

Quality Checklist – AAP, Disability, GBV risk mitigation and Localization for 2022 HNO including cluster specific needs overview

	UNICEF-led clusters/AoR's common approach to HNO	Indicators	Explanation of the indicators
1	<p>Work with local women's organizations, organizations of persons with disabilities and other local actors for needs assessment, needs analysis and validation of the findings to facilitate participation of boys, girls, women including persons with disabilities.</p>	<p>The opinions of affected populations i.e. children, women and persons with disabilities are reflected in the HNO¹.</p>	<ul style="list-style-type: none"> Assesses whether communities including different population groups i.e. children, women and persons with disabilities were engaged, and their voices were reflected in the analysis. Information from HH surveys such as MSNA alone are not counted. Assesses whether the perspective and knowledge of diverse groups of affected population, including children, women and persons with disabilities, have been taken into consideration into the needs analysis and identification. Assesses whether local actors were included in the needs identification. Where community engagement was not possible or weak at needs assessment stage, the limitation is articulated in the HNO as a gap to be addressed.
2	<p>Conduct a barrier analysis – identify key barriers that women, men girls and boys of different ages and disabilities face when they access/use services/goods and feedback mechanisms, in consultation with affected population.</p>	<p>Key risks and needs for persons with disabilities, girls, boys, and women, including diverse barriers they face to access humanitarian services and feedback mechanisms are outlined in the HNO incl. all clusters' needs overview.</p>	<ul style="list-style-type: none"> Clear analysis s presented of key risks factors, including GBV risks, of different population group by age, gender and disability. If risk factors are not known, this is articulated in the HNO as an information gap. Specific needs of girls, boys, women and persons with disabilities in the sector and the country are included. Key barriers faced by different population groups, including girls, boys, women and persons with disabilities to access to services, information and feedback mechanisms. Are included (AAAQ framework could be a good checklist to identify different types of barriers).
3	<p>Identify risks faced and different coping mechanisms used by women, men, girls and boys of different age and disabilities, to understand the diverse impact of and capacities to cope with the shock.</p>	<p>The HNO clearly describes who among target populations present the most severe humanitarian consequences and needs</p> <p>HNO reports on existing capacities and coping mechanisms of different population groups by age, gender and disability.</p>	<ul style="list-style-type: none"> Instead of a listing children, women and person with disabilities as general vulnerable categories, an analysis of underlying causal factors that create vulnerability in the setting and the sector is presented. An analysis of how the crisis differently impacts diverse population groups is presented, including by age, gender and disability at a minimum. Target population is disaggregated by age, gender and disability at minimum The capacities and coping mechanisms of different population groups, including children, women and persons with disabilities, are recognized.

	UNICEF-led clusters/AoR's common approach	Indicator	Explanation of the indicators
1	Response strategies which addresses identified barriers and protection risks including GBV to the services/facilities in consultation with boys, girls, women including those with disabilities are included. This could include a monitoring of safe access to and use of services/facilities/feedback mechanisms such as safety and inclusion audits.	<p>The HRP (cluster specific part) includes corresponding responses which address identified barriers and risks including GBV risks in the HNO.</p>	<ul style="list-style-type: none"> • Whether the HRP recognizes diversity among children, women and persons with disabilities and implications for the design of the response • Whether the identified risks and barriers of different population groups are addressed. If it was identified as an information gap, a response strategy to address the information gap is included. • Whether any strategies to address information and participation gaps of girls, boys, women and persons with disabilities are included. • Whether any response to measure satisfaction of services from different population groups i.e. boys, girls, women and persons with disabilities are included. • whether the response includes BOTH mainstreaming AND targeted interventions of cross-cutting issues. (e.g. specific response targeting persons with disability and making sure that all services are accessible by persons with disabilities)
		<p>The HRP includes specific needs of different population groups i.e. boys, girls, women and persons with disabilities.</p>	<ul style="list-style-type: none"> • Whether specific needs of different population groups i.e. children, women and persons with disabilities are reflected in the response strategies. • Whether the implications of different response modalities have been considered for persons with disabilities
2	Include strengthening the institutional capacity of local actors in the cluster response plan.	<p>The HRP (cluster specific part) includes a strategy to strengthen the institutional capacity of local actors.</p>	<ul style="list-style-type: none"> • Whether the Cluster response in the HRP includes an output on institutional capacity development of local actors in the • Articulate the importance of partnerships and co-implementation with local actors including faith based networks, community groups such as women groups, youth groups, disability groups and the academia in the response. • Highlight the importance of responsible partnering and duty of care, since local staff working at the forefront are highly likely to be exposed to the hazardous risks accompanied with the pandemic. • Clearly advocate for direct and flexible funding of local partners where possible.
3	The indicators use sex, age and disability disaggregated data and include at least one indicator related to access to	<p>There is at least one indicator related to access to services/facilities/feedback mechanisms disaggregate by age, sex and disabilities.</p>	<ul style="list-style-type: none"> • Whether the indicator includes to monitor the access of different population groups. • Whether SADDD are used to collect data.

	services/facilities by different population groups.	There are corresponding indicators to the response strategies that address barriers and risks of different population groups.	<ul style="list-style-type: none"> • Whether there is a corresponding indicator to the response strategies that address barriers, risks and information gaps (items 1) • Assess whether children, women & persons with disabilities have been considered in the design of feedback and complaints systems
--	---	--	---

UNICEF-led clusters/AoR's common approach to HNO- CVA		Indicators	Explanation of the indicators
1	Identify economic barriers that women, men, boys and girls face when accessing sector-specific goods and services (i.e. determine whether CVA can contribute to sectoral outcomes)	Economic barriers faced by affected populations when accessing sector-specific goods and services are reflected in the HNO	Nutrition-specific: <ul style="list-style-type: none"> • Assess to what extent the lack of purchasing power impacts households' abilities to access and prepare nutritious foods, access health services, safe water, improve hygiene conditions • Collaborate closely with other sectors in order to obtain a comprehensive understanding regarding economic barriers to adequate nutrition across the underlying determinants
2	Assess market capacity and functionality to provide sector-specific goods and services	Market capacity and functionality to provide sector-specific goods and services are reflected in the HNO	Nutrition-specific: <ul style="list-style-type: none"> • Assess whether a nutritious diet can be achieved using locally available foods • Assess (together with WASH sector) whether goods required for adequate WASH are available on the local markets • Assess whether transportation services are available to access health and nutrition services • Where sector-specific markets do not have sufficient capacity and functionality, the limitation is articulated in the HNO as a gap that needs to be addressed
3	In collaboration with other sectors and with the Cash Working Group, assess relevance and feasibility of implementing CVA where appropriate, in order to achieve sector-specific outcomes	Where appropriate, relevance and feasibility of implementing CVA in order to achieve sector-specific outcomes is reflected in the HRP	In collaboration with other sectors: <ul style="list-style-type: none"> • Assess whether there is a safe and reliable way to deliver cash or vouchers to targeted recipients • Assess the preferences of the targeted groups on assistance modality (cash, voucher, in-kind), on delivery modality, as well as whether there are protection and safety concerns related to CVA • Check national and local authorities' position on delivery of CVA to affected populations

4	Response strategies which address identified economic barriers to access to sector-relevant goods and services are included. This could include cash, vouchers, in-kind assistance or a combination of them.	The HRP (cluster specific part) includes CVA where appropriate	<ul style="list-style-type: none"> • Clarify whether CVA will be used to deliver planned programmes • Include information on evidence used to determine use of CVA (i.e. market functionality, financial barriers encountered when accessing nutritious food, WASH goods, transportation to reach health and nutrition services) • State the percentage of the response delivered by using CVA and number of people targeted with CVA • Include outcome-based, non-CVA specific indicators for the monitoring of sector-level objectives.
---	--	---	---

Resources for AAP, Disability, GBV and Localization inclusion into the HPC

- [Compendium of cross-cutting tools for the HPC process](#)

For more information:

- Contact the helpdesk of clusters/AoR
- Contact Masumi Yamashina myamashina@unicef.org and/or Ahmed Ghanem aghanem@unicef.org