

TOOL FOR GENDER-RESPONSIVE SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH PROGRAMMING IN HUMANITARIAN SETTINGS

Humanitarian crises impact on the sexual, reproductive, maternal, new-born, child and adolescent health (SRMNCAH) of women, girls, men and boys differently. Social upheaval increases women's risk of gender-based violence (GBV), unwanted pregnancy and sexually transmitted infections (STIs), including HIV, particularly for adolescent girls and young women. Access to health services may be suspended and the quality of care may decline during humanitarian crises. This can limit the use of family planning and maternal, new-born, child adolescent health services and may lead to an increase in the number of unsafe abortions, leading to maternal death, and a rise in maternal and child illness and death in general. At the same time, women are often the first responders to a crisis, and they play a central role in the survival and resilience of families and communities.

Instructions

This tool will help you to analyse the extent to which gender is integrated during different phases of SRMNCAH programming in humanitarian settings. To use the checklist, respond to all criteria in each programme phase. If the programme meets the criteria, tick 'Y' for yes. If it does not meet the criteria, tick 'N' for

To ensure effective and equitable delivery of SRMNCAH information and services during humanitarian crises, gender must be integrated from the very beginning and at every stage of the SRMNCAH programme. Gender integration involves understanding the different social contexts, specific needs and SRMNCAH priorities of women, girls, men and boys, so that programming can support their equal access to health information and gender-responsive, respectful care. The way in which SRMNCAH activities are planned, implemented and monitored during a humanitarian crisis can also contribute to strengthened gender equality in terms of women's decision-making and leadership.

no. If it partially meets the criteria, tick 'P' for partially. For any additional comments, clarifications or notes, use the 'Comment/notes' column. Review the findings with the SRMNCAH programme managers, gender specialists and women's organizations and determine what improvements should be made.

Phase	Criteria	Y	N	P	Comments/ Notes
SECTION 1: PROGRAMME DESIGN AND DEVELOPMENT					
NEEDS ASSESSMENT	Are findings of gender analyses of SRMNCAH conducted before the humanitarian crisis incorporated into the assessment?				
	Are women and girls engaged in identifying SRMNCAH needs during the crisis, including those often marginalized (e.g. adolescent girls, women with disabilities, women living with HIV, indigenous women)?				
	Are changes in gender norms, GBV and women’s decision-making during the crisis analysed, including their impact on women’s and girls’ SRMNCAH?				
	Are the SRMNCAH needs of women, girls, men and boys during the crisis analysed, including the needs of those who are often marginalized?				
	Is access to SRMNCAH information and services by women, girls, men and boys during the crisis analysed, including that of those who are often marginalized?				
	Is the quality of SRMNCAH services delivered to women, girls, men and boys in the humanitarian setting analysed, including that of services for those experiencing GBV?				
SCOPE AND APPROACH	Are the findings of the needs assessment used to determine the scope for gender-strengthening activities during the humanitarian crisis?				
	Are women’s rights organizations and inter-agency gender working groups engaged in providing insight into existing interventions to strengthen gender equality in SRMNCAH programming in the humanitarian setting?				
	Are opportunities for coordinating SRMNCAH programming among existing organizations working on gender equality identified?				
	Are gender-responsive SRMNCAH activities coordinated with other sectors’ strategies where possible (e.g. other health, nutrition, education, economic development strategies)?				
	Is there a crisis recovery plan that envisages how strategies and activities to strengthen gender-responsive SRMNCAH programming will be adapted over time?				

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THEORY OF CHANGE	Does the SRMNCAH programme in the humanitarian setting identify specific gender objectives?				
	Are the SRMNCAH programme's strategies and activities to strengthen gender-responsive services and increase gender equality evidence based and feasible?				
	Are the expected short-term outcomes and long-term impacts of the SRMNCAH programme on women and girls realistic?				
	Is there a logical link between gender-specific SRMNCAH needs, programme objectives and activities, and expected outcomes?				
	Are necessary inputs for gender-responsive SRMNCAH programming identified, including gender capacity of humanitarian programme staff and partnerships with women's organizations?				
	Are gender indicators for SRMNCAH programming identified to measure changes for women, girls, men and boys?				
PROGRAMME DESIGN	Are women and girls engaged in programme design, including those who are often marginalized (e.g. adolescent girls, women with disabilities, women living with HIV, indigenous women)?				
	Does the design consider how to strengthen the leadership of women in SRMNCAH planning and programme implementation in humanitarian settings?				
	Does the design ensure equitable availability and access to SRMNCAH information and services in the humanitarian setting?				
	Are strategies to inform women, girls, men and boys of how, when and where to access SRMNCAH services identified?				
	Are possible movement constraints on women and girls' access to SRMNCAH services in humanitarian settings addressed?				
	Does the design ensure the quality of SRMNCAH services and gender-responsive and respectful care, including that of services for people experiencing GBV?				
	Does the design incorporate activities to address evolving gender norms and roles, including around decision-making for SRMNCAH and addressing GBV?				
	Are humanitarian conventions/laws and local laws considered during the programme design?				
RESOURCE MOBILIZATION/ BUDGET	Does the humanitarian response dedicate funding for gender-responsive SRMNCAH interventions?				
	Is the budget for gender-responsive SRMNCAH interventions in the humanitarian response sufficient?				
	Is a gender marker applied in the SRMNCAH budget to track funding for activities that strengthen gender equality?				
	Are there strategies developed to mobilize/sustain resources for gender equality-related SRMNCAH activities?				

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SECTION 2 : IMPLEMENTATION AND MONITORING					
STAKEHOLDERS	Are women and girls, including those who are often marginalized (e.g. adolescent girls, women with disabilities, women living with HIV, indigenous women), engaged in implementing and monitoring SRMNCAH activities?				
	Are SRMNCAH programme managers, health service providers and community members engaged in strengthening gender-responsive SRMNCAH information and services?				
	Have all humanitarian programme staff received training on gender considerations in SRMNCAH?				
	Is there coordination with other humanitarian actors to ensure that gender-related SRMNCAH considerations are included across all sectors?				
IMPLEMENTATION	Are activities to strengthen gender-responsive SRMNCAH information and services implemented as planned?				
	Are confidential feedback and complaint mechanisms in place to ensure that the perspectives and priorities of women and girls regarding SRMNCAH services and programming are heard?				
	Is potential pushback on strategies and activities to strengthen gender equality anticipated, identified and addressed?				
	Are minimum requirements for SRMNCAH service delivery in humanitarian contexts identified and followed?				
	Are SRMNCAH budget gender markers consistently applied to track expenditures that contribute to gender equality?				
MONITORING AND EVALUATION (M&E)	Are SRMNCAH indicators disaggregated by sex, age and disability status, and are indicators specific to gender activities analysed and used to improve programming?				
	Are women and girls regularly consulted and engaged in observation/ spot checks of SRMNCAH services to identify potential problems or negative effects early?				
	Does the evaluation assess how the programme meets the SRMNCAH needs of women, girls, men and boys?				
	Does the evaluation measure how women and girls were engaged in SRMNCAH programme needs assessment, programme design, implementation and monitoring?				
	Does the evaluation measure how the programme strengthened gender equality, including the extent to which it transformed gender norms and increased women's leadership?				

Phase	Criteria	Y	N	P	Comments/ Notes
SECTION 3 : PROGRAMME SCALE-UP AND NEXT STEPS					
DISSEMINATION OF RESULTS	Is the performance of sex-disaggregated indicators and indicators for specific gender activities analysed against expected programme outcomes and reported?				
	Are both successful and less successful strategies and interventions documented to support learning on gender-responsive SRMNCAH programming in humanitarian settings?				
	Are programme innovations and best practices documented to support the scale-up of effective gender-responsive SRMNCAH programming in humanitarian settings?				
ADVOCACY	Are programme results being used to advocate for human rights-based and gender-responsive SRMNCAH programming in humanitarian settings?				
	Are programme results being used to advocate for increased leadership of women in the humanitarian response?				
	Are humanitarian actors engaged in advocating for increased, more flexible and sustainable donor funding for gender-responsive SRMNCAH programming within humanitarian settings?				
SCALE-UP AND INTEGRATION	Are the essential, scalable elements of impactful gender-responsive SRMNCAH programming in humanitarian settings identified and documented?				
	Are decision-makers and communities supporting the long-term need for gender-responsive SRMNCAH services?				
	Are women and girls positioned to lead the scale-up of gender-responsive SRMNCAH programming during the crisis and in the recovery phase?				
	Are impactful, gender-responsive SRMNCAH strategies and interventions being aligned across the humanitarian and development sectors to provide a continuum of care and ensure sustainability?				