

GROUP B: PROTECTION OF RIGHTS RELATED TO THE PROVISION OF FOOD; HEALTH; SHELTER; AND EDUCATION

B.1 ACCESS TO AND PROVISION OF HUMANITARIAN GOODS AND SERVICES - GENERAL PRINCIPLES

B.1.1 Humanitarian goods and services should be provided on the basis of assessed needs, without any distinction of any kind other than that of differing needs and without any discrimination as to race, colour, sex, language, disability, religion, political or other opinion, national or social origin, property, birth, age, or other status. All affected persons should have safe, unimpeded and non-discriminatory access to goods and services necessary to respond to their basic needs. Specific measures such as priority access or separate distribution systems should be taken to the extent necessary to ensure that persons with specific needs have adequate access to humanitarian goods and services.

Amongst others the following activities can be considered:

- ❖ Use of proven assessment tools that include all categories of persons with special needs and allow objective identification of needs;
- ❖ Specific monitoring whether persons with special needs, older persons, persons with disabilities, sick persons or female-headed households with infants and young children have equal access to food, water, health and other humanitarian services and, if not, giving them priority access, or setting up separate distribution points/separate hours for distribution of goods and for services, etc.;
- ❖ Systematic inclusion of female-headed households, unaccompanied children, older persons, persons with disabilities and other persons with special needs in the distribution of humanitarian goods;
- ❖ Securing distribution points against rioters or others ready to use violence; and
- ❖ Monitoring of risks for beneficiaries after distributions.

Preparedness measures:

- ❖ Preparation of assessment tools prior to the disaster;
- ❖ Analysis of safety routes and sites for distribution; and
- ❖ Planning for particular distribution means for people with specific needs.

B.1.2 Humanitarian goods and services provided to affected persons should be adequate. Adequacy of such goods and services requires that they are (i) available, (ii) accessible, (iii) acceptable, and (iv) adaptable:

- (i) **Availability** means that these goods and services are provided to the affected population in sufficient quantity and quality;
- (ii) **Accessibility** requires that these goods and services (a) are provided to all according to their needs and without discrimination, (b) are within safe reach and can be physically accessed by everyone, including persons with specific needs, and (c) are known to the beneficiaries;
- (iii) **Acceptability** refers to the requirement that goods and services provided are respectful of the culture of individuals, minorities, peoples and communities, and sensitive to gender and age requirements; and
- (iv) **Adaptability** requires that these goods and services be provided in ways flexible enough to adapt to the change of needs in the different phases of emergency relief, recovery and, in the case of internally displaced persons, return, local integration or settlement elsewhere in the country.

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Actors contributing to the humanitarian response should strive to achieve all elements of these criteria as soon as feasible. During the immediate emergency phase, food, water and sanitation, shelter, clothing, and health services are considered adequate if they respond to what is needed for survival and meet internationally recognized standards (see Annex III).

Amongst others the following activities can be considered:

- ❖ Regarding availability:
 - Using pre-positioned food and non-food items in disaster-prone areas; and
 - Ensuring, to the extent possible, that quantities (e.g. of food) and specifications (e.g. size of tents or cooking pots) correspond to people's differing needs.
- ❖ Regarding accessibility without discrimination:
 - Identifying as soon as possible persons and groups with a history of being discriminated against prior to the disaster, or with special needs, and monitoring ongoing humanitarian action to avoid that they are discriminated against and intervene if this happens;
 - Involving members of the affected populations, including those with particular needs, in the humanitarian response, for example in distribution of food and non-food items; and
 - Monitoring and intervening in cases where affected persons have to pay bribes or exchange sex for humanitarian goods and services.

See also measures below at B.1.3 and B.1.4.

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- ❖ Regarding acceptability:
 - Ensuring that to the extent possible food, medicine and other goods such as clothing:
 - Are culturally acceptable to affected persons, particularly if they are members of indigenous peoples or belong to particular ethnic or religious communities; and
 - Correspond to the specific needs of older persons, pregnant and lactating mothers, infants, persons with disabilities, sick persons, and others with special needs.
- ❖ Regarding adaptability:
 - Ensuring that food, water and sanitation, non-food items, shelter, health and other services meet minimum standards in the emergency phase, improve once the emergency phase is over and are adapted to changing needs over time.

Preparedness measures:

- ❖ Mapping of cultural needs in terms of food, shelter, clothing, etc.;
- ❖ Use of disaggregated data to gauge what the needs will be in terms of age, gender, disabilities or chronic illnesses or other factors; and
- ❖ Pre-positioning of goods – also to more remote areas.

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B.1.3 In case of displacement caused by the disaster, the specific needs of internally displaced persons as well as the needs that host communities experience as a consequence of the influx of such persons should be addressed on the basis of non-discriminatory and objective criteria when providing humanitarian assistance.

Amongst others the following activities can be considered:

- ❖ Providing humanitarian assistance to persons from among the host community who have the same or similar needs as the internally displaced persons;
- ❖ Using a community-based approach to strengthen the absorption capacities and resilience of host communities as needed, e.g. through provision of additional water and sanitation facilities, enhancement of school and health services to the community, school feeding to strengthen the nutritional basis of the community, provision of building materials for host families to enlarge dwellings, or cash grants for internally displaced persons staying with host families; and
- ❖ Providing for analysis, assessment and awareness-raising among humanitarian actors of potential ethnic, political or other tensions between displaced communities, or between displaced and host communities, and ensuring that this analysis is incorporated into planning the response.

Preparedness measures:

- ❖ Anticipate the needs that host communities experience as a consequence of the influx of internally displaced persons; and
- ❖ Include the host communities in the determination and decision-making concerning the identification of shelter and evacuation sites and facilities.

B.1.4 The design of specific programs for humanitarian action should take into account and address gender-specific roles in the society concerned.

Amongst others the following activities can be considered:

- ❖ Including women in the relief distribution teams, in particular for distribution to women;
- ❖ Setting up separate lines/channels and places of distribution where cultural traditions limit women's mobility in public spaces; and
- ❖ Identification and monitoring of cases of discrimination against women or men in the distribution of and access to goods and services by their communities and families and raising such cases with community leaders and heads of family.

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B.2 PROVISION OF SPECIFIC GOODS, SUCH AS ADEQUATE FOOD, WATER AND SANITATION, SHELTER, CLOTHING; ESSENTIAL HEALTH SERVICES, AND EDUCATION

B.2.1 The **right to food** should be respected and protected. It should be understood as the right to have physical and affordable access without discrimination to adequate food in sufficient quantities or the means for its procurement. Food related interventions should be planned accordingly.

Amongst others the following activities can be considered:

- ❖ Ensuring the maximum participation of affected communities, in particular women, in the planning, design and implementation of food distribution activities, e.g. by organizing focus group discussions, and using community organizers to identify women representatives;
- ❖ Ensuring that persons with specific needs – e.g. unaccompanied children, older persons, persons with disabilities in need of support or persons living with long-term or chronic illnesses such as HIV/AIDS who have lost their caregivers during the disaster – have unimpeded access to food. In particular:
 - Clear and accessible information for all beneficiaries, including those with special needs, about the frequency, timing and quantity of food distributions and what quantities will be supplied;

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- Direct distribution of food to women or unaccompanied children if, traditionally, women and children receive less than men in times of scarcity or if there is a risk that food may be diverted for other purposes;
 - Distribution and assistance in a way that avoids the need for older persons, persons living with HIV/AIDS or other particular illnesses, pregnant women, persons with disabilities, and unaccompanied children to stand in line for long periods of time, or to carry heavy loads from the distribution point to their dwellings (portioning of food bags so that they can be carried by such persons); and
 - Linking persons with specific needs to support families for the joint preparation of meals when these persons are unable to do so themselves.
- ❖ Incorporating strategies to prevent sexual violence in food and nutrition programmes;
 - ❖ Including food items into deliveries that correspond to the specific needs of pregnant and lactating mothers, infants, children, older people or persons living with long-term or chronic illnesses; and
 - ❖ Ensuring that the food distributed, whether cooked meals or dry rations, meets international nutritional standards and is culturally acceptable to the population. If it is available, food to which the affected persons are accustomed should be provided. Cultural food practices should be included into initial rapid assessments.

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B.2.2 The right to water and sanitation should be respected and protected. It should be understood as the right to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use without discrimination. Water and sanitation related interventions should be planned accordingly. At a minimum, safe water should be provided in a quantity that is necessary to prevent dehydration; and to provide for consumption, cooking, and personal and hygienic requirements necessary for a life in dignity.

Amongst others the following activities can be considered:

- ❖ Ensuring that in temporary camps and collective shelters as well as permanent relocation sites, there are adequate water and sanitation facilities, including water pumps, toilets and bathing facilities:
 - Are accessible to persons with disabilities and older persons and are easy to use; and
 - Are safe, e.g. because there is sufficient lighting at night.
- ❖ In camps and collective shelters, providing for separate toilets and bathing facilities for men and women and for single-parent households.

See also measures suggested under A.4 for the protection against gender-based violence.

B.2.3 The **right to shelter** should be respected and protected. It should be understood as the right to have an accommodation allowing persons to live there in security, peace and dignity. Shelter related interventions should be planned accordingly. Camps and collective centres should be a last resort and should only be established when, and as long as, the possibility of host family arrangements, self-sustainability, or rapid rehabilitation does not exist. Where collective shelters exist, the following principles should be respected:

- (a) Affected persons should be allowed to move freely in and out of camps and collective centres. Such movement should not be restricted or prohibited unless it is necessary for the protection of the security or health of the residents, or that of the population in the vicinity. If there are restrictions, they should not remain in force any longer than absolutely necessary; and
- (b) In order to maintain their civilian character at all times, the presence of armed elements in camps and collective centers should not be tolerated, unless where necessary to provide security through armed guards or police. Where armed elements are present, they should be separated from the civilian population. Should they be members of families resident in such camps and centres, they should not be allowed to bring arms or wear uniforms or distinguishing insignia in such locations.

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Amongst others the following activities can be considered:

- ❖ As regards internally displaced persons, giving priority to living arrangements with host families (supported by cash for shelter programs, or provision of non-food items including building materials to expand dwellings, if appropriate), or, in consultation with relevant local authorities, the use of community or unused buildings, or allowing the displaced offset up informal but adequate accommodation on public land;
- ❖ Creating specific areas where women, whether alone or with children, feel safe and secure;
- ❖ Provision, to the extent possible, of shelters that are culturally acceptable, in particular regarding privacy for women and children;
- ❖ Ensuring that shelter provided to persons with disabilities or older persons (age-friendly shelter) is safe, appropriate and accessible; and
- ❖ Ensuring that camps and collective centres are located in areas that provide as easy access as possible to livelihood and employment.

B.2.4 Internally displaced persons should be allowed to occupy unused private property, land and possessions only if they do not have access to alternative accommodation and no longer than absolutely necessary. Owners of affected private property should be adequately compensated for such use. Due process guarantees and access to fair and impartial legal procedures should be assured for all parties.

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Amongst others the following activities can be considered:

- ❖ Establishing objective criteria and official mechanisms to allocate unused public or private property, land and possessions to internally displaced persons for temporary use;
- ❖ Registering internally displaced persons who, spontaneously or under direction of competent authorities, occupy and use unused public or private property, land and possessions;
- ❖ Establishing of mechanisms ensuring compensation for owners whose private property has been occupied; and
- ❖ Facilitating, in case of conflicts between internally displaced persons and the rightful owners of property used by them, access for all parties to existing legal procedures or, where necessary, advocating the creation of such procedures.

Preparedness measures:

- ❖ Clear understanding of property issues in areas that are prone to disasters: Who are the owners? What is public or communal land? What categories of property and ownership exist? Who can take decisions if owners are not present or represented?

B.2.5 The **right to health** should be respected and protected. It should be understood as the right to timely and appropriate, accessible, culturally acceptable and gender sensitive health care without discrimination as well as to the underlying determinants of health (such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing), healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. Health interventions should be planned accordingly. In particular, special attention should be given:

- (a) To the needs of affected persons requiring medical care, including mental health and psycho-social care, whether the problems and needs are pre-existing, emergency-induced or related to the humanitarian response;
- (b) To the health needs of women and girls, including access to health services and the provision of at least priority sexual and reproductive health services including actions to prevent maternal morbidity and mortality, prevent and clinically manage cases of sexual violence and prevent HIV; provision of appropriate medication and hygienic supplies; access to reproductive and specialized health services; including family planning and emergency obstetrical care;
- (c) To the prevention of, response to and mitigation of contagious and infectious diseases, including HIV/AIDS, among the affected population;

- (d) To the need for specialized services necessary for injured persons and persons with disabilities;
- (e) To the health needs of persons with chronic illnesses; and
- (f) To the need for community-based psychosocial support as well as specialized mental health services at primary care level and more specialized as needed for those among affected persons with mental disorders.

Amongst others the following activities can be considered:

- ❖ Ensuring that women's health services are appropriate and culturally sensitive already in the early stages of the emergency and that they are accessible to women and girls;
- ❖ Providing free health services, in particular during the emergency phase;
- ❖ Ensuring that sufficient female health staff and female interpreters if needed are in place to provide services;
- ❖ Reaching out to injured persons and persons with disabilities in order to cover their specific health and rehabilitation needs, and to prevent further long term impairments;
- ❖ Ensuring that women, girls, and as relevant, men and boys have full, safe and easy access to at least a minimum set of priority reproductive health services in accordance with international standards (see Annex III) and to other key services including family planning and testing and treatment for sexually transmitted diseases;
- ❖ Providing easily accessible, gender-sensitive counselling and care services for survivors of sexual violence and their children where appropriate;
- ❖ Including culturally appropriate, community-based psycho-social support programmes for children and adolescents as part of immediate emergency response and longer-term recovery efforts. Integrating psycho-social support programmes into existing community services (e.g. school curricula, youth clubs, and health clinics). Ensuring access to mental health care as needed and appropriate;
- ❖ When constructing health centres, ensuring segregation of men and women in waiting areas where this is culturally appropriate. Depending on the social structures and cultural traditions in the affected community, and particularly the type of health problems faced, screening and shielding patients from open public view;
- ❖ Providing programmes to address the problem of alcohol and other substance use in the aftermath of disasters such as community-based public awareness campaigns on alcoholism or other toxic substances;
- ❖ Locating, wherever possible, camps and collective centres as well as permanent relocation sites within easy access of all necessary health care facilities or, where this is not possible, setting up health facilities in such sites;

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- ❖ In order to ensure that the concerns of people living with HIV/AIDS are fully integrated into the disaster response, educating and raising awareness among local government and law enforcement officials and humanitarian workers about HIV/AIDS and the rights, including those related to confidentiality and non-discrimination, and needs of people living with HIV/AIDS;
- ❖ Identifying persons with HIV/AIDS and ensuring access to antiretroviral therapy for those in need; and
- ❖ Factoring possible discrimination against persons with HIV/AIDS into planning. If voluntary testing of persons living with HIV/AIDS is provided, ensuring that it is done with the full and informed consent of persons concerned and remains confidential, so that persons testing positive are not discriminated against within the camp or collective centre, or in the distribution of assistance. Mandatory HIV testing must never be considered.

B.2.6 The **right to education** should be respected and protected. It should be understood as the right to receive, without discrimination, an education in all its forms and at all available levels that is accessible, acceptable and inclusive. Education interventions should be planned accordingly. At the primary level, education should be compulsory and free. Interventions and activities at all educational levels should be based on the following principles:

- (a) The return of children and youth, whether displaced or not, to school or education programmes in safe learning environments should be facilitated without discrimination as early and as quickly as possible after the disaster, even if documentation which is usually required has been destroyed;
- (b) Special efforts should be made to ensure that girls and women, as well as members of marginalized groups who have been affected by the disaster, have full and equal access to education;
- (c) Education should respect the cultural identity, language and tradition of the affected persons;
- (d) Special attention should be paid to the needs of children with disabilities; and
- (e) Schools should only be used as collective shelters as a last resort and only as long as required. In such cases alternative classrooms, e.g. tents, should be provided.

Amongst others the following activities can be considered:

- ❖ Including into the needs assessment for education consideration of the safety of existing school buildings and facilities as well as the impact of the disaster on the teaching staff and the students (i.e. number of deaths/injuries; impact on families such as loss of parents/siblings/other family members; loss of property and possessions);

- ❖ Wherever possible, ensuring that temporary camps and settlements, as well as temporary or permanent relocation and resettlement sites, are located in close and easy proximity of schools and other educational facilities;
- ❖ Identifying at an early stage, in full consultation with the affected persons, safe and adequate alternative shelter for the displaced staying in school buildings to facilitate the re-opening of schools as quickly as possible. Encouraging local communities, school children, parents and teachers to play an active role in cleaning and rehabilitating school buildings so that classes can resume as soon as possible;
- ❖ Developing, on the basis of the needs assessment, plans to re-open schools and to resume classes at the earliest opportunity during the emergency response;
- ❖ Taking into consideration the mobility and security concerns of women and girls when re-establishing schools or putting up temporary schools;
- ❖ Advocating that restrictions for attending schools such as birth certificates and other personal documentation, school uniforms and school supplies to be provided by parents are lifted at least temporarily;
- ❖ Providing the necessary support and resources to enable children to return to school as soon as possible, in particular:
 - Encouraging school principals and local education authorities to adopt a flexible approach regarding documentation necessary for school registration;
 - Supporting emergency school registration or campaigns to encourage children to return to school as soon as possible; and
 - Supporting emergency teacher training programmes to replace teachers who died, were injured or displaced during the disaster.
- ❖ Ensuring that children with disabilities or HIV/AIDS, and others belonging to disadvantaged or marginalized groups, have equal access to education and training opportunities without discrimination of any kind; and
- ❖ Integrating psycho-social support programmes, public health information (including prevention of HIV/AIDS), landmine awareness, and other contents related to relevant protection issues into school curricula in the aftermath of a disaster.