

# Monitoring Templates

## For Humanitarian Organisations



The Evaluation Partnership 

**TRANSTEC**  


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# Monitoring Templates

## For Humanitarian Organisations

2008

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EUROPEAN COMMISSION  
DIRECTORATE-GENERAL  
FOR HUMANITARIAN AID – DG ECHO



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## Acknowledgements

We gratefully acknowledge the help of staff and managers from DG ECHO, UN agencies and secretariat, the Red Cross/Crescent Movement and NGOs who were interviewed during the course of the preparation of this report. A full list of organisations consulted can be found in Annex 2.

We also thank those people who attended the workshops in Copenhagen and Nairobi and who shared invaluable comments on the draft documents. Finally our thanks go to António Cavaco, Director-General, at whose initiative this Study was undertaken, and Peter Cavendish, and Nicoletta Pergolizzi of DG ECHO, who gave invaluable support.

DG ECHO provided full funding for this report.

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## Note

This is the primary version of the DG ECHO Monitoring Templates. A Word version is also available to allow easy adaptation. These documents are available on CD-ROM and as a download from the internet.

## Navigation

Click on any page number to return to the Table of Contents. If the URL links are not clickable in Acrobat please check the 'Automatically detect URLs from text' button in Preferences > General.

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## Abbreviations

AIDS	Acquired immune deficiency syndrome
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
BCC	Behaviour change communication
CDA	Collaborative for Development Action, Inc
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CMR	Crude Mortality Rate
DG ECHO	Directorate General for Humanitarian Aid
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
FAO	Food and Agriculture Organisation (UN)
GBV	Gender-based violence
HF	High Frequency
HIV	Human immunodeficiency virus
HPG	The Humanitarian Policy Group of the Overseas Development Institute
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
IDU	Intravenous drug users
IEC	Information, education and communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IHL	International humanitarian law
IHRL	International human rights law
INEE	Interagency Network for Education in Emergencies
INTRAC	International NGO Training and Research Centre
MHPSS	Mental Health And Psychosocial Support
MISP	Minimum Initial Service Package
NFI	Non-Food Items
NGHA	Non Governmental Humanitarian Agency
NGO	Non-governmental organisation
NTU	Nephelometric Turbidity Unit (a measure of the cloudiness of a liquid)
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
OHCHR	Office of the High Commissioner for Human Rights (UN)
PEP	Post-exposure prophylaxis
PHC	Primary Health Care
PLWHA	People Living with HIV/AIDS
PTSD	Post-Traumatic Stress Disorder
R&R	Rest and Recuperation
RMU	Regional Management Unit
SCM	Supply Chain Management
SGBV	Sexual and gender-based violence
STI	Sexually transmitted infections
SV	Sexual violence
TEP	The Evaluation Partnership
TMS	Transportation Management System
TOT	Training of Trainers
UN	United Nations
UNCRC	The UN Convention of the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees (UN)
UNICEF	United Nations Children's Fund (UN)
VHF	Very High Frequency
WFP	World Food Programme (UN)
WHO	World Health Organisation (UN)

## 1 Start Here

### 1.1 Background

### 1.2 Aim of these templates

### 1.3 What these templates cover

#### 1.1 Background

This study on a monitoring methodology for humanitarian aid has produced three documents: a report on the state of monitoring, a compilation of monitoring tools, and this document – the monitoring templates.

#### 1.2 Aim of these templates

The aim of these templates is to help humanitarian organisations with monitoring the different aspects of their operations.

It does this by offering a series of templates. Each template offers a series of questions which need to be answered. The templates are based on existing good practice and are designed to assist organisations to think through their monitoring operations. It is intended that organisations adapt the templates to suit the needs of their particular organisation and situation. The templates must be seen as servants not masters.

Whilst this document covers an extensive range of situations, it does not cover every situation. Organisations are encouraged to identify other templates and develop them according to their needs.

It is not intended that these templates should represent a requirement for any organisation. Rather they are offered as tools which humanitarian organisations can adapt according to their own needs.

The design of the templates was decided after consultation with a wide range of humanitarian organisations. Accordingly, they aim to combine the following qualities:

- ▲ Based on existing good practice and recognised source documents
- ▲ Easy to use checklists
- ▲ Simple, clear language
- ▲ Accessible and easy to navigate, with a detailed Table of Contents
- ▲ Designed to be adapted by humanitarian organisations to their particular needs
- ▲ User-friendly layout
- ▲ Existing documents and resources are referred to where these may be of further help

While the primary intended audience is for those working in the field at the point of delivery, the templates may also be of use as a reference document to:

- ▲ Field-based humanitarian managers
- ▲ Field-based humanitarian workers
- ▲ Managers at Headquarters

#### 1.3 What these templates cover

These templates cover a wide of subjects which can be classified into three broad groups: monitoring of organisations, monitoring of cross-cutting issues, and monitoring of operational activities. The division between the groups is not always clear-cut and some templates could appear in other groups.

## 1 Start Here

### 1.3 What these templates cover

### 1.4 How to use these templates

#### **Monitoring of organisations**

- ▲ Financial Management
- ▲ Human Resources
- ▲ Code of Conduct
- ▲ Safety and Security
- ▲ Child Protection

#### **Monitoring of cross-cutting issues**

- ▲ Beneficiary Accountability
- ▲ Gender Sensitivity
- ▲ HIV/AIDS
- ▲ Protection
- ▲ Do No Harm
- ▲ Sphere Common Standards

#### **Monitoring of operational activities**

- ▲ Water and Sanitation
- ▲ Food Security and Nutrition Assessment and Analysis
- ▲ Food Security
- ▲ Nutrition
- ▲ Food Aid
- ▲ Shelter and Settlement
- ▲ Non-Food Items
- ▲ Health Systems
- ▲ Communicable Diseases
- ▲ Non-Communicable Disease
- ▲ Education
- ▲ Psychosocial Support
- ▲ Logistics

There is an extensive body of documentation relating to the monitoring of humanitarian aid. The authors have sought to identify the most reliable sources. The templates are based on existing good practice. They draw extensively from existing documents and full acknowledgements and references are given with each template.

### **1.4 How to use these templates**

These templates are intended to help humanitarian organisations to think through the question of how to monitor the various aspects of their operations. Senior managers with monitoring responsibilities may wish to draw on the templates to help them design a monitoring strategy for their organisations.

Some may prefer to use the templates as a reference document to provide easily accessible help in a particular context when the need arises. Some partners have noted that whilst developed in a project

## 1 Start Here

### 1.4 How to use these templates

### 1.5 Partner use

### 1.6 Local partner use

monitoring context, these templates represent a valuable source of information for the project planning stage as well. In practice, project assessment, planning and monitoring activities in many humanitarian response situations are iterative processes.

The templates indicate the sources used and extensive references are made to those sources. Users are advised to refer to those sources as and where necessary.

All users are welcome to use extracts from these templates in their own documents, adapted as necessary to their own needs. This is subject to the disclaimer, to be found inside the front cover, and the copyright notice at section 2.4.

A monitoring toolbox is available as a separate document and provides specific tools to help practitioners find answers to some of the questions in the templates.

When looking to use a template it is very important to adapt it to the context in which the organisation is operating. The templates need to be seen as a menu from which one can choose certain templates, and within the templates certain indicators can be selected. The final monitoring document will vary from organisation to organisation and from operation to operation.

When looking at monitoring operational activities, it is very important not to forget the cross-cutting issues. These should be included as appropriate to the situation in which the organisation is working.

### 1.5 Partner use

Partners of DG ECHO can use the organisational templates as a checklist or aide mémoire to judge to what extent they are meeting good practice in the field of: financial management, human resources, safety and security, and child protection. It is suggested that partners review these checklists periodically to ensure that they are maintaining good practice.

Some organisations may question the necessity of this. The evaluation asked people from a variety of partners whether or not their organisations had a child protection policy. Some knew their organisation had a policy; some said their organisation did not have a policy; however many just did not know whether or not their organisation had a policy. The template asks not only whether an organisation has a policy, but also whether or not it is properly disseminated. There is little point having a policy if only a few people know about it.

### 1.6 Local partner use

The organisational templates are also of use when building capacity amongst local partners. The templates can be adapted to meet the local situation. The checklists can be used to help identify areas of strength and weakness within the local partner.

## 2 Information about these Templates

### 2.1 Acknowledgements > 2.6 Further Copies

#### 2.1 Acknowledgements

We gratefully acknowledge the help of staff and managers from DG ECHO, UN agencies and secretariat, the Red Cross/Crescent Movement and NGOs who were interviewed during the course of the preparation of these templates. A full list of organisations consulted appears in the Report which accompanies these templates.

Many existing manuals and handbooks were helpful to the preparation of these templates. We acknowledge all source materials and specific references are provided with each template.

We also thank those people who attended the workshops in Copenhagen and Nairobi and who shared invaluable comments on the draft templates. Finally our thanks go to António Cavaco, Director-General, at whose initiative this Study was undertaken, and Peter Cavendish, and Nicoletta Pergolizzi of DG ECHO, who gave invaluable support.

#### 2.2 Authors and date

The DG ECHO Monitoring Review, of which this is part, was undertaken by Graham White of The Evaluation Partnership and Peter Wiles of Transtec/Prolog Consult. It was submitted to DG ECHO in June 2008. The compiler of these templates was Graham White. Websites for the companies that undertook the work are:

TEP	<a href="http://www.evaluationpartnership.com">www.evaluationpartnership.com</a>
Transtec	<a href="http://www.transtec.be">www.transtec.be</a>
Prolog Consult	<a href="http://www.prologconsult.com">www.prologconsult.com</a>

#### 2.3 Funding

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#### 2.5 Software and languages

These templates are available in English in pdf and Word formats.

#### 2.6 Further copies

Further copies of these templates may be requested by e-mail from [echo-eval@ec.europa.eu](mailto:echo-eval@ec.europa.eu) or downloaded from ECHO's website: see the ECHO home page at [http://ec.europa.eu/echo/index\\_en.htm](http://ec.europa.eu/echo/index_en.htm).

## 2 Information about these Templates

### 2.7 Sources

#### 2.7 Sources

The following table provides a list of the templates together with references to the source documentation and the relevant websites.

ORGANISATIONAL TEMPLATES	
<b>Template</b>	<b>Financial Management</b>
Agency	Mango
Document	Financial Health Check
Website	<a href="http://www.mango.org.uk">www.mango.org.uk</a>
<b>Template</b>	<b>Human Resources</b>
Agency	People In Aid
Document	Code of Good Practice
Website	<a href="http://www.peopleinaid.org">www.peopleinaid.org</a>
<b>Template</b>	<b>Code of Conduct</b>
Agency	International Federation of Red Cross and Red Crescent Societies
Document	Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief
Website	<a href="http://www.ifrc.org">www.ifrc.org</a>
<b>Template</b>	<b>Safety and Security</b>
Agency	Care International
Document	Security & Safety Manual
Website	<a href="http://www.coe-dmha.org/care/pdf/EntireBook.pdf">www.coe-dmha.org/care/pdf/EntireBook.pdf</a>
<b>Template</b>	<b>Child Protection</b>
Agency	Keeping Children Safe Coalition
Document	Keeping Children Safe (Standards for Child Protection)
Website	<a href="http://www.keepingchildrensafe.org.uk">www.keepingchildrensafe.org.uk</a>

## 2 Information about these Templates

### 2.7 Sources

CROSS-CUTTING ISSUES TEMPLATES	
<b>Template</b>	<b>Beneficiary Accountability</b>
Agency	Mango
Document	Accountability to Beneficiaries: A Practical Checklist
Website	<a href="http://www.mango.org.uk">www.mango.org.uk</a>
<b>Template</b>	<b>Gender Sensitivity</b>
Agency	Inter-Agency Standing Committee
Document	Women, Girls, Boys and Men: Different Needs – Equal Opportunities
Website	<a href="http://www.humanitarianinfo.org/iasc/content/default.asp">www.humanitarianinfo.org/iasc/content/default.asp</a>
<b>Template</b>	<b>HIV/AIDS</b>
Agency	Inter-Agency Standing Committee
Document	Guidelines for HIV/AIDS interventions in emergency settings
Website	<a href="http://www.humanitarianinfo.org/iasc/content/default.asp">www.humanitarianinfo.org/iasc/content/default.asp</a>
<b>Template</b>	<b>Protection</b>
Agency	ALNAP
Document	Protection: An ALNAP guide for humanitarian agencies
Website	<a href="http://www.odi.org.uk/alnap/index.html">www.odi.org.uk/alnap/index.html</a>
<b>Template</b>	<b>Do No Harm</b>
Agency	Collaborative Learning Projects
Document	Do No Harm Handbook
Website	<a href="http://www.cdainc.com">www.cdainc.com</a>
<b>Template</b>	<b>Sphere Common Standards</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>

## 2 Information about these Templates

### 2.7 Sources

SECTORAL TEMPLATES	
<b>Template</b>	<b>Water and Sanitation</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>
<b>Template</b>	<b>Food Security and Nutrition Assessment and Analysis</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>
<b>Template</b>	<b>Food Security</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>
<b>Template</b>	<b>Nutrition</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>
<b>Template</b>	<b>Food Aid</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>
<b>Template</b>	<b>Shelter and Settlement</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>
<b>Template</b>	<b>Non-Food Items</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>

## 2 Information about these Templates

### 2.7 Sources

SECTORAL TEMPLATES cont.	
<b>Template</b>	<b>Health Systems</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>
<b>Template</b>	<b>Communicable Diseases</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>
<b>Template</b>	<b>Non-Communicable Disease</b>
Agency	Sphere
Document	Humanitarian Charter and Minimum Standards in Disaster Response
Website	<a href="http://www.sphereproject.org">www.sphereproject.org</a>
<b>Template</b>	<b>Education</b>
Agency	INEE - Interagency Network for Education in Emergencies
Document	Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction
Website	<a href="http://www.ineesite.org">www.ineesite.org</a>
<b>Template</b>	<b>Psychosocial Support</b>
Agency	Inter-Agency Standing Committee
Document	IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
Website	<a href="http://www.humanitarianinfo.org/iasc/content/default.asp">www.humanitarianinfo.org/iasc/content/default.asp</a>
<b>Template</b>	<b>Logistics</b>
Agency	Not known
Document	Excel spreadsheet
Website	Not available on the web
<b>Template</b>	<b>Livestock</b>
Agency	LEGS Steering Group
Document	Livestock Emergency Guidelines and Standards, Field Test Draft: November 2007
Website	<a href="http://www.livestock-emergency.net">http://www.livestock-emergency.net</a>

# Organisational Templates

### 3 Financial Management

<b>Type</b>	Financial management
<b>Purpose</b>	The purpose of this template is to provide a simple tool to monitor progress towards having a healthy approach to financial management. This template is based on Mango's Financial Health Check which is available on the Internet. The document is only 10 pages and is available in several languages.
<b>Rationale</b>	<p>The following paragraphs are taken from Mango's Financial Health Check. Users of this template are strongly encouraged to refer to the Mango document for further details.</p> <p><i>Mango's Financial Health Check will help you gauge how healthy the financial management is in your NGO.</i></p> <p><i>Money is the lifeblood of any organisation. NGOs cannot achieve much without it: they have to look after their money carefully. That means working with good financial management.</i></p> <p><i>The Health Check involves answering a simple set of questions. They cover all the key areas of NGO financial management. By the end of the Health Check you will be able to tell if the financial management in your NGO is healthy or sick - and whether you need to call a doctor!</i></p> <p><i>Mango's Financial Health Check is designed as a practical support for NGO staff. It has been particularly designed for small and medium sized organisations (or field offices). It is not designed for the head offices of international organisations.</i></p> <p><i>The Health Check can be run by any member of staff or trustee. You do not need specialist financial skills to complete it. It includes explanations of each section and a glossary of the financial jargon used.</i></p> <p><i>Mango's Financial Health Check only provides a general indication of the health of your NGO's financial management. It is not an exhaustive list of all aspects of financial management. It is not an audit and it does not describe a standard set of procedures which will always be completely relevant in every situation.</i></p> <p><i>Every organisation is different and financial management systems must reflect this. A 'one size fits all' approach will never work – what is important for one organisation may not be appropriate for another.</i></p> <p><i>But the key aspects of good practice are the same for most NGOs most of the time. The Health Check focuses on those key aspects. They are the foundation stones of good practice.</i></p>
<b>Template</b>	<p>The Health Check is a series of just over fifty simple statements. Discuss each statement with the relevant members of staff and record whether it is "always true", "mostly true", "sometimes true" or "never true" in your organisation.</p> <p>The responses are explained and given a score as follows:</p>

Response	Explanation	Score
Always true	True 100% of the time	5
Mostly true	True more than 80% of the time	4
Sometimes true	True between 20% and 80% of the time	1
Never true	True less than 20% of the time	0

### 3 Financial Management

*The scores are written out alongside each statement. Circle your score for each statement on the Health Check. Then add up your scores for each section. That's it! Then by comparing your scores to the table on the 'interpreting your score' page you will be able to tell how healthy your financial management is.*

*You will probably need to involve various different members of staff in the process of completing the Health Check. Generally, it is appropriate to complete the Health Check with the chief executive officer and the senior financial manager.*

*You might choose to complete the Health Check through a workshop (lasting approximately one to two hours) or through a number of one-to-one meetings.*

The scoring system has been devised by MANGO. Some might question why there is a gap between Mostly True (4) and Sometimes True (1). This is done to emphasise the need to be very highly consistent in meeting the demands of the financial management system. If you are only delivering an aspect 70% of the time, then it is not good enough. Organisations should be aiming for 100%. The score of 4 for over 80% recognises that not everything works perfectly all the time. Slippage below this figure is not good practice and is marked down as a consequence. However remember that the template is your servant, not your master, so if you don't like the scoring system, you are free to change it.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Supporting documents exist for all transactions.
- 2 All transactions are recorded in a cash book.
- 3 Accounting codes are used for all transactions.
- 4 Internal controls ensure that financial resources are used appropriately.
- 5 Budgets are prepared, submitted, and approved.
- 6 Cash flow forecasts are prepared monthly.
- 7 Donor funding is monitored to ensure proper use of those funds.
- 8 Financial statements are submitted and reviewed regularly.
- 9 Financial staff have the necessary skills to oversee the financial operations.

**Comments** These are comments made by a reviewing panel of humanitarian workers and provide suggestions for further consideration.

- ▲ Potential conflicts of interests among financial staff, including staff with budget management responsibilities, should be avoided.
- ▲ Develop value for money type questions including the percentage of funds spent on operations, administration etc.
- ▲ Financial systems should be regularly backed up.
- ▲ The problems of accounting when there are multiple donors need consideration.

**References** Mango's Financial Management Health Check: How healthy is the financial management in your NGO? Version 2.0 (2005) Oxford: Mango [www.mango.org.uk](http://www.mango.org.uk)

## 3 Financial Management

<b>Organisation</b>	
<b>Monitoring Template</b>	Financial Management
<b>Monitoring Date</b>	
<b>Name</b>	

FINANCIAL HEALTH CHECK	SCORE	ACTION REQUIRED
<b>SECTION 1: BASIC SYSTEMS – SUPPORTING DOCUMENTS</b>		
1 A supporting document is available for every expenditure transaction for the current financial year.		
2 A supporting document is available for every income transaction for the current financial year.		
3 Supporting documents are neatly filed, so that it is easy to find any document when it is needed.		
4 The bank statements for each bank account are neatly filed.		
5 Supporting documents and bank statements are kept for the previous seven years.		
<b>SECTION 1: BASIC SYSTEMS – CASHBOOKS</b>		
6 The date, description and amount of every transaction are recorded in a cashbook.		
7 All cashbooks are updated at least once per month.		
8 A separate cashbook is kept for each bank account.		
<b>SECTION 1: BASIC SYSTEMS – ACCOUNTS CODES</b>		
9 A standard Chart of Accounts is used to code all the financial transactions in the cashbooks.		
10 The same Chart of Accounts is used to write budgets and financial reports.		
11 Transactions are also classified by project or activity using a standard list of 'cost centres'.		
<b>TOTAL SCORE FOR BASIC SYSTEMS</b>		

### Suggested scoring

**5 = Always true**  
True 100%  
of the time

**4 = Mostly true**  
True more than  
80% of the time

**1 = Sometimes true**  
True between 20% and  
80% of the time)

**0 = Never true**  
True less than 20%  
of the time

## 3 Financial Management

FINANCIAL HEALTH CHECK	SCORE	ACTION REQUIRED
<b>SECTION 2 – INTERNAL CONTROLS</b>		
12 All cash kept in the office is kept in a locked cash box or safe.		
13 All bank accounts are held in the name of the NGO, not in the name of individuals.		
14 There is a written policy setting out which members of staff can authorise expenditure.		
15 Each transaction is authorised by the appropriate member(s) of staff.		
16 Staff check that goods and services bought by the NGO have been received before bills are paid.		
17 Cheques are not signed before details (including 'payee' and 'amount') are written in and supporting documents checked.		
18 Staff salaries (including advances and loans) are checked by a senior manager or trustee every month.		
19 Financial duties are split between different members of staff.		
20 Petty cash records are checked every month by a different person from the person who writes them up.		
21 The balance in the cashbook is reconciled to the balance on the bank statement every month for every bank account.		
22 The balance in the cashbook is reconciled to the physical amount of cash in the office every month for every cash account.		
23 All reconciliations are checked by a senior manager or trustee every month.		
24 All assets owned by the NGO are recorded in an Asset Register.		
25 An audit is carried out of every office once per year, by a qualified external auditor.		
26 Every year, auditors are selected by trustees (not staff).		
<b>TOTAL SCORE FOR INTERNAL CONTROLS</b>		

### Suggested scoring

**5 = Always true**  
True 100%  
of the time

**4 = Mostly true**  
True more than  
80% of the time

**1 = Sometimes true**  
True between 20% and  
80% of the time)

**0 = Never true**  
True less than 20%  
of the time

## 3 Financial Management

FINANCIAL HEALTH CHECK	SCORE	ACTION REQUIRED
<b>SECTION 3: PLANNING – BUDGETS</b>		
27 Budgets are prepared for all of the costs of running the organisation, every year.		
28 Budgets are prepared for every project before the project starts, in consultation with beneficiaries.		
29 Budgets are prepared by calculating the cost of pre-determined activities, which fit in to overall objectives.		
30 Budgets include enough income to pay for all planned expenditure.		
31 Project budgets allow enough flexibility to adjust activities to any changes in local circumstances.		
32 Budgets are approved by the Board of Trustees.		
<b>SECTION 3: PLANNING – CASHFLOW FORECAST</b>		
33 Each month a cash flow forecast is prepared, for the next six month period.		
<b>SECTION 3: PLANNING – DONORS</b>		
34 A report is prepared showing which donor is funding which costs.		
35 There are enough funds to cover all the expenditure necessary to run the organisation and projects.		
36 Different donors are not funding the same costs on the same project (known as 'double funding').		
37 The organisation can continue to operate even if any single donor stops providing funding.		
<b>TOTAL SCORE FOR PLANNING</b>		

### Suggested scoring

**5 = Always true**  
True 100%  
of the time

**4 = Mostly true**  
True more than  
80% of the time

**1 = Sometimes true**  
True between 20% and  
80% of the time)

**0 = Never true**  
True less than 20%  
of the time

### 3 Financial Management

FINANCIAL HEALTH CHECK	SCORE	ACTION REQUIRED
<b>SECTION 4: REPORTING</b>		
38 Every month senior managers review and approve the financial statements.		
39 Managers receive accurate budget monitoring reports within two weeks of the end of each month.		
40 Financial reports are presented to beneficiaries every month, in an easily accessible place and format.		
41 Actual expenditure on each budget line is within 10% of the budget.		
42 The board reviews financial reports every six months.		
43 Managers (as well as finance staff) understand what reports they have to submit to donors.		
44 Financial reports are submitted to donors in the right format and on time.		
45 Financial reports are submitted to the right government agency in the right format and on time.		
46 Internal management reports are reconciled to donor reports and reports sent to government.		
<b>TOTAL SCORE FOR REPORTING</b>		

FINANCIAL HEALTH CHECK	SCORE	ACTION REQUIRED
<b>SECTION 5: STAFF</b>		
47 The board includes someone who has the skills needed to oversee all financial activities.		
48 The finance staff have the skills (and qualifications) needed to carry out all financial activities.		
49 There are enough finance staff to carry out all of the financial activities.		
50 Finance staff regularly meet and talk to beneficiaries (e.g. by visiting project locations every other month).		
51 Managers and other staff have the financial skills they need to implement controls and to manage budgets.		
52 Every job description includes a clear statement of the job's financial management responsibilities.		
53 All staff receive the training and support they need to carry out their financial management responsibilities.		
<b>TOTAL SCORE FOR STAFF</b>		

#### Suggested scoring

**5 = Always true**  
True 100%  
of the time

**4 = Mostly true**  
True more than  
80% of the time

**1 = Sometimes true**  
True between 20% and  
80% of the time)

**0 = Never true**  
True less than 20%  
of the time

## 3 Financial Management

### Interpreting your score

Record your score for each section in this table. Then compare it to the columns on the right to gauge how much risk you are facing.

Section	Your Score	High Risk	Medium Risk	Low Risk
1 Basic systems		0 - 35	35 - 45	45 - 55
2 Internal control		0 - 45	45 - 60	60 - 75
3 Planning		0 - 30	30 - 40	40 - 55
4 Reporting		0 - 20	20 - 30	30 - 45
5 Staff		0 - 20	20 - 25	25 - 35
<b>Total Score</b>		<b>0 - 150</b>	<b>150 - 200</b>	<b>200 - 265</b>

#### Total score is over 200

If your total score is over 200 then well done! Your financial management is in good shape. The risks of not being able to complete your work because of financial problems are low. But, you cannot afford to relax. Every NGO should aim for a score of 250 points!

#### Total score is between 150 and 200

If your total score is between 150 and 200 then your financial management is not too bad but not too good either. There is a medium level of risk that financial problems will prevent you from carrying out your work. This is a cause for concern. Low scoring areas require immediate attention from managers.

#### Total score is less than 150

If your total score is lower than 150 then you have serious problems. Your financial management is not in good health. There is a high risk that you will face financial problems in the near future: funds may be misused, donors may withdraw their financial support or you may not have enough money to pay salaries next month.

Managers and trustees should meet urgently to discuss how the situation can be improved. You should consider calling in assistance as soon as possible. This must be dealt with right now.

Note: a low score in any one of the sections indicates a serious risk, even if your total score is good. All of the sections are crucial for financial management.

#### Overall assessment and notes on action to be taken

## 4 Human Resources

<b>Type</b>	Financial management
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing good practice in human resources within the field of humanitarian aid. This checklist is based on the People In Aid Code of Good Practice, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraphs are taken from The Code. Users of this template are strongly encouraged to refer to this document alongside the template.</p> <p><i>The People In Aid Code of Good Practice has become the recognised standard for human resources management in the relief and development sector. Responding to a need recognised by a large and varied group of NGOs in the early to mid-1990s, the Code is a key contributor to the sector's efforts to improve quality, effectiveness and accountability in NGOs, both international and national.</i></p> <p><i>The Code resulted from a recognition that staff were not as well managed and supported as they could be, nor indeed as they should be. This Code, originally a Code of Best Practice (1997), was a sector-wide response to shortcomings in people management identified by staff and volunteers themselves. Using it will increase an organisation's performance in how staff and volunteers are supported, managed, rewarded, prepared, trained, motivated – and more. The Code itself reflects the belief that staff are the key to delivering effective programmes and responding to the needs of many millions of people throughout the world.</i></p> <p><i>The Code is a comprehensive framework and encapsulates everything an NGO needs to think about to enhance the quality of its HR. The Principles are frequently used as the basis for in-house HR manuals, and the Guiding principle as an HR or even organisational strategic statement. Some agencies use the indicators to do a self-audit of their policies and practices. Many agencies are committed to implementing the Code using a verification process (see page 9) leading to the award of quality marks which distinguish them from their peers.</i></p> <p><i>The Code is a standard, and not a set of standards. It is for each agency to decide how best to respond to an identified need for a clearer policy or an improved management practice. People In Aid offers many services beyond support for agencies committing to the Code and these are all aimed at enabling organisations to continually improve their performance. People In Aid acts as a central hub - part of the wide range of resources we offer includes template policies, handbooks, practical guidelines, workshops, conferences, networking meetings and research. These resources, drawing on good practice from our worldwide membership and the wider sector, provide more detailed insights into the areas of HR management raised by the Code. Your agency can access some of our output for free on <a href="http://www.peopleinaid.org">www.peopleinaid.org</a> or benefit from a wider range of information and benefits by joining our network <a href="http://www.peopleinaid.org/membership">www.peopleinaid.org/membership</a>.</i></p>

## 4 Human Resources

**Template** The People In Aid Code of Good Practice identifies seven principles:

Principle One: Human Resources Strategy

Principle Two: Staff Policies and Practices

Principle Three: Managing People

Principle Four: Consultation and Communication

Principle Five: Recruitment and Selection

Principle Six: Learning, Training and Development

Principle Seven: Health, Safety and Security

In the template each principle is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each principle the user can total up their ratings to obtain a total rating for that principle. These figures can then be transferred to the summary report at the end of the template.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Human resources are an integral part of our strategic and operational plans. Our human resources strategy is central to our organisational strategy. Our human resources strategy is long-term and encompasses every part of the organisation.
- 2 Human resources policies aim to be effective, fair and transparent. We recognise that our policies must enable us to achieve both effectiveness in our work and good quality of working life for our staff. We do not aim to respond solely to minimum legal, professional or donor requirements.
- 3 Good support, management and leadership of staff are the key to effectiveness. Our staff have a right to expect management which prepares them to do their job so we can, together, achieve our mission. Our management policies, procedures and training equip our managers to prepare and support staff in carrying out their role effectively, to develop their potential and to encourage and recognise good performance.
- 4 Dialogue with staff on matters likely to affect their employment enhances the quality and effectiveness of policies and practices. We recognise that effective development, implementation and monitoring of human resources policies and practices rely on appropriate consultation and communication with the people who work for us. We aim to include all staff, whether salaried or contract, and volunteers in these processes.

## 4 Human Resources

- 5 Policies and practices aim to attract and select a diverse workforce with the skills and capabilities to fulfil requirements. Our recruitment and selection process tells candidates about our agency. How we recruit and select our staff significantly influences how effective they are in fulfilling our objectives.
- 6 Learning, training and staff development are promoted throughout the organisation. We recognise the importance of relevant training, development and learning opportunities, both personal and professional, to help staff work effectively and professionally. We aim to instil a culture of learning in the organization so that we and the staff can share our learning and develop together.
- 7 The security, good health and safety of staff are a prime responsibility of the organisation. We recognise that the work of relief and development agencies often places great demands on staff in conditions of complexity and risk. We have a duty of care to ensure the physical and emotional well-being of our staff before, during and on completion of their period of work with us.

**Comments** These are comments made by a reviewing panel of humanitarian workers and provide suggestions for further consideration.

- ▲ All staff should be given a contract together with a job description.
- ▲ All staff should be made aware of the organisation's Code of Conduct.
- ▲ All staff should be made aware of the organisation's Child Protection policy.
- ▲ All staff should be made aware of the internal complaints' procedure (including whistle-blower policy).
- ▲ Organisations should have a pensions policy.
- ▲ Policies should be transparent and made available to all partners.

**References** People In Aid Code of Good Practice. London: People In Aid [www.peopleinaid.org](http://www.peopleinaid.org)

## 4 Human Resources

Organisation	
Monitoring Template	Human Resources
Monitoring Date	
Name	

PRINCIPLES AND INDICATORS	SCORE	ACTION REQUIRED
<p><b>Principle One: Human resources strategy</b></p> <p>Human resources are an integral part of our strategic and operational plans.</p> <p><i>Our human resources strategy is central to our organisational strategy. Our human resources strategy is long-term and encompasses every part of the organisation.</i></p>		
1 Our organisational strategy or business plan explicitly values staff for their contribution to organisational and operational objectives.		
2 The organisational strategy allocates sufficient human and financial resources to achieve the objectives of the human resources strategy.		
3 Operational plans and budgets aim to reflect fully our responsibilities for staff management, support, development and well-being. The monitoring of these plans and budgets feeds into any necessary improvements.		
4 Our human resources strategy reflects our commitment to promote inclusiveness and diversity.		
<b>TOTAL SCORE FOR THIS PRINCIPLE</b>		

**Suggested  
scoring**

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 4 Human Resources

PRINCIPLES AND INDICATORS	SCORE	ACTION REQUIRED
<p><b>Principle Two: Staff policies and practices</b></p> <p><b>Our human resources policies aim to be effective, fair and transparent.</b></p> <p><i>We recognise that our policies must enable us to achieve both effectiveness in our work and good quality of working life for our staff. We do not aim to respond solely to minimum legal, professional or donor requirements.</i></p>		
5 Policies and practices that relate to staff employment are set out in writing and are monitored and reviewed, particularly when significant changes in the legal or working environment take place.		
6 The policies and practices we implement are consistent in their application to all staff except while taking into account relevant legal provisions and cultural norms.		
7 Staff are familiarised with policies and practices that affect them.		
8 Appropriate guidance is provided to managers so that they are equipped to implement policies effectively.		
9 The rewards and benefits for each role are clearly identified and applied in a fair and consistent manner.		
10 Policies and practices are monitored according to how well they meet: <ul style="list-style-type: none"> <li>▲ organisational and programme aims</li> <li>▲ reasonable considerations of effectiveness, fairness and transparency.</li> </ul>		
<b>TOTAL SCORE FOR THIS PRINCIPLE</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 4 Human Resources

PRINCIPLES AND INDICATORS	SCORE	ACTION REQUIRED
<p><b>Principle Three: Managing people</b></p> <p><b>Good support, management and leadership of our staff is key to our effectiveness.</b></p> <p><i>Our staff have a right to expect management which prepares them to do their job so we can, together, achieve our mission. Our management policies, procedures and training equip our managers to prepare and support staff in carrying out their role effectively, to develop their potential and to encourage and recognise good performance.</i></p>		
11 Relevant training, support and resources are provided to managers to fulfil their responsibilities. Leadership is a part of this training.		
12 Staff have clear work objectives and performance standards, know whom they report to and what management support they will receive. A mechanism for reviewing staff performance exists and is clearly understood by all staff.		
13 In assessing performance, managers will adhere to the organisation's procedures and values.		
14 All staff are aware of grievance and disciplinary procedures.		
<b>TOTAL SCORE FOR THIS PRINCIPLE</b>		

PRINCIPLES AND INDICATORS	SCORE	ACTION REQUIRED
<p><b>Principle Four: Consultation and communication</b></p> <p><b>Dialogue with staff on matters likely to affect their employment enhances the quality and effectiveness of our policies and practices.</b></p> <p><i>We recognise that effective development, implementation and monitoring of human resources policies and practices rely on appropriate consultation and communication with the people who work for us. We aim to include all staff, whether salaried or contract, and volunteers in these processes.</i></p>		
15 Staff are informed and adequately consulted when we develop or review human resources policies or practices that affect them.		
16 Managers and staff understand the scope of consultation and how to participate, individually or collectively.		
<b>TOTAL SCORE FOR THIS PRINCIPLE</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

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early/unable to  
judge**

## 4 Human Resources

PRINCIPLES AND INDICATORS	SCORE	ACTION REQUIRED
<p><b>Principle Five: Recruitment and selection</b></p> <p><b>Our policies and practices aim to attract and select a diverse workforce with the skills and capabilities to fulfil our requirements.</b></p> <p><i>Our recruitment and selection process tells candidates about our agency. How we recruit and select our staff significantly influences how effective they are in fulfilling our objectives.</i></p>		
17 Written policies and procedures outline how staff are recruited and selected to positions in our organisation.		
18 Recruitment methods aim to attract the widest pool of suitably qualified candidates.		
19 Our selection process is fair, transparent and consistent to ensure the most appropriate person is appointed.		
20 Appropriate documentation is maintained and responses are given to candidates regarding their selection/non-selection to posts. We will provide feedback if necessary.		
21 The effectiveness and fairness of our recruitment and selection procedures are monitored.		
<b>TOTAL SCORE FOR THIS PRINCIPLE</b>		

PRINCIPLES AND INDICATORS	SCORE	ACTION REQUIRED
<p><b>Principle Six: Learning, training and development</b></p> <p><b>Learning, training and staff development are promoted throughout the organisation.</b></p> <p><i>We recognise the importance of relevant training, development and learning opportunities, both personal and professional, to help staff work effectively and professionally. We aim to instil a culture of learning in the organization so that we and the staff can share our learning and develop together.</i></p>		
22 Adequate induction, and briefing specific to each role, is given to all staff.		
23 Written policies outline the training, development and learning opportunities staff can expect from the organisation.		
24 Plans and budgets are explicit about training provision. Relevant training is provided to all staff.		
25 Managers know how to assess the learning needs of staff so they can facilitate individual development. Where appropriate training and development will be linked to external qualifications.		
26 The methods we have in place to monitor learning and training ensure that the organisation also learns. They also monitor the effectiveness of learning and training in meeting organizational and programme aims as well as staff expectations of fairness and transparency.		
<b>TOTAL SCORE FOR THIS PRINCIPLE</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

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progress  
(0%)**

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early/unable to  
judge**

## 4 Human Resources

PRINCIPLES AND INDICATORS	SCORE	ACTION REQUIRED
<p><b>Principle Seven: Health, safety and security</b></p> <p>The security, good health and safety of our staff are a prime responsibility of our organisation.</p> <p><i>We recognise that the work of relief and development agencies often places great demands on staff in conditions of complexity and risk. We have a duty of care to ensure the physical and emotional well-being of our staff before, during and on completion of their period of work with us.</i></p>		
27 Written policies are available to staff on security, individual health, care and support, health and safety.		
28 Programme plans include written assessment of security, travel and health risks specific to the country or region, reviewed at appropriate intervals.		
29 Before an international assignment all staff receive health clearance. In addition they and accompanying dependents receive verbal and written briefing on all risks relevant to the role to be undertaken, and the measures in place to mitigate those risks, including insurance. Agency obligations and individual responsibilities in relation to possible risks are clearly communicated. Briefings are updated when new equipment, procedures or risks are identified.		
30 Security plans, with evacuation procedures, are reviewed regularly.		
31 Records are maintained of work-related injuries, sickness, accidents and fatalities, and are monitored to help assess and reduce future risk to staff.		
32 Workplans do not require more hours work than are set out in individual contracts. Time off and leave periods, based on written policies, are mandatory.		
33 All staff have a debriefing or exit interview at the end of any contract or assignment. Health checks, personal counselling and careers advice are available. Managers are trained to ensure these services are provided.		
34 In the case of staff on emergency rosters, managers should ensure that health clearance, immunizations and procedures for obtaining the correct prophylaxes and other essential supplies are arranged well in advance.		
<b>TOTAL SCORE FOR THIS PRINCIPLE</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

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achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
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extent (25%)**

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progress  
(0%)**

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early/unable to  
judge**

## 4 Human Resources

### Interpreting of results

Transfer your scores from the seven principles onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Principle One: Human Resources Strategy		16
Principle Two: Staff Policies and Practices		24
Principle Three: Managing People		16
Principle Four: Consultation and Communication		8
Principle Five: Recruitment and Selection		20
Principle Six: Learning, Training and Development		20
Principle Seven: Health, Safety and Security		32
<b>Overall score</b>		<b>136</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (136) and multiply by 100.

Overall assessment and notes on action to be taken

## 5 Code of Conduct

<b>Type</b>	Code of Conduct
<b>Purpose</b>	The purpose of this template is to provide a tool to monitor compliance with good conduct in responding to a humanitarian crisis. This checklist is based on the IFRC document "Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief", which is available on the Internet. Users of this template are strongly encouraged to refer to the IFRC document.
<b>Rationale</b>	<p>The following paragraphs are taken from the IFRC document.</p> <p><i>The Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, was developed and agreed upon by eight of the world's largest disaster response agencies in the summer of 1994 and represents a huge leap forward in setting standards for disaster response. It is being used by the International Federation to monitor its own standards of relief delivery and to encourage other agencies to set similar standards.</i></p> <p><i>Throughout the 1980s and 1990s there has been a steady growth in the number of non-governmental organisations (NGOs), both national and international, involved in disaster relief. In the autumn of 1994 there were over 120 NGOs registered in Kigali, the war ravaged capital of Rwanda.</i></p> <p><i>Many of these agencies, including National Red Cross and Red Crescent Societies, the church agencies, Oxfam, the Save the Children Fund or CARE, have a history going back many decades and have gained a reputation for effective work. Others, more recently formed, such as Médecins Sans Frontières, have rapidly evolved to become respected operators. Along with these large and well-known agencies there are today a multitude of small, newly-formed groups, often coming into existence to assist in one specific disaster or in a specialised field of work.</i></p> <p><i>What few people outside of the disaster-response system realise is that all these agencies, from the old to the new, from multi-million dollar outfits to one-man shows, have no accepted body of professional standards to guide their work. There is still an assumption in many countries that disaster relief is essentially "charitable" work and therefore anything that is done in the name of helping disaster victims is acceptable.</i></p> <p><i>However, this is far from the truth. Agencies, whether experienced or newly-created, can make mistakes, be misguided and sometimes deliberately misuse the trust that is placed in them. And disaster relief is no longer a small-time business. Today, even if those caught up in war are excluded, something in the region of 250 to 300 million people a year are affected by disasters, and this figure is growing at a rate of around 10 million a year. The Federation alone assisted some 19.4 million disaster victims during 1994.</i></p> <p><i>The immediacy of disaster relief can often lead NGOs unwittingly to put pressure on themselves, pressure which leads to short-sighted and inappropriate work. Programmes which rely on foreign imports or expertise, projects which pay little attention to local custom and culture, and activities which accept the easy and high media profile tasks of relief but leave for others the less appealing and more difficult ones of disaster preparedness and long-term rehabilitation.</i></p>

## 5 Code of Conduct

*All NGOs, big and small, are susceptible to these internal and external pressures. And as NGOs are asked to do more, and the incidence of complex disasters involving natural, economic and often military factors increases, the need for some sort of basic professional code becomes more and more pressing.*

*It is for all these reasons that six of the world's oldest and largest networks of NGOs came together in 1994 with the Red Cross and Red Crescent Movement to draw up a professional Code of Conduct to set, for the first time, universal basic standards to govern the way they should work in disaster assistance.*

*The Code of Conduct, like most professional codes, is a voluntary one. It is applicable to any NGO, be it national or international, small or large. It lays down 10 points of principle which all NGOs should adhere to in their disaster response work, and goes on to describe the relationships agencies working in disasters should seek with donor governments, host governments and the UN system.*

*The Code is self-policing. No one NGO is going to force another to act in a certain way and there is as yet no international association for disaster-response NGOs which possesses any authority to sanction its members.*

*It is hoped that NGOs around the world will find it useful and will want to commit themselves publicly to abiding by it. Governments and donor bodies may want to use it as a yardstick against which to judge the conduct of those agencies with which they work. And disaster-affected communities have a right to expect those who seek to assist them to measure up to these standards.*

**Template** The IFRC document identifies ten principles of conduct.

The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of each principle. A suggested rating system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of the template the user can add up their scores to obtain a total score. This figure can then be transferred to the summary report at the end of the template.

**References** IFRC (1994). Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. Geneva: IFRC

## 5 Code of Conduct

<b>Organisation</b>	
<b>Monitoring Template</b>	Code of Conduct
<b>Monitoring Date</b>	
<b>Name</b>	

PRINCIPLES OF CONDUCT	SCORE	ACTION REQUIRED
<p>1 The Humanitarian imperative comes first.</p> <p>The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle which should be enjoyed by all citizens of all countries. As members of the international community, we recognise our obligation to provide humanitarian assistance wherever it is needed. Hence the need for unimpeded access to affected populations is of fundamental importance in exercising that responsibility. The prime motivation of our response to disaster is to alleviate human suffering amongst those least able to withstand the stress caused by disaster. When we give humanitarian aid it is not a partisan or political act and should not be viewed as such.</p>		
<p>2 Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.</p> <p>Wherever possible, we will base the provision of relief aid upon a thorough assessment of the needs of the disaster victims and the local capacities already in place to meet those needs. Within the entirety of our programmes, we will reflect considerations of proportionality. Human suffering must be alleviated whenever it is found; life is as precious in one part of a country as another. Thus, our provision of aid will reflect the degree of suffering it seeks to alleviate. In implementing this approach, we recognise the crucial role played by women in disaster prone communities and will ensure that this role is supported, not diminished, by our aid programmes. The implementation of such a universal, impartial and independent policy, can only be effective if we and our partners have access to the necessary resources to provide for such equitable relief, and have equal access to all disaster victims.</p>		
<p>3 Aid will not be used to further a particular political or religious standpoint.</p> <p>Humanitarian aid will be given according to the need of individuals, families and communities. Notwithstanding the right of NGHAs to espouse particular political or religious opinions, we affirm that assistance will not be dependent on the adherence of the recipients to those opinions. We will not tie the promise, delivery or distribution of assistance to the embracing or acceptance of a particular political or religious creed.</p>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 5 Code of Conduct

PRINCIPLES OF CONDUCT	SCORE	ACTION REQUIRED
<p>4 We shall endeavour not to act as instruments of government foreign policy.</p> <p>NGHAs are agencies which act independently from governments. We therefore formulate our own policies and implementation strategies and do not seek to implement the policy of any government, except in so far as it coincides with our own independent policy. We will never knowingly - or through negligence - allow ourselves, or our employees, to be used to gather information of a political, military or economically sensitive nature for governments or other bodies that may serve purposes other than those which are strictly humanitarian, nor will we act as instruments of foreign policy of donor governments. We will use the assistance we receive to respond to needs and this assistance should not be driven by the need to dispose of donor commodity surpluses, nor by the political interest of any particular donor. We value and promote the voluntary giving of labour and finances by concerned individuals to support our work and recognise the independence of action promoted by such voluntary motivation. In order to protect our independence we will seek to avoid dependence upon a single funding source.</p>		
<p>5 We shall respect culture and custom.</p> <p>We will endeavour to respect the culture, structures and customs of the communities and countries we are working in.</p>		
<p>6 We shall attempt to build disaster response on local capacities.</p> <p>All people and communities - even in disaster - possess capacities as well as vulnerabilities. Where possible, we will strengthen these capacities by employing local staff, purchasing local materials and trading with local companies. Where possible, we will work through local NGHAs as partners in planning and implementation, and co-operate with local government structures where appropriate. We will place a high priority on the proper co-ordination of our emergency responses. This is best done within the countries concerned by those most directly involved in the relief operations, and should include representatives of the relevant UN bodies.</p>		
<p>7 Ways shall be found to involve programme beneficiaries in the management of relief aid.</p> <p>Disaster response assistance should never be imposed upon the beneficiaries. Effective relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and implementation of the assistance programme. We will strive to achieve full community participation in our relief and rehabilitation programmes.</p>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 5 Code of Conduct

PRINCIPLES OF CONDUCT	SCORE	ACTION REQUIRED
<p>8 Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.</p> <p>All relief actions affect the prospects for long term development, either in a positive or a negative fashion. Recognising this, we will strive to implement relief programmes which actively reduce the beneficiaries' vulnerability to future disasters and help create sustainable lifestyles. We will pay particular attention to environmental concerns in the design and management of relief programmes. We will also endeavour to minimise the negative impact of humanitarian assistance, seeking to avoid long term beneficiary dependence upon external aid.</p>		
<p>9 We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.</p> <p>We often act as an institutional link in the partnership between those who wish to assist and those who need assistance during disasters. We therefore hold ourselves accountable to both constituencies. All our dealings with donors and beneficiaries shall reflect an attitude of openness and transparency. We recognise the need to report on our activities, both from a financial perspective and the perspective of effectiveness. We recognise the obligation to ensure appropriate monitoring of aid distributions and to carry out regular assessments of the impact of disaster assistance. We will also seek to report, in an open fashion, upon the impact of our work, and the factors limiting or enhancing that impact. Our programmes will be based upon high standards of professionalism and expertise in order to minimise the wasting of valuable resources.</p>		
<p>10 In our information, publicity and advertising activities, we shall recognise disaster victims as dignified human beings, not hopeless objects.</p> <p>Respect for the disaster victim as an equal partner in action should never be lost. In our public information we shall portray an objective image of the disaster situation where the capacities and aspirations of disaster victims are highlighted, and not just their vulnerabilities and fears. While we will co-operate with the media in order to enhance public response, we will not allow external or internal demands for publicity to take precedence over the principle of maximising overall relief assistance. We will avoid competing with other disaster response agencies for media coverage in situations where such coverage may be to the detriment of the service provided to the beneficiaries or to the security of our staff or the beneficiaries.</p>		
<b>TOTAL SCORE</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 5 Code of Conduct

### Interpretation of results

Transfer your total score onto the summary table below and calculate your overall percentage.

Summary Scores	Your score	Maximum
Total score		40 Overall
score as a percentage		100

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (40) and multiply by 100.

Overall assessment and notes on action to be taken

## 6 Safety and Security

<b>Type</b>	Safety and Security
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing safety and security within the context of a humanitarian response. This checklist is based on CARE International's Security & Safety Manual which is available on the Internet.
<b>Rationale</b>	This checklist is designed to provide an organisation or an individual with guidelines for monitoring their own safety and security situation. It is not intended to be a "how to list" and is not all-inclusive. Staff members will have additional ideas concerning security, and what is appropriate for one area may not be so elsewhere. Organisations need to decide which measures are appropriate for each area.
<b>Template</b>	<p>The template has six main sections, of which three have sub-sections:</p> <p>TRANSPORTATION</p> <p>FACILITY SAFETY AND SECURITY</p> <ul style="list-style-type: none"> <li>Residences</li> <li>Apartment safety</li> <li>Office safety</li> <li>Warehouse and Industrial Installations</li> <li>Fire and Electrical Safety</li> </ul> <p>DISASTER PREPAREDNESS</p> <p>COMMUNICATIONS</p> <ul style="list-style-type: none"> <li>Communication Equipment</li> <li>Communication Procedures</li> </ul> <p>EVACUATION PLANNING</p> <p>ADMINISTRATION AND PERSONNEL</p> <ul style="list-style-type: none"> <li>Training and Briefing</li> <li>Administrative Procedures</li> <li>Family Members</li> <li>Visitors</li> <li>Cash Handling and Transfer</li> <li>Medical – Stress Management</li> </ul>

An organisation wishing to use this template should decide which sections need to be monitored, and within each section, which elements should be monitored. A suggested scoring system is provided, but organisations must feel free to adapt this to meet their own needs. Remember the template is to be your servant, not your master.

Risk levels are indicated as Low, Moderate, High, and Severe. Items marked for one risk level also apply to all higher risk levels. For example, a Moderate risk also applies to High and Severe risk level. Items marked as Mandatory apply at all times.

## 6 Safety and Security

An organisation may choose to adopt some security measures designated for higher risk levels to avoid being unprepared should the threat environment suddenly change. Upon completion of the self-assessment, the designated responsible person should decide the priority for corrective action. Most discrepancies can be corrected at the local level, though shortages in communication equipment or vehicle outfitting may require significant additional funding. Mandatory items should be corrected as soon as possible. When the discrepancies involve safety items in an office or residence they should be corrected prior to occupancy.

**Key Issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 **Transportation:** Staying safe and secure on the road is a priority. Travelling is still the most dangerous part of a humanitarian worker's job. Knowing how to travel safely is not enough. Staff must put it into practice.
- 2 **Buildings:** Buildings (whether residences, offices, or warehouses) need to be both safe and secure. Beware of the danger of making a building so secure that it becomes unsafe. (Bars on windows may stop intruders getting in, but may also stop you getting out in the event of a fire.)
- 3 **Fire and electrical safety:** The best way to avoid the consequences of a fire is to stop it happening in the first place. Prevention is better than cure. Electrical safety is a prerequisite. If a fire does start, early warning is the key to a successful resolution.
- 4 **Disasters:** Think about what to do in a disaster BEFORE it happens. How would you respond in the event of an earthquake, or a fire? Plan your responses before they are needed.
- 5 **Communication equipment:** All staff members need to know how to use communication equipment. This involves two parts: how to operate the equipment (buttons and switches) and what to communicate (clear and appropriate language).
- 6 **Evacuation planning:** Don't wait for a crisis to happen before thinking about how you are going to respond. Plan in advance. Who makes decisions? Who will be evacuated? What happens to equipment and files? What happens to the project during the evacuation period?
- 7 **Training:** All staff receive general training in safety and security. All staff receive specific guidelines on safety and security issues for each new posting.
- 8 **Administrative procedures:** Safety and security issues are fully covered through administrative procedures, including incident reporting, contact information etc.
- 9 **Visitors:** An agreed protocol for receiving visitors is in place in all offices. Visiting staff are made aware of security and safety issues and procedures for that location.
- 10 **Cash handling:** The organisation has in place protocols for the transfer of cash to help minimise the risk of theft or misappropriation.
- 11 **Medical:** Policies are in place covering everything from sexual harassment to stress, psychiatric care, and other medical treatment.

## 6 Safety and Security

**Comments** These are comments made by a reviewing panel of humanitarian workers and provide suggestions for further consideration.

- ▲ The dangers associated with drinking and driving should be highlighted.
- ▲ Organisations must adapt the risk ratings according to their own situations.
- ▲ Some elements are mandatory for all staff (e.g. seat belts). Other elements (e.g. evacuation) may not be applicable to all staff.

**References** Macpherson, R. & Pafford, B. CARE International Safety & Security Handbook

Mayhew, B. (2004). Generic Security Guide, Brussels: ECHO.

Van Brabant, K. (2001) HPG Report 9: Mainstreaming the Organisational Management of Safety and Security

## 6 Safety and Security

<b>Organisation</b>	
<b>Project Title</b>	
<b>Monitoring Template</b>	Safety and Security
<b>Monitoring Date</b>	
<b>Name</b>	

RISK	TRANSPORTATION	SCORE	ACTION REQUIRED
Mandatory	1 Seat belt/shoulder harness always worn front and rear.		
Mandatory	2 All vehicles are equipped with appropriate safety items.		
Mandatory	3 Vehicles are checked daily. Someone has been designated as responsible for maintenance and correction of discrepancies.		
Mandatory	4 Vehicle logbooks are maintained for each vehicle and contain a copy of the checklist and maintenance schedule, trip tickets, communication procedures, documentation, maps, etc.		
Mandatory	5 National and international staff have proper travel documentation, including driver license. Essential vehicle registration and documentation is in each vehicle.		
Mandatory	6 Drivers observe local driving laws and regulations and drive at speeds appropriate for conditions.		
Mandatory	7 A clear policy concerning the use of work vehicles for personal use during and after the workday, weekends, and holidays has been developed and briefed to all staff members.		
Low	8 Helmets are worn by anyone on a motorcycle at all times.		
Low	9 Vehicle fuel tanks are maintained above half full if possible.		
Low	10 Spare vehicle keys are kept under strict control in each Country Office.		
Low	11 Travellers notify others of travel time and destination. Procedures established for actions to be taken if travellers do not arrive as scheduled.		
Low	12 Policy concerning unauthorized passengers, especially soldiers, established and briefed to national and international staff.		

## 6 Safety and Security

RISK	TRANSPORTATION	SCORE	ACTION REQUIRED
Low	13 Where applicable, decals are posted on vehicle doors or windows indicating guns are not permitted in the vehicle.		
Low	14 Vehicle doors are kept locked while driving and a minimum number of windows open (no more than 5 cm).		
Low	15 Vehicles do not have darkened or tinted windows that may obscure visibility.		
Low	16 Staff members operating a vehicle are able to perform basic maintenance, such as changing a tire and checking engine, brake, battery and radiator fluids.		
Low	17 The appropriate radio frequencies and call signs for all relevant organizations in the area (UNHCR, NGOs etc.) are posted in each vehicle.		
Low	18 Vehicle accident procedures and reporting policies are in place and briefed to all staff.		
Low	19 An updated country or regional roadmap is displayed in the office.		
Low	20 Policies and procedures concerning guidelines and safety considerations when using air transport have been established and staff briefed. Special consideration given to situations when national military or civilian helicopter flight is required.		
Moderate	21 When possible, staff travel with at least one other person.		
Moderate	22 A radio is provided when travelling during daylight hours. (Night travel is not recommended.)		
Moderate	23 Radio check procedures are established for staff travelling out of the area of the office.		
Moderate	24 Primary and alternate travel routes are selected that avoid danger areas and provide the safest journey possible.		
Moderate	25 Regular contact with relevant local authorities is maintained to provide safety and security updates along the route.		
Moderate	26 Vehicles have extra water and fuel prior to any out of area trip.		
High	27 The use of trip tickets or another vehicle tracking system is in place to help track vehicle movement.		

## 6 Safety and Security

### FACILITY SAFETY AND SECURITY

The following items apply to facilities, such as offices, residences, apartments and warehouses and industrial spaces. Checklist items listed in the sections for Fire and Electrical Safety and Disaster Preparedness also apply to every facility at every risk level

RISK	RESIDENCES	SCORE	ACTION REQUIRED
Mandatory	28 Each residence has two possible exits (usually through a front and back door).		
Mandatory	29 All exterior doors and windows are secure and can be locked from inside.		
Mandatory	30 Outside doors to basement and service areas (laundry, storage rooms, etc.) can be locked.		
Mandatory	31 Trapdoors in the ceiling or floor, including skylights, can be locked.		
Low	32 Exterior entries have a method of seeing visitors without opening, and an outside light that can be activated from the inside.		
Low	33 Area around house or compound is free from hazards, such as holes and exposed wires.		
Low	34 When located in a walled compound a lightweight ladder is inside the compound to allow escape from the compound in an emergency.		
Low	35 There is a good view of approaches to housing.		
Low	36 There is no place in any yard for intruders to conceal themselves.		
Low	37 There is no access to roof or compound from neighbouring houses or buildings.		
Low	38 Windows and exterior openings are screened to prevent mosquitoes and other vectors.		
Moderate	39 Area around housing has limited access for pedestrian and vehicle traffic.		
Moderate	40 Yard or compound has fence or wall which is kept free from overhanging branches or thick bushes.		
Moderate	41 Exterior lighting installed, with all fixtures and cables protected from tampering.		
Moderate	42 Exterior light switch is accessible from inside the residence and at entry to compound or yard.		

## 6 Safety and Security

RISK	RESIDENCES	SCORE	ACTION REQUIRED
Moderate	43 External electrical, gas and telephone boxes are protected by locked or tamper-proof cover.		
Moderate	44 Windows are fitted with bars or grates as appropriate. Metal doors or screened barred doors installed.		
Moderate	45 Residence not near market area or host nation military compound.		
Moderate	46 Residence has secure parking.		
Moderate	47 Keys are carefully controlled. No duplicates made without CD and resident approval.		
High	48 If available, motion sensors are installed for exterior lights.		
High	49 Residence is near embassy, UN facility or clustered with other NGOs.		
High	50 International staff member has provided a key to the residence to the Country Office for use in an emergency. Keys are kept in a secure location with access restricted as designated by the Country Directory and staff member.		
High	51 Radio equipment, if present in residence, is protected from damage and theft.		

RISK	APARTMENT SAFETY	SCORE	ACTION REQUIRED
	(CHECKLIST ITEMS FOR RESIDENCES ALSO APPLY)		
Low	52 Preferable located on the first floor (to deter crime) and not higher than the capability for the local fire brigade equipment to reach (usually below the seventh floor).		
Low	53 There is a guard or secure lock at entryway.		
Low	54 Entryway is well lit and in good repair.		
Low	55 There is a fire escape or other alternative method of exit.		
Low	56 When present, stairways and elevators are well lit.		

## 6 Safety and Security

RISK	OFFICE SAFETY	SCORE	ACTION REQUIRED
	(CHECKLIST ITEMS FOR RESIDENCES ALSO APPLY)		
Mandatory	57 Office evacuation procedures and routes are posted.		
Mandatory	58 Someone is responsible for securing all windows, doors, exits, and entrances at the end of each day.		
Mandatory	59 Office smoking area designated and an appropriate cigarette disposal container provided. Separate trash containers, clearly labelled, are installed in the area.		
Mandatory	60 Electrical devices and cords are free of damage that may pose a shock hazard. Outlets do not have excessive number of devices plugged into them.		
Low	61 All documents of a sensitive nature are put away in an area with controlled access at the end of each day. (Political- or security-related materials should be kept separate from other files and access restricted.)		
Low	62 Office safes, when used, are securely affixed to the floor and inspected at the end of each day.		
Low	63 Office is arranged so that unescorted visitors remain under the receptionist's observation. All visitors are logged and follow proper access control procedures.		
High	64 Critical equipment is protected from damage.		
High	65 If more than one generator is present, the back-up generator is separated from the main unit. All units protected with sandbags.		
Severe	66 Fuel drums protected with sandbags. If fuel, oil, or other flammable substances are kept inside the compound, they are stored in remote areas and below ground level if possible.		

## 6 Safety and Security

RISK	WAREHOUSE AND INDUSTRIAL INSTALLATIONS	SCORE	ACTION REQUIRED
	(CHECKLIST ITEMS FOR RESIDENCES ALSO APPLY)		
Mandatory	67 Fire extinguishers and smoke detectors are installed and routinely checked to ensure they are in working order and readily accessible. Staff is trained in fire procedures.		
Mandatory	68 Trapdoors in the ceiling or floor, including skylights, are locked.		
Mandatory	69 Exterior doors and windows can be locked and are inspected at the end of each day.		
Mandatory	70 A system is in place to regularly inspect the interior and exterior of the installation.		
Mandatory	71 Warehouse and installation personnel understand security measures and appropriate responses, and know emergency contact personnel.		
Mandatory	72 Key access is controlled and duplicate keys are not allowed without CD approval.		
Mandatory	73 Access to storage areas for relief supplies and equipment is restricted to authorized personnel. A list of persons authorized admittance to the storage facility has been published and is displayed at the entryway to the each storage area.		
Low	74 There is no access from outside the building to fire escapes, stairways, and roof.		
Low	75 Warehouse and ground floor windows, particularly those near the ground or accessible from adjacent buildings, have been barred or grated.		
Low	76 Outdoor trash containers and storage bins are located away from the building.		
Low	77 Janitorial closets, service openings, and electrical closets are kept locked at all times.		
Low	78 Tree limbs and natural and man made protrusions over the fence or wall have been removed or blocked.		
Low	79 There is alternate communication between the warehouse and the administrative offices in case the primary communication system fails.		
Moderate	80 Access to the warehouse complex can be physically restricted to watchmen.		
Moderate	81 Outdoor openings, such as air vents and utility access points, have been covered, locked, or screened.		

## 6 Safety and Security

RISK	WAREHOUSE AND INDUSTRIAL INSTALLATIONS	SCORE	ACTION REQUIRED
High	82 Exterior floodlights and iron grills or bars for windows are installed and maintained.		
High	83 If feasible, the installation is protected by high perimeter fence or wall and a comprehensive external lighting system. There should be more than one exit from the compound.		

RISK	FIRE AND ELECTRICAL SAFETY	SCORE	ACTION REQUIRED
Mandatory	84 Fire extinguishers are installed in appropriate locations.		
Mandatory	85 Smoke detectors are installed, at least one on each floor.		
Mandatory	86 A first aid kit is present and maintained.		
Mandatory	87 Electrical cut-off is located and marked. Switch is kept free of obstructions and readily accessible. Staff can turn off electrical current in an emergency.		
Mandatory	88 Electrical devices, outlets, circuit breakers and cords are free of damage that may pose a shock hazard. Outlets are in good repair.		
Mandatory	89 If there are window bars or grates there is at least one set of window bars hinged with an inside release (not padlocked) to allow for emergency exit.		
Mandatory	90 All floors above the first floor have emergency escape method. For third floor and above there should be a rope or ladder with tested anchor points.		
Mandatory	91 Flammable liquids are properly stored, away from house and from other flammables such as wood or paper. Compound and facility are kept free of debris and trash.		
Mandatory	92 A water source sufficient to reach all parts of the compound is available. If no water is available in the compound a fire extinguisher is available outside the residence.		
Mandatory	93 Circuit boxes, inside and outside, are covered.		
Mandatory	94 Electrical wires or extension cords are not routed under carpet, where walked on, or where possibly damaged.		
Moderate	95 Electrical circuit, gas, and telephone boxes, if accessible from the outside, are locked to prevent tampering. If the external electrical and gas boxes contain the only cut-offs then the key is kept in a readily accessible location inside and is clearly marked.		

## 6 Safety and Security

RISK	DISASTER PREPAREDNESS	SCORE	ACTION REQUIRED
Mandatory	96 Residences and offices meet existing local building and safety codes.		
Mandatory	97 Consideration given to local disaster planning measures, such as for floods or earthquakes.		
Mandatory	98 Gas and electrical cut-off switches are located and marked.		
Low	99 Emergency lighting is in place. (Can be flashlights or installed lights.)		
Moderate	100 Residence has emergency items per Country Office policies.		
High	101 Water tanks, if used, are located inside the compound with locking lid if possible.		
High	102 Electrical generator is installed as a secondary power source if possible.		
High	<p>103 If feasible an interior safe room is established in the building for use in case of crime, an attack or an emergency. Safe room should be supplied in accordance with the Disaster Preparedness Plan or other Country Office emergency plan. Safe room requirements:</p> <ul style="list-style-type: none"> <li>▲ Has a strong solid metal door, not bars or grillwork;</li> <li>▲ Two methods of exit (if feasible);</li> <li>▲ Has peephole on doors to view other side;</li> <li>▲ Exterior windows barred with one hinged for emergency exit;</li> <li>▲ Has method for communicating with the Country Office and local authorities (usually radio, cellular phone, or satellite phone, with landline only as a last resort);</li> <li>▲ In the basement, only if the basement has been reinforced for use during disaster;</li> <li>▲ Has sufficient food, water and supplies for five days or more as directed by the Country Office; and</li> <li>▲ If over two floors from ground, has rope or ladder for emergency exit.</li> </ul>		

## 6 Safety and Security

RISK	COMMUNICATION EQUIPMENT	SCORE	ACTION REQUIRED
Mandatory	104 Communication equipment required for office, residences, and industrial facilities is in place and tested periodically.		
Low	105 Sub-offices and remote sites have redundant communication capability to Country Office.		
Low	106 Country Office has redundant communication capability to regional office and National Headquarters as appropriate.		
Low	107 Quantity and condition of communication equipment and supplies/repair parts checked and updated regularly. Procedures in place for reporting and correcting communication deficiencies.		
Low	108 Communication problems within the area of operations, such as "dead spots" or interference, have been identified and staff members have been made aware of them.		
Low	109 The emergency evacuation policy concerning destruction of specific communication equipment is posted.		
Low	110 Satellite phones, if available, are tested periodically. Policy for appropriate satphone use briefed to staff.		
Low	111 If possible, portable laptop computers are on hand and updated to allow resumption of office activity and connectivity during emergency relocation.		
Moderate	112 If in high theft areas, mounts purchased for vehicles that allow removal of communication equipment when vehicle not in use.		
High	113 Appropriate communication equipment, such as satphones, are issued to all personnel travelling out of local area.		
High	114 If feasible, communication equipment has a back-up power supply (usually a generator). If a generator is used, there is a program for inspection, testing and preventative maintenance.		
High	115 Radios or other communication devices are used by staff travelling out-of-area.		

## 6 Safety and Security

RISK	COMMUNICATION PROCEDURES	SCORE	ACTION REQUIRED
Mandatory	116 Staff members are knowledgeable on the use of communication equipment installed in the office.		
Mandatory	117 Staff never transmit sensitive information, such as the transfer of cash, in plain language over the radio network.		
Mandatory	118 The appropriate RMU and National Headquarter personnel have been provided with a copy of Country Office call signs, frequencies and primary and alternate 24-hour contact procedures.		
Mandatory	119 Written communication procedures and guidelines are posted and briefed to staff. Essential emergency contact information, including phone numbers, frequencies, and call signs are posted in the office, in each vehicle, and on a card for each staff member to carry.		
Low	120 Communication equipment, including radios, cellular phones, and satellite phones, have host government approval and licensing prior to use if required.		
Low	121 There is a procedure in place for routine back-up of computer files, with back-up medium stored outside the office.		
Moderate	122 Multiple VHF and HF frequencies have been obtained for each office if feasible.		
Moderate	123 Use of other NGO or UN radio networks has been coordinated if available.		
Moderate	124 An office communication centre has been established and a specific communication layout, including equipment location, has been defined.		
Moderate	125 Adequate number of national and international staff are able to serve in the communications centre.		
High	126 Radio checks with remote offices, travellers, the UN and other NGOs in the area are routinely performed as appropriate.		
High	127 Duress code words or phrases have been established for common emergency conditions such as kidnapping or intrusion. Their use has been briefed to staff.		
Severe	128 Radios are monitored 24 hours a day as appropriate.		

## 6 Safety and Security

RISK	EVACUATION PLANNING	SCORE	ACTION REQUIRED
Mandatory	129 The Country Office Emergency Evacuation Plan is up-to-date and readily available.		
Mandatory	130 All staff members know assembly areas, safe houses, and routes for evacuation.		
Mandatory	131 Each Country Office has designated a staff member responsible for evacuation planning and operations.		
Mandatory	132 Staff member is identified to be responsible for preparing, maintaining, and updating the evacuee manifest.		
Mandatory	133 The policy concerning actions to be taken when national staff members request evacuation or political asylum has been briefed to all staff members.		
Mandatory	134 Procedures are in place and discussed with all staff concerning an international member of the staff who chooses to remain behind in the event of an evacuation.		
Mandatory	135 Country Office has established procedures for evacuation or other emergency action for national staff members and all staff briefed.		
Low	136 The primary point of contact within the UN and the international/national military force (if applicable) for evacuation planning has been identified and contacted.		
Low	137 Assembly areas and alternate assembly areas are identified, validated and coordinated with UN, other NGOs and appropriate agencies and military forces.		
Low	138 Primary and alternate assembly areas, evacuation sites, and evacuation routes have been verified. All sites and routes have been coordinated with, and identified to, the UN and/or international/national military forces in the area.		
Low	139 The UN and/or appropriate Embassy Emergency Evacuation Plan has been reviewed, coordinated, and briefed to staff as appropriate.		
Low	140 Specific documents that must accompany the evacuating staff have been identified. Plans made to destroy or carry out documents that reference specific duties and pay scales/salaries of national staff members or that could be used against national staff members.		

## 6 Safety and Security

RISK	TRAINING / BRIEFING	SCORE	ACTION REQUIRED
Mandatory	141 An orientation program is in place for each new staff member.		
Mandatory	142 The policy concerning Drugs and Alcohol is posted or available and discussed with all national and international staff members.		
Mandatory	143 All staff members receive security training appropriate to their position and level of responsibility.		
Mandatory	144 Staff family members receive appropriate security training prior to their assignment or immediately upon arrival.		
Mandatory	145 Periodic safety and security training and briefings are completed for Country Office staff and recorded in the appropriate office and personnel files.		
Mandatory	146 All new staff receive briefings on the Country Office evacuation plan, the Disaster Preparedness Plan, and other security policies and procedures.		
Moderate	147 Staff are debriefed when departing.		

RISK	ADMINISTRATIVE PROCEDURES	SCORE	ACTION REQUIRED
Mandatory	148 A Record of Emergency Data (RED) is on file for each staff and family member.		
Mandatory	149 Appropriate emergency contact numbers have been posted. The notification system is tested regularly.		
Low	150 Incident reporting format and procedures have been established and staff briefed.		
Low	151 Incident reports are treated with confidentiality, transmitted by most secure means to appropriate regional and national offices, and stored with controlled access in the office.		
High	152 Background checks are conducted on all prospective hires.		

RISK	FAMILY MEMBERS	SCORE	ACTION REQUIRED
Mandatory	153 International staff family members are registered with the appropriate embassy.		
Mandatory	154 All family members are briefed on the Country Office's safety and security procedures and guidelines, including medical emergency response, medical evacuation and crisis evacuation.		

## 6 Safety and Security

RISK	VISITORS	SCORE	ACTION REQUIRED
Mandatory	155 Visitors check in with the appropriate embassy upon arrival.		
Mandatory	156 Visitors are lodged at approved hotels.		
Mandatory	157 Visitors are provided with emergency contact information including phone numbers of key local and international staff.		
Mandatory	158 Visitors are provided with an information packet or orientation brief immediately upon arrival.		
Moderate	159 Country Directors determine whether in-country visits are appropriate and if so, the travel criteria and appropriate travel locations. The number of in-country visitors is closely monitored and limited as required.		
Moderate	160 Visitors maintain contact with the appropriate office when visiting remote project sites.		
High	161 Publicity and press coverage is limited prior to and during group visits as appropriate.		
High	162 Visitors (including visiting staff) receive instruction in safety measures, alarm systems, guards, and emergency and evacuation plans.		
High	163 Visitors must be equipped with, and instructed in the use of, all appropriate communication equipment.		
High	164 Night travel for unescorted visitors is prohibited.		
High	165 Visitors are instructed to vary their daily schedule and routes.		
High	166 Travel is restricted to essential work and must include frequent radio check-in when out-of-area.		

## 6 Safety and Security

RISK	CASH HANDLING AND TRANSFER	SCORE	ACTION REQUIRED
Mandatory	167 Secure methods for receipt, transfer and storage of cash established and appropriate staff are trained.		
Low	168 Country Office has designated staff members authorized and trained to withdraw and transfer cash.		
Low	169 Cash is transported by at least two individuals with cash divided between them.		
Low	170 Travel routes and times is varied and disclosed only on an "as-needed" basis.		
Low	171 In-city transport is done by office vehicle, not public transportation.		
Low	172 Vehicle and driver are changed periodically if possible.		
Low	173 Cash transfer to remote project sites are conducted by quickest means possible to limit vulnerability.		
Low	174 When transporting large amounts of cash to project sites, a contingency plan is in place for travel delays. A location for safe custody of cash, particularly during an overnight stay, has been identified.		
Low	175 When a train is used for transport, cash-carrying staff arranges for sole occupancy of a separate, locked compartment if possible.		
Low	176 A safe is available immediately upon arrival at the final destination.		
Low	177 Staff understand that in the event of an attack they should never risk their lives to protect cash.		
Low	178 Staff members never make references to cash when communicating by radio and use code words as appropriate.		

## 6 Safety and Security

RISK	MEDICAL/STRESS MANAGEMENT	SCORE	ACTION REQUIRED
Mandatory	179 Policies concerning sexual harassment and sexual assault are posted or available, and briefed to staff.		
Mandatory	180 Policies and procedures concerning stress management are posted or available, and briefed to staff.		
Mandatory	181 Policies concerning post stress management and psychiatric treatment are posted or available, and briefed to staff.		
Mandatory	182 Country Director has a confidential system in place to identify personnel requesting or requiring counselling.		
Mandatory	183 International staff members receive medical and dental examinations and vaccinations prior to assignment.		
Mandatory	184 All national and international staff have access to proper medical care.		
Mandatory	185 An emergency medical response plan is in place and all staff are capable of implementing it.		
Mandatory	186 Medical evacuation procedure for international staff is in place and briefed to staff.		
Mandatory	187 The different procedures and policies concerning medical care of national and international staff are discussed with staff.		
Mandatory	188 International staff members have proper medical insurance, including evacuation insurance with clauses appropriate to potential risks, prior to assignment.		
Low	189 The staff is aware of the importance of confidentiality while sharing medical information.		
Low	190 The staff has received training in HIV/AIDS awareness, first-aid (including CPR), and potential medical threats in the area, with refresher training provided as required.		
Low	191 As appropriate, a walking blood bank system is in place, with the blood type of all staff recorded on the Record of Emergency Data.		
Low	192 Staff have received all appropriate immunizations. Vaccinations and any pre-existing medical conditions are recorded on the Record of Emergency Data.		
Low	193 As appropriate, the water system for residences and offices has been tested for contamination, including biological, metal, and other harmful pollutants.		
High	194 As a stress management measure, periodic time away from area is given to all personnel working in High or Severe risk areas.		

## 6 Safety and Security

Overall assessment and notes on action to be taken

## 7 Child Protection

<b>Type</b>	Child Protection
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing good practice in child protection within the field of humanitarian aid. This checklist is based on Keeping Children Safe (Standards for Child Protection) produced by the Keeping Children Safe Coalition.
<b>Rationale</b>	<p>Abuse of children (physical, sexual, emotional/psychological and neglect) occurs on a staggering scale across the world. Anyone who comes into contact with children has a responsibility to keep children safe and promote their wellbeing. However, whether it is at home, at school, in the community or within agencies, adults that are supposed to protect and care for children also form a potential risk to children. Working for and with children can give adults who seek to harm children the power, status and opportunity to abuse their position of trust. And unfortunately this does happen. Agencies, therefore, have a special responsibility to make their operations safe for the children they are in contact with.</p> <p>In recognition of these challenges and as a response to them, several international aid and development agencies, together with the UK National Society for the Prevention of Cruelty to Children (NSPCC) have worked together since 2001 to develop a standards-based approach to child protection. They form the “Keeping Children Safe” Coalition with the goal to increase the safeguards offered to children through improved child protection policies and practice within the agencies and authorities which work with children.</p> <p>The following paragraphs are taken from Keeping Children Safe. Users of this template are strongly encouraged to refer to the full document alongside the template. The full document is available on the Internet.</p> <p><b>Why standards?</b></p> <p><i>Standards are used in many different areas of life. They describe the basic level of performance or ability that is required for a product or service to be effective and do the job it was designed to do.</i></p> <p><i>In this case, we are defining what needs to be in place in agencies to keep children safe. The standards also list criteria – indicators that will help you decide whether this standard has been met. The criteria give details of the steps that an agency needs to take to meet the standard in each area.</i></p> <p><b>Applying the standards locally</b></p> <p><i>The standards have been written in a way that makes them relevant and achievable. At the same time, it should be recognised that they may be more difficult or challenging to apply in some countries and local contexts than in others. There is enormous variation in local practice and circumstances and so it is important that agencies adapt the standards and guidelines to fit the local context in which they will be applied.</i></p> <p><i>However, the principles that support these standards (below) should always be adhered to and the standards should not be changed so much that children are not protected as a result.</i></p>

## 7 Child Protection

### **General principles**

*The standards document is based on the following set of principles:*

- 1 *All children have equal rights to protection from abuse and exploitation.*
- 2 *All children should be encouraged to fulfil their potential and inequalities should be challenged.*
- 3 *Everybody has a responsibility to support the care and protection of children.*
- 4 *NGOs have a duty of care to children with whom they work and with whom their representatives work.*
- 5 *If agencies work through partners they have a responsibility to meet minimum standards of protection for the children in their partners' programmes.*

### **Advantages of implementing child protection standards**

- 1 *Children are protected*  
*No standards can offer complete protection for children, but following these standards minimises the risk to children of abuse and exploitation.*
- 2 *Agency representatives are protected*  
*By implementing these standards, all representatives will be clear about how they are expected to behave with children and what to do if there are concerns about the safety of a child.*
- 3 *The organisation is protected*  
*By implementing these standards organisations make clear their commitment to keeping children safe. The standards will help them to move towards best practice in this area and deter potential abusers from joining the organisation.*

### **Summary**

*These standards can ensure that agencies develop practices that keep children safe from harm. They offer practical guidance to agencies on what they need to put in place to meet their responsibilities to protect children. They also provide a basis for determining local standards and how these will be met and measured.*

<b>Template</b>	<p>Keeping Children Safe identifies eleven standards:</p> <p>Standard 1: A written policy on keeping children safe</p> <p>Standard 2: Putting the policy into practice</p> <p>Standard 3: Preventing harm to children</p> <p>Standard 4: Written guidelines on behaviour towards children</p> <p>Standard 5: Meeting the standards in different locations</p> <p>Standard 6: Equal rights of all children to protection</p> <p>Standard 7: Communicating the 'keep children safe' message</p>
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## 7 Child Protection

Standard 8: Education and training for keeping children safe

Standard 9: Access to advice and support

Standard 10: Implementing and monitoring of the standards

Standard 11: Working with partners to meet the standards

In the template each principle is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 All agencies that work directly or indirectly with people under the age of 18 should have a written policy on keeping children safe. This is generally known as a child protection policy. The policy communicates that the agency is committed to keeping children safe. It makes clear to everyone that children must be protected, helps to create a safe and positive environment for children, and shows that the organisation is taking its duty of care seriously. Having a policy is not enough. If staff don't know about the policy, it has no effect. The policy must be disseminated.
- 2 There should be clear guidance on what to do when a child protection incident or concern arises. Clear procedures and guidance will help to make sure there is a prompt response to concerns about a child's safety or welfare. They also help an organisation to meet any legal or practice guidance requirements.
- 3 Processes exist to help minimise the possibility of children being abused by those in positions of trust. Some people who work in, or who seek to work in agencies (whether it is paid or voluntary work) pose a risk to children. It is possible to minimise the dangers and to prevent abuse by putting certain measures in place.
- 4 Written guidelines exist that describe what is appropriate behaviour, such as codes of conduct or codes of practice towards children. Children should experience a safe, positive and encouraging atmosphere. Written standards of behaviour for everyone should define what acceptable and unacceptable behaviour towards children is. These guidelines can help minimize opportunities for abuse and help prevent false allegations being made against staff and other representatives.
- 5 Clear guidance exists on how the organisation's guidelines will be adapted in different locations to fit with local circumstances. NGOs and other agencies work in a variety of settings with great variations in understandings and arrangements for child protection. There are sometimes different understandings of what child abuse means. The agency

## 7 Child Protection

needs to give clear guidance to staff, partners and other organisations (including funding organisations) on how the child protection policy will be adapted and applied practically in these different circumstances. The guidelines must be applied in ways that are sensitive to different cultures but without condoning practices that are harmful to children.

- 6 Steps are taken to address the needs of all children to be protected from abuse. Abuse happens to male and female children of all ages, race, gender, age, religion or disability, sexual orientation, social background or culture. Some children, such as disabled children, are particularly vulnerable. Prejudice and discrimination can prevent some children getting the help they need and agencies should take steps to ensure that all children are protected and receive the support they require.
- 7 Systems and processes are put in place to ensure that everyone in the agency knows how to keep children safe, are asked their opinion on keeping children safe and have their opinions listened to. Policies and procedures put in place by organisations to keep children safe are only effective if people are aware of them, can contribute to their development and have the opportunity to express their views on how they are working.

### Definitions

**Child Protection:** Whatever individuals, organisations, countries and communities do to protect children from abuse and exploitation. This abuse might include domestic violence, child labour, commercial and sexual exploitation and abuse, HIV/AIDS, and physical violence. Child Protection also describes what an organisation does to protect children from harm. In this context, and taken from Keeping Children Safe, child protection focuses on an organisation's responsibility to protect children they come into contact with, whether the harm is taking place inside or outside the organisation.

**Child Abuse/child maltreatment:** General terms to describe harm to a child – physically, emotionally, sexually or by neglect. The harm happens because a parent, carer or organisation fails to ensure a reasonable standard of care or protection. Defined in the World Report on Violence and Health as: "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment of commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power." (WHO, 1999 & 2002)

### References

Keeping Children Safe: Standards for Child Protection produced by the Keeping Children Safe Coalition. The above is taken from the first part of a comprehensive child protection training toolkit that provides agencies with suggestions on 'How to Implement the Standards', and includes a complete training pack for staff and partners with DVD and CD rom. ([www.keepingchildrensafe.org.uk](http://www.keepingchildrensafe.org.uk)). Versions of the entire toolkit are also available in French and Spanish. In addition, the Standards are also available in Russian, Arabic and Swahili.

## 7 Child Protection

<b>Organisation</b>	
<b>Monitoring Template</b>	Child Protection
<b>Monitoring Date</b>	
<b>Name</b>	

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 1: A written policy on keeping children safe</b>		
<p>All agencies that work directly or indirectly with people under the age of 18 should have a written policy on keeping children safe. This is generally known as a child protection policy.</p> <p><i>The policy communicates that the agency is committed to keeping children safe. It makes clear to everyone that children must be protected, helps to create a safe and positive environment for children, and shows that the organisation is taking its duty of care seriously.</i></p>		
1 The organisation has a child protection policy.		
2 The policy is written in a clear and easily understandable way.		
3 The policy is publicised, promoted and distributed widely.		
4 The policy is approved and signed by the relevant management body (e.g. Senior Management Board, Executive, Committee).		
5 All staff or other representatives are required to comply with the policy – there are no exceptions.		
6 The policy is reviewed as a minimum every three years and is adapted whenever there is a significant change in the agency or if there are any legal changes.		
7 The policy covers child protection in the different types of work undertaken: emergency relief; development work; working with partners; child sponsorship; advocacy, and so on.		
8 The policy clearly describes the agency's understanding and definitions of abuse.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 7 Child Protection

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 2: Putting the policy into practice</b>		
<p>There should be clear guidance on what to do when a child protection incident or concern arises.</p> <p><i>Clear procedures and guidance will help to make sure there is a prompt response to concerns about a child's safety or welfare. They also help an organisation to meet any legal or practice guidance requirements.</i></p>		
9 There are clear child protection procedures in place that provide step-by-step guidance on what action to take if there are concerns about a child's safety or welfare.		
10 The child protection procedures are available to everyone (including children, parents/carers and consultants) and actively promoted. Consideration should be given to language, different ways of communicating and making sure that everyone can find the information easily.		
11 The child protection procedures are consistent with international standards and good practice in the protection of children. They should also take account of issues that arise as a result of different country contexts.		
12 There is a person or person(s) with clearly defined responsibilities for child protection, at each level of the agency.		
13 There is a process for recording incidents, concerns and referrals and storing these securely, so that confidential information is locked away.		
14 There is a process for dealing with complaints by parents/carers and by young people about unacceptable and/or abusive behaviour towards children, with clear timescales for resolving the complaint.		
15 There is guidance on confidentiality and information-sharing which makes clear that the protection of the child is the most important consideration.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

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## 7 Child Protection

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 3: Preventing harm to children</b>		
Processes exist to help minimise the possibility of children being abused by those in positions of trust.  <i>Some people who work in, or who seek to work in agencies (whether it is paid or voluntary work) pose a risk to children. It is possible to minimise the dangers and to prevent abuse by putting certain measures in place.</i>		
16 There are agreed ways of recruiting staff, volunteers, consultants and assessing their suitability to work with children.		
17 All those who have the opportunity for regular contact with children, or who are in positions of trust, complete a form declaring any previous court convictions and are required to have other checks made on them where possible.		
18 There are clear ways both inside and outside the agency for representatives to raise concerns, confidentially if necessary, about unacceptable behaviour towards children by other representatives.		
19 There is guidance on assessing all possible risks in working with children – especially in activities that involve time spent away from home.		
20 Projects and programmes make sure that children are adequately supervised and protected at all times.		
21 Where agencies are involved in placing children in the care of other families, checks should be made that families are suitable.		
22 Guidelines exist for appropriate use of information technology (such as email, digital cameras, websites, internet) to make sure that children are not put in danger and exposed to abuse and exploitation.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

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## 7 Child Protection

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 4: Written guidelines on behaviour towards children</b>		
Written guidelines exist that describe what is appropriate behaviour, such as codes of conduct or codes of practice, towards children.  <i>Children should experience a safe, positive and encouraging atmosphere. Written standards of behaviour for everyone should define what acceptable and unacceptable behaviour towards children is. These guidelines can help minimize opportunities for abuse and help prevent false allegations being made against staff and other representatives.</i>		
23 There are written guidelines for behaviour.		
24 Written policies and procedures outline how staff are recruited and selected to positions in our organisation.		
25 Recruitment methods aim to attract the widest pool of suitably qualified candidates.		
26 Our selection process is fair, transparent and consistent to ensure the most appropriate person is appointed.		
27 Appropriate documentation is maintained and responses are given to candidates regarding their selection/non-selection to posts. We will provide feedback if necessary.		
28 The effectiveness and fairness of our recruitment and selection procedures are monitored.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
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## 7 Child Protection

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 5: Meeting the standards in different locations</b>		
<p>Clear guidance exists on how the organisation's guidelines will be adapted in different locations to fit with local circumstances.</p> <p><i>NGOs and other agencies work in a variety of settings with great variations in understandings and arrangements for child protection. There are sometimes different understandings of what child abuse means. The agency needs to give clear guidance to staff, partners and other organisations (including funding organisations) on how the child protection policy will be adapted and applied practically in these different circumstances. The guidelines must be applied in ways that are sensitive to different cultures but without condoning practices that are harmful to children.</i></p>		
29 The agency requires local mapping exercises to be carried out that analyse the legal, social welfare and child protection arrangements in the contexts in which it works.		
30 Guidance covers the distinction between children generally in need of protection and those in need of protection from specific acts of maltreatment.		
31 The UN Convention of the Rights of the Child (UNCRC) or regional equivalent is clearly identified as the basis for child protection.		
32 There is a participatory process of dialogue and discussion through which differences between what is acceptable behaviour locally and what is acceptable under the child protection policy can be resolved.		
33 There is an appropriate process for reporting and responding to child protection incidents and concerns that fits with the local systems for dealing with incidents of child abuse (as identified in the mapping exercise).		
34 Guidance exists on establishing a reporting procedure based on local child protection systems and resources.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

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## 7 Child Protection

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 6: Equal rights of all children to protection</b>		
<p>Steps are taken to address the needs of all children to be protected from abuse.</p> <p><i>Abuse happens to male and female children of all ages, race, gender, age, religion or disability, sexual orientation, social background or culture. Some children, such as disabled children, are particularly vulnerable. Prejudice and discrimination can prevent some children getting the help they need and agencies should take steps to ensure that all children are protected and receive the support they require.</i></p>		
35 The child protection policy makes it clear that all children have equal rights to protection.		
36 Child protection procedures, guidance and training help representatives to recognise the particular risks faced by some children and the extra difficulties they face getting help, because of their race, gender, age, religion or disability, sexual orientation, social background or culture.		
37 Codes of conduct/behaviour include statements about the responsibility of adults and children to treat one another with dignity, respect, sensitivity and fairness.		
38 Codes of conduct/behaviour make it clear that all behaviour that discriminates, offends or is violent is unacceptable and that complaints will be acted on.		
39 Processes for dealing with complaints are fair and transparent and include a right of appeal.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

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## 7 Child Protection

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 7: Communicating the 'keep children safe' message</b>		
Systems and processes are put in place to ensure that everyone in the agency knows how to keep children safe, are asked their opinion on keeping children safe and have their opinions listened to.  <i>Policies and procedures put in place by organisations to keep children safe are only effective if people are aware of them, can contribute to their development and have the opportunity to express their views on how they are working.</i>		
40 Information about the agency's commitment to keeping children safe is openly displayed and available to everyone.		
41 Children are made aware of their right to be safe from abuse.		
42 Information for children parents/carers is made available about where to go for help in relation to child abuse.		
43 Information provided is in a format and language that can be easily understood by everyone, including children.		
44 Everyone in the agency knows who has responsibility for child protection and how to contact them.		
45 Contact details are readily available for local child protection services, such as safe houses, advocacy services, national authorities, emergency medical help and local telephone helplines.		
46 Steps are taken to find out the views of children on policies and procedures and how they are working.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
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## 7 Child Protection

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 8: Education and training for keeping children safe</b>		
<p>There are learning opportunities for staff to develop and maintain the necessary attitudes, skills and knowledge to keep children safe.</p> <p><i>Everyone in contact with children has a role to play in their protection. They can only carry out this role confidently and effectively if they have the right attitude towards children, are sufficiently aware of child protection issues and have the necessary knowledge and skills to keep children safe. Agencies working with children have a responsibility to provide training and development opportunities for their staff and to ensure that children are also included in programmes to learn more about keeping children safe. There should be learning opportunities for staff to develop and maintain the necessary skills and understanding to keep children safe.</i></p>		
47 All members of staff, volunteers and other associates have training on child protection when they join the agency which includes an introduction to the organisation's child protection policy and procedures.		
48 All members of staff and volunteers are provided with opportunities to learn about how to recognise and respond to concerns about child abuse.		
49 Children are provided with advice and support on keeping themselves safe.		
50 Staff members and volunteers with special responsibilities for keeping children safe have relevant training and regular opportunities to update their skills and knowledge.		
51 Training is provided to those responsible for dealing with complaints and disciplinary procedures in relation to child abuse and inappropriate behaviour towards children.		
52 Training and written guidance on safer recruitment practice is provided for those responsible for recruiting and selecting staff.		
53 Opportunities exist for learning from practical case experience to be fed back into organisational training and development programmes.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
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## 7 Child Protection

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 9: Access to advice and support</b>		
<p>Arrangements are made to provide essential information and support to those responsible for keeping children safe. Children who are being abused are assisted to get help.</p> <p><i>Child abuse is distressing and can be difficult to deal with. Organisations have a duty to ensure advice and support is available to help people to play their part in protecting children. Children need someone to turn to when they are being abused. Often they do not know where to go for help.</i></p>		
54 Children are provided with information on where to go to for help and advice in relation to abuse, harassment and bullying.		
55 Staff members with special responsibilities for keeping children safe have access to specialist advice, support and information on child protection.		
56 Contacts are established at a national and/or local level with the relevant child protection/welfare agencies that can provide information, support and assistance to children and staff.		
57 Arrangements are in place to provide support to individuals – both the people the agency works with and staff members, during and following an incident or allegation of abuse or a complaint.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 10: Implementing and monitoring of the standards</b>		
<p>The agency develops a plan of action to monitor the effectiveness of the steps it is taking to keep children safe.</p> <p><i>To keep children safe, policies, procedures and plans have to be implemented across all parts of the organisation. Checks are needed to ensure this is happening consistently. The views of those involved inside and outside the organisation can help to improve the effectiveness of any measures taken</i></p>		
58 There is a written plan showing what steps will be taken to keep children safe, who is responsible for implementing these measures and when these will be completed.		
59 The human or financial resources necessary for implementing the plan are made available.		
60 Policies and practices are reviewed at regular intervals, ideally at least every three years, and revised based on changes in needs, legislation, guidance, practice experience changes within the organisation, and so on.		
61 Processes are in place to ask children and parents/carers about their views on policies and practices for keeping children safe.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

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## 7 Child Protection

STANDARDS AND INDICATORS	SCORE	ACTION REQUIRED
<b>Standard 11: Working with partners to meet the standards</b>		
<p>Where agencies work with or through partners that are in contact with children, those partners must have or develop child protection policies and procedures, which are consistent with these standards.</p> <p><i>When working in partnership with others, organisations have a responsibility to make sure that children are kept safe by the partner organisation as well. Most partners working with children will already be concerned for child protection and may have good policies and procedures in place. A discussion between partners based on these standards should allow for mutual learning and development of agreed good practice.</i></p>		
62 There is a process of engagement with partners on child protection issues to ensure common agreements, mutual learning and development of good practice.		
63 A written agreement provides minimum standards for an agency's work with and through partners.		
64 The existence or development of a child protection policy and procedures form an essential part of partnership agreements.		
65 Agencies consider capacity-building work or grants for the purpose of developing child protection policies and procedures in partner agencies.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
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## 7 Child Protection

### Interpretation of results

Transfer your scores from the eleven principles onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Standard 1: A written policy on keeping children safe		32
Standard 2: Putting the policy into practice		28
Standard 3: Preventing harm to children		28
Standard 4: Written guidelines on behaviour towards children		24
Standard 5: Meeting the standards in different locations		24
Standard 6: Equal rights of all children to protection		20
Standard 7: Communicating the 'keep children safe' message		28
Standard 8: Education and training for keeping children safe		28
Standard 9: Access to advice and support		16
Standard 10: Implementing and monitoring of the standards		16
Standard 11: Working with partners to meet the standards		16
<b>Overall score</b>		<b>260</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (260) and multiply by 100.

Overall assessment and notes on action to be taken

# Cross-Cutting Issues Templates

## 8 Beneficiary Accountability

<b>Type</b>	Beneficiary accountability
<b>Purpose</b>	The purpose of this template is to provide a simple tool to monitor progress towards being accountable to beneficiaries. This template is based on Mango's <b>Accountability to Beneficiaries: A Practical Checklist</b> . For further details please refer to the reference section below and to Mango's own website.
<b>Rationale</b>	The following paragraphs are taken from Mango's document. Users of this template are strongly encouraged to refer to the Mango document alongside the template.

### **Introduction**

*This tool is a self-assessment checklist, to help NGO staff gauge how accountable they are to their beneficiaries. It is made up of just over 30 practical action points which describe good practice in this area. The checklist may be a useful starting point for discussion about the type of accountability that is most appropriate for the different situations that NGOs face.*

### **Accountability to beneficiaries**

*It is widely recognised that NGOs are most effective when they are accountable to the people they aim to help. This means explaining their work to local people and involving local people in making decisions about their activities (known as 'participation'). It is true for long term development work and for emergency humanitarian responses.*

### **Definitions**

*For this checklist, 'accountability' means providing people with the opportunity to understand and influence the key decisions which are made during your NGO's work.*

*In practical terms, accountability to beneficiaries is made up of five components:*

- ▲ *providing information publicly;*
- ▲ *working with local social structures;*
- ▲ *involving people in making decisions;*
- ▲ *a complaints procedure;*
- ▲ *the attitudes of NGO staff.*

*There is a section for each of these in the checklist, including a few additional notes on what they mean.*

*'Beneficiaries' refers to the people who NGOs ultimately aim to help, e.g. refugees, internally displaced people, the poor and vulnerable who should benefit from the NGOs activities. Beneficiary communities are normally made up groups of people with different interests. This is discussed further in 'identifying representatives', below.*

### **Accountability to beneficiaries in practice**

*Accountability to beneficiaries brings important practical advantages, including:*

- ▲ *Increasing the chance that an NGO's activities meet beneficiaries' real needs.*
- ▲ *Increasing the sense of ownership that beneficiaries feel towards an NGO's work, which improves the chance of long-term impact.*
- ▲ *Supporting beneficiaries' self-respect and self-confidence.*
- ▲ *Reducing the risk of fraud, or of funds being used inefficiently.*

## 8 Beneficiary Accountability

*However, it is not always appropriate for every NGO to carry out every action point described in this checklist. Local work always needs to be adapted to local circumstances. For instance, political or security threats may make it dangerous to publish financial information. There can be a great deal of urgency in humanitarian work which sometimes over-rides the need to be accountable.*

*It is hoped that this checklist provides a basis for discussing these issues and helps busy NGO staff (and their managers) judge how to be accountable to their beneficiaries in practice.*

*It is often useful for an NGO to be as open as possible to the entire community of people they are trying to help, rather than relying only on specific individuals. Making information publicly available can reduce the risk that resources (or influence) are captured by specific groups.*

*Being accountable to beneficiaries takes time and needs the support of managers. It can slow down an NGO's operations and it can be difficult to put in practice while also meeting all the demands of different stakeholders, like donors, government officials and other NGO managers. But at the same time, it can radically increase an NGO's impact.*

### Template **Using the checklist**

*The checklist is made up of five sections. Each one contains a series of practical action points which describe how an NGO can go about being accountable to its beneficiaries.*

*You will be asked to consider your recent performance for each action point, and to give yourself a score of 0 – 5. Each section includes a brief note on how you should judge what score to give yourself. 5 is always very strong performance and 1 is weak performance – and a score of '0' means that you are not carrying out that action at the moment.*

*You might like to use the checklist to stimulate discussion within your staff team. You can also triangulate your findings by completing it with other stakeholders, like beneficiaries, local government officers or donors.*

*Managers might choose to use the checklist to track how effectively different teams are being accountable to their beneficiaries. For instance, your NGO might decide to establish minimum standards for each section of the checklist.*

### **About this checklist**

*This draft checklist was developed by Mango in November 2005 for Oxfam GB's humanitarian department. You are welcome to adapt it further, change it around or just use sections that you think particularly useful.*

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Good practice is to make information available publicly, where local circumstances permit it. Providing information to local people is a demonstration of respect for them. It also allows people to hold community representatives and NGO staff to account – for instance, by commenting on and influencing your NGOs' activities.

## 8 Beneficiary Accountability

- 2 Beneficiary communities always include different groups of people facing different issues (e.g. the traditionally low-status, widows, different ethnic identities). Some community leaders may represent their interests; others may not. NGO staff need to identify representatives who speak for the specific groups of people they aim to help. They also need to design NGO activities to make it easy for busy or low-status people to get involved, and to help them strengthen their influence in local decision making.
- 3 Any group of people affected by an NGO's activities should have a role in making decisions about those activities. This normally means working with representatives of different groups in the beneficiary community. By encouraging people to get involved in how an NGO makes decisions, NGO staff can help them build the confidence and skills to influence other political decisions – for instance, by holding their leaders to account. This can help poor or vulnerable people make their interests heard and contribute to the long-term fight against injustice and poverty.
- 4 Beneficiaries need to know how to make a complaint. A complaint in this context means a formal allegation of wrong-doing by a member of NGO staff. It is hoped that most concerns about programme activities will be discussed and resolved between beneficiaries and NGO staff in the normal course of their work together. But if this does not resolve a concern, then anyone involved can make an official complaint which will be formally investigated by the NGO.
- 5 How do your organisation and its staff interact with beneficiaries? Do they respect the beneficiaries and put their interests first?

**Comments** These are comments made by a reviewing panel of humanitarian workers and provide suggestions for further consideration.

- ▲ Consideration must be given to more bottom-up rights-based approach.
- ▲ There needs to be a differentiation between beneficiaries (women, men and children).
- ▲ The top-down perspective needs to be turned around. The beneficiaries should assess staff performance.
- ▲ Complaint procedures need to be included. Complaints can be verbal, written or anonymous.

- References**
- ▲ Accountability to Beneficiaries: A Practical Checklist. (2005). Oxford, UK: Mango. [www.mango.org.uk](http://www.mango.org.uk)
  - ▲ Bainbridge, D & Macpherson S (2006). Tearfund disaster management team good practice guidelines: Beneficiary accountability. Teddington, UK: Tearfund. [www.tearfund.org](http://www.tearfund.org)
  - ▲ Impact Measurement and Accountability in Emergencies: The Good Enough Guide (2007). Oxford, UK: Oxfam. [www.oxfam.org](http://www.oxfam.org)
  - ▲ Humanitarian Accountability Partnership – International. [www.hapinternational.org](http://www.hapinternational.org)

**Annexes** Annex 1 - The HAP Principles of Accountability

## 8 Beneficiary Accountability

Organisation	
Project Title	
Monitoring Template	Beneficiary Accountability
Monitoring Date	
Name	

### 1 Providing information

#### Question 1: Do NGO staff provide the following information to beneficiaries and their representatives?

In this section, give yourself from 1 – 5 points for how effectively you provide each of these pieces of information to your beneficiaries (5 is very effectively, 1 is not very effectively). If you do not provide the information at all, then give yourself 0 points.

Please use these questions to decide how effectively you provide information at the moment:

- ▲ Is information provided in an accessible place(s), using accessible media (e.g. posters, whiteboards, radio, newspapers) and local language(s)?
- ▲ Is information complete, relevant, timely and accurate?
- ▲ Is information presented in a concise, easy-to-understand way, avoiding jargon?
- ▲ Is information presented by a member of NGO staff in person (e.g. at community meetings)?

Good practice is to make information available publicly, where local circumstances permit it. Providing information to local people is a demonstration of respect for them. It also allows people to hold community representatives and NGO staff to account – for instance, by commenting on and influencing your NGOs' activities.

BASIC INFORMATION		POINTS
1	Background information on the NGO, including: the NGO's mission and values, country of origin, website address, legal status in country of operations.	
2	Details of the specific programme, including: its name, duration, locality, goals, activities, criteria for targeting and budget (split into 5 – 10 lines).	
3	Contact information, including: the office address, the name and contact details of the programme manager and other relevant individuals.	
REPORTS ON PROGRAMME IMPLEMENTATION		POINTS
4	Regular reports of actual performance in relation to previously agreed goals. (These can be summary reports, just a few lines long.)	
5	Regular financial reports showing actual expenditure compared to budget. (This can also be summary information, split into 5 – 10 lines.)	
6	Any significant changes to programme goals or activities; or the budget; or to key contacts.	
OPPORTUNITIES FOR INVOLVEMENT		POINTS
7	Dates and locations of key participation events e.g. meetings for sharing information, consultation or making decisions.	
8	Specific contact details for making comments or suggestions on the NGO's activities or to request additional information from the NGO.	
9	Details of how to make complaints about the NGO's activities, including a named member of staff to contact and contact details.	
TOTAL POINTS FOR PROVIDING INFORMATION		

## 8 Beneficiary Accountability

### 2 Social structures

**Question 2a: Have NGO staff identified representatives of the specific groups of people they aim to help in the beneficiary community?**

**Question 2b: Are NGO activities designed to make it easy for representatives of low-status people to get involved and to strengthen their influence in local decision-making?**

Beneficiary communities always include different groups of people facing different issues (e.g. the traditionally low-status, widows, different ethnic identities). Some community leaders may represent their interests; others may not. NGO staff need to identify representatives who speak for the specific groups of people they aim to help. They also need to design NGO activities to make it easy for busy or low-status people to get involved, and to help them strengthen their influence in local decision making.

*For example, in Goma in 1995, people who had carried out genocide in Rwanda controlled some refugee camps and used aid for their own purposes, not for the common good.*

Points: Give yourself from 1 – 5 points for your NGO's performance in each row in this section (5 is very strong performance, 1 is weak performance).

IDENTIFYING THE MOST VULNERABLE AND MARGINALISED PEOPLE		POINTS
10	10. Your NGO has a written record of a meeting that identified the most vulnerable and marginalised groups of people in the beneficiary community (e.g. women, people with traditionally low status, people living with HIV/AIDS, different ethnic groups).	
IDENTIFYING APPROPRIATE REPRESENTATIVES		POINTS
11	Your NGO has a written record of a meeting that identified powerful interest groups and discussed whether they adequately represent the interests of different vulnerable groups.	
12	Your NGO has a written record of a meeting that identified specific individuals as being legitimate representatives of the most vulnerable and marginalised people and who have the time and ability to work with NGO staff.	
DESIGNING NGO ACTIVITIES		POINTS
13	Your NGO's activities take place in a place, time and language that make it easy for representatives of low-status groups to get involved. You use a facilitator who is not threatening to local people.	
14	There is evidence that your activities help marginalised people to strengthen their influence in local decision-making processes and to hold power to account (e.g. in social, religious or political organisations).	
TOTAL POINTS FOR SOCIAL STRUCTURES		

## 8 Beneficiary Accountability

### 3 Making decisions

#### Question 3: How much are beneficiaries and their representatives involved in making the following decisions?

Any group of people affected by an NGO's activities should have a role in making decisions about those activities. As discussed in section 2, this normally means working with representatives of different groups in the beneficiary community.

Give yourself from 0 – 5 points for how effectively beneficiaries and their representatives participate in making each of the following decisions, as follows:

	Points
Beneficiaries take a lead in making decisions, supported by NGO staff.	5
Beneficiaries have a substantial influence on the NGO's decisions.	4
Beneficiaries have a moderate influence on the NGO's decisions.	3
Beneficiaries have a little influence on the NGO's decisions.	2
Beneficiaries supply information which NGO staff use to make decisions.	1
Beneficiaries are not involved in making decisions.	0

*By encouraging people to get involved in how an NGO makes decisions, NGO staff can help them build the confidence and skills to influence other political decisions – for instance, by holding their leaders to account. This can help poor or vulnerable people make their interests heard and contribute to the long-term fight against injustice and poverty.*

PLANNING THE PROGRAMME		POINTS
15	Assessing peoples' initial needs – including deciding which areas to assess – e.g. health, water & sanitation, shelter, education, livelihood support etc.	
16	Setting the programme's goals – including setting specific targets for each specific goal – e.g. number of people trained.	
17	Designing specific activities – e.g. deciding on targeting, location(s), purchasing decisions, contents of aid packages, design of shelters etc.	
MONITORING AND ADAPTING ACTIVITIES		POINTS
18	Regularly reviewing the performance of programme activities to date, identifying lessons for the future (e.g. at monthly or quarterly meetings).	
19	Regularly reviewing actual expenditure compared to the budget, and identifying lessons for the future (e.g. at monthly or quarterly meetings).	
20	Regularly deciding how to adapt activities in the light of lessons learned (e.g. at monthly or quarterly meetings).	
21	Periodically reviewing the initial assessment and deciding how to adapt programme goals.	
<b>TOTAL POINTS FOR MAKING DECISIONS</b>		

## 8 Beneficiary Accountability

### 4 Complaints procedures

**Question 4: Can all beneficiaries make official complaints to the NGO about the NGO's activities (or staff) and receive appropriate redress?**

Give yourself from 1 – 5 points for your NGO's performance in each row in this section (1 is weak performance, 5 is very strong performance). Give yourself 0 points if your NGO does not carry out these activities.

Please use these questions to decide how well your NGO performs, based on your NGO's recent performance (not on what you expect will happen in the future):

- ▲ Does the policy exist & include the specific details mentioned?
- ▲ Is the policy widely known and understood?
- ▲ Is the policy followed in practice?

*In this section, a complaint means a formal allegation of wrong-doing by a member of NGO staff. It is hoped that most concerns about programme activities will be discussed and resolved between beneficiaries and NGO staff in the normal course of their work together. But if this does not resolve a concern, then anyone involved can make an official complaint which will be formally investigated by the NGO.*

MAKING COMPLAINTS		POINTS
22	Your NGO has a written complaints policy for receiving and handling complaints – and all NGO staff know how it works.	
23	A named member of staff is responsible for receiving and handling complaints (not a member of staff who normally works with beneficiaries).	
24	All complaints are investigated in a fair, impartial and timely manner, involving local people. The person making the complaint is kept informed of progress.	
25	If a complaint is upheld, then the person making the complaint receives appropriate redress.	
26	There is an appeal mechanism, so that people can appeal against the results of an investigation into a complaint.	
27	The NGO maintains a register of complaints, including details such as: the person making the complaint, the type of complaint, the start and end date of the investigation, the findings of the investigation and details of redress.	
<b>TOTAL POINTS FOR COMPLAINTS PROCEDURES</b>		

## 8 Beneficiary Accountability

### 5 Staff attitudes

**Question 5: Do NGO staff interact with beneficiaries in a respectful way, that puts beneficiaries' interests first?**

Give yourself from 1 – 5 points for your NGO's performance in each row in this section (1 is weak performance, 5 is very strong performance). Consider the general performance across the staff team, based on specific times when NGO staff have interacted with beneficiaries recently (not on what you expect will happen in the future).

STAFF ATTITUDES		POINTS
28	NGO staff always treat beneficiaries with respect (e.g. by listening to them, respecting beneficiaries' social and cultural norms, speaking their language(s) meeting them in their places, recognising that they have a better understanding of their own needs than NGO staff do, showing patience).	
29	NGO staff go out of their way to understand beneficiaries' points of view (e.g. by regularly talking to them, by making it easy for beneficiaries to talk to NGO staff, and welcoming interaction with them).	
30	NGO staff do not abuse their powerful position (e.g. by asking for any kind of favour from beneficiaries in return for the NGO's assistance).	
31	NGO managers model open, inclusive and respectful behaviour within the staff team (e.g. making decisions in a transparent and inclusive way, welcoming divergent views and encouraging collaboration and team-working).	
MANAGING AND SUPPORTING STAFF		POINTS
32	NGO staff receive training in accountability to beneficiaries and have access to support to help them work through difficult areas.	
33	Budgets and work plans reflect the amount of staff time required to carry out all the aspects of accountability to beneficiaries.	
34	Specific responsibilities for all of the aspects of accountability to beneficiaries mentioned in this checklist are allocated to specific staff in their job descriptions.	
TOTAL POINTS FOR STAFF ATTITUDES		

## 8 Beneficiary Accountability

### Interpreting your score

Section	Your points	Low	Medium	High
Providing information		0–15	15–30	30–45
Social structures		0–10	10–15	15–25
Decision making		0–15	15–25	25–35
Complaints procedures		0–10	10–20	20–30
Staff attitudes		7–15	15–25	25–35

Write in your points for each section in the table above. Compare it to the columns on the right to see if your performance is low, medium or high.

You should aim for high performance in all five sections – but not necessarily for five out of five for every item in the checklist. Deciding exactly how to work with beneficiaries is always a matter of judgement which depends on local circumstances. However, you should be able to explain why your NGO falls into any of the ‘low’ or ‘medium’ categories above.

If your NGO falls mostly into ‘high’ categories, then congratulations! You are achieving a high level of accountability to your beneficiaries. There is a strong chance that your work is meeting people’s real needs and contributing to a lasting social changes.

If your NGO falls mostly into ‘medium’ categories then you are achieving a moderate level of accountability to your beneficiaries. This may be appropriate for your particular circumstances. But it may be possible to do more in this area and to increase the impact of your work as a result. Perhaps you could discuss this with your staff and manager, and consider developing an action plan based on specific points from the checklist.

If your NGO falls mostly into ‘low’ categories then you are achieving a low level of accountability to your beneficiaries. There is a serious risk that you are not meeting local people’s real needs. You may also be exposed to the risk of your activities being diverted by specific interest groups, and not reaching the most vulnerable and marginalised. It is recommended that you discuss this position with your manager and staff as soon as possible.

#### Additional resources

There are many resources available to help put this checklist into action or adapt it for your particular circumstances. Here is a short selection from a long list:

- ▲ The Participation Resource Centre (at the Institute for Development Studies, UK). See [www.ids.ac.uk](http://www.ids.ac.uk)
- ▲ INTRAC has many resources available online. See [www.intrac.org](http://www.intrac.org)
- ▲ The Humanitarian Accountability Partnership – International. See [www.hapinternational.org](http://www.hapinternational.org).
- ▲ Participation by crisis-affected populations in humanitarian action - Practitioners' Handbook (Draft) by ALNAP. See [www.alnap.org/alnappubs.html](http://www.alnap.org/alnappubs.html)
- ▲ Who Counts? – sharing financial information with beneficiaries. See [www.whocounts.org](http://www.whocounts.org)
- ▲ Internal resources within your NGO.

## 8 Beneficiary Accountability

### Annex 1 to Beneficiary Accountability Template

#### The HAP Principles of Accountability

- 1 Commitment to humanitarian standards and rights  
Members state their commitment to respect and foster humanitarian standards and the rights of beneficiaries
- 2 Setting standards and building capacity  
Members set a framework of accountability to their stakeholders\*  
Members set and periodically review their standards and performance indicators, and revise them if necessary.  
Members provide appropriate training in the use and implementation of standards.
- 3 Communication  
Members inform, and consult with, stakeholders, particularly beneficiaries and staff, about the standards adopted, programmes to be undertaken and mechanisms available for addressing concerns.
- 4 Participation in programmes  
Members involve beneficiaries in the planning, implementation, monitoring and evaluation of programmes and report to them on progress, subject only to serious operational constraints.
- 5 Monitoring and reporting on compliance  
Members involve beneficiaries and staff when they monitor and revise standards.  
Members regularly monitor and evaluate compliance with standards, using robust processes.  
Members report at least annually to stakeholders, including beneficiaries, on compliance with standards. Reporting may take a variety of forms.
- 6 Addressing complaints  
Members enable beneficiaries and staff to report complaints and seek redress safely.
- 7 Implementing partners  
Members are committed to the implementation of these principles if and when working through implementation partners.

\* Framework of accountability includes standards, quality standards, principles, policies, guidelines, training and other capacity-building work, etc. The framework must include measurable performance indicators. Standards may be internal to the organisation or they may be collective, e.g. Sphere or People In Aid.

## 9 Gender Sensitivity

<b>Type</b>	Gender Sensitivity
<b>Purpose</b>	The purpose of this template is to provide a tool to monitor good practice in gender sensitivity within the context of a humanitarian response. This checklist is based on The Inter Agency Standing Committee's handbook "Women, Girls, Boys and Men: Different Needs – Equal Opportunities", which is available on the Internet. Users of this template are strongly encouraged to refer to the IASC document.
<b>Background</b>	<p>The following paragraphs are taken from the IASC document.</p> <p><i>Prepared by members of the Inter-Agency Standing Committee (IASC), this Handbook aims to provide actors in the field with guidance on gender analysis, planning and actions to ensure that the needs, contributions and capacities of women, girls, boys and men are considered in all aspects of humanitarian response. It also offers checklists to assist in monitoring gender equality programming. The guidelines focus on major cross-cutting issues and areas of work in the early response phase of emergencies. The Handbook is also a useful tool to make sure gender issues are included in needs assessments, contingency planning and evaluations. It can be used as a tool to mainstreaming gender as a cross-cutting issue in the sectors/clusters. If used correctly, this Handbook will help promote the ultimate goal of protecting and promoting the human rights of women, girls, boys and men in humanitarian action and advancing the goal of gender equality.</i></p>
<b>Template</b>	<p>The template identifies fifteen areas of humanitarian response that need consideration in order to address gender sensitivities:</p> <ol style="list-style-type: none"> <li>1 Checklist to assess gender equality programming</li> <li>2 Checklist for assessing gender equality programming for protection</li> <li>3 Checklist to assess gender equality programming in coordination</li> <li>4 Checklist to assess efforts to ensure equal participation</li> <li>5 Camp coordination and camp management – gender checklist</li> <li>6 Education – gender checklist</li> <li>7 Food security – gender checklist</li> <li>8 Food distribution – gender checklist</li> <li>9 Nutrition – gender checklist</li> <li>10 Health sector – gender checklist</li> <li>11 Livelihoods – gender checklist</li> <li>12 NFI distribution – gender checklist</li> <li>13 Registration – gender checklist</li> <li>14 Shelter – gender checklist</li> <li>15 Water, sanitation and hygiene – gender checklist</li> </ol>

## 9 Gender Sensitivity

In the template each area is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their project is meeting the requirements of the indicator. A suggested rating system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

These checklists are designed to be incorporated into other sector-specific templates. Consequently no summary table is produced at the end of the template.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here.

The majority of the gender checklists follow a certain pattern. So whilst this template may look long, much of its length is due to the fact that it looks at multiple actions from a gender perspective. The recurring themes of many of the checklists are the following:

- 1 Analysis of gender differences: A participatory needs assessment is undertaken gathering information differentiated by gender.
- 2 Design: Programmes are designed to reflect the differing needs of women and men, girls and boys.
- 3 Access: Monitoring of access to goods and services includes gender as a criterion.
- 4 Participation: Women and men are equally and meaningfully involved in decision-making and programme design, implementation and monitoring.
- 5 Capacity building: Training courses are held for women, girls, boys and men.
- 6 Gender-based violence (GBV): Actions are undertaken to address the problem of GBV.
- 7 Gender-based actions: Actions are designed to address the different needs of women and girls, boy and men.
- 8 Monitoring and evaluation based on sex- and age- disaggregated data: Monitoring and evaluation data collected includes information on the age and sex of beneficiaries such that analysis of these factors may be undertaken.
- 9 Coordination: Project managers coordinate with other actors on issues of gender.

**References** Women, Girls, Boys and Men: Different Needs – Equal Opportunities, Inter-agency Standing Committee, IASC Gender Handbook in Humanitarian Action.

[www.humanitarianinfo.org/iasc/content/default.asp](http://www.humanitarianinfo.org/iasc/content/default.asp)

## 9 Gender Sensitivity

<b>Organisation</b>	
<b>Monitoring Template</b>	Gender Sensitivity
<b>Monitoring Date</b>	
<b>Name</b>	

INDICATORS	RATING	ACTION REQUIRED
<b>CHECKLIST TO ASSESS GENDER EQUALITY PROGRAMMING</b>		
<b>GENDER ANALYSIS</b>		
1 All needs assessments have included gender issues in the information gathering and analysis phases.		
2 Women, girls, boys and men are consulted (together and separately) about their concerns, protection risks, opinions and solutions to key issues.		
3 Mechanisms for routine exchange of information with the population affected by the crisis are established and are functioning.		
<b>GENDER BALANCE</b>		
4 Sex breakdown of local and international staff working in the humanitarian situation by sector are routinely collected and analysed.		
5 Sex breakdown of people in decision-making/senior positions is monitored.		
6 Needs assessment teams have equal numbers of women and men.		
<b>DISAGGREGATED DATA BY SEX AND AGE</b>		
7 Data are being consistently collected and analysed by age and sex.		
8 Sex-disaggregated data are included routinely in reports and the implications for programming are addressed.		
<b>SUB TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>CHECKLIST TO ASSESS GENDER EQUALITY PROGRAMMING FOR PROTECTION</b>		
9 A comprehensive assessment of the protection needs of women, girls, boys and men has been completed.		
10 A gender analysis of national legislation has been conducted to identify gaps and advocate for reform as required.		
11 Human rights, including the rights of women and girls, form the basis for the humanitarian response and are incorporated into all policy, programming and planning documents, including the Common Humanitarian Action Plan (CHAP).		
12 Equal numbers of women and men in affected populations are empowered through trainings on their rights, including the specific rights of women and girls such as CEDAW and Security Council resolution 1325, for instance through community workshops.		
13 Women and girls participate directly in assessments, negotiations and other decision-making processes, and when developing, implementing and evaluating policies and programmes.		
14 A monitoring and reporting mechanism for human rights violations is in place.		
15 A mechanism for reporting human rights violations has been established and is easily accessible to the affected population and responds to the particular needs of women and girls.		
16 An analysis of how humanitarian programmes affect human rights, in particular the rights of women and children, is routinely undertaken.		
17 Contacts with local and national authorities are made and maintained throughout the humanitarian response efforts to correct inequalities and put in place measures for post-disaster and conflict protection and empowerment of women and girls.		
<b>SUB TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>CHECKLIST TO ASSESS GENDER EQUALITY PROGRAMMING IN COORDINATION</b>		
18 One or more gender experts are deployed in the emergency situation.		
19 Gender networks are established on both the national and local levels, with representation from all clusters/sectors. It meets regularly and systematically assesses and reports on the gender dimensions of each area of work, as well as gaps and progress in achieving its Terms of Reference.		
20 Disaggregated data are collected, analysed and used in planning and implementation.		
21 Gender analysis and sex-disaggregated data are a routine part of an agency's reporting mechanisms.		
22 Each sector/cluster has a gender action plan and routinely reports on the status of gender indicators provided in the IASC Gender Handbook.		
23 Gender dimensions are integrated into the trainings provided to field actors in all sectors/clusters and cross-cutting issues.		
<b>SUB TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>CHECKLIST TO ASSESS EFFORTS TO ENSURE EQUAL PARTICIPATION</b>		
24 Women and men of all ages affected by humanitarian emergencies receive information on the programme and are given the opportunity to comment during all stages of the programme cycle.		
25 Balanced representation by women and men in all groups is achieved.		
26 Programmes are based on the willing cooperation of the affected population.		
27 Special fora exist for the participation of women and youth.		
28 Programme objectives reflect the needs, concerns and values of all segments of the population affected by humanitarian emergencies.		
29 Assessment results are communicated to all concerned organizations and individuals.		
30 Mechanisms are established to allow all segments of the affected population to provide input and feedback on the programme.		
31 Age- and sex-specific outreach is established for individuals who are marginalized, for example the homebound, disabled or others who may have problems accessing services.		
32 Programming is designed to maximize the use of local skills and capacities, including the skills and capacities of women and youth.		
33 Gender-sensitive programmes are designed to build on local capacity and do not undermine women's, girls', boys' and men's own coping or other strategies.		
34 Programmes support, build on and/or complement gender responsiveness of existing services and local institutional structures.		
35 Local and national governmental organizations are consulted in the longer-term design of gender-sensitive programmes.		
36 Trainings and workshops are undertaken with the inclusion of representatives from the community and local groups and networks such as youth groups, women's organizations and other collectives.		
<b>SUB TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>CAMP COORDINATION AND CAMP MANAGEMENT – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
37 Information is gathered from women, girls, boys and men about: <ul style="list-style-type: none"> <li>▲ household composition by sex and age;</li> <li>▲ gendered division of labour and power distribution;</li> <li>▲ social organizational structures and cultural practices, including possible obstacles to women's, girls', boys' or men's participation in decision-making and camp management;</li> <li>▲ local justice and community governance structures and their possible differential impact on women, girls, boys and men; and</li> <li>▲ the skills, capacities and needs of women, girls, boys and men.</li> </ul>		
38 The gender analysis is reflected in planning documents and situation reports.		
<b>DESIGN</b>		
39 Women, girls, boys and men meaningfully participate in camp planning.		
40 Women, girls, boys and men are consulted and participate in the development of camp policy.		
41 Women and men representatives share their views and opinions with the camp managing agency for their negotiation of new camp sites with the national authorities and host governments.		
42 The views and knowledge of the women, girls, boys and men consulted are reflected in camp design.		
<b>ACCESS</b>		
43 Information and awareness-raising about camp and security management are provided equally to women, girls, boys and men.		
44 Information on camp closure is disseminated through the most appropriate means so as to reach all groups in the community.		
45 Women, girls, boys and men equally access camp services and assistance.		
46 Obstacles to equal access are promptly addressed.		
<b>PARTICIPATION</b>		
47 There is 50% representation of women in camp governance structures.		
48 Women and men are fully engaged in the management of camp facilities.		
49 Women and men are fully engaged in the decision-making process for camp closures.		

**Suggested  
scoring**

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>TRAINING/CAPACITY BUILDING</b>		
50 Equal numbers of men and women are receiving training on camp management issues, including participatory assessments with the affected population.		
51 50% of camp management staff members are women.		
<b>ACTIONS TO ADDRESS GBV</b>		
52 There is a comprehensive understanding of the specific risk factors faced by women, girls, boys and men in camp settings and this analysis is incorporated in security provisions within the camps (e.g. appropriate lighting in areas frequently used by women and girls, patrols of fuel wood collection routes, monitoring of school routes).		
53 Police officers (female and male) patrol the camps.		
54 Women participate directly in decision-making on local security arrangements for the camp community.		
55 Regular observation visits are undertaken to distribution points, security check points, water and sanitation facilities and service institutions (e.g. schools and health centres).		
56 High-risk security areas are monitored regularly at different times of the day, such as the route to school for girls, video clubs at night, bars, etc.		
<b>TARGETED ACTIONS BASED ON GENDER ANALYSIS</b>		
57 Appropriate arrangements are in place to address the needs of groups, including women, girls, boys and men living with HIV/AIDS or disabilities, single heads of households, separated and unaccompanied children, elderly women and men, etc.		
58 Support is provided to women and adolescent girls and boys to strengthen their leadership capacities and facilitate their meaningful participation as necessary.		
<b>MONITORING AND EVALUATION BASED ON SEX- AND AGE-DISAGGREGATED DATA</b>		
59 Sustainable structures and mechanisms are established for meaningful dialogue with women, girls, boys and men.		
60 Camp managers routinely collect, analyse and report on data by age and sex to monitor and ensure that women and men are using camp facilities as needed.		
61 Plans are developed and implemented to address any gaps or inequalities.		
<b>COORDINATE ACTIONS WITH ALL PARTNERS</b>		
62 Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings of the gender network.		
63 The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.		
<b>SUB TOTAL</b>		

**Suggested  
scoring**

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>EDUCATION – GENDER CHECKLIST</b>		
<b>COMMUNITY PARTICIPATION</b>		
64 Number of women and men involved in community education committees on a regular basis.		
65 Number of women and men involved in community education plans.		
66 Number and type of gender-specific issues in education plans.		
67 Percentage of girls involved in child/youth participation activities.		
68 Number of community members provided with gender training.		
<b>ANALYSIS</b>		
69 Percentage of relevant and available sex- and age-disaggregated data collected.		
70 Number and type of references to gender-specific issues in assessment planning, tools design and data analysis.		
71 Number of women, girls, boys and men consulted in assessment, monitoring and evaluation processes.		
<b>ACCESS AND LEARNING ENVIRONMENT</b>		
72 Net enrolment ratio of girls and boys.		
73 Sex-disaggregated enrolment rates by grade level.		
74 Sex-disaggregated school attendance rates.		
75 Sex- and grade level-disaggregated dropout rates.		
76 Number of reported incidents of sexual abuse and exploitation.		
77 Existence of a “safe school” policy with clear implementation actions.		
<b>TEACHING AND LEARNING</b>		
78 Percentage of teachers who demonstrate attempts to create girl-friendly classroom environments and use teaching strategies to engage girls.		
79 Number of gender-specific lessons and topics in the school curriculum.		
80 Sex-disaggregated achievement measures (e.g. exam results).		
81 Percentage of teachers (women/men) involved in in-service training.		
82 Number of women/men involved in pre-service teacher programmes.		
83 Percentage of teachers (women/men) provided with gender training.		

**Suggested scoring**

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**3=Largely achieved (75%)**

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**0=No progress (0%)**

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>EDUCATION – GENDER CHECKLIST</b>		
<b>TEACHERS AND OTHER EDUCATION PERSONNEL</b>		
84 Number of male and female teachers, head teachers, teacher trainers/supervisors and other educational personnel (disaggregated by ethnic/caste groups).		
85 Percentage of women teachers who feel safe and respected in school and in the community and are fully involved in education decision-making.		
86 Percentage of teachers (women/men) trained on and have signed a code of conduct.		
<b>EDUCATION POLICY AND COORDINATION</b>		
87 Number and type of references to gender-specific issues in coordination meetings.		
88 Number and type of references to gender-specific issues in coordination statements/agreements.		
89 Development of materials that address/challenge gender stereotypes and reflect new realities in society.		
<b>SUB TOTAL</b>		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>FOOD SECURITY – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
90 A participatory needs assessment is undertaken, consulting an equal number of women and men, to gather information on: <ul style="list-style-type: none"> <li>▲ short- and long-term losses of livelihood assets of women and men (e.g. single season’s harvest or permanent loss of land);</li> <li>▲ changes in women’s and men’s access to and control over land or other critical productive resources;</li> <li>▲ literacy level and employment rates of female- and male-headed households;</li> <li>▲ the coping strategies of women and men in the crisis situation;</li> <li>▲ malnutrition rates for girls and boys in terms of stunting, wasting and underweight; and</li> <li>▲ micronutrient deficiencies.</li> </ul>		
91 The data is analysed and used for programming to ensure activities will benefit women, girls, boys and men directly and indirectly.		
<b>DESIGN</b>		
92 The operation is designed to address the different effects of the disaster on women and men and to build on existing/available capacities of women, girls, boys and men in the community.		
<b>ACCESS AND CONTROL</b>		
93 Women’s, girls’, boys’ and men’s access to services, as well as control over productive resources, is routinely monitored through spot checks, discussions with communities, etc.		
94 Obstacles to equal access are promptly addressed.		
<b>PARTICIPATION</b>		
95 Women and men are systematically consulted and included in food security interventions.		
96 Women and men participate equally and meaningfully in decision-making and management of livelihood assets.		
97 Women and men participate equally and meaningfully on registration and distribution committees.		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>TRAINING/CAPACITY BUILDING</b>		
98 Training and skills development is made available to balanced numbers of women, men and adolescent girls and boys based on a needs assessment.		
99 Training and skills development activities are organised at a time and venue convenient for both women and men.		
100 Training and information materials are developed based on the education level and knowledge of different socio-economic groups.		
<b>ACTIONS TO ADDRESS GBV</b>		
101 Training on GBV-related issues and potential risk factors is conducted for an equal number of female and male humanitarian workers to enable them to provide support to affected persons and direct them to adequate information and counselling centres.		
102 Programmes are in place to ensure income-generation activities and economic options for women and girls so they do not have to engage in unsafe sex in exchange for money, housing, food or education — or are exposed in other ways to GBV because of being economically dependent on others.		
103 Women and men in the community, including village leaders and men's groups, are sensitized on violence against women and girls, including domestic violence.		
<b>TARGETED ACTIONS BASED ON GENDER ANALYSIS</b>		
104 Public awareness campaigns on women's and children's rights (e.g. right to food) are organised.		
105 Vulnerable groups are taught about their property rights (e.g. land) to increase their negotiating power and diminish abusive relationships.		
106 Social mobilisation is supported to raise awareness on the main (practical and strategic) needs of the most vulnerable groups as part of their empowerment process.		
107 Gender disparities are addressed in basic and productive infrastructures to ensure food security for the most vulnerable communities.		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>MONITORING AND EVALUATION BASED ON SEX- AND AGE-DISAGGREGATED DATA</b>		
108 The perceptions of women and men regarding changes in their lives (positive and negative) as a result of food security interventions are recorded and the implications are addressed in programming.		
109 Assessments are conducted of the specific changes occurring in the livelihood systems of beneficiary female-, male- and child-headed households.		
110 An analysis of how women's and men's different needs could have been met more efficiently is prepared and informs future programming.		
<b>COORDINATE ACTIONS WITH ALL PARTNERS</b>		
111 Actors in your sector liaise with actors in other sectors to coordinate on gender issues.		
112 The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.		
<b>SUB TOTAL</b>		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>FOOD DISTRIBUTION – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
113 Participatory assessments with women, girls, boys and men gather information on: <ul style="list-style-type: none"> <li>▲ roles of women, girls, boys and men in food procurement;</li> <li>▲ cultural and religious food restrictions/preferences for women and men;</li> <li>▲ differences in women’s and men’s control over and access to food resources; and</li> <li>▲ cultural, practical and security-related obstacles women, girls, boys and men could be expected to face in accessing services.</li> </ul>		
114 Reasons for inequalities between women, girls, boys and men are analysed and addressed through programming.		
115 The gender analysis is reflected in planning documents and situation reports.		
<b>DESIGN OF SERVICES</b>		
116 Services are designed to reduce women’s and children’s time spent getting to, at and returning from food distribution points (e.g. distribution organized at different time intervals to avoid crowds and long waiting time; to ensure timely distribution and to avoid long waits for food delivery by partners).		
117 Services are designed to reduce the burden that the receipt of food aid may pose on women beneficiaries: <ul style="list-style-type: none"> <li>▲ food distribution points established as close to beneficiaries as possible; and</li> <li>▲ weight of food packages manageable and efficient for women (e.g. 25 kg vs. 50 kg bags, etc.).</li> </ul>		
<b>ACCESS</b>		
118 Women’s, girls’, boys’ and men’s access to services is routinely monitored through spot checks, discussions with communities, etc.		
119 Obstacles to equal access are promptly addressed.		
<b>PARTICIPATION</b>		
120 Women and men take part equally (in numbers and consistency) in decision-making, planning, implementation and management of food aid programmes.		
121 Committees with equal representation of women and men are formed for targeting, monitoring and distributing of food items and for determining the needs of vulnerable / marginalized groups.		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>TRAINING/CAPACITY BUILDING</b>		
122 An equal number of women and men are employed in food distribution programmes and have equal access to trainings.		
<b>ACTIONS TO ADDRESS GBV</b>		
123 Both women and men are included in the process of selecting a safe distribution point.		
<b>FOOD DISTRIBUTION IS DONE BY A SEX-BALANCED TEAM.</b>		
124 "Safe spaces" are created at the distribution points and "safe passage" schedules created for women and children heads of households.		
125 Distribution is conducted early in the day to allow beneficiaries to reach home during daylight.		
126 Security and instances of abuse are monitored.		
<b>TARGETED ACTIONS BASED ON GENDER ANALYSIS</b>		
127 Women are designated as the initial point of contact for emergency food distribution.		
128 Women are the food entitlement holders.		
129 Positive measures are adopted to redress the discrimination in allocation of food resources (e.g. ensure that children under 5, the sick or malnourished, pregnant and lactating women and other vulnerable groups are given priority for feeding).		
<b>MONITORING AND EVALUATION BASED ON SEX- AND AGE-DISAGGREGATED DATA</b>		
130 Sex- and age-disaggregated data on food distribution coverage is collected, analysed and routinely reported on.		
131 Monitoring and evaluation tools are developed in consultation with women and men in the target population to specifically look at the impact of food distribution on women's and men's vulnerability, including in the design of questionnaires that examine how the food needs of women and men have been addressed.		
132 The impact of the food aid programme on women and men (needs, access and control over resources, physical and human capital, income and livelihood options, etc.) is assessed.		
133 Women, girls, boys and men are consulted in the identification of remaining gaps and areas of improvement.		
134 Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population.		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>COORDINATE ACTIONS WITH ALL PARTNERS</b>		
135 Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings of the gender network.		
136 The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.		
<b>SUB TOTAL</b>		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>NUTRITION – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
137 Information on the nutritional needs, cooking skills and control over resources of women, girls, boys and men is gathered through participatory assessments.		
138 Reasons for inequalities in malnutrition rates between women, girls, boys and men are analysed and addressed through programming.		
139 Information is collected on the cultural, practical and security-related obstacles women, girls, boys and men could be expected to face in accessing nutritional assistance and measures taken to circumvent these obstacles.		
140 The gender analysis is reflected in planning documents and situation reports.		
<b>DESIGN OF SERVICES</b>		
141 Nutritional support programmes are designed according to the food culture and nutritional needs of the women (including pregnant or lactating women), girls, boys and men in the target population.		
<b>ACCESS</b>		
142 Women's, girls', boys' and men's access to services is routinely monitored through spot checks, discussions with communities and obstacles to equal access are promptly addressed.		
<b>PARTICIPATION</b>		
143 Women and men are equally and meaningfully involved in decision-making and programme design, implementation and monitoring.		
<b>TRAINING/CAPACITY BUILDING</b>		
144 Training courses on nutrition and gender issues are held for women, girls, boys and men.		
145 An equal number of women and men from the community are trained on nutrition programming.		
146 An equal number of women and men are employed in nutrition programmes.		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>ACTIONS TO ADDRESS GBV</b>		
147 Both women and men are included in the process of selecting a safe distribution point.		
148 Food distribution is done by a sex-balanced team.		
149 "Safe spaces" are created at the distribution points and "safe passage" schedules created for women and children who are heads of households.		
150 Special arrangements are made to safeguard women to and from the distribution point (e.g. armed escort if necessary).		
151 Security and instances of abuse are monitored.		
152 Targeted actions based on gender analysis.		
153 Unequal food distribution and nutrition rates within the household are addressed through nutritional support as well as programmes to address underlying reasons for discrimination and to empower those discriminated against.		
<b>MONITORING AND EVALUATION BASED ON SEX-AND AGE-DISAGGREGATED DATA</b>		
154 Sex- and age disaggregated data on nutrition programme coverage is collected: <ul style="list-style-type: none"> <li>▲ percentage of girls and boys aged 6-59 months who are covered by vitamin A distribution;</li> <li>▲ percentage of girls and boys under 5, pregnant and lactating women in the target group who are covered by supplementary feeding programmes and treatment for moderate acute malnutrition;</li> <li>▲ percentage of boys and girls under 5 who are covered by nutrition surveillance;</li> <li>▲ percentage of women, girls, boys and men who are still unable to meet their nutritional requirements in spite of ongoing nutritional programming; and</li> <li>▲ exclusive breastfeeding rates for girls and boys.</li> </ul>		
155 Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population.		
156 Coordinate actions with all partners.		
157 Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings of the gender network.		
158 The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.		
<b>SUB TOTAL</b>		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>HEALTH SECTOR – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
159 Balanced ratio of women and men assessors and translators.		
160 Balanced ratio of women, girls, boys and men who participate in the assessments.		
161 Balanced ratio of women and men consulted about their health needs.		
162 The following data are available and a gender analysis applied: <ul style="list-style-type: none"> <li>▲ age- and sex-disaggregated cause-specific mortality rates</li> <li>▲ age- and sex-disaggregated case fatality rates</li> <li>▲ female-, male- and child-headed households</li> <li>▲ social structures, including positions of authority/influence, and the roles of women and men</li> <li>▲ groups with specific needs (including physically and mentally handicapped) by age and sex</li> </ul>		
<b>DESIGN OF SERVICES</b>		
163 The timing, staffing and location of health services ensure equal opportunity for women and men to access them.		
164 Health care delivery strategies and facilities address the health needs of women, girls, boys and men equitably.		
165 Percentage of health facilities with basic infrastructure, equipment, supplies, drug stock, space and qualified staff for reproductive health services, including delivery and emergency obstetric care services (as indicated in the MISPP).		
166 Percentage of health facilities providing confidential care for survivors of sexual violence according to IASC GBV guidelines.		
167 Ratio of health care providers disaggregated by profession, level and sex.		
168 Ratio of community-based psycho-social care disaggregated by sex and age.		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>ACCESS</b>		
169 Proportion of women, girls, boys and men with access to sanitary materials (including household-level sanitary disposal facilities for women).		
170 Proportion of women, girls, boys and men with access to safe water supply.		
171 Proportion of women, girls, boys and men with access to food aid.		
172 Proportion of women, girls, boys and men with access to health services.		
<b>PARTICIPATION</b>		
173 Balanced ratio of women and men participating in the design, implementation, monitoring and evaluation of humanitarian health responses.		
174 Balanced ratio of women and men in decision-making positions.		
175 Balanced ratio of local women and men hired/deployed in health sector.		
176 Balanced ratio of international women and men hired/deployed in health sector.		
177 Women and men participate regularly in group meetings or activities.		
<b>TRAINING/CAPACITY BUILDING</b>		
178 Balanced/proportionate number of women and men from the community trained to provide health care.		
179 Balanced/proportionate number of women and men from the community given employment opportunities in the health sector after training.		
<b>ACTIONS TO ADDRESS GBV</b>		
180 24-hour access to sexual violence services.		
181 Staff are aware of and abide by medical confidentiality.		
182 Staff are trained on the clinical management of rape.		
183 Confidential referral mechanism for health and psycho-social services for rape survivors.		
184 Information campaigns for men and women about the health risks to the community of sexual violence.		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>TARGETED ACTIONS BASED ON GENDER ANALYSIS</b>		
185 Men, active and recently demobilized members of armed/security forces, displaced persons and refugees are targeted with HIV/AIDS messages.		
186 Communication strategies are developed and implemented to highlight the specific health risks affecting women and men, as well as targeting adolescent girls and boys.		
<b>MONITORING AND EVALUATION BASED ON SEX- AND AGE-DISAGGREGATED DATA</b>		
187 Data on demographics, mortality, morbidity and health services are routinely collected and are disaggregated and reported by age and sex and a gender analysis is applied.		
188 Percentage of participatory assessment reports addressing the needs of women, girls, boys and men equally.		
189 Formal monitoring and participatory evaluation mechanisms reporting the health impact of humanitarian crises on women, girls, boys and men.		
<b>COORDINATE ACTIONS WITH ALL PARTNERS</b>		
190 Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings of the gender network.		
191 The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.		
<b>SUB TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>LIVELIHOODS – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
192 Information is gathered from women, girls, boys and men about: <ul style="list-style-type: none"> <li>▲ different skill sets, needs, vulnerabilities and responsibilities of affected women and men and adolescent girls and boys, including women-headed and child-headed households;</li> <li>▲ gender division of labour, responsibilities and coping strategies within the household;</li> <li>▲ inequalities in access to and control of resources; and</li> <li>▲ obstacles women, girls, boys and men could be expected to face in accessing or devoting time to income generation activities (e.g. child care or other household responsibilities).</li> </ul>		
193 The gender analysis is reflected in planning documents and situation reports.		
<b>DESIGN</b>		
194 The livelihood programmes that are developed do not discriminate against women or men — for example construction projects traditionally targeted only to men should be reviewed to ensure access to both women and men.		
195 Women, girls, boys and men benefit equally from livelihood alternatives (e.g. receive equal compensation for equal labour).		
<b>ACCESS</b>		
196 Women and adolescent girls have equal access to livelihood programmes and livelihood support services as do men and adolescent boys.		
197 Women's, girls', boys' and men's access to livelihood programmes is routinely monitored through spot checks, discussions with communities, etc.		
198 Obstacles to equal access are promptly addressed.		
<b>PARTICIPATION</b>		
199 Women and men are participating in consultative meetings/discussions in equal numbers and with regular frequency.		
200 Child care or family care provisions are in place to allow women and girls access to programmes, trainings and meetings.		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

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(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

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judge**

## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>TRAINING/CAPACITY BUILDING</b>		
201 Vocational training and non-formal education programmes target the specific needs of adolescent girls and boys and provide them with practical skills that they can use, including non-traditional skills.		
202 Employment opportunities are equally open and accessible to both women and men.		
<b>ACTIONS TO ADDRESS GBV</b>		
203 Programmes are monitored for possible negative effects of changes in power relations (e.g. rise in domestic violence as a reaction to women's empowerment).		
204 Workplaces are monitored and instances of discrimination or GBV are addressed.		
<b>TARGETED ACTIONS BASED ON GENDER ANALYSIS</b>		
205 Livelihood programmes are tailored to the unique needs of the various segments of the affected community (e.g. female heads of households, adolescent girls and boys, displaced women and men, elderly persons, survivors of GBV, etc.).		
<b>MONITORING AND EVALUATION BASED ON SEX- AND AGE-DISAGGREGATED DATA</b>		
206 Sex- and age-disaggregated data on programme coverage and impact are collected, analysed and routinely reported on.		
207 Livelihood programmes are monitored for improvements in self-reliance as well as beneficiary satisfaction for both women and men.		
208 Plans are developed and implemented to address any gaps or inequalities.		
<b>COORDINATE ACTIONS WITH ALL PARTNERS</b>		
209 Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings of the gender network.		
210 The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.		
<b>SUB TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
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progress  
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judge**

## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>NFI DISTRIBUTION – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
211 Information is gathered from women, girls, boys and men about family structures and NFI needs based on age and sex, and the distribution system is set up accordingly.		
<b>DESIGN</b>		
212 Family entitlement cards and ration cards are issued in the name of the primary female and male household representatives.		
213 Women, girls, boys and men have at least two sets of clothing in the correct size, appropriate to the culture, season and climate.		
214 People have access to a combination of blankets, bedding or sleeping mats to keep them warm and to enable separate sleeping arrangements as required.		
215 Women and girls have sanitary materials and hygiene kits, including soap and underwear.		
216 Training or guidance in the use of NFIs is provided where necessary.		
<b>ACCESS</b>		
217 The programme is routinely monitored to ensure that women and men benefit equally if there is payment for NFI distribution, including a gender balance in employment.		
218 Obstacles to equal access and benefits are promptly addressed.		
<b>PARTICIPATION</b>		
219 Women and men are involved in planning and implementing NFI selection and distribution.		
220 Women and men are informed and aware of their individual entitlements; the quantity and variety of items they should receive; and the place, day and time of distribution.		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

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progress  
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judge**

## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>TRAINING/CAPACITY BUILDING</b>		
221 An equal number of women and men are employed in NFI distribution programmes and have equal access to trainings.		
<b>ACTIONS TO ADDRESS GBV</b>		
222 Both women and men participate in the identification of safe and accessible distribution sites.		
223 Distribution points are monitored to ensure they are safe and accessible.		
224 Monitoring and evaluation are based on sex- and age-disaggregated data.		
225 Sex- and age-disaggregated data on programme coverage are collected, analysed and routinely reported on.		
226 Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population.		
<b>COORDINATE ACTIONS WITH ALL PARTNERS</b>		
227 Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings of the gender network.		
228 The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.		
<b>SUB TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>REGISTRATION – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
229 Information is gathered on cultural, practical and security-related obstacles that women, girls, boys and men could be expected to face in accessing registration services.		
<b>DESIGN</b>		
230 Registration procedures are designed to minimize discrimination based on gender or age.		
231 Women and men participate equally in the design of the registration process and in information-sharing meetings.		
232 Registration is done by a sex-balanced team, allowing for same-sex interviewers.		
233 The registration site is set up to ensure privacy and confidentiality for all.		
234 Data is stored in secure places to ensure confidentiality.		
<b>ACCESS</b>		
235 Women's, girls', boys' and men's access to registration is routinely monitored through spot checks, discussions with communities, etc.		
<b>PARTICIPATION</b>		
236 Women and men participate equally in informing the community about registration processes and concerns.		
237 Women and men participate equally in monitoring registration sites.		
238 Women and men participate equally in registration.		
<b>TRAINING/CAPACITY BUILDING</b>		
239 Equal numbers of women and men are trained to provide guidance and timely referrals regarding safety and groups with specific needs.		
<b>ACTIONS TO ADDRESS GBV</b>		
240 A mechanism is in place for monitoring security and instances of abuse.		
241 A referral system for reporting of security and abuse incidents is operational.		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>TARGETED ACTIONS BASED ON GENDER ANALYSIS</b>		
242 Obstacles to women's, girl's, boy's and men's equal access to registration services and documentation are addressed.		
<b>MONITORING AND EVALUATION BASED ON SEX- AND AGE-DISAGGREGATED DATA</b>		
243 Percentage of populations of concern in the country for whom age/sex breakdowns are available.		
244 Percentage of women and men for whom the basic registration data have been collected.		
245 Percentage of women and men interviewed and registered individually.		
246 Availability of information by age and sex of individuals and groups with specific needs requiring specific protection services and assistance.		
247 Percentage of population of concern by sex and age issued with documentation conforming to the standards.		
248 Frequency with which existing data are updated to record births, new arrivals, deaths and departures, marriages and other changes.		
249 Frequency of use of demographic profile of the population of concern in planning and implementing protection and assistance activities, and in distribution of non-food items.		
<b>COORDINATE ACTIONS WITH ALL PARTNERS</b>		
250 All actors involved in registration are fully aware of the agreed registration process.		
251 All actors involved in registration are fully aware of the categories and criteria for those with specific needs.		
252 Actors in your sector liaise with actors in other sectors to coordinate on gender issues.		
<b>SUB TOTAL</b>		

**Suggested  
scoring**

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(100%)**

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>SHELTER – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
253 Focus group discussion on shelter construction, allocation and design conducted with women, girls, boys and men of diverse backgrounds and results fed into programming.		
<b>DESIGN</b>		
254 Single people, young and old, have access to dignified shelter.		
255 Public spaces for social, cultural and informational needs of women, girls, boys and men are provided and used equitably.		
<b>ACCESS</b>		
256 Male and female heads of households and single women and men have the same access to housing and shelter supplies.		
257 Obstacles to equal access are promptly addressed.		
<b>PARTICIPATION</b>		
258 Women and men are equally represented and participate in the design, allocation and construction of shelters and camp facilities.		
259 Women and men, adolescent girls and boys have equal opportunities for involvement in all aspects of shelter construction, receiving equal pay for equal work.		
<b>TRAINING/CAPACITY BUILDING</b>		
260 Equal opportunities exist for training for women, girls, boys and men in construction skills training.		
261 Percentage of women and men trained in shelter construction.		
262 Percentage of women and men involved in shelter construction.		
<b>ACTIONS TO ADDRESS GBV</b>		
263 Routine spot checks and discussions with communities to ensure people are not exposed to sexual violence due to poor shelter conditions or inadequate space and privacy.		
264 Mechanisms put in place to ensure people can report any harassment or violence.		
<b>TARGETED ACTIONS BASED ON GENDER ANALYSIS</b>		
265 The specific needs of girl- and boy-headed households are met.		
266 Where construction materials are supplied, female-headed households have direct access to materials and have construction skills training support.		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>MONITORING AND EVALUATION BASED ON SEX- AND AGE-DISAGGREGATED DATA</b>		
267 Sex- and age-disaggregated data on programme coverage are collected, analysed and routinely reported on.		
268 Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population.		
<b>COORDINATE ACTIONS WITH ALL PARTNERS</b>		
269 Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings of the gender network.		
270 The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.		
<b>SUB TOTAL</b>		

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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>WATER, SANITATION AND HYGIENE – GENDER CHECKLIST</b>		
<b>ANALYSIS OF GENDER DIFFERENCES</b>		
271 Information is gathered from women, girls, boys and men about: <ul style="list-style-type: none"> <li>▲ cultural beliefs and practices in water and sanitation use;</li> <li>▲ hygiene habits;</li> <li>▲ needs and roles in operation, maintenance and distribution; and</li> <li>▲ methods and time spent in water collection</li> </ul>		
272 Data disaggregated by sex and age are used to develop a profile of at-risk populations with special water requirements.		
<b>DESIGN</b>		
273 Water sites, distribution mechanisms and maintenance procedures are accessible to women, including those with limited mobility.		
274 Communal latrine and bathing cubicles for women, girls, boys and men are sited in safe locations, are culturally appropriate, provide privacy, are adequately illuminated and are accessible by those with disabilities.		
<b>ACCESS</b>		
275 Women's, girls', boys' and men's access to services and facilities is routinely monitored through spot checks, discussions with communities, etc.		
276 Obstacles to equal access are promptly addressed.		
<b>PARTICIPATION</b>		
277 Women and men are equally and meaningfully involved in decision-making and programme design, implementation and monitoring.		
278 Women and men are involved in the safe disposal of solid waste.		
<b>TRAINING/CAPACITY BUILDING</b>		
279 Women and men are trained in the use and maintenance of facilities.		
280 Women and men are sensitized/trained to protect surface and groundwater.		

**Suggested  
scoring**

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progress  
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## 9 Gender Sensitivity

INDICATORS	RATING	ACTION REQUIRED
<b>ACTIONS TO ADDRESS GBV</b>		
281 Both women and men participate in the identification of safe and accessible sites for water pumps and sanitation facilities.		
282 Facilities and collection points are monitored to ensure they are safe and accessible (locks, lighting).		
<b>TARGETED ACTIONS BASED ON GENDER ANALYSIS</b>		
283 Unequal knowledge levels on hygiene and water management are addressed through trainings.		
284 Women's and men's access to and control over resources for collecting/carrying water, containers and storage facilities are monitored and inequalities are addressed.		
285 Discriminatory practices hindering women's participation in water management groups are addressed through empowerment programmes.		
<b>MONITORING AND EVALUATION BASED ON SEX-AND AGE-DISAGGREGATED DATA</b>		
286 Sex- and age-disaggregated data on programme coverage are collected, analysed and routinely reported on.		
287 Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population.		
<b>COORDINATE ACTIONS WITH ALL PARTNERS</b>		
288 Actors in your sector liaise with actors in other sectors to coordinate on gender issues.		
289 The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.		
<b>SUB TOTAL</b>		

Overall assessment and notes on action to be taken

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

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achieved  
(75%)**

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**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 10 HIV/AIDS

**Type** HIV/AIDS

**Purpose** The purpose of this template is to provide a simple tool for assessing compliance with recognised standards for HIV/AIDS interventions in emergency settings. This checklist is based on the Inter-Agency Standing Committee document "Guidelines for HIV/AIDS interventions in emergency settings", which is available on the Internet.

**Rationale** The following paragraphs are taken from IASC handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the IASC document to use alongside the template. The template itself is based on the Matrix which is presented in chapter 3 of the IASC document. Whilst the Matrix refers to emergency preparedness, minimum response, and comprehensive response, the IASC document focuses on the minimum response only.

*The purpose of these guidelines is to enable governments and cooperating agencies, including UN Agencies and NGOs, to deliver the minimum required multisectoral response to HIV/AIDS during the early phase of emergency situations. These guidelines, focusing on the early phase of an emergency, should not prevent organizations from integrating such activities in their preparedness planning. As a general rule, this response should be integrated into existing plans and the use of local resources should be encouraged. A close and positive relationship with local authorities is fundamental to the success of the response and will allow strengthening of the local capacity for the future.*

*The matrix provides guidance on key actions for responding to HIV/AIDS in emergencies. The matrix is divided into three parts: Emergency preparedness, Minimum response, and Comprehensive response.*

*Each programmatic sector provides guidance on responding appropriately to HIV/AIDS in emergency situations. Only the minimum response phase is presented in the Action sheets (see the IASC document). The country's or region's situation and capacity assessment will help determine which additional HIV/AIDS responses should be undertaken. Detailed action points for each of the bullets of the Matrix are provided in the Action sheets (see the IASC document).*

*Principles:*

- ▲ *HIV/AIDS activities should seek to build on and not duplicate or replace existing work.*
- ▲ *Interventions for HIV/AIDS in humanitarian crises must be multi-sectoral responses.*
- ▲ *Establish coordination and leadership mechanisms prior to an emergency, and leverage each organization's differential strengths, so that each can lead in its area of expertise.*
- ▲ *Local and national governments, institutions and target populations should be involved in planning, implementation and allocating human and financial resources.*
- ▲ *Where non-state entities have control or where the government no longer has the capacity to act, activities may be undertaken in the absence of national policies or programmes.*
- ▲ *HIV/AIDS activities for displaced populations should also service host populations to the maximum extent possible.*
- ▲ *When planning an intervention, cultural sensitivities of the beneficiaries should be considered. Inappropriate services are more likely to cause negative reaction from the community rather than achieve the desired impact.*

## 10 HIV/AIDS

**Template** The IASC document identifies ten sectors. These are:

- 1 Coordination
- 2 Assessment and monitoring
- 3 Protection
- 4 Water and sanitation
- 5 Food security and nutrition
- 6 Shelter and site planning
- 7 Health
- 8 Education
- 9 Behaviour change communication (BCC)
- 10 HIV/AIDS in the workplace

In the template each sector is accompanied by a set of key actions. The template provides the user with the option of rating the extent to which their organisation is fulfilling the key actions. A suggested rating system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each sector the user can total up their ratings to obtain a total rating for that sector. These figures can then be transferred to the summary report at the end of the template.

**References** Guidelines for HIV/AIDS interventions in emergency settings. New York: Inter-Agency Standing Committee

## 10 HIV/AIDS

Organisation	
Monitoring Template	HIV/AIDS
Monitoring Date	
Name	

KEY ACTIONS	RATING	ACTION REQUIRED
<b>COORDINATION</b>		
<b>EMERGENCY PREPAREDNESS</b>		
1 Determine coordination structures,		
2 Identify and list partners,		
3 Establish network of resource persons,		
4 Raise funds,		
5 Prepare contingency plans,		
6 Include HIV/AIDS in humanitarian action plans and train accordingly relief workers,		
<b>MINIMUM RESPONSE</b>		
7 Establish coordination mechanism.		
<b>COMPREHENSIVE RESPONSE (STABILISED PHASE)</b>		
8 Continue fundraising.		
9 Strengthen networks.		
10 Enhance information sharing.		
11 Build human capacity.		
12 Link HIV emergency activities with development activities.		
13 Work with authorities.		
14 Assist government and non-state entities to promote and protect human rights.		
<b>TOTAL SCORE FOR THIS SECTOR</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 10 HIV/AIDS

KEY ACTIONS	RATING	ACTION REQUIRED
<b>ASSESSMENT AND MONITORING</b>		
<b>EMERGENCY PREPAREDNESS</b>		
15 Conduct capacity and situation analysis.		
16 Develop indicators and tools.		
17 Involve local institutions and beneficiaries.		
<b>MINIMUM RESPONSE</b>		
18 Assess baseline data.		
19 Set up and manage a shared database.		
20 Monitor activities.		
<b>COMPREHENSIVE RESPONSE (STABILISED PHASE)</b>		
21 Maintain database.		
22 Monitor and evaluate all programmes.		
23 Assess data on prevalence, knowledge attitudes and practice, and impact of HIV/AIDS.		
24 Draw lessons from evaluations.		
<b>TOTAL SCORE FOR THIS SECTOR</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
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achieved  
(50%)1=Achieved to a  
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## 10 HIV/AIDS

KEY ACTIONS	RATING	ACTION REQUIRED
<b>PROTECTION</b>		
<b>EMERGENCY PREPAREDNESS</b>		
25 Review existing protection laws and policies.		
26 Promote human rights and best practices.		
27 Ensure that humanitarian activities minimize the risk of sexual violence, and exploitation, and HIV-related discrimination.		
28 Train uniformed forces and humanitarian workers on HIV/AIDS and sexual violence.		
29 Train staff on HIV/AIDS, gender and non-discrimination.		
<b>MINIMUM RESPONSE</b>		
30 Prevent and respond to sexual violence and exploitation.		
31 Protect orphans and separated children.		
32 Ensure access to condoms for peacekeepers, military and humanitarian staff.		
<b>COMPREHENSIVE RESPONSE (STABILISED PHASE)</b>		
33 Involve authorities to reduce HIV-related discrimination.		
34 Expand prevention and response to sexual violence and exploitation.		
35 Strengthen protection for orphans, separated children and young people.		
36 Institutionalize training for uniformed forces on HIV/AIDS, sexual violence and exploitation, and non-discrimination.		
37 Put in place HIV-related services for demobilized personnel.		
38 Strengthen IDP/refugee response.		
<b>TOTAL SCORE FOR THIS SECTOR</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
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## 10 HIV/AIDS

KEY ACTIONS	RATING	ACTION REQUIRED
<b>WATER AND SANITATION</b>		
<b>EMERGENCY PREPAREDNESS</b>		
39 Train staff on HIV/AIDS, sexual violence, gender, and non-discrimination.		
<b>MINIMUM RESPONSE</b>		
40 Include HIV considerations in water/sanitation planning.		
<b>COMPREHENSIVE RESPONSE (STABILISED PHASE)</b>		
41 Establish water/sanitation management committees.		
42 Organize awareness campaigns on hygiene and sanitation, targeting people affected by HIV.		
<b>TOTAL SCORE FOR THIS SECTOR</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
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## 10 HIV/AIDS

KEY ACTIONS	RATING	ACTION REQUIRED
<b>FOOD SECURITY AND NUTRITION</b>		
<b>EMERGENCY PREPAREDNESS</b>		
43 Contingency planning/preposition supplies		
44 Train staff on special needs of HIV/AIDS affected populations		
45 Include information about nutritional care and support of PLWHA in community nutrition education programmes		
46 Support food security of HIV/AIDS-affected households		
<b>MINIMUM RESPONSE</b>		
47 Target food aid to affected and at-risk households and communities		
48 Plan nutrition and food needs for population with high HIV prevalence		
49 Promote appropriate care and feeding practices for PLWHA		
50 Support and protect food security of HIV/AIDS affected & at risk households and communities		
51 Distribute food aid to affected households and communities		
<b>COMPREHENSIVE RESPONSE (STABILISED PHASE)</b>		
52 Develop strategy to protect long-term food security of HIV affected people		
53 Develop strategies and target vulnerable groups for agricultural extension programmes		
54 Collaborate with community and home based care programmes in providing nutritional support		
55 Assist the government in fulfilling its obligation to respect the human right to food		
<b>TOTAL SCORE FOR THIS SECTOR</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
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## 10 HIV/AIDS

KEY ACTIONS	RATING	ACTION REQUIRED
<b>SHELTER AND SITE PLANNING</b>		
<b>EMERGENCY PREPAREDNESS</b>		
56 Ensure safety of potential sites.		
<b>MINIMUM RESPONSE</b>		
57 Establish safely designed sites.		
<b>COMPREHENSIVE RESPONSE (STABILISED PHASE)</b>		
58 Plan orderly movement of displaced.		
<b>TOTAL SCORE FOR THIS SECTOR</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>HEALTH</b>		
<b>EMERGENCY PREPAREDNESS</b>		
59 Map current services and practices.		
60 Plan and stock medical and RH supplies.		
61 Adapt/develop protocols.		
62 Train health personnel.		
63 Plan quality assurance mechanisms.		
64 Train staff on the issue of SGBV and the link with HIV/AIDS.		
65 Determine prevalence of injecting drug use.		
66 Develop instruction leaflets on cleaning injecting materials.		
67 Map and support prevention and care initiatives.		
68 Train staff and peer educators.		
69 Train health staff on RH issues linked with emergencies and the use of RH kits.		
70 Assess current practices in the application of universal precautions.		
<b>MINIMUM RESPONSE</b>		
71 Ensure access to basic health care for the most vulnerable.		
72 Provide condoms and establish condom supplies.		
73 Establish syndromic STI treatment.		
74 Ensure IDU appropriate care.		
75 Manage the consequences of SV.		
76 Ensure safe deliveries.		
77 Ensure safe blood transfusion services.		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 10 HIV/AIDS

COMPREHENSIVE RESPONSE (STABILISED PHASE)		
78	Forecast longer-term needs; secure regular supplies; ensure appropriate training of the staff.	
79	Palliative care and home based care.	
80	Treatment of opportunistic infections and TB control programmes.	
81	Provision of ARV treatment.	
82	Ensure regular supplies, include condoms with other RH activities.	
83	Reassess condoms based on demand.	
84	Management of STI, including condoms.	
85	Comprehensive sexual violence programmes.	
86	Control drug trafficking in camp settings.	
87	Use peer educators to provide counselling and education on risk reduction strategies.	
88	Voluntary counselling and testing.	
89	Reproductive health services for young people.	
90	Prevention of mother to child transmission.	
<b>TOTAL SCORE FOR THIS SECTOR</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>EDUCATION</b>		
<b>EMERGENCY PREPAREDNESS</b>		
91	Determine emergency education options for boys and girls.	
92	Train teachers on HIV/AIDS and sexual violence and exploitation.	
<b>MINIMUM RESPONSE</b>		
93	Ensure children's access to education.	
<b>COMPREHENSIVE RESPONSE (STABILISED PHASE)</b>		
94	Educate girls and boys (formal and non-formal).	
95	Provide life skills-based HIV/AIDS education.	
96	Monitor and respond to sexual violence and exploitation in educational settings.	
<b>TOTAL SCORE FOR THIS SECTOR</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 10 HIV/AIDS

KEY ACTIONS	RATING	ACTION REQUIRED
<b>BEHAVIOUR CHANGE COMMUNICATION AND INFORMATION EDUCATION COMMUNICATION (BCC/IEC)</b>		
<b>EMERGENCY PREPAREDNESS</b>		
97 Prepare culturally appropriate messages in local languages.		
98 Prepare a basic BCC/IEC strategy.		
99 Involve key beneficiaries.		
100 Conduct awareness campaigns.		
101 Store key documents outside potential emergency areas.		
<b>MINIMUM RESPONSE</b>		
102 Provide information on HIV/AIDS prevention and care.		
<b>COMPREHENSIVE RESPONSE (STABILISED PHASE)</b>		
103 Scale up BCC/IEC.		
104 Monitor and evaluate activities.		
<b>TOTAL SCORE FOR THIS SECTOR</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>HIV/AIDS IN THE WORKPLACE</b>		
<b>EMERGENCY PREPAREDNESS</b>		
105 Review personnel policies regarding the management of PLWHA who work in humanitarian operations.		
106 Develop policies when there are none, aimed at minimising the potential for discrimination.		
107 Stock materials for post-exposure prophylaxis (PEP).		
<b>MINIMUM RESPONSE</b>		
108 Prevent discrimination by HIV status in staff management.		
109 Provide post-exposure prophylaxis (PEP) available for humanitarian staff.		
<b>COMPREHENSIVE RESPONSE (STABILISED PHASE)</b>		
110 Build capacity of supporting groups for PLWHA and their families.		
111 Establish workplace policies to eliminate discrimination against PLWHA.		
112 Post-exposure prophylaxis for all humanitarian workers available on regular basis.		
<b>TOTAL SCORE FOR THIS SECTOR</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
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extent (25%)0=No  
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judge

## 10 HIV/AIDS

**Interpretation of results**

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Coordination		56
Assessment and monitoring		40
Protection		56
Water and sanitation		16
Food security and nutrition		52
Shelter and site planning		12
Health		128
Education		24
Behaviour change communication (BCC)		32
HIV/AIDS in the workplace		32
<b>Overall score</b>		<b>448</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (448) and multiply by 100.

Overall assessment and notes on action to be taken

## 11 Protection

<b>Type</b>	Protection
<b>Purpose</b>	The purpose of this template is to provide a tool to monitor good practice in protection within the context of a humanitarian response. This checklist is based on “Protection: An ALNAP guide for humanitarian agencies”, which is available on the Internet. Users of this template are strongly encouraged to refer to the ALNAP document.
<b>Background</b>	<p>The following paragraphs are taken from the ALNAP document.</p> <p><i>The approach used in this guide is intended to help every humanitarian agency to look beyond people’s immediate material needs to wider questions of personal safety and the dignity of the whole human person. As such, it draws attention to the main violations and abuses that are most likely to threaten people’s safety, dignity and integrity as human beings. It then challenges agencies to think creatively about a range of ways in which such violation and suffering can be prevented, alleviated and redressed beyond a simple ‘aid-only’ approach.</i></p> <p><i>This guide ... aims to point field personnel from any humanitarian agency in the right direction when they are considering or managing any form of humanitarian action that seeks to protect people from the violations, abuses and consequences of war. It assumes that all agencies are well aware of the operational demands of their particular mandate and the mandates of other relevant organisations. It also takes for granted that each agency has considerable understanding of the experience and needs of the particular groups it is seeking to help, and significant expertise in the sectors in which it works.</i></p>
<b>Template</b>	<p>The template identifies ten checklists drawn from the ALNAP document. The checklists are intended to act as a practical prompt for fieldworkers, and identify the key skills required for assessment and analysis of protection programming. The checklists are listed here.</p> <ol style="list-style-type: none"> <li>1 Interagency complementarity</li> <li>2 Violations, threats and perpetrators</li> <li>3 Monitoring and reporting violations and abuses of IHRL and IHL</li> <li>4 Impact of violations on affected populations</li> <li>5 Community protection strategies</li> <li>6 Legal standards and responsibility analysis</li> <li>7 Protective capability, intent and compliance aptitude</li> <li>8 Humanitarian advocacy</li> <li>9 Humanitarian assistance</li> <li>10 Humanitarian presence and accompaniment</li> </ol> <p>In the template each key action is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their project is meeting the requirements of the indicator. A suggested rating system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.</p> <p>At the end of each standard the user can total up their ratings to obtain a total rating for that key step. These figures can then be transferred to the summary report at the end of the template.</p>

## 11 Protection

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 **Interagency complementarity:** A concerted effort by all agencies to use their different mandates, expertise, resources and networks to meet commonly identified protection needs and desired outcomes for threatened populations can dramatically increase the likelihood of that protection being realised. Complementarity does not mean every agency doing the same thing. Instead, it involves each agency doing what it does best and what it is best placed to do. Such diversity of programming but unity of effort can be a significant protection multiplier.
- 2 **Violations, threats and perpetrators:** The first critical step in a protection assessment is to gain sufficient understanding of the kinds of violations experienced by the civilian population, the continuing threats against them, and the nature, intent and organisation of the perpetrators.
- 3 **Monitoring and reporting violations and abuses of IHRL and IHL:** This work requires good knowledge of international legal standards. Equally, it requires sensitivity and the ability to listen carefully to people's accounts of their own experiences and those of others – especially in a climate of fear and conditions of continuing violation and abuse. Such due care is at once legal and interpersonal.
- 4 **Impact of violations on affected populations:** The next key aspect of an assessment is to gain a precise understanding of the impact and effect of violations and threats on individuals and communities. Here it is particularly important to appreciate the different effects of threats and violation by assessing the secondary impact of violence. For example, even where the number of direct victims of violence is relatively low, whole communities may no longer feel safe to move their produce to market, and the economic impact can be devastating.
- 5 **Community protection strategies:** It is particularly important to understand how people are already coping with and even preventing violations and threats against them. Supporting community strategies can be the best form of action by humanitarian agencies.
- 6 **Legal standards and responsibility analysis:** The law provides a more 'formal' description of abuses and people's subsequent suffering that gives due legal precision to otherwise vague political and diplomatic discourse. Such legal description is vital as a complement to more general and understandably emotive terms like attacks, violence, chaos, atrocities, suffering, and innocent people. It makes for more powerful rule-based arguments that can be used to persuade those responsible to take action.
- 7 **Protective capability, intent and compliance aptitude:** Working through the checklists in this section will help you to develop an effective situation analysis of the conditions confronting you. The specific mandate or operational focus of your agency will obviously dictate where you concentrate most of your analysis and assessment, in line with your agency's target group and expertise. This process will help to see human suffering in war and disaster in the wider terms of the rights of protected persons, the responsibilities of states, the criminal responsibility of individuals, and the needs, vulnerabilities, and capacities of protected populations themselves.

## 11 Protection

- 8 Humanitarian advocacy: The logic of denunciation is to shame decision-makers into taking particular actions through public exposure, private conscience or obvious interest. Although this can be an effective type of intervention, it can sometimes be highly confrontational and close the door to more constructive relationships in the future. Therefore, it should be used with caution. Because of this, denunciation is usually portrayed as the last resort in humanitarian advocacy. But this need not be the case. In some situations denunciation is a natural first resort. Some atrocities are so terrible that they require instant and loud denunciation. In some situations the authorities tolerate denunciation or have no choice but to accept it, and so it can be run in parallel with effective access and field programmes. And denunciation need not always be loud and public. It can also be private, quiet and carefully targeted.
- 9 Humanitarian assistance: Finally, protection can dictate when not to provide assistance at all. If the main way that a community stays safe in a conflict is by avoiding drawing attention to itself, people may well be safer if they are not descended upon by humanitarian agencies with relief supplies and other high-value commodities worth raiding. There are many specific guidelines on humanitarian assistance in the Sphere standards and other good practice texts but the following checklist highlights some key points about the protective value of humanitarian assistance.
- 10 Humanitarian presence and accompaniment: The physical presence of national and international humanitarian workers on the ground close to suffering and threatened communities is a common feature of most humanitarian assistance programmes and the monitoring and witnessing necessary to inform humanitarian advocacy work. This presence can be consciously used to protect people by inhibiting abusive behaviour.

### References

ALNAP (2005). Protection: An ALNAP guide for humanitarian agencies. London: ALNAP (ODI) [www.odi.org.uk/alnap/index.html](http://www.odi.org.uk/alnap/index.html)

## 11 Protection

Organisation	
Project Title	
Monitoring Template	Protection
Monitoring Date	
Name	

KEY ACTIONS	RATING	ACTION REQUIRED
<b>INTERAGENCY COMPLEMENTARITY</b>		
To achieve effective complementarity in and around your programme, a careful assessment must be carried out of the different mandates, strategies, capabilities and intentions of the many international agencies, government departments, NGOs and people's organisations operating in the situation. From this, a joint strategy that identifies different activities and plays to the comparative advantage of different agencies can be agreed and pursued.		
1 Understand the different mandates, programming capacities, priorities, expertise and 'added value' of other agencies and organisations.		
2 Assess the best way to combine different agencies working in different modes so that they complement one another's efforts in the best interests of protected persons, and avoid contradicting or jeopardising one another's strategies and activities.		
3 Consider setting up an interagency 'focal point' for protection or a 'protection working group' with the power to convene meetings, share information and analysis, agree protection priorities, and coordinate complementary agency strategies.		
4 Include other key international parties with humanitarian responsibility in your assessment, such as peacekeeping forces and international negotiators.		
5 Appraise the levels of trust between agencies and the degree to which they share common protection objectives.		
<b>SUB TOTAL</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>VIOLATIONS, THREATS AND PERPETRATORS</b>		
6 Understand the precise nature, pattern and scope of the violations and threats faced by people in the areas you are concerned with. Assess, in particular, how they are arising either from acts of commission (things people are doing) or acts of omission (things people should be doing but are not) or both. Remember also that a fear of violence – whether well founded or not – can often have as great an impact on a community as violence itself.		

**Suggested  
scoring**

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 11 Protection

KEY ACTIONS	RATING	ACTION REQUIRED
<b>VIOLATIONS, THREATS AND PERPETRATORS</b>		
7 Understand who is most vulnerable to the threats. This may involve important differentiation of the threats by age, gender, ethnic group, social status, religion or other factors.		
8 Find out if there is a particular pattern, timing, schedule, logic or symbolism connected with the threats and so if they might be predictable in any way, and gauge whether there are any factors (physical, social, spatial, economic, political and habitual) that may render people more at risk.		
9 Clarify exactly who is responsible for previous violations and current threats, what authority they have and what resources they are using. Understand precisely how, when and where they are committing such abuses. Identify critical factors that facilitate violations, including the availability of small arms and light weapons. And identify those who are turning a 'blind eye' to the violations or initiating strategies of denial.		
10 Understand why they are pursuing a policy of violations. What prejudices, reasons, interests, frustrations and emotions drive these strategies and how best can they be understood and challenged? Learn who is orchestrating, encouraging, permitting and colluding in the perpetration of violations, as ideologues, strategists, active supporters or deliberate bystanders.		
11 Attempt, on the basis of the above, to anticipate or predict the perpetrators' next steps. Recognise that they are likely to adjust their strategies to deflect efforts to stop them.		
<b>SUB TOTAL</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>MONITORING AND REPORTING VIOLATIONS AND ABUSES OF IHRL AND IHL</b>		
12 Consider the safety of the people who provide information, respect their confidentiality and constantly assess whether your monitoring activities are likely to put people at more risk.		
13 Know the international standards that are relevant to the mandate of your agency and applicable to the situation you are monitoring.		
14 Link people's experiences of violations and abuses to specific legal standards.		
15 Use your information to encourage and engage the actions of the responsible authorities.		
16 Be objective and consistent in how you interview, research and report so that your material is coherent and professional.		

**Suggested  
scoring**

**4=Fully  
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## 11 Protection

KEY ACTIONS	RATING	ACTION REQUIRED
<b>MONITORING AND REPORTING VIOLATIONS AND ABUSES OF IHRL AND IHL</b>		
17 Be precise and accurate in your recording of events and testimony, always working with a clear sense of how the information that you collect will be used.		
18 Cross-check and verify your information through a variety of sources.		
19 Respect the feelings and rights of witnesses during and after an interview in order not to humiliate or endanger them further.		
20 Where appropriate, be visible and transparent so that the authorities and the population concerned can see and understand what you are doing and why.		
21 Share the information you collect with other mandated agencies and with the organisations and members of the affected population wherever this is appropriate and likely to increase levels of protection.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>IMPACT AND EFFECTS OF VIOLATIONS</b>		
22 Understand the primary and secondary effects of violations and threats on the people suffering them in physical, social, gender, health, economic, political, and emotional terms.		
23 Understand how different groups of people remain physically, socially, politically, economically and emotionally vulnerable to recent violations or future threats. This might include paying particular attention to the experience and needs of women, children, young men, the elderly or members of particular ethnic groups.		
24 Identify the immediate and longer-term needs for protection and assistance resulting from the impact of existing violations and continuing threats and differentiate between them more precisely in terms of age, gender, class or other groupings.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>COMMUNITY PROTECTION STRATEGIES</b>		
25 Understand the coping mechanisms and self-protection capabilities of protected persons and how they might best be supported and developed.		

**Suggested  
scoring**

**4=Fully  
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progress  
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## 11 Protection

KEY ACTIONS	RATING	ACTION REQUIRED
<b>COMMUNITY PROTECTION STRATEGIES</b>		
26 What are people doing to avoid the threats that they face? Look at how people are changing their behaviour to reduce their vulnerability to the threats. Are people fleeing and becoming displaced? Are they changing their regular movements (e.g. not travelling on certain roads) or their daily routine? Are they keeping their heads down, hiding their assets and trying to become increasingly invisible? Are they setting up community early warning systems in case of attack? Are people changing their livelihoods (e.g. planting crops only in areas around the village, not planting at all, migrating for work or going into prostitution) in order to survive?		
27 What is the impact of these changes and how long can people sustain them? What new risks do these coping strategies present?		
28 To what extent are people being forced to reach an accommodation with the violations and threats ranged against them? This may include obeying new orders, paying 'taxes' as protection money or becoming directly co-opted into new violence by joining militias or 'marrying' soldiers in armed groups. In short, is their adaptation to the threat positive or negative?		
<b>SUB-TOTAL</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>LEGAL STANDARDS AND RESPONSIBILITY ANALYSIS</b>		
29 Determine which specific standards of national, regional and international law are relevant to the pattern of violations and threat in order to identify the laws, conventions, declarations and specific articles that clearly define what protection is afforded to whom in a given situation. Single out articles that refer expressly to the kinds of incidents observed and the strategies and policies functioning in this instance.		
30 Also take account of applicable domestic law that is not in contradiction with international standards (such as indigenous custom or religious law) that may carry much weight locally and provide important protection guarantees.		
31 Clarify which authorities have primary responsibility for stopping the perpetrators under national and international law, and which other states have particular responsibility for responding to and halting these violations under international law.		
32 Clarify which authorities have responsibility for dealing with the consequences of the violations – for example providing for the basic needs of people forced from their homes or compensation for people whose assets have been destroyed.		

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## 11 Protection

KEY ACTIONS	RATING	ACTION REQUIRED
<b>LEGAL STANDARDS AND RESPONSIBILITY ANALYSIS</b>		
33 Identify which international agencies and/or international human rights mechanisms are mandated to respond to such violations or deal with their consequences.		
34 Clarify the particular responsibilities of your own organisation under these laws and decide on its position in regard to submitting evidence to current or future investigations or proceedings of international or national courts.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>PROTECTIVE CAPABILITY, INTENT AND COMPLIANCE APTITUDE</b>		
35 Identify how key policies of the authorities aim to realise effective protection or not, and whether the practice in the field lives up to the policy espoused in political capitals.		
36 Gauge the realistic capacity of the political and military actors to provide sufficient and appropriate protection. Identify gaps in resources, including human resources, material, knowledge and expertise that are preventing them from doing so.		
37 Gauge the willingness of political and military actors to comply with international legal standards. In doing so, also assess their susceptibility to influence – in the form of pressure or support – and identify other valuable individuals and organisations that may not have obvious material resources but may have significant moral authority, willingness to take action and political leverage.		
38 Identify the positive attributes, such as expertise, previous experience, innovation, courage and effective leadership, among potential protectors that may contribute to their protective ability.		
39 Map the strengths of, and the gaps in, any network of powerful relationships that may determine the ability of state authorities, humanitarian agencies and vulnerable communities to encourage a strong and positive protection environment. Identify any key individuals particularly responsible for shaping and sustaining such relationships.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>HUMANITARIAN ADVOCACY</b>		
40 Ensure that your advocacy is impartial, based objectively on real violations and threats, targets the right actors and is well timed.		

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## 11 Protection

KEY ACTIONS	RATING	ACTION REQUIRED
<b>HUMANITARIAN ADVOCACY</b>		
41 Put a very high value on the accuracy and credibility of the information on which you base your advocacy campaign. Look respectable and be authoritative when you present your case in private and in public.		
42 Protect your sources – both among your staff and within the local community – and work on the principle of informed consent with regard to statements that you intend to make. People concerned need to approve how and when you use their words and experience.		
43 Recognise a possible trade-off between humanitarian access and humanitarian advocacy and involve your staff and the communities that you are trying to protect in such decisions.		
44 Ask what role your agency can play to give civilian communities the voice they need to change the decisions that affect their lives. Can you use your position of influence to bring them into meetings and discussions? Think how you could use your resources to build networks of community groups so that collectively they can have a stronger voice.		
45 Judge carefully when loud or quiet advocacy strategies are best and, as appropriate, apply different types of pressure to different kinds of targets on different levels.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>HUMANITARIAN ASSISTANCE</b>		
46 Never put together a team of protection specialists only, but ensure that you have a majority of assistance experts who can work to see protection needs and protection solutions in the round.		
47 Humanitarian assistance programmes responding to current violations or remedying past abuses are best designed with a protective edge that consciously tries to reduce current threats and prevent future violations.		
48 Health, water, shelter or livelihood programmes are best designed with people's protection from violence in mind. All humanitarian aid programmes need to 'think protection' and focus on ways in which assistance programming in all sectors can reduce people's vulnerability to other forms of attack, violation, coercion, cooption or deprivation.		
49 Humanitarian assistance programmes should be scrutinised continuously to ensure that they are not becoming counter protective in any way by putting people in new danger or at further risk via some form of protection paradox.		

**Suggested  
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## 11 Protection

KEY ACTIONS	RATING	ACTION REQUIRED
<b>HUMANITARIAN ASSISTANCE</b>		
50 In the way that they are designed and managed, humanitarian assistance programmes should be respectful of the wider rights of protected persons enshrined in human-rights law, international humanitarian law and refugee law, including freedom of expression and freedom of religion.		
51 Wherever possible, use humanitarian assistance programmes to disseminate humanitarian law, human rights law and the Code of Conduct and include humanitarian values and principles in educational programmes.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	RATING	ACTION REQUIRED
<b>HUMANITARIAN PRESENCE AND ACCOMPANIMENT</b>		
52 Ensure that your presence is considered and that you understand how it is perceived, valued or feared by protected persons, authorities and potential violators alike. All of these actors will have different and often conflicting interests in your presence in a given situation and will seek to use it or abuse it accordingly.		
53 Recognise how your presence can function as an asset or a liability and use or withdraw it consciously in a preconceived, deliberate and targeted manner.		
54 Use your personality carefully to project the appropriate attitude and character in a given situation. This might vary between: observation and a relatively reserved form of quiet power; a friendly, open and sympathetic air; a more explicit role as a witness; or determination and confrontation and the clear projection of internationally mandated authority.		
55 Use presence deliberately as targeted protective diplomacy by keeping in regular contact with local authorities or other leaders who have influence over abusers, in order to ensure that they are constantly considering international presence and witness in the cost-benefit calculations governing their political and military choices.		
56 Develop a certain style of diplomatic discourse that internationalises local protection issues and gives them significant international weight without sounding too pompous. Use this nuanced but diplomatic way of talking about protection to communicate with key actors in a way that makes them think as often as possible about the political implications of being observed by the international community.		
57 Where appropriate, combine a targeted proactive presence around specific hotspots and persons with a less routine, widespread and mobile presence that gives potential violators and protected persons the feeling that you are 'always around'.		

**Suggested  
scoring**

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(100%)**

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## 11 Protection

KEY ACTIONS	RATING	ACTION REQUIRED
<b>HUMANITARIAN PRESENCE AND ACCOMPANIMENT</b>		
58 Target your presence to get close to particular groups of vulnerable people at particular high-risk moments and in high-risk places. With limited resources, your presence should focus on protecting the key groupings of the civilian population that are most in danger.		
59 Where appropriate, develop a committed strategy of deploying international observers. But remember that simply being there does not provide protection. An international protective presence requires a strategy behind it that focuses on detailed observation and active dissuasion of human-rights and humanitarian violations. Also remember that international observers are effective only in conflicts where the parties are responsive to international pressure.		
60 Wherever possible and appropriate, use your project sites (clinics, water-points, offices, food distribution centres and schools) as safe places for individuals particularly at risk.		
<b>SUB-TOTAL</b>		

**Suggested  
scoring**

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progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 11 Protection

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Interagency complementarity		20
Violations, threats and perpetrators		24
Monitoring and reporting violations and abuses of IHRL and IHL		40
Impact of violations on affected populations		12
Community protection strategies		16
Legal standards and responsibility analysis		24
Protective capability, intent and compliance aptitude		20
Humanitarian advocacy		24
Humanitarian assistance		24
Humanitarian presence and accompaniment		36
<b>Overall score</b>		<b>240</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (240) and multiply by 100.

Overall assessment and notes on action to be taken

## 12 Do No Harm

<b>Type</b>	Do No Harm
<b>Purpose</b>	The purpose of this template is to provide a tool to monitor the impacts of assistance on conflict. These indications are based on the Do No Harm Handbook, developed by Collaborative Learning Projects. Users of this template are strongly encouraged to refer to the source document.
<b>Background</b>	<p><i>Primum non nocere</i> is a Latin phrase that means "First, do no harm." The phrase is sometimes recorded as <i>Primum nil nocere</i>.</p> <p>It is one of the principal precepts all medical students are taught in medical school. It reminds a physician that he or she must consider the possible harm that any intervention might do. It is most often mentioned when debating use of an intervention with an obvious chance of harm but a less certain chance of benefit.</p> <p>Since at least 1860, the phrase has been a hallowed expression for physicians of hope, intention, humility, and recognition that human acts with good intentions may have unwanted consequences.</p> <p>The following paragraphs are taken from the Do No Harm document.</p> <p><i>"Indications" for Assessing Assistance's Impacts on Conflict</i></p> <p><i>We need to identify clear and consistent ways to understand the impacts of assistance on conflict. The DO NO HARM PROJECT first thought of developing a list of "indicators" of impacts. However, we quickly changed our approach to adopt, instead, the terminology of "indications" of impact. There were two reasons for this. First, because "indicators" is a term commonly used to refer to scientific precision, we knew that, in the context of assistance in conflict, we did not want to mislead our colleagues into believing in—or even seeking—such "proof" of the single, identifiable source of causation. Second we found that, while it is extremely challenging to imagine how to trace cause and effect of assistance and conflict in a theoretical framework, when we are actually in a given field location, the ways that assistance and conflict interact can be fairly clearly observed. It was the latter reality that we want to highlight and observe.</i></p> <p><i>It is important to remember and recognize both the limits and the power of our roles in conflict settings. There are three types of events in a conflict setting to consider when thinking about the impact of assistance:</i></p> <ol style="list-style-type: none"> <li><i>a Some things happen in conflict settings that bear no relation to assistance and on which assistance has no effect. Even if we applied all the lessons of past experience and carried out "perfect" programmes, wars, for example, would still happen.</i></li> <li><i>b There are also things that happen in conflict settings to which assistance is connected and on which it has an effect. These events would happen whether assistance existed or not, but because assistance is in the context where they occur, it has an impact on them.</i></li> <li><i>c Finally, there are events that assistance, itself, causes to happen.</i></li> </ol> <p><i>As we increase our awareness of the impacts that assistance can have on conflict, it is critical that we remember to focus on the second and, particularly, on the third type of event where assistance has its greatest impact.</i></p>

## 12 Do No Harm

*Through careful attention to the mechanisms whereby assistance has an impact on conflict, through RESOURCE TRANSFERS and IMPLICIT ETHICAL MESSAGES, we are able to identify the following indications of whether assistance is having a negative (worsening) impact on conflict. The following questions highlight Indications of Negative Impacts [A “yes” answer indicates a negative impact] and Indications of Positive Impacts (i.e. lessening tensions and/or supporting local capacities for peace).*

**Template** The Do No Harm document offers two sets of indications: negative indications and positive indications:

Negative indications: 27 questions

Positive indications: 10 questions

In the template each series of questions is accompanied by a set of numbered indications. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indication. A suggested rating system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each series of questions the user can total up their ratings to obtain a total rating for that series. These figures can then be transferred to the summary report at the end of the template.

**References** CDA Collaborative Learning Projects (2004). The Do No Harm Handbook. Cambridge, MA: CDA

## 12 Do No Harm

Organisation	
Project Title	
Monitoring Template	Do No Harm
Monitoring Date	
Name	

INDICATIONS	RATING	ACTION REQUIRED
<b>INDICATIONS OF NEGATIVE IMPACTS [A "YES" ANSWER INDICATES A NEGATIVE IMPACT]:</b>		
1 Are assistance goods stolen, especially by those connected directly to a warring side?		
2 Are prices of goods connected to the war economy rising?		
3 Are incentives for engaging in the war economy rising?		
4 Are prices of goods connected to the peacetime economy falling?		
5 Are incentives for engaging in peacetime economic activities falling?		
6 Is assistance provided in ways that benefit one (some) sub-group(s) over others?		
7 Does the assistance agency employ people more from one group than others?		
8 Do material goods go more to one group than others?		
9 Is assistance providing a sufficiently significant amount of material to meet civilian needs that more local goods are freed up to be used in warfare/by armies?		
10 Is assistance providing a sufficiently significant amount of material to meet civilian needs that local leaders take little or no responsibility for civilian welfare.		
11 Is assistance being given in ways that "legitimize" war-related individuals (giving them more power, prestige or access to international attention or wealth)?		
12 Is assistance being given in ways that legitimize the actions of war (for e.g. reinforcing patterns of population movements that warriors are causing; linking to divisions in the society thus reinforcing them)?		
13 Is assistance being given in ways that legitimize war supporting attitudes (e.g. rewarding those who are most violent; or being given separately to all groups in assumption that they cannot work together)?		
14 Does the assistance agency rely on arms to protect its goods and/or workers?		
15 Does the assistance agency refuse to cooperate or share information and planning functions with other assistance agencies, local government or local NGOs?		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 12 Do No Harm

KEY ACTIONS	RATING	ACTION REQUIRED
16 Does it openly criticize the ways that others provide assistance and encourage local people to avoid working with other agencies?		
17 Do field staff separate themselves from the local people with whom they are working?		
18 Do they frequently use assistance goods, or the power they derive from them, for their personal benefit or pleasure?		
19 Does the assistance agency apportion its institutional benefits (salaries or per diem scales; equipment such as cars, phones, offices; expectations of time commitments to the job; rewards for work done; vacation, R&R, evacuation plans) in ways that favour one identifiable group of workers more than others?		
20 Do the assistance staff express discouragement and powerlessness in relation to their staff superiors, home offices or donors?		
21 Do they express disrespect for these people but often cite them as the reason why something is "impossible"?		
22 Are assistance staff frightened and tense?		
23 Do they express hatred, mistrust, or suspicion for local people (any of the local people)?		
24 Do they frequently engage their local staff counterparts in conversation about violence, war experiences, the terrible things they have experienced (thus reinforcing the sense that these are the things that matter)?		
25 Does the agency promote or in other ways exceptionally reward staff members who have served in more violent places/situations?		
26 Does the assistance agency's publicity and/or fundraising approach demonize one side of the war?		
27 Does it treat one group as always "victimized" by the other?		
<b>SUB-TOTAL</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 12 Do No Harm

KEY ACTIONS	RATING	ACTION REQUIRED
<b>INDICATIONS OF POSITIVE IMPACTS (I.E. LESSENING TENSIONS AND/OR SUPPORTING LOCAL CAPACITIES FOR PEACE):</b>		
28 Has the assistance agency actively sought to identify things in the conflict area that cross the boundaries and connect people on different sides?		
29 Has it designed its programme to relate to these connectors?		
30 Is the assistance delivered in ways that reinforce a local sense of inclusiveness and intergroup fairness? Are programmes designed to bring people together?		
31 Are they designed so that for any group to gain, all groups must gain?		
32 Is the assistance delivered in ways that reinforce, rather than undermine, attitudes of acceptance, understanding and empathy between groups?		
33 Is the assistance delivered in ways that provide opportunities for people to act and speak in non-war ways?		
34 Does the agency provide opportunities for its local staff to cross lines and work with people from the "other" side?		
35 Does the assistance respect and reinforce local leaders as they take on responsibility for civilian governance?		
36 Does it provide rewards for individuals, groups and communities that take inter-group or peace-reinforcing initiatives?		
37 Do assistance agency staff reinforce the attitudes of their friends and counterparts as they remember, or reassert, sympathy and respect for other groups?		
<b>SUB TOTAL</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 12 Do No Harm

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Indications of Negative Impacts		108
Negative Impacts as a percentage		100
Indications of Positive Impacts		40
Positive Impacts as a percentage		100

Note: To calculate the negative impacts as a percentage, divide your negative impact score by the maximum available (108) and multiply by 100. To calculate the positive impacts as a percentage, divide your positive impact score by the maximum available (40) and multiply by 100.

Overall assessment and notes on action to be taken

## 13 Sphere Common Standards

<b>Type</b>	Sphere Common Standards
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with the Sphere common standards. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, which is available on the Internet.
<b>Rationale</b>	The following paragraphs are taken from the relevant chapter of the Sphere handbook. Users of this template are strongly encouraged to refer to the Sphere handbook to use alongside the template.

### *Introduction*

*These common standards relate to each of the chapters in this handbook and are integral to all of them. By implementing the standards described here, agencies will support the realisation of the standards outlined in the technical chapters.*

### *Links to international legal instruments*

*Everyone has the right to life with dignity and respect for their human rights. Humanitarian agencies have the responsibility to provide assistance in a manner that is consistent with human rights, including the right to participation, non-discrimination and information, as reflected in the body of international human rights, humanitarian and refugee law. In the Humanitarian Charter and the Code of Conduct for the International Red Cross and Red Crescent Movement and Non- Governmental Organisations (NGOs) in Disaster Relief, humanitarian agencies undertake to make themselves accountable to those they seek to assist. The common standards outline the responsibilities of organisations and individuals when providing protection and assistance.*

### *The importance of the standards common to all sectors*

*Programmes that meet the needs of disaster-affected populations must be based on a clear understanding of the context. Initial assessments will analyse the nature of the disaster and its effect on a population. The affected people's capacities and available resources should be identified at the same time as assessing their needs and vulnerabilities and any gaps in essential services. No single sector can be considered in isolation from the others, or in isolation from economics, religious and traditional beliefs, social practices, political and security factors, coping mechanisms or anticipated future developments. Analysis of the causes and effects of the disaster is critical. If the problem is not correctly identified and understood then it will be difficult, if not impossible, to respond appropriately.*

*Response depends on a number of factors, including an organisation's capacity, area(s) of expertise, budget constraints, familiarity with the region or situation and security risks for staff. The response standards detailed here are designed to clarify 'who does what when'. Once an appropriate response has been determined, targeting mechanisms should be established that enable agencies to provide assistance impartially and without discrimination, according to need.*

## 13 Sphere Common Standards

*Monitoring systems should be established early in the process to continuously measure progress against objectives and to check on the continuing relevance of the programme within an evolving context. An evaluation, which may be carried out during or at the end of the response, determines the overall effectiveness of the programme and identifies lessons that may improve similar programmes in the future.*

*The quality of humanitarian assistance will depend on the skills, abilities, knowledge and commitment of staff and volunteers working in difficult and sometimes insecure conditions. Sound management and supervision are key elements of an assistance programme and, along with capacity building, can help to ensure that minimum standards of humanitarian assistance are respected. Given the importance of gender and other cross-cutting issues, diversity in human resources should be taken into account when building a team.*

*The participation of disaster-affected people – including the vulnerable groups outlined below – in the assessment, development, implementation and monitoring of responses should be maximised to ensure the appropriateness and quality of any disaster response. Systematic sharing of knowledge and information among all those involved in the response is fundamental to achieving a common understanding of problems and effective coordination among agencies.*

**Template** The Sphere handbook identifies eight standards in this area:

Common standard 1: participation

Common standard 2: initial assessment

Common standard 3: response

Common standard 4: targeting

Common standard 5: monitoring

Common standard 6: evaluation

Common standard 7: aid worker competencies and responsibilities

Common standard 8: supervision, management and support of personnel

In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.

## 13 Sphere Common Standards

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Participation: The disaster-affected population actively participates in the assessment, design, implementation, monitoring and evaluation of the assistance programme.
- 2 Initial assessment: Assessments provide an understanding of the disaster situation and a clear analysis of threats to life, dignity, health and livelihoods to determine, in consultation with the relevant authorities, whether an external response is required and, if so, the nature of the response.
- 3 Response: A humanitarian response is required in situations where the relevant authorities are unable and/or unwilling to respond to the protection and assistance needs of the population on the territory over which they have control, and when assessment and analysis indicate that these needs are unmet.
- 4 Targeting: Humanitarian assistance or services are provided equitably and impartially, based on the vulnerability and needs of individuals or groups affected by disaster.
- 5 Monitoring: The effectiveness of the programme in responding to problems is identified and changes in the broader context are continually monitored, with a view to improving the programme, or to phasing it out as required.
- 6 Evaluation: There is a systematic and impartial examination of humanitarian action, intended to draw lessons to improve practice and policy and to enhance accountability.
- 7 Aid worker competencies and responsibilities: Aid workers possess appropriate qualifications, attitudes and experience to plan and effectively implement appropriate programmes.
- 8 Supervision, management and support of personnel: Aid workers receive supervision and support to ensure effective implementation of the humanitarian assistance programme.

**References** Minimum Standards Common to all Sectors. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 21-47). The Sphere Project: Geneva

## 13 Sphere Common Standards

Organisation	
Project Title	
Monitoring Template	Sphere Common Standards
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Common standard 1: participation</b> The disaster-affected population actively participates in the assessment, design, implementation, monitoring and evaluation of the assistance programme.		
1 Women and men of all ages from the disaster-affected and wider local populations, including vulnerable groups, receive information about the assistance programme, and are given the opportunity to comment to the assistance agency during all stages of the project cycle (see Sphere handbook guidance note 1).		
2 Written assistance programme objectives and plans should reflect the needs, concerns and values of disaster-affected people, particularly those belonging to vulnerable groups, and contribute to their protection (see Sphere handbook guidance notes 1-2).		
3 Programming is designed to maximise the use of local skills and capacities (see Sphere handbook guidance notes 3-4).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Common standard 2: initial assessment</b> Assessments provide an understanding of the disaster situation and a clear analysis of threats to life, dignity, health and livelihoods to determine, in consultation with the relevant authorities, whether an external response is required and, if so, the nature of the response.		
4 Information is gathered using standardised procedures and made available to allow for transparent decision-making (see Sphere handbook guidance notes 1-6).		
5 The assessment considers all technical sectors (water and sanitation, nutrition, food, shelter, health), and the physical, social, economic, political and security environment (see Sphere handbook guidance note 7).		
6 Through consultation, the assessment takes into account the responses of the local and national authorities and other actors and agencies (see Sphere handbook guidance note 7).		
7 Local capacities and strategies to cope with the disaster, both those of the affected population and the surrounding population, are identified (see Sphere handbook guidance note 8).		
8 Whenever feasible, data are disaggregated by sex and by age (see Sphere handbook guidance note 9).		

Suggested  
scoring

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 13 Sphere Common Standards

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
9 The assessment is underpinned by the rights of those affected by disasters, as defined by international law.		
10 The assessment takes into account the responsibility of relevant authorities to protect and assist the population on the territory over which they have control, and also takes into account national law, standards and guidelines applicable where the affected population is found, as they conform with international law.		
11 The assessment includes an analysis of the operating environment, including factors affecting the personal safety and security of the affected population and of humanitarian staff (see Sphere handbook guidance note 10).		
12 Estimates of population numbers are cross-checked and validated with as many sources as possible, and the basis for the estimate made known.		
13 Assessment findings are made available to other sectors, national and local authorities and representatives of the affected population. Recommendations are made on the need for external assistance, and on appropriate responses that should be linked with exit or transition strategies (see Sphere handbook guidance note 11).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Common standard 3: response</b> A humanitarian response is required in situations where the relevant authorities are unable and/or unwilling to respond to the protection and assistance needs of the population on the territory over which they have control, and when assessment and analysis indicate that these needs are unmet.		
14 Where people's lives are at risk as a result of disaster, programmes prioritise life-saving needs (see Sphere handbook guidance note 1).		
15 Programmes and projects are designed to support and protect the affected population and to promote their livelihoods, so that they meet or exceed the Sphere Minimum Standards.		
16 Key indicators (see Sphere handbook guidance note 2).		
17 There is effective coordination and exchange of information among those affected by or involved in the disaster response. Humanitarian agencies undertake activities on the basis of need, where their expertise and capacity can have the greatest impact within the overall assistance programme (see Sphere handbook guidance note 3).		
18 Organisations, programmes and projects that either cannot address identified needs or are unable to attain the Minimum Standards make any gaps known so that others may assist (see Sphere handbook guidance notes 4-5).		
19 In conflict situations, the assistance programme takes into account the possible impact of the response on the dynamics of the situation (see Sphere handbook guidance note 6).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested scoring**

4=Fully achieved  
(100%)

3=Largely achieved  
(75%)

2=Partially achieved  
(50%)

1=Achieved to a very limited extent (25%)

0=No progress  
(0%)

X=Too early/unable to judge

## 13 Sphere Common Standards

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Common standard 4: targeting</b> Humanitarian assistance or services are provided equitably and impartially, based on the vulnerability and needs of individuals or groups affected by disaster.		
20 Targeting criteria must be based on a thorough analysis of vulnerability (see Sphere handbook guidance note 1).		
21 Targeting mechanisms are agreed among the affected population (including representatives of vulnerable groups) and other appropriate actors. Targeting criteria are clearly defined and widely disseminated (see Sphere handbook guidance notes 2-3).		
22 Targeting mechanisms and criteria should not undermine the dignity and security of individuals, or increase their vulnerability to exploitation (see Sphere handbook guidance notes 2-3).		
23 Distribution systems are monitored to ensure that targeting criteria are respected and that timely corrective action is taken when necessary (see Sphere handbook guidance notes 4-5).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Common standard 5: monitoring</b> The effectiveness of the programme in responding to problems is identified and changes in the broader context are continually monitored, with a view to improving the programme, or to phasing it out as required.		
24 The information collected for monitoring is timely and useful, it is recorded and analysed in an accurate, logical, consistent, regular and transparent manner and it informs the ongoing programme (see Sphere handbook guidance notes 1-2).		
25 Systems are in place to ensure regular collection of information in each of the technical sectors and to identify whether the indicators for each standard are being met.		
26 Women, men and children from all affected groups are regularly consulted and are involved in monitoring activities (see Sphere handbook guidance note 3).		
27 Systems are in place that enable a flow of information between the programme, other sectors, the affected groups of the population, the relevant local authorities, donors and other actors as needed (see Sphere handbook guidance note 4).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 13 Sphere Common Standards

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Common standard 6: evaluation</b> There is a systematic and impartial examination of humanitarian action, intended to draw lessons to improve practice and policy and to enhance accountability.		
28 The programme is evaluated with reference to stated objectives and agreed minimum standards to measure its overall appropriateness, efficiency, coverage, coherence and impact on the affected population (see Sphere handbook guidance note 1).		
29 Evaluations take account of the views and opinions of the affected population, as well as the host community if different.		
30 The collection of information for evaluation purposes is independent and impartial.		
31 The results of each evaluation exercise are used to improve future practice (see Sphere handbook guidance note 2).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Common standard 7: aid worker competencies and responsibilities</b> Aid workers possess appropriate qualifications, attitudes and experience to plan and effectively implement appropriate programmes.		
32 Aid workers have relevant technical qualifications and knowledge of local cultures and customs, and/or previous emergency experience. Workers are also familiar with human rights and humanitarian principles.		
33 Staff are knowledgeable about the potential tensions and sources of conflict within the disaster-affected population itself and with host communities. They are aware of the implications of delivering humanitarian assistance, and pay particular attention to vulnerable groups (see Sphere handbook guidance note 1).		
34 Staff are able to recognise abusive, discriminatory or illegal activities, and refrain from such activities (see Sphere handbook guidance note 2).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

Suggested  
scoring

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 13 Sphere Common Standards

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Common standard 8: supervision, management and support of personnel</b> Aid workers receive supervision and support to ensure effective implementation of the humanitarian assistance programme.		
35 Managers are accountable for their decisions and for ensuring adequate security and compliance with codes/rules of conduct as well as support for their staff (see Sphere handbook guidance note 1).		
36 Technical and managerial staff are provided with the necessary training, resources and logistical support to fulfil their responsibilities (see Sphere handbook guidance note 2).		
37 Staff working on programmes understand the purpose and method of the activities they are asked to carry out, and receive subsequent feedback on their performance.		
38 All staff have written job descriptions, with clear reporting lines, and undergo periodic written performance assessment.		
39 All staff are oriented regarding relevant health and safety issues for the region and environment in which they are to work (see Sphere handbook guidance note 3).		
40 Staff receive appropriate security training.		
41 Capacity-building systems for staff are set up and these are subject to routine monitoring (see Sphere handbook guidance notes 4-5).		
42 The capacity of national and local organisations is built up to promote long-term sustainability.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

Suggested  
scoring

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 13 Sphere Common Standards

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Common standard 1: participation		12
Common standard 2: initial assessment		40
Common standard 3: response		24
Common standard 4: targeting		16
Common standard 5: monitoring		16
Common standard 6: evaluation		16
Common standard 7: aid worker competencies and responsibilities		12
Common standard 8: supervision, management and support of personnel		32
<b>Overall score</b>		<b>168</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (168) and multiply by 100.

Overall assessment and notes on action to be taken

# Sectoral Templates

## 14 Water and Sanitation

<b>Type</b>	Water and Sanitation
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in water supply, sanitation and hygiene promotion. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, which is available on the Internet.
<b>Rationale</b>	The following paragraphs are taken from the introduction to each of the six sections in the relevant chapter of the Sphere handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the Sphere handbook to use alongside the template.

### *Hygiene Promotion*

*The aim of any water and sanitation programme is to promote good personal and environmental hygiene in order to protect health. Hygiene promotion is defined here as the mix between the population's knowledge, practice and resources and agency knowledge and resources, which together enable risky hygiene behaviours to be avoided. The three key factors are 1) a mutual sharing of information and knowledge, 2) the mobilisation of communities and 3) the provision of essential materials and facilities. Effective hygiene promotion relies on an exchange of information between the agency and the affected community in order to identify key hygiene problems and to design, implement and monitor a programme to promote hygiene practices that will ensure the optimal use of facilities and the greatest impact on public health. Community mobilisation is especially pertinent during disasters as the emphasis must be on encouraging people to take action to protect their health and make good use of facilities and services provided, rather than on the dissemination of messages. It must be stressed that hygiene promotion should never be a substitute for good sanitation and water supplies, which are fundamental to good hygiene.*

*Hygiene promotion is integral to all the standards within this chapter. It is presented here as one overarching standard with related indicators. Further specific indicators are given within each standard for water supply, excreta disposal, vector control, solid waste management and drainage.*

### *Water Supply*

*Water is essential for life, health and human dignity. In extreme situations, there may not be sufficient water available to meet basic needs, and in these cases supplying a survival level of safe drinking water is of critical importance. In most cases, the main health problems are caused by poor hygiene due to insufficient water and by the consumption of contaminated water.*

### *Excreta Disposal*

*Safe disposal of human excreta creates the first barrier to excreta-related disease, helping to reduce transmission through direct and indirect routes. Safe excreta disposal is therefore a major priority, and in most disaster situations should be addressed with as much speed and effort as the provision of safe water supply. The provision of appropriate facilities for defecation is one of a number of emergency responses essential for people's dignity, safety, health and well-being.*

## 14 Water and Sanitation

### *Vector Control*

*A vector is a disease-carrying agent and vector-borne diseases are a major cause of sickness and death in many disaster situations. Mosquitoes are the vector responsible for malaria transmission, which is one of the leading causes of morbidity and mortality. Mosquitoes also transmit other diseases, such as yellow fever and dengue haemorrhagic fever. Non-biting or synanthropic flies, such as the house fly, the blow fly and the flesh fly, play an important role in the transmission of diarrhoeal disease. Biting flies, bed bugs and fleas are a painful nuisance and in some cases transmit significant diseases such as murine typhus and plague. Ticks transmit relapsing fever and human body lice transmit typhus and relapsing fever. Rats and mice can transmit diseases such as leptospirosis and salmonellosis and can be hosts for other vectors e.g. fleas, which may transmit Lassa fever, plague and other infections.*

*Vector-borne diseases can be controlled through a variety of initiatives, including appropriate site selection and shelter provision, appropriate water supply, excreta disposal, solid waste management and drainage, the provision of health services (including community mobilisation and health promotion), the use of chemical controls, family and individual protection and the effective protection of food stores.*

*Although the nature of vector-borne disease is often complex and addressing vector-related problems may demand specialist attention, there is much that can be done to help prevent the spread of such diseases with simple and effective measures, once the disease, its vector and their interaction with the population have been identified.*

### *Solid Waste Management*

*If organic solid waste is not disposed of, major risks are incurred of fly and rat breeding (see Vector Control section) and surface water pollution. Uncollected and accumulating solid waste and the debris left after a natural disaster or conflict may also create a depressing and ugly environment, discouraging efforts to improve other aspects of environmental health. Solid waste often blocks drainage channels and leads to environmental health problems associated with stagnant and polluted surface water.*

### *Drainage*

*Surface water in or near emergency settlements may come from household and water point wastewater, leaking toilets and sewers, rainwater or rising floodwater. The main health risks associated with surface water are contamination of water supplies and the living environment, damage to toilets and dwellings, vector breeding and drowning. Rainwater and rising floodwaters can worsen the drainage situation in a settlement and further increase the risk of contamination. A proper drainage plan, addressing storm-water drainage through site planning and wastewater disposal using small-scale, on-site drainage, should be implemented to reduce potential health risks to the population. This section addresses small-scale drainage problems and activities. Large-scale drainage is generally determined by site selection and development.*

## 14 Water and Sanitation

**Template** The Sphere handbook identifies eleven standards in this area:

- Hygiene promotion standard 1: programme design and implementation
- Water supply standard 1: access and water quantity
- Water supply standard 2: water quality
- Water supply standard 3: water use facilities and goods
- Excreta disposal standard 1: access to, and numbers of, toilets
- Excreta disposal standard 2: design, construction and use of toilets
- Vector control standard 1: individual and family protection
- Vector control standard 2: physical, environmental and chemical protection measures
- Vector control standard 3: chemical control safety
- Solid waste management standard 1: collection and disposal
- Drainage standard 1: drainage works

In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Hygiene promotion standard 1: programme design and implementation: All facilities and resources provided reflect the vulnerabilities, needs and preferences of the affected population. Users are involved in the management and maintenance of hygiene facilities where appropriate.
- 2 Water supply standard 1: access and water quantity: All people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement.
- 3 Water supply standard 2: water quality: Water is palatable, and of sufficient quality to be drunk and used for personal and domestic hygiene without causing significant risk to health.
- 4 Water supply standard 3: water use facilities and goods: People have adequate facilities and supplies to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene, and to ensure that drinking water remains safe until it is consumed.

## 14 Water and Sanitation

- 5 Excreta disposal standard 1: access to, and numbers of, toilets: People have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable access at all times of the day and night.
- 6 Excreta disposal standard 2: design, construction and use of toilets: Toilets are sited, designed, constructed and maintained in such a way as to be comfortable, hygienic and safe to use.
- 7 Vector control standard 1: individual and family protection: All disaster-affected people have the knowledge and the means to protect themselves from disease and nuisance vectors that are likely to represent a significant risk to health or well-being.
- 8 Vector control standard 2: physical, environmental and chemical protection measures: The numbers of disease vectors that pose a risk to people's health and nuisance vectors that pose a risk to people's well-being are kept to an acceptable level.
- 9 Vector control standard 3: chemical control safety: Chemical vector control measures are carried out in a manner that ensures that staff, the people affected by the disaster and the local environment are adequately protected, and avoids creating resistance to the substances used.
- 10 Solid waste management standard 1: collection and disposal: People have an environment that is acceptably uncontaminated by solid waste, including medical waste, and have the means to dispose of their domestic waste conveniently and effectively.
- 11 Drainage standard 1: drainage works: People have an environment in which the health and other risks posed by water erosion and standing water, including storm water, floodwater, domestic wastewater and wastewater from medical facilities, are minimised.

**Comments** These are comments made by a reviewing panel of humanitarian workers and provide suggestions for further consideration.

- ▲ Consideration must be made for different types of water (e.g. water for human consumption, water for washing, water for agricultural use, water for animals etc.).
- ▲ Consideration must be made for disabled use of toilets.
- ▲ Hand washing facilities must be accessible for children and disabled.
- ▲ Consideration must be given to cultural issues associated with washing.

**References** Minimum Standards in Water, Sanitation and Hygiene Promotion. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 51-102). The Sphere Project: Geneva

## 14 Water and Sanitation

Organisation	
Project Title	
Monitoring Template	Water and Sanitation
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Hygiene promotion standard 1: programme design and implementation</b> All facilities and resources provided reflect the vulnerabilities, needs and preferences of the affected population. Users are involved in the management and maintenance of hygiene facilities where appropriate.		
1 Key hygiene risks of public health importance are identified (see Sphere handbook guidance note 1).		
2 Programmes include an effective mechanism for representative and participatory input from all users, including in the initial design of facilities (see Sphere handbook guidance notes 2, 3 and 5).		
3 All groups within the population have equitable access to the resources or facilities needed to continue or achieve the hygiene practices that are promoted (see Sphere handbook guidance note 3).		
4 Hygiene promotion messages and activities address key behaviours and misconceptions and are targeted for all user groups. Representatives from these groups participate in planning, training, implementation, monitoring and evaluation (see Sphere handbook guidance notes 1, 3 and 4 and Participation standard on page 28).		
5 Users take responsibility for the management and maintenance of facilities as appropriate, and different groups contribute equitably (see Sphere handbook guidance notes 5-6).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 14 Water and Sanitation

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Water supply standard 1: access and water quantity</b> All people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement.		
6 Average water use for drinking, cooking and personal hygiene in any household is at least 15 litres per person per day (see Sphere handbook guidance notes 1-8).		
7 The maximum distance from any household to the nearest water point is 500 metres (see Sphere handbook guidance notes 1, 2, 5 and 8).		
8 Queuing time at a water source is no more than 15 minutes (see Sphere handbook guidance note 7).		
9 It takes no more than three minutes to fill a 20-litre container (see Sphere handbook guidance notes 7-8).		
10 Water sources and systems are maintained such that appropriate quantities of water are available consistently or on a regular basis (see Sphere handbook guidance notes 2 and 8).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Water supply standard 2: water quality</b> Water is palatable, and of sufficient quality to be drunk and used for personal and domestic hygiene without causing significant risk to health.		
11 A sanitary survey indicates a low risk of fecal contamination (see Sphere handbook guidance note 1).		
12 There are no fecal coliforms per 100ml at the point of delivery (see Sphere handbook guidance note 2).		
13 People drink water from a protected or treated source in preference to other readily available water sources (see Sphere handbook guidance note 3).		
14 Steps are taken to minimise post-delivery contamination (see Sphere handbook guidance note 4).		
15 For piped water supplies, or for all water supplies at times of risk or presence of diarrhoea epidemic, water is treated with a disinfectant so that there is a free chlorine residual at the tap of 0.5mg per litre and turbidity is below 5 NTU (see Sphere handbook guidance notes 5, 7 and 8).		
16 No negative health effect is detected due to short-term use of water contaminated by chemical (including carry-over of treatment chemicals) or radiological sources, and assessment shows no significant probability of such an effect (see Sphere handbook guidance note 6).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

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early/unable to  
judge**

## 14 Water and Sanitation

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Water supply standard 3: water use facilities and goods</b> People have adequate facilities and supplies to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene, and to ensure that drinking water remains safe until it is consumed.		
17 Each household has at least two clean water collecting containers of 10-20 litres, plus enough clean water storage containers to ensure there is always water in the household (see Sphere handbook guidance note 1).		
18 Water collection and storage containers have narrow necks and/or covers, or other safe means of storage, drawing and handling, and are demonstrably used (see Sphere handbook guidance note 1).		
19 There is at least 250g of soap available for personal hygiene per person per month.		
20 Where communal bathing facilities are necessary, there are sufficient bathing cubicles available, with separate cubicles for males and females, and they are used appropriately and equitably (see Sphere handbook guidance note 2).		
21 Where communal laundry facilities are necessary, there is at least one washing basin per 100 people, and private laundering areas are available for women to wash and dry undergarments and sanitary cloths.		
22 The participation of all vulnerable groups is actively encouraged in the siting and construction of bathing facilities and/or the production and distribution of soap, and/or the use and promotion of suitable alternatives (see Sphere handbook guidance note 2).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

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## 14 Water and Sanitation

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Excreta disposal standard 1: access to, and numbers of, toilets</b> People have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable access at all times of the day and night.		
23 A maximum of 20 people use each toilet (see Sphere handbook guidance notes 1-4).		
24 Use of toilets is arranged by household(s) and/or segregated by sex (see Sphere handbook guidance notes 3-5).		
25 Separate toilets for women and men are available in public places (markets, distribution centres, health centres, etc.) (see Sphere handbook guidance note 3).		
26 Shared or public toilets are cleaned and maintained in such a way that they are used by all intended users (see Sphere handbook guidance notes 3-5).		
27 Toilets are no more than 50 metres from dwellings (see Sphere handbook guidance note 5).		
28 Toilets are used in the most hygienic way and children's faeces are disposed of immediately and hygienically (see Sphere handbook guidance note 6).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

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## 14 Water and Sanitation

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Excreta disposal standard 2: design, construction and use of toilets</b> Toilets are sited, designed, constructed and maintained in such a way as to be comfortable, hygienic and safe to use.		
29 Users (especially women) have been consulted and approve of the siting and design of the toilet (see Sphere handbook guidance notes 1-3).		
30 Toilets are designed, built and located to have the following features: <ul style="list-style-type: none"> <li>▲ they are designed in such a way that they can be used by all sections of the population, including children, older people, pregnant women and physically and mentally disabled people (see Sphere handbook guidance note 1);</li> <li>▲ they are sited in such a way as to minimise threats to users, especially women and girls, throughout the day and night (see Sphere handbook guidance note 2);</li> <li>▲ they are sufficiently easy to keep clean to invite use and do not present a health hazard;</li> <li>▲ they provide a degree of privacy in line with the norms of the users;</li> <li>▲ they allow for the disposal of women's sanitary protection, or provide women with the necessary privacy for washing and drying sanitary protection cloths (see Sphere handbook guidance note 4); and</li> <li>▲ they minimise fly and mosquito breeding (see Sphere handbook guidance note 7).</li> </ul>		
31 All toilets constructed that use water for flushing and/or a hygienic seal have an adequate and regular supply of water (see Sphere handbook guidance notes 1 and 3).		
32 Pit latrines and soakaways (for most soils) are at least 30 metres from any groundwater source and the bottom of any latrine is at least 1.5 metres above the water table. Drainage or spillage from defecation systems must not run towards any surface water source or shallow groundwater source (see Sphere handbook guidance note 5).		
33 People wash their hands after defecation and before eating and food preparation (see Sphere handbook guidance note 6).		
34 People are provided with tools and materials for constructing, maintaining and cleaning their own toilets if appropriate (see Sphere handbook guidance note 7).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

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judge**

## 14 Water and Sanitation

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Vector control standard 1: individual and family protection</b> All disaster-affected people have the knowledge and the means to protect themselves from disease and nuisance vectors that are likely to represent a significant risk to health or well-being.		
35 All populations at risk from vector-borne disease understand the modes of transmission and possible methods of prevention (see Sphere handbook guidance notes 1-5).		
36 All populations have access to shelters that do not harbour or encourage the growth of vector populations and are protected by appropriate vector control measures.		
37 People avoid exposure to mosquitoes during peak biting times by using all non-harmful means available to them. Special attention is paid to protection of high-risk groups such as pregnant and feeding mothers, babies, infants, older people and the sick (see Sphere handbook guidance note 3).		
38 People with treated mosquito nets use them effectively (see Sphere handbook guidance note 3).		
39 Control of human body lice is carried out where louse-borne typhus or relapsing fever is a threat (see Sphere handbook guidance note 4).		
40 Bedding and clothing are aired and washed regularly (see Sphere handbook guidance note 4).		
41 Food is protected at all times from contamination by vectors such as flies, insects and rodents.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
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## 14 Water and Sanitation

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Vector control standard 2: physical, environmental and chemical protection measures</b> The numbers of disease vectors that pose a risk to people's health and nuisance vectors that pose a risk to people's well-being are kept to an acceptable level.		
42 Displaced populations are settled in locations that minimise their exposure to mosquitoes (see Sphere handbook guidance note 1).		
43 Vector breeding and resting sites are modified where practicable (see Sphere handbook guidance notes 2-4).		
44 Intensive fly control is carried out in high-density settlements when there is a risk or the presence of a diarrhoea epidemic.		
45 The population density of mosquitoes is kept low enough to avoid the risk of excessive transmission levels and infection (see Sphere handbook guidance note 4).		
46 People infected with malaria are diagnosed early and receive treatment (see Sphere handbook guidance note 5).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Vector control standard 3: chemical control safety</b> Chemical vector control measures are carried out in a manner that ensures that staff, the people affected by the disaster and the local environment are adequately protected, and avoids creating resistance to the substances used.		
47 Personnel are protected by the provision of training, protective clothing, use of bathing facilities, supervision and a restriction on the number of hours spent handling chemicals.		
48 The choice, quality, transport and storage of chemicals used for vector control, the application equipment and the disposal of the substances follow international norms, and can be accounted for at all times (see Sphere handbook guidance note 1).		
49 Communities are informed about the potential risks of the substances used in chemical vector control and about the schedule for application. They are protected during and after the application of poisons or pesticides, according to internationally agreed procedures (see Sphere handbook guidance note 1).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

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early/unable to  
judge

## 14 Water and Sanitation

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Solid waste management standard 1: collection and disposal</b> People have an environment that is acceptably uncontaminated by solid waste, including medical waste, and have the means to dispose of their domestic waste conveniently and effectively.		
50 People from the affected population are involved in the design and implementation of the solid waste programme.		
51 Household waste is put in containers daily for regular collection, burnt or buried in a specified refuse pit.		
52 All households have access to a refuse container and/or are no more than 100 metres from a communal refuse pit.		
53 At least one 100-litre refuse container is available per 10 families, where domestic refuse is not buried on-site.		
54 Refuse is removed from the settlement before it becomes a nuisance or a health risk (see Sphere handbook guidance notes 1, 2 and 6).		
55 Medical wastes are separated and disposed of separately and there is a correctly designed, constructed and operated pit, or incinerator with a deep ash pit, within the boundaries of each health facility (see Sphere handbook guidance notes 3 and 6).		
56 There are no contaminated or dangerous medical wastes (needles, glass, dressings, drugs, etc.) at any time in living areas or public spaces (see Sphere handbook guidance note 3).		
57 There are clearly marked and appropriately fenced refuse pits, bins or specified areas at public places, such as markets and slaughtering areas, with a regular collection system in place (see Sphere handbook guidance note 4).		
58 Final disposal of solid waste is carried out in such a place and in such a way as to avoid creating health and environmental problems for the local and affected populations (see Sphere handbook guidance notes 5-6).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

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judge**

## 14 Water and Sanitation

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Drainage standard 1: drainage works</b> People have an environment in which the health and other risks posed by water erosion and standing water, including storm water, floodwater, domestic wastewater and wastewater from medical facilities, are minimised.		
59 Areas around dwellings and water points are kept free of standing wastewater and storm water drains are kept clear (see Sphere handbook guidance notes 1, 2, 4 and 5).		
60 Shelters, paths and water and sanitation facilities are not flooded or eroded by water (see Sphere handbook guidance notes 2-4).		
61 Water point drainage is well planned, built and maintained. This includes drainage from washing and bathing areas as well as water collection points (see Sphere handbook guidance notes 2 and 4).		
62 Drainage waters do not pollute existing surface or groundwater sources or cause erosion (see Sphere handbook guidance note 5).		
63 Sufficient numbers of appropriate tools are provided for small drainage works and maintenance where necessary (see Sphere handbook guidance note 4).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

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## 14 Water and Sanitation

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Hygiene promotion standard 1: programme design and implementation		20
Water supply standard 1: access and water quantity		20
Water supply standard 2: water quality		24
Water supply standard 3: water use facilities and goods		24
Excreta disposal standard 1: access to, and numbers of, toilets		24
Excreta disposal standard 2: design, construction and use of toilets		24
Vector control standard 1: individual and family protection		28
Vector control standard 2: physical, environmental and chemical protection measures		20
Vector control standard 3: chemical control safety		12
Solid waste management standard 1: collection and disposal		36
Drainage standard 1: drainage works		20
<b>Overall score</b>		<b>252</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (252) and multiply by 100.

Overall assessment and notes on action to be taken

## 15 Food Security and Nutrition Assessment and Analysis

<b>Type</b>	Food Security and Nutrition Assessment and Analysis
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in Food Security and Nutrition Assessment and Analysis. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, chapter 3, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraphs are taken from the introduction to the relevant section of the Sphere handbook. Users of this template are strongly encouraged to refer to the Sphere handbook to use alongside the template.</p> <p><i>These two standards follow on from the common Initial assessment and Participation standards, and both apply wherever nutrition and food security interventions are planned or are advocated. These assessments are in-depth and require considerable time and resources to undertake properly. In an acute crisis and for immediate response, a rapid assessment may be sufficient to decide whether or not immediate assistance is required, and if so what provisions should be made.</i></p>
<b>Template</b>	<p>The Sphere handbook identifies two standards in this area:</p> <p>Assessment and analysis standard 1: food security</p> <p>Assessment and analysis standard 2: nutrition</p> <p>In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.</p> <p>At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.</p>
<b>Key issues</b>	<p>Some partners may find the checklists rather long. The key issues are therefore summarised here:</p> <ol style="list-style-type: none"> <li>1 Assessment and analysis standard 1: food security: Where people are at risk of food insecurity, programme decisions are based on a demonstrated understanding of how they normally access food, the impact of the disaster on current and future food security, and hence the most appropriate response.</li> <li>2 Assessment and analysis standard 2: nutrition: Where people are at risk of malnutrition, programme decisions are based on a demonstrated understanding of the causes, type, degree and extent of malnutrition, and the most appropriate response.</li> </ol>
<b>References</b>	Minimum Standards in Minimum Standards in Food Security, Nutrition and Food Aid. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 103-202). The Sphere Project: Geneva

## 15 Food Security and Nutrition Assessment and Analysis

Organisation	
Project Title	
Monitoring Template	Food Security and Nutrition Assessment and Analysis
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Assessment and analysis standard 1: food security</b> Where people are at risk of food insecurity, programme decisions are based on a demonstrated understanding of how they normally access food, the impact of the disaster on current and future food security, and hence the most appropriate response.		
1 Assessments and analyses examine food security in relevant geographic locations and livelihood groupings, distinguishing between seasons, and over time, to identify and prioritise needs (see Sphere handbook guidance note 1).		
2 The assessment demonstrates understanding of the broader social, economic and political policies, institutions and processes that affect food security (see Sphere handbook guidance note 2).		
3 The assessment includes an investigation and analysis of coping strategies (see Sphere handbook guidance note 3).		
4 Where possible, the assessment builds upon local capacities, including both formal and informal institutions (see Sphere handbook guidance note 4).		
5 The methodology used is comprehensively described in the assessment report and is seen to adhere to widely accepted principles (see Sphere handbook guidance note 5).		
6 Use is made of existing secondary data, and the collection of new primary data in the field is focused on additional information essential for decision-making (see Sphere handbook guidance note 6).		
7 Recommended food security responses are designed to support, protect and promote livelihood strategies, while also meeting immediate needs (see Sphere handbook guidance note 7).		
8 The impact of food insecurity on the population's nutritional status is considered (see Sphere handbook guidance note 8).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

Suggested  
scoring

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

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extent (25%)

0=No  
progress  
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judge

## 15 Food Security and Nutrition Assessment and Analysis

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Assessment and analysis standard 2: nutrition</b> Where people are at risk of malnutrition, programme decisions are based on a demonstrated understanding of the causes, type, degree and extent of malnutrition, and the most appropriate response.		
9 Before conducting an anthropometric survey, information on the underlying causes of malnutrition (food, health and care) is analysed and reported, highlighting the nature and severity of the problem(s) and those groups with the greatest nutritional and support needs (see Sphere handbook guidance note 1 and General nutrition support standard 2 on page 140).		
10 The opinions of the community and other local stakeholders on the causes of malnutrition are considered (see Sphere handbook guidance note 1).		
11 Anthropometric surveys are conducted only where information and analysis is needed to inform programme decision-making (see Sphere handbook guidance note 2).		
12 International anthropometric survey guidelines, and national guidelines consistent with these, are adhered to for determining the type, degree and extent of malnutrition (see Sphere handbook guidance note 3).		
13 Where anthropometric surveys are conducted among children under five years, international weight-for-height reference values are used for reporting malnutrition in Z scores and percentage of the median for planning purposes (see Sphere handbook guidance note 3).		
14 Micronutrient deficiencies to which the population is at risk are determined (see Sphere handbook guidance note 4).		
15 Responses recommended after nutrition assessment build upon and complement local capacities in a coordinated manner.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested scoring**

4=Fully achieved (100%)

3=Largely achieved (75%)

2=Partially achieved (50%)

1=Achieved to a very limited extent (25%)

0=No progress (0%)

X=Too early/unable to judge

## 15 Food Security and Nutrition Assessment and Analysis

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Assessment and analysis standard 1: food security		32
Assessment and analysis standard 2: nutrition		28
<b>Overall score</b>		<b>60</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (60) and multiply by 100.

Overall assessment and notes on action to be taken

## 16 Food Security

<b>Type</b>	Food Security
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in food security. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, chapter 3, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraphs are taken from the introduction to the relevant section of the Sphere handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the Sphere handbook to use alongside the template.</p> <p><i>Food security includes access to food (including affordability), adequacy of food supply or availability, and the stability of supply and access over time. It also covers the quality, variety and safety of food, and the consumption and biological utilisation of food.</i></p> <p><i>The resilience of people's livelihoods, and their vulnerability to food insecurity, is largely determined by the resources available to them, and how these have been affected by disaster. These resources include economic and financial property (such as cash, credit, savings and investments) and also include physical, natural, human and social capital. For people affected by disaster, the preservation, recovery and development of the resources necessary for their food security and future livelihoods is usually a priority.</i></p> <p><i>In conflict situations, insecurity and the threat of conflict may seriously restrict livelihood activities and access to markets. Households may suffer direct loss of assets, either abandoned as a result of flight or destroyed or commandeered by warring parties.</i></p> <p><i>The first food security standard, following on from the food security assessment and analysis standard, is a general standard that applies to all aspects of food security programming in disasters, including issues relating to survival and preservation of assets. The remaining three standards relate to primary production, income generation and employment, and access to markets, including goods and services.</i></p> <p><i>There is some obvious overlap between the food security standards, as food security responses usually have multiple objectives, relating to different aspects of food security and hence are covered by more than one standard (including also standards in the water, health and shelter sectors). In addition, a balance of programmes is required to achieve all standards in food security. Disaster response should support and/or complement existing government services in terms of structure, design and long-term sustainability.</i></p>
<b>Template</b>	<p>The Sphere handbook identifies four standards in this area:</p> <ul style="list-style-type: none"> <li>Food security standard 1: general food security</li> <li>Food security standard 2: primary production</li> <li>Food security standard 3: income and employment</li> <li>Food security standard 4: access to markets</li> </ul>

## 16 Food Security

In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Food security standard 1: general food security: People have access to adequate and appropriate food and non-food items in a manner that ensures their survival, prevents erosion of assets and upholds their dignity.
- 2 Food security standard 2: primary production: Primary production mechanisms are protected and supported.
- 3 Food security standard 3: income and employment: Where income generation and employment are feasible livelihood strategies, people have access to appropriate income-earning opportunities, which generate fair remuneration and contribute towards food security without jeopardising the resources on which livelihoods are based.
- 4 Food security standard 4: access to markets: People's safe access to market goods and services as producers, consumers and traders is protected and promoted.

**References** Minimum Standards in Minimum Standards in Food Security, Nutrition and Food Aid. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 103-202). The Sphere Project: Geneva.

## 16 Food Security

Organisation	
Project Title	
Monitoring Template	Food Security
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Food security standard 1: general food security</b> People have access to adequate and appropriate food and non-food items in a manner that ensures their survival, prevents erosion of assets and upholds their dignity.		
1 Where people's lives are at risk through lack of food, responses prioritise meeting their immediate food needs (see Sphere handbook guidance note 1).		
2 In all disaster contexts, measures are taken to support, protect and promote food security. This includes preserving productive assets or recovering those lost as the result of disaster (see Sphere handbook guidance note 2).		
3 Responses that protect and support food security are based on sound analysis, in consultation with the disaster-affected community.		
4 Responses take account of people's coping strategies, their benefits and any associated risks and costs (see Sphere handbook guidance note 3).		
5 Transition and exit strategies are developed for all food security responses to disaster, and are publicised and applied as appropriate (see Sphere handbook guidance note 4).		
6 When a response supports the development of new or alternative livelihood strategies, all groups have access to appropriate support, including necessary knowledge, skills and services (see Sphere handbook guidance note 5).		
7 Food security responses have the least possible degradative effect on the environment (see Sphere handbook guidance note 6).		
8 Numbers of beneficiaries are monitored to determine the level of acceptance and access by different groups in the population and to ensure overall coverage of the affected population without discrimination (see Sphere handbook guidance note 7).		
9 The effects of responses on the local economy, social networks, livelihoods and the environment are monitored, in addition to ongoing monitoring linked to programme objectives (see Sphere handbook guidance note 8).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 16 Food Security

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Food security standard 2: primary production</b> Primary production mechanisms are protected and supported.		
10 Interventions to support primary production are based on a demonstrated understanding of the viability of production systems, including access to and availability of necessary inputs and services (see Sphere handbook guidance note 1).		
11 New technologies are introduced only where their implications for local production systems, cultural practices and environment are understood and accepted by food producers (see Sphere handbook guidance note 2).		
12 Where possible, a range of inputs is provided in order to give producers more flexibility in managing production, processing and distribution and in reducing risks (see Sphere handbook guidance note 3).		
13 Productive plant, animal or fisheries inputs are delivered in time, are locally acceptable and conform to appropriate quality norms (see Sphere handbook guidance notes 4-5).		
14 The introduction of inputs and services does not exacerbate vulnerability or increase risk, e.g. by increasing competition for scarce natural resources or by damaging existing social networks (see Sphere handbook guidance note 6).		
15 Inputs and services are purchased locally whenever possible, unless this would adversely affect local producers, markets or consumers (see Sphere handbook guidance note 7).		
16 Food producers, processors and distributors receiving project inputs make appropriate use of them (see Sphere handbook guidance notes 8-9).		
17 Responses understand the need for complementary inputs and services and provide these where appropriate.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Food security standard 3: income and employment</b> Where income generation and employment are feasible livelihood strategies, people have access to appropriate income-earning opportunities, which generate fair remuneration and contribute towards food security without jeopardising the resources on which livelihoods are based.		
18 Project decisions about timing, work activities, type of remuneration and the technical feasibility of implementation are based on a demonstrated understanding of local human resource capacities, a market and economic analysis, and an analysis of demand and supply for relevant skills and training needs (see Sphere handbook guidance notes 1-2).		
19 Responses providing job or income opportunities are technically feasible and all necessary inputs are available on time. Where possible, responses contribute to the food security of others and preserve or restore the environment.		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 16 Food Security

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
20 The level of remuneration is appropriate, and payments for waged labour are prompt, regular and timely. In situations of acute food insecurity, payments may be made in advance (see Sphere handbook guidance note 3).		
21 Procedures are in place to provide a safe, secure working environment (see Sphere handbook guidance note 4).		
22 Projects involving large sums of cash include measures to avoid diversion and/or insecurity (see Sphere handbook guidance note 5).		
23 Responses providing labour opportunities protect and support household caring responsibilities, and do not negatively affect the local environment or interfere with regular livelihood activities (see Sphere handbook guidance note 6).		
24 The household management and use of remuneration (cash or food), grants or loans are understood and seen to be contributing towards the food security of all household members (see Sphere handbook guidance note 7).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Food security standard 4: access to markets</b> People's safe access to market goods and services as producers, consumers and traders is protected and promoted.		
25 Food security responses are based on a demonstrated understanding of local markets and economic systems, which informs their design and, where necessary, leads to advocacy for system improvement and policy change (see Sphere handbook guidance notes 1-2).		
26 Producers and consumers have economic and physical access to operating markets, which have a regular supply of basic items, including food at affordable prices (see Sphere handbook guidance note 3).		
27 Adverse effects of food security responses, including food purchases and distribution, on local markets and market suppliers are minimised where possible (see Sphere handbook guidance note 4).		
28 There is increased information and local awareness of market prices and availability, of how markets function and the policies that govern this (see Sphere handbook guidance note 5).		
29 Basic food items and other essential commodities are available (see Sphere handbook guidance note 6).		
30 The negative consequences of extreme seasonal or other abnormal price fluctuations are minimised (see Sphere handbook guidance note 7).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 16 Food Security

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Food security standard 1: general food security		36
Food security standard 2: primary production		32
Food security standard 3: income and employment		28
Food security standard 4: access to markets		24
<b>Overall score</b>		<b>120</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (120) and multiply by 100.

Overall assessment and notes on action to be taken

## 17 Nutrition

<b>Type</b>	Nutrition
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in nutrition. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, chapter 3, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraphs are taken from the introduction to the relevant section of the Sphere handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the Sphere handbook to use alongside the template.</p> <p><i>The immediate causes of malnutrition are disease and/or inadequate food intake, which in turn result from inadequate food, health or care at household or community levels.</i></p> <p><i>The aim of preventive programmes is to ensure that the causes of malnutrition identified in the assessment are addressed. This includes ensuring that people have safe access to food of adequate quality and quantity, and have the means to prepare and consume it safely; ensuring that people's living environment, their access to, and the quality of health services (both preventive and curative) minimise their risk of disease; and ensuring that an environment exists in which care can be provided to nutritionally vulnerable members of the population. Care includes the provision within households and the community of time, attention and support to meet the physical, mental and social needs of household members. The protection of the social and care environment is addressed through the Food Aid and Food Security standards, while nutritional care and support for groups of the population that may be at increased risk are addressed in the Nutrition standards.</i></p> <p><i>Programmes aiming to correct malnutrition may include special feeding programmes, medical treatment and/or supportive care for malnourished individuals. Feeding programmes should only be implemented when anthropometric surveys have been conducted or are planned. They should always be complemented by preventive measures.</i></p> <p><i>The first two standards in this section deal with the nutritional issues relating to programmes that prevent malnutrition and should be used alongside the Food Aid and Food Security standards. The last three standards concern programmes that correct malnutrition.</i></p> <p><i>Responses to prevent and correct malnutrition require the achievement of minimum standards both in this chapter and those in other chapters: health services, water supply and sanitation, and shelter. They also require the common standards detailed in chapter 1 to be achieved (see page 21). In other words, in order for the nutrition of all groups to be protected and supported, in a manner that ensures their survival and upholds their dignity, it is not sufficient to achieve only the standards in this section of the handbook.</i></p>
<b>Template</b>	<p>The Sphere handbook identifies five standards in this area:</p> <ul style="list-style-type: none"> <li>General nutrition support standard 1: all groups</li> <li>General nutrition support standard 2: at-risk groups</li> <li>Correction of malnutrition standard 1: moderate malnutrition</li> <li>Correction of malnutrition standard 2: severe malnutrition</li> <li>Correction of malnutrition standard 3: micronutrient malnutrition</li> </ul>

## 17 Nutrition

In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 General nutrition support standard 1: all groups: The nutritional needs of the population are met.
- 2 General nutrition support standard 2: at-risk groups: The nutritional and support needs of identified at-risk groups are met.
- 3 Correction of malnutrition standard 1: moderate malnutrition: Moderate malnutrition is addressed.
- 4 Correction of malnutrition standard 2: severe malnutrition: Severe malnutrition is addressed.
- 5 Correction of malnutrition standard 3: micronutrient malnutrition: Micronutrient deficiencies are addressed.

**References** Minimum Standards in Minimum Standards in Food Security, Nutrition and Food Aid. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 103-202). The Sphere Project: Geneva.

## 17 Nutrition

Organisation	
Project Title	
Monitoring Template	Nutrition
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>General nutrition support standard 1: all groups</b> The nutritional needs of the population are met.		
1 There is access to a range of foods – staple (cereal or tuber), pulses (or animal products) and fat sources – that meet nutritional requirements (see Sphere handbook guidance note 1).		
2 There is access to vitamin A-, C- and iron-rich or fortified foods or appropriate supplements (see Sphere handbook guidance notes 2, 3, 5 and 6).		
3 There is access to iodised salt for the majority (>90%) of households (see Sphere handbook guidance notes 2, 3 and 6).		
4 There is access to additional sources of niacin (e.g. pulses, nuts, dried fish) if the staple is maize or sorghum (see Sphere handbook guidance notes 2-3).		
5 There is access to additional sources of thiamine (e.g. pulses, nuts, eggs) if the staple is polished rice (see Sphere handbook guidance notes 2-3).		
6 There is access to adequate sources of riboflavin where people are dependent on a very limited diet (see Sphere handbook guidance notes 2-3).		
7 Levels of moderate and severe malnutrition are stable at, or declining to, acceptable levels (see Sphere handbook guidance note 4).		
8 There are no cases of scurvy, pellagra, beri-beri or riboflavin deficiency (see Sphere handbook guidance note 5).		
9 Rates of xerophthalmia and iodine deficiency disorders are not of public health significance (see Sphere handbook guidance note 6).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 17 Nutrition

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>General nutrition support standard 2: at-risk groups</b> The nutritional and support needs of identified at-risk groups are met.		
10 Infants under six months are exclusively breastfed or, in exceptional cases, have access to an adequate amount of an appropriate breast milk substitute (see Sphere handbook guidance notes 1-2).		
11 Children aged 6-24 months have access to nutritious, energy-dense complementary foods (see Sphere handbook guidance note 3).		
12 Pregnant and breastfeeding women have access to additional nutrients and support (see Sphere handbook guidance note 4).		
13 Specific attention is paid to the protection, promotion and support of the care and nutrition of adolescent girls (see Sphere handbook guidance note 4).		
14 Appropriate nutritional information, education and training is given to relevant professionals, care givers and organisations on infant and child feeding practices (see Sphere handbook guidance notes 1-4 and 8).		
15 Older people's access to appropriate nutritious foods and nutritional support is protected, promoted and supported (see Sphere handbook guidance note 5).		
16 Families with chronically ill members, including people living with HIV/AIDS, and members with specific disabilities have access to appropriate nutritious food and adequate nutritional support (see Sphere handbook guidance notes 6-8).		
17 Community-based systems are in place to ensure appropriate care of vulnerable individuals (see Sphere handbook guidance note 8).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Correction of malnutrition standard 1: moderate malnutrition</b> Moderate malnutrition is addressed.		
18 From the outset, clearly defined and agreed objectives and criteria for set-up and closure of the programme are established (see Sphere handbook guidance note 1).		
19 Coverage is >50% in rural areas, >70% in urban areas and >90% in a camp situation (see Sphere handbook guidance note 2).		
20 More than 90% of the target population is within <1 day's return walk (including time for treatment) of the distribution centre for dry ration supplementary feeding programmes and no more than 1 hour's walk for on-site supplementary feeding programmes (see Sphere handbook guidance note 2).		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 17 Nutrition

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
21 The proportion of exits from targeted supplementary feeding programmes who have died is <3%, recovered is >75% and defaulted is <15% (see Sphere handbook guidance note 3).		
22 Admission of individuals is based on assessment against internationally accepted anthropometric criteria (see Sphere handbook guidance note 4 and Appendix 5).		
23 Targeted supplementary feeding programmes are linked to any existing health structure and protocols are followed to identify health problems and refer accordingly (see Sphere handbook guidance note 5).		
24 Supplementary feeding is based on the distribution of dry take-home rations unless there is a clear rationale for on-site feeding (see Sphere handbook guidance note 6).		
25 Monitoring systems are in place (see Sphere handbook guidance note 7).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Correction of malnutrition standard 2: severe malnutrition</b> Severe malnutrition is addressed.		
26 From the outset, clearly defined and agreed criteria for set-up and closure of the programme are established (see Sphere handbook guidance note 1).		
27 Coverage is >50% in rural areas, >70% in urban areas and >90% in camp situations (see Sphere handbook guidance note 2).		
28 The proportion of exits from therapeutic care who have died is <10%, recovered is >75% and defaulted is <15% (see Sphere handbook guidance notes 3-5).		
29 Discharge criteria include non-anthropometric indices such as good appetite and the absence of diarrhoea, fever, parasitic infestation and other untreated illness (see Sphere handbook guidance note 4).		
30 Mean weight gain is >8g per kg per person per day (see Sphere handbook guidance note 6).		
31 Nutritional and medical care is provided according to internationally recognised therapeutic care protocols (see Sphere handbook guidance note 7).		
32 As much attention is attached to breastfeeding and psychosocial support, hygiene and community outreach as to clinical care (see Sphere handbook guidance note 8).		
33 There should be a minimum of one feeding assistant for 10 inpatients.		
34 Constraints to caring for malnourished individuals and affected family members should be identified and addressed (see Sphere handbook guidance note 9).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 17 Nutrition

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Correction of malnutrition standard 3: micronutrient malnutrition</b> Micronutrient deficiencies are addressed.		
35 All clinical cases of deficiency diseases are treated according to WHO micronutrient supplementation protocols (see Sphere handbook guidance note 1).		
36 Procedures are established to respond efficiently to micronutrient deficiencies to which the population may be at risk (see Sphere handbook guidance note 2).		
37 Health staff are trained in how to identify and treat micronutrient deficiencies to which the population is most at risk (see Sphere handbook guidance note 2).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
General nutrition support standard 1: all groups		36
General nutrition support standard 2: at-risk groups		32
Correction of malnutrition standard 1: moderate malnutrition		32
Correction of malnutrition standard 2: severe malnutrition		36
Correction of malnutrition standard 3: micronutrient malnutrition		12
<b>Overall score</b>		<b>148</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (148) and multiply by 100.

Overall assessment and notes on action to be taken

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 18 Food Aid

<b>Type</b>	Food Aid
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in food aid. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, chapter 3, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraphs are taken from the introduction to the relevant section of the Sphere handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the Sphere handbook to use alongside the template.</p> <p><i>If a community's normal means of accessing food is compromised by disaster (for example, through loss of crops due to natural disaster, deliberate starvation by a party to an armed conflict, commandeering of food by soldiers, or forced or non-forced displacement), a food aid response may be required to sustain life, protect or restore people's self-reliance, and reduce the need for them to adopt potentially damaging coping strategies.</i></p> <p><i>Whenever analysis determines that food aid is an appropriate response, this should be undertaken in a manner that meets short-term needs but also, as far as possible, contributes to restoring long-term food security. The following should be taken into account.</i></p> <ul style="list-style-type: none"> <li>▲ <i>General (free) distributions are introduced only when absolutely necessary, targeted to those who need the food most, and discontinued as soon as possible.</i></li> <li>▲ <i>Dry rations for home preparation are provided wherever possible. Mass feeding (the provision of cooked food that is eaten on the spot) is organised only for an initial short period following a major sudden disaster or population movement when people do not have the means to cook for themselves, or in a situation of insecurity when the distribution of dry rations could put recipients at risk.</i></li> <li>▲ <i>Food assistance to refugees and IDPs is based on assessment of their situation and needs, not on their status as refugees or IDPs.</i></li> <li>▲ <i>Food commodities are imported only when there is an in-country deficit or no practical possibility of moving available surpluses into the disaster-affected area. Food Aid.</i></li> <li>▲ <i>Where there is a risk of food aid being commandeered or used by combatants in an armed conflict, measures are put in place to avoid it fuelling the conflict.</i></li> </ul> <p><i>Arrangements for food aid distribution must be particularly robust and accountable in view of the high value and high volume involved in most disaster relief programmes. Delivery and distribution systems should be monitored at all stages, including at the community level. Programme evaluation should be carried out regularly, and findings disseminated to and discussed with all stakeholders, including the affected population.</i></p> <p><i>The six Food Aid standards are divided into two sub-categories. Food Aid Planning covers ration planning, appropriateness and acceptability of food, and food quality and safety. Food Aid Management deals with food handling, supply chain management and distribution. Appendix 8 at the end of the chapter provides a logistics checklist for supply chain management purposes.</i></p>

## 18 Food Aid

- Template** The Sphere handbook identifies six standards in this area:
- Food aid planning standard 1: ration planning
  - Food aid planning standard 2: appropriateness and acceptability
  - Food aid planning standard 3: food quality and safety
  - Food aid management standard 1: food handling
  - Food aid management standard 2: supply chain management
  - Food aid management standard 3: distribution
- In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.
- At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.
- Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:
- 1 Food aid planning standard 1: ration planning: Rations for general food distributions are designed to bridge the gap between the affected population's requirements and their own food resources.
  - 2 Food aid planning standard 2: appropriateness and acceptability: The food items provided are appropriate and acceptable to recipients and can be used efficiently at the household level.
  - 3 Food aid planning standard 3: food quality and safety: Food distributed is of appropriate quality and is fit for human consumption.
  - 4 Food aid management standard 1: food handling: Food is stored, prepared and consumed in a safe and appropriate manner at both household and community levels.
  - 5 Food aid management standard 2: supply chain management: Food aid resources (commodities and support funds) are well managed, using transparent and responsive systems.
  - 6 Food aid management standard 3: distribution: The method of food distribution is responsive, transparent, equitable and appropriate to local conditions.
- References** Minimum Standards in Minimum Standards in Food Security, Nutrition and Food Aid. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 103-202). The Sphere Project: Geneva.

## 18 Food Aid

Organisation	
Project Title	
Monitoring Template	Food Aid
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Food aid planning standard 1: ration planning</b> Rations for general food distributions are designed to bridge the gap between the affected population's requirements and their own food resources.		
1 Rations for general distribution are designed on the basis of the standard initial planning requirements for energy, protein, fat and micronutrients, adjusted as necessary to the local situation (see Sphere Handbook guidance note 1; see also General nutrition support standards on pages 137-144 and Appendix 7 in the Sphere Handbook).		
2 The ration distributed reduces or eliminates the need for disaster affected people to adopt damaging coping strategies.		
3 When relevant, the economic transfer value of the ration is calculated and is appropriate to the local situation (see Sphere Handbook guidance note 2).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Food aid planning standard 2: appropriateness and acceptability</b> The food items provided are appropriate and acceptable to recipients and can be used efficiently at the household level.		
4 People are consulted during assessment or programme design on the acceptability, familiarity and appropriateness of food items, and results are factored into programme decisions on the choice of commodities (see Sphere Handbook guidance note 1).		
5 When an unfamiliar food is distributed, instructions on its preparation in a locally palatable manner, with minimum nutrient loss, are provided to women and other people who prepare food, preferably in the local language (see Sphere Handbook guidance note 1).		
6 People's ability to access cooking fuel and water, and the duration of cooking times and requirements for soaking, are considered when selecting commodities for distribution (see Sphere Handbook guidance note 2).		
7 When a whole grain cereal is distributed, recipients either have the means to mill or process it in a traditional home-based manner or have access to adequate milling/processing facilities reasonably close to their dwellings (see Sphere Handbook guidance note 3).		

**Suggested  
scoring**

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 18 Food Aid

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
8 People have access to culturally important items, including condiments (see Sphere Handbook guidance note 4).		
9 There is no distribution of free or subsidised milk powder or of liquid milk as a single commodity (see Sphere Handbook guidance note 5).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Food aid planning standard 3: food quality and safety</b> Food distributed is of appropriate quality and is fit for human consumption.		
10 Food commodities conform to national (recipient country) and other internationally accepted standards (see Sphere Handbook guidance notes 1-2).		
11 All imported packaged food has a minimum six-month shelf life on arrival in the country and is distributed before the expiry date or well within the 'best before' period (see Sphere Handbook guidance note 1).		
12 There are no verifiable complaints about the quality of food distributed (see Sphere Handbook guidance note 3).		
13 Food packaging is sturdy, convenient for handling, storage and distribution, and is not a hazard for the environment (see Sphere Handbook guidance note 4).		
14 Food packages are labelled in an appropriate language with, for packaged foods, the date of production, the 'best before' date and details of the nutrient content.		
15 Storage conditions are adequate and appropriate, stores are properly managed and routine checks on food quality are carried out in all locations (see Sphere Handbook guidance note 5).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Food aid management standard 1: food handling</b> Food is stored, prepared and consumed in a safe and appropriate manner at both household and community levels.		
16 There are no adverse health effects resulting from inappropriate food handling or preparation at any distribution site (see Sphere Handbook guidance note 1).		
17 Recipients of food aid are informed about and understand the importance of food hygiene (see Sphere Handbook guidance note 1).		
18 There are no complaints concerning difficulties in storing, preparing, cooking or consuming the food distributed (see Sphere Handbook guidance note 2).		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 18 Food Aid

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
19 Every household has access to appropriate cooking utensils, fuel and hygiene materials (see Sphere Handbook guidance notes 3-4).		
20 Individuals who cannot prepare food or cannot feed themselves have access to a carer who prepares appropriate food in a timely manner and administers feeding where necessary (see Sphere Handbook guidance notes 4-5).		
21 Where food is distributed in cooked form, staff have received training in safe storage, handling of commodities and the preparation of food and understand the potential health hazards caused by improper practices.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Food aid management standard 2: supply chain management</b> Food aid resources (commodities and support funds) are well managed, using transparent and responsive systems.		
22 Food aid resources reach the intended beneficiaries.		
23 An assessment is made of local supply chain management (SCM) capabilities and logistics infrastructure and a co-ordinated, efficient SCM system is established, using local capacity where this is feasible (see Sphere Handbook guidance notes 1-2).		
24 The assessment considers the availability of locally sourced food commodities (see Sphere Handbook guidance note 3).		
25 The award of contracts for Supply Chain Management services is transparent, fair and open. (see Sphere Handbook guidance note 4).		
26 Staff at all levels of the SCM system are adequately trained and observe procedures relating to food quality and safety (see Sphere Handbook guidance note 5).		
27 Appropriate inventory accounting, reporting and financial systems are in place to ensure accountability at all levels of the SCM system (see Sphere Handbook guidance notes 6-7).		
28 Care is taken to minimise losses, including through theft, and all losses are accounted for (see Sphere Handbook guidance notes 8-10).		
29 The food pipeline is monitored and maintained in such a way that any interruption to distribution is avoided (see Sphere Handbook guidance note 11).		
30 Information on the performance of the supply chain is provided to all stakeholders on a regular basis (see Sphere Handbook guidance note 12).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 18 Food Aid

MINIMUM STANDARDS AND KEY INDICATORS		SCORE	ACTION REQUIRED
<b>Food aid management standard 3: distribution</b> The method of food distribution is responsive, transparent, equitable and appropriate to local conditions.			
31	Recipients of food aid are identified and targeted on the basis of need, by means of an assessment carried out through consultation with stakeholders, including community groups (see Sphere Handbook guidance notes 1-2).		
32	Efficient and equitable distribution methods are designed in consultation with local groups and partner organisations, and involve the various recipient groups (see Sphere Handbook guidance notes 1-3).		
33	The point of distribution is as close as possible to recipients' homes to ensure easy access and safety (see Sphere Handbook guidance notes 4-5).		
34	Recipients are informed well in advance of the quality and quantity of the food ration and the distribution plan (see Sphere Handbook guidance notes 6-7).		
35	The performance and effectiveness of the food aid programme are properly monitored and evaluated (see Sphere Handbook guidance note 8).		
<b>TOTAL SCORE FOR THIS STANDARD</b>			

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 18 Food Aid

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Food aid planning standard 1: ration planning		12
Food aid planning standard 2: appropriateness and acceptability		24
Food aid planning standard 3: food quality and safety		24
Food aid management standard 1: food handling		24
Food aid management standard 2: supply chain management		36
Food aid management standard 3: distribution		20
<b>Overall score</b>		<b>140</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (140) and multiply by 100.

Overall assessment and notes on action to be taken

## 19 Shelter and Settlement

<b>Type</b>	Shelter and Settlement
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in shelter and settlement. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, chapter 4, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraphs are taken from the introduction to the relevant section of the Sphere handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the Sphere handbook to use alongside the template.</p> <p><i>Shelter assistance is provided to individual households for the repair or construction of dwellings or the settlement of displaced households within existing accommodation or communities. When such dispersed settlement is not possible, shelter is provided collectively in suitable large public buildings or structures, e.g. warehouses, halls, barracks, etc. or in temporary planned or self-settled camps.</i></p> <p><i>Individual household shelter solutions can be short- or long-term, subject to the level of assistance provided, land use rights or ownership, the availability of essential services and social infrastructure, and the opportunities for upgrading and expanding the dwellings.</i></p>
<b>Template</b>	<p>The Sphere handbook identifies six standards in this area:</p> <ul style="list-style-type: none"> <li>Shelter and settlement standard 1: strategic planning</li> <li>Shelter and settlement standard 2: physical planning</li> <li>Shelter and settlement standard 3: covered living space</li> <li>Shelter and settlement standard 4: design</li> <li>Shelter and settlement standard 5: construction</li> <li>Shelter and settlement standard 6: environmental impact</li> </ul> <p>In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.</p> <p>At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.</p>
<b>Key issues</b>	<p>Some partners may find the checklists rather long. The key issues are therefore summarised here:</p> <ol style="list-style-type: none"> <li>1 Shelter and settlement standard 1: strategic planning: Existing shelter and settlement solutions are prioritised through the return or hosting of disaster-affected households, and the security, health, safety and well-being of the affected population are ensured.</li> <li>2 Shelter and settlement standard 2: physical planning: Local physical planning practices are used where possible, enabling safe and secure access to and use of shelters and essential services and facilities, as well as ensuring appropriate privacy and separation between individual household shelters.</li> </ol>

## 19 Shelter and Settlement

- 3 Shelter and settlement standard 3: covered living space: People have sufficient covered space to provide dignified accommodation. Essential household activities can be satisfactorily undertaken, and livelihood support activities can be pursued as required.
- 4 Shelter and settlement standard 4: design: The design of the shelter is acceptable to the affected population and provides sufficient thermal comfort, fresh air and protection from the climate to ensure their dignity, health, safety and well-being.
- 5 Shelter and settlement standard 5: construction: The construction approach is in accordance with safe local building practices and maximises local livelihood opportunities.
- 6 Shelter and settlement standard 6: environmental impact: The adverse impact on the environment is minimised by the settling of the disaster-affected households, the material sourcing and construction techniques used.

**References** Minimum Standards in Shelter, Settlement, and Non-Food Items. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 203-229). The Sphere Project: Geneva

Organisation	
Project Title	
Monitoring Template	Shelter and Settlement
Monitoring Date	
Name	

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT		SCORE	ACTION REQUIRED
<b>Shelter and settlement standard 1: strategic planning</b> Existing shelter and settlement solutions are prioritised through the return or hosting of disaster-affected households, and the security, health, safety and well-being of the affected population are ensured.			
1	Affected households return to the site of their original dwellings where possible (see Sphere handbook guidance note 1).		
2	Affected households who cannot return to the site of their original dwellings settle independently within a host community or with host families where possible (see Sphere handbook guidance note 2).		
3	Affected households who cannot return to the site of their original dwellings or who cannot settle independently within a host community or with host families are accommodated in mass shelters or in temporary planned or self-settled camps (see Sphere handbook guidance note 3).		
4	Actual or potential threats to the security of the affected population are assessed, and the dwellings or settlements are located at a safe distance from any such external threats (see Sphere handbook guidance note 4).		

**Suggested scoring**

4=Fully achieved  
(100%)

3=Largely achieved  
(75%)

2=Partially achieved  
(50%)

1=Achieved to a very limited extent (25%)

0=No progress  
(0%)

X=Too early/unable to judge

## 19 Shelter and Settlement

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
5 Risks from natural hazards including earthquakes, volcanic activity, landslides, flooding or high winds are minimised, and the area is not prone to diseases or significant vector risks (see Sphere handbook guidance notes 4-5).		
6 Locations are free of potentially hazardous equipment or material, and existing hazards such as dangerous structures, debris or unstable ground are identified and made safe, or access is restricted and guarded (see Sphere handbook guidance notes 4, 6 and 7).		
7 Land and property ownership and/or use rights for buildings or locations are established prior to occupation and permitted use is agreed as necessary (see Sphere handbook guidance note 8).		
8 Water and sanitation services, and social facilities including health care, schools and places of worship, are available or can be satisfactorily provided (see Sphere handbook guidance note 9).		
9 The transportation infrastructure provides access to the settlement for personal movement and the provision of services (see Sphere handbook guidance note 10).		
10 Where possible, households can access land, markets or services for the continuation or development of livelihood support activities (see Sphere handbook guidance note 11).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
<b>Shelter and settlement standard 2: physical planning</b> Local physical planning practices are used where possible, enabling safe and secure access to and use of shelters and essential services and facilities, as well as ensuring appropriate privacy and separation between individual household shelters.		
11 Area or cluster planning by family, neighbourhood or village groups as appropriate supports existing social networks, contributes to security and enables self-management by the affected population (see Sphere handbook guidance note 1).		
12 All members of the affected population have safe access to water, sanitary facilities, health care, solid waste disposal, graveyards and social facilities, including schools, places of worship, meeting points and recreational areas (see Sphere handbook guidance notes 2-4).		
13 Temporary planned or self-settled camps are based on a minimum surface area of 45m <sup>2</sup> for each person (see Sphere handbook guidance note 5).		
14 The surface topography is used or augmented to facilitate water drainage, and the ground conditions are suitable for excavating toilet pits where this is the primary sanitation system (see Sphere handbook guidance note 6).		

**Suggested scoring**

4=Fully achieved  
(100%)

3=Largely achieved  
(75%)

2=Partially achieved  
(50%)

1=Achieved to a very limited extent (25%)

0=No progress  
(0%)

X=Too early/unable to judge

## 19 Shelter and Settlement

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
15 There are roads and pathways to provide safe, secure and all-weather access to the individual dwellings and facilities (see Sphere handbook guidance note 7).		
16 Mass shelters have openings to enable required access and emergency evacuation, and these openings are positioned so that access is well supervised and does not pose a security threat to occupants (see Sphere handbook guidance note 8).		
17 Vector risks are minimised (see Sphere handbook guidance note 9).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
<b>Shelter and settlement standard 3: covered living space</b> People have sufficient covered space to provide dignified accommodation. Essential household activities can be satisfactorily undertaken, and livelihood support activities can be pursued as required.		
18 The initial covered floor area per person is at least 3.5m <sup>2</sup> (see Sphere handbook guidance notes 1-3).		
19 The covered area enables safe separation and privacy between the sexes, between different age groups and between separate families within a given household as required (see Sphere handbook guidance notes 4-5).		
20 Essential household activities can be carried out within the shelter (see Sphere handbook guidance notes 6 and 8).		
21 Key livelihood support activities are accommodated where possible (see Sphere handbook guidance notes 7-8).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
<b>Shelter and settlement standard 4: design</b> The design of the shelter is acceptable to the affected population and provides sufficient thermal comfort, fresh air and protection from the climate to ensure their dignity, health, safety and well-being.		
22 The design of the shelter and the materials used are familiar where possible and culturally and socially acceptable (see Sphere handbook guidance note 1).		
23 The repair of existing damaged shelters or the upgrading of initial shelter solutions constructed by the disaster-affected population is prioritised (see Sphere handbook guidance note 2).		
24 Alternative materials required to provide temporary shelter are durable, practical and acceptable to the affected population (see Sphere handbook guidance note 3).		

**Suggested scoring**

4=Fully achieved  
(100%)

3=Largely achieved  
(75%)

2=Partially achieved  
(50%)

1=Achieved to a very limited extent (25%)

0=No progress  
(0%)

X=Too early/unable to judge

## 19 Shelter and Settlement

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
25 The type of construction, materials used and the sizing and positioning of openings provides optimal thermal comfort and ventilation (see Sphere handbook guidance notes 4-7).		
26 Access to water supply sources and sanitation facilities, and the appropriate provision of rainwater harvesting, water storage, drainage and solid waste management, complement the construction of shelters (see Sphere handbook guidance note 8).		
27 Vector control measures are incorporated into the design and materials are selected to minimise health hazards (see Sphere handbook guidance note 9).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
<b>Shelter and settlement standard 5: construction</b> The construction approach is in accordance with safe local building practices and maximises local livelihood opportunities.		
28 Locally sourced materials and labour are used without adversely affecting the local economy or environment (see Sphere handbook guidance notes 1-2).		
29 Locally derived standards of workmanship and materials are achieved (see Sphere handbook guidance note 3).		
30 Construction and material specifications mitigate against future natural disasters (see Sphere handbook guidance note 4).		
31 The type of construction and materials used enable the maintenance and upgrading of individual household shelters using locally available tools and resources (see Sphere handbook guidance note 5).		
32 The procurement of materials and labour and the supervision of the construction process are transparent, accountable and in accordance with internationally accepted bidding, purchasing and construction administration practices (see Sphere handbook guidance note 6).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 19 Shelter and Settlement

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
<b>Shelter and settlement standard 6: environmental impact</b> The adverse impact on the environment is minimised by the settling of the disaster-affected households, the material sourcing and construction techniques used.		
33. The temporary or permanent settling of the affected population considers the extent of the natural resources available (see Sphere handbook guidance notes 1-2).		
34. Natural resources are managed to meet the ongoing needs of the displaced and host populations (see Sphere handbook guidance notes 1-2).		
35. The production and supply of construction material and the building process minimises the long-term depletion of natural resources (see Sphere handbook guidance notes 2-3).		
36. Trees and other vegetation are retained where possible to increase water retention, minimise soil erosion and to provide shade (see Sphere handbook guidance note 4).		
37. The locations of mass shelters or temporary planned camps are returned to their original condition, unless agreed otherwise, once they are no longer needed for emergency shelter use (see Sphere handbook guidance note 5).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 19 Shelter and Settlement

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Shelter and settlement standard 1: strategic planning		40
Shelter and settlement standard 2: physical planning		28
Shelter and settlement standard 3: covered living space		16
Shelter and settlement standard 4: design		24
Shelter and settlement standard 5: construction		20
Shelter and settlement standard 6: environmental impact		20
<b>Overall score</b>		<b>148</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (148) and multiply by 100.

Overall assessment and notes on action to be taken

## 20 Non-Food Items

<b>Type</b>	Non-Food Items
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in shelter and settlement. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, chapter 4, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraph is taken from the introduction to the relevant section of the Sphere handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the Sphere handbook to use alongside the template.</p> <p><i>Clothing, blankets and bedding materials meet the most personal human needs for shelter from the climate and the maintenance of health, privacy and dignity. Basic goods and supplies are required to enable families to meet personal hygiene needs, prepare and eat food, provide thermal comfort and build, maintain or repair shelters.</i></p>
<b>Template</b>	<p>The Sphere handbook identifies five standards in this area:</p> <ul style="list-style-type: none"> <li>Non-food items standard 1: clothing and bedding</li> <li>Non-food items standard 2: personal hygiene</li> <li>Non-food items standard 3: cooking and eating utensils</li> <li>Non-food items standard 4: stoves, fuel and lighting</li> <li>Non-food items standard 5: tools and equipment</li> </ul> <p>In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.</p> <p>At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.</p>
<b>Key issues</b>	<p>Some partners may find the checklists rather long. The key issues are therefore summarised here:</p> <ol style="list-style-type: none"> <li>1 Non-food items standard 1: clothing and bedding: The people affected by the disaster have sufficient clothing, blankets and bedding to ensure their dignity, safety and well-being.</li> <li>2 Non-food items standard 2: personal hygiene: Each disaster-affected household has access to sufficient soap and other items to ensure personal hygiene, health, dignity and well-being.</li> <li>3 Non-food items standard 3: cooking and eating utensils: Each disaster-affected household has access to cooking and eating utensils.</li> </ol>

## 20 Non-Food Items

- 4 Non-food items standard 4: stoves, fuel and lighting: Each disaster-affected household has access to communal cooking facilities or a stove and an accessible supply of fuel for cooking needs and to provide thermal comfort. Each household also has access to appropriate means of providing sustainable artificial lighting to ensure personal security.
- 5 Non-food items standard 5: tools and equipment: Each disaster-affected household responsible for the construction or maintenance and safe use of their shelter has access to the necessary tools and equipment.

**Comments** These are comments made by a reviewing panel of humanitarian workers and provide suggestions for further consideration.

▲ Many of the indicators are longer-term goals. In the short-term they are often unachievable. Often the beneficiaries will receive the items from a variety of organisations over time.

▲ Quantitative indicators must be adjusted by organisations to reflect their own situations.

**References** Minimum Standards in Shelter, Settlement, and Non-Food Items. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 230-248). The Sphere Project: Geneva

Organisation	
Project Title	
Monitoring Template	Non-Food Items: Clothing, Bedding and Household Items
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Non-food items standard 1: clothing and bedding</b> The people affected by the disaster have sufficient clothing, blankets and bedding to ensure their dignity, safety and well-being.		
1 Women, girls, men and boys have at least one full set of clothing in the correct size, appropriate to the culture, season and climate. Infants and children up to two years old also have a blanket of a minimum 100cmx70cm (see Sphere handbook guidance notes 1-4).		
2 People have access to a combination of blankets, bedding or sleeping mats to provide thermal comfort and to enable separate sleeping arrangements as required (see Sphere handbook guidance notes 2-4).		
3 Those individuals most at risk have additional clothing and bedding to meet their needs (see Sphere handbook guidance note 5).		
4 Culturally appropriate burial cloth is available when needed.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 20 Non-Food Items

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Non-food items standard 2: personal hygiene</b> Each disaster-affected household has access to sufficient soap and other items to ensure personal hygiene, health, dignity and well-being.		
5 Each person has access to 250g of bathing soap per month (see Sphere handbook guidance notes 1-3).		
6 Each person has access to 200g of laundry soap per month (see Sphere handbook guidance note 1-3).		
7 Women and girls have sanitary materials for menstruation (see Sphere handbook guidance note 4).		
8 Infants and children up to two years old have 12 washable nappies or diapers where these are typically used.		
9 Additional items essential for ensuring personal hygiene, dignity and well-being can be accessed (see Sphere handbook guidance note 5).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
<b>Non-food items standard 3: cooking and eating utensils</b> Each disaster-affected household has access to cooking and eating utensils.		
10 Each household has access to a large-sized cooking pot with handle and a pan to act as a lid; a medium-sized cooking pot with handle and lid; a basin for food preparation or serving; a kitchen knife; and two wooden serving spoons (see Sphere handbook guidance note 1.)		
11 Each household has access to two 10- to 20-litre water collection vessels with a lid or cap (20-litre jerry can with a screw cap or 10-litre bucket with lid), plus additional water or food storage vessels (see Sphere handbook guidance notes 1-2).		
12 Each person has access to a dished plate, a metal spoon and a mug or drinking vessel (see Sphere handbook guidance notes 1-4).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 20 Non-Food Items

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
<b>Non-food items standard 4: stoves, fuel and lighting</b> Each disaster-affected household has access to communal cooking facilities or a stove and an accessible supply of fuel for cooking needs and to provide thermal comfort. Each household also has access to appropriate means of providing sustainable artificial lighting to ensure personal security.		
13 Where food is cooked on an individual household basis, each household has a stove and fuel to meet essential cooking and heating needs (see Sphere handbook guidance notes 1-2).		
14 Environmentally and economically sustainable sources of fuel are identified and prioritised over fuel provided from external sources (see Sphere handbook guidance note 3).		
15 Fuel is obtained in a safe and secure manner, and there are no reports of incidents of harm to people in the routine collection of fuel (see Sphere handbook guidance note 4).		
16 Safe fuel storage space is available.		
17 Each household has access to sustainable means of providing artificial lighting, e.g. lanterns or candles.		
18 Each household has access to matches or a suitable alternative means of igniting fuel or candles, etc.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS IN SHELTER AND SETTLEMENT	SCORE	ACTION REQUIRED
<b>Non-food items standard 5: tools and equipment</b> Each disaster-affected household responsible for the construction or maintenance and safe use of their shelter has access to the necessary tools and equipment.		
17 Where responsible for constructing part or all of their shelters or for carrying out essential maintenance, each household has access to tools and equipment to safely undertake each task (see Sphere handbook guidance notes 1-2).		
18 Training or guidance in the use of the tools and in the shelter construction or maintenance tasks required is provided where necessary (see Sphere handbook guidance note 3).		
19 Materials to reduce the spread of vector-borne disease, such as impregnated mosquito nets, are provided to protect each member of the household (see Sphere Handbook, Vector control standards 1-3).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 20 Non-Food Items

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Non-food items standard 1: clothing and bedding		16
Non-food items standard 2: personal hygiene		20
Non-food items standard 3: cooking and eating utensils		12
Non-food items standard 4: stoves, fuel and lighting		24
Non-food items standard 5: tools and equipment		12
<b>Overall score</b>		<b>84</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (84) and multiply by 100.

Overall assessment and notes on action to be taken

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 21 Health Systems and Infrastructure

<b>Type</b>	Health Systems and Infrastructure
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in health systems and infrastructures. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, chapter 5, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraphs are taken from the introduction to the relevant section of the Sphere handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the Sphere handbook to use alongside the template.</p> <p><i>During an emergency response, when mortality rates are frequently elevated or could soon become so, priority humanitarian interventions must focus on urgent survival needs, including basic medical care. Once survival needs have been met, and mortality rates have declined to near-baseline levels, a more comprehensive range of health services should be developed. Throughout all phases of the response, a health systems approach to the design, implementation, monitoring and evaluation of services will contribute to ensuring that the most important needs are met, that coverage is appropriate, that access is optimised, and that quality is promoted.</i></p> <p><i>The standards that follow apply to all disaster settings, but are particularly relevant to resource-poor settings. They are designed primarily to ensure that disaster-affected communities have access to good-quality health services during the disaster response. Promoting the sustainability of health services following disasters is especially important when there has been major disruption of health infrastructure and services. However, ensuring sustainability requires consideration of many different factors, including political, managerial, institutional, financial and technical, and is therefore beyond the scope of this document. Health agencies and staff must bear in mind that frequently decisions made during a disaster response can either help to promote or undermine the longer-term sustainability of services.</i></p>
<b>Template</b>	<p>The Sphere handbook identifies six standards in this area:</p> <ul style="list-style-type: none"> <li>Health systems and infrastructure standard 1: prioritising health services</li> <li>Health systems and infrastructure standard 2: supporting national and local health systems</li> <li>Health systems and infrastructure standard 3: coordination</li> <li>Health systems and infrastructure standard 4: primary health care</li> <li>Health systems and infrastructure standard 5: clinical services</li> <li>Health systems and infrastructure standard 6: health information systems</li> </ul> <p>In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.</p>

## 21 Health Systems and Infrastructure

At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Health systems and infrastructure standard 1: prioritising health services All people have access to health services that are prioritised to address the main causes of excess mortality and morbidity.
- 2 Health systems and infrastructure standard 2: supporting national and local health systems Health services are designed to support existing health systems, structures and providers.
- 3 Health systems and infrastructure standard 3: coordination People have access to health services that are coordinated across agencies and sectors to achieve maximum impact.
- 4 Health systems and infrastructure standard 4: primary health care Health services are based on relevant primary health care principles.
- 5 Health systems and infrastructure standard 5: clinical services People have access to clinical services that are standardised and follow accepted protocols and guidelines.
- 6 Health systems and infrastructure standard 6: health information systems The design and development of health services are guided by the ongoing, coordinated collection, analysis and utilisation of relevant public health data.

**References** Minimum Standards in Health Services. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 249-312). The Sphere Project: Geneva

## 21 Health Systems and Infrastructure

Organisation	
Project Title	
Monitoring Template	Health Systems and Infrastructure
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	RATING	ACTION REQUIRED
<b>Health systems and infrastructure standard 1: prioritising health services</b> All people have access to health services that are prioritised to address the main causes of excess mortality and morbidity.		
1 The major causes of mortality and morbidity are identified, documented and monitored.		
2 Priority health services include the most appropriate and effective interventions to reduce excess morbidity and mortality (see Sphere handbook guidance note 1).		
3 All members of the community, including vulnerable groups, have access to priority health interventions (see Sphere handbook guidance note 2).		
4 Local health authorities and community members participate in the design and implementation of priority health interventions.		
5 There is active collaboration with other sectors in the design and implementation of priority health interventions, including water and sanitation, food security, nutrition, shelter and protection.		
6 The crude mortality rate (CMR) is maintained at, or reduced to, less than twice the baseline rate documented for the population prior to the disaster (see Sphere handbook guidance note 3).		
7 The under-5 mortality rate (U5MR) is maintained at, or reduced to, less than twice the baseline rate documented for the population prior to the disaster (see Sphere handbook guidance note 3).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested scoring**

4=Fully achieved (100%)

3=Largely achieved (75%)

2=Partially achieved (50%)

1=Achieved to a very limited extent (25%)

0=No progress (0%)

X=Too early/unable to judge

## 21 Health Systems and Infrastructure

MINIMUM STANDARDS AND KEY INDICATORS	RATING	ACTION REQUIRED
<b>Health systems and infrastructure standard 2: supporting national and local health systems</b> Health services are designed to support existing health systems, structures and providers.		
8 Representatives of the Ministry of Health lead the health sector response, whenever possible.		
9 When the Ministry of Health lacks the necessary capacity, an alternate agency with the requisite capacity is identified to take the lead in the health sector (see Sphere handbook guidance notes 1-2).		
10 Local health facilities are supported and strengthened by responding agencies (see Sphere handbook guidance notes 1-2).		
11 Local health workers are supported and integrated into health services, taking account of gender and ethnic balance (see Sphere handbook guidance note 3).		
12 Health services incorporate or adapt the existing national standards and guidelines of the disaster-affected or host country (see Sphere handbook guidance note 4).		
13 No alternate or parallel health facilities and services are established, including foreign field hospitals, unless local capacities are exceeded or the population does not have ready access to existing services. The lead health authority is consulted on this issue (see Sphere handbook guidance note 5).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	RATING	ACTION REQUIRED
<b>Health systems and infrastructure standard 3: coordination</b> People have access to health services that are coordinated across agencies and sectors to achieve maximum impact.		
14 Coordination mechanisms are established at central level (national or regional) and at field level within the health sector, and between health and other sectors.		
15 Specific responsibilities of each health agency are clarified and documented in consultation with the lead health authority to ensure optimal coverage of the population and complementarity of services (see Sphere handbook guidance note 1).		
16 Regular health sector coordination meetings are held for local and external partners at both central and field levels (see Sphere handbook guidance note 2).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested scoring**

4=Fully achieved (100%)

3=Largely achieved (75%)

2=Partially achieved (50%)

1=Achieved to a very limited extent (25%)

0=No progress (0%)

X=Too early/unable to judge

## 21 Health Systems and Infrastructure

MINIMUM STANDARDS AND KEY INDICATORS	RATING	ACTION REQUIRED
<b>Health systems and infrastructure standard 4: primary health care</b> Health services are based on relevant primary health care principles.		
17 All people have access to health information that allows them to protect and promote their own health and well-being (see Sphere handbook guidance note 1).		
18 Health services are provided at the appropriate level of the health system: household/community, peripheral health facilities, central health facilities, referral hospital (see Sphere handbook guidance note 2).		
19 A standardised referral system is established by the lead health authority and utilised by health agencies. Suitable transportation is organised for patients to reach the referral facility.		
20 Health services and interventions are based on scientifically sound methods and are evidence-based, whenever possible.		
21 Health services and interventions utilise appropriate technology, and are socially and culturally acceptable.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	RATING	ACTION REQUIRED
<b>Health systems and infrastructure standard 5: clinical services</b> People have access to clinical services that are standardised and follow accepted protocols and guidelines.		
22 The number, level and location of health facilities are appropriate to meet the needs of the population (see Sphere handbook guidance notes 1-2).		
23 The number, skills and gender/ethnic balance of staff at each health facility are appropriate to meet the needs of the population (see Sphere handbook guidance notes 1-2).		
24 Adequate staffing levels are achieved so that clinicians are not required to consistently consult on more than 50 patients per day. If this threshold is regularly exceeded, additional clinical staff are recruited (see Appendix 3).		
25 Utilisation rates at health facilities are monitored and corrective measures taken if there is over- or under-utilisation (see Sphere handbook guidance note 3).		
26 Standardised case management protocols are established by the lead health authority, and adhered to by health agencies (see Sphere handbook guidance note 4).		
27 A standardised essential drug list is established by the lead health authority, and adhered to by health agencies (see Sphere handbook guidance note 4).		
28 Clinical staff are trained and supervised in the use of the protocols and the essential drug list (see Sphere handbook guidance notes 5-6).		

**Suggested scoring**

**4=Fully achieved (100%)**

**3=Largely achieved (75%)**

**2=Partially achieved (50%)**

**1=Achieved to a very limited extent (25%)**

**0=No progress (0%)**

**X=Too early/unable to judge**

## 21 Health Systems and Infrastructure

MINIMUM STANDARDS AND KEY INDICATORS	RATING	ACTION REQUIRED
29 People have access to a consistent supply of essential drugs through a standardised drug management system that follows accepted guidelines (see Sphere handbook guidance note 7).		
30 Drug donations are accepted only if they follow internationally recognised guidelines. Donations that do not follow these guidelines are not used and are disposed of safely.		
31 Bodies of the deceased are disposed of in a manner that is dignified, culturally appropriate and is based on good public health practice (see Sphere handbook guidance note 8).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	RATING	ACTION REQUIRED
<b>Health systems and infrastructure standard 6: health information systems</b> The design and development of health services are guided by the ongoing, coordinated collection, analysis and utilisation of relevant public health data.		
32 A standardised health information system (HIS) is implemented by all health agencies to routinely collect relevant data on demographics, mortality, morbidity and health services (see Sphere handbook guidance notes 1-2 and Appendices 2-3).		
33 A designated HIS coordinating agency (or agencies) is identified to organise and supervise the system.		
34 Health facilities and agencies submit surveillance data to the designated HIS coordinating agency on a regular basis. The frequency of these reports will vary according to the context, e.g. daily, weekly, monthly.		
35 A regular epidemiological report, including analysis and interpretation of the data, is produced by the HIS coordinating agency and shared with all relevant agencies, decision-makers and the community. The frequency of the report will vary according to the context, e.g. daily, weekly, monthly.		
36 Agencies take adequate precautions for the protection of data to guarantee the rights and safety of individuals and/or populations (see Sphere handbook guidance note 3).		
37 The HIS includes an early warning component to ensure timely detection of and response to infectious disease outbreaks (see Control of communicable diseases standard 5 on page 281).		
38 Supplementary data from other relevant sources are consistently used to interpret surveillance data and to guide decision-making (see Sphere handbook guidance note 4).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 21 Health Systems and Infrastructure

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Health systems and infrastructure standard 1: prioritising health services		28
Health systems and infrastructure standard 2: supporting national and local health systems		24
Health systems and infrastructure standard 3: coordination		12
Health systems and infrastructure standard 4: primary health care		20
Health systems and infrastructure standard 5: clinical services		40
Health systems and infrastructure standard 6: health information systems		28
<b>Overall score</b>		<b>152</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (152) and multiply by 100.

Overall assessment and notes on action to be taken

## 22 Communicable Diseases

<b>Type</b>	Control of communicable disease
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in the control of communicable diseases. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, chapter 5, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraphs are taken from the introduction to the relevant section of the Sphere handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the Sphere handbook to use alongside the template.</p> <p><i>Increased rates of morbidity and mortality due to communicable diseases occur more frequently in association with complex emergencies than other disasters. In many of these settings, especially those occurring in developing countries, between 60% and 90% of deaths have been attributed to one of four major infectious causes: measles, diarrhoea, acute respiratory infections and malaria. Acute malnutrition is often associated with increased case fatality rates of these diseases, especially among young children. There have also been outbreaks of other communicable diseases, such as meningococcal meningitis, yellow fever, viral hepatitis and typhoid, in certain settings.</i></p> <p><i>Outbreaks of communicable diseases are far less commonly associated with acute onset natural disasters. When they do occur, they are generally associated with disruptions of sanitation and poor water quality. The potential use of biological agents as weapons by terrorists and military forces raises new concerns for disaster response agencies and those involved in humanitarian assistance. The response to incidents involving biological weapons is not specifically addressed in the following standards, although several of the standards and indicators are applicable to such incidents.</i></p>
<b>Template</b>	<p>The Sphere handbook identifies six standards in this area:</p> <ul style="list-style-type: none"> <li>Control of communicable diseases standard 1: prevention</li> <li>Control of communicable diseases standard 2: measles prevention</li> <li>Control of communicable diseases standard 3: diagnosis and case management</li> <li>Control of communicable diseases standard 4: outbreak preparedness</li> <li>Control of communicable diseases standard 5: outbreak detection, investigation and response</li> <li>Control of communicable diseases standard 6: HIV/AIDS</li> </ul> <p>In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.</p>

## 22 Communicable Diseases

At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Control of communicable diseases standard 1: prevention: People have access to information and services that are designed to prevent the communicable diseases that contribute most significantly to excess morbidity and mortality.
- 2 Control of communicable diseases standard 2: measles prevention: All children aged 6 months to 15 years have immunity against measles.
- 3 Control of communicable diseases standard 3: diagnosis and case management: People have access to effective diagnosis and treatment for those infectious diseases that contribute most significantly to preventable excess morbidity and mortality.
- 4 Control of communicable diseases standard 4: outbreak preparedness: Measures are taken to prepare for and respond to outbreaks of infectious diseases.
- 5 Control of communicable diseases standard 5: outbreak detection, investigation and response: Outbreaks of communicable diseases are detected, investigated and controlled in a timely and effective manner.
- 6 Control of communicable diseases standard 6: HIV/AIDS: People have access to the minimum package of services to prevent transmission of HIV/AIDS.

**Comments** These are comments made by a reviewing panel of humanitarian workers and provide suggestions for further consideration.

- ▲ There is confusion between those tasks which belong to the organisation and those which belong to the local Ministry of Health. The role of NGOs is to support the Ministry of Health, not to take over its work.
- ▲ NGOs must adapt the template to reflect those activities which it reasonably can expect to undertake.

**References** Minimum Standards in Health Services. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 249-312). The Sphere Project: Geneva

## 22 Communicable Diseases

Organisation	
Project Title	
Monitoring Template	Communicable Diseases
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Control of communicable diseases standard 1: prevention</b> People have access to information and services that are designed to prevent the communicable diseases that contribute most significantly to excess morbidity and mortality.		
1 General prevention measures are developed and implemented in coordination with other relevant sectors (see Sphere handbook guidance note 1).		
2 Community health education messages provide individuals with information on how to prevent common communicable diseases and how to access relevant services (see Health systems and infrastructure standard 4 on page 264).		
3 Specific prevention measures, such as a mass measles vaccination campaign and Expanded Programme on Immunisation (EPI), are implemented as indicated (see Sphere handbook guidance note 2 and Control of communicable diseases standard 2).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Control of communicable diseases standard 2: measles prevention</b> All children aged 6 months to 15 years have immunity against measles.		
4 An estimation of measles vaccination coverage of children aged 9 months to 15 years is made at the outset of the emergency response, to determine the prevalence of susceptibility to measles (see Sphere handbook guidance note 1).		
5 If vaccination coverage is estimated to be less than 90%, a mass measles vaccination campaign for children aged 6 months to 15 years (including administration of vitamin A to children aged 6-59 months) is initiated. The vaccination campaign is coordinated with national and local health authorities, including the Expanded Programme on Immunisation (see Sphere handbook guidance note 2).		
6 Upon completion of the campaign: – at least 95% of children aged 6 months to 15 years have received measles vaccination; – at least 95% of children aged 6-59 months have received an appropriate dose of vitamin A.		

Suggested  
scoring

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 22 Communicable Diseases

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
7 All infants vaccinated between 6-9 months of age receive another dose of measles vaccine upon reaching 9 months (see Sphere handbook guidance note 3).		
8 Routine ongoing vaccination of 9-month-old children is established to ensure the maintenance of the minimum 95% coverage. This system is linked to the Expanded Programme on Immunisation.		
9 For mobile or displaced populations, an ongoing system is established to ensure that at least 95% of newcomers aged between 6 months and 15 years receive vaccination against measles.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Control of communicable diseases standard 3: diagnosis and case management</b> People have access to effective diagnosis and treatment for those infectious diseases that contribute most significantly to preventable excess morbidity and mortality.		
10 Standardised case management protocols for diagnosis and treatment of the most common infectious diseases are consistently used (see Sphere handbook guidance note 1; see also Health systems and infrastructure standard 5).		
11 Public health education messages encourage people to seek early care for fever, cough, diarrhoea, etc., especially children, pregnant women and older people.		
12 In malaria-endemic regions, a protocol is established to ensure early (<24 hours) diagnosis of fever cases and treatment with highly effective first-line drugs (see Sphere handbook guidance note 2).		
13 Laboratory services are available and utilised when indicated (see Sphere handbook guidance note 3).		
14 A tuberculosis control programme is introduced only after consideration of recognised criteria (see Sphere handbook guidance note 4).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 22 Communicable Diseases

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Control of communicable diseases standard 4: outbreak preparedness</b> Measures are taken to prepare for and respond to outbreaks of infectious diseases.		
15 An outbreak investigation and control plan is prepared (see Sphere handbook guidance note 1).		
16 Protocols for the investigation and control of common outbreaks are available and distributed to relevant staff.		
17 Staff receive training in the principles of outbreak investigation and control, including relevant treatment protocols.		
18 Reserve stocks of essential drugs, medical supplies, vaccines and basic protection material are available and can be procured rapidly (see Sphere handbook guidance note 2).		
19 Sources of vaccines for relevant outbreaks (e.g. measles, meningococcal meningitis, yellow fever) are identified for rapid procurement and use. Mechanisms for rapid procurement are established (see Sphere handbook guidance note 2).		
20 Sites for the isolation and treatment of infectious patients are identified in advance, e.g. cholera treatment centres.		
21 A laboratory is identified, whether locally, regionally, nationally or in another country, that can provide confirmation of diagnoses (see Sphere handbook guidance note 3).		
22 Sampling materials and transport media for the infectious agents most likely to cause a sudden outbreak are available on-site, to permit transfer of specimens to an appropriate laboratory. In addition, several rapid tests may be stored on-site (see Sphere handbook guidance note 4).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 22 Communicable Diseases

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Control of communicable diseases standard 5: outbreak detection, investigation and response</b> Outbreaks of communicable diseases are detected, investigated and controlled in a timely and effective manner.		
23 The health information system (HIS) includes an early warning component (see Sphere handbook guidance notes 1-2).		
24 Initiation of outbreak investigation occurs within 24 hours of notification.		
25 The outbreak is described according to time, place and person, leading to the identification of high-risk groups. Adequate precautions are taken to protect the safety of both individuals and data.		
26 Appropriate control measures that are specific to the disease and context are implemented as soon as possible (see Sphere handbook guidance notes 3-4).		
27 Case fatality rates are maintained at acceptable levels (see Sphere handbook guidance note 5): – cholera: 1% or lower – Shigella dysentery: 1% or lower – typhoid: 1% or lower – meningococcal meningitis: varies (see Sphere handbook guidance note 6).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Control of communicable diseases standard 6: HIV/AIDS</b> People have access to the minimum package of services to prevent transmission of HIV/AIDS.		
28 People have access to the following essential package of services during the disaster phase: <ul style="list-style-type: none"> <li>▲ free male condoms and promotion of proper condom use;</li> <li>▲ universal precautions to prevent iatrogenic/nosocomial transmission in emergency and health-care settings;</li> <li>▲ safe blood supply;</li> <li>▲ relevant information and education so that individuals can take steps to protect themselves against HIV transmission;</li> <li>▲ syndromic case management of sexually transmitted infections (STIs);</li> <li>▲ prevention and management of the consequences of sexual violence; and</li> <li>▲ basic health care for people living with HIV/AIDS (PLWHA).</li> </ul>		
29 Plans are initiated to broaden the range of HIV control services in the post-disaster phase (see Sphere handbook guidance note 1).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested scoring**

4=Fully achieved (100%)

3=Largely achieved (75%)

2=Partially achieved (50%)

1=Achieved to a very limited extent (25%)

0=No progress (0%)

X=Too early/unable to judge

## 22 Communicable Diseases

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Control of communicable diseases standard 1: prevention		12
Control of communicable diseases standard 2: measles prevention		24
Control of communicable diseases standard 3: diagnosis and case management		20
Control of communicable diseases standard 4: outbreak preparedness		32
Control of communicable diseases standard 5: outbreak detection, investigation and response		20
Control of communicable diseases standard 6: HIV/AIDS		08
<b>Overall score</b>		<b>116</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (116) and multiply by 100.

Overall assessment and notes on action to be taken

## 23 Non-Communicable Diseases

<b>Type</b>	Control of non-communicable disease
<b>Purpose</b>	The purpose of this template is to provide a simple tool for assessing compliance with Sphere standards in the control of non-communicable diseases. This checklist is based on the Sphere project handbook: Humanitarian Charter and Minimum Standards in Disaster Response, chapter 5, which is available on the Internet.
<b>Rationale</b>	<p>The following paragraphs are taken from the introduction to the relevant section of the Sphere handbook. Users of this template are strongly encouraged to refer to the relevant chapter in the Sphere handbook to use alongside the template.</p> <p><i>Increases in morbidity and mortality due to non-communicable diseases are a common feature of many disasters. Injury is usually the major cause following acute onset natural disasters, such as earthquakes and hurricanes. Injury due to physical violence is also associated with all complex emergencies, and can be a major cause of excess mortality during such crises. The reproductive health (RH) needs of disaster-affected populations have received increased attention in recent years, especially in light of the greater awareness of problems such as HIV/AIDS, gender-based violence, emergency obstetric care needs and the poor availability of even basic RH services in many communities. The need for improved RH programmes has been especially recognised in association with complex emergencies, but it is also relevant to many other types of disaster.</i></p> <p><i>Although difficult to quantify, mental health and psychosocial problems can be associated with any type of disaster and post-disaster setting. The horrors, losses, uncertainties and other stressors associated with disasters can place people at increased risk of various psychiatric, psychological and social problems. Finally, there is evidence to suggest that there is an increased incidence of acute complications from chronic diseases associated with disasters. These complications are generally due to disruptions of ongoing treatment regimens. However, a variety of other stressors may also precipitate an acute deterioration of a chronic medical condition.</i></p>
<b>Template</b>	<p>The Sphere handbook identifies four standards in this area:</p> <ul style="list-style-type: none"> <li>Control of non-communicable diseases standard 1: injury</li> <li>Control of non-communicable diseases standard 2: reproductive health</li> <li>Control of non-communicable diseases standard 3: mental and social aspects of health</li> <li>Control of non-communicable diseases standard 4: chronic diseases</li> </ul> <p>In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested scoring system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.</p>

## 23 Non-Communicable Diseases

At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.

**Key issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Control of non-communicable diseases standard 1: injury: People have access to appropriate services for the management of injuries.
- 2 Control of non-communicable diseases standard 2: reproductive health: People have access to the Minimum Initial Service Package (MISP) to respond to their reproductive health needs.
- 3 Control of non-communicable diseases standard 3: mental and social aspects of health: People have access to social and mental health services to reduce mental health morbidity, disability and social problems.
- 4 Control of non-communicable diseases standard 4: chronic diseases: For populations in which chronic diseases are responsible for a large proportion of mortality, people have access to essential therapies to prevent death.

**Comments** These are comments made by a reviewing panel of humanitarian workers and provide suggestions for further consideration.

- ▲ The section on mental and social aspects of health is now expanded in a different template on psycho-social support.
- ▲ Local expertise should be assessed and used to inform any psychiatric intervention.
- ▲ Plans for long-term psychiatric follow-up are included in all treatment strategies.

**References** Minimum Standards in Health Services. In Humanitarian Charter and Minimum Standards in Disaster Response (pp 249-312). The Sphere Project: Geneva

## 23 Non-Communicable Diseases

Organisation	
Project Title	
Monitoring Template	Control of Non-Communicable Diseases
Monitoring Date	
Name	

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Control of non-communicable diseases standard 1: injury</b> People have access to appropriate services for the management of injuries.		
1 In situations with a large number of injured patients, a standardised system of triage is established to guide health care providers on assessment, prioritisation, basic resuscitation and referral (see Sphere handbook guidance notes 1-2).		
2 Standardised guidelines for the provision of first aid and basic resuscitation are established (see Sphere handbook guidance note 3).		
3 Standardised protocols for the referral of injured patients for advanced care, including surgery, are established. Suitable transportation is organised for patients to reach the referral facility.		
4 Definitive trauma and surgical services are established only by agencies with appropriate expertise and resources (see Sphere handbook guidance note 4).		
5 In situations with a potentially large number of injured patients, contingency plans for the management of multiple casualties are developed for relevant health care facilities. These plans are related to district and regional plans.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	RATING	ACTION REQUIRED
<b>Control of non-communicable diseases standard 2: reproductive health</b> People have access to the Minimum Initial Service Package (MISP) to respond to their reproductive health needs.		
6 An organisation(s) and individual(s) are identified to facilitate the coordination and implementation of the MISP in consultation with the lead health authority (see Sphere handbook guidance note 1).		
7 Steps are taken by health agencies to prevent and manage the consequences of gender-based violence (GBV), in coordination with other relevant sectors, especially protection and community services (see Sphere handbook guidance note 2).		
8 The number of cases of sexual and other forms of GBV reported to health services, protection and security officers is monitored and reported to a designated lead GBV agency (or agencies). Rules of confidentiality are applied to data collection and review.		

**Suggested scoring**

4=Fully achieved  
(100%)

3=Largely achieved  
(75%)

2=Partially achieved  
(50%)

1=Achieved to a very limited extent (25%)

0=No progress  
(0%)

X=Too early/unable to judge

## 23 Non-Communicable Diseases

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
9 The minimum package of services to prevent the transmission of HIV/AIDS is implemented (see Control of communicable diseases standard 6).		
10 Adequate numbers of clean delivery kits, based on the estimated number of births in a given time period, are available and distributed to visibly pregnant women and skilled/traditional birth attendants to promote clean home deliveries.		
11 Adequate numbers of midwife delivery kits (UNICEF or equivalent) are distributed to health facilities to ensure clean and safe deliveries.		
12 A standardised referral system is established and promoted within the community, incorporating midwives and skilled/traditional birth attendants, to manage obstetric emergencies. Suitable transportation is organised for patients to reach the referral facility (see Sphere handbook guidance note 3).		
13 Plans are initiated to implement a comprehensive range of reproductive health services integrated into primary health care as soon as possible (see Sphere handbook guidance note 4).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Control of non-communicable diseases standard 3: mental and social aspects of health</b> People have access to social and mental health services to reduce mental health morbidity, disability and social problems.		
<b>KEY SOCIAL INTERVENTION INDICATORS</b> During the acute disaster phase, the emphasis should be on social interventions.		
14 People have access to an ongoing, reliable flow of credible information on the disaster and associated relief efforts (see Sphere handbook guidance note 1).		
15 Normal cultural and religious events are maintained or re-established (including grieving rituals conducted by relevant spiritual and religious practitioners). People are able to conduct funeral ceremonies (see Sphere handbook guidance note 2).		
16 As soon as resources permit, children and adolescents have access to formal or informal schooling and to normal recreational activities.		
17 Adults and adolescents are able to participate in concrete, purposeful, common interest activities, such as emergency relief activities.		
18 Isolated persons, such as separated or orphaned children, child combatants, widows and widowers, older people or others without their families, have access to activities that facilitate their inclusion in social networks.		

**Suggested  
scoring**

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 23 Non-Communicable Diseases

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
19 When necessary, a tracing service is established to reunite people and families.		
20 Where people are displaced, shelter is organised with the aim of keeping family members and communities together.		
21 The community is consulted regarding decisions on where to locate religious places, schools, water points and sanitation facilities. The design of settlements for displaced people includes recreational and cultural space.		
<b>KEY PSYCHOLOGICAL AND PSYCHIATRIC INTERVENTION INDICATORS</b>		
22 Individuals experiencing acute mental distress after exposure to traumatic stressors have access to psychological first aid at health service facilities and in the community (see Sphere handbook guidance note 3).		
23 Care for urgent psychiatric complaints is available through the primary health care system. Essential psychiatric medications, consistent with the essential drug list, are available at primary care facilities (see Sphere handbook guidance note 4).		
24 Individuals with pre-existing psychiatric disorders continue to receive relevant treatment, and harmful, sudden discontinuation of medications is avoided. Basic needs of patients in custodial psychiatric hospitals are addressed.		
25 If the disaster becomes protracted, plans are initiated to provide a more comprehensive range of community-based psychological interventions for the post-disaster phase (see Sphere handbook guidance note 5).		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

MINIMUM STANDARDS AND KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Control of non-communicable diseases standard 4: chronic diseases</b> For populations in which chronic diseases are responsible for a large proportion of mortality, people have access to essential therapies to prevent death.		
26 A specific agency (or agencies) is designated to coordinate programmes for individuals with chronic diseases for which an acute cessation of therapy is likely to result in death (see Sphere handbook guidance note 1).		
27 Individuals with such chronic diseases are actively identified and registered.		
28 Medications for the routine, ongoing management of chronic diseases are available through the primary health care system, provided that these medications are specified on the essential drug list.		
<b>TOTAL SCORE FOR THIS STANDARD</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 23 Non-Communicable Diseases

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Control of non-communicable diseases standard 1: injury		20
Control of non-communicable diseases standard 2: reproductive health		32
Control of non-communicable diseases standard 3: mental and social aspects of health		48
Control of non-communicable diseases standard 4: chronic diseases		12
<b>Overall score</b>		<b>112</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (112) and multiply by 100.

Overall assessment and notes on action to be taken

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 24 Education

<b>Type</b>	Education
<b>Purpose</b>	<p>The purpose of this template is to provide a tool to monitor good practice in education within the context of a humanitarian response. This checklist is based on the INEE document "Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction", which is available on the Internet. Users of this template are strongly encouraged to refer to the INEE document.</p> <p>The following paragraphs are taken from the INEE document.</p> <p><i>In recent years there has been a rise in awareness of the need for non-formal and formal education programmes in emergency situations. Millions of children, youth and adults have benefited from the efforts of education authorities and local and international humanitarian agencies. As more emphasis has been put on education, two important issues have emerged:</i></p> <ol style="list-style-type: none"> <li><i>1 a recognition that individuals do not forfeit their right to education during emergencies and that education cannot remain 'outside' the mainstream humanitarian debate, but must be seen as a priority humanitarian response; and</i></li> <li><i>2 a broad-based desire and commitment to ensure a minimum level of quality, access and accountability for education in situations of crisis.</i></li> </ol> <p><i>In response, in 2003 a working group was constituted to facilitate the development of global minimum standards for education in emergencies. The initiative was hosted within the Inter-Agency Network for Education in Emergencies (INEE), an open network of UN agencies, NGOs, donors, practitioners, researchers and individuals from affected populations working together to ensure the right to education in emergencies and post-crisis reconstruction. The network is responsible for gathering and disseminating good practices, tools and research, promoting the right to education for people affected by emergencies through advocacy, and ensuring the regular exchange of information among its members and partners. INEE also identifies gaps in resources and encourages the development of these resources through Task Teams convened by INEE member organisations.</i></p> <p><i>These global minimum standards are presented in this handbook, which is the result of a broad and consultative process to develop minimum standards for education in emergencies. From 2003 onwards, working with a broad base of stakeholders, the INEE Working Group on Minimum Standards facilitated the development of standards, indicators and guidance notes that articulate the minimum level of educational access and provision to be attained in emergencies, through to the early reconstruction stage</i></p>
<b>Template</b>	<p>The INEE document identifies 19 standards:</p> <ul style="list-style-type: none"> <li>Community participation standard 1: participation</li> <li>Community participation standard 2: resources</li> <li>Analysis standard 1: initial assessment</li> <li>Analysis standard 2: response strategy</li> <li>Analysis standard 3: monitoring</li> </ul>

## 24 Education

Analysis standard 4: evaluation

Access and learning environment standard 1: equal access

Access and learning environment standard 2: protection and well-being

Access and learning environment standard 3: facilities

Teaching and learning standard 1: curricula

Teaching and learning standard 2: training

Teaching and learning standard 3: instruction

Teaching and learning standard 4: assessment

Teachers and other education personnel standard 1: recruitment and selection

Teachers and other education personnel standard 2: conditions of work

Teachers and other education personnel standard 3: support and supervision

Education policy and coordination standard 1: policy formulation and enactment

Education policy and coordination standard 2: planning and implementation

Education policy and coordination standard 3: coordination

In the template each standard is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested rating system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each standard the user can total up their ratings to obtain a total rating for that standard. These figures can then be transferred to the summary report at the end of the template.

**Key Issues** Some partners may find the checklists rather long. The key issues are therefore summarised here:

- 1 Community participation standard 1: participation: Emergency-affected community members actively participate in assessing, planning, implementing, monitoring and evaluating the education programme.
- 2 Community participation standard 2: resources: Local community resources are identified, mobilised and used to implement education programmes and other learning opportunities.
- 3 Analysis standard 1: initial assessment: A timely education assessment of the emergency situation is conducted in a holistic and participatory manner.
- 4 Analysis standard 2: response strategy: A framework for an education response is developed, including a clear description of the problem and a documented strategy for action.
- 5 Analysis standard 3: monitoring: All relevant stakeholders regularly monitor the activities of the education response and the evolving education needs of the affected population.

## 24 Education

- 6 Analysis standard 4: evaluation: There is a systematic and impartial evaluation of the education response in order to improve practice and enhance accountability.
- 7 Access and learning environment standard 1: equal access: All individuals have access to quality and relevant education opportunities.
- 8 Access and learning environment standard 2: protection and well-being: Learning environments are secure, and promote the protection and mental and emotional well-being of learners.
- 9 Access and learning environment standard 3: facilities: Education facilities are conducive to the physical well-being of learners.
- 10 Teaching and learning standard 1: curricula: Culturally, socially and linguistically relevant curricula are used to provide formal and non-formal education, appropriate to the particular emergency situation.
- 11 Teaching and learning standard 2: training: Teachers and other education personnel receive periodic, relevant and structured training according to need and circumstances.
- 12 Teaching and learning standard 3: instruction: Instruction is learner-centred, participatory and inclusive.
- 13 Teaching and learning standard 4: assessment: Appropriate methods are used to evaluate and validate learning achievements.
- 14 Teachers and other education personnel standard 1: recruitment and selection: A sufficient number of appropriately qualified teachers and other education personnel is recruited through a participatory and transparent process based on selection criteria that reflect diversity and equity.
- 15 Teachers and other education personnel standard 2: conditions of work: Teachers and other education personnel have clearly defined conditions of work, follow a code of conduct and are appropriately compensated.
- 16 Teachers and other education personnel standard 3: support and supervision: Supervision and support mechanisms are established for teachers and other education personnel, and are used on a regular basis.
- 17 Education policy and coordination standard 1: policy formulation and enactment: Education authorities prioritise free access to schooling for all, and enact flexible policies to promote inclusion and education quality, given the education context.
- 18 Education policy and coordination standard 2: planning and implementation: Emergency education activities take into account international and national educational policies and standards and the learning needs of affected populations.
- 19 Education policy and coordination standard 3: coordination: There is a transparent coordination mechanism for emergency education activities, including effective information sharing between stakeholders.

**References** INEE (2004). Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction. London: INEE

## 24 Education

Organisation	
Project Title	
Monitoring Template	Education
Monitoring Date	
Name	

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Community participation standard 1: participation</b> Emergency-affected community members actively participate in assessing, planning, implementing, monitoring and evaluating the education programme.		
1 The emergency-affected community, through its chosen representatives, is involved in prioritising and planning education activities to ensure effective delivery of the education programme (see INEE guidance notes 1-5).		
2 Children and youth are involved in the development and implementation of education activities (see INEE guidance note 6).		
3 The community education committee holds public meetings to conduct social audits of education activities and their budgets (see INEE guidance note 7).		
4 Training and capacity-building opportunities exist for community members, including children and youth, to manage education activities (see INEE guidance note 8).		
<b>SUB TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Community participation standard 2: resources</b> Local community resources are identified, mobilised and used to implement education programmes and other learning opportunities.		
5 Communities, education personnel and learners identify education resources in the community (see INEE guidance note 1).		
6 Community resources are mobilised to strengthen access to education, protection and the quality of the education programme (see INEE guidance notes 2-3).		
7 Stakeholders recognise and support the capacity of communities, and education programming is designed to maximise the use of local skills and capacities (see INEE guidance notes 4-5).		
<b>SUB TOTAL</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Analysis standard 1: initial assessment</b> A timely education assessment of the emergency situation is conducted in a holistic and participatory manner.		
8 An initial rapid education assessment is undertaken as soon as possible, taking into account security and safety (see INEE guidance notes 1-3).		
9 Core stakeholders are involved in identifying what data need to be collected; in the development, interpretation and refinement of indicators; and in information management and dissemination (see INEE guidance notes 4-5).		
10 A comprehensive assessment of education needs and resources for the different levels and types of education, and for all emergency-affected locations, is undertaken with the participation of core stakeholders, and updated on a regular basis (see INEE guidance note 4).		
11 Education is part of an inter-sectoral assessment that collects data on the political, social, economic and security environment; demographics; and available resources, to determine what services are required for the affected population (see INEE guidance note 6).		
12 The assessment analyses existing and potential threats to the protection of learners, using a structured risk assessment of threats, vulnerabilities and capacities (see INEE guidance note 7).		
13 Local capacities, resources and strategies for learning and education are identified, both prior to and during the emergency.		
14 The assessment identifies local perceptions of the purpose and relevance of education and of priority educational needs and activities.		
15 A system is established for sharing assessment findings and storing education data (see INEE guidance note 8).		
<b>SUB TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Analysis standard 2: response strategy</b> A framework for an education response is developed, including a clear description of the problem and a documented strategy for action.		
16 Baseline data are collected systematically at the start of a programme.		
17 Emergency education response strategies reflect a clear understanding of the overall data (see INEE guidance notes 1-2).		
18 Valid benchmarks and indicators are identified to monitor the impacts of the educational response on children, youth and the whole community.		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
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**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
19 Information collected from the initial assessment is updated with new data that inform ongoing programme development (see INEE guidance note 3).		
20 Education response strategies prioritise the safety and well-being of all children and youth, including those who are vulnerable or have special education needs.		
21 Education response strategies progressively meet the needs of emergency-affected populations for inclusive and quality education, and serve to strengthen national education programmes (see INEE guidance notes 4-6).		
<b>SUB TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Analysis standard 3: monitoring</b> All relevant stakeholders regularly monitor the activities of the education response and the evolving education needs of the affected population.		
22 Systems for continuous monitoring of emergency situations and interventions are in place and functioning (see INEE guidance notes 1-2).		
23 Women, men, children and youth from all affected groups are regularly consulted and are involved in monitoring activities (see INEE guidance note 2).		
24 Education data are systematically and regularly collected, starting with baseline information and following with tracking of subsequent changes and trends (see INEE guidance notes 3-4).		
25 Personnel are trained in data collection methodologies and analysis to ensure that the data are reliable and the analysis is verifiable and credible (see INEE guidance note 5).		
26 Education data are analysed and shared with stakeholders at pre-determined regular intervals (see INEE guidance note 3).		
27 Monitoring systems and databases are regularly updated on the basis of feedback to reflect new trends and to allow for informed decision-making.		
28 Data that identify changes, new trends, needs and resources are provided to education programme managers on a regular basis.		
29 Programme adjustments are made, when necessary, as a result of monitoring.		
<b>SUB-TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>All Analysis standard 4: evaluation</b> There is a systematic and impartial evaluation of the education response in order to improve practice and enhance accountability.		
30 Evaluation of policies, programmes and outcomes of interventions is conducted at appropriate intervals against overall response strategies, specific educational and child protection objectives, and minimum standards (see INEE guidance note 1).		
31 Information is sought on the unintended effects of the intervention.		
32 Information is collected in a transparent and impartial manner from all stakeholders, including the affected populations and partners from other sectors.		
33 All stakeholders, including marginalised groups, community education committees, national and local education officials, teachers and learners, are included in evaluation activities (see INEE guidance note 2).		
34 Lessons and good practices are widely shared with the broader national and local community and humanitarian community, and are fed into post-emergency advocacy, programmes and policies to contribute to national and global education goals (see INEE guidance note 3).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Access and learning environment standard 1: equal access</b> All individuals have access to quality and relevant education opportunities.		
35 No individual is denied access to education and learning opportunities because of discrimination (see INEE guidance notes 1-2).		
36 Documents or other requirements are not a barrier to enrolment (see INEE guidance note 3).		
37 A range of formal and non-formal education opportunities is progressively provided to the affected population to fulfil their education needs (see INEE guidance notes 4-5).		
38 Through training and sensitisation, communities become increasingly involved in ensuring the rights of all members to a quality and relevant education (see INEE guidance notes 6-7).		
39 Sufficient resources are made available by authorities, donors, NGOs, other development partners and communities to ensure continuity and quality of education activities in all phases of the emergency and early reconstruction (see INEE guidance note 8).		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
40 Learners have the opportunity to safely enter or re-enter the formal education system as soon as possible after any disruption caused by the emergency.		
41 The education programme is recognised by the education authorities of the host country and/or country of origin.		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Access and learning environment standard 2: protection and well-being</b> Learning environments are secure, and promote the protection and mental and emotional well-being of learners.		
42 Schools and other learning environments are located in close proximity to the populations they serve (see INEE guidance notes 1-2).		
43 Access routes to the learning environment are safe and secure for all (see INEE guidance note 3).		
44 The learning environment is free from dangers that may cause harm to learners (see INEE guidance notes 4-5).		
45 Training programmes for teachers, learners and the community are in place to promote safety, security and protection.		
46 Teachers and other education personnel are provided with the skills to give psychosocial support to promote learners' emotional well-being (see INEE guidance note 6).		
47 The community is involved in decisions concerning the location of the learning environment, and in establishing systems and policies to ensure that learners are safe and secure.		
48 The nutrition and short-term hunger needs of learners are addressed to allow for effective learning to take place at the learning site (see INEE guidance note 7).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Access and learning environment standard 3: facilities</b> Education facilities are conducive to the physical well-being of learners.		
49 The learning structure and site are accessible to all, regardless of physical ability.		
50 The learning environment is marked by visible boundaries and clear signs, as appropriate.		
51 The physical structure used for the learning site is appropriate for the situation and includes adequate space for classes and administration, recreation and sanitation facilities (see INEE guidance note 1).		

**Suggested scoring**

4=Fully achieved  
(100%)

3=Largely achieved  
(75%)

2=Partially achieved  
(50%)

1=Achieved to a very limited extent (25%)

0=No progress  
(0%)

X=Too early/unable to judge

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
52 Class space and seating arrangements are in line with an agreed ratio of space per learner and teacher, as well as grade level, in order to promote participatory methodologies and learner-centred approaches (see INEE guidance note 1).		
53 Communities participate in the construction and maintenance of the learning environment (see INEE guidance note 2).		
54 Basic health and hygiene are promoted in the learning environment.		
55 Adequate sanitation facilities are provided, taking account of age, gender and special education needs and considerations, including access for persons with disabilities (see INEE guidance note 3).		
56 Adequate quantities of safe drinking water and water for personal hygiene are available at the learning site (see INEE guidance note 4).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Teaching and learning standard 1: curricula</b> Culturally, socially and linguistically relevant curricula are used to provide formal and non-formal education, appropriate to the particular emergency situation.		
57 Existing curricula are reviewed for appropriateness to the age or developmental level, language, culture, capacities and needs of the learners affected by the emergency. Curricula are used, adapted or enriched as necessary (see INEE guidance notes 1-3).		
58 Where curriculum development or adaptation is required, it is conducted with the meaningful participation of stakeholders and considers the best interests and needs of the learners (see INEE guidance notes 1-3).		
59 Curricula address life skills, literacy, numeracy and core competencies of basic education relevant to given stages of an emergency (see INEE guidance notes 4-5).		
60 Curricula address the psychosocial well-being needs of teachers and learners in order for them to be better able to cope with life during and after the emergency (see INEE guidance note 6).		
61 Learning content, materials and instruction are provided in the language(s) of the learners and the teachers, especially in the early years of learning (see INEE guidance note 7).		
62 Curricula and methods of instruction respond to the current needs of learners and promote future learning opportunities (see INEE guidance note 8).		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
63 Curricula and instructional materials are gender-sensitive, recognise diversity and promote respect for learners (see INEE guidance note 9).		
64 Sufficient teaching and learning materials are provided, as needed, in a timely manner to support relevant education activities. Preference is given to locally available materials for sustainability (see INEE guidance note 10).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Teaching and learning standard 2: training</b> Teachers and other education personnel receive periodic, relevant and structured training according to need and circumstances.		
65 Training corresponds to prioritised needs, objectives of education activities and learning content (see INEE guidance note 1-2).		
66 Where appropriate, training is recognised and approved by relevant education authorities (see INEE guidance notes 3-4).		
67 Qualified trainers conduct the training courses and provision is made for ongoing support and guidance, appropriate follow-up, monitoring and supervision in the field, and refresher training (see INEE guidance note 4).		
68 Training, including follow-up monitoring, encourages the teacher to be a facilitator in the learning environment, promotes participatory methods of teaching, and demonstrates the use of teaching aids.		
69 Training content is regularly assessed to determine if it meets the needs of teachers, students and the community, and is revised when necessary.		
70 Training provides teachers with appropriate skills to be able to assume leadership roles when required by members of the community.		
<b>SUB-TOTAL</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Teaching and learning standard 3: instruction</b> Instruction is learner-centred, participatory and inclusive.		
71 Learners are provided with opportunities to be actively engaged in their own learning (see INEE guidance note 1).		
72 Participatory methods are used to facilitate learner involvement in their own learning and to improve the learning environment.		
73 Through practice and interaction with learners, teachers demonstrate an understanding of lesson content and of the teaching skills acquired during training courses.		
74 Instruction addresses the needs of all learners, including those with special needs, by promoting inclusiveness and reducing barriers to learning (see INEE guidance note 2).		
75 Parents and community leaders understand and accept the learning content and teaching methods used (see INEE guidance note 3).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Teaching and learning standard 4: assessment</b> Appropriate methods are used to evaluate and validate learning achievements.		
76 Differentiated continuous assessment and evaluation methods are in place to assess learning periodically and appropriately. Procedures are in place to use this information to improve the quality of instruction (see INEE guidance note 1).		
77 Learner achievement is recognised and credits or course completion documents are provided accordingly (see INEE guidance note 2).		
78 Assessment and evaluation methods are considered fair, reliable and non-threatening to the learner (see INEE guidance note 3).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Teachers and other education personnel standard 1: recruitment and selection</b> A sufficient number of appropriately qualified teachers and other education personnel is recruited through a participatory and transparent process based on selection criteria that reflect diversity and equity.		
79 Clear and appropriate job descriptions are developed prior to the recruitment process (see INEE guidance note 1).		
80 Clear guidelines exist for the recruitment process.		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
81 A selection committee, including community representatives, selects teachers based on a transparent assessment of candidates' competencies and considerations of gender, diversity and acceptance by the community (see INEE guidance notes 2-5).		
82 The number of teachers recruited and deployed is sufficient to prevent over-sized classes (see INEE guidance note 6).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Teachers and other education personnel standard 2: conditions of work</b> Teachers and other education personnel have clearly defined conditions of work, follow a code of conduct and are appropriately compensated.		
83 Compensation and conditions of work are specified in a job contract, and compensation is provided on a regular basis, related to the level of professionalism and efficiency of work (see INEE guidance notes 1-2).		
84 International actors coordinate with education authorities, community education committees and NGOs to develop appropriate strategies, and agree to use fair, acceptable and sustainable remuneration scales for the various categories and levels of teachers and other education personnel (see INEE guidance note 2).		
85 The code of conduct and defined conditions of work are developed in a participatory manner, involving both education personnel and community members, and there are clear implementation guidelines (see INEE guidance notes 1 and 3).		
86 The code of conduct is signed and followed by education personnel, and appropriate measures are documented and applied in cases of misconduct and/or violation of the code of conduct (see INEE guidance notes 3-4).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Teachers and other education personnel standard 3: support and supervision</b> Supervision and support mechanisms are established for teachers and other education personnel, and are used on a regular basis.		
87 A supervisory mechanism provides for regular assessment, monitoring and support for teachers and other education personnel (see INEE guidance notes 1-2).		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
88 Staff performance appraisals are conducted, written up and discussed with the individual(s) concerned on a regular basis (see INEE guidance note 3).		
89 Appropriate and accessible psychosocial support and counselling are provided to teachers and other education personnel, as needed (see INEE guidance note 4).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Education policy and coordination standard 1: policy formulation and enactment</b> Education authorities prioritise free access to schooling for all, and enact flexible policies to promote inclusion and education quality, given the education context.		
90 Both during and after emergencies, education laws and policies uphold the right to education articulated in international human rights instruments and declarations (see INEE guidance notes 1-2).		
91 Laws, regulations and policies protect against discrimination in education with regard to vulnerable and marginalised groups (see INEE guidance note 3).		
92 Laws, regulations and policies are in place to ensure learners are not denied education because of limited resources of the learner or the learner's family (see INEE guidance note 4).		
93 Laws, regulations and policies do not prevent schools for refugees from using curricula from the country or area of origin.		
94 Laws, regulations and policies permit the establishment of emergency education facilities by non-government actors when needed, subject to the education authority's guidance and inspection.		
95 Laws, regulations and policies are disseminated in a form that can be understood by all stakeholders.		
96 Policy promotes the development and use of an Education Management Information System (EMIS) database, to be used as a tool for analysing and reacting to changes in educational access and completion (see INEE guidance note 5). National education policies are supported with legal and budgetary frameworks that permit a quick response to emergency situations (see INEE guidance note 6).		
<b>SUB-TOTAL</b>		

Suggested  
scoring4=Fully  
achieved  
(100%)3=Largely  
achieved  
(75%)2=Partially  
achieved  
(50%)1=Achieved to a  
very limited  
extent (25%)0=No  
progress  
(0%)X=Too  
early/unable to  
judge

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Education policy and coordination standard 2: planning and implementation</b> Emergency education activities take into account international and national educational policies and standards and the learning needs of affected populations.		
97 International and national legal frameworks and policies are reflected in the education programmes of relief and development agencies (see INEE guidance note 1).		
98 Emergency education programmes are planned and implemented in a manner that provides for their integration into longer-term development of the education sector.		
99 Education authorities and other key actors develop national and local education plans for current and future emergencies, and create a system for their regular revision (see INEE guidance note 2).		
100 During and after emergencies, all stakeholders work together to implement a plan for education response that is linked to the most recent needs assessment and builds upon the previous education experience, policies and practices of the affected population(s).		
101 Education responses specify the financial, technical and human resources needed for effective planning, implementation and monitoring. Stakeholders ensure that the resources needed are made available (see INEE guidance note 3).		
102 Planning and implementation of educational activities are integrated with other emergency response sectors (see INEE guidance note 4).		
<b>SUB-TOTAL</b>		

KEY INDICATORS	SCORE	ACTION REQUIRED
<b>Education policy and coordination standard 3: coordination</b> There is a transparent coordination mechanism for emergency education activities, including effective information sharing between stakeholders.		
103 Education authorities establish an inter-agency coordination committee for current and future emergency response, which assumes the major role in planning and coordinating emergency education activities (see INEE guidance note 1).		
104 When the education authority is not present or is unable to lead coordination, an interagency coordination committee provides guidance and coordination of education activities and programmes (see INEE guidance note 1).		
105 Authorities, donors and other agencies establish financing structures that are coordinated with and support activities of education stakeholders (see INEE guidance note 2).		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
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**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 24 Education

KEY INDICATORS	SCORE	ACTION REQUIRED
106 A common statement of coordination aims, indicators and monitoring procedures is in place, and all education actors commit themselves to work within that framework and make key information and statistics available in the public domain (see INEE guidance note 3).		
107 Affected communities are authorised and able to participate in decision-making that directly affects them, particularly in policy or programme formulation, implementation and monitoring.		
108 A transparent and active mechanism exists for sharing information across sectors and between key national and international stakeholders (see INEE guidance note 4).		
<b>SUB-TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
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**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 24 Education

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Community participation standard 1: participation		16
Community participation standard 2: resources		12
Analysis standard 1: initial assessment		32
Analysis standard 2: response strategy		24
Analysis standard 3: monitoring		32
Analysis standard 4: evaluation		20
Access and learning environment standard 1: equal access		28
Access and learning environment standard 2: protection and well-being		28
Access and learning environment standard 3: facilities		32
Teaching and learning standard 1: curricula		32
Teaching and learning standard 2: training		24
Teaching and learning standard 3: instruction		20
Teaching and learning standard 4: assessment		12
Teachers and other education personnel standard 1: recruitment and selection		16
Teachers and other education personnel standard 2: conditions of work		16
Teachers and other education personnel standard 3: support and supervision		12
Education policy and coordination standard 1: policy formulation and enactment		28
Education policy and coordination standard 2: planning and implementation		24
Education policy and coordination standard 3: coordination		24
<b>Overall score</b>		<b>432</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (432) and multiply by 100.

Overall assessment and notes on action to be taken

## 25 Psychosocial Support

<b>Type</b>	Psychosocial Support
<b>Purpose</b>	The purpose of this template is to provide a tool to monitor good practice in psychosocial support within the context of a humanitarian response. This checklist is based on The Inter Agency Standing Committee's handbook "IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings", which is available on the Internet. Users of this template are strongly encouraged to refer to the IASC document.
<b>Background</b>	<p>The following paragraphs are taken from the IASC document.</p> <p><i>The primary purpose of these guidelines is to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency. The focus of the guidelines is on implementing minimum responses, which are essential, high-priority responses that should be implemented as soon as possible in an emergency. Minimum responses are the first things that ought to be done; they are the essential first steps that lay the foundation for the more comprehensive efforts that may be needed (including during the stabilised phase and early reconstruction).</i></p>
<b>Template</b>	<p>The template identifies twenty-five key actions of humanitarian response that need consideration in order to address mental health and psychosocial support. These are listed here.</p> <p><b>COMMON FUNCTIONS ACROSS ALL DOMAINS</b></p> <p><i>Coordination</i></p> <p>1 Establish coordination of intersectoral mental health and psychosocial support</p> <p><i>Assessment, Monitoring And Evaluation</i></p> <p>2 Conduct assessments of mental health and psychosocial issues</p> <p>3 Initiate participatory systems for monitoring and evaluation</p> <p><i>Protection and Human Rights Standards</i></p> <p>4 Apply a human rights framework through mental health and psychosocial support</p> <p>5 Identify, monitor, prevent and respond to protection threats and failures through social protection</p> <p>6 Identify, monitor, prevent and respond to protection threats and abuses through legal protection</p> <p><i>Human Resources</i></p> <p>7 Identify and recruit staff and engage volunteers who understand local culture</p> <p>8 Enforce staff codes of conduct and ethical guidelines</p> <p>9 Organise orientation and training of aid workers in mental health and psychosocial support</p> <p>10 Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers</p>

## 25 Psychosocial Support

### CORE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT DOMAINS

#### *Community mobilisation and support*

- 11 Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors
- 12 Facilitate community self-help and social support
- 13 Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices

#### *Health Services*

- 14 Facilitate support for young children (0–8 years) and their care-givers
- 15 Include specific psychological and social considerations in provision of general health care
- 16 Provide access to care for people with severe mental disorders
- 17 Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions
- 18 Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems
- 19 Minimise harm related to alcohol and other substance use

#### *Education*

- 20 Strengthen access to safe and supportive education

#### *Dissemination of information*

- 21 Provide information to the affected population on the emergency, relief efforts and their legal rights
- 22 Provide access to information about positive coping methods

### SOCIAL CONSIDERATIONS IN SECTORAL DOMAINS

#### *Food security and nutrition*

- 23 Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support

#### *Shelter and site planning*

- 24 Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner

#### *Water and sanitation*

- 25 Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation

In the template each key action is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their project is meeting the requirements of the indicator. A suggested rating system is provided at the

## 25 Psychosocial Support

bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.

At the end of each standard the user can total up their ratings to obtain a total rating for that key step. These figures can then be transferred to the summary report at the end of the template.

**References** Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

Organisation	
Project Title	
Monitoring Template	Psychosocial Support
Monitoring Date	
Name	

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Establish coordination of intersectoral mental health and psychosocial support.</b>		
1 Activate or establish an intersectoral MHPSS coordination group.		
2 Coordinate programme planning and implementation.		
3 Develop and disseminate guidelines and coordinate advocacy.		
4 Mobilise resources.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Conduct assessments of mental health and psychosocial issues.</b>		
5 Ensure that assessments are coordinated.		
6 Collect and analyse key information relevant to mental health and psychosocial support.		
7 Conduct assessments in an ethical and appropriately participatory manner.		
8 Collate and disseminate assessment results.		
<b>SUB-TOTAL</b>		

**Suggested scoring**

4=Fully achieved (100%)

3=Largely achieved (75%)

2=Partially achieved (50%)

1=Achieved to a very limited extent (25%)

0=No progress (0%)

X=Too early/unable to judge

## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Initiate participatory systems for monitoring and evaluation.</b>		
9 Define a set of indicators for monitoring, according to defined objectives and activities.		
10 Conduct assessments in an ethical and appropriately participatory manner.		
11 Use monitoring for reflection, learning and change.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Apply a human rights framework through mental health and psychosocial support.</b>		
12 Advocate for compliance with international human rights standards in all forms of mental health and psychosocial support in emergencies.		
13 Implement mental health and psychosocial supports that promote and protect human rights.		
14 Include a focus on human rights and protection in the training of all relevant workers.		
15 Establish – within the context of humanitarian and pre-existing services – mechanisms for the monitoring and reporting of abuse and exploitation.		
16 Advocate and provide specific advice to states on bringing relevant national legislation, policies and programmes into line with international standards and on enhancing compliance with these standards by government bodies (institutions, police, army, etc.).		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Identify, monitor, prevent and respond to protection threats and failures through social protection.</b>		
17 Learn from specialised protection assessments whether, when and how to collect information on protection threats.		
18 Conduct a multi-sectoral participatory assessment of protection threats and capacities.		
19 Activate or establish social protection mechanisms, building local protection capacities where needed.		
20 Monitor protection threats, sharing information with relevant agencies and protection stakeholders.		

**Suggested scoring**

4=Fully achieved (100%)

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## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
21 Respond to protection threats by taking appropriate, community-guided action.		
22 Prevent protection threats through a combination of programming and advocacy.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Identify, monitor, prevent and respond to protection threats and abuses through legal protection.</b>		
23 Identify the main protection threats and the status of existing protection mechanisms, especially for people at heightened risk.		
24 Increase affected people's awareness of their legal rights and their ability to assert these rights in the safest possible way, using culturally appropriate communication methods.		
25 Support mechanisms for monitoring, reporting and acting on violations of legal standards.		
26 Advocate for compliance with international law, and with national and customary laws consistent with international standards.		
27 Implement legal protection in a manner that promotes psychosocial well-being, dignity and respect.		
28 Provide psychosocial support and legal protection services in a complementary fashion.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Identify and recruit staff and engage volunteers who understand local culture.</b>		
29 Designate knowledgeable and accountable personnel to undertake recruitment.		
30 Apply recruitment and selection principles. The selection process must be fair, transparent and consistent to ensure that the most appropriate and capable personnel are appointed.		
31 Balance gender in the recruitment process and include representatives of key cultural and ethnic groups.		
32 Establish terms and conditions for volunteer work.		
33 Check references and professional qualifications when recruiting national and international staff, including short-term consultants, translators, interns and volunteers.		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

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very limited  
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**0=No  
progress  
(0%)**

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judge**

## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
34 Aim to hire staff who have knowledge of, and insight into, the local culture and appropriate modes of behaviour.		
35 Carefully evaluate offers of help from individual (non-affiliated) foreign mental health professionals.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Enforce staff codes of conduct and ethical guidelines.</b>		
36 Establish within each organisation a code of conduct that embodies widely accepted standards of conduct for humanitarian workers.		
37 Inform and regularly remind all humanitarian workers, both current and newly recruited workers, about the agreed minimum required standards of behaviour, based on explicit codes of conduct and ethical guidelines.		
38 Establish an agreed inter-agency mechanism (e.g. Focal Point Network proposed by the United Nations Secretary-General) to ensure compliance beyond simply having a code of conduct.		
39 Establish accessible, safe and trusted complaints mechanisms.		
40 Inform communities about the standards and ethical guidelines, and of how and to whom they can raise concerns confidentially.		
41 Ensure that all staff understand that they must report all concerns as soon as they are raised.		
42 Use investigation protocols that comply with an agreed standard, such as the IASC Model Complaints and Investigations Procedures.		
43 Take appropriate disciplinary action against staff for confirmed violations of the code of conduct or ethical guidelines.		
44 Establish an agreed response in cases in which the alleged behaviour constitutes a criminal act in either the host country or the home country of the alleged perpetrator.		
45 Maintain written records of workers who have been found to have violated codes of conduct, to increase the effectiveness of subsequent referral/recruitment checks.		
<b>SUB-TOTAL</b>		

Suggested  
scoring

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
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progress  
(0%)

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judge

## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Organise orientation and training of aid workers in mental health and psychosocial support.</b>		
46 Prepare a strategic, comprehensive, timely and realistic plan for training.		
47 Select competent, motivated trainers.		
48 Utilise learning methodologies that facilitate the immediate and practical application of learning.		
49 Match trainees' learning needs with appropriate modes of learning.		
50 Prepare orientation and training seminar content directly related to the expected emergency response.		
51 Consider establishing Training of Trainers (ToT) programmes to prepare trainers prior to training.		
52 After any training, establish a follow-up system for monitoring, support, feedback and supervision of all trainees, as appropriate to the situation.		
53 Document and evaluate orientation and training to identify lessons learned, to be shared with partners and to enhance future responses.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers.</b>		
54 Ensure the availability of a concrete plan to protect and promote staff well-being for the specific emergency.		
55 Prepare staff for their jobs and for the emergency context.		
56 Facilitate a healthy working environment.		
57 Address potential work-related stressors.		
58 Ensure access to health care and psychosocial support for staff.		
59 Provide support to staff who have experienced or witnessed extreme events (critical incidents, potentially traumatic events).		
60 Make support available after the mission/employment.		
<b>SUB-TOTAL</b>		

**Suggested scoring**

4=Fully achieved (100%)

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## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors.</b>		
61 Coordinate efforts to mobilise communities.		
62 Assess the political, social and security environment at the earliest possible stage.		
63 Talk with a variety of key informants and formal and informal groups, learning how local people are organising and how different agencies can participate in the relief effort.		
64 Facilitate the participation of marginalised people.		
65 Establish safe and sufficient spaces early on to support planning discussions and the dissemination of information.		
66 Promote community mobilisation processes.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Facilitate community self-help and social support.</b>		
67 Identify human resources in the local community.		
68 Facilitate the process of community identification of priority actions through participatory rural appraisal and other participatory methods.		
69 Support community initiatives, actively encouraging those that promote family and community support for all emergency-affected community members, including people at greatest risk.		
70 Encourage and support additional activities that promote family and community support for all emergency-affected community members and, specifically, for people at greatest risk.		
71 Provide short, participatory training sessions where appropriate, coupled with follow-up support.		
72 When necessary, advocate within the community and beyond on behalf of marginalised and at-risk people.		
<b>SUB-TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
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**1=Achieved to a  
very limited  
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progress  
(0%)**

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judge**

## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices.</b>		
73 Approach local religious and spiritual leaders and other cultural guides to learn their views on how people have been affected and on practices that would support the affected population.		
74 Exercise ethical sensitivity.		
75 Learn about cultural, religious and spiritual supports and coping mechanisms.		
76 Disseminate the information collected among humanitarian actors at sector and coordination meetings.		
77 Facilitate conditions for appropriate healing practices.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Facilitate support for young children (0–8 years) and their care-givers.</b>		
78 Keep children with their mothers, fathers, family or other familiar care-givers.		
79 Promote the continuation of breastfeeding.		
80 Facilitate play, nurturing care and social support.		
81 Care for care-givers.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Include specific psychological and social considerations in provision of general health care.</b>		
82 Include specific social considerations in providing general health care.		
83 Provide birth and death certificates (if needed).		
84 Facilitate referral to key resources outside the health system.		
85 Orient general health staff and mental health staff in psychological components of emergency health care.		
86 Make available psychological support for survivors of extreme stressors (also known as traumatic stressors).		
87 Collect data on mental health in PHC settings.		
<b>SUB-TOTAL</b>		

**Suggested scoring**

4=Fully achieved (100%)

3=Largely achieved (75%)

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## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Provide access to care for people with severe mental disorders.</b>		
88 Determine what assessments have been done and what information is available.		
89 Ensure adequate supplies of essential psychiatric drugs in all emergency drug kits.		
90 Enable at least one member of the emergency PHC team to provide frontline mental health care.		
91 Train and supervise available PHC staff in the frontline care of severe mental disorder.		
92 Avoid overburdening PHC workers with multiple, different training sessions.		
93 Establish mental health care at additional, logical points of access.		
94 Try to avoid the creation of parallel mental health services focused on specific diagnoses (e.g. PTSD) or on narrow groups (e.g. widows).		
95 Inform the population about the availability of mental health care.		
96 Work with local community structures, to discover, visit and assist people with severe mental disorders.		
97 Be involved in all inter-agency coordination on mental health.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions.</b>		
98 Ensure that at least one agency involved in health care accepts responsibility for ongoing care and protection of people in institutions.		
99 If staff have abandoned psychiatric institutions, mobilise human resources from the community and the health system to care for people with severe mental disorders who have been abandoned.		
100 Protect the lives and dignity of people living in psychiatric institutions.		
101 Enable basic health and mental health care throughout the emergency.		
<b>SUB-TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Learn about and, where appropriate, collaborate with local, indigenous and traditional healing systems.</b>		
102 Assess and map the provision of care.		
103 Learn about national policy regarding traditional healers.		
104 Establish rapport with identified healers.		
105 Encourage the participation of local healers in information sharing and training sessions.		
106 If possible, set up collaborative services.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Minimise harm related to alcohol and other substance use.</b>		
107 Conduct a rapid assessment.		
108 Prevent harmful alcohol and other substance use and dependence.		
109 Facilitate harm reduction interventions in the community.		
110 Manage withdrawal and other acute problems.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Strengthen access to safe and supportive education.</b>		
111 Promote safe learning environments.		
112 Make formal and non-formal education more supportive and relevant.		
113 Strengthen access to education for all.		
114 Prepare and encourage educators to support learners' psychosocial well-being.		
115 Strengthen the capacity of the education system to support learners experiencing psychosocial and mental health difficulties.		
<b>SUB-TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Provide information to the affected population on the emergency, relief efforts and their legal rights.</b>		
116 Facilitate the formation of an information and communication team.		
117 Assess the situation regularly and identify key information gaps and key information for dissemination.		
118 Develop a communication and campaign plan.		
119 Create channels to access and disseminate credible information to the affected population.		
120 Ensure coordination between communication personnel working in different agencies.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Provide access to information about positive coping methods.</b>		
121 Determine what information on positive coping methods is already available among the disaster-affected population.		
122 If no information on positive coping methods is currently available, develop information on positive, culturally appropriate coping methods for use among the disaster-affected population.		
123 Adapt the information to address the specific needs of sub-groups of the population as appropriate.		
124 Develop and implement a strategy for effective dissemination of information.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support.</b>		
125 Assess psychosocial factors related to food security, nutrition and food aid.		
126 Maximise participation in the planning, distribution and follow-up of food aid.		
127 Maximise security and protection in the implementation of food aid.		
128 Implement food aid in a culturally appropriate manner that protects the identity, integrity and dignity of primary stakeholders.		
129 Collaborate with health facilities and other support structures for referral.		
<b>SUB-TOTAL</b>		

**Suggested scoring**

4=Fully achieved (100%)

3=Largely achieved (75%)

2=Partially achieved (50%)

1=Achieved to a very limited extent (25%)

0=No progress (0%)

X=Too early/unable to judge

## 25 Psychosocial Support

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner.</b>		
130 Use a participatory approach that engages women and people at risk in assessment, planning and implementation.		
131 Select sites that protect security and minimise conflict with permanent residents.		
132 Include communal safe spaces in site design and implementation.		
133 Develop and use an effective system of documentation and registration.		
134 Distribute shelter and allocate land in a non-discriminatory manner.		
135 Maximise privacy, ease of movement and social support.		
136 Balance flexibility and protection in organising shelter and site arrangements.		
137 Avoid creating a culture of dependency among displaced people and promote durable solutions.		
<b>SUB-TOTAL</b>		

KEY ACTIONS	SCORE	ACTION REQUIRED
<b>Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation.</b>		
138 Include social and cultural issues in water and sanitation and hygiene promotion assessments.		
139 Enable participation in assessment, planning and implementation, especially engaging women and other people at risk.		
140 Promote safety and protection in all water and sanitation activities.		
141 Prevent and manage conflict in a constructive manner.		
142 Promote personal and community hygiene.		
143 Facilitate community monitoring of, and feedback on, water and sanitation facilities.		
<b>SUB-TOTAL</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 25 Psychosocial Support

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Establish coordination of intersectoral mental health and psychosocial support		16
Conduct assessments of mental health and psychosocial issues		16
Initiate participatory systems for monitoring and evaluation		12
Apply a human rights framework through mental health and psychosocial support		20
Identify, monitor, prevent and respond to protection threats and failures through social protection		24
Identify, monitor, prevent and respond to protection threats and abuses through legal protection		24
Identify and recruit staff and engage volunteers who understand local culture		28
Enforce staff codes of conduct and ethical guidelines		40
Organise orientation and training of aid workers in mental health and psychosocial support		32
Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers		28
Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors		24
Facilitate community self-help and social support		24
Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices		20
Facilitate support for young children (0–8 years) and their care-givers		16
Include specific psychological and social considerations in provision of general health care		24
Provide access to care for people with severe mental disorders		40
Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions		16
Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems		20
Minimise harm related to alcohol and other substance use		16
Strengthen access to safe and supportive education		20
Provide information to the affected population on the emergency, relief efforts and their legal rights		20

**Suggested scoring**

4=Fully achieved (100%)

3=Largely achieved (75%)

2=Partially achieved (50%)

1=Achieved to a very limited extent (25%)

0=No progress (0%)

X=Too early/unable to judge

## 25 Psychosocial Support

Summary Scores	Your score	Maximum
Provide access to information about positive coping methods		16
Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support		20
Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner		32
Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation		24
<b>Overall score</b>		<b>572</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (572) and multiply by 100.

Overall assessment and notes on action to be taken

## 26 Logistics

<b>Type</b>	Logistics
<b>Purpose</b>	The purpose of this template is to provide a tool to monitor good practice in logistics when responding to a humanitarian crisis. This checklist is based on a spreadsheet believed to originate with the ICRC.
<b>Background</b>	The spreadsheet used does not provide any user instructions.
<b>Template</b>	<p>The spreadsheet identifies three distinct sections for logistics: warehousing, transportation, and procurement. Within each area there are a number of sub-sections; these are listed below.</p> <ul style="list-style-type: none"> <li>Warehousing – Staffing</li> <li>Warehousing – Receipt System</li> <li>Warehousing – Storing System</li> <li>Warehousing – Despatch System</li> <li>Warehousing – Reporting System</li> <li>Warehousing – Total Score</li> <li>Transportation – Staffing</li> <li>Transportation – Fleet state and control</li> <li>Transportation – Vehicle Documents</li> <li>Transportation – Staff Documents</li> <li>Transportation – Fuel</li> <li>Transportation – Maintenance</li> <li>Transportation – Reporting</li> <li>Transportation – Total Score</li> <li>Procurement – Staffing</li> <li>Procurement – Documents</li> <li>Procurement – Authority</li> <li>Procurement – Reporting</li> <li>Procurement – Total Score</li> </ul> <p>In the template each section is accompanied by a set of numbered indicators. The template provides the user with the option of rating the extent to which their organisation is meeting the requirements of the indicator. A suggested rating system is provided at the bottom of the table. Organisations are free to choose alternative rating systems if they prefer. Remember the template is your servant, not your master. A further column allows the user to identify action that would be required to address any shortcomings.</p> <p>At the end of each sub-section the user can total up their ratings to obtain a total rating for that sub-section. These figures can then be transferred to the summary report at the end of the template.</p>

## 26 Logistics

**Comments** Where medicines are concerned, partners are encouraged to refer to the specific requirements as set out in the DG ECHO-financed “Review of Quality Assurance Mechanisms for Medicines and Medical Supplies in Humanitarian Aid”. The detailed requirements are specified in the Guidelines section of the report. The report is available from the DG ECHO website: [http://ec.europa.eu/echo/evaluation/thematic\\_en.htm](http://ec.europa.eu/echo/evaluation/thematic_en.htm)

**References** Spreadsheet believed to originate with ICRC. No specific source document is available.

<b>Organisation</b>	
<b>Project Title</b>	
<b>Monitoring Template</b>	Psychosocial Support
<b>Monitoring Date</b>	
<b>Name</b>	

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>WAREHOUSING</b>		
<b>WAREHOUSING – STAFFING</b>		
1 Is staff number reasonable and staff suitable for positions?		
2 Is knowledge and training at adequate level?		
<b>TOTAL SCORE FOR STAFFING</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>WAREHOUSING – RECEIPT SYSTEM</b>		
3 Are test checks carried out and recorded on receipt of goods?		
4 Are incoming waybills checked and filed correctly?		
5 Are Goods Receipt Notes used?		
6 Are bin cards issued and filled correctly, recording all info?		
7 Are stock cards updated and filled correctly, recording all info?		
8 Is off loading adequately supervised and accountable?		
9 Is a floor plan used and goods stacked according to reference and donor?		
<b>TOTAL SCORE FOR RECEIPT SYSTEM</b>		

**Suggested  
scoring**

4=Fully  
achieved  
(100%)

3=Largely  
achieved  
(75%)

2=Partially  
achieved  
(50%)

1=Achieved to a  
very limited  
extent (25%)

0=No  
progress  
(0%)

X=Too  
early/unable to  
judge

## 26 Logistics

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>WAREHOUSING – STORING SYSTEM</b>		
10 Are physical stock checks carried out + reported on a regular basis?		
11 Are stores inspections carried out weekly?		
12 Are goods stored correctly (mixing goods, pallets, stacking, etc.)?		
13 Are only authorised personnel allowed into the warehouse?		
14 Are stores, pallets and tools clean and in good condition?		
15 Is asset register for warehouse up to date?		
16 Are key holders nominated and key security rules in place?		
17 Is an official stamp and signature list in use and secure?		
<b>TOTAL SCORE FOR STORING SYSTEM</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>WAREHOUSING – DESPATCH SYSTEM</b>		
18 Are requisitions used and authorised to release items?		
19 Is stock properly rotated?		
20 Is loading adequately supervised and accountable?		
21 Are waybills used and filled correctly?		
22 Are gate passes used or other security systems implemented?		
23 Are losses accounted for and filed correctly?		
<b>TOTAL SCORE FOR DESPATCH SYSTEM</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>WAREHOUSING – REPORTING SYSTEM</b>		
24 Are weekly and monthly stock reports produced on time?		
25 Are the reports according to an agreed format?		
26 Are reports distributed to the correct locations?		
27 Is a plan used to show stock position and updated?		
<b>TOTAL SCORE FOR REPORTING SYSTEM</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 26 Logistics

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>TRANSPORTATION</b>		
<b>TRANSPORTATION – STAFFING</b>		
28 Are staff number reasonable and staff suitable for positions?		
29 Is knowledge and training at adequate level?		
<b>TOTAL SCORE FOR STAFFING</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>TRANSPORTATION – FLEET STATE AND CONTROL</b>		
30 Is allocation for operation correct and vehicle type applicable?		
31 Is all private use authorised (if applicable)?		
32 Is all private use charged (if applicable)?		
33 Is a pool system used and is despatching controlled and effective?		
34 Are vehicles clean and tidy with correct markings and roadworthy?		
35 Do all vehicles carry correct tools and first Aid Kits?		
36 Are journeys correctly authorised?		
37 Security: Are speed limits rules set and followed?		
38 Security: Are seat belt rules set and followed?		
39 Is a key system with security measures in place and adhered to?		
<b>TOTAL SCORE FOR FLEET STATE &amp; CONTROL</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>TRANSPORTATION – VEHICLE DOCUMENTS</b>		
40 Do all vehicles have vehicles files?		
41 Do all vehicles have up to date insurance and registration?		
42 Do all vehicles carry up date and correctly filled log books?		
<b>TOTAL SCORE FOR VEHICLE DOCUMENTS</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 26 Logistics

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>TRANSPORTATION – STAFF DOCUMENTS</b>		
43 Do all drivers have files with correct up to date info?		
44 Have drivers been tested and is this recorded?		
45 Are drivers licences carried and valid for vehicles they are driving?		
46 Have drivers signed standard rules and regulations?		
47 Are drivers personal details and disciplinary record on file?		
<b>TOTAL SCORE FOR STAFF DOCUMENTS</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>TRANSPORTATION – FUEL</b>		
48 Are fuel issues and receipt documents used and authorised?		
49 Are fuel purchase order's checked against delivery note & invoice?		
50 Are fuel receipts recorded in the vehicle log book?		
51 Are all fuel records reconciled at least on monthly basis?		
<b>TOTAL SCORE FOR FUEL</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>TRANSPORTATION – MAINTENANCE</b>		
52 Are maintenance records up to date in vehicles files?		
53 Are major and minor services carried-out and strictly adhered to?		
54 Are repairs and services authorised according to standard levels?		
55 Are standard drivers daily checks in place and used?		
56 Are faults reported and these reports acted on immediately?		
<b>TOTAL SCORE FOR MAINTENANCE</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>TRANSPORTATION – REPORTING</b>		
57 Is TMS (transportation management system) installed and up to date?		
58 Are TMS reports made on a regular basis?		
59 Are these reports accurate?		
60 Is action taken against warning indicators?		
61 Are reports submitted to relevant locations?		
<b>TOTAL SCORE FOR REPORTING</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 26 Logistics

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>PROCUREMENT</b>		
<b>PROCUREMENT – STAFFING</b>		
62 Are number of staff reasonable and are staff suitable for positions?		
63 Is knowledge and training at adequate level?		
<b>TOTAL SCORE FOR STAFFING</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>PROCUREMENT – DOCUMENTS</b>		
64 Are procurement requisitions used, filled in and coded correctly?		
65 Are procurement requisitions authorised correctly?		
66 Is each requisition recorded and a file opened?		
67 Is a detailed request for quotation used when applicable?		
68 Are correct documents requested from suppliers when needed?		
69 Are at least three quotes obtained where applicable?		
70 Is competitive quotations process conducted fairly?		
71 Are purchases authorised correctly?		
72 Is inspection of samples undertaken when appropriate?		
73 Are Purchase Orders used, filled in and coded correctly?		
74 Are Purchase Orders authorised correctly?		
75 Is inspection on delivery correctly done when appropriate?		
76 Are Goods Receipt Notes used to confirm receipt of goods from supplier?		
77 Are Delivery Notes used to confirm delivery?		
78 Are invoices coded, checked and authorised correctly?		
79 Are files closed and retained for audit?		
80 Is a suppliers file kept and regularly updated?		
81 Are standard goods lists and prices in use, checked with HQ?		
<b>TOTAL SCORE FOR DOCUMENTS</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 26 Logistics

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>PROCUREMENT – AUTHORITY</b>		
82 Are authorisation limits clearly set and disseminated among staff?		
83 Is there an official stamp and is it secure?		
84 Are authority signatures recorded for cross reference?		
<b>TOTAL SCORE FOR AUTHORITY</b>		

PERFORMANCE INDICATORS	SCORE	ACTION REQUIRED
<b>PROCUREMENT – REPORTING</b>		
85 Are reports on requisition status produced on a regular basis?		
86 Are these passed to clients/Departments?		
<b>TOTAL SCORE FOR REPORTING</b>		

**Suggested  
scoring**

**4=Fully  
achieved  
(100%)**

**3=Largely  
achieved  
(75%)**

**2=Partially  
achieved  
(50%)**

**1=Achieved to a  
very limited  
extent (25%)**

**0=No  
progress  
(0%)**

**X=Too  
early/unable to  
judge**

## 26 Logistics

### Interpretation of results

Transfer your scores from the different sectors onto the summary table below and calculate your total overall score.

Summary Scores	Your score	Maximum
Warehousing – Staffing		8
Warehousing – Receipt System		28
Warehousing – Storing System		32
Warehousing – Despatch System		24
Warehousing – Reporting System		16
<b>WAREHOUSING – TOTAL SCORE</b>		<b>108</b>
Transportation – Staffing		8
Transportation – Fleet state and control		40
Transportation – Vehicle Documents		12
Transportation – Staff Documents		20
Transportation – Fuel		16
Transportation – Maintenance		20
Transportation – Reporting		20
<b>TRANSPORTATION – TOTAL SCORE</b>		<b>136</b>
Procurement – Staffing		8
Procurement – Documents		72
Procurement – Authority		12
Procurement – Reporting		8
<b>PROCUREMENT – TOTAL SCORE</b>		<b>100</b>
<b>WAREHOUSING + TRANSPORTATION + PROCUREMENT</b>		<b>344</b>
<b>Overall score as a percentage</b>		<b>100</b>

Note: To calculate the overall score as a percentage, divide your total score by the maximum available (344) and multiply by 100.

Overall assessment and notes on action to be taken

## 27 Livestock

The Livestock Emergency Guidelines and Standards (LEGS) were being developed at the time of this review. They provide detailed guidelines and standards for those working in a livestock context. These guidelines and standards are relatively extensive and are therefore not included here. However a short summary of the work is provided and interested users can contact the LEGS coordinator for the full document.

*The Livestock Emergency Guidelines and Standards (LEGS) are being developed as a set of international guidelines and standards for the design, implementation and assessment of livestock interventions to assist people affected by humanitarian crises.*

*The LEGS process:*

- ▲ *grew out of recognition that livestock are a crucial livelihoods asset for people throughout the world, and livestock interventions are often a feature of relief responses. Yet to date, there are no widely-available guidelines to assist donors, programme managers or technical experts in the design or implementation of livestock interventions in disasters;*
- ▲ *recognises that climatic trends are causing more frequent and varied humanitarian crises, particularly affecting communities who rely heavily on livestock;*
- ▲ *mirrors the process for developing the Humanitarian Charter and Minimum Standards in Disaster Response - the Sphere Project. The process is based on multi-agency contributions, broad reviews and collation of practitioner experience; and*
- ▲ *will result in an independent publication available as hard copy and CD-ROM. Soft copies will also be available on this website. LEGS will also run a series of awareness-raising and training events to promote the use and future revision of the standards and guidelines.*

*The chapters for the LEGS handbook are as follows:*

*Chapter 1: Identifying Livelihoods-Based Livestock Responses in Emergencies*

*Chapter 2: Minimum Standards Common to All Livestock Interventions*

*Chapter 3: Minimum Standards for Destocking*

*Chapter 4: Minimum Standards for Veterinary Services*

*Chapter 5: Minimum Standards for Ensuring Supplies of Feed Resources*

*Chapter 6: Minimum Standards for the Provision of Water*

*Chapter 8: Minimum Standards for the Provision of Livestock*

Further details about LEGS are available from the coordinator.

Web: <http://www.livestock-emergency.net/>

E-mail: [coordinator@livestock-emergency.net](mailto:coordinator@livestock-emergency.net)



The Evaluation Partnership 



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[http://ec.europa.eu/echo/index\\_en.htm](http://ec.europa.eu/echo/index_en.htm)

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