



Minimum standards for protection, gender and inclusion in emergencies



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Acknowledgement

The International Federation of Red Cross and Red Crescent Societies (IFRC) Minimum standards for protection, gender and inclusion in emergencies (2018) is in its second edition. The first pilot version of the IFRC Minimum standard commitments to gender and diversity in emergency programming was published in 2015. The pilot version has been tested globally by Red Cross and Red Crescent staff, volunteers and management in low-, medium- and high-scale disasters and humanitarian crises. The standards have been translated into Arabic, French, Russian and Spanish and adapted to National Red Cross and Red Crescent Societies' country contexts.

This edition is the result of three years of testing, revision and feedback from protection, gender and inclusion (PGI) and sectoral specialists. New chapters, such as cash-based interventions, have been added as well as a stronger focus on sexual and gender-based violence and disability inclusion to align with the commitments of the IFRC and its member National Societies. This edition is accompanied by the IFRC Protection, gender and inclusion in emergencies toolkit (2018–2019).

As a global tool, there have been many people involved in its design, testing, revision and finalisation. The IFRC would therefore like to acknowledge all National Red Cross and Red Crescent Societies for their outstanding contributions to this publication as well as IFRC Country Offices, Country Cluster Support teams, Regional Offices and Headquarters staff for their input. Specific acknowledgment goes to the Global Gender and Diversity Network, Regional Gender and Diversity Networks, the IFRC Reference Centre for Psychosocial Support and the International Committee of the Red Cross (ICRC).

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Introduction

This guidance presents Red Cross and Red Crescent staff, members and volunteers with a set of minimum standards for protection, gender and inclusion (PGI) in emergencies. It aims to ensure that the emergency programming of the International Federation of Red Cross and Red Crescent Societies (IFRC) and National Societies provides **dignity, access, participation** and **safety** for all people affected by disasters and crises.

It provides practical guidance on how to mainstream these four principles in all sectors, based on a consideration of gender, age, disability and other diversity factors. This includes limiting people's exposure to the risks of violence and abuse and ensuring that emergency programmes "do no harm".

The standards address protection, gender and inclusion concerns by providing practical ways to engage with all members of the community, respond to their differing needs and draw on their capacities in the most non-discriminatory and effective way. This helps to ensure that local perspectives guide assistance delivery. The standards also support incorporation of the seven Fundamental Principles of the International Red Cross and Red Crescent Movement (hereinafter referred to as "the Movement").

Putting these standards into practice is one of the key means to implement: the IFRC Strategic Framework on Gender and Diversity Issues (2013–2020); 2015 International Conference Resolution 3: Sexual and gender-based violence – Joint action on prevention and response; and 2015 Council of Delegates Resolution 4: Strategic Framework on Disability Inclusion in the International Red Cross and Red Crescent Movement. Likewise, increasing access to education, as noted in 2017 Council of Delegates Resolution 6: Education: Related humanitarian needs, reinforces the need for protection, especially for children, adolescents and young adults.

In addition, strong links exist with the [Red Cross and Red Crescent Guide to Community Engagement and Accountability](#).¹ The guide outlines how to set up effective feedback systems where people may share their experiences, complaints and needs, influence how humanitarian aid is given and provide an opportunity to understand the impact of protection and inclusion within emergency programming.

The minimum standards introduced here follow a recent trend towards the use of minimum standards for emergency responders. If alternative minimum standards or guidance material (e.g. Sphere, Inter-Agency

Standing Committee) are already being used effectively, practitioners should continue to use the guidance they find most useful.

Why have minimum standards for protection, gender and inclusion in emergencies?

Emergencies accentuate existing gender inequalities, and the incidence of sexual and gender-based violence (SGBV), violence against children and trafficking in human beings often increase during and after emergencies. Someone's sex or gender identity and other factors, including age, disability, sexual orientation, health status, including HIV/AIDS and other chronic illnesses, social status, immigration and/or legal status, ethnicity, faith and nationality (or lack thereof) shape the extent to which people are vulnerable to, affected by, respond to and recover from emergencies.

These differences are also strengths, which must be recognised and incorporated into all emergency preparedness, prevention, response, reconstruction and recovery efforts to build resilient societies. These minimum standards serve as a tool to integrate gender and diversity-sensitive strategies into the planning, design, implementation, monitoring, evaluation and reporting on programmes and interventions. The minimum standards also include guidance on SGBV prevention and response and child protection.

Who are these minimum standards for?

These standards are for all Red Cross and Red Crescent staff, members and volunteers. Irrespective of their area of expertise, all field practitioners need to understand the distinct needs and safety risks that persons of all gender identities, ages, disabilities and backgrounds face in emergency settings as well as what measures and approaches can be implemented to address needs and mitigate safety risks.

The responsibility to protect

When implementing the minimum standards, it is important to note our role in times of disaster and conflict. In accordance with international law, it is the primary role and responsibility of State authorities and relevant non-State actors to protect, ensure the security and fulfil the rights of persons on their territory or under their jurisdiction (including those beyond its borders). In the case of duty bearers that are willing to protect, and possess the capacity to do so, the approach of humanitarian

actors is likely to be one of proactive and supportive engagement. In the case of duty bearers that are willing to protect but have limited capacity, humanitarian actors will likely take on a supportive role to strengthen existing protection architecture and identify roles and responsibilities between protection actors. This will ensure complementarity of expertise and mandates and minimise the potential of duplicating efforts of the State or other protection actors as well as avoid undermining the capacity and will of duty bearers to fulfil their obligations.ⁱⁱ

When should the minimum standards be used?

The minimum standards have been designed for use in all emergency settings, including both disasters and conflicts. This includes rapid onset, slow onset and protracted emergencies and low-, mid-, large-scale and complex emergencies. They are designed to be implemented from the earliest stages of an emergency and into early recovery. These standards can also be applied in development contexts to support risk reduction and preparedness, particularly in contexts affected by cyclical disasters. It is understood that disasters and conflicts often coexist or that new disasters and conflicts can occur within an existing state of emergency. The aim of these standards is to provide the minimum requirements across sectors to support the most at-risk or marginalised groups, without discrimination, in any given context. This therefore encompasses all those affected by a crisis: host communities and internally displaced or refugee communities. The scope of each standard has been worded to ensure its universality to all emergency situations. Each context will be unique, and the specific risks and vulnerabilities faced by individuals and groups affected by each crisis will differ. It is for the reader to decide on the best course of action to effectively realise and achieve the standards.

How were these minimum standards developed?

The minimum standards draw on a wide range of IFRC, ICRC, National Society and non-Red Cross and Red Crescent resources, including:

- Australian Red Cross, Protection, gender and inclusion guidance notes (2011–2015)ⁱⁱⁱ
- British Red Cross “A Silent Emergency – Survivors of Sexual Violence in the Democratic Republic of Congo – Social and Economic Reintegration through Cash Transfers” (2017)
- Global Child Protection Working Group (CPWG), Minimum Standards for Child Protection in Humanitarian Action (2012)^{iv}

- Global Protection Cluster and Health Cluster's Guidelines for Health Staff Caring for Survivors of Gender-based Violence, Including Protocol for Clinical Management of Rape (2016)^v
- Groupe URD, HAP International, People in Aid and the Sphere Project, Core Humanitarian Standard on Quality and Accountability (2014)^{vi}
- Humanitarian inclusion standards for older people and people with disabilities, ADCAP (2018)^{vii}
- ICRC and IFRC Community Engagement Guide (2017)^{viii}
- IFRC All Under One Roof – Disability-Inclusive Shelter and Settlements in Emergencies (2015)^{ix}
- IFRC Better Programming Initiative (BPI) (impact assessment tool)
- IFRC Child Protection Action Plan (2016)
- IFRC Child Protection in Emergencies Briefing (2016)
- IFRC Child Protection Policy (2013)
- IFRC Gender and diversity sensitive approach to Vulnerability and Capacity Assessments (Pilot, 2017)^x
- IFRC Guidance notes on integrating gender and diversity into community-based health (2013), water, sanitation and hygiene (WASH) (2012), and food security and livelihoods (2014)
- IFRC Guidelines for Livelihoods Programming (2010)^{xi}
- IFRC Migration Policy (2009)
- IFRC Policy Brief on Child Protection in Emergencies (2016)
- IFRC Position Paper on Protection and Assistance for Children on the Move (2017) IFRC Protection Field Guide (2017)^{xii}
- IFRC Vulnerability and Capacity Assessment (2006)
- INEE Minimum Standards Handbook (2010)^{xiii}
- Inter-Agency Standing Committee (IASC) Gender Handbook in Humanitarian Action (2007)^{xiv}
- Inter-Agency Standing Committee (IASC) Guidelines on Gender-based Violence (2015)^{xv}
- Inter-Agency Standing Committee (IASC) Field Handbook on Unaccompanied and Separated Children. Toolkit (2017)^{xvi}
- Sphere Handbook (2018)^{xvii}
- Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response, Inter-agency (2017)^{xviii}

- Professional Standards for Protection Work carried out by humanitarian and human rights actors in armed conflict and other situations of violence, Third Edition (2018)^{xix}

For consideration when applying the minimum standards

Throughout the minimum standards, we have used the expression “marginalised groups” when they might also be described as having specific needs, being at risk, vulnerable or excluded. In all cases, marginalised groups are understood to include older people, children (including adolescents), persons with physical, sensory or intellectual disabilities, persons with mental health disabilities, survivors of SGBV, victims of trafficking and people living with HIV/AIDS or other chronic illnesses. In different contexts, other forms of diversity, including ethnicity and nationality or lack thereof, migration and/or legal status, religion, caste, class, sexual and gender minorities, as well as intersectionality between forms of diversity and marginalised groups will be key issues to consider when talking about marginalised groups. Users of these minimum standards are therefore encouraged to analyse the situation carefully and understand exactly which individuals and groups are included in “marginalised groups” in their context as well as assess their own assumptions. A term is used in this publication that is meant to encompass all marginalised groups: “persons of all gender identities, ages, disabilities and backgrounds”.



Definitions

Child is defined as any person under the age of 18 years. This age defines adulthood as per the United Nations Convention on the Rights of the Child and applies to our work even if local laws and customs differ.

Child protection refers to the prevention of, and response to, abuse, neglect, exploitation and violence against children.

Disability results from the interaction between persons with impairments and the attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments.^{xx}

Diversity means the full range of different social backgrounds and identities that make up populations. It includes, but is not limited to, gender identity and expression, sexual orientation, age, disability, HIV status, socio-economic status, religion, faith, nationality and ethnic origin (including minority and migrant groups).

Equality versus equity

From an equality perspective, it is assumed that everyone will benefit from the same support. However, individuals may need different types of support and approaches in order to have equal access to assistance and joint decision-making that affects them. By adapting humanitarian work to each individual's needs and background, those affected are being treated equitably.

Gender refers to the social differences among persons of various gender identities throughout their life cycles. Although deeply rooted in every culture, these social differences are changeable over time and are different both within and between cultures. Gender determines the roles, power and resources for females, males and other identities in any culture.

Gender and diversity analysis helps to understand how opportunities and inequalities may be affected based on a person's sex or the gender that people identify with. It examines relationships between women and men in their diversity – their roles, responsibilities, access to and control of resources and constraints they face relative to each other. It examines the distinct reality of being a particular age or age group, a person with a disability and other contextual factors including, but not limited

to, sexual orientation, HIV status, socio-economic status, religion, faith, nationality and ethnic origin (including minority and migrant groups).

Inclusion in emergency programming focuses on using the analysis of how people are excluded to actively reduce that exclusion by creating an environment where differences are embraced and promoted as strengths. Providing inclusive services means giving equitable access to resources for all. In the longer term, inclusion also focuses on facilitating access to opportunities and rights for all by addressing, reducing and ending exclusion, stigma and discrimination.

Protection in humanitarian action is fundamentally about keeping people safe from harm. It aims to ensure the rights of individuals are respected and to preserve the safety, physical integrity and dignity of those affected by natural disasters or other emergencies and armed conflict or other situations of violence.

The Inter-Agency Standing Committee's definition of protection is the most commonly accepted by humanitarian actors (including the Movement): "all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. human rights law, international humanitarian law and refugee law)".

Protection in humanitarian action in the Movement has both internal and external aspects. Internally, it refers to ensuring that the actions of the Movement respect, and do not endanger, the dignity, safety and rights of persons. Externally, it refers to action intended to ensure that authorities and other actors respect their obligations and the rights of individuals.

Prevention and response to sexual exploitation and abuse (PSEA)

The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.^{xxi}

The term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.^{xxii}

Sex refers to the physical and biological differences, usually between males and females.

Sexual and gender-based violence (SGBV)¹

Gender-based violence: An umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Gender-based violence is a result of gender inequality and abuse of power. Gender-based violence includes, but is not limited to, sexual violence, domestic violence, trafficking in human beings, forced or early marriage, forced prostitution and sexual exploitation and abuse.

Sexual violence: Acts of a sexual nature committed against any person by force, threat of force or coercion. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against another person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person's incapacity to give genuine consent. It furthermore includes acts of a sexual nature a person is caused to engage in by force, threat of force or coercion against that person or another person or by taking advantage of a coercive environment or the person's incapacity to give genuine consent. Sexual violence encompasses acts such as rape, sexual slavery, forced prostitution, forced pregnancy or forced sterilisation.²

Sexual and gender minorities refer to persons whose sexual orientation or expression, gender identity or sexual characteristics are different from the presumed majority of the population, which are male or female heterosexuals. The term includes lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people as well as a range of people whose identities or practices are not included within those terms.

¹ The term "sexual and gender-based violence" (SGBV) reflects the terminology of 2015 Resolution 3 of the 32nd International Conference of the Red Cross and Red Crescent. Various technical descriptions are in use globally, including gender-based violence (GBV), violence against women and girls (VAWG) and sexual violence. SGBV, as used here, is a composite term based on the two following working definitions used within the Red Cross and Red Crescent, which overlap.

² Note: For sexual violence, as defined above, to fall under the scope of application of international humanitarian law, it needs to take place in the context of and be associated with armed conflict. Various technical descriptions are in use globally, including gender-based violence (GBV), violence against women and girls (VAWG) and sexual violence. The term SGBV used here reflects Resolution 3 of the 32nd International Conference of the Red Cross and Red Crescent in 2015. Although the Movement has yet to formalise a common definition of SGBV, this is an IFRC working definition of SGBV that draws on the IASC 2015 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

Survivor-centred approach

A survivor-centred approach creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured and they are treated with dignity and respect. This approach is defined by four guiding principles: 1) Safety, 2) Confidentiality, 3) Respect and 4) Non-discrimination.

It is important to recognise that survivors have the right to a range of services as part of a survivor-centred response, but that not all services should be provided (or can realistically be provided) by the Red Cross and Red Crescent. Whilst in some contexts services can be provided, the Red Cross and Red Crescent should ensure a focus on coordination and ensuring access to services provided by other agencies.

Trafficking in human beings means the recruitment, transportation, transfer, harbouring or receipt of a person. This can be through threats, the use of force or other forms of coercion and deception for the purpose of exploitation.

For someone to be identified as a trafficked person, the following criteria must be met:

- The act: recruitment, transportation, transfer, harbouring or receipt of persons which can include domestic or cross-border movement.
- The means: the threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability or giving payments or benefits to a person in control of the victim.
- The purpose: the action and the means must be for the purpose of exploitation. This includes exploiting the prostitution of others, sexual exploitation, forced labour, slavery or similar practices and the removal of organs or body tissue.

In order to meet the definition of trafficking, the act, means and purpose must be present unless the person trafficked is under the age of 18. For children, the definition of trafficking is much broader. For a child, it is not necessary for there to have been means, because children cannot give informed consent. Therefore, any child who is recruited, transported or transferred for the purposes of exploitation is considered to be a potential victim, whether or not they have been forced or deceived.



**Dignity, Access, Participation
and Safety (DAPS)**

The minimum standards listed in the technical chapters relate to four areas of focus, namely **dignity, access, participation** and **safety** (DAPS).

The DAPS framework provides a simple but comprehensive guide for addressing the core actions in Red Cross and Red Crescent emergency programming.

Principles of dignity, access, participation and safety of all individuals and groups are in the common protection principles of the Humanitarian Charter and the Core Humanitarian Standards.



Dignity

Recognising that all people affected by an emergency have the right to life with dignity is embedded firmly in the fundamental principle of humanity and the humanitarian imperative. In addition, the right to life with dignity is reflected in the provisions of international law encompassing the right to receive humanitarian assistance. Respect for the dignity of persons at risk should underpin all emergency assistance activities, and such assistance must be provided according to the fundamental principle of impartiality. Safeguarding the dignity of those affected is a fundamental part of humanitarian work and should be prioritised in all emergency response programmes.

For the Red Cross and Red Crescent, human dignity means respect for the life and integrity of individuals. All Red Cross and Red Crescent emergency responders and emergency response programmes should contribute to the maintenance and promotion of human dignity. Measures to respect, safeguard and promote the dignity of individuals in situations of extreme vulnerability are not limited to engaging with them in a respectful manner. Respecting, safeguarding and promoting dignity also includes protecting the psychosocial well-being of the affected population and ensuring their physical privacy and specific cultural needs are met.

It is recognised that the concept of dignity means different things to different people and is influenced greatly by the cultural and social context. It is therefore difficult to measure the degree to which dignity has been incorporated into a response and to ensure accountability. Nonetheless, effective integration of protection, gender and inclusion (PGI) relies heavily on the issue of dignity and, through the application of minimum standards, we strive to promote, to measure and to hold stakeholders accountable for including this critical issue.



Access

Access to basic and life-saving services is grounded in humanitarian and human rights law. Emergency programmes should provide access for all individuals and groups within the affected population. Accordingly, the selection and prioritisation criteria for accessing humanitarian facilities, goods, services and protection must be informed by a gender and diversity analysis to ensure that the assistance and protection reach the most vulnerable. Four dimensions of accessibility can be identified in relation to humanitarian assistance and protection: non-discrimination, physical accessibility, economic accessibility or affordability and information accessibility.^{xxiii}

Non-discrimination: Humanitarian facilities, goods and services are accessible to all people, in particular persons belonging to marginalised groups, without discrimination. Everyone affected by the emergency has equal and equitable access.

Physical accessibility: Facilities, goods and services are within safe physical reach of all sections of the population, and special measures are taken to facilitate access for vulnerable groups. Ensuring physical access implies that older persons, children, persons with disabilities and people living with HIV/AIDS or

other chronic diseases must be able to access and benefit from emergency programmes, services and activities on an equitable basis with the general population. Such measures might include the construction of safe spaces to increase protection for people who have experienced violence or facilitating access for persons with disabilities, using ramps, wider doors, etc.

Economic accessibility or affordability: Where there are any fees involved, services must be affordable for all, including socially disadvantaged groups. Equity demands that poorer households should not be disproportionately burdened with expenses compared to more economically-advantaged households.

Information accessibility: Community feedback mechanisms and information services need to be accessible for all and should be based on an information needs assessment and mapping of communication channels, ensuring a gender and diversity analysis. Communication channels include community meetings, telephone lines or notice boards with suggestion boxes. Information as aid needs to be available in all relevant languages and requires a platform that can reach a large number of people quickly, such as short messaging services (SMS), television, social media or radio. Information must be provided in a variety of formats to ensure that persons with different impairment types can access the information, for example, in audio, visual, sign language, Braille, picture and easy-to-read formats.

In addition to information on the current emergency situation, accessible information must list protection institutions, including those with specific expertise in attending to persons with disabilities, women, children and adolescents, and indicate where to report violence. Information must be made accessible about affected people's rights and about feedback mechanisms, such as hotlines, text messages, information desks and complaint boxes.



Participation

Participation refers to the full, equal and meaningful involvement of all members of the community in decision-making processes and activities that affect their lives. The level of participation that different people will engage in will depend upon their access, how rewarding they find the experience and whether they gain something from the process. In many societies, traditions continue to exclude women, children, persons with disabilities and marginalised groups from decisions and activities in disaster response and recovery.

Participation in emergency work is an essential foundation of people's right to life with dignity affirmed in the Code of Conduct for the International Red Cross and Red Crescent and Non-Governmental Organisations in Disaster Relief.^{xxiv}

A necessary step to ensure full participation may be for individuals or groups to create their own associations that will co-lead the community's and partners' responses to emergencies. Experience shows that a balance in gender representation and involving adolescents as well as people from marginalised groups, such as persons with disabilities, in assessment and response teams contributes to inclusive and protective programming.

The need to adapt and improve our approach to community engagement and accountability is also due to the dramatically changing humanitarian landscape. Increased access to mobile phones, the internet and social media is changing the way people communicate. Through new technologies, local communities can organise their own response and engage with each other, governments, media and aid organisations more

effectively than ever before. This new connectivity also empowers communities to demand greater transparency and participation.

Participation is one of the nine Core Humanitarian Standards.



Safety

Persons of all gender identities, ages, disabilities and backgrounds within affected communities have different needs in relation to their physical and psychological safety. Monitoring the safety of project sites and activities with the direct participation of diverse groups is essential to ensure that the assistance provided meets everyone's needs and concerns in an equitable manner.

Assessing safety from the perspective of gender, age, disability and diversity requires regular monitoring in all sectors. We should always maximise the positive impacts of sector programmes on people's safety.

Here, we address three dimensions of safety in each sector: sector-specific safety issues; sexual and gender-based violence (SGBV) prevention and response and child protection; and Internal protection systems.

1. Sector-specific safety issues

In each sector, there are specific issues related to safety, e.g. distribution sites are secure; food preparation stoves, fuel and equipment are safe; sanitation facilities have internal locks; there is lighting in and around latrines and bathing facilities; pathways, routes and facilities meet accessibility standards to ensure safe access for persons with mobility limitations and visual impairments, etc.

2. Sexual and gender-based violence (SGBV) prevention and response and child protection

SGBV is caused by gender inequality and an abuse of power. It undermines the safety, dignity and overall health status of the people who experience it. Although anyone can be impacted by SGBV, some groups are at particular risk, such as women, adolescent girls, unaccompanied and separated children, sexual and gender minorities, women and girls with disabilities and boys. Building greater awareness and understanding of SGBV across the Red Cross and Red Crescent is a critical first step to improve the number and quality of prevention and response initiatives. When providing assistance, we must take specific action to reduce the risk of and respond to SGBV. These standards are designed to protect survivors and reduce the risk of SGBV through implementation of mitigation and response strategies across all sectors.

In emergencies, children, especially unaccompanied and separated children, are among the most vulnerable. Child protection is the responsibility of all personnel in all the work we do. When a child receives any kind of assistance or service (e.g. medical or legal), a parent or guardian has to give consent on behalf of the child.

Violence against children is defined as “[a]ll forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”. This includes exploitation, trafficking in human beings and early marriage of children.^{xxv}

3. Internal protection systems

All Red Cross and Red Crescent staff and volunteers must sign and be briefed on the **Code of Conduct** and behave in ways that reflect its provisions.

We must act to ensure that all Red Cross and Red Crescent staff and volunteers meet the Code of Conduct expectations and apply programming that respects the rights and dignity of individuals. Sexual exploitation and abuse (SEA) by humanitarian actors represents failure of protection and violates universally recognised international legal norms and standards. When contributing to the protection of affected populations, we must implement standards and instruments preventing and eradicating SEA crimes. **There is zero tolerance for sexual exploitation and abuse** as outlined by the **IFRC Secretariat Policy on Prevention and Response to Sexual Exploitation and Abuse (2018)**.^{xxvi}

As with protection from SEA by our own staff and volunteers, all Red Cross and Red Crescent staff and volunteers must be aware of the provisions of the **IFRC Child Protection Policy**^{xxvii} and receive a briefing in this regard. In 2013, the IFRC launched its Child Protection Policy to provide a framework for ensuring that children (i.e. under 18 years) are protected from all forms of abuse and exploitation in all IFRC operations, activities and programmes. In 2015, the IFRC launched an online training programme on the policy, and all personnel are encouraged to take the training via the learning platform. An Action Plan^{xxviii} guides the implementation of the Child Protection Policy and broader integration into programming.

According to the IFRC **Whistleblower Protection Policy**, the IFRC has a zero-tolerance approach to any form of retaliation against a person who either reports reasonably held suspicions of a breach of the IFRC Internal Rules or cooperates in an audit or investigation process. The IFRC's **Anti-Harassment Guidelines** give guidance on how to analyse, report and resolve a harassment incident.



Protection, Gender, Inclusion and Disaster Law

Having the right laws and procedures in place can lay the foundation for effective emergency response and ensure that dignity, access, participation and safety for persons of all gender identities, ages, disabilities and backgrounds is included in disaster risk management (DRM) programming and systems. While law may not be a topic at the forefront of emergency programming, it can play a critical role and it is therefore important to have an awareness and understanding of the enabling role that it can play.

The IFRC and National Societies have an internationally recognised mandate to influence and support public authorities to develop state-of-the-art disaster-related legislation, policies and procedures in the interests of the most vulnerable, as outlined in several resolutions of the International Conference of the Red Cross and Red Crescent.³

Although most countries have reflected their international commitments on equality and equity in National Constitutions or Bills of Rights, these obligations are not often translated into DRM systems. Research has found that national disaster laws and policies which do contain provisions on women and marginalised groups are often aspirational statements without specific implementation mechanisms. They also tend to focus on the importance of addressing the needs of these groups but without ensuring active participation in decision-making processes. Furthermore, if these groups are not adequately and meaningfully included in all aspects of DRM, from risk reduction to emergency response and recovery, then it is difficult for communities to become truly disaster resilient.

Key recommendations have been developed by the IFRC, National Societies and their key partners to ensure that legal frameworks for DRM are gender responsive, protective and inclusive.⁴ The key recommendations from this work include, but are not limited to, the following:

- Ensure that disaster-related legislation, policies and procedures **are gender and diversity sensitive and reflect international humanitarian standards.**

³ See, for example, Resolution 6 on "Strengthening legal frameworks for disaster response, risk reduction and first aid" from the 32nd International Conference in 2015, and Resolution 7 on "Strengthening normative frameworks and addressing regulatory barriers concerning disaster mitigation, response and recovery" from the International Conference in 2011.

⁴ This has been done through various initiatives, including a Checklist on Law and Disaster Risk Reduction and a series of publications on "Effective law and policy on gender equality and protection from sexual and gender-based violence in disasters", including a Global Study and country case studies from Nepal, Zimbabwe and Ecuador.

- Ensure that disaster contingency plans are developed to **maintain continuity of protective services during disasters**, including services for survivors of SGBV and victims of trafficking.
- **Ensure that DRM systems adequately integrate and coordinate with existing gender, disability inclusion, SGBV and child protection frameworks** in preparedness, risk reduction, response and recovery – **something which can be mandated by law.**
- **Ensure that relevant constitutional provisions and/or international obligations on equality and non-discrimination** are adequately reflected and embedded in disaster-related legislation, policies and procedures.
- **Mandate minimum demographically proportional representation** assigning, as appropriate, clear responsibilities and tasks in all DRM system governance bodies and management committees from national to local level. Mandated participation will also need to be accompanied by procedural and/or practical solutions.
- **Strengthen the disaster resilience of “normal time” laws, systems and institutions, including the provision of adequate information and funding** for health, psychosocial, legal and protection services.
- Allocate adequate **resources to address equality, equity and non-discrimination** within DRM frameworks at national and local level.

These recommendations are targeted at the relevant law- and policy-makers and are also for the consideration of DRM practitioners and humanitarian actors. The four areas of focus outlined in the DAPS approach provide a useful framework which can be applied to any disaster-related legislation, policy or procedure to ensure an inclusive disaster risk management framework which adequately engages and provides for all people is established.^{xxix}



Minimum Standards



Emergency Health

The first step in providing inclusive and protective emergency programming is to know who in the community is affected, how they are affected and how we can best respond. To do this, we need to conduct a **gender and diversity analysis**. Such analysis allows us to understand and respond to individuals and groups in the affected community, based on their specific risks, needs and concerns. Gender and diversity analysis must include the participation of women, girls, men, boys and persons of other gender identities as well as individuals and groups based on: age (children, adolescents and older men and women); disability status (physical, sensory and intellectual); persons with mental health disabilities; and ethnic, religious or cultural minorities. As a minimum requirement, we need to include gender- and diversity-related questions in all needs and sectoral assessments to ensure protective and inclusive programming.⁵

STANDARDS



Dignity

- Separate consulting rooms and toilets are available and, if the context requires it, separate entrances and waiting areas for women and men and for people who identify as another gender are available to provide maximum privacy and dignity. The needs of sexual and gender minorities are taken into consideration.
- Persons with mobility limitations can use the toilet in privacy and with dignity. Solutions include access ramps, wide doors, handrails, sufficient space inside the toilet, seating for latrines and artificial lighting. The doors include a bar or similar on the inside to allow the user to close and lock the door themselves.
- Health services and facilities are culturally appropriate for persons of all gender identities, ages, disabilities and backgrounds.
- Patients have the opportunity to access healthcare personnel of their preferred gender.

⁵ Detailed guidance on conducting protective and inclusive needs assessments and gender and diversity analysis can be found in the IFRC Protection, Gender and Inclusion in Emergencies toolkit (2018–2019).

- Health services, including consultations, consultation rooms, patient information and files, ensure privacy and confidentiality.
- Examinations and treatment are undertaken with the patient's free, prior and informed consent. Where the patient is a child, informed consent may be sought from the child or from the child's caregiver, depending on the age of the child and their level of maturity.
- In a situation where there are concerns regarding the child's parent or caregiver, it is advised to consult child protection specialists for the best course of action.
- If an unaccompanied or separated child is in need of critical health-care but is without a recognised legal guardian, the healthcare provider must make a decision concerning treatment in consultation with the child and with relevant local protection authorities.
- If a patient is an adolescent, medical staff including administrative staff should consider keeping personal health information of that patient from their parents or caregivers in most circumstances. This is particularly relevant in the provision of sexual and reproductive health services and responding to SGBV. If there is a risk of harm to the patient or others, confidentiality may need to be lifted.
- All healthcare staff are willing to learn and implement the survivor-centred approach for all patients who come to their clinic.
- All healthcare and frontline emergency response staff are trained on how to provide psychological first aid.
- Teams are trained in holistic menstrual hygiene management^{xxx} and seek culturally appropriate advice from girls, female adolescents and women^{xxxi}. Hygiene management for pregnant women should be included in the training.
- Staff and volunteers engaged in health activities are sensitised on gender, age, disability and associated health needs and on how to communicate respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018).





Access

- In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing health services and facilities are identified and action taken to respond to each constraint and barrier.
- Where selection and prioritisation criteria for accessing health services and facilities have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. *See Annex 2 on selection and prioritisation for details.*
- Health assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised.
- Health services are available and health facilities are accessible at times, in locations and with appropriate staffing levels and gender and diversity composition to ensure that persons of all gender identities, ages, disabilities and backgrounds have equitable access.
- Interpreters of diverse gender identities, including sign language interpreters in appropriate sign language required by the individual, are available to those who need them. Interpreters have received training in ethics and their role and responsibilities working with vulnerable people.
- Keeping sensitivities in mind, outreach is conducted to sexual and gender minorities who may risk not getting access to male- or female-specific services.
- Persons of all gender identities, ages, disabilities and backgrounds have access to confidential and culturally appropriate reproductive health services.
- People living with HIV/AIDS receive or are referred for (continued) care and treatment. The same applies to everyone with a non-communicable disease, e.g. diabetes, hypertension and heart conditions, and persons with mental health disabilities.

- The affected community is provided with health information and is informed of their entitlements to receive available healthcare services. Information on post-violence (rape, physical assault, suicide attempts, etc.) care and access to services is disseminated to the community. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission), sign language and easy-to-read formats, at health centres and in all locations where persons of all gender identities, ages, disabilities and backgrounds gather.
- The health facility meets the service standards of, and healthcare providers are trained in, the “minimum initial service package” (MISP) for reproductive health (RH) in crisis situations. The MISP defines services to: reduce maternal and newborn mortality; prevent and respond to SGBV; reduce HIV transmission; and plan for comprehensive RH services. This includes: functioning referrals; training key staff on the clinical management of rape; and development of a basic protocol and provision of post-exposure prophylaxis (PEP) kits, antibiotics to prevent and treat STIs, Tetanus toxoid/Tetanus immunoglobulin, Hepatitis B vaccine and emergency contraception (where legal and appropriate).
- Medical personnel are made aware of the in-country standard operating procedures (SOPs) and referral pathways for SGBV, child protection and other key protection risks, e.g. trafficking in human beings, developed by the protection cluster or sub-cluster. All medical personnel should follow those procedures. Service providers on the referral lists should be vetted for ease of access, availability, cost and quality of service provision, number of trained personnel of different genders and application of the survivor-centred approach before finalising the lists.
- Information about referral pathways is disseminated, regularly updated and easily accessible for all gender identities, ages, disabilities and backgrounds.
- People with newly acquired impairments as well as persons with existing disabilities in the affected community have access to rehabilitation services and assistive aids and devices to help reduce the disabling impacts of injuries and impairments.
- People affected by crisis, including sexual and gender minorities, persons with disabilities, children and older people, have access to mental health services that prevent or reduce crisis-related and pre-existing mental health conditions and associated impaired functioning.





- Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work.



Participation

- Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from health activities and programming.
- Persons of all gender identities, ages, disabilities and backgrounds are consulted about their specific health needs, concerns and priorities to inform the design of all health services. Where necessary, same-gender identity focus group discussions are held with corresponding gender identity facilitators and same-gender identity interpreters in multilingual settings.
- Assessment, response, and monitoring and evaluation teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds, including linguistic minorities.
- The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate.
- Feedback mechanisms, such as satisfaction surveys for after medical attention, are established. Confidential mechanisms to report possible cases of violence must also be available.
- Community health committees, or equivalent, have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not culturally acceptable, separate committees are set up to address the distinct health needs of diverse gender identities.
- Health education on menstrual hygiene management is provided, in cooperation with affected people, in a cross-section of locations including schools.
- Special measures are established to provide equal access to persons of all gender identities, ages, disabilities and backgrounds who wish to participate in training, employment and volunteering. The activities must not be hazardous or exploitative and must comply with local laws. Measures include the identification and removal of barriers to enable meaningful participation of single-headed families, persons with disabilities, older people, adolescents or people with other special

needs (e.g. pregnant and lactating women, people living with HIV/AIDS). This may include::

- allowances for flexible timing of meetings
 - securing accessible locations and venues
 - provisions for support for persons with disabilities who have been separated from their caregiver or support person
 - signing interpreters in appropriate languages
 - ensuring same-gender identity instructors
 - providing childcare and safe spaces for children to play.
- Healthcare staff of diverse gender identities are hired and trained. Where this is difficult, the community is consulted about appropriate action to be taken to hire and train the under-represented gender(s) including, for example, putting special measures in place to accommodate female staff.



Safety

Sector-specific safety issues

- With the involvement of persons of all gender identities, ages, disabilities and backgrounds, assess the safety and accessibility of health facilities and distribution points, including safe travel to/from them, cost, language, cultural and/or physical barriers to services, especially for marginalised groups, including older people, children and persons with disabilities.
- In cooperation with local women's associations and child protection networks, map and assess the local context and be alert to and address, where possible, harmful practices, such as early and forced marriage and female genital mutilation (FGM).
- Adequate lighting in and around health facilities, including Red Cross and Red Crescent field hospitals and clinics, separate consultancy rooms, access to toilets according to a person's gender identity and, if necessary, separate waiting areas and entrances are provided to mitigate safety risks.
- Violence is included in health triage and surveillance forms. This involves checking for bruises, broken bones, lacerations, anxiety issues, fear, alcohol consumption, sexually transmitted infections, signs of self-harm, etc





Sexual and gender-based violence (SGBV) prevention and response and child protection

- Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to the health sector. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV.
- Those at greatest risk of SGBV are involved in the siting, design, construction and management of health facilities and services.
- Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:
 - partnering with women and/or women's organisations, groups or organisations of women with disabilities, civil society organisations of sexual and gender minorities and other at-risk groups and child protection networks
 - consulting at-risk groups to define safe locations for health facilities and related activities
 - actively involving men and boys as agents of change in addressing SGBV
 - coordinating with other relevant sectors and clusters, such as WASH, protection, shelter and settlements, to mainstream SGBV mitigation and response and child protection
 - establishing separate and safe areas, such as woman-, adolescent- and child-friendly spaces⁶ that are accessible for persons with disabilities
 - establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority groups
 - putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.
- A core set of indicators, disaggregated by sex, age, disability and other relevant context-specific vulnerability factors, are identified, collected and analysed to monitor SGBV and child protection risk reduction and response activities as well as other risk factors relevant to the context, such as trafficking in human beings.⁷

⁶ Refer to IFRC and World Vision Child Friendly Spaces step-by-step guidance note and training tools (2018).

⁷ Refer to IFRC Human Trafficking in the Context of Migration Trainer Toolkit. How to reduce risks, recognize signs and respond safely (2018).

- SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell health staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports health teams in mitigating these risks.
- All staff and volunteers involved in the health sector have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV.
- All healthcare staff understand the guiding principles of the survivor-centred approach to working with survivors of SGBV: 1) Safety, 2) Confidentiality, 3) Respect and 4) Non-discrimination, and referral pathways for survivors of SGBV, including victims of trafficking.
- All staff and volunteers involved in the health response carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.
- Where medical personnel are obliged by law to report incidents of sexual violence to the police/authorities, they should seek advice from SGBV advisers to ensure that the principles of a survivor-centred approach are respected.
- Survivors of SGBV are supported in seeking, and are referred for, clinical care and have access to psychosocial support and other essential support, including legal counsel, when the Red Cross and Red Crescent cannot provide this itself. Such support may include physically accompanying survivors or providing safe transport for them to the destination of service provision.
- Where data on sexual and physical violence is recorded, only the number of incidents, the type of violence (e.g. sexual, physical) and sex, age and disability disaggregated data on the survivors is retained. No identifying information on the survivor is kept. This information should be stored in a confidential area and only be accessible to the lead data collector/project coordinator.





- When addressing SGBV perpetrated against a child, it is preferable to have staff of diverse gender identities available who are trained in child protection and child-specific interviewing techniques. Who conducts the interviews will depend on the gender and preference of the child.
- Meetings are held with local health, law enforcement, legal aid and judiciary institutions receiving SGBV, trafficking in human beings and child protection complaints to learn about their response methods and capacity. MISP and PEP kit procedures and materials are introduced, and training is offered where these practices and kits are not known. Survivors are referred to these services based on findings about service capacity and if their response is in line with international minimum standards.
- Health committee members and affected communities are engaged in SGBV and child protection awareness-raising activities, including other risk mitigation topics, such as trafficking in human beings.
- Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in consultation rooms and in health outreach activities, e.g. dialogue with patients or poster messages, dissemination of messages in education facilities, in cooperation with school nurses who may be the first point of contact for survivors. Messages include information about rights and options for reporting risk and accessing care in an ethical, safe, confidential and non-discriminatory manner.

Internal protection systems

Prevention and response to sexual exploitation and abuse (PSEA)

- A community-based feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. For example:
 - staff representing diverse gender identities are available to address complaints
 - the system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy
 - consideration is given to the times of day the complaints desk/office is open to ensure greater access for everyone
 - efforts are made to reach children using child-friendly approaches

- the location of the complaints desk/office has been considered from a safety and confidentiality point of view
- complaints materials are provided in a variety of formats, such as audio, visual and easy-to-read formats
- it is ensured that lodging complaints does not further endanger migrants who are in an irregular situation.
- The ICRC-IFRC *Community Engagement and Accountability Guide* and the Inter-Agency Standing Committee's *Best Practice Guide* are used to set up a community-based complaints mechanism.
- Clear, consistent and transparent guidance is available on people's right to healthcare to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind.
- Groups and individuals that rely on others for assistance in accessing health services and facilities (e.g. female-headed households, women, children, older people and persons with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.
- Affected communities receive written, audio, visual and easy-to-read information, including in formats adapted for persons with disabilities, about PSEA and about the complaints mechanism they can use to denounce those abuses.
- All staff and volunteers have received a briefing on PSEA and their obligations in this regard, aligned with international standards.
- All staff and volunteers have signed the PSEA policy.

Code of Conduct and Child Protection Policy

- All staff and volunteers have signed the Code of Conduct and have received a briefing on it.
- All staff and volunteers have signed the Child Protection Policy and have received a briefing on it.
- Code of conduct and child protection materials and briefings are provided in accessible formats and locations for staff and volunteers with disabilities.





- All staff and volunteers know how to make a report and access referral services if they have a child protection or code of conduct concern.
- All staff and volunteers have been recruited using child-safe recruitment measures,⁸ including reference and formal background checks.⁹

⁸ For the IFRC, the Child Protection Action Plan stipulates that 100% of staff who interact with children will have been screened by 2020.

⁹ Challenges and options for improving recruitment processes in the context of Protection from Sexual Exploitation and Abuse (PSEA) by our own staff <https://www.chsalliance.org/files/files/Resources/Tools-and-guidance/UNDP-Joint-Recruitment-Report-PSEA.pdf>

Food Security



The first step in providing inclusive and protective emergency programming is to know who in the community is affected, how they are affected and how we can best respond. To do this, we need to conduct a **gender and diversity analysis**. Such analysis allows us to understand and respond to individuals and groups in the affected community, based on their specific risks, needs and concerns. Gender and diversity analysis must include the participation of women, girls, men, boys and persons of other gender identities as well as individuals and groups based on: age (children, adolescents and older men and women); disability status (physical, sensory and intellectual); persons with mental health disabilities; and ethnic, religious or cultural minorities. As a minimum requirement, we need to include gender and diversity-related questions in all needs and sectoral assessments to ensure protective and inclusive programming.¹⁰

STANDARDS



Dignity

- Food services and distribution facilities are culturally appropriate for persons of all gender identities, ages, disabilities and backgrounds, including children and those with special nutritional requirements, such as pregnant and lactating women and persons with HIV/AIDS or chronic illnesses. This includes taking into account food restrictions, requirements and taboos within the affected community.
- The distribution process is organised in a way that allows people to queue, wait, receive and carry food away from the distribution points in a safe and dignified manner. Clearly signposted priority lines are provided for older people and persons with disabilities and their caregivers, with a resting area and accessible toilets nearby.
- The distribution process takes into consideration the dignity and safety needs of pregnant and lactating women, women with children, child-headed households and unaccompanied and separated children.

¹⁰ Detailed guidance on conducting protective and inclusive needs assessments and gender and diversity analysis can be found in the IFRC Protection, Gender and Inclusion in Emergencies toolkit (2018–2019).



- Households have access to culturally appropriate and safe cooking utensils, fuel, safe, clean water and hygiene materials.
- Staff and volunteers engaged in food security activities are sensitised on gender, age, disability and associated food security needs and on how to communicate respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018).



Access

- In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing food security activities (e.g. distributions, training, cash or food-for-work, income-generating activities) are identified and action taken to respond to them.
- Where selection and prioritisation criteria for accessing food distribution and food security activities (e.g. food-for-work, food vouchers) have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. *See Annex 2 on selection and prioritisation for details.*
- Food security assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised.
- Distribution points are located, designed and adapted so that everyone, especially pregnant and lactating women, older people and persons with disabilities, can access them. The safety and access of children and child-headed households need to be taken into account.
- Special measures are in place to allow alternative provision of food assistance to people who cannot attend distribution points or transport food items because of their age, visual, intellectual or physical impairments or safety needs (such as child-headed households, unaccompanied and separated children, migrants with travel restrictions or who lack permits or stateless people who might face the risk of being detained if they travel to a distribution point).

- People who cannot prepare food or feed themselves have access to trained caregivers, support staff or volunteers who prepare appropriate food and administer feeding where necessary. In contexts where women and girls are solely or primarily responsible for food preparation, single adult men and unaccompanied boys are identified and supported in learning how to prepare food.
- The affected community is informed about distribution, distribution points and their entitlements in terms of food assistance. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission) and easy-to-read formats at distribution points, around displacement camps/shelter sites and in all locations where persons of all gender identities, ages, disabilities and backgrounds gather.
- Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work.



Participation

- Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from food security activities and programming.
- Persons of all gender identities, ages, disabilities and backgrounds are consulted about their specific nutritional needs, concerns and priorities to inform the design of all food security activities and projects. Where necessary, same-gender identity focus group discussions are held with corresponding gender identity facilitators and same-gender identity interpreters in multilingual settings.
- Assessment, response, and monitoring and evaluation teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds, including linguistic minorities.
- The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate.
- Community food security committees, or equivalent, have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not culturally acceptable, separate committees are set up to address the distinct food security needs of diverse gender identities.





- Special measures are established to provide equal access to persons of all gender identities, ages, disabilities and backgrounds who wish to participate in training, employment and volunteering. The activities must not be hazardous or exploitative and must comply with local laws. Measures include the identification and removal of barriers to enable meaningful participation of single-headed families, persons with disabilities, older people, adolescents or people with other special needs (e.g. pregnant and lactating women, people living with HIV/AIDS). This may include:
 - allowances for flexible timing of meetings
 - securing accessible locations and venues
 - provisions for support for persons with disabilities who have been separated from their caregiver or support person
 - signing interpreters in appropriate languages
 - ensuring same-gender identity instructors
 - providing childcare and safe spaces for children to play.



Safety

Sector-specific safety issues

- With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to food distributions are assessed.
- Distribution sites are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe coming to the sites. Measures to ensure safety include:
 - distributions during daylight
 - lighting around the distribution sites
 - close proximity of distribution site(s) to accommodations
 - clearly marked and accessible roads to and from distribution sites
 - accessibility features at distribution sites and access roads/paths to distribution sites for persons with disabilities
 - crowd control
 - distribution teams with representation of diverse gender identities
 - distribution kits which are meant for adult women and adolescent girls only should be distributed by female staff or volunteers to female beneficiaries.

- Specific processes are in place for distribution to adolescents, pregnant and lactating women, unaccompanied and separated children and female- and child-headed households. This includes:
 - distributed goods packaged in weights that women and children are able to carry
 - spaces and activities arranged to care for children while parents are waiting in line.
- Stoves, fuel and equipment used for the preparation of food comply with standards of hygiene and safety.
- Commodity- and cash-based interventions that minimise possible negative impacts are designed and selected (e.g. transfer modalities meet food requirement needs; food ration cards are assigned without discrimination or, with the agreement of community leaders and with a full explanation and transparency, are given to women; girls and boys are included in school feeding programmes).

Sexual and gender-based violence (SGBV) prevention and response and child protection

- Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to food security and distribution. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV (e.g. roles related to agriculture/livestock; restricted access to land and cooking fuel).
- Those at greatest risk of SGBV are involved in the siting, design and management of food security distribution sites and services.
- Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:
 - partnering with women and/or women's organisations, groups or organisations of women with disabilities, civil society organisations of sexual and gender minorities and other at-risk groups and child protection networks
 - consulting at-risk groups to define safe locations for food distributions and related activities
 - actively involving men and boys as agents of change in addressing SGBV
 - coordinating with other relevant sectors and clusters, such as WASH, protection, and shelter and settlements, to mainstream SGBV mitigation and response and child protection





- establishing separate and safe areas, such as woman-, adolescent- and child-friendly spaces¹¹ that are accessible for persons with disabilities
- establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority groups
- putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.
- A core set of indicators, disaggregated by sex, age, disability and other relevant context-specific vulnerability factors, are identified, collected and analysed to monitor SGBV and child protection risk reduction and response activities as well as other risk factors relevant to the context, such as trafficking in human beings.¹²
- SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell food security staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports food security teams in mitigating these risks.
- All staff and volunteers involved in food security programming have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV.
- All food security staff understand the guiding principles of the survivor-centred approach to working with survivors of SGBV: 1) Safety, 2) Confidentiality, 3) Respect and 4) Non-discrimination, and referral pathways for survivors of SGBV, including victims of trafficking.
- All staff and volunteers involved in the food security response carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies

¹¹ Refer to IFRC and World Vision Child Friendly Spaces step-by-step guidance note and training tools (2018).

¹² Refer to IFRC Human Trafficking in the Context of Migration Trainer Toolkit. How to reduce risks, recognize signs and respond safely (2018).

or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.

- Food security committee members and affected communities are engaged in SGBV and child protection awareness-raising activities, including other risk mitigation topics, such as trafficking in human beings.
- Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in community outreach activities during food distributions and as part of school feeding programmes, e.g. dialogue or poster messages in distribution lines and activities with children and youth. Messages include information about rights and options for reporting risk and accessing care in an ethical, safe, confidential and non-discriminatory manner.

Internal protection systems

Prevention and response to sexual exploitation and abuse (PSEA)

- A community-based feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. For example:
 - staff representing diverse gender identities are available to address complaints
 - the system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy
 - consideration is given to the times of day the complaints desk/office is open to ensure greater access for everyone
 - efforts are made to reach children using child-friendly approaches
 - the location of the complaints desk/office has been considered from a safety and confidentiality point of view
 - complaints materials are provided in a variety of formats, such as audio, visual and easy-to-read-formats
 - it is ensured that lodging complaints does not further endanger migrants in an irregular situation.
- The ICRC-IFRC *Community Engagement and Accountability Guide* and the Inter-Agency Standing Committee's *Best Practice Guide* are used to set up a community-based complaints mechanism.





- Clear, consistent and transparent guidance is available on people's right to receive food to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind.
- Groups and individuals that rely on others for assistance in accessing food distributions (e.g. female-headed households, women, children, older people and persons with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.
- Affected communities receive written, audio, visual and easy-to-read information, including in formats adapted for persons with disabilities, about PSEA and about the complaints mechanism they can use to denounce those abuses.
- All staff and volunteers have received a briefing on PSEA and their obligations in this regard, aligned with international standards.
- All staff and volunteers have signed the PSEA policy.

Code of Conduct and Child Protection Policy

- All staff and volunteers have signed the Code of Conduct and have received a briefing on it.
- All staff and volunteers have signed the Child Protection Policy and have received a briefing on it.
- Code of conduct and child protection materials and briefings are provided in accessible formats and locations for staff and volunteers with disabilities.
- All staff and volunteers know how to make a report and access referral services if they have a child protection or code of conduct concern
- All staff and volunteers have been recruited using child-safe recruitment measures,¹³ including reference and formal background checks.¹⁴

¹³ For the IFRC, the Child Protection Action Plan stipulates that 100% of staff who interact with children will have been screened by 2020.

¹⁴ Challenges and options for improving recruitment processes in the context of Protection from Sexual Exploitation and Abuse (PSEA) by our own staff <https://www.chsalliance.org/files/files/Resources/Tools-and-guidance/UNDP-Joint-Recruitment-Report-PSEA.pdf>

Water, Sanitation and Hygiene (WASH)



The first step in providing inclusive and protective emergency programming is to know who in the community is affected, how they are affected and how we can best respond. To do this, we need to conduct a **gender and diversity analysis**. Such analysis allows us to understand and respond to individuals and groups in the affected community, based on their specific risks, needs and concerns. Gender and diversity analysis must include the participation of women, girls, men, boys and persons of other gender identities as well as individuals and groups based on: age (children, adolescents and older men and women); disability status (physical, sensory and intellectual); persons with mental health disabilities; and ethnic, religious or cultural minorities. As a minimum requirement, we need to include gender and diversity-related questions in all needs and sectoral assessments to ensure protective and inclusive programming.¹⁵

STANDARDS



Dignity

- WASH facilities ensure maximum privacy and dignity. This includes:
 - people have access to latrines according to their gender identity
 - separate latrines are accessible for persons of different genders with mobility limitations
 - lockable latrines and washing facilities
 - creation of separate and adapted private spaces for people facing additional barriers to access (e.g. to enable clothes changing and washing).
 - persons with mobility limitations can use the toilet in privacy and with dignity. Solutions include access ramps, wide doors, handrails, sufficient space within the toilet, seating for latrines and artificial lighting. The doors include a bar or similar on the inside to allow the user to close and lock the door themselves

¹⁵ Detailed guidance on conducting protective and inclusive needs assessments and gender and diversity analysis can be found in the IFRC Protection, Gender and Inclusion in Emergencies toolkit (2018-2019)



- partitions for privacy and/or cultural purposes. The community is consulted about the acceptable distance between women's and men's toilets
- separate facilities for caregivers to assist children with their bathing and toileting needs. Doors should have an opening or window on the upper part, as a protective measure against child abuse.
- Culturally appropriate sanitary materials and underwear are distributed to women and girls of reproductive age in sensitive ways. This includes:
 - distribution through women's groups
 - distribution directly after school or at other venues where girls are together
 - appropriate disposal or care (washing and drying) facilities provided. Pre-packaged materials for distribution are clean and unopened
 - provision of washable underwear where good solutions have been tested and found to mitigate environmental impact and high-scale disposals
 - provision of dignity kits for menstrual hygiene management
 - demonstration of the use of menstrual hygiene management materials
 - menstrual hygiene management education and awareness-raising for women and girls and sexual and gender minorities as well as men and boys (this can be conducted separately as required by the context).
- Staff and volunteers engaged in WASH activities are sensitised on gender, age, disability and associated WASH needs and on how to communicate respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018).



Access

- In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing WASH activities are identified and action taken to respond to them.

- Where selection and prioritisation criteria for accessing WASH activities have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. *See Annex 2 on selection and prioritisation for details.*
- WASH assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised.
- Water and sanitation facilities are located, designed and adapted so that all people can safely use and access them, especially older people, children and persons with disabilities.
- The size and volume of water containers are appropriate for use by women, children, older people and others with restricted strength or mobility.
- Innovative and barrier-breaking solutions should be sought for water fetching, such as containers that may be rolled instead of carried.
- Sanitary materials are distributed to individuals, not households. During distribution, appropriate ways should be found to reach women and girls with disabilities and women and girls who face cultural and societal restrictions to accessing distributions, e.g. adolescent girls. Be alert to signs of domestic violence, domestic servitude or other forms of SGBV.
- The affected community is informed of their entitlements in terms of WASH assistance. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission) and easy-to-read formats at distribution points, around displacement camps/shelter sites and in all locations where persons of all gender identities, ages, disabilities and backgrounds gather.
- Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work.





Participation

- Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from WASH activities and programming.
- Persons of all gender identities, ages, disabilities and backgrounds are consulted to identify risky hygiene practices and conditions as well as their needs, concerns and priorities. The information collected is used during the design and rehabilitation of all WASH facilities and services. Where necessary, same-gender identity focus group discussions are held with corresponding gender identity facilitators and same-gender identity interpreters in multilingual settings.
- Women and adolescent girls, including women and girls with disabilities and from minority groups, are consulted about norms in their community and personal preferences and practices related to WASH. These include:
 - personal hygiene management practices and children's hygiene practices
 - responsibilities for water collection, water storage and waste disposal
 - disposal and solid waste management systems to support menstrual hygiene management
 - management and maintenance of WASH facilities.
- Assessment, response, and monitoring and evaluation teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds, including linguistic minorities.
- The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate.
- Persons of all gender identities, ages, disabilities and backgrounds have the same opportunities to learn how to operate and maintain water and sanitation infrastructure.
- Community water and sanitation committees, or equivalent, have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not culturally acceptable, separate committees are set up to address the distinct WASH needs of diverse gender identities.



- Special measures are established to provide equal access to persons of all gender identities, ages, disabilities and backgrounds who wish to participate in training, employment and volunteering. The activities must not be hazardous or exploitative and must comply with local laws. Measures include the identification and removal of barriers to enable meaningful participation of single-headed families, persons with disabilities, older people, adolescents or people with other special needs (e.g. pregnant and lactating women, people living with HIV/AIDS). This may include:
 - allowances for flexible timing of meetings
 - securing accessible locations and venues
 - provisions for support for persons with disabilities who have been separated from their caregiver or support person
 - signing interpreters in appropriate languages
 - ensuring same-gender identity instructors
 - providing childcare and safe spaces for children to play.
- Collaborations between organisations working on WASH, women's groups, adolescent girls and boys forums and livelihoods are considered, thereby linking programmes and opportunities for longer-term support to affected communities.
- Menstrual hygiene management is promoted in cooperation with community members. This includes advocating for the design of menstrual hygiene management services and/or monitoring existing ones and providing information on where to access them.



Safety

Sector-specific safety issues

- With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to WASH safety are assessed. ^{xxxii}
- WASH services are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe using them. Measures to ensure safety include:
 - facilities are secure, with adequate privacy, internal locks and lighting in and around the facilities, and are easily accessible and in close proximity to shelters



- latrines and bathing facilities are separate and individual for women and men, and the needs of other gender identities are assessed to ensure safety and accessibility
- water points are located so that people do not have to walk unreasonable distances or gradients, and they are located in areas that the community deems safe. As per the Sphere guide, no household should be more than 500 metres from a water point
- hygiene materials are distributed by a gender and diversity-balanced team
- distributions are carried out during daylight hours and in locations where women and girls indicate they feel safe travelling to and from.

Sexual and gender-based violence (SGBV) prevention and response and child protection

- Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to WASH. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV.
- Those at greatest risk of SGBV are involved in the siting, design and management of WASH facilities and services.
- Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:
 - partnering with women and/or women's organisations, groups or organisations of women with disabilities, civil society organisations of sexual and gender minorities and other at-risk groups and child protection networks
 - consulting with the affected community to ensure WASH facilities and related activities are located in areas that women, girls, boys and men, and individuals from different groups deem safe
 - actively involving men and boys as agents of change in addressing SGBV
 - coordinating with other relevant sectors and clusters, such as health, protection, and shelter and settlements, to mainstream SGBV mitigation and response and child protection

- establishing separate and safe areas, such as woman-, adolescent- and child-friendly spaces¹⁶ that are accessible for persons with disabilities
 - establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority groups
 - putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.
- A core set of indicators, disaggregated by sex, age, disability and other relevant context-specific vulnerability factors, are identified, collected and analysed to monitor SGBV and child protection risk reduction and response activities as well as other risk factors relevant to the context, such as trafficking in human beings.¹⁷
 - SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell WASH staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports WASH teams in mitigating these risks.
 - All staff and volunteers involved in WASH programming have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV.
 - All WASH staff understand the guiding principles of the survivor-centred approach to working with survivors of SGBV: 1) Safety, 2) Confidentiality, 3) Respect and 4) Non-discrimination, and referral pathways for survivors, including victims of trafficking.
 - All staff and volunteers involved in the WASH response carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.

¹⁶ Refer to IFRC and World Vision Child Friendly Spaces step by step guidance note and training tools (2018)

¹⁷ Refer to IFRC Human Trafficking in the Context of Migration Trainer Toolkit. How to reduce risks, recognize signs and respond safely (2018)





- WASH committee members and affected communities are engaged in SGBV and child protection awareness-raising activities, including other risk mitigation topics, such as trafficking in human beings.
- Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in community outreach activities, e.g. during WASH-related NFI distributions, dialogue and/or posters at distribution lines. Information is shared in schools where WASH facilities are being built or rehabilitated or where awareness-raising interventions related to WASH are delivered. Messages include information about rights and options for reporting risk and accessing care in an ethical, safe, confidential and non-discriminatory manner.

Internal protection systems

Prevention and response to sexual exploitation and abuse (PSEA)

- A community-based feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. For example:
 - staff representing diverse gender identities are available to address complaints
 - the system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy
 - consideration is given to the times of day the complaints desk/office is open to ensure greater access for everyone
 - efforts are made to reach children using child-friendly approaches
 - the location of the complaints desk/office has been considered from a safety and confidentiality point of view
 - complaints materials are provided in a variety of formats, such as audio, visual and easy-to-read-formats
 - it is ensured that lodging complaints does not further endanger migrants in an irregular situation.
- The ICRC–IFRC *Community Engagement and Accountability Guide* and the Inter-Agency Standing Committee's *Best Practice Guide* are used to set up a community-based complaints mechanism.
- Clear, consistent and transparent guidance is available on people's right to WASH services to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with

pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind.

- Groups and individuals that rely on others for assistance in accessing WASH services and facilities (e.g. female-headed households, women, children, older people and persons with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.
- Affected communities receive written, audio, visual and easy-to-read information, including in formats adapted for persons with disabilities, about PSEA and about the complaints mechanism they can use to denounce those abuses.
- All staff and volunteers have received a briefing on PSEA and their obligations in this regard, aligned with international standards.
- All staff and volunteers have signed the PSEA policy.

Code of Conduct and Child Protection Policy

- All staff and volunteers have signed the Code of Conduct and have received a briefing on it.
- All staff and volunteers have signed the Child Protection Policy and have received a briefing on it.
- Code of conduct and child protection materials and briefings are provided in accessible formats and locations for staff and volunteers with disabilities.
- All staff and volunteers know how to make a report and access referral services if they have a child protection or code of conduct concern.
- All staff and volunteers have been recruited using child-safe recruitment measures,¹⁸ including reference and formal background checks¹⁹

¹⁸ For the IFRC, the Child Protection Action Plan stipulates that 100% of staff who interact with children will have been screened by 2020.

¹⁹ Challenges and options for improving recruitment processes in the context of Protection from Sexual Exploitation and Abuse (PSEA) by our own staff <https://www.chsalliance.org/files/files/Resources/Tools-and-guidance/UNDP-Joint-Recruitment-Report-PSEA.pdf>





Shelter

The first step in providing inclusive and protective emergency programming is to know who in the community is affected, how they are affected and how we can best respond. To do this, we need to conduct a **gender and diversity analysis**. Such analysis allows us to understand and respond to individuals and groups in the affected community, based on their specific risks, needs and concerns. Gender and diversity analysis must include the participation of women, girls, men, boys and persons of other gender identities as well as individuals and groups based on: age (children, adolescents and older men and women); disability status (physical, sensory and intellectual); persons with mental health disabilities; and ethnic, religious or cultural minorities. As a minimum requirement, we need to include gender and diversity-related questions in all needs and sectoral assessments to ensure protective and inclusive programming.²⁰

STANDARDS



Dignity

- Site layout and household and collective shelter design and layout provide maximum privacy, safety and dignity for all the occupants.
- Settlement planning and shelter design are culturally appropriate for all occupants, including older people, people with disabilities and minority groups.
- Shelter structures and public facilities provide adequate privacy for women and girls who may need to use the space to change their menstrual hygiene materials. This includes adequate lighting, privacy partitions and doors with locks (on the inside).
- There are spaces and activities related to grief, praying, meditation and rituals, without prioritising one religion or faith over others.
- Appropriate materials for internal subdivision are provided to individual households, according to their composition, and enable safe and appropriate separation and privacy between the genders, for different

²⁰ Detailed guidance on conducting protective and inclusive needs assessments and gender and diversity analysis can be found in the IFRC Protection, Gender and Inclusion in Emergencies toolkit (2018–2019).

age groups and for persons with disabilities. This may include the creation of separate private spaces for persons with disabilities (e.g. to ensure privacy for personal assistance provided by a caregiver/support person) to maintain their dignity.

- In collective shelters, families or at-risk groups, such as individual women and unaccompanied and separated children, stay with their own groups, and materials to screen personal and household spaces are provided to ensure privacy and safety.
- In all types of shelter, family unity is considered in the house size and layout, and larger families are therefore accommodated accordingly and have sufficient covered space to provide dignified accommodation. Essential household activities can be satisfactorily undertaken, and livelihood support activities can be pursued as required.
- The design of the shelter is acceptable to the affected population and provides sufficient thermal comfort, fresh air and protection from the elements to ensure their dignity, health, safety and well-being.
- Staff and volunteers engaged in shelter activities are sensitised on gender, age, disability and associated shelter needs and on how to communicate respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018).



Access

- In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing shelter services and facilities are identified and action taken to respond to them.
- Where selection and prioritisation criteria for accessing shelter have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. *See Annex 2 on selection and prioritisation for details.*
- People who are landless, such as residents of slums or other informal settlements, are identified and included in selection and prioritisation for shelter. Homeless people or people who live on the streets, including children and adolescents, are taken into account.





Shelter

- Shelter assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised.
- Housing law and policy are mapped regarding who can have land tenure, how land is passed between generations, how tenure is established following displacement and return, how land disputes are resolved and if dispute resolution procedures are accessible to all. The rights of stateless people who may not be able to hold land titles are addressed.
- Technical support and follow-up are provided to people at greater risk of discrimination, such as female- and child-headed households, older people, sexual and gender minorities, stateless people, migrants, unaccompanied and separated children and persons with disabilities, to maintain, repair and upgrade shelters.
- Universal design principles are taken into consideration for emergency design and overall camp planning. All shelters and infrastructure are designed or adapted so that all people can physically access them, especially older people and persons with disabilities. This includes:
 - avoiding steps or changes of level close to exits and providing handrails for all stairways and ramps
 - allocating space on the ground floor adjacent to exits or along access routes for occupants with walking or vision difficulties
 - locating accessible shelters close to camp services and with easy access to camp entrances
 - ensuring camp service facilities are accessible to persons with mobility limitations and information is provided in accessible formats
 - ensuring internal design allows appropriate access to cooking, washing and sleeping arrangements.
- The affected community is informed of their entitlements in terms of shelter assistance. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission) and easy-to-read formats at distribution points, around displacement camps/shelter sites and in all locations where persons of all gender identities, ages, disabilities and backgrounds gather.

- All staff involved in shelter activities should be aware of regulatory barriers to shelter and settlements in disaster contexts and gain an understanding of the local housing, land and property rights system in the country where they work. Such knowledge is imperative to implement shelter programmes efficiently and equitably and make sure that the shelter needs of the most vulnerable are met. To the extent possible, the IFRC Rapid Tenure Assessment Guidelines should be used for post-disaster response planning.
- In cases where there has been damage to or destruction, takeover or use of education facilities for purposes other than education, measures to restore access or minimise disruption to education should be explored.
- Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work.



Participation

- Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from shelter activities and programming.
- Persons of all gender identities, ages, disabilities and backgrounds are consulted about their specific shelter needs, concerns and priorities as well as tenure arrangements. This information is used to design all shelter facilities, services and activities. Where necessary, same-gender identity focus group discussions are held with corresponding gender identity facilitators and same-gender identity interpreters in multilingual settings.
- Communities are engaged in the construction of shelters to draw on local capacities to build infrastructure.
- Shelter quality and layout as well as settlement contingency planning are decided with the support of diverse groups. Priority should be given to the opinions of those groups or individuals who typically have to spend more time within the shelters (e.g. women, female-headed households, older people, children and persons with disabilities) and who may use the shelter for livelihood purposes.
- Focus group discussions are held on local aspects of tenure and housing, land and property rights issues and how persons of all gender identities, ages, disabilities and backgrounds may be affected.





Shelter

- Assessment, response, and monitoring and evaluation teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds, including linguistic minorities.
- The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate.
- Community shelter committees, or equivalent, have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not culturally acceptable, separate committees are set up to address the distinct shelter needs of diverse gender identities.
- Special measures are established to provide equal access to persons of all gender identities, ages, disabilities and backgrounds who wish to participate in training, employment and volunteering. The activities must not be hazardous or exploitative and must comply with local laws. Measures include the identification and removal of barriers to enable meaningful participation of single-headed families, persons with disabilities, older people, adolescents or people with other special needs (e.g. pregnant and lactating women, people living with HIV/AIDS). This may include:
 - allowances for flexible timing of meetings
 - securing accessible locations and venues
 - provisions for support for persons with disabilities who have been separated from their caregiver or support person
 - signing interpreters in appropriate languages
 - ensuring same-gender identity instructors
 - providing childcare and safe spaces for children to play.
- Persons of all gender identities, ages, disabilities and backgrounds have equal opportunities for involvement in all aspects of shelter activities. Where this is difficult, the community is consulted about appropriate action to be taken to hire and train the under-represented gender(s), including, for example, putting special measures in place to accommodate female staff.



Safety

Sector-specific safety issues

- With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to shelter safety are assessed.
- Settlement planning and design are based on an analysis of safety risks to vulnerable populations, such as children, including unaccompanied and separated children, persons with disabilities, women and girls, sexual and gender minorities and other minority groups.
- Shelter is safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe living there. Measures to ensure safety include:
 - shelter is secure, with internal locks and lighting in and around communal areas, including latrines and bathing facilities
 - lighting of entry points to the shelter
 - higher windows that cannot be looked into
 - latrines and bathing facilities are separate and individual for women and men, and the needs of persons of other gender identities are assessed to ensure their safety
 - shelters are located where people feel safe, e.g. in close proximity to accommodation, and older people and persons with disabilities are located closest to well-lit areas (e.g. near food and WASH facilities). For showering facilities, it is best to have individual stalls to ensure privacy and safety for all, including sexual and gender minorities
 - systems are in place to address overcrowding
 - access to safe firewood or other domestic energy sources is ensured
 - alcohol and illegal substances are prohibited within group shelters
 - all visitors have to sign in and sign out.
- An understanding of habitual land use patterns is required when selecting sites for temporary and permanent shelter, for instance, to avoid any risk of conflicts between settled vs. nomadic populations.
- A code of conduct is established for the shelter dwellers to promote harmonious coexistence and reduce the risk of violence. Communities should agree on key behaviours to avoid violence and conflict situations among them.





Sexual and gender-based violence (SGBV) prevention and response and child protection

- Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to the shelter sector. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV.
- Those at greatest risk of SGBV are involved in the siting, design, construction and management of any type of temporary housing, including evacuation centres, shelter facilities and services.
- Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:
 - partnering with women and/or women's organisations, groups or organisations of women with disabilities, civil society organisations of sexual and gender minorities and other at-risk groups and child protection networks
 - consulting at-risk groups to define safe locations for shelter and shelter-related activities
 - actively involving men and boys as agents of change in addressing SGBV
 - coordinating with other relevant sectors and clusters, such as health, protection and WASH, to mainstream SGBV mitigation and response and child protection
 - establishing separate and safe areas, such as woman-, adolescent- and child-friendly spaces²¹ that are accessible for persons with disabilities
 - establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority groups
 - putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.
- A core set of indicators, disaggregated by sex, age, disability and other relevant context-specific vulnerability factors, are identified, collected and analysed to monitor SGBV and child protection risk reduction and

²¹ Refer to IFRC and World Vision Child Friendly Spaces step-by-step guidance note and training tools (2018).

response activities as well as other risk factors relevant to the context, such as trafficking in human beings.²²

- SGBV and child protection risk reduction activities are prioritised in the allocation of shelter materials and in shelter construction. These include:
 - respecting Sphere standards for space and density
 - providing temporary housing for those at risk of SGBV
 - choosing shelter material which prevents people outside from being able to observe whether the shelter is occupied.
- SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell shelter staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports shelter teams in mitigating these risks.
- All staff and volunteers involved in the shelter sector have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV.
- All shelter staff understand the guiding principles of the survivor-centred approach to working with survivors of SGBV: 1) Safety, 2) Confidentiality, 3) Respect and 4) Non-discrimination, and referral pathways for survivors of SGBV, including victims of trafficking.
- All staff and volunteers involved in the shelter sector carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.
- Shelter committee members and affected communities are engaged in SGBV and child protection awareness-raising activities, including other risk mitigation topics, such as trafficking in human beings.

²² Refer to IFRC Human Trafficking in the Context of Migration Trainer Toolkit. How to reduce risks, recognize signs and respond safely (2018).





- Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in community outreach activities, e.g. dialogue or poster messages and in registration and communal areas. Messages include information about rights and options for reporting risk and accessing care in an ethical, safe and confidential manner.

Internal protection systems

Prevention and response to sexual exploitation and abuse (PSEA)

- A community-based feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. For example:
 - staff representing diverse gender identities are available to address complaints
 - the system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy
 - consideration is given to the times of day the complaints desk/office is open to ensure greater access for everyone
 - efforts are made to reach children using child-friendly approaches
 - the location of the complaints desk/office has been considered from a safety and confidentiality point of view
 - complaints materials are provided in a variety of formats, such as audio, visual and easy-to-read formats
 - it is ensured that lodging complaints does not further endanger migrants in an irregular situation.
- The ICRC-IFRC *Community Engagement and Accountability Guide* and the Inter-Agency Standing Committee's *Best Practice Guide* are used to set up a community-based complaints mechanism.
- Clear, consistent and transparent guidance is available on people's right to shelter to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind.

- Groups and individuals that rely on others for assistance in accessing shelter services and facilities (e.g. female-headed households, women, children, older people and persons with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.
- Affected communities receive written, audio, visual and easy-to-read information, including in formats adapted for persons with disabilities, about PSEA and about the complaints mechanism they can use to denounce those abuses.
- All staff and volunteers have received a briefing on PSEA and their obligations in this regard, aligned with international standards.
- All staff and volunteers have signed the PSEA policy.

Code of Conduct and Child Protection Policy

- All staff and volunteers have signed the Code of Conduct and have received a briefing on it.
- All staff and volunteers have signed the Child Protection Policy and have received a briefing on it.
- Code of conduct and child protection materials and briefings are provided in accessible formats and locations for staff and volunteers with disabilities.
- All staff and volunteers know how to make a report and access referral services if they have a child protection or code of conduct concern.
- All staff and volunteers have been recruited using child-safe recruitment measures,²³ including reference and formal background checks.²⁴

²³ For the IFRC, the Child Protection Action Plan stipulates that 100% of staff who interact with children will have been screened by 2020.

²⁴ Challenges and options for improving recruitment processes in the context of Protection from Sexual Exploitation and Abuse (PSEA) by our own staff <https://www.chsalliance.org/files/files/Resources/Tools-and-guidance/UNDP-Joint-Recruitment-Report-PSEA.pdf>





Livelihoods

The first step in providing inclusive and protective emergency programming is to know who in the community is affected, how they are affected and how we can best respond. To do this, we need to conduct a **gender and diversity analysis**. Such analysis allows us to understand and respond to individuals and groups in the affected community, based on their specific risks, needs and concerns. Gender and diversity analysis must include the participation of women, girls, men, boys and persons of other gender identities as well as individuals and groups based on: age (children, adolescents and older men and women); disability status (physical, sensory and intellectual); persons with mental health disabilities; and ethnic, religious or cultural minorities. As a minimum requirement, we need to include gender and diversity-related questions in all needs and sectoral assessments to ensure protective and inclusive programming.²⁵

STANDARDS



Dignity

- Livelihoods programmes are culturally appropriate and accessible to persons of all gender identities, ages, disabilities and backgrounds. This includes:
 - respecting traditional clothing requirements
 - offering alternative, accessible and inclusive livelihoods options, particularly taking into consideration the availability of options to persons with disabilities
 - taking into account the unpaid work undertaken usually by women and girls and the need to organise childcare to permit participation in livelihoods activities.
- Staff and volunteers engaged in livelihoods activities are sensitised on gender, age, disability and associated livelihoods needs and on how to communicate respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018).

²⁵ Detailed guidance on conducting protective and inclusive needs assessments and gender and diversity analysis can be found in the IFRC Protection, Gender and Inclusion in Emergencies toolkit (2018–2019).



Access

- In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing livelihoods activities are identified and action taken to respond to them. These might include:
 - discriminatory community norms and practices related to livelihoods, such as access to and ownership of productive assets (land, credit, etc.)
 - discriminatory national laws related to livelihoods, such as work permits, access to credit, etc.
 - gender norms that exclude women, men, persons of other gender identities or specific social or ethnic groups from certain types of work
 - discrimination in the workplace based on gender, age, disabilities, ethnicity, faith and other factors.
- Livelihoods programmes are designed or adapted so that persons of all gender identities, ages, disabilities and backgrounds can access appropriate income-generating activities.
- Where selection and prioritisation criteria for participation in livelihoods activities have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. *See Annex 2 on selection and prioritisation for details.*
- Livelihoods assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised.
- Livelihoods options should be based on thorough needs assessments in the community, including assessing the needs and capacities of persons of all gender identities, ages, disabilities and backgrounds.
- The accessibility, times, location and staff composition of the livelihood facilities are decided with the affected communities to ensure that persons of all gender identities, ages, disabilities and backgrounds have equitable access.





- Livelihoods programmes do not create additional expenses, such as expensive transportation, for persons with disabilities to access income-generating activities.
- Formal and informal local policies and regulations related to gender and diversity, access to and ownership of livelihoods assets and livelihoods activities have been analysed and taken into consideration during proposal writing and implementation of the programme.
- The affected community is informed of their entitlements in terms of livelihood assistance. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission) and easy-to-read formats at distribution points, around displacement camps/shelter sites and in all locations where persons of all gender identities, ages, disabilities and backgrounds gather.
- Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work.



Participation

- Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from livelihoods activities and programming.
- Persons of all gender identities, ages, disabilities and backgrounds are consulted about their specific livelihoods needs, concerns and priorities. This information is used during the design and implementation of all livelihoods activities and projects. Where necessary, same-gender identity focus group discussions are held with corresponding gender identity facilitators and same-gender identity interpreters in multilingual settings.
- Assessment, response, and monitoring and evaluation teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds, including linguistic minorities.
- The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate.
- Livelihood facilities and livelihoods programmes are designed to enhance the participation of people facing physical barriers (persons with disabilities, older people, prisoners and people living with chronic



diseases) or social, cultural, religious and/or legal barriers (female heads of households, widows, SGBV survivors, unaccompanied girls and boys, sexual and gender minorities, people living with HIV/AIDS, migrants, persons with disabilities, refugees and stateless people).

- Community livelihood committees, or equivalent, have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not culturally acceptable, separate committees are set up to address the distinct livelihoods needs of diverse gender identities.
- Special measures are established to provide equal access to persons of all gender identities, ages, disabilities and backgrounds who wish to participate in training, employment and volunteering. The activities must not be hazardous or exploitative and must comply with local laws. Measures include the identification and removal of barriers to enable meaningful participation of single-headed families, persons with disabilities, older people, adolescents or people with other special needs (e.g. pregnant and lactating women, people living with HIV/AIDS). This may include:
 - allowances for flexible timing of meetings
 - securing accessible locations and venues
 - provisions for support for persons with disabilities who have been separated from their caregiver or support person
 - signing interpreters in appropriate languages
 - ensuring same-gender identity instructors
 - providing childcare and safe spaces for children to play.



Safety

Sector-specific safety issues

- With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to the safety of livelihoods are assessed.
- Livelihood facilities and programmes are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe using them. Measures to ensure safety include:
 - safety travelling to/from work (especially relevant to irregular migrants and/or refugees and asylum seekers who may be at an increased risk of arrest and detention when travelling)



- childcare provisions
- same-gender identity supervisors and trainers if necessary
- location and time of day of work or training.

- Specific income-generating activities are designed for women, adolescent girls, persons with disabilities and sexual and gender minorities to empower and foster their economic independence, which may increase their ability to leave exploitative situations (e.g. exchanging sex for money, housing, food or education).
- The social dynamics are analysed before launching a livelihoods programme to prevent risk of further violence, such as an increase in domestic violence.
- It is ensured that children attend school and are not exploited for labour. This should be linked to a cash programme, especially for child-headed households.

Sexual and gender-based violence (SGBV) prevention and response and child protection

- Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to livelihoods activities. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV.
- Awareness is raised about rights to ensure women, girls, persons with disabilities and other marginalised groups have access to and control over their income generated through the livelihood activity. Consent is sought from family members and caregivers to help prevent domestic violence and put systems in place for feedback if anyone is exploited by family or other community members.
- Those at greatest risk of SGBV are involved in the siting, design and management of livelihoods and income-generating activities.
- Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:
 - partnering with women and/or women's organisations, groups or organisations of women with disabilities, civil society organisations of sexual and gender minorities and other at-risk groups and child protection networks
 - actively involving men and boys as agents of change in addressing SGBV

- coordinating with other relevant sectors and clusters, such as health, protection, cash, and shelter and settlements, to mainstream SGBV mitigation and response and child protection
 - establishing separate and safe areas, such as woman-, adolescent- and child-friendly spaces²⁶ that are accessible for persons with disabilities
 - establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority groups
 - putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.
- Market analyses are conducted in partnership with those at risk of SGBV to identify profitable, accessible and desirable livelihoods activities.
 - A core set of indicators, disaggregated by sex, age, disability and other relevant context-specific vulnerability factors, are identified, collected and analysed to monitor SGBV and child protection risk reduction and response activities as well as other risk factors relevant to the context, such as trafficking in human beings.²⁷
 - It is ensured that any livelihoods activities involving children and adolescents meet local laws and are not hazardous or exploitative.
 - SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell livelihoods staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports livelihoods teams in mitigating these risks.
 - All staff and volunteers involved in livelihoods programmes have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV.
 - All livelihoods staff understand the guiding principles of the survivor-centred approach to working with survivors of SGBV: 1) Safety, 2)

²⁶ Refer to IFRC and World Vision Child Friendly Spaces step-by-step guidance note and training tools (2018).

²⁷ Refer to IFRC Human Trafficking in the Context of Migration Trainer Toolkit. How to reduce risks, recognize signs and respond safely (2018).





Confidentiality, 3) Respect and 4) Non-discrimination, and referral pathways for survivors of SGBV, including victims of trafficking.

- All staff and volunteers involved in the livelihoods sector carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.
- Livelihood committee members and affected communities are engaged in SGBV and child protection awareness-raising activities, including other risk mitigation topics as relevant to the context, such as trafficking in human beings.
- Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in community outreach activities, e.g. dialogue and/or poster messages in livelihoods locations and training facilities. Messages include information about rights and options for reporting risk and accessing care in an ethical, safe and confidential manner.

Internal protection systems

Prevention and response to sexual exploitation and abuse (PSEA)

- A community-based feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. For example:
 - staff representing diverse gender identities are available to address complaints
 - the system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy
 - consideration is given to the times of day the complaints desk/office is open to ensure greater access for everyone
 - efforts are made to reach children using child-friendly approaches
 - the location of the complaints desk/office has been considered from a safety and confidentiality point of view
 - complaints materials are provided in a variety of formats, such as audio, visual and easy-to-read-formats
 - it is ensured that lodging complaints does not further endanger migrants in an irregular situation.

- The ICRC–IFRC *Community Engagement and Accountability Guide* and the Inter-Agency Standing Committee’s *Best Practice Guide* are used to set up a community-based complaints mechanism.
- Clear, consistent and transparent guidance is available on people’s right to livelihoods to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind.
- Groups and individuals that rely on others for assistance in accessing livelihoods activities (e.g. female-headed households, women, children, older people and persons with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.
- Affected communities receive written, audio, visual and easy-to-read information, including in formats adapted for persons with disabilities, about PSEA and about the complaints mechanism they can use to denounce those abuses.
- All staff and volunteers have received a briefing on PSEA and their obligations in this regard, aligned with international standards.
- All staff and volunteers have signed the PSEA policy.

Code of Conduct and Child Protection Policy

- All staff and volunteers have signed the Code of Conduct and have received a briefing on it.
- All staff and volunteers have signed the Child Protection Policy and have received a briefing on it.
- Code of conduct and child protection materials and briefings are provided in accessible formats and locations for staff and volunteers with disabilities.
- All staff and volunteers know how to make a report and access referral services if they have a child protection or code of conduct concern.
- All staff and volunteers have been recruited using child-safe recruitment measures,²⁸ including reference and formal background checks.²⁹

²⁸ For the IFRC, the Child Protection Action Plan stipulates that 100% of staff who interact with children will have been screened by 2020.

²⁹ Challenges and options for improving recruitment processes in the context of Protection from Sexual Exploitation and Abuse (PSEA) by our own staff <https://www.chsalliance.org/files/files/Resources/Tools-and-guidance/UNDP-Joint-Recruitment-Report-PSEA.pdf>



NFI

Non-Food Items (NFIs)

The first step in providing inclusive and protective emergency programming is to know who in the community is affected, how they are affected and how we can best respond. To do this, we need to conduct a **gender and diversity analysis**. Such analysis allows us to understand and respond to individuals and groups in the affected community, based on their specific risks, needs and concerns. Gender and diversity analysis must include the participation of women, girls, men, boys and persons of other gender identities as well as individuals and groups based on: age (children, adolescents and older men and women); disability status (physical, sensory and intellectual); persons with mental health disabilities; and ethnic, religious or cultural minorities. As a minimum requirement, we need to include gender and diversity-related questions in all needs and sectoral assessments to ensure protective and inclusive programming.³⁰

STANDARDS



Dignity

- Non-food items (NFIs), including hygiene kits, clothing and kitchen sets, are culturally appropriate for and address the specific needs of persons of all gender identities, ages, disabilities and backgrounds.
- Culturally appropriate menstrual hygiene management materials and underwear are distributed to women and girls of reproductive age in sensitive ways. This might include:
 - distribution through women's groups
 - distribution directly after school or at other venues where girls are together
 - appropriate disposal or care – washing and drying – facilities are provided
 - distribution to women and girls with disabilities is ensured with respect to their dignity

³⁰ Detailed guidance on conducting protective and inclusive needs assessments and gender and diversity analysis can be found in the IFRC Protection, Gender and Inclusion in Emergencies toolkit (2018–2019).

- independent self-care of women and girls with disabilities is considered in the materials provided.
- The distribution process is organised in a way that allows people to queue, to wait, to receive and to carry NFIs away from the distribution points in a dignified manner.
- All affected people have access to sufficient changes of clothing to ensure their thermal comfort, dignity, health and well-being. In some countries and communities, this must include burkas, hijabs and other culturally specific clothing.
- Specific, inclusive measures are included in project planning to identify and overcome barriers (including physical, attitudinal, economic, information, legal, cultural or religious barriers) in accessing NFIs for persons with disabilities, older persons and minorities.
- Staff and volunteers engaged in NFI distributions are sensitised on gender, age, disability and associated NFI needs and on how to communicate respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018).



Access

- In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing NFI distributions are identified and action taken to respond to them.
- Where selection and prioritisation criteria for accessing NFIs have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. *See Annex 2 on selection and prioritisation for details.*
- Relief assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised.

NFI

Non-Food Items (NFIs)

NFI

Non-Food Items (NFI(s))

- Distribution points are designed or adapted so that persons of all gender identities, ages, disabilities and backgrounds can use and access them.
- The affected community is informed of their entitlements in terms of NFI distribution. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission) and easy-to-read formats at distribution points, around displacement camps/shelter sites and in all locations where persons of all gender identities, ages, disabilities and backgrounds gather.
- Household entitlement cards and ration cards are issued in the name of primary household representatives of all gender identities, including child-headed households, and are not dependent on migration status or nationality or lack thereof.
- Special measures are in place to allow alternative NFI distribution assistance to people who cannot attend distribution points or transport food items because of barriers for persons with disabilities in their environment or safety needs (child-headed households, migrants and refugees, for example).
- Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work.
- Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work.



Participation

- Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from NFI distribution.
- Persons of all gender identities, ages, disabilities and backgrounds are consulted about their specific needs, concerns and priorities to inform the design and composition of NFI distribution and the rate of consumption. Where necessary, same-gender identity focus group discussions are held with corresponding gender identity facilitators and interpreters in multilingual settings.
- Assessment, response, and monitoring and evaluation teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds, including linguistic minorities. The

timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate.

- NFI community committees, or equivalent, have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not culturally acceptable, separate committees are set up to address the distinct NFI needs of diverse gender identities.
- Special measures are established to provide equal access to persons of all gender identities, ages, disabilities and backgrounds who wish to participate in training, employment and volunteering. The activities must not be hazardous or exploitative and must comply with local laws. Measures include the identification and removal of barriers to enable meaningful participation of single-headed families, persons with disabilities, older people, adolescents or people with other special needs (e.g. pregnant and lactating women, people living with HIV/AIDS). This may include:
 - allowances for flexible timing of meetings
 - securing accessible locations and venues
 - provisions for support for persons with disabilities who have been separated from their caregiver or support person
 - signing interpreters in appropriate languages
 - ensuring same-gender identity instructors
 - providing childcare and safe spaces for children to play.



Safety

Sector-specific safety issues

- With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to the safety of NFI distributions are assessed.
- NFI distributions are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe accessing them. Measures to ensure safety include:
 - distributions during daylight
 - lighting around the distribution sites
 - close proximity of distribution site(s) to accommodations

NFI

Non-Food Items (NFIs)

- clearly marked and accessible roads to and from distribution sites
- crowd control
- accessibility features at distribution sites and access roads/paths to distribution sites for persons with disabilities
- distribution teams with representation of diverse gender identities.
- Distribution planning ensures children do not become separated from their families.
- Persons from marginalised groups, such as persons with disabilities and SGBV survivors, unaccompanied and separated children and migrants, may need additional NFIs that help to ensure their safety.

Sexual and gender-based violence (SGBV) prevention and response and child protection

- Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to NFI design and distribution. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV.
- Those at greatest risk of SGBV are involved in the siting, design and management of NFI distribution points.
- Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:
 - partnering with women and/or women's organisations, groups or organisations of women with disabilities, civil society organisations of sexual and gender minorities and other at-risk groups and child protection networks
 - consulting at-risk groups to define safe locations for NFI distributions and related activities
 - actively involving men and boys as agents of change in addressing SGBV
 - coordinating with other relevant sectors and clusters, such as health, protection, WASH, and shelter and settlements, to mainstream SGBV mitigation and response and child protection
 - establishing separate and safe areas, such as woman-, adolescent- and child-friendly spaces³¹ that are accessible for persons with disabilities

³¹ Refer to IFRC and World Vision Child Friendly Spaces step-by-step guidance note and training tools (2018).

- establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority groups
- putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.
- • A core set of indicators, disaggregated by sex, age, disability and other relevant context-specific vulnerability factors, are identified, collected and analysed to monitor SGBV and child protection risk reduction and response activities as well as other risk factors relevant to the context, such as trafficking in human beings.³²
- SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell NFI staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports teams in mitigating these risks.
- All staff and volunteers involved in NFI distributions have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV.
- All staff understand the guiding principles of the survivor-centred approach to working with survivors of SGBV: 1) Safety, 2) Confidentiality, 3) Respect and 4) Non-discrimination, and referral pathways for survivors of SGBV, including victims of trafficking.
- All staff and volunteers involved in the NFI sector carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.
- NFI committee members and affected communities are engaged in SGBV and child protection awareness-raising activities, including other risk mitigation topics, such as trafficking in human beings.

³² Refer to IFRC Human Trafficking in the Context of Migration Trainer Toolkit. How to reduce risks, recognize signs and respond safely (2018)

NFI

Non-Food Items (NFI(s))

- Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in community outreach activities during NFI distributions, e.g. dialogue with adults in distribution lines and activities with children and youth while they wait for their parents. Messages include information about rights and options for reporting risk and accessing care in an ethical, safe and confidential manner.

Internal protection systems

Prevention and response to sexual exploitation and abuse (PSEA)

- A community-based feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. For example:
 - staff representing diverse gender identities are available to address complaints
 - the system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy
 - consideration is given to the times of day the complaints desk/office is open to ensure greater access for everyone
 - efforts are made to reach children using child-friendly approaches
 - the location of the complaints desk/office has been considered from a safety and confidentiality point of view
 - complaints materials are provided in a variety of formats, such as audio, visual and easy-to-read formats
 - it is ensured that lodging complaints does not further endanger migrants in an irregular situation.
- The ICRC-IFRC *Community Engagement and Accountability Guide* and the Inter-Agency Standing Committee's *Best Practice Guide* are used to set up a community-based complaints mechanism.
- Clear, consistent and transparent guidance is available on people's right to NFIs to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind.
- Groups and individuals that rely on others for assistance in accessing NFI distributions (e.g. female-headed households, women, children,

older people and persons with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.

- Affected communities receive written, audio, visual and easy-to-read information, including in formats adapted for persons with disabilities, about PSEA and about the complaints mechanism they can use to denounce those abuses.
- All staff and volunteers have received a briefing on PSEA and their obligations in this regard, aligned with international standards.
- All staff and volunteers have signed the PSEA policy.

Code of Conduct and Child Protection Policy

- All staff and volunteers have signed the Code of Conduct and have received a briefing on it.
- All staff and volunteers have signed the Child Protection Policy and have received a briefing on it.
- Code of conduct and child protection materials and briefings are provided in accessible formats and locations for staff and volunteers with disabilities.
- All staff and volunteers know how to make a report and access referral services if they have a child protection or code of conduct concern.
- All staff and volunteers have been recruited using child-safe recruitment measures,³³ including reference and formal background checks.³⁴

³³ For the IFRC, the Child Protection Action Plan stipulates that 100% of staff who interact with children will have been screened by 2020.

³⁴ Challenges and options for improving recruitment processes in the context of Protection from Sexual Exploitation and Abuse (PSEA) by our own staff <https://www.chsalliance.org/files/files/Resources/Tools-and-guidance/UNDP-Joint-Recruitment-Report-PSEA.pdf>



Cash-Based Interventions (CBIs)

The first step in providing inclusive and protective emergency programming is to know who in the community is affected, how they are affected and how we can best respond. To do this, we need to conduct a **gender and diversity analysis**. Such analysis allows us to understand and respond to individuals and groups in the affected community, based on their specific risks, needs and concerns. Gender and diversity analysis must include the participation of women, girls, men, boys and persons of other gender identities as well as individuals and groups based on: age (children, adolescents and older men and women); disability status (physical, sensory and intellectual); persons with mental health disabilities; and ethnic, religious or cultural minorities. As a minimum requirement, we need to include gender and diversity-related questions in all needs and sectoral assessments to ensure protective and inclusive programming.³⁵

STANDARDS



Dignity

- Cash-based interventions (CBIs) are culturally appropriate for persons of all gender identities, ages, disabilities and backgrounds.
- The capacities of persons with disabilities in the community have been assessed and taken into consideration in unconditional or conditional CBIs, particularly in cash-for-work or community labour activities.
- Conditional CBIs are based on an analysis of the different livelihood contributions and activities of people of diverse gender identities in the community. Moreover, there are programme approaches in place that allow people to receive livelihoods support for tasks that would often be “unwaged” (i.e. unwaged labour of women caring for their families or tending to gardens for food).
- Different contributions have been identified, including both physical labour and supporting roles, and women and men with disabilities are offered a choice between alternatives.

³⁵ Detailed guidance on conducting protective and inclusive needs assessments and gender and diversity analysis can be found in the IFRC Protection, Gender and Inclusion in Emergencies toolkit (2018–2019).

- It is determined whether dignity kits (menstruation and incontinence pads), safe delivery kits or other personal items that are important for dignity (but that are not always prioritised in household budgets) are available in local markets and, if not, they are offered as in-kind (NFI) distributions alongside the cash modality.
- Staff and volunteers engaged in CBIs are sensitised on gender, age, disability and associated income needs and on how to communicate respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018).



Access

- In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing the delivery mechanisms (e.g. ATM cards, bank accounts, mobile phone technology, direct distribution, paper or electronic vouchers) are identified, and targeted strategies to increase access to these transfer mechanisms are provided.
- Where selection and prioritisation criteria for accessing CBIs have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. Where conditional CBIs are designed to support livelihoods, the selection criteria and recipient registration process includes initiatives in which persons of all gender identities, ages, disabilities and backgrounds can be (and are) registered as direct beneficiaries. *See Annex 2 on selection and prioritisation for details.*
- Cash assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised.
- Physical and sensory access for persons with disabilities to vendors, markets and distribution points has been assessed and taken into consideration.





Cash-Based Interventions (CBI)

- Household entitlement vouchers or entitlement cards for cash are issued in the name of the primary household representative who may be a man, a woman or a person identifying as having a non-binary gender identity. Efforts are made to partner with financial service providers who have a social mandate and provide community education on banking, budgeting and other aspects of financial literacy.
- Distribution points and local marketplaces are within five kilometres of a recipient's home, and distribution points are adapted or designed in such a way that everyone can access them, especially persons with physical, sensory and intellectual disabilities, the pre-literate and older people.
- Persons with disabilities, who may need assistance, receive help to carry materials from distribution points and marketplaces.
- The affected community is informed of their entitlements in terms of accessing CBIs. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission) and easy-to-read formats at distribution points, around displacement camps/shelter sites and in all locations where persons of all gender identities, ages, disabilities and backgrounds gather.
- Technical guidance and community engagement materials are available in relevant languages and in picture format. It is ensured that mobile phone companies issue cash transfer information in local languages and using appropriate alphabets so that persons of all gender identities, ages, disabilities and backgrounds can receive information.
- Cash transfer delivery mechanisms, including ATM-based, phone-based, direct distribution and paper or electronic voucher delivery mechanisms, are culturally appropriate to the context, the technology employed is accessible for persons with disabilities to use independently and relevant socially-inclusive market-based analysis is conducted.
- CBIs analyse local and traditional gender roles, ensuring the selection of the most relevant cash transfer delivery mechanisms (bank accounts, mobile phone technology, direct distribution, paper or electronic vouchers, etc.). Efforts are made to specifically identify who, including men and women with disabilities, does not have access to those delivery mechanisms (e.g. women in places where they do not typically have bank accounts) in order to develop strategies which will allow and ease access to CBIs (e.g. training financial service providers on providing the most adequate support for this type of beneficiaries,

providing assistance during bank account registration or mobile phone distribution and raising awareness on how these delivery mechanisms work).

- The needs of pregnant and lactating women and mothers of children under two years are analysed. Opportunities are explored to provide vouchers for access to health services for safe delivery, immunisation of children and support for the first 1,000 days of a child's life.
- Providing unconditional assistance is considered, if appropriate. For example, distributing cash, vouchers or food to older people and persons with disabilities who are unable to participate in cash-for-work or food-for-work activities is considered regardless of measures to make these accessible.
- Persons of all gender identities, ages, disabilities and backgrounds receive equal pay for equal work.



Participation

- Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from CBIs.
- Persons of all gender identities, ages, disabilities and backgrounds are consulted about their specific needs, concerns and priorities (together with an analysis of what is available on the local market) to inform the design of all CBIs. Where necessary, same-gender identity focus group discussions are held with corresponding gender identity facilitators and interpreters in multilingual settings. Where a conditional cash approach is used for one group of people mostly of one gender identity (e.g. repairing fishing boats, which is most predominantly a livelihood option for men), a conditional cash programme that targets other groups as direct beneficiaries (e.g. livelihoods recovery for women gardeners) is also provided.
- Assessment and response teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds.
- The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate.
- CBI community committees, or equivalent, have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not





culturally acceptable, separate committees are set up to address the distinct cash needs of diverse gender identities.

- Persons of all gender identities, ages, disabilities and backgrounds are involved in decision-making about distribution point access and safety issues arising from routes to and from marketplaces and in the selection of activities related to conditional cash transfer projects.
- Special measures are established to provide equal access to persons of all gender identities, ages, disabilities and backgrounds who wish to participate in training, employment and volunteering. The activities must not be hazardous or exploitative and must comply with local laws. Measures include the identification and removal of barriers to enable meaningful participation of single-headed families, persons with disabilities, older people, adolescents or people with other special needs (e.g. pregnant and lactating women, people living with HIV/AIDS). This may include:
 - allowances for flexible timing of meetings
 - securing accessible locations and venues
 - provisions for support for persons with disabilities who have been separated from their caregiver or support person
 - signing interpreters in appropriate languages
 - ensuring same-gender identity instructors
 - providing childcare and safe spaces for children to play.



Safety

Sector-specific safety issues

- With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to CBI safety are assessed.
- The cash distribution point and the point of spending (marketplace, health centre, etc.) are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe accessing them. Measures to ensure safety include:
 - the point of cash disbursement and the point of spending should be within five kilometres of the recipient's home
 - distributions during daylight
 - lighting around the distribution sites

- close proximity of distribution site(s) to accommodations
- clearly marked and accessible roads to and from distribution sites
- crowd control
- accessibility features at distribution sites and access roads/paths to distribution sites for persons with disabilities
- where ATMs are the point of disbursement they should be well lit and accessible to persons with mobility limitations
- distribution teams with representation of diverse gender identities.
- Where cash transfer is provided to the household head, needs are identified to split the cash transfer among household members in a way that does not promote tension within the household.
- Where children are the recipients of CBIs, relevant risk and hazard mapping that engages children has been conducted.

Sexual and gender-based violence (SGBV) prevention and response and child protection

- Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to the use of cash. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV.
- Those at greatest risk of SGBV are involved in the siting, design and management of CBIs and distributions.
- Risk analysis is conducted, including SGBV and child protection as well as other key protection risks, e.g. trafficking in human beings, and mitigation measures are developed.
- Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:
 - partnering with women and/or women’s organisations, groups or organisations of women with disabilities, civil society organisations of sexual and gender minorities and other at-risk groups and child protection networks
 - consulting at-risk groups to define safe locations for CBIs
 - actively involving men and boys as agents of change in addressing SGBV
 - coordinating with other relevant sectors and clusters, such as health, protection, and shelter and settlements, to mainstream SGBV mitigation and response and child protection





- establishing separate and safe areas, such as woman-, adolescent- and child-friendly spaces³⁶ that are accessible for persons with disabilities
- establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority groups
- putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.
- A core set of indicators, disaggregated by sex, age, disability and other relevant context-specific vulnerability factors, are identified, collected and analysed to monitor SGBV and child protection risk reduction and response activities as well as other risk factors relevant to the context, such as trafficking in human beings.³⁷
- SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell CBI staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports CBI teams in mitigating these risks.
- All staff and volunteers involved in CBIs have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV.
- All CBI staff understand the guiding principles of the survivor-centred approach to working with survivors of SGBV: 1) Safety, 2) Confidentiality, 3) Respect and 4) Non-discrimination, and referral pathways for survivors of SGBV, including victims of trafficking.
- All staff and volunteers involved in the CBI sector carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.

³⁶ Refer to IFRC and World Vision Child Friendly Spaces step-by-step guidance note and training tools (2018).

³⁷ Refer to IFRC Human Trafficking in the Context of Migration Trainer Toolkit. How to reduce risks, recognize signs and respond safely (2018).

- Cash committee members and affected communities are engaged in SGBV and child protection awareness-raising activities, including other risk mitigation topics, such as trafficking in human beings.
- Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in community outreach activities during cash distributions, e.g. dialogue with adults in distribution lines and activities with children and youth while they wait for their parents. Messages include information about rights and options for reporting risk and accessing care in an ethical, safe and confidential manner.

Internal protection systems

Prevention and response to sexual exploitation and abuse (PSEA)

- A community-based feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. For example::
 - staff representing diverse gender identities are available to address complaints
 - the system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy
 - consideration is given to the times of day the complaints desk/office is open to ensure greater access for everyone
 - efforts are made to reach children using child-friendly approaches
 - the location of the complaints desk/office has been considered from a safety and confidentiality point of view
 - complaints materials are provided in a variety of formats, such as audio, visual and easy-to-read formats
 - it is ensured that lodging complaints does not further endanger migrants in an irregular situation.
- The ICRC–IFRC *Community Engagement and Accountability Guide* and the Inter-Agency Standing Committee's *Best Practice Guide* are used to set up a community-based complaints mechanism.
- Clear, consistent and transparent guidance is available on people's right to cash to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind.





- Groups and individuals that rely on others for assistance in accessing CBIs (e.g. female-headed households, women, children, older people and persons with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.
- Affected communities receive written, audio, visual and easy-to-read information, including in formats adapted for persons with disabilities, about PSEA and about the complaints mechanism they can use to denounce those abuses.
- All staff and volunteers have received a briefing on PSEA and their obligations in this regard, aligned with international standards.
- All staff and volunteers have signed the PSEA policy.

Code of Conduct and Child Protection Policy

- All staff and volunteers have signed the Code of Conduct and have received a briefing on it.
- All staff and volunteers have signed the Child Protection Policy and have received a briefing on it.
- Code of Conduct and child protection materials and briefings are provided in accessible formats and locations for staff and volunteers with disabilities.
- All staff and volunteers know how to make a report and access referral services if they have a child protection or code of conduct concern.
- All staff and volunteers have been recruited using child-safe recruitment measures,³⁸ including reference and formal background checks.³⁹

³⁸ For the IFRC, the Child Protection Action Plan stipulates that 100% of staff who interact with children will have been screened by 2020.

³⁹ Challenges and options for improving recruitment processes in the context of Protection from Sexual Exploitation and Abuse (PSEA) by our own staff <https://www.chsalliance.org/files/files/Resources/Tools-and-guidance/UNDP-Joint-Recruitment-Report-PSEA.pdf>

Disaster Risk Reduction (DRR)



The first step in providing inclusive and protective emergency programming is to know who in the community is affected, how they are affected and how we can best respond. To do this, we need to conduct a **gender and diversity analysis**. Such analysis allows us to understand and respond to individuals and groups in the affected community, based on their specific risks, needs and concerns. Gender and diversity analysis must include the participation of women, girls, men, boys and persons of other gender identities as well as individuals and groups based on: age (children, adolescents and older men and women); disability status (physical, sensory and intellectual); persons with mental health disabilities; and ethnic, religious or cultural minorities. As a minimum requirement, we need to include gender and diversity-related questions in all needs and sectoral assessments to ensure protective and inclusive programming.⁴⁰

STANDARDS



Dignity

- Systems of evacuation are culturally appropriate and inclusive. Specific measures are put in place to ensure persons of all gender identities, ages, disabilities and backgrounds have adequate assistance, according to constraints such as mobility and language, in a dignified manner.
- Community-based early warning systems involve and engage persons of all gender identities, ages, disabilities and backgrounds to ensure procedures are sensitive, including privacy and security in evacuation centres and communal shelters.
- The caregivers of older people and persons with disabilities are included in a respectful manner in planning disaster risk reduction (DRR) activities.
- Staff and volunteers engaged in DRR activities are sensitised on gender, age, disability and associated DRR needs and on how to communicate

⁴⁰ Detailed guidance on conducting protective and inclusive needs assessments and gender and diversity analysis can be found in the IFRC Protection, Gender and Inclusion in Emergencies toolkit (2018–2019).

respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018).



Access

- In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing DRR activities are identified and action taken to respond to them.
- Where selection and prioritisation criteria for accessing DRR activities have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities. *See Annex 2 on selection and prioritisation for details.*
- Persons with disabilities and older people who are residing in institution-based care are consulted and included in decision-making and training on disaster risk reduction.
- Early warning systems are designed to provide persons of all gender identities, ages, disabilities and backgrounds with the information they need in a timely manner to enable them to act appropriately in case of a disaster. This needs to be reflected in contingency plans.
- Risk assessments, mapping exercises and other disaster preparedness data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalised.⁴¹
- Warning dissemination chains ensure that persons of all gender identities, ages, disabilities and backgrounds receive information in an appropriate and effective format and manner.
- Warning communication technology is accessible and reaches persons of all gender identities, ages, disabilities and backgrounds equally, and information on hazards, vulnerabilities, risks and how to reduce impacts are disseminated to everyone and in accessible formats for persons who are deaf or blind or have a learning disability. This

⁴¹ The IFRC Gender and Diversity in Vulnerability and Capacity Assessments guidelines provides guidance on gender and diversity in preparing, conducting and analysing information for a VCA.

includes providing information in public spaces in relevant languages and accessible formats, such as images and posters, using larger fonts and audio transmission. The gender and diversity dimensions of how and in which spaces are considered.



Participation

- Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from DRR activities and programming.
- Persons of all gender identities, ages, disabilities and backgrounds are consulted about their specific needs, concerns and priorities to inform the design of DRR activities and early warning systems. Where necessary, same-gender identity focus group discussions are held with corresponding gender identity facilitators and interpreters in multi-lingual settings.
- Assessment, response, and monitoring and evaluation teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds.
- The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate.
- Proportional representation of women, persons with disabilities and marginalised groups in the decision-making process of community-based disaster risk reduction activities is facilitated to ensure that social, cultural, religious and economic aspects of disaster risk reduction are addressed for all groups and subgroups.
- When engaging in dialogue with local authorities, government officials and community leaders, the opportunity is taken to advocate for the equal involvement of women, persons with disabilities and marginalised groups in DRR activities and decision-making.
- Cooperation with existing local organisations that represent women and diverse groups, such as youth, sexual and gender minorities and persons with disabilities, as well as organisations that work with migrant populations and religious and ethnic minorities and those with a specific focus on sexual and gender-based violence is strengthened to encourage community participation in the promotion, planning or implementation of the programme.





- Community, Branch and National Response Teams (also referred to as Action Teams) have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds.
- DRR community committees, or equivalent, have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not culturally acceptable, separate committees are set up to address the distinct needs of diverse gender identities.
- Special measures are established to provide equal access to persons of all gender identities, ages, disabilities and backgrounds who wish to participate in training, employment and volunteering. The activities must not be hazardous or exploitative and must comply with local laws. Measures include the identification and removal of barriers to enable meaningful participation of single-headed families, persons with disabilities, older people, adolescents or people with other special needs (e.g. pregnant and lactating women, people living with HIV/AIDS). This may include:
 - allowances for flexible timing of meetings
 - securing accessible locations and venues
 - provisions for support for persons with disabilities who have been separated from their caregiver or support person
 - signing interpreters in appropriate languages
 - ensuring same-gender identity instructors
 - providing childcare and safe spaces for children to play.



Safety

Sector-specific safety issues

- With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to the safety of evacuation centres and communal shelters are assessed.
- The safety and protection needs and concerns of persons of all gender identities, ages, disabilities and backgrounds are included in community vulnerability and capacity assessments as well as in sector-specific assessments through a gender and diversity analysis.

- Consideration has been given to accessibility features for access to, into and within the evacuation centres, especially for those with mobility restrictions, including older people, persons with disabilities and pregnant and lactating women.
- Evacuation centres and communal shelters are safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe accessing them. Measures to ensure safety include:
 - the communal shelter is located in a place considered a safe location
 - adequate lighting in the communal shelter or evacuation centre and on roads/paths to latrine facilities
 - partitions for privacy, including for persons with disabilities that require personal assistance
 - latrines and bathing facilities are separate and individual for women and men, and the needs of other gender identities are assessed to ensure their safety. Locks should be placed on the inside of latrines
 - specific systems to protect unaccompanied and separated children are established to ensure their safety.

Sexual and gender-based violence (SGBV) prevention and response and child protection

- Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to disaster risk reduction activities. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV.
- Those at greatest risk of SGBV are involved in the siting, design, and management of DRR activities.
- Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:
 - partnering with women and/or women's organisations, groups or organisations of women with disabilities, civil society organisations of sexual and gender minorities and other at-risk groups and child protection networks
 - consulting at-risk groups to define safe locations for DRR-related activities





- actively involving men and boys as agents of change in addressing SGBV
- coordinating with other relevant sectors and clusters, such as health, protection, WASH, and shelter and settlements, to mainstream SGBV mitigation and response and child protection
- establishing separate and safe areas, such as woman-, adolescent- and child-friendly spaces⁴² that are accessible for persons with disabilities
- establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority groups
- putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.
- A core set of indicators, disaggregated by sex, age, disability and other relevant context-specific vulnerability factors, are identified, collected and analysed to monitor SGBV and child protection risk reduction and response activities as well as other risk factors relevant to the context, such as trafficking in human beings.⁴³
- SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell DRR staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports DRR teams in mitigating these risks.
- All staff and volunteers involved in DRR activities have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV.
- All DRR staff understand the guiding principles of the survivor-centred approach to working with survivors of SGBV: 1) Safety, 2) Confidentiality, 3) Respect and 4) Non-discrimination, and referral pathways for survivors of SGBV, including victims of trafficking.

⁴² Refer to IFRC and World Vision Child Friendly Spaces step-by-step guidance note and training tools (2018).

⁴³ Refer to IFRC Human Trafficking in the Context of Migration Trainer Toolkit. How to reduce risks, recognize signs and respond safely (2018).

- All staff and volunteers involved in the DRR sector carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.
- DRR community committee members and affected communities are involved in SGBV and child protection awareness-raising activities, including other risk mitigation topics, such as trafficking in human beings.
- Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in community outreach activities, e.g. dialogue or poster messages in training facilities, evacuation centres and education facilities. Messages include information about rights and options for reporting risk and accessing care in an ethical, safe and confidential manner.

Internal protection systems

Prevention and response to sexual exploitation and abuse (PSEA)

- A community-based feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. For example:
 - staff representing diverse gender identities are available to address complaints
 - the system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy
 - consideration is given to the times of day the complaints desk/office is open to ensure greater access for everyone
 - efforts are made to reach children using child-friendly approaches
 - the location of the complaints desk/office has been considered from a safety and confidentiality point of view
 - complaints materials are provided in a variety of formats, such as audio, visual and easy-to-read formats
 - it is ensured that lodging complaints does not further endanger migrants in an irregular situation.





- The ICRC–IFRC *Community Engagement and Accountability Guide* and the Inter-Agency Standing Committee’s *Best Practice Guide* are used to set up a community-based complaints mechanism.
- Clear, consistent and transparent guidance is available on people’s rights and DRR beneficiary selection and activities to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind.
- Groups and individuals that rely on others for assistance in accessing evacuation centres (e.g. female-headed households, women, children, older people and persons with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.
- Affected communities receive written, audio, visual and easy-to-read information, including in formats adapted for persons with disabilities, about PSEA and about the complaints mechanism they can use to denounce those abuses.
- All staff and volunteers have received a briefing on PSEA and their obligations in this regard, aligned with international standards.
- All staff and volunteers have signed the PSEA policy.

Code of Conduct and Child Protection Policy

- All staff and volunteers have signed the Code of Conduct and have received a briefing on it.
- All staff and volunteers have signed the Child Protection Policy and have received a briefing on it.
- Code of conduct and child protection materials and briefings are provided in accessible formats and locations for staff and volunteers with disabilities.
- All staff and volunteers know how to make a report and access referral services if they have a child protection or code of conduct concern.
- All staff and volunteers have been recruited using child-safe recruitment measures,⁴⁴ including reference and formal background checks.⁴⁵

⁴⁴ For the IFRC, the Child Protection Action Plan stipulates that 100% of staff who interact with children will have been screened by 2020.

⁴⁵ Challenges and options for improving recruitment processes in the context of Protection from Sexual Exploitation and Abuse (PSEA) by our own staff <https://www.chsalliance.org/files/files/Resources/Tools-and-guidance/UNDP-Joint-Recruitment-Report-PSEA.pdf>

Annex 1: Sex, Age and Disability Disaggregated Data (SADDD)

DISAGGREGATING PEOPLE REACHED: Red Cross and Red Crescent members with access to fednet may consult the full [guide](#): “Technical Note – Counting People Reached” which provides guidance for measuring people reached by services delivered by National Red Cross and Red Crescent Societies and the IFRC.

A full detailed guide to sex, age and disability disaggregated data can also be found in the IFRC Protection, Gender and Inclusion in Emergencies toolkit (2018–2019).

Disaggregating people reached means counting and reporting on people reached according to different categories. This is the first step towards understanding who we are and who we are not reaching, providing a better understanding to better serve our target populations.

Typically, categories used to disaggregate people reached are based on socio-demographic characteristics. One critical set of socio-demographic characteristics is **sex, age and disability disaggregation of data (SADDD)**, where disability is disaggregated in six domains: **walking, seeing, hearing, cognition, self-care and communication**. where disability is disaggregated in six domains: walking, seeing, hearing, cognition, self-care and communication. Other examples of socio-demographic categories used in disaggregation include: gender, race, ethnicity, nationality, sexual orientation, socio-economic status (e.g. income and education) and legal status (refugee, asylum seeker).⁴⁶

Categories used to disaggregate people reached will vary by programme area and context.

For example:

- A programme focused on HIV/AIDS awareness may identify certain groups at higher risk, such as truck drivers, after programme implementation.

⁴⁶ “Race” refers to physical characteristics of distinct populations within the larger species (e.g. Caucasian). “Ethnicity” describes the cultural identity that unites a group of people, which can include tradition, language, religion, behaviour traits, and racial ancestry. Two people can identify their ethnicity as Canadian, but their races may be Black and Caucasian. “Nationality” is the relationship between a person and the political state to which s/he belongs or is affiliated. Someone may identify their ethnicity as Chinese, but their nationality may be Canadian.

- In addition to sex, age and disability, a livelihoods programme may disaggregate by level of income and education.
- A rural health programme may disaggregate by the distance individuals are from health facilities and providers.
- A social inclusion programme for migrants may disaggregate by country of origin, language, ethnicity or religion

It is important to know that sex, gender, age and disability are all inter-related. For example, an impairment such as low vision can worsen with age, and a woman may have limited access to eye care and glasses in certain societies in comparison with a man.

Sex & Gender

First, we need to disaggregate by sex to support a gender and diversity analysis. This is good practice because the biological distinction between a man and a woman is more commonly understood.

However, there may be instances where people do not identify with the 'binary' option of male or female, but instead identify with one of a variety of gender roles, such as transgender, transsexual, or they may not wish to identify as any gender.

Disaggregating by sex or gender will depend on context, including the programme area and target population. When considering this, we should take into account the implications for data collection, including the degree to which individuals requested to identify their gender may understand or react to less conventional gender categories. It is also important to decide how the data will be analysed and used to enhance programming once collected.

Providing options for people to identify based on gender allows for a dignified approach to service delivery that can also improve our understanding to better deliver services.

One approach often used to disaggregate for gender identities is to have an "Other" or blank (for respondents to fill in) category in addition to "Male" and "Female". This will allow respondents to opt out of identifying only as male or female if they perceive their gender otherwise.

Age

In addition to sex and gender, disaggregation by age is a minimum standard. The Sphere Project guidelines for age disaggregation summarised in Table 1 recommend three age groups from childhood to adolescence and then 10-year age brackets thereafter.

TABLE 1: The Sphere Project age disaggregation for humanitarian services^{xxxv}

| 0-5 | | 6-12 | | 13-17 | | 18-29 | | 30-39 | | 40-49 | | 50-59 | | 60-69 | | 70-79 | | 80+ | | |
|-----|---|------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-----|---|--|
| F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | |
| | | | | | | | | | | | | | | | | | | | | |

Depending on the type of programme or service being delivered, other age groups may be better suited for analysis. For example, if you are working on a nutrition or vaccination programme for children, smaller intervals may be used before 10 years. Or if you are working in education, (e.g. Red Cross and Red Crescent principles and values school programme), it may be preferable to have age intervals for each year that coincide with student grade levels.

One set of age brackets will not work for all programme areas and contexts. The IFRC has agreed to use age brackets following international standards, i.e. the Sphere Project. However, it is recommended not to use the age brackets on the form itself but to collect actual age or year of birth to allow each programme and sector to use the data that is most useful to supporting the people they are serving.

Disability

The UN Convention on the Rights of Persons with Disabilities recognises that disability is *“an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”^{xxxvi}*

The Red Cross and Red Crescent’s Strategic Framework on Disability Inclusion similarly states that *“Disability is a complex, multidimensional and dynamic concept that has evolved significantly over time. It is the result of the interaction between the person with impairment and enabling or disabling characteristics of his or her socio-economic environment. This is known as the ‘social model’, in which people are viewed as being disabled by society rather than by their impairments.”*

Consequently, when collecting disability disaggregated data, **we should focus on people's experience of their individual level of function**, which better captures the relationship between their disability and the environment.

A useful resource to help standardise the collection of disability disaggregated data based on function is **The Washington Group Short Set of Disability Questions** (these questions are provided at the end of this section).⁴⁷ The tool allows us to identify persons at greater risk of experiencing limited or restricted participation in society. It consists of six questions that can be rapidly and easily asked in a variety of settings. Other questionnaires assessing function in more detail are available.⁴⁸

Whenever we collect disability disaggregated data, it is important to carefully consult with people familiar with the local context to inform the development of data collection tools and train data collectors. In particular, local disabled people's organisations can be useful resources for conducting training on communicating with persons with disabilities. **Wherever possible, include persons with disabilities in all phases of data collection.**

When counting people reached, disaggregated by disability, it is also important to understand that caregivers may overprotect household members with a disability due to social stigmatisation. This can lead to people with disabilities being hidden by their families or caregivers and often being overlooked in community-based programmes. Therefore, it is critical to pay special attention to counting "hard-to-reach" people:

"Give consideration to hard-to-reach people with disabilities and older people (e.g. those unable to leave their homes or shelters or are purposely hidden by other household members; people with severe communication, intellectual or mental disabilities; or children who are caring for parents or siblings and may therefore not be going to school or accessing programmes for children). Ensure there are people with disabilities and older people among community focal points for assessment teams. Whenever possible, include people with disabilities and older women and men on assessment teams."^{xxxvii}

⁴⁷ UN Statistical Commission "Washington Group" on Disability Statistics, *"The Washington Group Short Set of Questions on Disability."* Accessed 2017.

⁴⁸ More detailed resources on collecting and training on disability data are available from *Minimum Standards for Age and Disability Inclusion in Humanitarian Action* and the *World Health Organization (WHO) Model Disability Survey*, as well as the additional questionnaires from the Washington Group introduced in Annex 1.

The Washington Group Short Set of Questions on Disability

1. Do you have difficulty seeing, even if wearing glasses?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

3. Do you have difficulty walking or climbing steps?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

4. Do you have difficulty remembering or concentrating?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

5. Do you have difficulty (with self-care such as) washing all over or dressing?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

Annex 2: Selection and Prioritisation Criteria

Due to limitations including funding, access, risk and availability of technical expertise, it is not always possible to reach all people in need. Therefore, it is crucial to use available resources to target and prioritise those who are most at risk. This will require targeting geographically and, within those identified areas, targeting the most in need based on a vulnerability and capacity analysis that includes a gender and diversity analysis.

In the selection and prioritisation of recipients of humanitarian or emergency assistance, we must ensure an independent needs-based and gender and diversity-sensitive principled approach as well as appropriate engagement with and targeting of affected people.

The selection and prioritisation criteria should be developed in consultation with the affected community. Once developed, the criteria must be widely disseminated to the affected population. Clear and understandable justification must be provided for any targeting of aid to a specific group or for the exclusion of a specific group.

In the development of the selection and prioritisation criteria, it is important to take into consideration pre-existing social, cultural and political dynamics or practices that may marginalise or exploit certain groups. It is important that a working definition of persons at risk is developed, that is: persons who are exposed to a combination of risks and have a limited ability to cope in the face of those risks. This working definition should be developed in consultation with the affected community. Some persons or groups to consider may include, but are not limited to: ethnic minorities, women, female-headed households, children including adolescents, child-headed households, older persons, SGBV survivors, victims of trafficking, sexual and gender minorities, persons living with HIV/AIDS, men and women with disabilities, persons with chronic diseases or serious medical conditions, the illiterate, the chronically poor, landless persons, undocumented nationals, migrants, refugees, internally displaced people, prisoners, asylum seekers and stateless persons.

- In many cases, the most vulnerable are persons or families who have a combination of these characteristics. Identification of the most vulnerable will be influenced by local dynamics.
- Vulnerability is influenced by displacement, geographic location, specific cultural and social power dynamics, accessibility of the built environment and infrastructure, access to information and education, access to material and financial resources including livelihoods, access to services, facilities and social support networks, and specific characteristics of the group, family or individual as well as legal identity documentation or lack thereof.
- The following selection and prioritisation criteria have been adapted from a model used in the Philippines during Typhoon Haiyan by the IFRC-led Shelter Cluster.
- As the Cluster was responding to a large-scale disaster involving multi-national and international actors, this model is comprehensive.
- For smaller emergencies to which a National Society is responding through its local staff and volunteer base, the criteria should be simplified significantly.
- It is suggested that those households that score the highest be prioritised within the context of available resources.
- Please note that this model is based on households. It does not address individuals who live outside of households and are therefore at risk of being omitted from humanitarian assistance. Nor does it address those marginalised within households who do not benefit from intra-household redistribution. These are context-specific issues, and Red Cross and Red Crescent responders must bear this in mind beyond this model.

Household Characteristics (Use only 5 in the case of “yes”. No number grading or replies other than “5” are sought in this form.) All statements marked with an asterisk (*) will have to be considered carefully as they are heavily context-specific and relative.

| | | |
|---|-----------------|--|
| Number of individuals in household is greater than five (5)* | If yes, score 5 | |
| The household includes an elderly person*, a pregnant or lactating woman, a man or woman with a disability, a person with chronic illness, an orphan, an unaccompanied or separated child and/or a teenage mother (i.e. under 18 years) | If yes, score 5 | |
| The head of household is an elderly person*, a woman, a child (under 18 years) or a man with no spouse/partner supporting children | If yes, score 5 | |
| The household identifies as indigenous, minority group, etc.* | If yes, score 5 | |
| Other known vulnerabilities. Adapt this section for context-specific issues, which might include people who identify as sexual and gender minorities, trafficked women, girls, boys and men, and women and children subjected to violence. <i>Note that these are <u>not</u> issues that can be routinely screened for and/or information collected in standard household assessments and should therefore only be taken into account if information is known; this information must <u>not</u> be specifically sought for the purposes of completing this prioritisation tool</i> | If yes, score 5 | |
| Total score for this section | | |

Economic situation

| | | |
|---|-----------------|--|
| No-one in the household is currently engaged in employment | If yes, score 5 | |
| The household is not in receipt of financial support from relatives | If yes, score 5 | |
| The household has few or no significant assets* | If yes, score 5 | |
| The household has not received a humanitarian assistance card* | If yes, score 5 | |
| Total score for this section | | |

Sector-specific issues (Example here is for shelter – housing conditions)

| | | |
|---|-----------------|--|
| The household has no formal land tenure or secure occupancy | If yes, score 5 | |
| Children of school-going age have no access to education | If yes, score 5 | |
| Accommodation is too small* (i.e. less than 3.5 m ² per person, as per Sphere) for the size of the household | | |
| The accommodation is exposed to hazards* | If yes, score 5 | |
| Total score for this section | | |

Access to services

| | | |
|---|-----------------|--|
| The household has little/no access to health facilities/ services* | If yes, score 5 | |
| The household has little/no access to water and/or water quality is poor | If yes, score 5 | |
| The household has little/no access to sanitation facilities and/or sanitation conditions are poor | | |
| The household has little/no electricity or fuel supply* | If yes, score 5 | |
| Total score for this section | | |

Coping mechanisms/resilience

| | | |
|---|-----------------|--|
| The household reports a reduction in the quantity/quality of meals | If yes, score 5 | |
| Children are working, when they did not before the emergency | If yes, score 5 | |
| The household reports having had to sell assets since the emergency | | |
| The household reports having had to sell assets since the emergency | If yes, score 5 | |
| Total score for this section | | |
| TOTAL SCORE FOR ALL SECTIONS | | |

Annex 3: The Survivor-Centred Approach in Practice for Healthcare Staff⁴⁹

All Movement actors, including the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) and all National Societies and Partner National Societies must abide by international human rights standards in the provision of healthcare to survivors of sexual and gender-based violence (SGBV). For medical health staff treating survivors of SGBV and victims of trafficking, this includes implementing the **survivor-centred approach**.

The four guiding principles of the survivor-centred approach include:

- **ensure the physical safety of the survivor**
- **guarantee confidentiality**
- **respect the wishes, the rights, and the dignity of the survivor**
- **ensure non-discrimination.**

An **adult** SGBV survivor has experienced trauma and may be in an agitated and depressed state or may show no particular emotion. A survivor of sexual assault, rape, abuse, trafficking or any form of exploitation often feels fear, guilt, shame and/or anger. **The health worker must prepare them with sensitive and clear information about what will happen next, obtain informed consent⁵¹ for the examination and carry out the examination in a compassionate, systematic and complete fashion.**

Respect the wishes, needs and capacities of the survivor

- Every action you take should be guided by the wishes, needs and capacities of the survivor.
- Seeking the consent of a relative or another person is not necessary.
- Provide the survivor with information about available services and their quality to enable them to make a choice about the care and

⁴⁹ The content of this guidance note has been adapted from: "Building Survivor-Centered Response Services", UNFPA Pakistan, 2010, and

⁵⁰ "Guidelines for Health Staff Caring for Gender-Based Violence Survivors" from the Global Protection Cluster (GBV Sub-cluster for Turkey and Syria) and the Health Cluster.

⁵¹ Informed consent: (1) is a two-way process (between the healthcare worker and the survivor); (2) goes beyond providing a form or document for the survivor to read and sign; (3) involves explaining what will happen and answering questions and ensures that survivors are aware of and understand the purpose and content of the medical history, examination and treatment; (4) should continue throughout the medical visit and follow-up.

support they want. Check whether the survivor fully understands the information

- After the survivor is informed about all options for support and referral, they have the right to make the choices they want (*even if you do not agree with those choices*).
- Do not give advice; do give information. Never judge or attribute blame.
- Show that you believe the survivor, that you do not question the story or blame the survivor and that you respect their privacy.
- Always be clear about your role and the type of support and assistance you can offer to a survivor. Be clear about what you cannot do.
- Never make promises that you cannot keep. Always refer the survivor to the appropriate services.
- Do not laugh or show any disrespect to the individual or their culture, family or situation.
- Be a good listener and maintain a non-judgmental manner.
- Be patient; do not press for more information if the survivor is not ready to speak about their experience. Ask survivors only relevant questions.

Ensure the physical safety of the survivor

- In all cases, ensure that they are not at risk of further harm by the perpetrator or by other members of the community (for example, if a female survivor, never ask her to disclose to a male relative what has happened to her.)
- Be aware of the safety and security of the people who are helping the survivor, such as family, friends, community service or SGBV workers, and healthcare staff. Inform yourself about all options of referral (to a safe place) available to the survivor and have this information handy in your referral pathways.
- Limit the number of people allowed in the room to the minimum necessary, especially during the examination.
- If the survivor wishes, ensure that a trained support person or trained health worker of the same sex accompanies the survivor throughout the examination. Ask also if they would like a specific person present (e.g. family member or friend). Try to ask them when they are alone.

- Conduct interviews in private settings and with same-sex translators, wherever possible. **Ensure that translators do not judge or offer advice to the survivor; optimally brief all translators in the survivor-centred approach.**
- If necessary, ask for assistance from camp security, police or other law enforcement authorities, field officers or others.

Guarantee confidentiality

- Reassure the survivor that the examination findings will be kept confidential unless they decide to bring charges. Avoid requiring the survivor to repeat their story in multiple interviews.
- Reassure the survivor that they are in control of the pace, timing and components of the examination. Explain that they can refuse steps of the examination at any time as it progresses.
- Information about reported SGBV incidents and SGBV survivors should never be shared if it includes the individual's name or other identifying information. Information concerning the survivor should only be shared with third parties after seeking and obtaining explicit consent in writing from the survivor (or their parents, in the case of children). **All written information must be maintained in secure, locked files.**
- If any reports or statistics are to be made public, all potentially identifying information should be removed and only aggregate numbers and data made public.
- In meetings, there may be times when a specific SGBV case is mentioned. Ensure that no identifying information is revealed, disguising details as needed to protect the confidentiality of the survivor.

Ensure non-discrimination

- Treat all survivors equally and in a dignified way, independently of sex, background, race, ethnicity or the circumstances of the incident.
- Do not make assumptions about the history or background of the survivor. The prior sexual history or virginity status of the survivor is not an issue and should not be discussed.
- Be aware of your own prejudices and opinions about SGBV and do not let them influence the way you treat the survivor.

- i** Red Cross Red Crescent Guide to Community Engagement and Accountability (2016), <http://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/01/CEA-GUIDE-2401-High-Resolution-1.pdf>
- ii** Adapted from Professional Standards for Protection Work: carried out by humanitarian and human rights actors in armed conflict and other situations of violence, Third Edition (2018) <https://www.icrc.org/en/publication/0999-professional-standards-protection-work-carried-out-humanitarian-and-human-rights>
- iii** Australian Red Cross Protection, gender and inclusion guidance notes (2011-2015), <https://www.redcross.org.au/about/how-we-help/international-aid/international-aid-resource-centre/protection-gender-and-inclusion-guidance-notes>
- iv** Global Child Protection Working Group (CPWG), Minimum Standards for Child Protection in Humanitarian Action (2012), <http://cpwg.net/minimum-standards/>
- v** Guidelines for Health Staff Caring for Survivors of Gender-based Violence, Including Protocol for Clinical Management of Rape (2016) http://reliefweb.int/sites/reliefweb.int/files/resources/cmr_protocol_final_en.pdf
- vi** Groupe URD, HAP International, People in Aid and the Sphere Project, Core Humanitarian Standard on Quality and Accountability (2014). The nine commitments of the Core Humanitarian Standards are: 1. Communities and people affected by crisis receive assistance appropriate and relevant to their needs; 2. Communities and people affected by crisis have access to the humanitarian assistance they need at the right time; 3. Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action; 4. Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them; 5. Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints; 6. Communities and people affected by crisis receive coordinated, complementary assistance; 7. Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection; 8. Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers; 9. Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically. <http://www.corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf>
- vii** Humanitarian inclusion standards for older people and people with disabilities, ADCAP (2018), <http://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion/>
- viii** ICRC and IFRC Community Engagement Guide (2017), <http://media.ifrc.org/ifrc/what-we-do/community-engagement/>
- ix** IFRC All Under One Roof. Disability-Inclusive Shelter and Settlements in Emergencies (2015) http://www.ifrc.org/Global/Documents/Secretariat/Shelter/All-under-one-roof_EN.pdf
- x** IFRC Gender and diversity sensitive approach to Vulnerability and Capacity Assessments (Pilot, 2017), http://www.rccr-resilience-southeastasia.org/wp-content/uploads/2017/05/guidance-note_gender-and-diversity-sensitive-vca.pdf
- xi** IFRC Guidelines for Livelihoods Programming (2010), <http://www.rccr-resilience-southeastasia.org/document/ifrc-guidelines-for-livelihoods-programming/>
- xii** IFRC Protection Field Guide <https://drive.google.com/file/d/0B6fSxyfO1YBSajLX0RSbL9KNjA/view>

- xiii** INEE Minimum Standards Handbook (2010), http://s3.amazonaws.com/inee-assets/resources/INEE_Minimum_Standards_Handbook_2010_English.pdf
- xiv** Inter-Agency Standing Committee (IASC) Gender Handbook in Humanitarian Action (2007), <https://interagencystandingcommittee.org/gender-and-humanitarian-action-0/news/iasc-gender-handbook>
- xv** Inter-Agency Standing Committee (IASC) Guidelines on Gender-based Violence (2015), https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
- xvi** Inter-Agency Standing Committee (IASC) Field Handbook on Unaccompanied and Separated Children. Toolkit (2017) <https://reliefweb.int/sites/reliefweb.int/files/resources/handbook-web-2017-0322.pdf>
- xvii** See The Sphere Project and The Humanitarian Charter. The Protection Principles are; 1. Avoid exposing people to further harm as a result of your actions; 2. Ensure people's access to impartial assistance – in proportion to need and without discrimination; 3. Protect people from physical and psychological harm arising from violence and coercion; and 4. Assist people to claim their rights, access available remedies and recover from the effects of abuse. <http://www.sphereproject.org/handbook/>
- xviii** Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response, Inter-agency (2017) <https://reliefweb.int/report/world/toolkit-integrating-menstrual-hygiene-management-mhm-humanitarian-response>
- xix** Professional Standards for Protection Work: carried out by humanitarian and human rights actors in armed conflict and other situations of violence, Third Edition (2018) <https://www.icrc.org/en/publication/0999-professional-standards-protection-work-carried-out-humanitarian-and-human-rights>
- xx** Adapted from UN General Assembly, Convention on the Rights of Persons with Disabilities, 13 December 2006, A/RES/61/106, available at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html> [accessed 20 September 2018]
- xxi** UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13) <https://undocs.org/ST/SGB/2003/13>
- xxii** Ibid
- xxiii** Adapted from Committee on Economic, Social and Cultural Rights, Gender Comment 14, 22nd Session U.N. Doc. E/C.12/2000/4, 2000
- xxiv** Code of Conduct for the International Red Cross and Red Crescent and Non-Governmental Organisations in Disaster Relief <http://www.ifrc.org/Global/Publications/disasters/code-of-conduct/code-english.pdf>
- xxv** United Nations, Convention on the rights of the child. https://www.unicef-irc.org/portfolios/general_comments/CRC.C.GC.13_en.doc.html
- xxvi** IFRC Secretariat Policy on Prevention and Response to Sexual Exploitation and Abuse (2018) https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/06/IFRC-Secretariat-Policy-on-Prevention-and-Response-to-SEA_final.pdf

- xxvii** IFRC Child Protection Policy (2013) http://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2016/12/DOC-14-193_e_v100_child-protection-policy.pdf
- xxviii** IFRC Child Protection Action Plan (2015-2020) http://www.ifrc.org/Global/Publications/principles/IFRC-Child-Protection-Action-Plan_2015-2020.pdf
- xxix** For further information about Disaster Law and the IFRC's Disaster Law Programme, please visit <https://media.ifrc.org/ifrc/what-we-do/disaster-law/>
- xxx** What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review <https://www.developmentbookshelf.com/doi/full/10.3362/1756-3488.2016.024>
- xxxi** Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response <https://reliefweb.int/report/world/toolkit-integrating-menstrual-hygiene-management-mhm-humanitarian-response>
- xxxii** Website with tools for a safety audit related to WASH activities and checklists <http://violence-wash.lboro.ac.uk/toolkit/>
- xxxiii** IFRC Rapid tenure assessment Guidelines for post-disaster response planning (2015) http://www.ifrc.org/Global/Documents/Secretariat/Shelter/Rapid-Tenure-Assessment-Guidelines_EN.pdf
- xxxiv** Building Livelihoods: A Field Manual for Practitioners in Humanitarian Settings by Women's Refugee Commission (2009) <https://www.womensrefugeecommission.org/resources/document/281-building-livelihoods-a-field-manual-for-practitioners-in-humanitarian-settings>
- xxxv** Adapted from *The Sphere Project Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2011: p. 63. It is important to note that these recommended age groupings from The Sphere Project are for humanitarian contexts, and are informed by, "age-related differences linked to a range of rights, social and cultural issues."
- xxxvi** UN General Assembly, Convention on the Rights of Persons with Disabilities, 13 December 2006, A/RES/61/106, available at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html> [accessed 20 September 2018]
- xxxvii** ADCAP, Minimum Standards for Age and Disability Inclusion in Humanitarian Action. 2016. Page 15. <http://www.helpage.org/what-we-do/emergencies/adcap-age-and-disability-capacity-building-programme/>

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.

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.

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.

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