



RAPID ASSESSMENT GUIDE FOR

Psychosocial Support and Violence Prevention in Emergencies and Recovery

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This assessment toolkit is based on, adapted from, and in some significant parts directly taken from the following two documents: Inter-Agency Standing Committee (2011), *Interagency emergency child protection assessment toolkit: Focus group discussion guide* and the Reproductive Health Response in Conflict Consortium (2004), *Gender-based Violence Tools Manual: For Assessment, Program Design, Monitoring and Evaluation in Conflict-Affected Settings*

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Psychosocial Support and Violence Prevention in Emergencies and Recovery

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. Together with our 189 member National Red Cross and Red Crescent Societies worldwide, we reach 97 million people annually through long-term services and development programmes as well as 85 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions. Guided by Strategy 2020 – our

collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to 'saving lives and changing minds'.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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Purpose of the Guide

This guide provides standards and directions on how to carry out rapid needs assessment for Psychosocial Support (PSS) and Violence Prevention (VP) initiatives including child protection and sexual and gender-based violence¹. In particular, this rapid assessment tool is designed to help gather data in an efficient and effective way to help inform integration of PSS and VP issues, as minimum standards, into the broader disaster management action plans in response to an emergency.

The content of this guide supplements and reinforces existing IFRC disaster assessment tools such as the *Operational Guidance: Initial Rapid Multi-sectoral Assessment; Vulnerability and Capacity Assessment (VCA); and Integrating Climate Change and Urban Risks into the VCA*.

Given that each emergency and context is unique, this guide is designed in parts that can be used in pieces or as a whole based on the discretion of the assessment team. The most important part addresses the perspectives of local communities – guidance is outlined for asking seven essential questions when time is limited and more detailed questions are available for situations where greater time is available.

Issues that are mainstreamed in this guide are: gender, diversity and child protection.

Purpose of the Needs Assessment

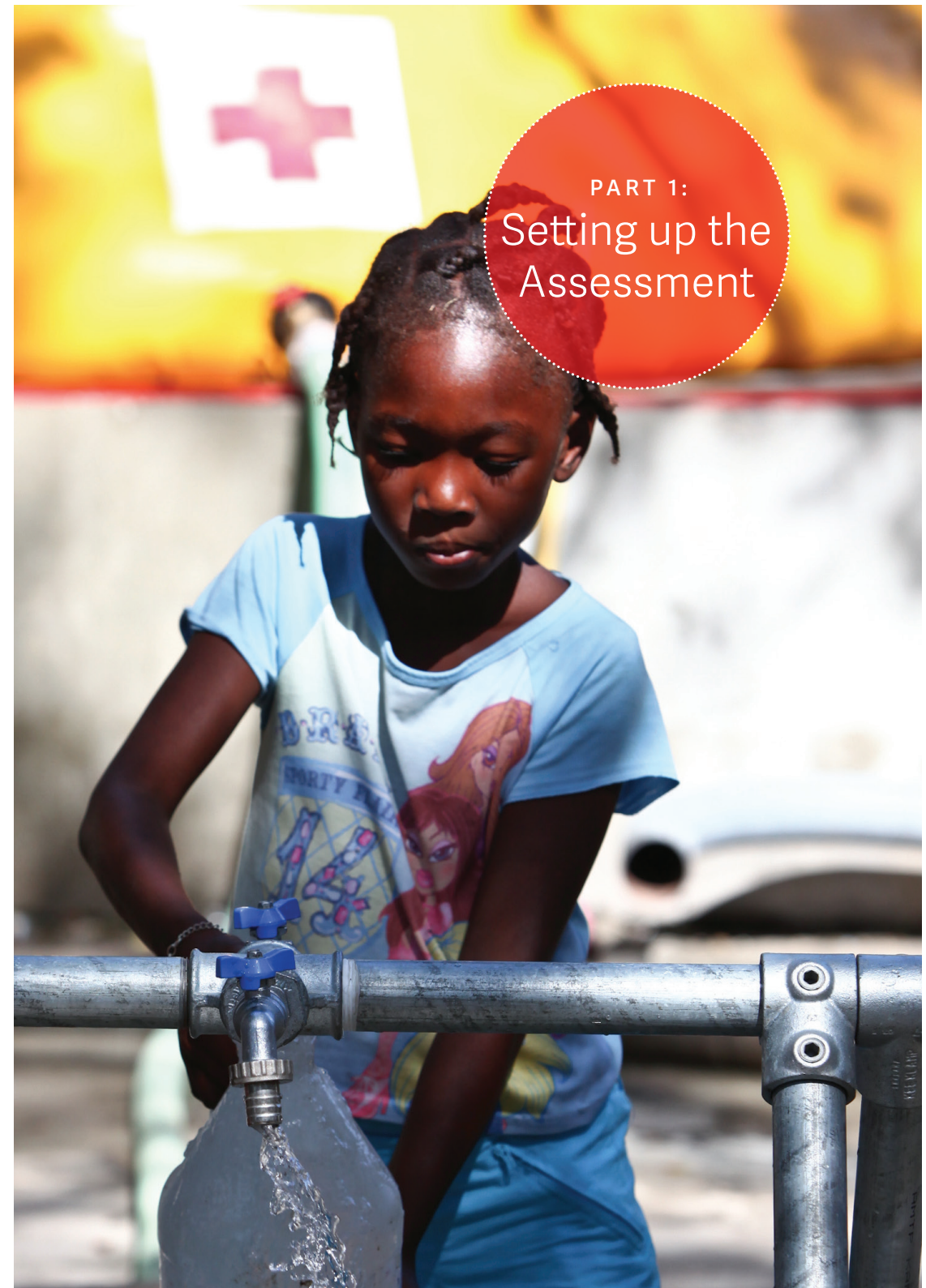
The needs assessment is carried out in order to be able to propose PSS and VP interventions by answering the following sets of questions:

- What are the **perspectives of beneficiaries of different genders, ages, abilities and backgrounds**, on psychosocial and violence issues?
- What is the **current situation/context** of psychosocial and violence issues in the community including capacities, needs, and the role of other agencies?
- What are the **traditional ways** of working with psychosocial and violence issues?
- What is the existing **interest and capacity of the National Society to** address psychosocial issues and violence prevention?
- If PSS and VP issues will be addressed, what **approaches are the most suitable** to address them?

Who this assessment tool is designed for

This assessment tool is for humanitarian responders and program managers.

¹ Violence is defined by the IFRC as: “the use of force or power, either as an action or omission in any setting, threatened, perceived or actual against oneself, another person, a group, a community that either results in or has a high likelihood of resulting in death, physical injury, psychological or emotional harm, mal-development or deprivation.”¹ This includes sexual and gender-based violence, exploitation and trafficking, domestic violence, child maltreatment, elder abuse, harassment, self-harm and suicide, etc.



Part 1: Setting up the Assessment

Standards

The following are Sphere humanitarian standardsⁱ for protection that are to be followed by everyone involved in an assessment. The standards are essential to meet the principle of Do No Harm.

Standard 1 – Avoid exposing people to further harm as a result of your interaction

Standard 2 – Ensure people’s access to impartial assistance

Standard 3 – Protect people from physical and psychological harm

Standard 4 – Assist people to claim their rights, access available resources and recover from the traumatic events

Ethical guidelines for conducting an assessmentⁱⁱ (do no harm)

1. **Informed consent:** All participants are expected to provide informed consent following standard and pre-agreed upon consent tools. Also interviewees can at any point refuse to answer a question.
2. **Systematic inquiry:** Assessors conduct systematic inquiries with an attitude of curiosity.
3. **Competence:** Assessors provide competent performance to stakeholders.
4. **Integrity/honesty:** Assessors display honesty and integrity in their own behaviour, and attempt to ensure the honesty and integrity of the entire evaluation process.

5. **Respect for people:** Assessors respect the security, dignity and self-worth of respondents, program participants, clients, and other evaluation stakeholders.
6. **Responsibilities for general and public welfare:** Assessors articulate and take into account the diversity of general and public interests and values that may be related to the assessment/study.
7. **Ownership:** Assessors respect the authority and decision making of the community.
8. **Partnerships:** Assessors look clearly for partnerships within the community and with other agencies.

Sensitive questions should only be asked by well-trained interviewers. It is important to speak with people from local communities, of all genders, ages, abilities and backgrounds, or those that have a strong familiarity with the psychosocial and protection situation in the country or context to determine whether and to what degree flagged issues may be sensitive or politicized; to decide, based on the known capacity of the assessors, whether these issues should be included; and to adapt the tools to ensure that appropriate terminology and language is used in assessing these sensitive issues. If assessors do not have a background in PSS or VP, or if it is inappropriate for gender or cultural reasons, these questions should not be asked.

All members of the assessment team should agree to, sign, be briefed on and follow the National Society Code of Conduct. If the National Society does not have a Code of Conduct², the IFRC Code of Conduct

² IFRC Code of Conduct: <https://fednet.ifrc.org/en/resources/support/hr/code-of-conduct/>

³ IFRC Child Protection Policy: https://fednet.ifrc.org/FedNet/Our%20IFRC/Procedures%20Database/Forms%20and%20templates/193_e_v100_child%20protection%20policy.pdf

should be used. If children, anyone under the age of 18, is being interviewed or contacted, the National Society or IFRC Child Protection Policy³ needs to be agreed to, signed and understood.

Ethical guidelines for conducting assessments with children⁴ (ensure the best interests of the child and do no harm)

For more information on interacting with children please see the National Society or IFRC Child Protection Policy.

1. Remember that children do not have the same filters or cautions as adults; therefore assessors must not use any questions or approaches that place a child in danger in any way.
2. Avoid questions, attitudes or comments that are judgmental, insensitive to cultural values, that expose a child to humiliation, or that reactivate a child's pain and grief from traumatic events.
3. Do not discriminate in choosing children to interview because of sex, race, age, religion, status, educational background, disabilities or physical abilities.
4. Do not ask children to tell a story or take an action that is not part of their own history; no staging.
5. Ensure that the child or guardian knows who is interviewing them and the purpose of the information.
6. Obtain permission from the child and his or her guardian for all interviews, videotaping and photographs (see appendix 1). This permission should be in writing. Permission must be obtained in circumstances that ensure that the child and guardian are not coerced in any way and that they understand what will happen with the information they share. Permission needs to be obtained in the

⁴ In alignment with global standards, children are defined in this guide as persons under the age of 18 years

- child's language and in consultation with an adult the child trusts.
7. Pay attention to where, when and how the child is interviewed. Limit the number of interviewers and photographers. Try to make certain that children are comfortable and able to tell their story without outside pressure, including from the interviewer.
 8. Do not post pictures of the child or interview as locations can be easily identified. Always ensure the child's safety and that he or she will not be adversely affected by sharing their information.

The approach

Collaboration with beneficiaries and stakeholders

This assessment tool uses a participatory approach that gathers data from multiple sources and perspectives. The aim is to collect as much comprehensive data with as much efficiency and effectiveness as time, capacity and resources allow. Understanding and respecting the knowledge, experience, views and advice of beneficiaries and local stakeholders is the main focus of this toolkit.

Ensure diversity

Ensure key female and male informants, of various ages, abilities and backgrounds, are interviewed. As well, aim to have cultural, ethnic, religious, geographical diversity represented as much as possible.

Ensure safety

Safety is a priority. In each section, it is important to create a safe environment by emphasizing that there are no "wrong answers" and feedback, advice and ideas are welcome. Confidentiality is also essential to safety.

The success of the ensuring safe environments within programming depends on how well it meets the needs of local communities and how much ownership of the program local communities have.

The goal is to listen to and learn from participants with an open mind – do not prejudge what the response to any question should be.

Handle disclosures of violence, stress and mental health issues

As part of ensuring safety, it is important to know that sometimes when talking about PSS or VP issues, people may recognize that they themselves have experienced violence or are dealing with mental health issues. Some people may disclose their own experiences during an assessment, or afterwards. It is the responsibility of anyone on the assessment team to be able to provide information on where to get support, and to act in a responsible, respectful and supportive way. Remember, it takes courage to share an experience of personal pain. It is critical to emphasize: the primary role of the Red Cross Red Crescent is to refer people to local agencies or other support systems. If violence is caused by someone in the Red Cross Red Crescent, it must be reported using the IFRC or National Society Code of Conduct.

Our role is to take appropriate ACTION:

- **Action 1:** Acknowledge the person's situation and feelings. Listen carefully to what they say.
- **Action 2:** Comfort the person, assure them that their reactions are normal and ensure they are safe.
- **Action 3:** Document what you hear and what you see. If it is a child disclosing, you need to report immediately to the appropriate agencies. If it is an adult, it is their choice if they will seek help or not.

Forming an Assessment Team

Roles

Identify who needs to be on the assessment team and how to access the appropriate skilled personnel to form the team. Some roles to consider in forming an assessment team include a facilitator (or team lead), a note taker, and a translator (if there are multiple languages spoken in the assessment community).

Skills

Team-members, in particular the facilitator (team lead), require a number of skills. Not all team members may have all the skills but it is important that as a team each skill is covered and that each team member is supported to strengthen each of the following⁵:

- ✘ Ability to listen
- ✘ Comfort with silence (when interviewing beneficiaries)
- ✘ Capacity to ask the right questions in an appropriate manner and probe (or know when not to probe) further on questions when necessary
- ✘ Respectful approach that values diverse perspectives
- ✘ Capacity to set-up and maintain a safe environment
- ✘ Establish rapport with others in a new environment
- ✘ Ability for analysis
- ✘ Patience
- ✘ Minimum knowledge of PSS/VP including best practices, standards, and content background.

⁵ For specific resources related to psychosocial issues, visit: <http://pscentre.org/>. For violence prevention visit: <http://www.ifrc.org/en/what-we-do/principles-and-values/non-violence/>. For youth, visit: <http://www.ifrc.org/en/what-we-do/principles-and-values/youth-as-agents-of-behavioural-change-yabc/>.

Diversity

Ensure as many personnel on the team as possible have local knowledge and are from the communities being assessed.

Make certain that the team include men and women (for some interviews or focus group discussions it may be appropriate to have same sex meetings – e.g. women with women).

Carefully examine the trade-off between having teams which are technically prepared (e.g. PSS, VP and community-development expertise) and teams that are diverse, as in many societies there are may be few women with a high level of technical, specialized education.ⁱⁱⁱ

Size

The facilitator/team lead can decide based on the context of the situation how many personnel are required for the assessment team. In general, keeping the assessment team to 3-6 people is ideal. This number allows for mobility and flexibility while also not overwhelming the assessment participants.



Part 2: Focus Group Discussions / Questions for Qualitative Data Collection

Why it is important

Engaging the community so they have maximum involvement in the direction of PSS and VP activities is essential. One tactic to engage the community is through focus group discussions (FGDs). FGDs allow groups of people with similar backgrounds or demographics to provide input, advice and direction to a project in an efficient –and safe way that allows for individual reflection and small and large group discussions.

Top seven questions for rapid assessments with limited time

These questions can be used in a variety of assessments including multi-sector assessments for various disasters, FACT, health etc.

For each of the questions, probe if there are any distinct differences among the experiences of and responses from women, girls, boys and men.

Stress and coping

1. Since the emergency what changes have you noticed in yourself and others?
2. What do women, girls, boys and men normally do to overcome difficulties/deal with distress?

Protection/Violence Prevention

1. What are the dangers to women's, girls, boys and men's sense of safety?

2. Are there any populations at highest risk of violence?
3. What are the specific locations and/or times women, girls, boys and men are most unsafe?

Formal and informal supporting resources

1. What support and protective resources are in place in the community (formal and informal)?
2. How do people support each other in the community?

Specific detailed questions for greater depth

These questions can be used to gather greater depth on specific questions and/or be used in follow up phases of an assessment.

For each of the questions, ask if there are any distinct differences among the experiences and responses from women, girls, boys and men.

Stress and coping

1. How would you describe a normal day before the emergency?
2. Since the emergency what changes have you noticed in yourself and others?
3. What are some of the stressors for women, girls, boys and men in the community?
4. How is stress shown in the community and is it handled?
5. How can you tell when women, girls, boys or men in your community are not doing well or are in distress?
6. What are the best solutions to enhance stress relief, mental health, and safety?
7. What happens in families and communities when people die or go missing? What are the traditions and rituals? Are they different for

- women, girls, boys and men? What are the spiritual beliefs?
8. What do people normally do when they feel sad?
9. What do people normally do when they feel happy?
10. How can you tell that women, girls, boys or men in your community are doing well?

Protection / Violence Prevention

1. Who is most at risk of being unsafe and why?
2. Are there specific locations or times people are most unsafe?
3. Where do people feel safe?
4. Which people are most at risk of violence in the current situation? What makes them especially vulnerable?
5. What types of violence are people facing? Are the types of violence different by age (children/adults/elderly) or by gender (male/female)?
6. Who is inflicting violence in the community/camp? What is motivating them? Where do they get their power from?

Formal and informal supporting resources

1. How do people support each other in the community?
2. What formal or informal support resources are in place in your community to help people cope with the emergency?
3. What protective systems exist to solve problems around unhealthy coping, mental health and violence? How do people access these services?
4. Are the protective systems working (can people access, etc.)? What are the barriers? What can be done to overcome the barriers?
5. Who best could spread awareness of psychosocial well being and violence prevention in the community?



Part 3: Situation/Context Questionnaire^{iv}

Why it is important

This questionnaire provides a structure to gather information on PSS and VP issues such as key stakeholders, local priorities, relevant laws and legal systems, risk management systems, and police procedures. This information allows for a detailed understanding of the situation and context to help humanitarian responders and program managers to make evidence-informed decisions around this type of programming.

The data in this section can be gathered through desk research and interviews with key informants.

Description of the community/camp

Purpose

The purpose of this section is to help organize basic information on the current local administrative structures, community-based activities, NGO projects, and practical resources available in the community/camp.

Questions on physical layout of the community

Interview relevant government personnel, community leaders and social service providers:

- What health facilities are available and where?
- What security facilities are available and where?
- What educational facilities are available and where?

- Where are the toilets and wash areas? Are the toilets and wash areas segregated by sex
- What lighting is there in the community/camp?
- Are there common areas where the whole community can gather?
- Are there specific locations for children to play? Do children have a separate space (i.e. 'child-friendly space') in which to gather?
- Where do women gather? Do women have a separate area (i.e. 'women-friendly space') in which to gather?
- What fuel is used for cooking? How and who gathers it?
- Where are the water points? Are they inside or outside the camp? Who collects it?
- What are the communication systems?
- Where are the safe and unsafe areas? Are there specific locations for children, women, and people with disabilities?

Questions on community leadership structure

Interview relevant government personnel, community leaders and social service providers:

Describe the:

- community/camp administrative divisions
- levels of leadership in divisions
- presence/involvement of women in community/camp leadership
- obstacles to involvement of women in community/camp leadership, etc.
- role of child participation / youth in leadership
- obstacles of child and youth involvement
- role of people with disabilities in community/camp leadership
- obstacles of involvement for people with disabilities
- role of school and health centres in the community

- role of religion in the community
- role of culture in the community

Local, national or international agencies or networks providing PSS/VP specific services

This chart may help you identify possible links and/or collaboration with local or national groups providing or promoting PSS/VP specific programming. These may include: local NGOs, community groups, government ministries (health, education, social welfare, gender and families, children, etc.), prevention programs, counseling, referrals, helplines, safe shelters, legal/legislative advocacy, police training, etc.

Agency	Key program areas	Contact name/title	Contact number	Comments

What kinds of specific interventions have occurred in the past, and what is being done in general at various agencies to respond to psychosocial and violence issues.

Overview of Violence

Purpose

This section will give a picture of the types and extent of VP being reported in your setting and help to indicate if there are specific types of violence that are more likely to be reported than others, and whether certain age groups report violence more than others.

Questions on reports of violence

Interview relevant police, health and/or social service providers:

1. In the last year, how many cases of violence have been reported/ documented?
2. What forms of violence (physical, sexual, neglect, exploitation, suicide/attempted suicide, etc.) were reported?
3. Who were the victims of the violence (gender, age, etc.)? Are there any group at especially high risk? Why?
4. Who were the inflictors of the violence (gender, age, relation to the victims, etc.)? What factors are making them behave violently?
5. What happened to those cases (actions taken, no action taken)?
6. What types of situations are the police more likely to investigate or follow-up compared to others? (Probe for the reasons that may include: women dropping charges against their husband; violence against children seen as acceptable, traditional systems used, etc.)
7. What barriers are there to reporting incidences of violence (e.g. sexual and physical assault require medical certificates for which they may be a fee before being presented to the police, no trust in the authorities, fear, stigma, etc.)?
8. From what individuals or organizations, do police typically receive or allow reports? (Victims? Family members of victims? Health professionals? NGOs? Others?).
9. Where in the community/camp has violence been occurring? Are there any locations or times of day that are over-represented (hot spots)?
10. What impact is violence having on the community? Please note the impact, if different, on women, girls, boys and men.

Reporting/Referrals

Purpose

This section provides a framework for soliciting information on rules and methods governing official responses to mental health issues and violence by the police, courts, health and other institutions under whose jurisdiction your target community falls.

1. Reporting process

- What is the process to report a case of violence?
- What is the process for referring mental health cases?

2. Legal protections

- What is the age of “majority” or the age children are legally deemed adults? Is the age the same for males and females?
- Who needs to give permission for care of children and those who are incapable of giving their own permission?

3. Mandatory reporting laws on violence

- a) Is it mandatory to report any specific forms of violence? (E.g. sexual, physical, emotional abuse, any forms of violence against children, etc.).
- b) Is there a law on consent? What does it say?
- c) Are there special circumstances for which reporting is not mandatory?
- d) Who, if anyone, is required by law to report incidents of violence to police, or other, authorities?
- e) What are the penalties for non-reporting?

4. Traditional views

- a) What are the traditional views in the community about violence such as interpersonal and self-directed violence? (Is there stigma, shame, is it considered acceptable, etc.?)
- b) What are the traditional views of mental illness?
- c) What are the traditional/informal systems to help people who have been hurt by violence?
- d) What are the referral systems for people who are experiencing mental health issues and acute stress?



Part 4: Environmental Walk-Around

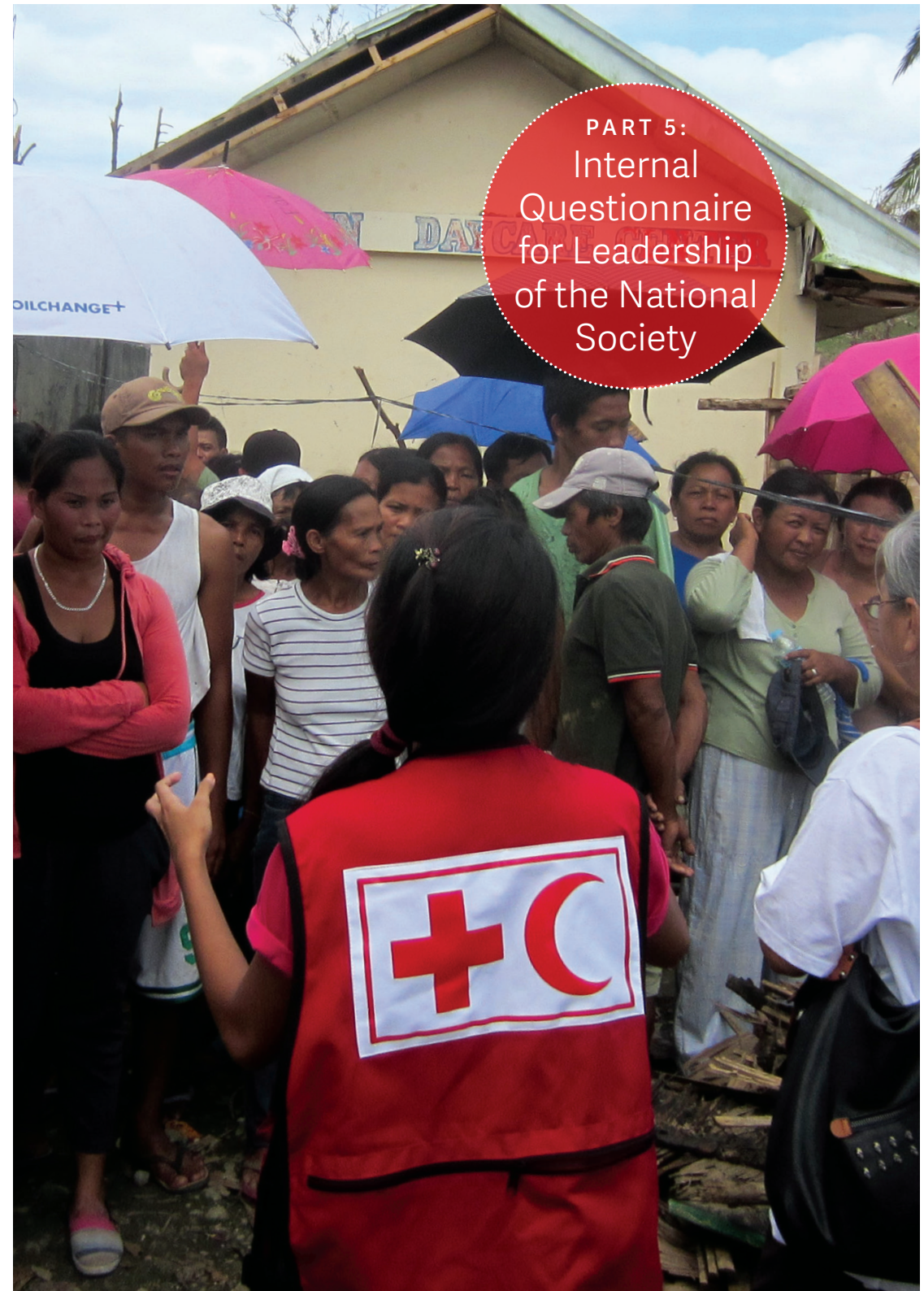
Why it is important

Not only is speaking with and gathering data from other people and resources important, it is also critical for the assessment team to examine the community/camp from their own perspective. An environmental walk-around of the community/camp is a method to achieve this. Although this does not provide the depth of information that the beneficiaries and stakeholders can give, it does allow for the assessment team to better understand the physical situation, add a new perspective and set of eyes and verify or reinforce the themes presented by beneficiaries and stakeholders.

Questions

1. What type of visible policing or security exists?
2. What access is there to enter/exit the camp? Are these access points open to the outside community as well?
3. What lighting exists in the pathways to enter the community/camp?
4. What lighting exists inside the community/camp? What lighting is around shared facilities like latrines/hygiene facilities, common areas?
5. Are their separate latrines and wash areas for women/girls and men/boys?

6. What type of privacy is there for people using latrines/
hygiene facilities?
7. How secure are the shelters?
8. What is the average amount of people in each shelter?
9. How many families are sharing the same shelters?
10. Where are unaccompanied/separated children/youth/women
located?
11. Who is accessing food distribution and health service centres?
Is it safe for men and women?
12. Where and how are people accessing water, firewood and fuel, etc.?
How far is it from their shelter?
13. Are there common areas where people/women/youth/
children meet?
14. Are there any clear vulnerability points where people can
be harmed?
15. Is there any visible information on how to prevent violence or get
help if violence does occur?



Part 5: Internal Questionnaire for Leadership of the National Society

Why it is important

Planning for success, defining internal strategies and a path to sustainability is important from the start. Understanding how the leadership of a National Society or IFRC operation views PSS/VP including protection, the level of priority it places on it, the directions it plans to take to address it, and how sustainability is being considered can help determine the scope, focus and details of next actions.

Questions^v

Planning for success

1. Is your National Society interested in addressing PSS/ VP? If so, why?
2. What are the priority issues that should be included in addressing these issues? Why?
3. Would PSS/VP be integrated into another sector, or implemented as stand-alone? Why? How?
4. What evidence is there that senior leadership and governance of the National Society supports PSS/VP?
5. If PSS/VP programming is implemented, how do you plan to manage the project considering the other priorities of the National Society (e.g. is there a focal point, etc.)?

Internal strategies

6. How is PSS/VP explicitly or implicitly included in your National Society strategy?
7. What policies, if any, does your NS have in place which includes PSS, VP or gender? (E.g. code of conduct; child protection, gender, screening or harassment policies)?
8. What, if any, education on PSS and VP has been provided to personnel of your National Society? When? On what topics?
9. Can you already identify challenges and barriers to the implementation of a PSS and/or VP program?
10. What are the sources of funding to implement this project?
11. What type of assistance would be most helpful in developing the program (technical assistance, contact with other National Societies)?

Sustainability

12. How long do you envision the PSS/VP project you start after the assessment will last? What is the timeline based on?
13. What are the key actions that can be taken to ensure the PSS/VP project is sustainable?



Part 6: Analysis Checklist

Why it is important

Information

- ✓ What are the trends and patterns?
- ✓ How many people are impacted? What ages? Gender/sex?

Gaps

- ✓ What is the greatest risk to the population?
- ✓ What is the biggest problem/gap that is not being addressed?

Activities

- ✓ What activities could address this gap?
- ✓ What would the affected population gain by our activities?
- ✓ Do the activities discriminate against any group or might they be perceived as doing so?
- ✓ Do the activities elevate the safety and protection of the affected population?
- ✓ What might be the unintended negative impacts of our activities for people's safety and security?

Summary

The chart below summarizes key issues to consider when making an analysis.



Appendix 1: Information Release Authorization Form

I, _____ hereby expressly give **Insert name of local Red Cross Red Crescent National Society** and its employees, officers, agents, volunteers and authorized representatives the right and permission to publish my name, photograph and any other relevant and/or personal information that I have disclosed with regards to the training on the “Toolkit for Violence Prevention Assessments in Emergencies and Recovery.”

I hereby waive any rights to inspect or approve the finished materials and/or photograph prior to, and after, publication.

I hereby understand that by signing this form I give the **Insert name of local Red Cross Red Crescent National Society** permission to use the core biographical information that I have disclosed. I understand that certain information may be published and made publicly available.

I hereby waive any right to obtain financial compensation from the **Insert name of local Red Cross Red Crescent National Society** for the right and permission to publish my name, photograph and any other relevant and/or personal information.

I do hereby release and forever discharge the **Insert name of local Red Cross Red Crescent National Society** and its employees, officers, agents, volunteers, authorized representatives and assigns from any and all demands, cause of action/or judgements of whatsoever nature of character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries,

property damage, payments, fees, expenses, or damages of any kind or nature, and whether arising from common law or statute, arising out of, in any way, the use of my photograph or photographic image from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication or distribution of the same.

I hereby warrant that I am over eighteen years of age, and competent in my own name in so far as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Date: _____
Witness: _____ Name: _____
Address: _____ Address: _____

**I hereby certify that I am the parent/or guardian of _____,
a child under the age of eighteen years. I hereby consent to the publication
of her/her name, photograph and any other relevant information as the case
may be and as set forth in original release hereinabove, signed by the child,
with the same force and effect as if executed by me.**

Parent or Guardian: _____
Address: _____

References

This assessment toolkit is based on, adapted from, and in some significant parts directly taken from the following two documents: Inter-Agency Standing Committee (2011), *Interagency emergency child protection assessment toolkit: Focus group discussion guide* and the Reproductive Health Response in Conflict Consortium (2004), *Gender-based Violence Tools Manual: For Assessment, Program Design, Monitoring and Evaluation in Conflict-Affected Settings*

ⁱ The Sphere Project. (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*. The Sphere Project.

ⁱⁱ Taken from American Evaluation Association's Guiding Principles for Evaluators. Retrieved from: <http://www.eval.org/publications/guidingprinciples.asp>. As cited in American Red Cross Assessment tool for HAP Integrated Neighborhood Reconstruction and Recovery Program – Phase 1. (2011).

ⁱⁱⁱ Dyan Mazurana, Prisca Benelli, Huma Gupta and Peter Walker. (2011). Sex and age matter: Improving humanitarian response in emergencies. Feinstein International Centre, Tufts University.

^{iv} This section has parts directly taken from or adapted from the Reproductive Health Response in Conflict Consortium. Reproductive Health Response in Conflict Consortium, February 2004. *Gender-based Violence Tools Manual: For Assessment, Program Design, Monitoring and Evaluation in Conflict-Affected Settings*.

^v This section is adapted from a checklist from the American Red Cross. American Red Cross. (2010). *Sustainability and exit planning: Guidance and lessons learned*.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.



The vision of the IFRC
is to inspire, encourage, facilitate
and promote at all times all forms of
humanitarian activities by National
Societies, with a view to preventing and
alleviating human suffering, and thereby
contributing to the maintenance
and promotion of human dignity and
peace in the world.