



CESVI



Diversity, Equity and Inclusion
Operational Guidelines

February 2026

TABLE OF CONTENTS

PURPOSE OF THE OPERATIONAL GUIDELINES.....	3
SCOPE.....	3
RELATIONSHIP BETWEEN THE DEI POLICY AND OPERATIONAL GUIDELINES.....	3
HOW TO USE THESE OPERATIONAL GUIDELINES.....	4
IMPLEMENTATION ROLES OVERVIEW.....	4
CROSS-CUTTING CONSIDERATIONS.....	4
DIVERSITY, EQUITY AND INCLUSION (DEI) MINIMUM STANDARDS	7
IMPLEMENTATION PATHWAY	8
CONCLUSION	10
ANNEXES/TOOLS	11
TOOL 1 INTEGRATION OF PROTECTION MAINSTREAMING IN ASSESSMENT TOOLS.....	13
TOOL 2 COMMUNITY ASSESSMENT - BASELINE -	19
TOOL 3 COMMUNITY ASSESSMENT – ENDLINE –.....	22
TOOL 4 PROJECT DESIGN ASSESSMENT	25
TOOL 5 CONFLICT-SENSITIVE, GENDER TRANSFORMATIVE SCREENING TOOL	29
TOOL 6 TRAUMA-INFORMED CARE GUIDE AND PROMPTS	32
TOOL 7 ACCESSIBLE PARTICIPATION AND INCLUSION TOOL.....	36

PURPOSE OF THE OPERATIONAL GUIDELINES

These **Operational Guidelines** translate the DEI Policy into practical, actionable steps that can be applied across all **CESVI missions and departments**.

They serve as an implementation companion to the DEI Policy, focusing on:

- How DEI principles are applied in programming and daily practice
- How teams operationalize inclusion, participation, equity, and accessibility
- How missions contextualize minimum standards
- How to use the DEI tools annexed to this document

These Guidelines explain how staff operationalize the DEI Policy commitments.

SCOPE

These Guidelines apply to:

- **All CESVI missions and sectors** (emergency, MHPSS, education, protection, livelihoods, environment)
- **All staff roles**, including: programme, MEAL, communications, management, operations, security, admin
- **Partners and local actors** involved in collaborative programming
- **Consultants** engaged in programme design, training, assessments, and evaluations

The Guidelines support adaptation for different:

- Country contexts
- Languages
- Levels of access/restrictions
- Team compositions and structures
- Protection and political sensitivities

RELATIONSHIP BETWEEN THE DEI POLICY AND OPERATIONAL GUIDELINES

DEI Policy	Operational Guidelines
Sets the organizational values, commitments, and definitions	Provides the how-to for applying these in practice
Defines roles and responsibilities	Gives operational steps and tools (no duplication)
Outlines CESVI's DEI vision	Offers adaptable implementation pathways for missions
Establishes accountability principles	Gives checklists, minimum standards, and basic tools

HOW TO USE THESE OPERATIONAL GUIDELINES

These Guidelines are designed to be:

- **Practical:** Easy to use in day-to-day work
- **Flexible:** Adaptable across missions
- **Non-technical:** Accessible to all staff, including non-DEI staff
- **Context-sensitive:** Allowing for localization and risk considerations
- **Supportive:** Minimum standards and simple tools, not heavy frameworks

IMPLEMENTATION ROLES OVERVIEW

Full roles and responsibilities are detailed in the **DEI Policy Document**.

These Guidelines offer a simplified view of how roles engage in implementation:

- **Leadership and Management**
Model inclusive behaviour; ensure decisions, resource allocation, and structures reflect DEI commitments.
- **Programme Teams**
Apply DEI standards in design, implementation, reporting, community engagement and safe programming.
- **DEI Committee / Focal Points**
Support contextualization, promote learning, facilitate two-way communication with HQ, encourage development of tools.
- **All CESVI Staff**
Integrate DEI principles in daily behaviours, communication, teamwork and interactions.

CROSS-CUTTING CONSIDERATIONS

Cross-cutting considerations ensure that all DEI efforts are contextualized, ethical and aligned with CESVI's programmatic commitments. These approaches should shape assessments, design, implementation, coordination and adaptation across missions. Use **Annex 5 and 6 to support gender-transformative, conflict-sensitive and trauma-informed analysis**.

5.1 Context-Sensitive and Conflict-Sensitive Approach

All activities should be designed and reviewed using a conflict-sensitive lens that asks: How can this intervention avoid harm and enhance cohesion?

Operational considerations:

- Identify potential tensions related to gender, age, ethnicity, disability, nationality, religion, class, or migration status.
- Map local power dynamics (formal and informal) and how they shape access, participation, and safety.
- Adapt activities to avoid exacerbating stigma, over-visibility, backlash, or inter-group tensions.

- Ensure teams understand "safe entry points" appropriate to sensitive contexts. Safe entry points meaning, activities where DEI-related themes can be introduced gradually or appropriately, aligning with context-sensitive considerations.
- Prioritize do-no-harm in messaging, beneficiary selection, and community engagement.

(Aligned with: IASC Conflict-Sensitive Approaches 2020; UNDP Conflict Sensitivity 2023)

5.2 Gender-Transformative Lens

A gender-transformative approach moves CESVI beyond gender-sensitive programming toward addressing the root causes of inequality.

Operational considerations:

- Address harmful social and cultural norms that shape gendered power dynamics.
- Recognize that all genders, including men and boys, are impacted by gender norms, especially in conflict and displacement.
- Integrate boys/men meaningfully into prevention and protection programming.
- Avoid reinforcing stereotypes
- Build internal capacity to understand gender as a system, not an identity group.
- Ensure gender analysis informs assessments, project design and adaptation processes.
- Promote shared decision-making with community members across gender and age groups.

(Aligned with: UN Women Gender-Transformative Approach 2023; CARE Gender-Transformative Framework 2020)

5.3 Trauma-Informed Practice

A trauma-informed approach ensures CESVI's systems and programs avoid re-traumatization and promote psychological safety.

Operational considerations:

- Prioritized emotional safety, predictability and clear communication in all interactions.
- Ensure staff recognize signs of distress and know when/how to refer safely.
- Follow trauma-informed principles (safety, dignity, choice, transparency).
- Integrate Psychological First Aid (PFA) and supportive communication in PSS and Protection training.
- Avoid intrusive questioning when collecting data, during casework, or in community engagement.
- Create supportive environments for both staff and participants..

(Aligned with: WHO Trauma-Informed Approaches 2022; IASC MHPSS Guidelines 2023)

5.4 Intersectional Analysis

Intersectionality helps teams recognize how overlapping identities shape access, opportunity and risk.

Operational considerations:

- Consider age, disability, ethnicity, displacement status, migration status, gender identity, socioeconomic status, caregiving roles and literacy.
- Assess who may be excluded because of multiple overlapping vulnerabilities.
- Adjust selection, outreach, and engagement to avoid reinforcing systemic barriers.
- Use disaggregated data to inform planning (as feasible and safe).
- Integrate diverse voices in decision-making, including youth, older persons, and persons with disabilities.

(Aligned with: IASC Gender and Age Marker 2023; UNICEF Intersectionality Guidance 2024)

5.5 Locally-Led and Participatory Engagement

DEI must support local ownership, reflect local norms and allow adaptation across missions.

Operational considerations:

- Engage local partners early in assessments, design, monitoring and decision-making.
- Ensure tools are adaptable, not prescriptive.
- Prioritize local staff expertise in contextualizing the minimum standards.
- Encourage two-way learning: HQ → Missions and Missions → HQ.
- Maintain flexibility for missions to innovate based on contextual needs.

(Aligned with: Grand Bargain 2.0; ICVA 2024; Development Initiatives 2024)

5.6 Accessibility and Inclusive Participation

Inclusive participation requires removing structural, physical, procedural and communicational barriers.

Operational considerations:

- Provide multiple ways for people to engage (online, in-person, written, verbal).
- Adapt materials to different languages, literacy levels and abilities.
- Ensure safe transportation, timing and venue selection for all gender/age groups.
- Ensure person with disabilities-inclusive design: seating, signage, lighting, pathways and communication formats.
- Budget for accessibility requirements in proposals and implementation.
- Include staff with lived experience to inform design and planning.

(Aligned with: Sphere 2023; IASC Disability Guidelines 2019)

DIVERSITY, EQUITY AND INCLUSION (DEI) MINIMUM STANDARDS

The following Minimum Standards outline the core practices that all CESVI teams should follow when integrating Diversity, Equity and Inclusion (DEI) into programme design, implementation and daily operations. These standards are adapted from globally recognized humanitarian guidance, including IASC guidelines (2015, 2017, 2018, 2021, 2022), the Sphere Handbook (2023), the Core Humanitarian Standard (CHS Alliance, 2020), UN Women's Gender Equality Framework (2020) and CARE's Gender Transformative Programming Guidelines (2021). They also build on themes from staff experiences highlighted in the Synthesis report.

These standards are realistic, action-oriented and adaptable across contexts. See **Annex 1: Minimum Standards Checklist** for operational application.

Minimum Standard 1- Safe, Dignified and Equitable Participation

All individuals must be able to participate voluntarily, safely, and with dignity. Activities must consider gender, age, disability, protection risks, and cultural norms to ensure meaningful participation. *Based on: Sphere Handbook (2018); CHS Commitments 1 and 4*

Minimum Standard 2- Gender and Intersectionality in Assessment/Design

Assessments and project design must analyze intersecting factors (gender, age, disability, socioeconomic status, displacement, caregiver roles, etc.) to identify barriers, risks, and opportunities.

Based on: IASC Gender and Age Marker (IASC, 2022); UN Women Gender-Transformative Programming Guidance (UN Women, 2021)

Minimum Standard 3- Inclusive Access and Participation for All Groups

Projects must ensure physical, communication, attitudinal and procedural accessibility for women, men, boys, girls, older adults, persons with disabilities, minority groups and individuals with caregiving responsibilities.

Based on: Humanity and Inclusion Accessibility Guidelines (HI, 2020); CHS Commitments 2 and 4

Minimum Standard 4- Gender-Transformative and Age-Responsive Approaches

Programming should not only respond to gendered needs but, where feasible and context-appropriate, seek to shift harmful social norms. This includes engaging boys and men constructively and addressing forms of gendered exclusion (including of boys in conflict settings, as raised in KIs).

Based on: UN Women Gender Transformative Approaches (UN Women, 2020); UNFPA Gender-Transformative Programming Guidance (UNFPA, 2021)

Minimum Standard 5- Conflict-Sensitive and Contextually Grounded Implementation

DEI considerations must align with conflict dynamics, restrictive environments, political sensitivities and safety considerations. Activities must avoid reinforcing tensions and must be adapted to local norms.

Based on: ICRC Safer Access Framework (ICRC, 2019); USAID Conflict Sensitivity Framework (USAID, 2020)

Minimum Standard 6- Trauma-Informed Practice

Staff interactions and project processes must follow trauma-informed principles: safety, predictability, choice, empowerment, and cultural humility. Activities should avoid re-traumatization and ensure emotional safety.

Based on: IASC MHPSS Guidelines (IASC, 2007/2023); CHS Commitment 3

Minimum Standard 7- Ethical and Protective Data Collection and Feedback

Data collection must uphold confidentiality, informed consent, "do no harm" principles, and inclusion. Feedback mechanisms should be safe, accessible, and adapted to gender, age, and disability considerations.

Based on: IASC PSEA Principles (IASC, 2018), CHS Commitment 5; GDPR Principles (EU Commission, 2018)

Minimum Standard 8- Partnership-based and Locally Led Approaches

Engagement with partners must prioritize equitable collaboration, shared decision-making and capacity-building. This moves beyond transactional relationships. Partnership-based and locally led means being intentionally inclusive of local actors and ensuring that women-led, youth-led, and disability-led organizations are meaningfully engaged.

Based on: Grand Bargain Localization Principles (Grand Bargain, 2021); Localization in Humanitarian Leadership (ICVA, 2024)

Minimum Standard 9- Monitoring, Reflection and Adaptive Learning on DEI

Missions must integrate DEI disaggregation markers, do basic tracking using existing MEAL systems and adapt approaches over time.

Based on: CHS Commitment 7; ALNAP Lessons Learned Guidance (ALNAP, 2016).

IMPLEMENTATION PATHWAY

This section outlines **how CESVI missions and HQ teams operationalize** the DEI Policy and integrate the minimum standards and cross-cutting considerations into daily practice. It provides a streamlined, adaptable pathway designed to be realistic across diverse operational contexts and responses.

6.1. Implementation Approach

Implementation at CESVI follows a phased, learning-based approach rather than a one-time activity, ensuring that DEI becomes embedded in organizational culture and everyday programming:

1. Familiarization

Missions introduce the Policy and Operational Guidelines during team meetings, inductions and leadership discussions to ensure shared understanding and alignment with context realities.

2. Application Across Programme Cycle

Teams integrate DEI considerations into assessments, design, implementation and learning using sector-aligned tools.

Annex 1 | Integration of protection mainstreaming in assessment tools

Annex 2 | Community assessment – baseline

Annex 3 | Community assessment – endline

Annex 4 | Project Design assessment tool

2. Contextualization

Each mission contextualizes the minimum standards and identifies priorities based on conflict dynamics, protection concerns, programme portfolio, staffing structure and local partner capacities.

Annex 5 | Conflict-Sensitive and Gender-Transformative Lens

4. Supportive Leadership and Team Dialogue

Leadership models inclusive behaviours and ensures staff have the space and support to apply the guidelines in realistic and context-appropriate ways.

5. Trauma-Informed Practice

Teams integrate safety, predictability and cultural sensitivity into daily interactions, field visits and partner engagement.

Annex 6 | Trauma-Informed Observation Guide

6. Participation and Inclusion in Practice

Missions apply accessible and inclusive methods to engage communities and staff.

Annex 7 | Accessible Participation Tool

7. Reflection and Adjustment

Implementation is learning-based. Teams review what is working, identify gaps, adapt practices and feed insights to HQ for continuous improvement.

6.2. Use of Tools

The annexed tools are not mandatory checklists but practical aids that support missions in meeting the minimum standards. Missions may use any or all of the annexes depending on relevance, feasibility and programmatic focus

CONCLUSION

These Operational Guidelines are designed to support CESVI teams in translating the DEI Policy into practical, realistic and context-appropriate action across programmes and organizational processes. They offer a clear but flexible foundation, through minimum standards, cross-cutting considerations, and practical tools, while allowing each mission to adapt implementation based on local realities, conflict dynamics, resources and partnership structures.

Across the KII consultations, staff consistently emphasized that equity and inclusion are not abstract principles but essential components of programme quality, accountability and community trust. As one participant reflected:



"Inclusion shouldn't be an extra task, it should be the way we work, in every context."

KI Participant Reflection

Several participants noted the challenge of inconsistency and the loss of institutional knowledge linked to turnover and siloed practices:



"We do great work, but it depends on who is here. When people leave, the system leaves with them."

KI Participant Reflection

Others highlighted the importance of coherence between internal culture and external commitments:



"If we promote equality to communities, then internally we must show we believe in the same principles."

KI Participant Reflection

These perspectives reflect a cross-organizational desire for continuity, clarity and practical support. The guidelines therefore aim to reduce reliance on individual champions and instead embed equity and inclusion into **CESVI's organizational identity, strengthening consistency across missions.**

Ultimately, implementation of these guidelines will be learning-based, shaped by critical reflection, leadership engagement, staff participation and contextual realities. As CESVI's operating environment continues to evolve, the Guidelines should remain a living reference supporting teams to build safety, dignity, equity and inclusion into the heart of their work.

This is the first step towards ensuring that CESVI's internal culture and programmatic practices reinforce one another, making inclusion not an obligation, but a natural and consistent way of working.

ANNEXES/TOOLS

The **following** annexed tools support implementation of the Minimum Standards and can be adapted by missions according to context, programme scope and resource availability. ***Tools are intentionally practical, serving as supportive aids rather than strict requirements.***

Each tool is grounded in recognized international humanitarian and protection standards and adapted to CESVI's organizational needs, field realities and the findings of the Key Informant Interviews (KIIs) conducted as part of this consultancy.

Tools 1–4 were already part of CESVI's Protection Mainstreaming Guidelines and have been further enriched by integrating a DEI perspective.

Annex 1 | Integration of protection mainstreaming in assessment tools

A practical tool that provides questions about vulnerabilities and barriers to safety, access and dignity, to ensure the inclusion of different groups since the identification phase. The range of questions covers different sectors, methodologies, and types of assessment, and can be selected and used accordingly.

Annex 2 | Community assessment – baseline –

A questionnaire that supports the delivery of surveys at the beginning of a project, to assess beneficiaries' perceptions and experiences in terms of safety, dignity, access and participation. The questionnaire it is suitable to be adapted and adjusted in order support the enumerators in leading the discussion.

Annex 3 | Community assessment – endline –

A questionnaire that, resuming the model of the Community assessment – baseline - , aims at assessing beneficiaries' perceptions and experiences in terms of safety, dignity, access and participation in the final phase of the project. The questionnaire it is suitable to be adapted and adjusted in order support the enumerators in leading the discussion.

Annex 4 | Project Design assessment tool

A practical tool to be used to score project proposals according to its alignment with Protection Mainstreaming Principles.

Annex 5 | Conflict-Sensitive and Gender-Transformative Lens

A practical tool to apply conflict-sensitive, intersectional and gender-transformative considerations across assessments, design, implementation and monitoring.

Adapted from the Conflict Sensitivity Consortium "Do No Harm Framework" (CDA Collaborative, 2016) and the CARE Gender Transformative Framework (2020).

Annex 6 | Trauma-Informed Care Guide

A short, field-friendly guide to integrate trauma-informed principles during community engagement, staff interactions and partner visits.

Developed for CESVI. Informed by:

- The Inter-Agency Standing Committee (IASC) MHPSS Guidelines (2007)
- WHO Trauma-Informed Service Guidance (2021)
- CESVI MHPSS and Protection best practices.

Annex 7 | Accessible Participation and Inclusion Guide

A tool that supports missions to design inclusive engagement processes, ensuring that community members of all genders, abilities and identities can safely and meaningfully participate.

Developed for CESVI. Informed by:

- Humanity and Inclusion (HI) Accessibility Guidelines (2020)
- UN Disability Inclusion Strategy (UNDIS, 2019)
- Sphere (2018) and KII findings on participation barriers.

TOOL 1 | INTEGRATION OF PROTECTION MAINSTREAMING IN ASSESSMENT TOOLS

In the identification phase, it is important to include in your need assessment questions about vulnerabilities and barriers to safety, access and dignity that the different groups face. This annex presents some examples of questions you may consider to include in an assessment tool to mainstream protection into the identification phase of the programme cycle, while also promoting Diversity, Equity and Inclusion (DEI).

Some of the questions will be more suitable for needs assessments before the start of an intervention; others will be more suitable for assessments or monitoring during the implementation of programs

The choice and type of questions in an assessment tool will vary according to the technical sector, methodology and type of assessment. However, some general principles are worth considering in adopting a protection mainstreaming approach:

- Design assessments to enhance participation - include representatives of diverse groups as key informants (eg. women, older persons, persons with disabilities, single headed households, minorities and other marginalised groups);
- Aim to have a proportionate balance of male and female enumerators to interview both male and female respondents and respect cultural practices;
- Consider potential negative effects of the assessment exercise; such as stigmatising a person or group through attracting unnecessary attention to them or creating fear;
- Obtain informed consent from a key informant;
- When engaging with children, obtain parental consent; use age-appropriate questions; and ensure enumerators are trained in interviewing children;
- Questions should be simply worded, particularly for young participants and as they will require translation;
- Place questions that are more sensitive at the end of the survey, in case the respondents may not be willing to answer them. In this way the core of the assessment will still be validly covered;
- Explain the purpose of the assessment and how the information will be used; Do not raise false expectations by being transparent with communities;
- Use local knowledge to determine the cultural appropriateness of the questions;
- Collect Sex, age and diversity disaggregated data whenever appropriate;
- Ensure confidentiality of the information collected and the identity of key respondents.

Education	
1	Does the location of education facilities pose security threats for children?
2	What risks do girls and boys face getting to and from school?
3	What prevents children and youth from getting an education? (eg. early marriage, child labour, teenage pregnancy, tradition gender roles, child recruitment, discrimination, safety concerns)
4	What is the main reason for dropping out of school? (eg. increased household or care- giving responsibilities; pressure to contribute to family income; increased restrictions in mobility)
5	Have dropout rates increased over time? If so, why? Who is mainly affected?
6	Does the school/learning environment increase the exposure of children to violence, neglect and exploitation?
7	Are there separate schools for girls in the area? What is the enrollment ratio for girls?
8	What is the ratio between male and female teachers?
9	Are there students with disabilities who require specialised services?
10	Do language and cultural background affect children access and retention to education? Are their needs adequately addressed by the teachers?
11	Do teachers treat all students equally in their teaching? If not, which children are marginalized and/or discriminated?
12	Does anyone in the affected population face any barriers in accessing education services? eg. fees, documentation, physical challenges, cultural or social barriers
13	Are there differences between enrolment rates for displaced and non-displaced children? If so, why?
14	Do schools have separate and locked sanitation facilities for girls?
15	Are there student/parent/teacher committees in place?
16	Are there any suggestions from students, teachers and parents for improving access to and quality of education services?
17	Are some children treated differently by their peers based on age, gender, disability or cultural background?
Additional questions in case the assessment is administered to educational personnel	
18	Have teachers been trained in positive discipline and ending corporal punishment?
19	Have teachers and school personnel signed a code of conduct?
20	Have educational staff been trained on disability and inclusion? Are measures in place to include CwD in the educational activities?
21	Are teachers able to detect, respond to and refer cases of violence, abuse, exploitation or neglect?
22	Do teachers and students know how and where to report protection concerns?
23	Is psychosocial support included in the educational activities?

Food and NFI distributions	
1	Does the outreach strategy accommodate individuals who might be excluded from the assistance (PwD, older people, people with chronic diseases)
2	Where is the safest location for distributions to take place? Does the location pose a protection risk for members of the community, including women, girls and minorities?
3	Is the distribution logistically and safely accessible to women and children (e.g. separate spaces, queuing areas, female staff in the distribution)? If not, what are the main shortcomings?
4	Is the distribution logistically and safely accessible to persons with disabilities and older persons? If not, are there alternative mechanisms in place for persons with impaired mobility to access the assistance?
5	What form of distribution is preferred? (eg. distribution sites, door-to-door delivery)
6	Which is the most appropriate time for the distribution to take place?
7	Are there arrangements in place to reduce the waiting time for persons who cannot stand in queues for long periods? ie. older persons, persons with disabilities and pregnant & lactating women
8	Are there any security risks associated with transporting items back to homes, such as risks of being hassled, including physically or sexually?
9	Does the distribution system create or increase protection risks? Are there persons/groups at the distribution point who may create risks (i.e. armed actors, criminals)
10	Do the food and NFI assistance consider the different needs of the target population? (i.e specific items for women or children; nutritional aspects, etc)
11	Do the eligibility criteria for accessing assistance take household-level power dynamics into account? (i.e who has the control over resources; who can be excluded)
12	Do the eligibility criteria consider the power dynamics at community level to ensure of conflict sensitive assistance? (i.e who has the control over resources; who can be excluded)

Food Security and Livelihoods	
1	How is food distributed within the home between women, girls, boys and men of different ages?
2	Who within the household has control over resources? Does this impact on access to food and feeding habits?
3	Has the conflict/natural disaster caused any change in the roles and responsibility in securing food for the family?
4	Are there any barriers/obstacles for women and children heading households or marginalised groups in accessing food or livelihood programs?
5	Does the accessible and available food meet the specific needs of older persons, chronically ill, pregnant, and lactating women?
6	What are the coping mechanisms of the population when faced with food shortages? Do these put women, men, boys or girls at risk? (eg. exploitative or hazardous child labour, survival sex, child recruitment, early/forced marriages)
7	Is cash-based assistance being offered to the most vulnerable groups to prevent them resorting to negative coping strategies?
8	Can participants of livelihoods programmes safely access production and market sites?

9	Have women been consulted in the design of Food Security and livelihoods interventions?
10	Does the provision of livelihoods programs increase or create protection risks? (eg. sexual exploitation, harassment, child neglect, school drop-out of youths)
11	Are children engaging in hazardous forms of child labour? If so, what types and is this affecting more girls or boys? (i.e. petrol refining, ration collection, construction projects, agricultural work, transport)
12	Does the FS assistance consider the different needs of the target population? (i.e for women or children; PWDs)
13	Do the eligibility criteria for accessing assistance take household-level power dynamics into account? (i.e. who has the control over resources; who can be excluded)
14	Do the eligibility criteria consider the power dynamics at community level to ensure conflict sensitive assistance? (i.e. who has the control over resources; who can be excluded)
Health	
1	Are women, men, girls and boys of different ages and ethnicity able to access health services safely? If not, why not?
2	Are there any specific factors, such as nationality, ethnicity, or gender, that hinder certain groups' access to health care?
3	What are the main obstacles for women / girls /older persons / persons with disabilities in accessing health facilities? (e.g. distance, cost, lack of female staff, cultural restrictions, mobility restrictions, lack of specialised services, needed accompaniment or permission from a male family member...)
4	What distances will people travel for services other than primary health care? (e.g. emergency obstetrics care, trauma surgery) Is there a risk involved in the travel? Do people otherwise avoid services or seek alternative forms of treatment? (e.g. traditional healers, local midwives)
5	Are there people (or particular groups) in need of health assistance who do not access needed health services due to social norms, social stigma or health personnel attitudes?
6	Are some groups that are more affected than others with health problems requiring medical treatment?
7	Are mechanisms in place to provide health assistance to persons who have difficulty accessing the health facilities? (eg. ambulance, mobile teams, transportation services)
8	Is data on patient and health staff disaggregated by age, sex and diversity?
9	Are systems in place to protect confidential patient information?
10	Are the examination rooms separate from the waiting areas?
11	Do health facilities have spaces where persons can be examined and consulted in privacy? Does the health staff respect the confidentiality of patients?
12	Is there a presence of female health staff in the facility? What is the ratio? Is it sufficient?
13	Is there diversity within the HR structure (age, ethnicity, nationality, disability, sex and gender)?
14	Has health personnel been trained on GBV minimum standards, safeguarding, DEI considerations?
15	Are the needed medications, equipment or tools to treat persons with special needs (eg. assistive devices, wheelchairs, artificial limbs) available?
16	Are reproductive health services available?

17	Are there specialised services and is the facility adapted for persons with disabilities? (eg. assistive devices, railings, wheelchair accessibility)
18	Are there specialised services and staff for mental health and psychosocial support available at public health facilities?
19	Are there specialised, age-appropriate services for survivors of landmines and ERWs?
20	Are there any obstacles faced by GBV survivors in accessing appropriate healthcare?
21	Do affected populations face HIV/AIDS and Sexually Transmitted Infections [STIs]-related protection risks? Are cases referred safely and with confidentiality to appropriate HIV services?
22	Are health-service providers able and trained to detect and refer protection cases? Is there a system to refer and report protection-related cases?
23	What mechanisms are available to beneficiaries of health assistance to provide feedback, suggestion or make complaints
Shelter and NFIs	
1	What are the main concerns for vulnerable groups relating to housing? (e.g. overcrowding/ privacy; security; lack of water and sanitation; lack of cooking facilities and utensils; cost of rent; relation with or attitude of the landlord; lack of adapted infrastructure)
2	Is it particularly difficult for some segments of the population to find / rent accommodation or benefit from a shelter project? If so, for whom? (e.g. single women, women heading households, children heading households, unaccompanied older persons, ethnic/religious minorities.
3	Does available accommodation allow for family unity and privacy for women and girls?
4	Does available accommodation take into account the circumstances of persons with disabilities?
5	Does the location create or increase any protection risks? (eg. community tensions, looting, pillaging, child recruitment, GBV)
6	Are there any other risks associated with shelter arrangements in the area? (eg. exposure to risk of fire, live wire, lack of electricity/lighting, lack of privacy)
7	How does women's access to and control over shelter materials, fuel, non-food items and tents compare with men's?
8	Do evictions of IDPs occur? What are the causes? Which vulnerable groups are particularly affected?
9	What is the most effective means to distribute tents and NFIs?
10	Do families prefer to be sheltered in large tents or small neighbouring tents?
11	Are normally all groups within the community involved in decision-making processes regarding shelter and NFI? If not, which groups are marginalized?
12	Do NFI kits include suitable items to cover the specific needs of women, girls, older persons (e.g. sanitary pads, adult diapers, appropriate clothing)? If not, what is missing?

Wash	
1	Are water points safe for women and children?
2	Is access to water equal for everyone or do some groups face difficult accessing the water sources? In this case, who and why? Which are the factors that contribute to such exclusion/discrimination?
3	What are people's coping strategy when there is a shortage of water? Does such a coping mechanism expose persons to additional risk?
4	Is the practice of water collection exposing children to hazardous / heavy labour? Is the practice of water collection having an impact on children's attendance at school?
5	Are separate sanitation facilities accessible to women and girls?
6	Do women and girls feel that the sanitation facilities provide sufficient privacy? If not, what is the problem? (e.g. distance from male facilities; too few facilities; distance from common areas; lack of lighting; design; not lockable...)
7	Do women and girls consider the washing and sanitation facilities and access to the facilities sufficiently lit at night?
8	Do women and girls feel safe when they use latrines and sanitation facilities? If not what types of problems do they encounter/ report?
9	Are latrines safe for children? Have there been any safety incidents involving children?
10	Are sanitation facilities accessible for older persons and persons with disabilities?
11	Are cleaning materials for public sanitation facilities safely stored with clear instructions on usage in the local language?
12	Have women /children/ older persons/ persons with disability been consulted on the location, design and type of wash facilities?
13	Do hygiene kits include items for persons with specific needs? (sanitary napkins; adult and baby diapers)? Are there any suggestions for improving the quality of hygiene kits for women and girls and older persons?
14	Are there mechanisms in place to collect feedback, complaints or suggestions for improving the quality of hygiene kits for women and girls and older persons?

TOOL 2 | COMMUNITY ASSESSMENT - BASELINE -

Objective of the Assessment

The objective of this survey is to assess beneficiary perceptions and experiences in terms of safety, dignity, access and participation at the beginning of the project. The assessment should be used to better understand the protection risks and identify how the organisation can avoid causing harm to the community through their intervention. The assessment also aims at identifying prevention and mitigation measures to those risks.

The tool can be used as baseline and endline assessment as well as monitoring tool throughout the project implementation.

Please note that the questions included in this tool, elaborated by the GPC, are suitable for contexts where a humanitarian response is already active. In cases of first emergency or in contexts hitherto not covered by humanitarian assistance from Cesvi or other organisations, a slight rewording of the questions is necessary. For example:

The question *What problems have you experienced in accessing the services provided?* May be changed into *What problems do you expect you or other community members may face if a distribution of NFIs will be organized in this camp/village/town?*

Some other questions may not be applicable and may be removed as deemed necessary.

Methodology

The assessment can be done through Focus Group Discussion, Household Survey and/or Key Informant Interviews.

Beneficiaries may answer several questions at once. For example, they may claim that a lack of safety in the area is an obstacle to accessing a particular service. This would provide answers for both sections 1 & 2. The enumerator should be mindful that the questionnaire **should not be rigidly interpreted**. The questionnaire is a guide of questions to lead the discussion. There is no particular order and the questions can be adjusted as the discussion goes along with participants.

All answers should be disaggregated by categories (men, women, boys, girls, older people, persons with disabilities and context-specific vulnerable groups).

Introduction

"Good morning /afternoon. My name is _____ from _____. We are conducting interviews / FGDs to better understand the protection risks and identify how we can avoid causing harm to the community and promote participation and meaningful access to services through our intervention.

Explain the objectives of the assessment to the participants:

- We want to know who can access services, and who cannot.
- We want to know why some people are not able to access services and what can be done about it.
- We want to hear whether people feel safe when receiving assistance.
- We want to know whether people feel that they are respected by the service providers, that their opinions are considered and that they have participated.

Participation is voluntary and no remuneration is offered. If you do decide to take part, you can refuse to answer any questions and may stop the interview at any time. All information collected remains confidential and no names are collected. Do you accept to participate?"

1 Access	
1.1	<p>What services are being provided by humanitarian organizations in your community?</p> <p><i>Facilitator Notes: If everybody has answered but the facilitator knows there are more services available to them, consider probing by asking whether they know about those services (e.g. Health, education, food, livelihood, shelter, wash, protection, legal, GBV")</i></p>
Answer	
1.2	<p>Do you feel you are able to reach and use the services provided by humanitarian workers whenever you like/choose/need it? If yes, please elaborate. If no, proceed to next question</p>
Answer	
1.3	<p>What problems have you experienced in accessing the services provided?</p> <p><i>Facilitator Notes: If multiple services/sectors are available, consider asking the question multiple times for each service. Services include anything that is meant to benefit individuals. This can include but is not limited to Health Facilities, Food Distributions, WASH Services, Shelter, Sensitization Sessions, and Participation Activities. Feedback, Complaints, and Response Mechanisms are also considered a service. When recording the answers, see if they correspond to any identified barriers to access (e.g. physical access, economic barriers, social or cultural barriers, discrimination, lack of information, unavailable services).</i></p>
Answer	
1.4	<p>Do you feel the services are being provided equally and fairly to all people? If no, please specify which groups are excluded from accessing the services and why.</p>
Answer	
1.5	<p>Are there factors such as gender, age, disability, family situation, displacement status that make access to services easier or harder for the people in your community?</p>
Answer	
1.6	<p>What could be done to improve access to services? By whom?</p>
Answer	

2 Safety & Dignity	
2.1	<p>How do you feel about safety when accessing services? Have you ever felt threatened when accessing services? If yes, please elaborate. N.B: Threats could be either when receiving a service, on your way to receiving a service, or after you received it</p> <p><i>Facilitator Notes: Consider that safety in this context could include physical violations, coercion, deliberate deprivation, threats, and bribery. Threats to safety can come from any sources. It could come from armed groups, humanitarian actors, or the environment (e.g. standing in the sun on a hot day, crossing a river to access a service).</i></p>
Answer	
2.2	<p>What could be done to improve safety when accessing services? By whom?</p>
Facilitator Notes: Probe about community, agency and government.	
Answer	

2.3	Describe how you feel about the way services are delivered. <i>Facilitator Notes: Consider probing about respect, confidentiality, or consideration by staff. Possible follow-up questions: Do you feel respected? Do you feel that your opinion is considered by the staff? Do you feel that your dignity is respected when you access a service? If yes, please elaborate. If no, what concerns have you experienced?</i>
Answer	
2.4	What could be done to make you feel more comfortable, respected and safer during the service provision?
Answer	
2.5	Have you ever worried about how others in the community might judge you for accessing services?
Answer	
2.6	Do you feel staff speak to you in a respectful and appropriate way?
Answer	

3	Participation
3.1	Have you been involved in decision-making processes around the services provided in your community by humanitarian organisations? If yes, how have you been involved? <i>Facilitator Notes: Consider probing about participation at different stages of the project cycle (e.g. assessment, design, implementation, or monitoring & evaluation).</i>
Answer	
3.2	If you are unhappy about any aspect of the services/work delivered by humanitarian organisations in your community - including staff conduct or problems of access, safety, and dignity - do you know how to give feedback or complaint? <i>Facilitator Notes: Consider probing for areas of dissatisfaction.</i>
Answer	
3.3	How do you provide feedback and complaints about services in your community?
Answer	
3.4	In your community, do you feel that the community's feedback and complaint are being considered and responded to? What is your preferred communication channels?
Answer	
3.5	Do you feel activities or discussions are designed in a way that allows you to participate comfortably?
Answer	
3.6	What could be done to better include your views and perspectives in humanitarian programming?
Answer	
3.7	Do you feel the way services are delivered affects relationships between people in the community?
Answer	

TOOL 3 | COMMUNITY ASSESSMENT – ENDLINE –

Objective of the Assessment

The objective of this survey is to assess beneficiary perceptions and experiences in terms of safety, dignity, access and participation in the final phase of the project.

Methodology

The assessment can be done through Focus Group Discussion, Household Survey and/or Key Informant Interviews.

Beneficiaries may answer several questions at once. For example, they may claim that a lack of safety in the area is an obstacle to accessing a particular service. This would provide answers for both sections 1 & 2. The enumerator should be mindful that the questionnaire **should not be rigidly interpreted**. The questionnaire is a guide of questions to lead the discussion. There is no particular order and the questions can be adjusted as the discussion goes along with participants.

All answers should be disaggregated by categories (men, women, boys, girls, older people, persons with disabilities and context-specific vulnerable groups).

Introduction

“Good morning /afternoon. My name is _____ from_. We are conducting interviews / FGDs to better understand the protection risks and identify how we can avoid causing harm to the community and promote participation and meaningful access to services through our intervention.

Explain the objectives of the assessment to the participants:

- We want to know who can access services, and who cannot.
- We want to know why some people are not able to access services and what can be done about it.
- We want to hear whether people feel safe when receiving assistance.
- We want to know whether people feel that they are respected by the service providers, that their opinions are considered and that they have participated.

Participation is voluntary and no remuneration is offered. If you do decide to take part, you can refuse to answer any questions and may stop the interview at any time. All information collected remains confidential and no names are collected. Do you accept to participate?”

1 Access	
1.1	Is there an operational and representative committee for the management of facilities and service delivery in your community??
Answer	
1.2	Did you have access to the services provided by the project?
Answer	
1.3	Did you face any challenge or barrier in accessing the services provided by the project? If yes please explain
Answer	

1.4	Were you aware of the services provided?
Answer	
1.5	Did factors such as gender, age, disability, family situation, displacement status make it easier or harder for you or people in your community to access services??
Answer	
2	Safety & Dignity
2.1	Has your safety been affected by the project? If yes, how (improved, maintained, deteriorated)?
Answer	
2.2	Did you feel that your cultural values and practice have been respected during the provision of the services? Has your dignity has been affected by the project? If yes, how (improved, maintained, deteriorated)?
Answer	

3	Participation
3.1	Is there a complaints and feedback mechanism established in your community? Can you access it in a confidential manner?
Answer	
3.2	In case you have raised a feedback or complaint, have you received a response by the project team?
Answer	
3.3	Do you know how to place feedback and complaints? Have you receive a response to your complaints/feedback?
Answer	
3.3	Have you been informed of your rights and obligations as recipients of humanitarian aid?
Answer	
3.4	Do you know which were the targeting criteria used to access services? Did you understand how beneficiaries were selected?
Answer	
3.5	Have you participated in decision making around the programme (e.g. have you participated in FGD, have you answered questions from surveyors, do you think that the opinions you shared had an impact on the programme/service delivery?).
Answer	
3.6	Did you feel activities or discussions were designed in a way that allowed you to participate comfortably?
Answer	
3.7	Did you feel the way services were delivered have affected relationships between people in the community?
Answer	

Closure

Reiterate to the participants that the information collected shall be used to monitor the program that has been implemented in their community. Thank the participants for their contribution.

TOOL 4 | PROJECT DESIGN ASSESSMENT

This template should be used to score the project proposal according to its alignment with Protection Mainstreaming Principles.

Please circle only one answer for each question, based only on what is written in the proposal or annexes. Where possible please provide additional information / comments on the multiple choice selection you make. This information will be very useful in forming project design and implementation, and can also be reviewed during a grants opening meeting. Ideally, the individual completing this assessment will also have been trained on Protection Mainstreaming. There are four sections do this assessment, looking at 1) needs assessment and outcomes, 2) project activities, 3) feedback mechanisms and response, and 4) monitoring indicators.

For the purpose of this assessment "context-specific population groups" refers to any potentially vulnerable or marginalized group which has a defining characteristic other than gender or age (e.g. persons with disabilities, ethnic/religious minorities, people living with HIV, LGBTI individuals, political affiliation etc.).

Name / Title of Respondent	
Date of Assessment	
Proposal Name	
Proposal Location / Country	
Proposal Donor	

	QUESTIONS	MULTIPLE CHOICE OPTIONS
1	Focus on <u>project needs assessments and project outcomes</u> within proposal design	
1.1	Does the needs assessments used to inform the project design consider the specific needs of different population groups?	<p>A: Do not mention the specific needs of different categories of the population.</p> <p>B: Consider the specific needs of context-specific population groups, but not of different age, gender and disability groups.</p> <p>C: Consider different age, gender and disability groups, but not context-specific population groups.</p> <p>D: Consider all age, gender and disability groups & context-specific population groups.</p>
1.2	Were different population groups consulted in the needs assessment and project design process?	<p>A: The population was not consulted or no evidence provided either way.</p> <p>B: Yes for context-specific population groups, no for different age, gender and disability groups.</p> <p>C: Yes for different age, gender and disability groups, no for context-specific population groups.</p> <p>D: Yes for all age, gender and disability groups & context-specific population groups.</p>

1.3	Do project outcomes specifically seek to address inequalities or protection threats (i.e. violence, coercion, exploitation, deprivation, or neglect)?	<p>A: No</p> <p>B: Yes, project outcome(s) address inequalities or protection threats for context-specific population groups, but not specifically for different age, gender and disability groups.</p> <p>C: Yes, project outcome(s) address inequalities or protection threats for different age, gender and disability groups, but not specifically for context-specific population groups.</p> <p>D: Yes, project outcome(s) address inequalities or protection threats for age, gender and disability groups and context-specific population groups.</p>
2 Focus on <u>project activities</u> within planned interventions		
2.1	Do project activities identify and address barriers to access that different population groups could face in relation to the project?	<p>A: No</p> <p>B: Yes for context-specific population groups, no for different age, gender and disability.</p> <p>C: Yes for different age, gender and disability, no for context-specific population groups.</p> <p>D: Yes for all age, gender and disability groups & context-specific population groups.</p>
2.2	Do project activities identify and address physical and psychological threats that different population groups could face in relation to the project?	<p>A: No</p> <p>B: Yes for context-specific population groups, no for different age, gender and disability.</p> <p>C: Yes for different age, gender and disability, no for context-specific population groups.</p> <p>D: Yes for all age, gender and disability groups & context-specific population groups.</p>
2.3	Do project activities describe a concrete plan for involving different population groups in as many stages of the programme cycle as possible?	<p>A: No</p> <p>B: Yes for context-specific population groups, no for different age, gender and disability.</p> <p>C: Yes for different age, gender and disability, no for context-specific population groups.</p> <p>D: Yes for all age, gender and disability groups & context-specific population groups.</p>
2.4	Do project activities describe how different beneficiary population groups will be provided with information about planned project activities, and about how delivery is progressing?	<p>A: No</p> <p>B: Yes for context-specific population groups, no for different age, gender and disability.</p> <p>C: Yes for different age, gender and disability, no for context-specific population groups.</p> <p>D: Yes for all age, gender and disability groups & context-specific population groups.</p>
3 Focus on project <u>feedback / complaint mechanisms</u>		

3.1	Does the project design include the provision of accessible and functioning feedback / complaint mechanisms for beneficiaries to comment on the services they are provided with?	<p>A: No</p> <p>B: Yes, but there is no explanation about how access will be ensured for different population groups.</p> <p>C: Yes, and there is an explanation for how different age, gender and disability groups will access those mechanisms.</p> <p>D: Yes, and there is an explanation for how age, gender and disability groups and context-specific population groups will have access.</p>
3.2	Does the project design include information about how feedback / complaints mechanisms will be handled?	<p>A: No</p> <p>B: Yes, but there is no information about how the response to feedback will respect the safety and dignity of different population groups.</p> <p>C: Yes, and there is an explanation for how age, gender and disability groups' safety and dignity will be respected in response to feedback.</p> <p>D: Yes, and there is an explanation for how different age, gender and disability groups and context-specific population groups' safety and dignity will be respected in response to feedback.</p>
4	Focus on <u>monitoring indicators</u> within planned interventions	
4.1	Are project monitoring indicators disaggregated?	<p>A: No</p> <p>B: Yes, by context-specific population groups, but not different age, gender and disability groups.</p> <p>C: Yes, by age, gender and disability, but not for context-specific population groups.</p> <p>D: Yes, by age, gender and disability, and by context-specific population groups.</p>
4.2	Do project monitoring indicators measure access, safety, and dignity of beneficiaries?	<p>A: No</p> <p>B: Yes, but there is no information about how different population groups will participate.</p> <p>C: Yes, and there is an explanation for how different age, gender and disability groups will participate.</p> <p>D: Yes, and there is an explanation for how different age, gender and disability groups and context-specific population groups will participate.</p>
TOTAL SCORE		<p>Number of A:</p> <p>Number of B:</p> <p>Number of C:</p> <p>Number of D:</p>

Ranking

Majority of A	Project Amendment Required – Referral to technical specialist recommended for project amendment
Majority of B or C	Project Reflects Adequate Evidence of Protection Mainstreaming – Possible review required senior management level
Majority of D	Project Reflects Exemplary Evidence of Protection Mainstreaming – No adjustments required

TOOL 5 | CONFLICT-SENSITIVE, GENDER TRANSFORMATIVE SCREENING TOOL

Purpose:

A rapid screening tool to help teams apply a conflict-sensitive, gender-transformative perspective during assessments, proposal development and program design.

Adapted from:

- UN Women (2020). Gender Analysis and Gender-Transformative Approaches
- CARE (2020). Gender Transformative Toolkit
- UNDP (2016). Conflict-Sensitivity Analysis Tool
- IASC (2022). Gender in Humanitarian Action Guidance
- GEC/INCAF (OECD-DAC) Conflict Sensitivity Guidance

How to Use:

- Use during proposal development, needs assessments and design workshops.
- Can be completed in 15–20 minutes by project managers, officers or technical staff.
- “Not applicable” must be justified briefly.
- Designed to prevent over-complication and support CESVI’s streamlined, context-adaptable programming.

SECTION A | Conflict Sensitivity Screening

Screening Question	Yes	No	Notes / Required Actions
Does the project understand key drivers of tension or conflict in the target area (social, tribal, political, gendered)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have potential negative impacts been identified (triggering community resentment, widening gender inequities)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have diverse groups (women, men, youth, elders, minorities) been consulted safely?	<input type="checkbox"/>	<input type="checkbox"/>	
Are project locations, partners and targeting approaches impartial and transparent?	<input type="checkbox"/>	<input type="checkbox"/>	
Could the activity unintentionally reinforce power imbalances?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION B | Gender-Transformative Screening

Screening Question	Yes	No	Notes / Required Actions
Does the project assess gendered social norms, roles and expectations, not just “women’s needs”?	<input type="checkbox"/>	<input type="checkbox"/>	
Does it consider harmful norms affecting women, men, boys, and girls? (mobility restrictions, expectations of boys in conflict zones)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the design include positive changes to norms or roles (supporting shared responsibilities, safe male engagement)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are men and boys included constructively, especially in contexts where they also face exclusion (conflict, recruitment risk)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are women’s leadership, voice or decision-making strengthened?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the project reinforce gender stereotypes (unintentionally) or challenge them?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION C | Intersectionality and Equity Screening

Screening Question	Yes	No	Notes / Required Actions
Has the team identified overlapping vulnerabilities (age, disability, displacement, socioeconomic status)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does targeting enable participation of excluded groups?	<input type="checkbox"/>	<input type="checkbox"/>	
Are social norms around disability, age or minority identity addressed with sensitivity?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there flexibility to adapt interventions based on evolving equity considerations?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION D | Safe and Ethical Participation

Screening Question	Yes	No	Notes / Required Actions
Are engagement approaches safe and culturally appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	
Are risks for participant, especially women and youth, identified and considered?	<input type="checkbox"/>	<input type="checkbox"/>	
Is informed consent adapted to literacy and linguistic needs?	<input type="checkbox"/>	<input type="checkbox"/>	
Are feedback mechanisms accessible to all groups?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION E – Summary of required actions

Adaptations required before approval:

Validated by (role):

Date:

TOOL 6 | TRAUMA-INFORMED CARE GUIDE AND PROMPTS

Purpose:

To help all CESVI staff integrate globally recognized trauma-informed principles (SAMHSA, 2014; UNICEF, 2021; IASC, 2022) into daily implementation, community engagement, fieldwork and staff interactions.

Why it matters:

Trauma is pervasive in humanitarian contexts. A trauma-informed approach ensures that programming does not unintentionally retraumatize, while strengthening safety, trust, participation, equity and empowerment. It aligns with "Do No Harm" Principles.

This tool is adapted from:

- SAMHSA. (2014). *Concept of Trauma and Guidance for a Trauma-Informed Approach*.
- IASC. (2022). *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.
- UNICEF. (2021). *Trauma-Informed Approaches in Humanitarian Programming*.

A. The Six Trauma-Informed Principles

1. Safety (Physical, Emotional, Social)

Definition (SAMHSA 2014):

Environments, interactions and processes must prioritize physical and emotional safety for all people: participants, partners and staff.

What this means in practice at CESVI

- Activities are explained clearly in advance and people are given informed choice.
- Spaces are predictable, comfortable and culturally appropriate.
- People can choose where to sit, when to speak or take breaks.
- No pressure to share personal information.
- Avoid environments that compromise a persons confidentiality.
- Staff check-ins before and after difficult field days normalize wellbeing.

Programming example

During a community focus group on Women's Spaces, the facilitator explains:

"You are welcome to participate as much or as little as you like. If at any point you want a break, please feel free."

This reduces pressure, helps participants regulate and build trust.

2. Trust and Transparency

Definition:

Organizational operations and communication must be transparent, predictable and consistent.

What this means in practice

- Explain why information is being collected and how it will be used.

- Be honest about limitations.
- Ensure consent processes are simple and well understood.
- Use consistent staff for follow-up to avoid destabilization.
- Clarify roles and how you can support.

Programming example

During registration for non-formal education:

Staff explain the process step-by-step, including timelines, selection criteria and how decisions are made.

This prevents perceptions of bias which can trigger distrust.

3. Choice (Autonomy, Agency, Options)

Definition:

Trauma reduces an individual's sense of control. Offering choices restores dignity and empowerment.

What this means in practice

- Provide options in activities (small groups vs. large groups).
- Allow participants to choose whether to participate in certain exercises.
- Offer private spaces for sensitive and confidential conversations.
- Avoid forcing eye contact, disclosure, or participation.
- When possible, allow flexibility around timing and seating.

Programming example

During a youth workshop, staff offer options:

"You can answer verbally, write your thoughts or pass if you prefer."

This protects dignity, especially for those who have experienced coercion.

4. Collaboration (Shared Power, Mutuality)

Definition:

Staff, participants and communities work with each other and consider each others' perspectives.

What this means in practice

- Use co-facilitation with local community members when possible.
- Incorporate participant-led problem-solving rather than "expert-driven" approaches.
- For sensitive topics, ask communities how they prefer to address them.
- Encourage feedback about what is and isn't working.

Programming example

A women's group decides that a male facilitator should not be present for part of a training. The team adapts without resistance, demonstrating respect for local decision-making.

5. Empowerment (Strengths-Based, Capacity-Building)

Definition:

Focus on the strengths, resources, and capabilities of individuals and communities rather than deficits or vulnerability.

What this means in practice

- Highlight coping skills and resilience, not just needs or risks.
- Use positive reinforcement when participants take initiative.
- Avoid problem-saturated approaches that suggest people are “broken.”
- Ensure feedback mechanisms feel safe, respectful and responsive.
- Reinforce dignity through language (“participants” not “victims”).

Programming example

Instead of asking:

“What challenges are you facing?”

Staff ask:

“What strengths or resources in your community help you manage difficult times?”
“Which approaches have worked well for you before?”

This shifts the narrative from deficit to agency.

6. Cultural Humility and Responsiveness

Definition:

Respecting cultural norms, identity, gender dynamics, communication styles and community structures.

What this means in practice

- Use local languages whenever possible.
- Understand cultural norms around gender, privacy, and honour (within reason, not compromising safety).
- Avoid imposing external labels or assumptions.
- Ask communities what safety and inclusion look like from their perspective.
- Ensure activities reflect local values and traditions.

Programming example

In a conservative context, the team separates FGDs by gender *because* **community leaders express that women will not speak freely in mixed groups**. This demonstrates cultural responsiveness *without compromising safety or equity*.

B. Applying Trauma-Informed Practice Across Project Phases

1. Assessments and FGDs

- Keep questions system-focused, not trauma-focused
- Start soft (daily life, aspirations)
- Provide options for anonymous responses
- Stop if conversation becomes unsafe

2. Community Engagement

- Clarify expectations; avoid raising hopes
- Use or consult with local facilitators who understand cultural triggers
- Ensure mixed-gender settings are appropriate

3. Activity Implementation

- Build breaks into sessions
- Use participatory methods
- Offer alternative forms of participation (drawing, writing)

4. Monitoring and Reflection

- Limit repetitive questioning
- Ask about program experience, not personal trauma

TOOL 7 | ACCESSIBLE PARTICIPATION AND INCLUSION TOOL

Purpose

To ensure that all CESVI activities, are accessible, inclusive, safe and appropriate for diverse participant groups, including women, men, boys, girls, older adults, persons with disabilities, migrants, marginalized groups and anyone facing barriers to participation or support.

This tool is adapted from:

- **IASC (2022).** *Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.*
- **Sphere (2023).** *Humanitarian Charter and Minimum Standards in Humanitarian Response.*
- **UNICEF (2020).** *Guidance on Accessible and Inclusive Programming.*
- **World Vision (2021).** *Gender and Inclusion Toolkit.*
- *CESVI DEI Policy and Operational Guidelines (2026), internally developed.*

Section A | Project/Activity Design

1. Understanding the Participants

Question	Yes	Partial	No	Required Action
Have we identified who is most likely to participate and who is most likely to be excluded? (gender, age, disability, minority groups, migrants)				
Do we understand cultural norms that impact who shows up, who speaks, and who may be invisible?				
Have we considered who needs targeted outreach to safely participate?				

Section B: Access and Safety Considerations

2. Physical Accessibility

Check	Yes	Partial	No	Action Needed
Is the venue physically accessible (ramps, seating, toilets, shade, distance)?				
Is transportation needed, especially for women, older persons, persons with disabilities?				
Are meeting times appropriate for caregiving schedules, curfews, cultural expectations?				

3. Safety, Protection and Do No Harm

Check	Yes/Partial/No	Action Needed
Does the activity consider safety risks (gender norms, harassment, movement restrictions)?		
Is there a private mechanism for concerns/feedback?		
Are facilitators trained to support disclosure safely?		
Is participation voluntary, with informed consent?		

Section C | Inclusive Participation During Implementation

4. Inclusive Facilitation Practices

Facilitators should ensure:

- Everyone is welcomed and oriented to the activity
- Introductions allow participants to share what they need to feel comfortable
- Language is simple, jargon-free, and translated if needed
- Mixed-gender groups are avoided if culturally inappropriate
- Participants have choice to speak or observe, to leave or participate

Prompts for the facilitator:

- "Whose voices are we hearing?"
- "Whose voices are missing?"
- "How can we adjust to create more safety or comfort?"

5. Language and Communication Accessibility

Check	Yes	Partial	No	Action Needed
Are materials provided in the necessary language(s)?				
Is interpretation available when needed?				
Are visual aids used for persons with limited literacy?				
Are key messages clear, brief, and culturally appropriate?				

Section D | Activity Evaluation

Reflection Question	Notes / Actions
Who participated? Does it match who we intended to reach?	
Who did not participate? Why?	
Were there unexpected safety or inclusion concerns?	
What adaptation is needed for next time?	

Validated by (role):

Date:

REFERENCES

- Barbelet, V. (2021, October). *Interrogating the evidence base on humanitarian localisation*. Overseas Development Institute (ODI). https://odi.org/documents/7834/Localisation_lit_review_WEB.pdf
- CARE. (2020). *Gender transformative approaches in humanitarian action: Guidance note*. CARE International.
- CDA Collaborative Learning Projects. (2016). *Do No Harm: The handbook for practitioners*. CDA Collaborative.
- Center for Collaborative Conservation. (2023). *Building inclusive leadership and organisational cultures for equity*. Colorado State University. <https://collaborativeconservation.org>
- CESVI. (2023). *Global Strategy 2023–2027*. CESVI Foundation.
- Core Humanitarian Standard (CHS) Alliance. (2014). *Core Humanitarian Standard on quality and accountability*. CHS Alliance. <https://corehumanitarianstandard.org>
- Development Initiatives. (2024). *The state of humanitarian localisation 2024: Power shifts and funding flows*. Development Initiatives. <https://devinit.org/resources>
- Humanitarian Practice Network (HPN). (2024, January). *Taking localisation beyond labels and lip service* (HPN Bulletin No. 91). Overseas Development Institute (ODI). <https://odihpn.org/en/publication/taking-localisation-beyond-labels-and-lip-service>
- Humanity and Inclusion (HI). (2020). *Accessibility guidelines: Inclusive practices in humanitarian action*. HI International.
- Inter-Agency Standing Committee (IASC). (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. IASC.
- Inter-Agency Standing Committee (IASC). (2016). *Protection in humanitarian action: Policy*. IASC.
- Inter-Agency Standing Committee (IASC). (2018). *IASC gender handbook for humanitarian action*. IASC.
- International Council of Voluntary Agencies (ICVA). (2024, November). *Localisation in humanitarian leadership: Review of evidence and practice*. ICVA. <https://www.icvanetwork.org/uploads/2024/11/Localisation-in-Humanitarian-Leadership-Report.pdf>
- OECD-DAC. (2023). *Criteria for inclusive, people-centered humanitarian action*. OECD. <https://www.oecd.org>
- OCHA. (2024a). *Global Humanitarian Overview 2024: Mid-year update*. United Nations OCHA. <https://digitallibrary.un.org/record/4083201>
- Oxfam International. (2013). *Minimum standards for gender in emergencies*. Oxfam International.
- Plan International. (2019). *Guidance on inclusive rapid needs assessment*. Plan International.
- Refugees International. (2023). *Re-building resilience: How long-term approaches can transform humanitarian response*. Refugees International. <https://www.refugeesinternational.org/reports>
- Sphere Association. (2018). *The Sphere handbook: Humanitarian charter and minimum standards in humanitarian response*. Sphere. <https://spherestandards.org>
- United Nations. (2019). *UN Disability Inclusion Strategy (UNDIS)*. United Nations.
- UN Women. (2020). *Rapid gender analysis: Guidance note*. UN Women.
- World Health Organization (WHO). (2021). *Trauma-informed approaches: Key principles and considerations*. WHO. *and minimum standards in humanitarian response*. <https://spherestandards.org>
- UNHCR. (2023). *Global appeal 2023–2024*. United Nations High Commissioner for Refugees. <https://www.unhcr.org>



cesvi