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| This assessment tool consists of guidance on how to ensure the application of the principles of “Dignity, Access, Participation and Safety” in all sectors of an emergency operation, based on the [**IFRC minimum standards on protection, gender and inclusion in emergencies**](https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/11/Minimum-standards-for-protection-gender-and-inclusion-in-emergencies-LR.pdf)**.** It is intended to be used in conjunction with that guide. It consists of a section of standards common to all sectors, followed by guidance for each sector.It is intended to be used to facilitate discussion between PGI focal points and sector leads in how to ensure application of the minimum standards. Each sector should refer also to the standards common to all sectors.Click the links in the table below to go to that section.  |
| [Standards common to all sectors](#standard) |
| [Emergency Health](#health) | [Food Security](#foodsecurity) | [Water, Sanitation and Hygiene (WaSH)](#wash) | [Shelter](#shelter) |
| [Livelihoods](#livelihoods) | [Non-food Items (NFIs)](#NFI) | [Cash-based Interventions (CBIs)](#CBI) | [Disaster Risk Reduction (DRR)](#DRR) |
| ***For each assessment, in the box marked “S” rate your progress – A = Achieved, P = Partially achieved, N = Not achieved, X = Not applicable*** |

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

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| **Standard Questions common to all sectors from the Minimum standards for protection, gender and inclusion** |
| **Dignity** | *S* | *Justification for score* | *Next steps* |
| Staff and volunteers engaged in ***[sector]*** are sensitised on gender, age, disability and associated ***[sector]***needs and on how to communicate respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018). |  |  |  |
| **Access** | *S* | *Justification for score* | *Next steps* |
| In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing ***[sector]*** services and facilities are identified and action taken to respond to each constraint and barrier ***[refer to each sector section for specifics].*** |  |  |  |
| Where selection and prioritisation criteria for accessing ***[sector]*** **[services / facilities / activities]** have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities.  |  |  |  |
| ***[Sector]*** assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised |  |  |  |
| The affected community is provided with relevant information and informed of their entitlements related to ***[sector]***. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission), sign language and easy-to-read formats at all locations where persons of all gender identities, ages, disabilities and backgrounds gather ***[see also sector specific guidance]*** |  |  |  |
| Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work. |  |  |  |
| **Participation** | *S* | *Justification for score* | *Next steps* |
| Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from ***[sector]*** activities. |  |  |  |
| Persons of all gender identities, ages, disabilities and backgrounds are consulted about their specific ***[sector]*** needs, concerns and priorities to inform the design of all ***[sector]*** services/activities/facilities. Where necessary, same gender focus group discussions are held with corresponding gender facilitators and interpreters in multilingual settings.***[specific consideration for CBIs]*** |  |  |  |
| Assessment, response, and monitoring and evaluation teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds, including linguistic minorities. ***[specific consideration for LLH]*** |  |  |  |
| The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate. |  |  |  |
| ***[Sector]*** community committees, or equivalent, have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not culturally acceptable, separate committees are set up to address the distinct ***[sector]*** needs of diverse gender identities. |  |  |  |
| Special measures are established to provide equal access to persons of all gender identities, ages, disabilities and backgrounds who wish to participate in training, employment and volunteering. The activities must not be hazardous or exploitative and must comply with local laws. Measures include the identification and removal of barriers to enable meaningful participation of single-headed families, persons with disabilities, older people, adolescents or people with other special needs (e.g. pregnant and lactating women, people living with HIV/AIDS). This may include:* allowances for flexible timing of meetings
* securing accessible locations and venues
* provisions for support for persons with disabilities who have been
* separated from their caregiver or support person
* signing interpreters in appropriate languages
* ensuring same gender identity instructors
* providing childcare and safe spaces for children to play
 |  |  |  |
| **Safety** | *S* | *Justification for score* | *Next steps* |
| With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to ***[sector]*** safety are assessed ***[see detailed sector specific guidance]*** |  |  |  |
| ***SGBV prevention and response and child protection*** |
| Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to the **[sector]**. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV. |  |  |  |
| Those at greatest risk of SGBV are involved in the siting, design, construction and management of **[sector] services/facilities/activities.** |  |  |  |
| Risk analysis is conducted, including SGBV and child protection as well as other key protection risks, e.g. trafficking in human beings, and mitigation measures are developed. |  |  |  |
| Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:* partnering with women and/or women’s organisations, groups or organisations of women with disabilities, civil society organisations
* of sexual and gender minorities and other at-risk groups and child protection networks
* consulting at-risk groups to define safe locations for ***[sector]*** facilities and related activities.
* actively involving men and boys as agents of change in addressing SGBV
* coordinating with other relevant sectors and clusters, such as WASH, protection, shelter and settlements, to mainstream SGBV mitigation and response and child protection
* establishing separate and safe areas, such as woman-, adolescent and child-friendly spaces that are accessible for persons with disabilities
* establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority
* groups
* putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.
 |  |  |  |
| A core set of indicators, disaggregated by sex, age, disability and other relevant context-specific vulnerability factors, are identified, collected and analysed to monitor SGBV and child protection risk reduction and response activities as well as other risk factors relevant to the context, such as trafficking in human beings |  |  |  |
| SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports teams in mitigating these risks. |  |  |  |
| All staff and volunteers have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV |  |  |  |
| All staff understand the guiding principles of the survivor-centredapproach to working with survivors of SGBV: 1) Safety, 2) Confidentiality,3) Respect and 4) Non-discrimination, and referral pathways for survivors of SGBV, including victims of trafficking. |  |  |  |
| All staff and volunteers carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.  |  |  |  |
| ***[Sector]*** committee members and affected communities are engaged in SGBV and child protection awareness-raising activities, including other risk mitigation topics, such as trafficking in human beings. |  |  |  |
| Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in outreach activities, e.g. dialogue with adults in distribution lines and activities with children and youth while they wait for their parents ***[see sector specific guidance]***. Messages include information about rights and options for reporting risk and accessing care in an ethical, safe, confidential and non-discriminatory manner. |  |  |  |
| **Internal Protection Systems** | *S* | *Justification for score* | *Next steps* |
| ***Prevention and response to sexual exploitation and abuse (PSEA)*** |
| A community-based feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. For example:* staff representing diverse gender identities are available to address complaints
* the system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy
* consideration is given to the times of day the complaints desk/office is open to ensure greater access for everyone
* efforts are made to reach children using child-friendly approaches the location of the complaints desk/office has been considered from a safety and confidentiality point of view
* complaints materials are provided in a variety of formats, such as audio, visual and easy-to-read formats
* it is ensured that lodging complaints does not further endanger migrants who are in an irregular situation.
 |  |  |  |
| The ICRC–IFRC Community Engagement and Accountability Guide and the Inter-Agency Standing Committee’s Best Practice Guide are used to set up a community-based complaints mechanism. |  |  |  |
| Clear, consistent and transparent guidance is available on people’s access to ***[sector]*** to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind. |  |  |  |
| Groups and individuals that rely on others for assistance in accessing ***[sector]*** (e.g. female-headed households, women, children, older people and persons with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.  |  |  |  |
| Affected communities receive written, audio, visual and easy-to-read information, including in formats adapted for persons with disabilities, about PSEA and about the complaints mechanism they can use to denounce those abuses. |  |  |  |
| All staff and volunteers have received a briefing on PSEA and their obligations in this regard, aligned with international standards. |  |  |  |
| All staff and volunteers have signed the PSEA policy. |  |  |  |
| ***Code of Conduct and Child Protection Policy*** |
| All staff and volunteers have signed the Code of Conduct and have received a briefing on it |  |  |  |
| All staff and volunteers have signed the Child Protection Policy and have received a briefing on it |  |  |  |
| Code of Conduct and child protection materials and briefings are provided in accessible formats and locations for staff and volunteers with disabilities. |  |  |  |
| All staff and volunteers know how to make a report and access referral services if they have a child protection or code of conduct concern. |  |  |  |
| All staff and volunteers have been recruited using child-safe recruitment measures, including reference and formal background checks. |  |  |  |

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| **1. Emergency Health** |
| **Dignity** | *S* | *Justification for score* | *Next steps* |
| Separate consulting rooms and toilets are available and, if the context requires it, separate entrances and waiting areas for women and men and for people who identify as another gender are available to provide maximum privacy and dignity. The needs of sexual and gender minorities are taken into consideration. |  |  |  |
| Persons with mobility limitations can use the toilet in privacy and with dignity. Solutions include access ramps, wide doors, handrails, sufficient space inside the toilet, seating for latrines and artificial lighting. The doors include a bar or similar on the inside to allow the user to close and lock the door themselves. |  |  |  |
| Health services and facilities are culturally appropriate for persons of all gender identities, ages, disabilities and backgrounds. |  |  |  |
| Patients have the opportunity to access healthcare personnel of their preferred gender. |  |  |  |
| Health services, including consultations, consultation rooms, patient information and files, ensure privacy and confidentiality. |  |  |  |
| Examinations and treatment are undertaken with the patient’s free, prior and informed consent. Where the patient is a child, informed consent may be sought from the child or from the child’s caregiver, depending on the age of the child and their level of maturity |  |  |  |
| In a situation where there are concerns regarding the child’s parent or caregiver, it is advised to consult child protection specialists for the best course of action. |  |  |  |
| In a situation where there are concerns regarding the child’s parent or caregiver, it is advised to consult child protection specialists for the best course of action.  |  |  |  |
| If a patient is an adolescent, medical staff including administrative staff should consider keeping personal health information of that patient from their parents or caregivers in most circumstances. This is particularly relevant in the provision of sexual and reproductive health services and responding to Sexual and gender-based violence (SGBV). If there is a risk of harm to the patient or others, confidentiality may need to be lifted. |  |  |  |
| All healthcare staff are willing to learn and implement the survivor-centred approach for all patients who come to their clinic. |  |  |  |
| All healthcare and frontline emergency response staff are trained on how to provide psychological first aid. |  |  |  |
| Teams are trained in holistic menstrual hygiene management and seek culturally appropriate advice from girls, female adolescents and women. Hygiene management for pregnant women should be included in the training. |  |  |  |
| **Access** | *S* | *Justification for score* | *Next steps* |
| Health services are available and health facilities are accessible at times, in locations and with appropriate staffing levels and gender and diversity composition to ensure that persons of all gender identities, ages, disabilities and backgrounds have equitable access. |  |  |  |
| Interpreters of diverse gender identities, including sign language interpreters in appropriate sign language required by the individual, are available to those who need them. Interpreters have received training in ethics and their role and responsibilities working with vulnerable people. |  |  |  |
| Keeping sensitivities in mind, outreach is conducted to sexual and gender minorities who may risk not getting access to male- or female specific services. |  |  |  |
| Persons of all gender identities, ages, disabilities and backgrounds have access to confidential and culturally appropriate reproductive health services. |  |  |  |
| People living with HIV/AIDS receive or are referred for (continued) care and treatment. The same applies to everyone with a non-communicable disease, e.g. diabetes, hypertension and heart conditions, and persons with mental health disabilities. |  |  |  |
| The affected community is provided with health information and is informed of their entitlements to receive available healthcare services. Information on post-violence (rape, physical assault, suicide attempts, etc.) care and access to services is disseminated to the community. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission), sign language and easy- to-read formats, at health centres and in all locations where persons of all gender identities, ages, disabilities and backgrounds gather. |  |  |  |
| The health facility meets the service standards of, and healthcare provider are trained in, the “minimum initial service package” (MISP) for reproductive health (RH) in crisis situations. The MISP defines services to: reduce maternal and newborn mortality; prevent and respond to SGBV; reduce HIV transmission; and plan for comprehensive RH services. This includes: functioning referrals; training key staff on the clinical management of rape; and development of a basic protocol and provision of post-exposure prophylaxis (PEP) kits, antibiotics to prevent and treat STIs, Tetanus toxoid/Tetanus immunoglobulin, Hepatitis B vaccine and emergency contraception (where legal and appropriate). |  |  |  |
| Medical personnel are made aware of the in-country standard operating procedures (SOPs) and referral pathways for SGBV, child protection and other key protection risks, e.g. trafficking in human beings, developed by the protection cluster or sub-cluster. All medical personnel should follow those procedures. Service providers on the referral lists should be vetted for ease of access, availability, cost and quality of service provision, number of trained personnel of different genders and application of the survivor-centred approach before finalising the lists. |  |  |  |
| Information about referral pathways is disseminated, regularly updated and easily accessible for all gender identities, ages, disabilities and backgrounds. |  |  |  |
| People with newly acquired impairments as well as persons with existing disabilities in the affected community have access to rehabilitation services and assistive aids and devices to help reduce the disabling impacts of injuries and impairments. |  |  |  |
| People affected by crisis, including sexual and gender minorities, persons with disabilities, children and older people, have access to mental health services that prevent or reduce crisis-related and pre-existing mental health conditions and associated impaired functioning. |  |  |  |
| **Participation** | *S* | *Justification for score* | *Next steps* |
| Feedback mechanisms, such as satisfaction surveys for after medical attention, are established. Confidential mechanisms to report possible cases of violence must also be available. |  |  |  |
| Health education on menstrual hygiene management is provided, in cooperation with affected people, in a cross-section of locations including schools. |  |  |  |
| Healthcare staff of diverse gender identities are hired and trained. Where this is difficult, the community is consulted about appropriate action to be taken to hire and train the under-represented gender(s) including, for example, putting special measures in place to accommodate female staff.  |  |  |  |
| **Safety** | *S* | *Justification for score* | *Next steps* |
| With the involvement of persons of all gender identities, ages, disabilities and backgrounds, assess the safety and accessibility of health facilities and distribution points, including safe travel to/from them, cost, language, cultural and/or physical barriers to services, especially for marginalised groups, including older people, children and persons with disabilities. |  |  |  |
| In cooperation with local women’s associations and child protection networks, map and assess the local context and be alert to and address, where possible, harmful practices, such as early and forced marriage and female genital mutilation (FGM). |  |  |  |
| Adequate lighting in and around health facilities, including Red Cross and Red Crescent field hospitals and clinics, separate consultancy rooms, access to toilets according to a person’s gender identity and, if necessary, separate waiting areas and entrances are provided to mitigate safety risks. |  |  |  |
| Violence is included in health triage and surveillance forms. This involves checking for bruises, broken bones, lacerations, anxiety issues, fear, alcohol consumption, sexually transmitted infections, signs of self-harm, etc |  |  |  |
| ***SGBV prevention and response and child protection – see also standards common to all sectors***  |
| Where medical personnel are obliged by law to report incidents of sexual violence to the police/authorities, they have sought advice from SGBV advisers to ensure that the principles of a survivor-centred approach are respected.  |  |  |  |
| Survivors of SGBV are supported in seeking, and are referred for, clinical care and have access to psychosocial support and other essential support, including legal counsel, when the Red Cross and Red Crescent cannot provide this itself. Such support may include physically accompanying survivors or providing safe transport for them to the destination of service provision. |  |  |  |
| Where data on sexual and physical violence is recorded, only the number of incidents, the type of violence (e.g. sexual, physical) and sex, age and disability disaggregated data on the survivors is retained. No identifying information on the survivor is kept. This information should be stored in a confidential area and only be accessible to the lead data collector/project coordinator. |  |  |  |
| When addressing SGBV perpetrated against a child, it is preferable to have staff of diverse gender identities available who are trained in child protection and child-specific interviewing techniques. Who conducts the interviews will depend on the gender and preference of the child. |  |  |  |
| Meetings are held with local health, law enforcement, legal aid and judiciary institutions receiving SGBV, trafficking in human beings and child protection complaints to learn about their response methods and capacity. MISP and PEP kit procedures and materials are introduced, and training is offered where these practices and kits are not known. Survivors are referred to these services based on findings about service capacity and if their response is in line with international minimum standards. |  |  |  |
| Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in consultation rooms and in health outreach activities ***(dialogue with patients or poster messages, dissemination of messages in education facilities, in cooperation with school nurses who may be the first point of contact for survivors.)***  |  |  |  |
| **Internal Protection Systems** | *S* | *Justification for score* | *Next steps* |
| **Standards related to Prevention and response to sexual exploitation and abuse (PSEA) Code of Conduct and Child Protection Policy are included in the standards common to all sectors section** |

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| **2. Food Security** |
| **Dignity** | *S* | *Justification for score* | *Next steps* |
| Food services and distribution facilities are culturally appropriate for persons of all gender identities, ages, disabilities and backgrounds, including children and those with special nutritional requirements, such as pregnant and lactating women and persons with HIV/AIDS or chronic illnesses. This includes taking into account food restrictions, requirements and taboos within the affected community |  |  |  |
| The distribution process is organised in a way that allows people to queue, wait, receive and carry food away from the distribution points in a safe and dignified manner. Clearly signposted priority lines are provided for older people and persons with disabilities and their caregivers, with a resting area and accessible toilets nearby. |  |  |  |
| The distribution process takes into consideration the dignity and safety needs of pregnant and lactating women, women with children, child-headed households and unaccompanied and separated children. |  |  |  |
| Households have access to culturally appropriate and safe cooking utensils, fuel, safe, clean water and hygiene materials. |  |  |  |
| **Access** | *S* | *Justification for score* | *Next steps* |
| In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing food security activities (e.g. distributions, training, cash or food-for-work, income-generating activities) are identified and action taken to respond to them. |  |  |  |
| Where selection and prioritisation criteria for accessing food distribution and food security activities (e.g. food-for-work, food vouchers) have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. |  |  |  |
| Food security assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised. |  |  |  |
| Distribution points are located, designed and adapted so that everyone, especially pregnant and lactating women, older people and persons with disabilities, can access them. The safety and access of children and child-headed households need to be taken into account. |  |  |  |
| Special measures are in place to allow alternative provision of food assistance to people who cannot attend distribution points or transport food items because of their age, visual, intellectual or physical impairments or safety needs (such as child-headed households, unaccompanied and separated children, migrants with travel restrictions or who lack permits or stateless people who might face the risk of being detained if they travel to a distribution point). |  |  |  |
| People who cannot prepare food or feed themselves have access to trained caregivers, support staff or volunteers who prepare appropriate food and administer feeding where necessary. In contexts where women and girls are solely or primarily responsible for food preparation, single adult men and unaccompanied boys are identified and supported in learning how to prepare food. |  |  |  |
| **Participation** | *S* | *Justification for score* | *Next steps* |
| ***Refer to standards common to all sectors***  |  |  |  |
| **Safety** | *S* | *Justification for score* | *Next steps* |
| Distribution sites are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe coming to the sites. Measures to ensure safety include:* distributions during daylight
* lighting around the distribution sites
* close proximity of distribution site(s) to accommodations
* clearly marked and accessible roads to and from distribution sites
* accessibility features at distribution sites and access roads/paths to distribution sites for persons with disabilities
* crowd control
* distribution teams with representation of diverse gender identities
* distribution kits which are meant for adult women and adolescent girls are only distributed by female staff or volunteers to female beneficiaries
 |  |  |  |
| Specific processes are in place for distribution to adolescents, pregnant and lactating women, unaccompanied and separated children and female- and child-headed households. This includes:* distributed goods packaged in weights that women and children are able to carry
* spaces and activities arranged to care for children while parents are waiting in line.
 |  |  |  |
| Stoves, fuel and equipment used for the preparation of food comply with standards of hygiene and safety. |  |  |  |
| Commodity- and CBIs that minimise possible negative impacts are designed and selected (e.g. transfer modalities meet food requirement needs; food ration cards are assigned without discrimination or, with the agreement of community leaders and with a full explanation and transparency, are given to women; girls and boys are included in school feeding programmes). |  |  |  |
| ***SGBV prevention and response and child protection – see standards common to all sectors*** |
| **Internal Protection Systems** | *S* | *Justification for score* | *Next steps* |
| * **Prevention and response to sexual exploitation and abuse (PSEA) Code of Conduct and**
* **Child Protection Policy**

**See** *standards common to all sectors section* |

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| **3. Water, Sanitation and Hygiene (WASH)** |
| **Dignity** | *S* | *Justification for score* | *Next steps* |
| WASH facilities ensure maximum privacy and dignity. This includes:* people have access to latrines according to their gender identity
* separate latrines are accessible for persons of different genders with mobility limitations
* lockable latrines and washing facilities
* creation of separate and adapted private spaces for people facing additional barriers to access (e.g. to enable clothes changing and washing).
* persons with mobility limitations can use the toilet in privacy and with dignity. Solutions include access ramps, wide doors, handrails, sufficient space within the toilet, seating for latrines and artificial lighting. The doors include a bar or similar on the inside to allow the user to close and lock the door themselves
* partitions for privacy and/or cultural purposes. The community is consulted about the acceptable distance between women’s and men’s toilets
* separate facilities for caregivers to assist children with their bathing and toileting needs. Doors should have an opening or window on the upper part, as a protective measure against child abuse
 |  |  |  |
| Culturally appropriate sanitary materials and underwear are distributed to women and girls of reproductive age in sensitive ways. This includes:* distribution through women’s groups
* distribution directly after school or at other venues where girls are together
* appropriate disposal or care (washing and drying) facilities provided. Pre-packaged materials for distribution are clean and unopened provision of washable underwear where good solutions have been tested and found to mitigate environmental impact and high-scale

disposals* provision of dignity kits for menstrual hygiene management
* demonstration of the use of menstrual hygiene management materials
* menstrual hygiene management education and awareness-raising

for women and girls and sexual and gender minorities as well asmen and boys (this can be conducted separately as required by thecontext). |  |  |  |
| **Access** | *S* | *Justification for score* | *Next steps* |
| In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing WASH activities are identified and action taken to respond to them. |  |  |  |
| Where selection and prioritisation criteria for accessing WASH activities have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. |  |  |  |
| WASH assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised. |  |  |  |
| **Participation** | *S* | *Justification for score* | *Next steps* |
| Women and adolescent girls, including women and girls with disabilities and from minority groups, are consulted about norms in their community and personal preferences and practices related to WASH. These include:* personal hygiene management practices and children’s hygiene practices
* responsibilities for water collection, water storage and waste disposal
* disposal and solid waste management systems to support menstrual hygiene management
* management and maintenance of WASH facilities.
 |  |  |  |
| Persons of all gender identities, ages, disabilities and backgrounds have the same opportunities to learn how to operate and maintain water and sanitation infrastructure. |  |  |  |
| Collaborations between organisations working on WASH, women’s groups, adolescent girls and boys forums and livelihoods are considered, thereby linking programmes and opportunities for longer-term support to affected communities. |  |  |  |
| Menstrual hygiene management is promoted in cooperation with community members. This includes advocating for the design of menstrual hygiene management services and/or monitoring existing ones and providing information on where to access them. |  |  |  |
| **Safety** | *S* | *Justification for score* | *Next steps* |
| WASH services are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe using them. Measures to ensuresafety include:* facilities are secure, with adequate privacy, internal locks and lighting in and around the facilities, and are easily accessible and in close proximity to shelters
* latrines and bathing facilities are separate and individual for women and men, and the needs of other gender identities are assessed to ensure safety and accessibility
* 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 safe. As per the Sphere guide, no household should be more than 500 metres from a water point
* hygiene materials are distributed by a gender and diversity balanced team
* distributions are carried out during daylight hours and in locations where women and girls indicate they feel safe travelling to and from.
 |  |  |  |
| ***SGBV prevention and response and child protection – see also standards common to all sectors*** |
| Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in community outreach activities, ***e.g.during WASH-related NFI distributions, dialogue and/or posters at distribution lines. Information is shared in schools where WASH facilities are being built or rehabilitated or where awareness-raising interventions related to WASH are delivered.***  |  |  |  |
| **Internal Protection Systems** | *S* | *Justification for score* | *Next steps* |
| **Standards related to prevention and response to sexual exploitation and abuse (PSEA) Code of Conduct and Child Protection Policy are included in the standards common to all sectors section** |

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| **4. Shelter** |
| **Dignity** | *S* | *Justification for score* | *Next steps* |
| Site planning and collective shelter design and layout provide maximum privacy, safety and dignity for all the occupants |  |  |  |
| Settlement planning and shelter design are culturally appropriate for all occupants, including older people, people with disabilities and minority groups. |  |  |  |
| Shelter structures and public facilities provide adequate privacy for women and girls who may need to use the space to change their menstrual hygiene materials. This includes adequate lighting, privacy partitions and doors with locks (on the inside). |  |  |  |
| There are spaces and activities related to grief, praying, meditation and rituals, without prioritising one religion or faith over others. |  |  |  |
| Appropriate materials for internal subdivision are provided to individual households, according to their composition, and enable safe and appropriate separation and privacy between the genders, for different age groups and for persons with disabilities. This may include the creation of separate private spaces for persons with disabilities (e.g. to ensure privacy for personal assistance provided by a caregiver/support person) to maintain their dignity. |  |  |  |
| In collective shelters, families or at-risk groups, such as individual women and unaccompanied and separated children, stay with their own groups, and materials to screen personal and household spaces are provided to ensure privacy and safety. |  |  |  |
| In all types of shelter, family unity is considered in the house size and layout, and larger families are therefore accommodated accordingly and have sufficient covered space to provide dignified accommodation. Essential household activities can be satisfactorily undertaken, and livelihood support activities can be pursued as required. |  |  |  |
| **Access** | *S* | *Justification for score* | *Next steps* |
| People who are landless, such as residents of slums or other informalsettlements, are identified and included in selection and prioritisationfor shelter. Homeless people or people who live on the streets, including children and adolescents, are taken into account. |  |  |  |
| Housing, land and property law and policy are mapped regarding who can have land tenure, how land is passed between generations, how tenure is established following displacement and return, how land disputes are resolved and if dispute resolution procedures are accessible to all. The rights of stateless people who may not be able to hold land titles are addressed. |  |  |  |
| Technical support and follow-up are provided to people at greaterrisk of discrimination, such as female- and child-headed households, older people, sexual and gender minorities, stateless people, migrants, unaccompanied and separated children and persons with disabilities, to maintain, repair and upgrade shelters. |  |  |  |
| Universal design principles are taken into consideration for emergency design and overall camp planning. All shelters and infrastructure are designed or adapted so that all people can physically access them, especially older people and persons with disabilities. This includes:* avoiding steps or changes of level close to exits and providing handrails for all stairways and ramps
* allocating space on the ground floor adjacent to exits or along access routes for occupants with walking or vision difficulties
* locating accessible shelters close to camp services and with easy access to camp entrances
* ensuring camp service facilities are accessible to persons with mobility limitations and information is provided in accessible formats
* ensuring internal design allows appropriate access to cooking, washing and sleeping arrangements.
 |  |  |  |
| All staff involved in shelter activities should be aware of regulatory barriers to shelter and settlements in disaster contexts and gain an understanding of the local housing, land and property rights system in the country where they work. Such knowledge is imperative to implement shelter programmes efficiently and equitably and make sure that the shelter needs of the most vulnerable are met. To the extent possible, the IFRC Rapid Tenure Assessment Guidelines should be used for post-disaster response planning |  |  |  |
| In cases where there has been damage to or destruction, takeover or use of education facilities for purposes other than education, measures to restore access or minimise disruption to education should be explored. |  |  |  |
| **Participation** | *S* | *Justification for score* | *Next steps* |
| Communities are engaged in the construction of shelters to draw on local capacities to build infrastructure |  |  |  |
| Shelter quality and layout as well as settlement contingency planning are decided with the support of diverse groups. Priority should be given to the opinions of those groups or individuals who typically have to spend more time within the shelters (e.g. women, female-headed households, older people, children and persons with disabilities) and who may use the shelter for livelihood purposes. |  |  |  |
| The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate. |  |  |  |
| Persons of all gender identities, ages, disabilities and backgrounds have equal opportunities for involvement in all aspects of shelter activities. Where this is difficult, the community is consulted about appropriate action to be taken to hire and train the under-represented gender(s), including, for example, putting special measures in place to accommodate female staff. |  |  |  |
| **Safety** | *S* | *Justification for score* | *Next steps* |
| With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to shelter safety are assessed. |  |  |  |
| Settlement planning and design are based on an analysis of safety risks to vulnerable populations, such as children, including unaccompanied and separated children, persons with disabilities, women and girls, sexual and gender minorities and other minority groups. |  |  |  |
| Shelter is safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe living there. Measures to ensure safety include:* shelter is secure, with internal locks and lighting in and around communal areas, including latrines and bathing facilities
* lighting of entry points to the shelter
* higher windows that cannot be looked into
* latrines and bathing facilities are separate and individual for women and men for collective accommodation, and the needs of persons of other gender identities are assessed to ensure their safety
* shelters are located where people feel safe, e.g. in close proximity to accommodation, and older people and persons with disabilities are located closest to well-lit areas (e.g. near food and WASH facilities). For showering facilities, it is best to have individual stalls to ensure privacy and safety for all, including sexual and gender minorities.
* systems are in place to address overcrowding access to safe firewood or other domestic energy sources is ensured.
* alcohol and illegal substances are prohibited within collective accommodation.
* all visitors have to sign in and sign out of collective accommodation settings.
 |  |  |  |
| An understanding of habitual land use patterns is required when selecting sites for temporary and permanent shelter, for instance, to avoid any risk of conflicts between settled vs. nomadic populations. |  |  |  |
| A code of conduct is established for the shelter dwellers to promote harmonious coexistence and reduce the risk of violence. Communities should agree on key behaviours to avoid violence and conflict situations among them. |  |  |  |
| ***SGBV prevention and response and child protection – see also standards common to all sectors*** |
| SGBV and child protection risk reduction activities are prioritised in the allocation of shelter materials and in shelter construction. These include:– respecting Sphere standards for space and density– providing temporary housing for those at-risk of SGBV– choosing shelter material which prevents people outside from being able to observe whether the shelter is occupied. |  |  |  |
| **Internal Protection Systems** | *S* | *Justification for score* | *Next steps* |
| **Standards related to Prevention and response to sexual exploitation and abuse (PSEA) Code of Conduct and Child Protection Policy are included in the standards common to all sectors section** |  |

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| **5. Livelihoods** |  |  |  |
| **Dignity** | *S* | *Justification for score* | *Next steps* |
| Livelihoods programmes are culturally appropriate and accessible to persons of all gender identities, ages, disabilities and backgrounds.This includes:* respecting traditional clothing requirements
* offering alternative, accessible and inclusive livelihoods options, particularly
* taking into consideration the availability of options to persons with disabilities taking into account the unpaid work undertaken usually by women and girls and the need to organise childcare to permit participation in livelihoods activities.
 |  |  |  |
| **Access** | *S* | *Justification for score* | *Next steps* |
| *In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing livelihoods activities are identified and action taken to respond to them.* These might include:* discriminatory community norms and practices related to livelihoods, such as access to and ownership of productive assets (land, credit, etc.)
* discriminatory national laws related to livelihoods, such as work permits, access to credit, etc.
* gender norms that exclude women, men, persons of other gender identities or specific social or ethnic groups from certain types of work
* discrimination in the workplace based on gender, age, disabilities, ethnicity, faith and other factors
 |  |  |  |
| Livelihoods programmes are designed or adapted so that persons of all gender identities, ages, disabilities and backgrounds can access appropriate income-generating activities |  |  |  |
| Livelihoods options should be based on thorough needs assessments in the community, including assessing the needs and capacities of persons of all gender identities, ages, disabilities and backgrounds. |  |  |  |
| Livelihoods programmes do not create additional expenses, such as expensive transportation, for persons with disabilities to access income-generating activities. |  |  |  |
| Formal and informal local policies and regulations related to gender and diversity, access to and ownership of livelihoods assets and livelihoods activities have been analysed and taken into consideration during proposal writing and implementation of the programme. |  |  |  |
| Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work |  |  |  |
| **Participation** | *S* | *Justification for score* | *Next steps* |
| Livelihood facilities and livelihoods programmes are designed to enhance the participation of people facing physical barriers (persons with disabilities, older people, prisoners and people living with chronic diseases) or social, cultural, religious and/or legal barriers (female heads of households, widows, SGBV survivors, unaccompanied girls and boys, sexual and gender minorities, people living with HIV/AIDS, migrants, persons with disabilities, refugees and stateless people). |  |  |  |
| **Safety** | *S* | *Justification for score* | *Next steps* |
| Livelihood facilities and programmes are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe using them.Measures to ensure safety include:* safety travelling to/from work (especially relevant to irregular migrants and/or refugees and asylum seekers who may be at an

increased risk of arrest and detention when travelling)* childcare provisions
* same gender identity supervisors and trainers if necessary
* location and time of day of work or training.
 |  |  |  |
| Specific income-generating activities are designed for women, adolescent girls, persons with disabilities and sexual and gender minorities to empower and foster their economic independence, which may increase their ability to leave exploitative situations (e.g. exchanging sex for money, housing, food or education). |  |  |  |
| The social dynamics are analysed before launching a livelihoods programme to prevent risk of further violence, such as an increase in domestic violence |  |  |  |
| It is ensured that children attend school and are not exploited for labour. This should be linked to a cash programme, especially for child-headed households. |  |  |  |
| ***SGBV prevention and response and child protection – see also standards common to all sectors*** |
| Awareness is raised about rights to ensure women, girls, persons with disabilities and other marginalised groups have access to and control over their income generated through the livelihood activity. Consent is sought from family members and caregivers to help prevent domestic violence and put systems in place for feedback if anyone is exploited by family or other community members. |  |  |  |
| Market analyses are conducted in partnership with those at-risk of SGBVto identify profitable, accessible and desirable livelihoods activities |  |  |  |
| It is ensured that any livelihoods activities involving children and adolescents meet local laws and are not hazardous or exploitative. |  |  |  |
| **Internal Protection Systems** | *S* | *Justification for score* | *Next steps* |
| **Standards related to Prevention and response to sexual exploitation and abuse (PSEA) Code of Conduct and Child Protection Policy are included in the standards common to all sectors section** |

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| **6. Non-Food Items (NFIs)** |  |  |  |
| **Dignity** | *S* | *Justification for score* | *Next steps* |
| NFIs, including hygiene kits, clothing and kitchen sets, are culturally appropriate for and address the specific needs of persons of all gender identities, ages, disabilities and backgrounds. |  |  |  |
| Culturally appropriate menstrual hygiene management materials and underwear are distributed to women and girls of reproductive age insensitive ways. This might include:* distribution through women’s groups distribution directly after school or at other venues where girls are together
* appropriate disposal or care – washing and drying – facilities are

provided* distribution to women and girls with disabilities is ensured with respect to– independent self-care of women and girls with disabilities is considered in the materials provided. their dignity
 |  |  |  |
| The distribution process is organised in a way that allows 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. In some countries and communities, this must include burkas, hijabs and other culturally specific clothing. |  |  |  |
| Specific, inclusive measures are included in project planning to identify and overcome barriers (including physical, attitudinal, economic, information, legal, cultural or religious barriers) in accessing NFIs for persons with disabilities, older persons and minorities. |  |  |  |
| **Access** | *S* | *Justification for score* | *Next steps* |
| Distribution points are designed or adapted so that persons of all gender identities, ages, disabilities and backgrounds can use and access them. |  |  |  |
| Household entitlement cards and ration cards are issued in the name of primary household representatives of all gender identities, including child-headed households, and are not dependent on migration status or nationality or lack thereof. |  |  |  |
| Special measures are in place to allow alternative NFI distribution assistance to people who cannot attend distribution points or transport food items because of barriers for persons with disabilities in their environment or safety needs (child-headed households, migrants and refugees, for example). |  |  |  |
| **Participation** | *S* | *Justification for score* | *Next steps* |
| No specific guidance - refer to standards common to all sectors |  |  |  |
| **Safety** | *S* | *Justification for score* | *Next steps* |
| NFI distributions are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe accessing them. Measures to ensure safety include:* distributions during daylight
* lighting around the distribution sites
* close proximity of distribution site(s) to accommodations
* clearly marked and accessible roads to and from distribution sites

crowd control* accessibility features at distribution sites and access roads/paths

to distribution sites for persons with disabilities* distribution teams with representation of diverse gender identities.
 |  |  |  |
| Distribution planning ensures children do not become separated fromtheir families. |  |  |  |
| Persons from marginalised groups, such as persons with disabilitiesand SGBV survivors, unaccompanied and separated children and migrants, may need additional NFIs that help to ensure their safety. |  |  |  |
| ***SGBV prevention and response and child protection – refer to standards common to all sectors section*** |
| **Internal Protection Systems** | *S* | *Justification for score* | *Next steps* |
| **Standards related to Prevention and response to sexual exploitation and abuse (PSEA) Code of Conduct and Child Protection Policy are included in the standards common to all sectors section** |

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| **7. Cash-based Interventions (CBIs)** |  |  |  |
| **Dignity** | *S* | *Justification for score* | *Next steps* |
| Cash-based interventions (CBIs) are culturally appropriate for persons of all gender identities, ages, disabilities and backgrounds.  |  |  |  |
| The capacities of persons with disabilities in the community have been assessed and taken into consideration in unconditional or conditionalCBIs, particularly in cash-for-work or community labour activities.  |  |  |  |
| Conditional CBIs are based on an analysis of the different livelihoodcontributions and activities of people of diverse gender identities inthe community. Moreover, there are programme approaches in placethat allow people to receive livelihoods support for tasks that wouldoften be “unwaged” (i.e. unwaged labour of women caring for theirfamilies or tending to gardens for food).  |  |  |  |
| Different contributions have been identified, including both physicallabour and supporting roles, and women and men with disabilities areoffered a choice between alternatives  |  |  |  |
| It is determined whether dignity kits (menstruation and incontinencepads), safe delivery kits or other personal items that are important fordignity (but that are not always prioritised in household budgets) areavailable in local markets and, if not, they are offered as in-kind (NFI)distributions alongside the cash modality.  |  |  |  |
| **Access** | *S* | *Justification for score* | *Next steps* |
| In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing the delivery mechanisms (e.g. ATM cards, bank accounts, mobile phone technology, direct distribution, paper or electronic vouchers) are identified, and targeted strategies to increase access to these transfer mechanisms are provided. |  |  |  |
| Where conditional CBIs are designed to support livelihoods, the selection criteria and recipient registration process includes initiatives in which persons of all gender identities, ages, disabilities and backgrounds can be (and are) registered as direct beneficiaries. |  |  |  |
| Physical and sensory access for persons with disabilities to vendors, markets and distribution points has been assessed and taken into consideration. |  |  |  |
| Household entitlement vouchers or entitlement cards for cash are issued in the name of the primary household representative who may be a man, a woman or a person identifying as having a non-binary gender identity. Efforts are made to partner with financial service providers who have a social mandate and provide community education on banking, budgeting and other aspects of financial literacy. |  |  |  |
| Distribution points and local marketplaces are within five kilometres of a recipient’s home, and distribution points are adapted or designed in such a way that everyone can access them, especially persons with physical, sensory and intellectual disabilities, the pre-literate and older people. |  |  |  |
| Persons with disabilities, who may need assistance, receive help to carry materials from distribution points and marketplaces. |  |  |  |
| Technical guidance and community engagement materials are available in relevant languages and in picture format. It is ensured that mobile phone companies issue cash transfer information in local languages and using appropriate alphabets so that persons of all gender identities, ages, disabilities and backgrounds can receive information. |  |  |  |
| Cash transfer delivery mechanisms, including ATM-based, phone based, direct distribution and paper or electronic voucher delivery mechanisms, are culturally appropriate to the context, the technology employed is accessible for persons with disabilities to use independently and relevant socially-inclusive market-based analysis is conducted. |  |  |  |
| CBIs analyse local and traditional gender roles, ensuring the selection of the most relevant cash transfer delivery mechanisms (bank accounts, mobile phone technology, direct distribution, paper or electronic vouchers, etc.). Efforts are made to specifically identify who, including men and women with disabilities, does not have access to those delivery mechanisms (e.g. women in places where they do not typically have bank accounts) in order to develop strategies which will allow and ease access to CBIs (e.g. training financial service providers on providing the most adequate support for this type of beneficiaries, providing assistance during bank account registration or mobile phone distribution and raising awareness on how these delivery mechanisms work). |  |  |  |
| The needs of pregnant and lactating women and mothers of children under two years are analysed. Opportunities are explored to provide vouchers for access to health services for safe delivery, immunization of children and support for the first 1,000 days of a child’s life. |  |  |  |
| Providing unconditional assistance is considered, if appropriate. For example, distributing cash, vouchers or food to older people and persons with disabilities who are unable to participate in cash-for-work or food-for-work activities is considered regardless of measures to make these accessible. |  |  |  |
| **Participation** | *S* | *Justification for score* | *Next steps* |
| Where a conditional cash approach is used for one group of people mostly of one gender identity (e.g. repairing fishing boats, which is most predominantly a livelihood option for men), a conditional cash programme that targets other groups as direct beneficiaries (e.g. livelihoods recovery for women gardeners) is also provided. |  |  |  |
| Persons of all gender identities, ages, disabilities and backgrounds are involved in decision-making about distribution point access and safety issues arising from routes to and from marketplaces and in the selection of activities related to conditional cash transfer projects.  |  |  |  |
| **Safety** | *S* | *Justification for score* | *Next steps* |
| The cash distribution point and the point of spending (marketplace, health centre, etc.) are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe accessing them. Measures to ensure safety include:* the point of cash disbursement and the point of spending should be

 within five kilometres of the recipient’s home distributions during daylight* lighting around the distribution sites
* close proximity of distribution site(s) to accommodations
* clearly marked and accessible roads to and from distribution sites
* crowd control
* accessibility features at distribution sites and access roads/paths to distribution sites for persons with disabilities
* where ATMs are the point of disbursement they should be well-lit
* and accessible to persons with mobility limitations
* distribution teams with representation of diverse gender identities.
 |  |  |  |
| Where cash transfer is provided to the household head, needs are identified to split the cash transfer among household members in a way that does not promote tension within the household. |  |  |  |
| Where children are the recipients of CBIs, relevant risk and hazard mapping that engages children has been conducted. |  |  |  |
| ***SGBV prevention and response and child protection – refer to standards common to all sectors section*** |
| **Internal Protection Systems** | *S* | *Justification for score* | *Next steps* |
| **Standards related to Prevention and response to sexual exploitation and abuse (PSEA) Code of Conduct and Child Protection Policy are included in the standards common to all sectors section** |

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| **8. Disaster Risk Reduction (DRR)** |  |  |  |
| **Dignity** | *S* | *Justification for score* | *Next steps* |
| Systems of evacuation are culturally appropriate and inclusive. Specific measures are put in place to ensure persons of all gender identities, ages, disabilities and backgrounds have adequate assistance, according to constraints such as mobility and language, in a dignified manner |  |  |  |
| Community-based early warning systems involve and engage persons of all gender identities, ages, disabilities and backgrounds to ensure procedures are sensitive, including privacy and security in evacuation centres and communal shelters.  |  |  |  |
| The caregivers of older people and persons with disabilities are included in a respectful manner in planning DRR activities. |  |  |  |
| **Access** | *S* | *Justification for score* | *Next steps* |
| Persons with disabilities and older people who are residing in institution-based care are consulted and included in decision-making and training on DRR |  |  |  |
| Early warning systems are designed to provide persons of all gender identities, ages, disabilities and backgrounds with the information they need in a timely manner to enable them to act appropriately in case of a disaster. This needs to be reflected in contingency plans.  |  |  |  |
| Warning dissemination chains ensure that persons of all gender identities, ages, disabilities and backgrounds receive information in an appropriate and effective format and manner. |  |  |  |
| Warning communication technology is accessible and reaches persons of all gender identities, ages, disabilities and backgrounds equally, and information on hazards, vulnerabilities, risks and how to reduce impacts are disseminated to everyone and in accessible formats for persons who are deaf or blind or have a learning disability. This includes providing information in public spaces in relevant languages and accessible formats, such as images and posters, using larger fonts and audio transmission. The gender and diversity dimensions of how and in which spaces are considered. |  |  |  |
| **Participation** | *S* | *Justification for score* | *Next steps* |
| Proportional representation of women, persons with disabilities and marginalised groups in the decision-making process of community-based DRR activities is facilitated to ensure that social, cultural, religious and economic aspects of DRR are addressed for all groups and subgroups.  |  |  |  |
| Community, Branch and National Response Teams (also referred to as Action Teams) have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds.  |  |  |  |
| **Safety** | *S* | *Justification for score* | *Next steps* |
| With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to the safety of evacuation centres and communal shelters are assessed. |  |  |  |
| The safety and protection needs and concerns of persons of all gender identities, ages, disabilities and backgrounds are included in community vulnerability and capacity assessments as well as in sector specific assessments through a protection, gender and inclusion analysis. |  |  |  |
| Consideration has been given to accessibility features for access to, into and within the evacuation centres, especially for those with mobility restrictions, including older people, persons with disabilities and pregnant and lactating women |  |  |  |
| Evacuation centres and communal shelters are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe accessing them. Measures to ensure safety include:* the communal shelter is located in a place considered a safe location
* adequate lighting in the communal shelter or evacuation centre and on roads/paths to latrine facilities
* partitions for privacy, including for persons with disabilities that require personal assistance
* latrines and bathing facilities are separate and individual for women and men, and the needs of other gender identities are assessed to ensure their safety. Locks should be placed on the inside of latrines
* specific systems to protect unaccompanied and separated children
* are established to ensure their safety.
 |  |  |  |
| ***SGBV prevention and response and child protection – refer to standards common to all sectors section*** |
| **Internal Protection Systems** | *S* | *Justification for score* | *Next steps* |
| **Standards related to Prevention and response to sexual exploitation and abuse (PSEA) Code of Conduct and Child Protection Policy are included in the standards common to all sectors section** |