



Minimum standard commitments

to gender and diversity in
emergency programming

Pilot Version

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Saving lives, changing minds.

 International Federation
of Red Cross and Red Crescent Societies

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The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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Minimum standard commitments to gender and diversity in emergency programming

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Introduction

This guidance presents Red Cross Red Crescent staff and volunteers with a set of Minimum Standard Commitments to gender and diversity in emergency programming. They are designed to assist in the analysis of and response to the distinct needs of females and males of all ages and backgrounds.

Why have Minimum Standard Commitments to gender and diversity?

Not all people affected by an emergency experience it in the same way. Emergencies accentuate existing gender inequalities and the incidence of gender-based violence (GBV) often increases during and after emergencies. Gender and other social factors, including age, disability, health status, including HIV AIDS and other chronic illnesses, social status, ethnicity, etc. shape the extent to which people are vulnerable to, affected by, respond to and recover from emergencies.

Females and males of all ages and backgrounds have very different needs and concerns and have different coping strategies on which to draw. These differences must be recognised and incorporated into all emergency responses.

Understanding that females and males of all ages, including those with specific needs, face different obstacles can help the development of more effective programmes and ensure that people's needs are met. Consequently, emergency response programming needs to be tailored to meet the specific and diverse needs of all. This is achieved through consultation and gender and diversity analysis, design and implementation. Adopting a gender and diversity perspective also highlights opportunities and resources that support reconstruction and recovery efforts.

The Minimum Standard Commitments to gender and diversity in emergency programming establish a core set of practical actions to be undertaken by Red Cross Red Crescent emergency responders.

This guidance introduces a four-point framework around which the Minimum Standard Commitments are arranged and then sets out Minimum Standard Commitments for seven sectors. The DAPS framework allows us to arrange practical standards under four headings of **dignity, access, participation** and **safety**.

The Minimum Standard Commitments emphasise the importance of a gender and diversity analysis within the needs assessment and also refers to the integration of gender and diversity in the beneficiary selection and prioritisation criteria. Guidance on both the needs assessment and the selection and prioritisation criteria is provided at annexes 1 and 2 respectively.

The IFRC Strategic Framework on Gender and Diversity Issues 2013 – 2020 defines gender and diversity as following:

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

Diversity means acceptance and respect for all forms of difference, including for example: gender, sexual orientation, age, disability, HIV status, socio-economic status, religion, nationality and ethnic origin (including minority and migrant groups).

The Strategic Framework notes the intersection between gender and other forms of diversity by and the important interrelationship between discrimination on the basis of gender and discrimination because of other forms of diversity.



The Minimum Standard Commitments 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, IASC) are already being used effectively, practitioners should continue to use the guidance they find most useful.

An early draft of this document was reviewed by technical and gender and diversity experts. This current version is still considered a draft, which will be subject to review after period of use. Feedback is welcome on this version in order to improve the utility by sending comments to the email address genderdiversity.msocs@ifrc.org

Who are these Minimum Standard Commitments for?

These commitments are for all staff, members and volunteers. Irrespective of their area of expertise, all field practitioners need to understand the distinct needs and safety risks that females and males of all ages, including those from marginalised groups, face in emergency settings. These Minimum Standard Commitments serve as a tool to integrate gender- and diversity-sensitive strategies into the design, implementation, monitoring, evaluation and reporting of their interventions.

How were these Minimum Standard Commitments developed?

The Minimum Standard Commitments to gender and diversity in emergency programming draw on a wide range of IFRC, National Society and non-Red Cross Red Crescent resources, including:

- IFRC guidance notes on integrating gender and diversity into community health, water, sanitation and hygiene (WASH), emergency shelter and food security
- IFRC Vulnerability and Capacity Assessment
- IFRC Better Programming Initiative (BPI) (impact assessment tool)
- Australian Red Cross *Gender Briefs*
- Inter-Agency Standing Committee (IASC) *Gender Handbook in Humanitarian Action* (2006)¹

¹ See <http://www.humanitarianinfo.org/iasc/>

- IASC Guidelines on Gender-based Violence (2005 and draft 2015)²
- Child Protection Working Group (CPWG), 2012, Minimum Standards for Child Protection in Humanitarian Action³
- Sphere Handbook (2011)⁴
- Groupe URD, HAP International, People in Aid and the Sphere Project, Core Humanitarian Standard on Quality and Accountability (2014)⁵

² See http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv

³ See <http://cpwg.net/minimum-standards/>

⁴ See <http://www.sphereproject.org/handbook/>

⁵ See <http://www.corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf>

Dignity, Access, Participation and Safety (DAPS) Framework

The **Minimum Standard Commitments** contained in the technical chapters that follow relate to four specific 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 Red Crescent emergency programming.

Principles of dignity, access, participation and safety of all individuals and groups are in the core protection principles of the Humanitarian Charter⁶ and the Core Humanitarian Standard.

Our primary motivation in any crisis response is to save lives, to alleviate human suffering and to support the right to life with dignity. Our action is guided by our Fundamental Principles.

⁶ 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.

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 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 Movement, 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. Notwithstanding this, the work on the effective integration of gender and diversity relies heavily on the issue of dignity and, through the application of minimum standards we will strive to promote, to measure and to hold stakeholders accountable for including this critical issue.

Access

Emergency response programmes should provide access for all individuals and sub-groups within the affected population. Accordingly, the beneficiary selection and prioritisation criteria for accessing humanitarian 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/affordability and information accessibility⁷.

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

Physical accessibility: Facilities and services are within safe physical reach of all sections of the population and special measures should be taken to facilitate access for vulnerable groups. Ensuring physical access implies that older persons, people with disabilities and people living with HIV AIDS or other chronic disease must be able to access and benefit from emergency programmes, services and activities equal to the general population. Such measures might include the construction of safe spaces for people who have been the victims of abuse or putting in place means that facilitate access for persons with disabilities, such as ramps, wider doors, etc.

Economic accessibility/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.

⁷ Adapted from Committee on Economic, Social and Cultural Rights, Gender Comment 14, 22nd Session U.N. Doc. E/C.12/2000/4, 2000

Information accessibility: Information accessibility includes the right to seek, receive and impart information concerning humanitarian assistance. Everyone within the affected community should be aware of their entitlements in terms of assistance and protection and such information can be transmitted by radio, on posters – in all relevant languages and picture format, etc.

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 how rewarding they find the experience and whether they gain something from the process.

Participation also requires that instead of informing and deciding for people, we listen to them. As emergency responders, our role is to facilitate discussions and analysis with affected people so that they can identify their own priorities and preferred outcomes⁸. Sharing of information is a Core Humanitarian Standard for accountability to beneficiaries and is critical part of participation.

Participation is a right and is essential for informed decision-making; promotes protection and reduces feelings of powerlessness; enables us to draw on the insights, knowledge, capacities, skills and resources of affected people; empowers females and males of all ages and backgrounds to rebuild self-esteem and self-confidence; and helps people of concern cope with the trauma of forced displacement⁹.

Participation of disaster-affected people – females and males of all ages and backgrounds – and their capacity and strategies to survive with dignity are integral to emergency response. Humanitarian action should maximise the participation of the local population in the response. The participation of females and males of all ages and backgrounds affected

⁸ Adapted from UNHCR, 2008, *A Community-Based Approach in UNHCR Operations*, p. 17, 18

⁹ *Ibid.*

by an emergency in designing and implementing the emergency response improves programme quality, effectiveness and sustainability substantially. Addressing the specific needs of individuals and communities requires structured dialogue with persons targeted for humanitarian action. Participatory assessment involves discussing separately with females and males, including those from marginalised groups, about their needs, interests and priorities and analysing jointly with them the risks they face, the capacities they bring and role they can play as agents of change. Participatory assessment is one phase of a comprehensive situation analysis. Involving females and males in all stages of the project cycle allows for a more holistic understanding and sets foundations for greater self-sufficiency among individuals and communities.

Participation in the response 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 Movement and Non-Governmental Organisations in Disaster Relief. Participation is also one of the nine commitments in the Core Humanitarian Standard. Participation in the response is further linked to a person's rights to the use of and access to information.

Finally, experience shows that balanced/fair representation of females and males as well as marginalised groups in assessment and response teams contributes to gender- and diversity- sensitive programming.

Safety

Females and males of all ages and backgrounds within affected communities have different needs in relation to their physical safety. Monitoring the safety of project sites from the perspective of diverse groups is essential to ensure that the assistance provided meets everyone's needs and concerns in an equal manner.

Assessing safety from the perspective of gender and diverse groups 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; gender-based violence (GBV) prevention and response and child protection in programming; and internal protection instruments.

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, lighting in and around latrines and bathing facilities, etc.

2. Gender-based violence (GBV) prevention and response and child protection

When providing assistance, we must take specific action to reduce the risk of and to respond to GBV.

GBV is “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life.”¹⁰

Crisis-affected populations can experience multiple forms of GBV during emergencies including sexual violence, domestic violence, early marriage and trafficking. We must ensure that people affected by such violence get the support they need. Lack of action contributes to a poor foundation for supporting the resilience, health and wellbeing of survivors. It also acts as a barrier to reconstructing affected individuals and communities’ lives and livelihoods.

In emergencies, children, especially unaccompanied children, are among the most vulnerable; they are among the weakest and most dependent on others for support. Child protection is our responsibility to do no harm to children through staff, projects and organisational operations.

¹⁰ IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery, 2015 (pending)

3. Internal protection systems

Code of Conduct and Child Protection Policy 2013 – All Red Cross Red Crescent personnel should have signed, be briefed on and behave in ways that reflect the provisions of the Code of Conduct and the IFRC Child Protection Policy 2013.

All Red Cross Red Crescent personnel must be aware of the provisions of the **Child Protection Policy** and receive a briefing in this regard. In December 2013, the IFRC launched the 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 will launch an online training programme on the policy and all personnel are encouraged to take it.

Prevention from 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.” ¹¹

“The term “sexual abuse” means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.” ¹²

We must take action to ensure that we and all Red Cross Red Crescent personnel meet conduct expectations and apply programming that respects the rights and dignity of individuals. Sexual exploitation and abuse (SEA) by humanitarian actors represents a failure of protection and violates universally recognised international legal norms and standards. When contributing to the protection of affected population, we must implement standards and instruments preventing and eradicating the practice of SEA.

¹¹ *UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13)*

¹² *Ibid.*

Further information on this critical issue is available from **the Inter-Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse (sexual exploitation and abuse)** at <http://www.pseataskforce.org/>. The Task Force, which addresses PSEA by humanitarian staff was established in January 2011 as a result of the IASC Review of PSEA by UN, NGO, IOM and IFRC personnel. The Task Force on Protection from Sexual Exploitation and Abuse by our own staff is a venue for collaboration among all IASC members (UN, NGO, IOM and IFRC).

Linkages between DAPS and Sectors – In practice, the separation between different commitments around DAPS framework is not always clear; some issues will have an impact on more than one of the four elements and thus could be categorised under two elements (e.g. being aware of entitlements and receiving information can be grouped around both safety and access). In addition, many of the standards covered in one sector are relevant to other sectors, as progress achieving standards in one sector often influences progress in other sectors but also reflects that many humanitarian programmes are multi-sectorial. Accordingly, there is a necessity here to repeat some points within and between sectors in order to ensure effectiveness and comprehensiveness.

For consideration in reading and applying the Minimum Standard Commitments – Throughout:

Throughout the Minimum Standard Commitments, we have used the expression ‘marginalised groups’ when the expressions ‘people/groups with special needs’, ‘excluded people/groups’, ‘most vulnerable people/groups’ might also be used. In all cases, marginalised people/groups is understood to include older people, people with a disability and people living with HIV/AIDS or other chronic illnesses. In different contexts, other forms of diversity, including ethnicity, migration, religion, caste, class, lesbian, gay, bisexual, transsexual or intersex (LGBTI) people, will be key issues to be considered when talking about marginalised groups. Users of these Minimum Standard Commitments are, therefore, encouraged to ensure they analyse the situation carefully and understand the exact people and groups included in ‘marginalised groups’ in their context.

Minimum Standard Commitments to gender and diversity in emergency programming

Gender and Diversity in Emergency Health Programming

Standards

Commitment to **Dignity**

- Separate consulting rooms and toilets and, if the context requires it, separate entrances and waiting areas for females and males provide maximum privacy and dignity.
- Health services and facilities are culturally-appropriate for females and males of all ages, including older people and people with a disability, to use.
- Health services are confidential and the affected population trust that they are.
- Examinations and treatment are undertaken with the patient's informed consent.
- Female health personnel are available to attend to female patients or, at the very minimum, to accompany them in the presence of a male health worker, if the context requires.

Commitment to **Access**

- The beneficiary selection and prioritisation criteria for accessing health services and facilities is informed by a gender and diversity analysis to ensure that the most marginalised have access.
- Male and female interpreters are made available to those who need them in order to understand health information.
- Health services are available and health facilities are accessible at times, in locations and with appropriate staffing levels and gender/diversity composition to ensure females and males of all ages have equitable access.

- In consultation with the community, the constraints or barriers faced by females and males of all ages, including those from marginalised groups, in accessing health services and facilities are identified and action taken to respond to them.
- Everyone, including those from marginalised groups, has access to confidential and culturally-appropriate reproductive health services.
- Survivors of sexual violence are supported to seek and referred for clinical care and have access to psychosocial support.
- People living with HIV AIDS receive or are referred for [continued] care and medication.
- The affected community is informed of their entitlements in terms of healthcare and such information is disseminated widely in relevant language(s) and picture format at the health point and around displacement camps/shelter sites.
- The health facility meets the ‘minimum initial service package’ (MISP) for reproductive health in crisis situations (i.e. referral to health, psychological and social support systems, post-exposure prophylaxis (PEP) kits, antibiotics to prevent and treat STIs, Tetanus toxoid/ Tetanus immunoglobulin, Hepatitis B vaccine, emergency contraception (where legal and appropriate)).
- Where medical personnel are obliged to report incidence of sexual violence to the police/authorities, medical personnel should seek the expert advice from GBV Advisers. Medical personnel provide a medical certificate free of charge where the local authorities require same in the case of sexual violence.
- The health facility tracks the number and sex- and age-disaggregation of incidents of sexual and physical violence. In all cases, only the number of disaggregated data is retained, with no identifying information on the survivor/victim.
- Information on post-violence (rape, physical assault, suicide, etc.) care and access to services is disseminated to the community.

Commitment to **Participation**

- Females and males of all ages, including those from marginalised groups, are consulted and involved in the design of all health services and facilities. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.
- Assessment and response teams have balanced/fair representation of females and males, including from marginalised groups.
- Community health committees or equivalent have fair/balanced representation of females and males, including those from marginalised groups. Where it is not possible to have one single, mixed-sex committee, then two committees may have to be established to address female and male health issues separately.
- Both female and male health workers are hired and trained. Where this is difficult, the community has been consulted about appropriate action to be taken and/or action is taken to hire and train the under-represented sex.

Commitment to **Safety**

Sector-specific safety issues

- There is adequate lighting in and around the health facility, including ERU field hospitals, separate consultancy rooms, female and male toilets and, if necessary, separate waiting areas and entrances, etc.
- With the involvement of the community, the accessibility of health facilities has been assessed, including safety travelling to/from the facility, cost, language, cultural and/or physical barriers to services, especially for marginalised groups, including older people and people with a disability.
- Where data on sexual and physical violence is recorded, only the number of incidents and sex- and age-disaggregated data on the survivors/victims is retained. No identifying information on the survivor/victim is retained.
- Violence is included in health surveillance forms and includes checking for bruises, broken bones, lacerations, anxiety issues, fear, increased alcohol consumption and sexually transmitted diseases, etc.

Gender-based violence (GBV) prevention and response and child protection

- Those at greatest risk of GBV are involved in the siting, design and construction of health facilities and services.
- Specific actions are taken to reduce the risk of GBV. For example, involve women and/or women's organisations, other at-risk groups and coordinate with other relevant sectors, such as WASH and shelter and settlements in the design of the facilities and services.
- GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors and to ensure staff has the knowledge and skills to provide basic care.
- All Red Cross Red Crescent personnel involved in the health response carry an updated list and contact details of agencies and professionals on GBV, child protection and psychosocial support services to which they can refer survivors of GBV or violence against a child who reveal an incident to them.
- Messages on preventing and responding to GBV and child protection are included in consultation rooms and in health outreach activities, e.g. dialogue with patients or poster messages in consultation rooms.

Internal protection systems

Prevention of sexual exploitation and abuse

- Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.
- Clear, consistent and transparent guidance is available on people's entitlements to healthcare in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures remind the affected population of their exact entitlements and that these require no return favours.

- Groups and/or individuals that rely on others for assistance in accessing health services and facilities (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.

Code of Conduct and Child Protection Policy

- All Red Cross Red Crescent personnel have signed the Code of Conduct, are aware of the Child Protection Policy and have received a briefing(s) in this regard.

Gender and Diversity in Food Security Programming

Standards

Commitment to **Dignity**

- Food services and distribution facilities are culturally-appropriate for females and males of all ages, including those with special nutritional requirements, such as pregnant and lactating women, older people and people with a disability or chronic illness.
- Food distributions take into account any food restrictions, requirements and taboos within the affected community and specific groups therein.
- The distribution process is organised in a way that it allows people to queue, to wait, to receive and to carry food away from the distribution points in a dignified manner.

Commitment to **Access**

- The beneficiary selection and prioritisation criteria for accessing food distribution and all food security activities (e.g. food-for-work, food vouchers) is informed by a gender and diversity analysis to ensure that the most vulnerable have access.
- In consultation with the community, the constraints or barriers faced by females and males of all ages, including those from marginalised groups, in accessing all food security activities, including distributions, trainings, cash/food-for-work, income-generation activities, etc., are identified and action taken to respond to them.
- Distribution points are designed and adapted so that everyone, especially pregnant and lactating women, older people and people with disabilities, can access them.
- Households have access to culturally-appropriate cooking utensils, fuel, potable water and hygiene materials.
- Those who cannot prepare food or feed themselves have access to carers to prepare appropriate food and administer feeding where necessary.
- The affected community is informed of their entitlements in terms of food assistance and such information is disseminated widely in relevant language(s) and picture format at the distribution point and around displacement camps/shelter sites.

Commitment to **Participation**

- Males and females, including those from marginalised groups, are consulted about their specific nutritional needs and priorities to inform the design of all food security activities and projects. Where necessary, single-sex focus group discussions with same-sex facilitators are carried out.
- Assessment and response teams have balanced/fair representation of females and males, including from marginalised groups.
- Food security committees have fair/balanced representation of females and males, including those from marginalised groups. Where mixed-sex committees are not culturally acceptable, two committees are established to address female and male's distinct food security needs.
- Females and males, including those from marginalised groups, all have equal opportunities to participate in training/employment/volunteering opportunities. If this requires that special measures (timing, location/venue, same-sex instructors, etc.) need to be taken, then these are included in the project activities.

Commitment to **Safety**

Sector-specific safety issues

- Distribution sites are safe and the community feels safe coming to the sites. Measures to ensure safety for all might include allocation during daylight, lighting around the distribution sites, close proximity of distribution site(s) to accommodation, clearly marked and accessible roads to and from distribution sites, male and female distribution teams, etc.
- Stoves, fuel and equipment used in the preparation of food are safe.
- Commodity- and cash-based interventions that minimise possible negative impacts are designed/selected (e.g. transfer modalities meet food requirements needs; food ration cards assigned without discrimination or, with agreement of community leaders and with full explanation and transparency, given to women; girls and boys included in school feeding programmes; etc.)

Gender-based violence (GBV) prevention and response and child protection

- Those at greatest risk of GBV are involved in the siting, design and management of food security distribution sites and services.
- Specific actions are taken to reduce the risk of GBV. For example, food distribution is done by a distribution team made up of male and female members, distributions are carried out during daylight hours and in locations that women and girls in particular have said that they feel safe travelling to/from.
- GBV specialists, if available, are consulted, to identify safe, confidential and appropriate systems of care for survivors who may share with food security staff that they have experienced violence and ensure staff has the basic knowledge and skills to provide information to survivors on where they can obtain support.
- All Red Cross Red Crescent personnel involved in the food security response carry an updated list and contact details of agencies and professionals on GBV, child protection and psychosocial support services to which they can refer survivors of GBV or violence against a child who reveal an incident to them.
- Messages on preventing and responding to GBV and child protection are included in community outreach activities during food distributions, e.g. dialogue or poster messages in distribution lines and activities with children and youth while they wait for their parents.

Internal protection systems

Prevention of sexual exploitation and abuse

- Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.

- Clear, consistent and transparent distribution systems are established for food, cash-for-food and/or voucher systems in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. The distribution of food items is done by a sex-balanced team, distributions are carried out during daylight hours and/or at times that do not discriminate one sex over another, public notices in writing and with pictures advise of the distribution time and location and remind the affected population of their exact entitlements and that these require no return favours.
- Groups and/or individuals that rely on others for assistance in accessing food distributions and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.

Code of Conduct and Child Protection Policy

- All Red Cross Red Crescent personnel have signed the Code of Conduct, are aware of the Child Protection Policy and have received a briefing(s) in this regard.

Gender and Diversity in Emergency WASH Programming

Standards

Commitment to **Dignity**

- Sanitation facilities are culturally-appropriate for all – females and males of all ages, including older people and people with a disability – to use.
- Latrine and bathing facilities ensure maximum privacy and dignity.
- Women and adolescent girls are consulted about their personal hygiene management practices.
- Culturally-appropriate sanitary materials and underwear are distributed to women and girls of reproductive age in sensitive ways (e.g. distribution through women's groups, distribution directly after school when girls are together) and appropriate disposal or care (washing and drying) facilities provided. Pre-packaged materials for distribution are clean and unopened.

Commitment to **Access**

- The beneficiary selection and prioritisation criteria for participation in all WASH activities is informed by a gender and diversity analysis to ensure that the activity reaches the most vulnerable.
- Water and sanitation facilities are designed or adapted so that all people can use and access them, especially older people and people 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.
- Water points are located so that people do not have to walk unreasonable distances or gradients and they are not located in areas that the community deems unsafe.
- Sanitary materials are distributed to individuals, not households.
- The affected community is informed of their entitlements in terms of WASH assistance and such information is disseminated widely in relevant language(s) and picture format at distribution points and around displacement camps/shelter sites.

Commitment to **Participation**

- Females and males, including those from marginalised groups, are consulted about their specific needs and priorities and this information informs the design of all WASH facilities and services. Single-sex focus group discussions with same-sex facilitators are carried out.
- Assessment and response teams have balanced/fair representation of females and males, including those from marginalised groups.
- Community water and sanitation committees have fair/balanced representation of females and males, including those from marginalised groups. Where mixed-sex committees are not culturally acceptable, single-sex committees are set up to address female and males' distinct WASH needs and priorities.
- Females and males, including those from marginalised groups, have the same opportunities, as is culturally appropriate, to learn how to operate and maintain water and sanitation infrastructure.

Commitment to **Safety**

Sector-specific safety issues

- Latrines and bathing facilities are segregated for females and males, are secure, with internal locks, lighting in and around the facilities, are in close proximity to shelters, etc.
- Separate latrines and bathing facilities are safely and easily accessible for females and males, including those with special needs, such as people with disabilities, older people, etc.

Gender-based violence (GBV) prevention and response and child protection

- Those at greatest risk of GBV are involved in the siting, design, construction and management of water and sanitation facilities.
- Specific actions are taken to reduce the risk of GBV. For example, the distribution of hygiene materials is done by a sex-balanced team, distributions are carried out during daylight hours and in locations that women and girls in particular have said that they feel safe travelling to/from.

- GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors who may share with WASH personnel that they have experienced violence and ensure such personnel have the basic knowledge and skills to provide information to survivors on where they can obtain support.
- All Red Cross Red Crescent personnel involved in the WASH response carry an updated list and contact details of agencies and professionals on GBV, child protection and psychosocial support services to which they can refer survivors of GBV or a child who reveal an incident of violence to them.
- Messages on preventing and responding to GBV and child protection are included in all community outreach activities, e.g. during WASH-related NFI distributions, dialogue and/or posters at distribution lines.

Internal protection systems

Prevention of sexual exploitation and abuse

- Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.
- Clear, consistent and transparent distribution systems are established for WASH materials in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. The distribution of WASH materials is done by a sex-balanced team, distributions are carried out during daylight hours and/or at times that do not discriminate one sex over another, public notices in writing and with pictures advise of the distribution time and location and remind the affected population of their exact entitlements and that these require no return favours.

- Groups and/or individuals that rely on others for assistance in accessing WASH distributions and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.

Code of Conduct and Child Protection Policy

- All Red Cross Red Crescent personnel have signed the Code of Conduct, are aware of the Child Protection Policy and have received a briefing(s) in this regard.

Gender and Diversity in Emergency Shelter Programming

Standards

Commitment to **Dignity**

- Site layout, household and collective shelter design and layout provide privacy and dignity.
- Settlement planning and shelter design are culturally appropriate for all occupants, including older people and people with disabilities.
- Appropriate materials for internal subdivision are provided to individual households.
- In collective shelters, families or social groups such as unaccompanied women are grouped together and materials to screen personal and household space are provided.
- In all types of shelter, family unity is considered in the house size and layout and, therefore, larger families are accommodated accordingly.

Commitment to **Access**

- The beneficiary selection and prioritisation criteria for participation in all shelter activities is informed by a gender and diversity analysis to ensure that the activity reaches the most vulnerable.
- Consideration has been given to how to support people such as female- and child-headed households, older people, people with disabilities in the construction/repair of shelter.
- All shelters and infrastructure are designed or adapted so that all people can physically access them, especially older people and people with disabilities. Avoid steps or changes of level close to exits and provide handrails for all stairways and ramps. Allocate space on the ground floor, adjacent to exits or along access routes for occupants with walking or vision difficulties. Internal design allows appropriate access to cooking, washing and sleeping arrangements.
- Shelter quality is consistent across diverse groups, such as majority and minority ethnic groups, within the affected population.

- Considerations to ensure that separate living areas for groups such as women, people with disabilities, transgender people and children are 'safe' include: safe and central location area such as near families; lighting of entry points to the shelter; higher windows that cannot be looked into; lockable doors; and water and sanitation facilities in close proximity. All decisions on design of the shelter should be taken in consultation with the relevant group.
- The affected community is informed of their entitlements in terms of shelter assistance and such information can be transmitted by radio, on a poster – in all relevant languages and picture format - at distribution points, at reception areas and around displacement camps/shelter sites.

Commitment to **Participation**

- Females and males of all ages, including those from marginalised groups, are consulted about their specific shelter needs and priorities, tenure arrangements and this information informs the design of all shelter facilities, services and activities. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.
- Assessment and response teams have balanced/fair representation of females and males, as well as marginalised groups.
- Shelter/community committees have fair/balanced representation of females and males, including those from marginalised groups. Such representative committees are involved at all stages of the shelter programme, including settlement planning, beneficiary selection, design and implementation of all shelter activities.
- Females and males have equal or appropriate opportunities for involvement in all aspects of shelter construction.
- Where relevant, females and males receive equal pay for equal work.
- Females and males have equal opportunities for involvement in shelter training activities.

Commitment to **Safety**

Sector-specific safety issues

- Shelter is secure, with internal locks, lighting in and around communal areas, including latrines and bathing facilities, close proximity to accommodation, etc.
- Separate and safe areas have been established for children to play.
- A separate and safe area has been established for women to congregate.
- Systems are in place to protect unaccompanied children and young women (e.g. registration, separate safe shelter, access to basic services and goods, screened personnel to watch-over them, etc.)
- Assess risks related to shelter safety including overcrowding; location of shelter; partitions for privacy and/or cultural purposes; locks and lighting; and cost of rent.

Gender-based violence (GBV) prevention and response and child protection

- Those at greatest risk of GBV are involved in the siting, design, construction, management and coordination of shelter facilities.
- Specific actions are taken to reduce the risk of GBV accessing shelter and settlement services and facilities. For example, involve women and/or women's organisations, other at-risk groups and coordinate with other relevant sectors, such as WASH and health in the design of the facilities and services.
- GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors who may share with shelter personnel that they have experienced violence and ensure such personnel have the basic knowledge and skills to provide information to survivors on where they can obtain support.
- All Red Cross Red Crescent personnel involved in the shelter sector carry an updated list and contact details of agencies and professionals on GBV, child protection and formal and informal psychosocial support services to which they can refer survivors of GBV or a child who reveals an incident of violence to them.

- Messages on preventing and responding to GBV and child protection are included in all community outreach activities, e.g. dialogue or poster messages in registration and communal areas.

Internal protection systems

Prevention of sexual exploitation and abuse

- Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.
- Clear, consistent and transparent distribution systems are established for shelter materials, cash-for-rent and/or voucher systems in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. The distribution of shelter materials is done by a sex-balanced team, distributions are carried out during daylight hours and/or at times that do not discriminate one sex over another, public notices in writing and with pictures advise of the distribution time and location and remind the affected population of their exact entitlements and that these require no return favours.
- Groups and/or individuals that rely on others for assistance in accessing shelter and settlement distributions and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.

Code of Conduct and Child Protection Policy

- All Red Cross Red Crescent personnel have signed the Code of Conduct, are aware of the Child Protection Policy and have received a briefing(s) in this regard.

Gender and Diversity in Livelihoods Programming

Standards

Commitment to **Dignity**

- Livelihoods programmes are culturally-appropriate for all – females and males of all ages, including older people and people with a disability – to participate (offering alternative livelihoods options).

Commitment to **Access**

- The beneficiary selection and prioritisation criteria for participation in all livelihoods activities is informed by gender and diversity analysis to ensure that the activity reaches the most vulnerable.
- In consultation with the community, identify and respond to the distinct constraints and/or barriers faced by females and males, including those from marginalised groups, in accessing all livelihoods activities.
- Livelihoods programmes are designed or adapted so that everyone – female and male adults and youth, older people and people with a disability – can access appropriate income-generating activities.
- The affected community is informed of their entitlements in terms of livelihoods and such information is disseminated widely in relevant language(s) and picture format at the project site, at distribution points and around displacement camps/shelter sites.

Commitment to **Participation**

- Females and males, including those from marginalised groups, are consulted about their specific livelihoods needs and priorities and this information informs the design of all livelihoods activities and projects. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.
- Assessment and response teams have balanced/fair representation of females and males, including those from marginalised groups.

- Specific livelihoods programmes are designed that meet the needs of female heads of households, adolescent girls and boys, displaced females and males, people with disabilities, older people, survivors of GBV, etc.
- Livelihood/community committees have fair/balanced representation of females and males, including those from marginalised groups.
- Females and males, including those from marginalised groups, all have equal opportunities to participate in training opportunities. If this requires that special measures (timing, location/venue, same-sex instructors, etc.) need to be taken, then these are included in the project activities.

Commitment to **Safety**

Sector-specific safety issues

- Safety and access issues have been assessed, including safety travelling to/from the livelihoods/training site, childcare provisions, same-sex supervisors/trainers, location and time of day of work/training, backlash from family or community members where women start earning money.

Gender-based violence (GBV) prevention and response and child protection

- Those at greatest risk of GBV are involved in the siting, design, construction, management and coordination of livelihoods activities and have access to and sufficient control over income generated through livelihoods programmes.
- Specific actions are taken to prevent the risk of GBV. For example, specific income-generation activities are designed for women and girls so that they are not economically dependent on others and do not have to exchange sex for money, housing, food or education.
- GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors who may share with livelihoods personnel that they have experienced violence and ensure such personnel have the basic knowledge and skills to provide information to survivors on where they can obtain support.

- All Red Cross Red Crescent personnel involved in the livelihoods sector carry an updated list and contact details of agencies and professionals on GBV, child protection and formal and informal psychosocial support services to which they can refer survivors of GBV or a child who reveal an incident of violence to them.
- Messages on preventing and responding to GBV and on child protection are included in all community outreach activities, e.g. dialogue and/or poster messages in livelihoods locations and training facilities.

Internal protection systems

Prevention of sexual exploitation and abuse

- Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.
- Clear, consistent and transparent guidance is available on livelihoods beneficiary selection criteria in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures advise of the selection criteria and remind the affected population of their exact entitlements and that these require no return favours.
- Groups and/or individuals that rely on others for assistance in accessing livelihoods and training facilities and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.

Code of Conduct and Child Protection Policy

- All Red Cross Red Crescent personnel have signed the Code of Conduct, are aware of the Child Protection Policy and have received a briefing(s) in this regard.

Gender and Diversity in Non-food Items Programming

Standards

Commitment to **Dignity**

- Non-food items (NFIs), including hygiene kits, clothing and kitchen sets, are culturally-appropriate to everyone.
- Culturally-appropriate sanitary materials and underwear are distributed to women and girls of reproductive age in sensitive ways (e.g. distribution through women's groups, distribution directly after school when girls are together) and appropriate disposal or care (washing and drying) facilities are provided.
- The distribution process is organised in a way as to allow 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.
- The most vulnerable (children, people living with HIV AIDS and other chronic diseases, pregnant and lactating women, older persons and people with disability) have additional clothing and bedding to meet their needs.

Commitment to **Access**

- The beneficiary selection and prioritisation criteria for participation in NFI distribution is informed by gender and diversity analysis to ensure that the activity reaches the most vulnerable.
- Distribution points are designed or adapted so that everyone can use and access them, especially older people and people with disabilities.
- Household entitlement cards and ration cards are issued in the name of the primary female and male household representatives.
- The affected community is informed of their entitlements in terms of NFI distribution and such information is disseminated widely in relevant language(s) and picture format at the distribution point and around displacement camps/shelter sites.

Commitment to **Participation**

- Females and males of all ages, including those from marginalised groups, are consulted about their specific needs and priorities to inform the design of NFI distribution and the rate of consumption. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.
- Assessment and response teams have balanced/fair representation of females and males, including those from marginalised groups.
- NFI/community committees have balanced/fair representation of females and males, including those from marginalised groups.
- Females and males, including those from marginalised groups, have equal opportunities to participate in training opportunities. If this requires that special measures (timing, location/venue, same-sex instructors, special provisions for people with a disability, etc.) need to be taken, then these are included in the project activities.

Commitment to **Safety**

Sector-specific safety issues

- NFIs are familiar to and safe to use by for females and males of all ages, including those with special needs. Technical guidance and instruction should be provided when required in relevant languages and/or picture format.
- Distribution sites are safe and the community feels safe coming to the sites. Measures to ensure safety for all might include allocation during daylight, lighting around the distribution sites, close proximity of distribution site(s) to accommodation, clearly marked and accessible roads to and from distribution sites, male and female distribution teams, etc.

Gender-based violence (GBV) prevention and response and child protection

- Those at greatest risk of GBV are involved in the siting, design and management of NFI distribution points.
- Specific actions are taken to reduce the risk of GBV in accessing NFI distributions. For example, women and/or women's organisations, other at-risk groups are involved in the design of the facilities and services.

- GBV specialists, if available, are consulted to identify safe, confidential and appropriate systems of care for survivors who may share with NFI personnel that they have experienced violence and ensure such personnel have the basic knowledge and skills to provide information to survivors on where they can obtain support.
- All Red Cross Red Crescent personnel involved in the NFI sector carry an updated list and contact details of agencies and professionals on GBV, child protection and formal and informal psychosocial support services to which they can refer survivors of GBV or a child who reveal an incident of violence to them.
- Messages on preventing and responding to GBV and child protection are included in all 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.

Internal protection systems

Prevention of sexual exploitation and abuse

- Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.
- Clear, consistent and transparent guidance on the beneficiary selection criteria in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. The distribution of NFIs is done by a sex-balanced team, distributions are carried out during daylight hours and/or at times that do not discriminate one sex over another. Public notices in writing and with pictures advise of the selection criteria, distribution times and locations and remind the affected population of their exact entitlements and that these require no return favours.

- Groups and/or individuals that rely on others for assistance in accessing NFI distributions (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.

Code of Conduct and Child Protection Policy

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Gender and Diversity in Disaster Risk Reduction

Standards

Commitment to **Dignity**

- Systems of evacuation include specific measures for women and girls within the context of any gender/cultural constraints such as mobility.
- Community-based early warning systems involve and engage females and males of all ages, including those from marginalised groups, to ensure procedures are sensitive to both female and male needs, including privacy and security in evacuation communal shelters.

Commitment to **Access**

- Beneficiary selection and prioritisation criteria for accessing DRR activities is informed by a gender and diversity analysis to ensure that the most vulnerable have access.
- Females and males of all ages, including those from marginalised groups, have equal access to early warning systems training.
- In consultation with the community, the constraints or barriers faced by females and males of all ages, including those from marginalised groups, in accessing DRR activities have been identified and inform an appropriate response.
- Warning dissemination chains ensure that females and males of all ages, including those from marginalised groups, receive information.
- Warning communication technology is accessible and reaches females and males equally and information on hazards, vulnerabilities, risks and how to reduce impacts are disseminated to everyone including those from marginalised groups in a language/format they can understand.
- The affected community is informed of their entitlements in terms of DRR activities and such information is disseminated widely in relevant language(s) and picture format at the public spaces.
- A system to verify that warnings have reached females and males of all ages, including those from marginalised groups, equally is established.

Commitment to **Participation**

- Females and males of all ages, including those from marginalised groups, are consulted and involved in risk-assessments and in all levels of disaster preparedness, including early warning systems, education, communication, information and networking. Where necessary, carry out single-sex focus group discussions with same-sex facilitators.
- Proportional representation of females and males from diverse groups in the decision-making process of community-based DRR and preparedness activities is promoted to ensure the social, cultural and economic aspects of risk reduction for all groups and sub-groups in the community are being addressed.
- The local knowledge of females and males of all ages, including those from marginalised groups, is accessed and used when designing and implementing an early warning system.
- Local government officials and community leaders are encouraged to involve females and males, including those from marginalised groups, equally in disaster risk management activities and decision-making.
- Cooperation with existing local organisations that represent women and diverse groups, such as youth and people with disabilities, is strengthened in order to encourage community participation in the promotion, planning or implementation of the programme.
- Assessment and response teams have balanced/fair representation of females and males, including those from marginalised groups.
- DDR committees or equivalent have fair/balanced representation of females and males, including those from marginalised groups.
- Both female and male DRR coordinators are hired and trained. Where this is difficult, the community has been consulted about appropriate action to be taken to hire and train the under-represented sex.

Commitment to **Safety**

Sector-specific safety issues

- The safety needs and concerns of females and males of all ages, including those from marginalised groups, are included in the community vulnerability assessments conducted for all relevant natural hazards.

- Consideration has been given to access features to, into and within the evacuation centres, especially for those with special mobility restrictions, including older people, people with a disability, pregnant women, etc.

Gender-based violence (GBV) prevention and response and child protection

- Those at greatest risk of GBV are involved in the design, construction, management and coordination of DRR activities.
- Specific actions are taken to prevent the risk of GBV within evacuation centres. For example, location, partitions for privacy, separate sanitation facilities for females and males.
- All Red Cross Red Crescent personnel involved in the DRR sector carry an updated list and contact details of agencies and professionals on GBV, child protection and formal and informal psychosocial support services to which they can refer survivors of GBV or a child who reveal an incident of violence to them.
- Messages on preventing and responding to GBV and child protection issues are included in all community outreach activities, e.g. dialogue and/or poster messages in training facilities and evacuation centres.

Internal protection systems

Prevention of sexual exploitation and abuse

- Beneficiary feedback and complaints system is established and is accessible for females and males, including those from marginalised groups. For example, both female and male staff are available to address complaints; the system does not rely solely on written complaints for those with higher levels of illiteracy; consideration is given to the times of day the complaints' desk/office is open to accommodate greater access for everyone; and the location of the complaints' desk/office has been considered from a safety and confidentiality point of view.
- Clear, consistent and transparent guidance is available on DRR beneficiary selection criteria in order to minimise the potential for sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures advise of the selection criteria and remind the affected population of their exact entitlements and that these require no return favours.

- Groups and/or individuals that rely on others for assistance in accessing DRR facilities and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.

Code of Conduct and Child Protection Policy

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Annex 1: Needs assessment/gender and diversity analysis

A needs assessment is the first step in providing appropriate emergency programming in all sectors. Unless we know who is affected – which women, girls, men or boys from which particular sub-groups – and who among them are the most vulnerable, the emergency response may be off target. Data on the affected population should always be broken down by sex and age, other relevant factors such as disability, as well as context-specific factors such as ethnic minority groups, etc.

A gender and diversity analysis helps us to understand and respond to people's specific needs and, therefore, should always be integrated in the needs assessment, sector assessments and situational analyses.

The following questions and points support such an analysis:

1. What is the profile of the affected group? (i.e. number of households and household members disaggregated by sex and age; number of single male and female heads of household; number of pregnant and lactating women; and number (male/female) of unaccompanied children, older people, persons with disabilities, chronically ill, etc.)
2. Besides the groups mentioned above, are there any other potentially vulnerable groups in the community? These might include an ethnic minority, migrant, class or caste group, for example.
3. Have males and females of all ages, including those from marginalised groups, been consulted and involved in the assessment to determine their specific needs, priorities and concerns within the sector-specific programming as they relate to dignity, access, participation and safety?

4. Assessments should be carried out through a combination of observations and questions, including asking females and males separately programme-specific questions. Are mechanisms in place to ensure gender and diversity representation and the participation of different social groups for inclusive analysis of needs and, consequently, more effective responses? If so, what are these?
5. The beneficiary selection criteria, selection and prioritisation (see page 44) must be informed by a gender and diversity analysis. Are people with specific needs – single-head of household, people with disabilities, pregnant and lactating women, children, older people, chronically ill, etc. – included in the beneficiary selection/prioritisation criteria?
6. What are the expected roles of females and males in each sector (e.g. in shelter construction, in the maintenance of water points, latrines and bathing areas, in the collection of water and fuel?)
7. Do the assessment and response teams have balanced or fair male/female and diversity representation? Are specific actions required to create permission and space for women and marginalised groups to participate on response teams? If so, what are these?

If the answer to any of the questions above is 'no' or the relevant information is not available, then this must be noted and details of how the issue will be rectified also included in the assessment.

Annex 2: Beneficiary selection and prioritisation criteria

Due to the limitations of funding, it is not always possible to reach all people in need. Therefore, it is crucial to use available resources to target and prioritise the most vulnerable. 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 beneficiaries of humanitarian or emergency assistance, we must ensure an independent needs-based and a gender and diversity-sensitive principled approach, as well as appropriate targeting of beneficiaries.

The beneficiary 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 beneficiary 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 vulnerable persons 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, child-headed households, older persons, persons with disabilities, persons with chronic diseases or serious medical conditions, the illiterate, the chronically poor, landless persons, un-documented nationals, migrants, refugees, 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, 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.

Sample beneficiary selection and prioritisation criteria

- The following beneficiary selection and prioritisation criteria has been adapted from a model used in the Philippines/ Typhoon Haiyan by the IFRC-led Shelter Cluster.
- Responding as the Cluster was to a large-scale disaster involving multiple 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 are prioritised within the context of available resources.
- Please note that this model is based on households. It does not address individuals that live outside of households and, therefore, are at risk of being omitted from humanitarian assistance. Nor does it address those marginalised within households that do not benefit from intra-household re-distribution. These are context-specific issues and Red Cross Red Crescent responders must bear this in mind beyond this model.

All statements marked with an asterisk (*) will have to be considered carefully as they are heavily context-specific and relative. These statements should be either re-written or omitted.

Household Characteristics

| | | |
|--|-----------------|--|
| Number of individuals in household is greater than five (5)* | If yes, score 5 | |
| The household includes an elderly person(s)*, a pregnant or lactating woman, a person(s) with a disability and/or chronic illness, orphan(s) and/or a teenage mother (i.e. under 18 years) | If yes, score 5 | |
| The head of household is elderly person(s)*, 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 LGBTI, trafficked women and children and women and children subjected to violence. <i>Note that these are not 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 not be specifically sought for the purposes of completing this prioritisation tool</i> | If yes, score 5 | |
| Total score this section (maximum 25) | | |

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 little to no significant assets* | If yes, score 5 | |
| Household has not received a humanitarian assistance card* | If yes, score 5 | |
| Total score 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 3.5m ² per person, as per Sphere) for the size of the household | If yes, score 5 | |
| The accommodation is exposed to hazards* | If yes, score 5 | |
| Total score this section | | |

Access to services

| | | |
|--|-----------------|--|
| The household has little/no access to health facility/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* | If yes, score 5 | |
| The household has little/no electricity or fuel supply* | If yes, score 5 | |
| Total score this section | | |

Coping mechanisms/resilience

| | | |
|--|-----------------|--|
| The household reports a reduction in the quantity/quality of meals | If yes, score 5 | |
| Children are working where they did not before the emergency | If yes, score 5 | |
| The household reports having had to sell assets since the emergency | If yes, score 5 | |
| The household reports having had to take loan(s) since the emergency | If yes, score 5 | |
| Total score this section | | |

TOTAL SCORE FOR ALL SECTIONS

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.

**For more information on this publication,
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