design, construction and management of water and sanitation facilities.			



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Specific actions are taken to reduce the risk of GBV. For example, the distribution of hygiene materials is done by a sex-balanced team, distributions are carried out during daylight hours and in locations that women and girls in particular have said that they feel safe travelling to/from.			
GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors who may share with WASH personnel that they have experienced violence and ensure such personnel have the basic knowledge and skills to provide information to survivors on where they can obtain support.			
All Red Cross Red Crescent personnel involved in the WASH response carry an updated list and contact details of agencies and professionals on GBV, child protection and psychosocial support services to which they can refer survivors of GBV or a child who reveal an incident of violence to them.			
Messages on preventing and responding to GBV and child protection are included in all community outreach activities, e.g. during WASH-related NFI distributions, dialogue and/or posters at distribution lines, etc.			

Internal Protection Systems

S

Justification for score

Next steps

Prevention of sexual exploitation and abuse

Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.			
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Clear, consistent and transparent distribution systems are established for WASH materials in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. The distribution of WASH materials is done by a sex-balanced team, distributions are carried out during daylight hours and/or at times that do not discriminate one sex over another, public notices in writing and with pictures advise of the distribution time and location and remind the affected population of their exact entitlements and that these require no return favours.			
Groups and/or individuals that rely on others for assistance in accessing WASH distributions and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.			
Code of Conduct and Child Protection Policy			
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4. Emergency Shelter

Dignity	S	Justification for score	Next steps
Site layout, household and collective shelter design and layout provide privacy and dignity.			
Settlement planning and shelter design are culturally appropriate for all occupants, including older people and people with disabilities.			
Appropriate materials for internal subdivision are provided to individual households.			
In collective shelters, families or social groups such as unaccompanied women are grouped together and materials to screen personal and household space are provided.			
In all types of shelter, family unity is considered in the house size and layout and, therefore, larger families are accommodated accordingly.			
Access	S	Justification for score	Next steps
The beneficiary selection and prioritisation criteria for participation in all shelter activities is informed by a gender and diversity analysis to ensure that the activity reaches the most vulnerable.			
Consideration has been given to how to support people such as female- and child-headed households, older people, people with disabilities in the construction/repair of shelter.			
All shelters and infrastructure are designed or adapted so that all people can physically access them, especially older people and people with disabilities. Avoid steps or changes of level close to exits and provide handrails for all stairways and ramps. Allocate space on the ground floor, adjacent to exits or along access routes for occupants with walking or vision difficulties. Internal design allows appropriate access to cooking, washing and sleeping arrangements.			



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Shelter quality is consistent across diverse groups, such as majority and minority ethnic groups, within the affected population.			
Considerations to ensure that separate living areas for groups such as women, people with disabilities, transgender people and children are 'safe' include: safe and central location area such as near families; lighting of entry points to the shelter; higher windows that cannot be looked into; lockable doors; and water and sanitation facilities in close proximity. All decisions on design of the shelter should be taken in consultation with the relevant group.			
The affected community is informed of their entitlements in terms of shelter assistance and such information can be transmitted by radio, on a poster – in all relevant languages and picture format - at distribution points, at reception areas and around displacement camps/shelter sites.			
Participation	S	Justification for score	Next steps
Females and males of all ages, including those from marginalised groups, are consulted about their specific shelter needs and priorities, tenure arrangements and this information informs the design of all shelter facilities, services and activities. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.			
Assessment and response teams have balanced/fair representation of females and males, as well as marginalised groups.			
Shelter/community committees have fair/balanced representation of females and males, including those from marginalised groups. Such representative committees are involved at all stages of the shelter programme, including settlement planning, beneficiary selection, design and implementation of all shelter activities.			
Females and males have equal or appropriate opportunities for involvement in all aspects of shelter construction.			
Where relevant, females and males receive equal pay for equal work.			



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Females and males have equal opportunities for involvement in shelter training activities.			
Safety	S	Justification for score	Next steps
Shelter is secure, with internal locks, lighting in and around communal areas, including latrines and bathing facilities, close proximity to accommodation, etc.			
Separate and safe areas have been established for children to play.			
A separate and safe area has been established for women to congregate.			
Systems are in place to protect unaccompanied children and young women (e.g. registration, separate safe shelter, access to basic services and goods, screened personnel to watch-over them, etc.)			
Assess risks related to shelter safety including overcrowding; location of shelter; partitions for privacy and/or cultural purposes; locks and lighting; and cost of rent.			
Gender-based violence (GBV) prevention and response and child protection			
Those at greatest risk of GBV are involved in the siting, design, construction, management and coordination of shelter facilities.			
Specific actions are taken to reduce the risk of GBV accessing shelter and settlement services and facilities. For example, involve women and/or women's organisations, other at-risk groups and coordinate with other relevant sectors, such as WASH and health in the design of the facilities and services.			
GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors who may share with shelter personnel that they have experienced violence and ensure such personnel have the basic knowledge and skills to provide information to survivors on where they can obtain support.			



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All Red Cross Red Crescent personnel involved in the shelter sector carry an updated list and contact details of agencies and professionals on GBV, child protection and formal and informal psychosocial support services to which they can refer survivors of GBV or a child who reveals an incident of violence to them.			
Messages on preventing and responding to GBV and child protection are included in all community outreach activities, e.g. dialogue or poster messages in registration and communal areas, etc.			

Internal Protection Systems

S

Justification for score

Next steps

Prevention of sexual exploitation and abuse

Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.			
Clear, consistent and transparent distribution systems are established for shelter materials, cash-for-rent and/or voucher systems in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. The distribution of shelter materials is done by a sex-balanced team, distributions are carried out during daylight hours and/or at times that do not discriminate one sex over another, public notices in writing and with pictures advise of the distribution time and location and remind the affected population of their exact entitlements and that these require no return favours.			
Groups and/or individuals that rely on others for assistance in accessing shelter and settlement distributions and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.			



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Code of Conduct and Child Protection Policy

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5. Livelihoods

Dignity

S

Justification for score

Next steps

Livelihoods programmes are culturally-appropriate for all – females and males of all ages, including older people and people with a disability – to participate (e.g. respecting traditional clothing requirements, different levels of freedom in movement, offers alternative livelihoods options).

Access

S

Justification for score

Next steps

The beneficiary selection and prioritisation criteria for participation in all livelihoods activities is informed by a gender, age and diversity analysis to ensure that the activity reaches the most vulnerable.

In consultation with the community, identify and respond to the distinct constraints and/or barriers faced by females and males, including those from marginalised groups, in accessing all livelihoods activities.

Livelihoods programmes are designed or adapted so that everyone – female and male adults and youth, older people and people with a disability – can access appropriate income-generating activities.

The affected community is informed of their entitlements in terms of livelihoods and such information is disseminated widely in relevant language(s) and picture format at the project site, at distribution points and around displacement camps/shelter sites.

Participation

S

Justification for score

Next steps

Females and males, including those from marginalised groups, are consulted about their specific livelihoods needs and priorities and this information informs the design of all livelihoods activities and projects. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.



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Assessment and response teams have balanced/fair representation of females and males, including those from marginalised groups.			
Specific livelihoods programmes are designed that meet the needs of female heads of households, adolescent girls and boys, displaced females and males, people with disabilities, older people, survivors of GBV, etc.			
Livelihood/community committees have fair/balanced representation of females and males, including those from marginalised groups.			
Females and males, including those from marginalised groups, all have equal opportunities to participate in training opportunities. If this requires that special measures (timing, location/venue, same-sex instructors, etc.) need to be taken, then these are included in the project activities.			
Safety	S	Justification for score	Next steps
Safety and access issues have been assessed, including safety travelling to/from the livelihoods/training site, childcare provisions, same-sex supervisors/trainers, location and time of day of work/training, backlash from family or community members where women start earning money.			
Gender-based violence (GBV) prevention and response and child protection			
Those at greatest risk of GBV are involved in the siting, design, construction, management and coordination of livelihoods activities and have access to and sufficient control over income generated through livelihoods programmes.			
Specific actions are taken to prevent the risk of GBV. For example, specific income-generation activities are designed for women and girls so that they are not economically dependent on others and do not have to exchange sex for money, housing, food or education.			
GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors who may share with livelihoods personnel that they have experienced violence and ensure such personnel have the basic knowledge and skills to provide information to survivors on where they can obtain support.			



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All Red Cross Red Crescent personnel involved in the livelihoods sector carry an updated list and contact details of agencies and professionals on GBV, child protection and formal and informal psychosocial support services to which they can refer survivors of GBV or a child who reveal an incident of violence to them.			
Messages on preventing and responding to GBV and child protection are included in all community outreach activities, e.g. dialogue and/or poster messages in livelihoods locations and training facilities, etc.			

Internal Protection Systems	S	Justification for score	Next steps
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Prevention of sexual exploitation and abuse

Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.			
Clear, consistent and transparent guidance is available on livelihoods beneficiary selection criteria in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures advise of the selection criteria and remind the affected population of their exact entitlements and that these require no return favours.			
Groups and/or individuals that rely on others for assistance in accessing livelihoods and training facilities and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.			

Code of Conduct and Child Protection Policy



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All Red Cross Red Crescent personnel have signed the Code of Conduct, are aware of the Child Protection Policy and have received a briefing(s) in this regard.			
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6. Non-Food Items

Dignity

	S	Justification for score	Next steps
Non-food items (NFIs), including hygiene kits, clothing and kitchen sets, are culturally appropriate to everyone.			
Culturally appropriate sanitary materials and underwear are distributed to women and girls of reproductive age in sensitive ways (e.g. distribution through women's groups, distribution directly after school when girls are together) and appropriate disposal or care (washing and drying) facilities are provided.			
The distribution process is organised in a way as to allow people to queue, to wait, to receive and to carry NFIs away from the distribution points in a dignified manner.			
All affected people have access to sufficient changes of clothing to ensure their thermal comfort, dignity, health and well being.			
The most vulnerable (children, people living with HIV AIDS and other chronic diseases, pregnant and lactating women, older persons and people with disability) have additional clothing and bedding to meet their needs.			

Access

	S	Justification for score	Next steps
The beneficiary selection and prioritisation criteria for participation in NFI distribution is informed by a gender, age and diversity analysis to ensure that the activity reaches the most vulnerable.			
Distribution points are designed or adapted so that everyone can use and access them, especially older people and people with disabilities.			
Household entitlement cards and ration cards are issued in the name of the primary female and male household representatives.			



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The affected community is informed of their entitlements in terms of NFI distribution and such information is disseminated widely in relevant language(s) and picture format at the distribution point and around displacement camps/shelter sites.			
Participation	S	Justification for score	Next steps
Females and males of all ages, including those from marginalised groups, are consulted about their specific needs and priorities to inform the design of NFI distribution and the rate of consumption. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.			
Assessment and response teams have balanced/fair representation of females and males, including from marginalised groups.			
NFI/community committees have balanced/fair representation of females and males, including those from marginalised groups.			
Females and males, including those from marginalised groups, have equal opportunities to participate in training opportunities. If this requires that special measures (timing, location/venue, same-sex instructors, special provisions for people with a disability, etc.) need to be taken, then these are included in the project activities.			
Safety	S	Justification for score	Next steps
NFIs are familiar to and safe to use by for females and males of all ages, including those with special needs. Technical guidance and instruction should be provided when required in relevant languages and/or pictorial format.			
Distribution sites are safe and the community feels safe coming to the sites. Measures to ensure safety for all might include allocation during daylight, lighting around the distribution sites, close proximity of distribution site(s) to accommodation, clearly marked and accessible roads to and from distribution sites, male and female distribution teams, etc.			
Gender-based violence (GBV) prevention and response and child protection			



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Those at greatest risk of GBV are involved in the siting, design and management of NFI distribution points.			
Specific actions are taken to reduce the risk of GBV in accessing NFI distributions. For example, women and/or women's organisations, other at-risk groups are involved in the design of the facilities and services.			
GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors who may share with NFI personnel that they have experienced violence and ensure such personnel have the basic knowledge and skills to provide information to survivors on where they can obtain support.			
All Red Cross Red Crescent personnel involved in the NFI sector carry an updated list and contact details of agencies and professionals on GBV, child protection and formal and informal psychosocial support services to which they can refer survivors of GBV or a child who reveal an incident of violence to them.			
Messages on preventing and responding to GBV and child protection are included in all community outreach activities during NFI distributions, e.g. dialogue with adults in distribution lines and activities with children and youth while they wait for their parents.			

Internal Protection Systems

S

Justification for score

Next steps

Prevention of sexual exploitation and abuse

Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.			
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Clear, consistent and transparent guidance on the beneficiary selection criteria in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. The distribution of NFIs is done by a sex-balanced team, distributions are carried out during daylight hours and/or at times that do not discriminate one sex over another. Public notices in writing and with pictures advise of the selection criteria, distribution times and locations and remind the affected population of their exact entitlements and that these require no return favours.			
Groups and/or individuals that rely on others for assistance in accessing NFI distributions (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.			
Code of Conduct and Child Protection Policy			
All Red Cross Red Crescent personnel have signed the Code of Conduct, are aware of the Child Protection Policy and have received a briefing(s) in this regard.			



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7. Disaster Risk Reduction

Dignity	S	Justification for score	Next steps
Systems of evacuation include specific measures for women and girls within the context of any gender/cultural constraints such as mobility.			
Community-based early warning systems involve and engage female and male of all ages, including those from marginalised groups, to ensure procedures are sensitive to both female and male needs, including privacy and security in evacuation communal shelters.			
Access	S	Justification for score	Next steps
Beneficiary selection and prioritisation criteria for accessing DRR activities is informed by a gender and diversity analysis to ensure that the most vulnerable have access.			
Women, girls, boys and men, including those from marginalised groups, have equal access to early warning systems training.			
In consultation with the community, the constraints or barriers faced by females and males of all ages, including those from marginalised groups, in accessing DRR activities have been identified and inform an appropriate response.			
Warning dissemination chains ensure that females and males of all ages, including those from marginalised groups, receive information.			
Warning communication technology is accessible and reaches females and males equally and information on hazards, vulnerabilities, risks and how to reduce impacts are disseminated to everyone including those from marginalised groups in a language/format they can understand.			
The affected community is informed of their entitlements in terms of DRR activities and such information is disseminated widely in relevant language(s) and picture format at the public spaces.			



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A system to verify that warnings have reached females and males of all ages, including those from marginalised groups, equally is established.			
Participation	S	Justification for score	Next steps
Females and males of all ages including those from marginalised groups, are consulted and involved in risk-assessments and in all levels of disaster preparedness, including early warning systems, education, communication, information and networking. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.			
Proportional representation of females and males from diverse groups in the decision-making process of community-based DRR and preparedness activities is promoted to ensure the social, cultural and economic aspects of risk reduction for all groups and sub-groups in the community are being addressed.			
The local knowledge of females and males of all ages, including those from marginalised groups, is accessed and used when designing and implementing an early warning system.			
Local government officials and community leaders are encouraged to involve females and males, including those from marginalised groups, equally in disaster risk management activities and decision-making.			
Cooperation with existing local organisations that represent women and diverse groups, such as youth and people with disabilities, is strengthened in order to encourage community participation in the promotion, planning or implementation of the programme.			
Assessment and response teams have balanced/fair representation of women, and men, including those from marginalised groups.			
DRR committees or equivalent have fair/balanced representation of women and men, including those from marginalised groups.			
Both female and male DRR coordinators are hired and trained. Where this is difficult, the community has been consulted about appropriate action to be taken to hire and train the under-represented sex.			



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Safety		S	Justification for score	Next steps
The safety needs and concerns of females and males of all ages, including those from marginalised groups, are included in the community vulnerability assessments conducted for all relevant natural hazards.				
Consideration has been given to access features to, into and within the evacuation centres, especially for those with special mobility restrictions, including older people, people with a disability, pregnant women, etc.				
Gender-based violence (GBV) prevention and response and child protection				
Those at greatest risk of GBV are involved in the design, construction, management and coordination of DRR activities.				
Specific actions are taken to prevent the risk of GBV within evacuation centres. For example, location, partitions for privacy, separate sanitation facilities for females and males, etc.				
All Red Cross Red Crescent personnel involved in the DRR sector carry an updated list and contact details of agencies and professionals on GBV, child protection and formal and informal psychosocial support services to which they can refer survivors of GBV or a child who reveal an incident of violence to them.				
Messages on preventing and responding to GBV and child protection issues are included in all community outreach activities, e.g. dialogue and/or poster messages in training facilities, evacuation centres, etc.				
Internal Protection Systems		S	Justification for score	Next steps
Prevention of sexual exploitation and abuse				



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Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.			
Clear, consistent and transparent guidance is available on DRR beneficiary selection criteria in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures advise of the selection criteria and remind the affected population of their exact entitlements and that these require no return favours.			
Groups and/or individuals that rely on others for assistance in accessing DRR facilities and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.			
Code of Conduct and Child Protection Policy			
All Red Cross Red Crescent personnel have signed the Code of Conduct, are aware of the Child Protection Policy and have received a briefing(s) in this regard.			

The IFRC acknowledges the contribution of Jess Letch in developing this pilot tool for testing in IFRC Nepal Earthquake response in 2015. This tool is to be tested for assessment and simply monitoring throughout emergency responses in 2015. For further information contact: Siobhan Foran, Senior Gender and Diversity Advisor, siobhan.foran@ifrc.org.

