Gender Mainstreaming Checklists For Humanitarian Action

Contents

ABOUT

In Myanmar more than 273,000 displaced people –69 per cent of whom are women and children – remain in camps or camp-like situations in Kachin, Shan, Rakhine, Chin and Kayin states. The crises occurring in different geographical locations in the country disproportionately affect women and girls, as well as the most vulnerable and marginalized population groups and perpetrate and exacerbate pre-existing, persistent gender and social inequalities. This makes an understanding of the gendered context in different crisis settings across Myanmar essential.

Humanitarian actors from UN, (I)NGOs, CSOs and the Government of Myanmar have demonstrated a strong commitment to gender equality and made significant efforts in promoting gender mainstreaming in humanitarian action, as well as across the humanitarian-development-peace nexus.

To support humanitarian actors, UN Women, on behalf of Gender In Humanitarian Action (GiHA) workstream, have developed 11 localized gender programming checklists for gender mainstreaming in humanitarian action in consultations with the national and sub-national Inter-Cluster Coordination Groups. These context-specific guidance tools build on the Inter Agency Standing Committee Gender in Humanitarian Action Handbook and incorporate sector-wise elements of the Myanmar Gender in Humanitarian Action Profile . The localized checklists are intended to equip humanitarian and development practitioners with practical guidance tailored for specific sectors and clusters on strengthening gender mainstreaming efforts to further ensure that broader gender issues, gaps and needs are adequately addressed. It provides essential tips for gender-transformative outcomes in humanitarian programming.

The gender mainstreaming checklist are the steps forward to promoting gender equality and empowerment of women and girls in humanitarian action in Myanmar and strengthening institutional capacity of humanitarian practitioners in Myanmar.

This checklist is among 11 developed thematic checklist which summarize key points from the Inter Agency Standing Committee Gender in Humanitarian Action Handbook incorporating sector-wise elements of the Myanmar Gender in Humanitarian Action Profile (GiHA Profile) which was endorsed by the ICCG in January 2019. It is intended to provide a quick guidance to assist humanitarian practitioners in ensuring gender is integrated into each stage of the Humanitarian Program Cycle.

EDUCATION IN EMERGENCY (EiE)

271,000 conflict-affected children and adolescents in Myanmar, of whom 49 per cent are girls, are in need of education services.[1] Due to ongoing conflict and displacement in Kachin, northern Shan and Rakhine states, children and adolescents lack access to public education, miss schooling and become dependent on temporary learning spaces (TLSs), which often lack qualified education personnel and teaching materials.[2] Girls' and boys' access to education is further limited due to existing socio-cultural gender norms and security concerns, which restrict their freedom of movement.[3] Child labour practices is a notable barriers for boys especially to access school. The education sector in general is dominated by female teachers, however due to security concerns, especially in Rakhine State, the low numbers of female educators, further limit the educational opportunities for girls, creating a self-perpetuating cycle of gender disparity. Additionally, lack of male teachers in other areas I think it is worth mentioning the lack of male teachers in other areas means limited male role models in schools but also perpetuates the feeling that teaching is a female profession. To respond to these gaps, the Education Cluster has recruited an increased number of female teachers in TLSs and gender-responsive WASH services, including menstrual hygiene management facilities, have been installed in schools and TLSs in collaboration with the WASH Cluster.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure a gender balance in Education needs assessment and Project teams. ✓ Ensure baselines captures sex-age-disability disaggregated data (SADDD) analyzing the composition of the affected population and identifying the most vulnerable groups. ✓ Conduct a gender analysis on access to education, participation in education and achievement results, the learning environment and protection needs. ✓ Carry out an analysis of the gender breakdown and gender capacities of Education staff
STRATEGIC PLANNING	✓ Ensure equitable and inclusive access to education, gender-friendly learning environments, boarding schools in temporary learning spaces (TLSs) and public schools while considering the specific needs of women, girls, men, boys, LGBTIQ and persons with disabilities and chronic illnesses. *Equal and inclusive access: Create multiple participatory activities to solicit feedback on needs (of literacy level, disability and language spoken), threats and opportunities (e.g. Support pregnant girls in continuing their education)* *Safety and access: Ensure proximity of school to community, in a neutral location and a safe, public, well-lit route for travel to and from and provide transportation for at-risk students if necessary* *Gender-friendly and age-appropriate learning environment: Include separate and private bathroom facilities for girls and boys, running water and menstrual hygiene supplies in schools and TLSs, as well as appropriate size tables/chairs/toilets/sinks for children of all ages.* ✓ Reflect gender analysis in the planning documents and situation reports. ✓ Advocate for gender-responsive the curriculum taught in public schools and TLSs and pedagogy practices as well as the inclusion of essential life skills modules (e.g. integrate modules on gender equality, sexual and reproductive health (SRH), etc.) in teachers' training. ✓ Enhance teachers' knowledge and skills about child safeguarding, gender equality and the Protection against Sexual Exploitation and Abuse (PSEA) Code of Conduct.

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[1] Humanitarian Needs Overview 2019.
[2] Ibid.
[3] "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

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	✓ Conduct sensitization/awareness raising activities with female and male parents I and parents' teachers' associations and promote shared parenting and shared caregiving.
RESOURCE MOBILIZATION	✓ Include information and key messages on gender and education in humanitarian settings for inclusion in initial assessment reports to influence funding priorities. ✓ Report regularly to donors on gender resource gaps within the Education Sector. ✓ Apply the IASC Gender with Age Marker to education programme designs.
IMPLEMENTATION AND MONITORING	✓ Utilize SADDD for implementing programmes/projects, monitoring purposes and measuring outcomes. ✓ Implement education programmes which integrate measures to address threats and barriers to promoting gender equality (example: patriarchal norms that discourage women and girls' access to education, child labour practices that limit access to education especially for boys and etc.) and address discriminatory practices hindering women's participation in education committees through empowerment programmes. *Example: Provide teachers, staff, and community with trainings on gender equality, GBV and sexual harassment, bullying and violence, including an intervention on community engagement to challenge discriminatory beliefs and practices against girls' and boys' education.* ✓ Increase awareness raising initiatives on equal education for both girls and boys in school as well as the benefits of girls' education versus girls being married off at an early age and boys being in child labour force ✓ Ensure gender balance of school and TLSs staff (if feasible) *Myanmar Example: Implement strategies to engage and retain more female teachers, particularly in middle and high school TLSs in Rohingya communities, and encourage female participation in learning through advocacy campaigns, quota systems, preferential hiring, capacity-building and on-the-job training.* ✓ Engage community groups including women's rights, LGBTIQ and youth organizations in programme implementation and monitoring of education programmes through child-friendly tools as well ✓ In collaboration with the Protection Sector and GBV CWG/SS, provide training to female and male teachers and facilitators on the identification, monitoring, referral and confidential reporting of GBV and child protection issues as well as on Psychological First Aid (PFA) and Psychosocial Support (PSS). ✓ Provide childcare services and training to girl-mothers participating in education programmes. ✓ Engage male community leaders in sensitizing the community about the value of women's and girls' and boys' participation in education. ✓ Set-up child and adolescent-friendly, gender-responsive, inclusive and confidential feedback and complaint mechanisms, including sexual exploitation and abuse (SEA) reporting measures. *Example: Conduct gender-segregated focus group discussions based on age groups; provide feedback and complaint boxes and hotline services.*
GENDER OPERATIONAL PEER REVIEW AND EVALUATION	✓ Review projects within the Education Sector and education response plans, and assess which women and girls, boys and men were effectively reached, which were not and why. ✓ Share good practices around usage of gender-responsive approaches and address gaps identified. ✓ Routinely measure project-specific indicators based on the checklist provided in the Inter-Agency Standing Committee Gender in Humanitarian Action Handbook and the Inter-Agency Network for Education in Emergencies.

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FOOD SECURITY

734, 203 people living in conflict-affected areas in Rakhine, Shan, Kachin and Kayin states, of whom 52per cent are female and 55per cent of children, are subjected to food insecurity.[4] The lack of livelihood opportunities and the undermined capabilities of at-risk groups to access adequate and sufficient food, expose women and girls to risks of sexual exploitation and abuse and the adoption of negative coping mechanisms. Existing patriarchal norms and systems that restrict women's freedom of mobility and engagement in livelihood activities as well as gender inequalities in intra-household food sharing and gender barriers, including access restrictions to food assistance, put women and girls at higher risk of food insecurity.

To promote a better gender balance in the food security response team and to ensure that women's needs are meaningfully represented, an increased number of women have been engaged in the food security management committees in Kachin State. Based on community consultations, the Food Security Cluster has tailored food assistance activities to the different needs and opportunities of the target population and has targeted the most vulnerable internally displaced persons (IDPs) with 100per cent assistance. The Food Security Cluster is also collaborating closely with the Protection Cluster and the GBV Sub-Cluster, especially in terms of cash-based interventions (CBIs). Despite these efforts, there is a continued need to provide more long-term sustainable and transformative livelihood programmes providing skills training as well as market development and promotion of access to formal job markets to ensure women's and girl's economic empowerment and their access to food security.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure a gender balance in Food Security needs assessment teams. ✓ Ensure baselines capture sex-age-disability disaggregated data (SADDD) on the nutritional status; accessibility to adequate food; and safety access to distribution points, analyzing the composition of the affected population and identifying the most vulnerable groups. ✓ Identify potential power dynamics that might deprive certain groups of equal access to food security services and address these in programme activities. *Example: Assess intra-household decision making around food expenditure and distribution and who is responsible for food collection, storage and cooking.* ✓ Assess equal access for women and men and at risk-groups such as LGBTIQ, elderly, persons with disabilities to livelihood opportunities and skills trainings, markets, cash-for work, cash assistance and loans, land ownership, productive assets, and agricultural inputs, and identify potential barriers for women, girls, men and boys accessing these. *Example: Existing patriarchal norms and systems may restrict women's freedom of mobility, ability to own and access to land and their engagement in livelihood activities* ✓ Conduct an analysis of the gender breakdown and gender capacities of Food Security staff.
STRATEGIC PLANNING	✓ Review and strengthen existing targeting criteria for food assistance that takes into account gender, age, ethnicity, disability and other vulnerability factors and ensure these are consistently applied. ✓ Include women and girls and other at risk-groups such as LGBTIQ, elderly, persons with disabilities, female-headed households, child headed households to identify an inclusive, community-based, sustainable and accessible supplementary feeding interventions, access to distribution sites, storage, preparation, cooking and consumption of the distributed food. *Example: Consider the installation of separate queues for women and men at food distribution sites and take into account women's care duties and men's engagement in employment when timing food distributions.* ✓ Reflect gender analysis in planning documents and situation reports. ✓ Strengthen women's knowledge about (digital) financial management, marketing, entrepreneurship, livelihoods and promote their access to markets, identification documents and mobile phones to receive digital cash transfers if appropriate. ✓ Promote women's rights and equal opportunities to engage in more gender-transformative livelihoods programmes

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[4] Humanitarian Needs Overview 2020.

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	**Myanmar Example:** Promote women's engagement and inclusion in traditionally male-dominated livelihood activities such as masonry, mechanics or electronics. ✓ Consider school feeding programmes to promote educational access and retention of girls and boys in the planning of food security programmes.
RESOURCE MOBILIZATION	✓ Apply IASC Gender with Age Marker all Food Security programmes and ensure their compliance. ✓ Include information and key messages on gender and the Food Security sector for inclusion in the initial assessment reports to influence funding priorities. ✓ Report regularly on resource gaps on gender within the Food Security sector to donors and other humanitarian stakeholders. ✓ Consider existing trends on complaints generated on food security sector to influence funding based on community priorities and unresolved concerns.
IMPLEMENTATION AND MONITORING	✓ Utilize SADDD for implementing programmes/projects, monitoring purposes and measuring outcomes. ✓ Ensure a gender balance in Food Security sector staff. ✓ To empower women and increase their ownership in food- and household-related aspects and to ensure the inclusion of second wives and their children in polygamous families, register adult women as the primary household recipients of food assistance (except for single-male headed households). ✓ Consider the specific dietary needs and labour capacity of certain groups such as the elderly, pregnant and lactating women, children under five and people with chronic illnesses. ✓ Provide flexible schedules for women and men to participate in cash-based interventions (CBIs) and offer childcare, which can be provided as cash-for-work options for mothers increasing the value of women's care work. ✓ Involve the male community in awareness raising initiatives about the importance of women's economic empowerment, and shared household responsibilities related to food preparation, production and procurement. ✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms, including sexual exploitation and abuse (SEA) reporting measures for Food Security staff and beneficiaries. _**Example:** Conduct gender-segregated focus group discussions based on age groups including women support groups and women's CSOs where appropriate, provide feedback and complaint boxes and hotline services._
GENDER OPERATIONAL PEER REVIEW AND EVALUATION	✓ Review projects within the Food Security sector and response plans and assess the effectiveness of the programmes in reaching women, men, girls, boys and LGBTIQ community ✓ Share good practices around usage of gender-responsive approaches and address gaps. ✓ Routinely measure project-specific indicators based on the checklist provided in the Inter-Agency Standing Committee Gender in Humanitarian Action Handbook and the Minimum Standards in Food Security outlined in the Sphere Handbook.

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HEALTH

Limited access to health care for populations affected by natural disaster and conflict in Myanmar is exacerbated for vulnerable groups such as women, girls, boys, elderly and persons with disabilities and chronic illnesses.[5] Key challenges include already limited availability of health services for humanitarian-affected populations particularly in remote and hard-to-reach areas; damage or destruction to health infrastructure, drugs and equipment; understaffing and/or restricted access for health workers to health facilities; and safety, mobility and access restrictions that deter health-seeking behavior.[6] Due to gender norms and their interaction with biological factors, women and children-especially girls face increased risk for adverse effects and violence. They may be unable to access assistance safely and/or to make their needs known. Additionally, women and other groups including LGBTIQ are often insufficiently included in community consultation and decision-making processes resulting in their specific needs not being met. To address gender-specific vulnerabilities and improve health outcomes for all, humanitarian actors in Myanmar are promoting improved consideration for gender in needs assessments and analysis, and gender mainstreaming across the humanitarian programme cycle to enhance gender-responsive humanitarian action in health. Some positive examples to date include multi-sectoral action focused on menstrual hygiene (Health, WASH, GBV, Education); delivery of mobile SRH Services during acute emergencies; development of MOHS Clinical Guidelines for GBV Survivors; and collaboration between the health cluster and GBV sub-sector to develop referral pathways for GBV survivors and support health workers to refer survivors.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure baselines captures sex-age-disability disaggregated data (SADDD) analyzing the composition of the affected population and identifying the most vulnerable groups. ✓ Ensure a gender balance in assessment teams. ✓ Identify potential power dynamics that might deprive certain groups of equal access to health services and address these in programme activities. *Example: Women's and girls' limited access to healthcare due to existing patriarchal norms or LGBTIQ individuals' access restrictions due to stigma or lack of understanding of their specific needs by healthcare staff.* ✓ Carry out an analysis of the gender breakdown and gender capacities of health staff and understand local preferences for service providers. ✓ Identify preferences for the establishment of gender-segregated health care facilities to complement other mixed facilities through community consultations taking into consideration child protection elements. ***Myanmar example:*** *In Rakhine, a baseline PFA survey for health partners has recently been completed and capacity -building actions are to be done as per the findings including taking gender considerations into account.*
STRATEGIC PLANNING	✓ Engage an equal number of women and men in health programme design. ✓ Reflect gender analysis in planning documents and situation reports. ✓ Include women and girls and other at risk-groups such as LGBTIQ, elderly, persons with disabilities, female-headed households, to develop an inclusive, community-based and sustainable health programmes. ✓ Ensure coordinated health service delivery strategies including effective referral of protection and GBV cases to relevant actors in line with the IASC GBV Guidelines ✓ Involve local health workers of different genders and ethnical backgrounds according to the needs of the target population. ✓ Provide culturally appropriate Psychosocial Support (PSS) based on consultations with women, girls, men and boys in affected communities. ✓ Support healthcare workers and managers identify strategies to mainstream gender into service provision and to create a gender-responsive healthcare setting that guarantees equal access to quality essential healthcare treatment. ***Example of gender-responsive health care planning****: Adjust timing and location of health services to the different needs of women, girls, men and boys or integrate GBV one-stop service centers in health facilities.* ✓ Increase SRH and community outreach campaigns to women on access to free SRH services and Menstrual Health materials. Continue and expand efforts to include men and community leaders in health education initiatives and encourage their health seeking behavior.

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[5] Humanitarian Needs Overview 2019.
[6] Oxfam and Trocaire (2017). Life on Hold.

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	✓ Advocate for mobile service delivery and other outreach strategies to reach populations facing particular barriers to accessing health services considering specific barriers and needs for women, men, boys, girls as well as other vulnerable groups
RESOURCE MOBILIZATION	✓ Advocate with the government and humanitarian stakeholders for the allocation of more human and financial resources dedicated to ensuring gender-responsive and inclusive health care service provision. ✓ Apply IASC Gender with Age Marker to all health programmes and ensure their compliance. ✓ To mobilize resources around priority actions, including information and key messages on the distinct needs of women, girls, men and boys and the plans developed to meet those needs. ✓ Report regularly on resource gaps on gender within the health sector to donors and other humanitarian stakeholders.
IMPLEMENTATION AND MONITORING	✓ Ensure gender balance in health staff (If feasible). *Myanmar Example: Recruitment and training of male and female health volunteers in Muslim and Buddhist camps and communities in Central Rakhine State to share information on SRH* ✓ Utilize SADDD for implementing programmes/projects, monitoring purposes and measuring outcomes ✓ Train female and male health workers on the MOHS Clinical Guidelines for Caring for GBV Survivors ensuring a strong understanding of the guiding principles and special considerations for child survivors, and consideration for sexual orientation, gender identity and expression. *Myanmar Example: Medical staff of partners in Rakhine, Kachin and Northern Shan has been trained on PFA, GBV, MOHS GBV Clinical Guidelines, and referral pathways.* ✓ Sensitize medical staff on cultural beliefs and practices around pregnancy, delivery, menstruation, reproductive health and the importance of monitoring and discouraging harmful traditional practices (e.g. child pregnancies). ✓ Ensure the implementation of the Minimum Initial Service Package for SRH ✓ Implement the Code of Conduct developed by the inter-agency PSEA network for medical staff, including respect for private and confidential patient consultations and documentation as well as informed patient consent. ✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms including SEA reporting measures for health staff and beneficiaries. *Example: Conduct gender-segregated focus group discussions based on age groups including women support groups and women's CSOs where appropriate, provide feedback and complaint boxes and hotline services.*
REVIEW AND EVALUATION	✓ Review methodologies and processes to assess equal access to health services by women, girls, men and boys from diverse groups. ✓ Share good practices around usage of gender-responsive approaches and address gaps identified. ✓ Routinely measure project-specific indicators based on the checklist provided in the Inter-Agency Standing Committee Gender in Humanitarian Action Handbook and the Minimum Standards in Water Supply, Sanitation and Hygiene Promotion outlined in the Sphere Handbook.

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NUTRITION

The nutrition needs of people living in isolated and conflict-affected areas are compromised with 101,300 women and children requiring life-saving humanitarian nutrition services.[7] Gender inequalities in intra-household food distribution put women and girls at higher risk of malnutrition, especially in conflict-affected areas, where food is scarce. In particular, young children and pregnant and lactating women are at risk of all forms of malnutrition – wasting, stunting, obesity and overweight and micronutrient deficiency such as anemia since they require enhanced nutritional diets.[8] In response to these risks, the Nutrition Sector is implementing targeted nutrition support to pregnant and lactating women, children and adolescent girls, including behavioral change communication and antenatal care programmes targeted at women and men. Grandmothers and mothers-is-law play a central role as advisers to younger women and as caregivers of both women and children on nutrition and health issues. Therefore, including these key groups is crucial in influencing maternal and child nutrition-related practices, specifically regarding pregnancy, feeding and care of infants, young children and sick children. Yet, enhanced participation of men in these awareness raising initiatives, as well as further addressing limited nutritional understanding and socio-cultural food practices is required in advocating for gender-equal nutrition education.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure baselines captures sex-age-disability disaggregated data (SADDD) on nutritional status as well as accessibility, inclusivity, adequacy and quality of nutrition support analyzing the composition of the affected population and identifying the most vulnerable groups. *Example: Assess if food baskets meet the needs of women, girls, boys and men with a special focus on infants, pregnant and lactating women, people with chronic diseases, older people and people with disabilities.* ✓ Assess gender roles, socio-cultural norms and practices as well as security-related obstacles that may have a negative impact on the use of nutrition services and analyze reasons for inequalities in malnutrition rates between women, girls, boys and men. ✓ Ensure gender balance in assessment teams. *Example: Assess who is responsible for food collection, storage and cooking, the existence of potentially harmful food taboos and beliefs that affect nutrition.* ✓ Carry out an analysis of the gender breakdown and gender capacities of nutrition staff to identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills.
STRATEGIC PLANNING	✓ Design nutritional support programmes according to food culture and nutritional needs of women, girls, boys and men. Address potential attendance barriers and harmful cultural food practices, beliefs and taboos that may lead to unequal food distribution and nutrition rates between women, girls, boys and men. *Example: Address the fact that food may be depleted for the most vulnerable family members as food may first be served to men, who receive the largest share of the family foods.* ✓ Reflect gender analysis in planning documents and situation reports. ✓ Establish prioritization criteria for nutrition requirements based on gender, age and disability, with priority for children under 2 and 5, the sick or malnourished, pregnant and lactating women and other vulnerable groups. ✓ Include women and girls and other at risk-groups such as LGBTIQ, elderly, persons with disabilities, female-headed households, to develop an inclusive, community-based and sustainable nutrition programmes
RESOURCE MOBILIZATION	✓ Apply the IASC Gender with Age Marker to nutrition programmes in the response. ✓ Include information and key messages on gender and nutrition for inclusion in the initial assessment reports to influence funding priorities. ✓ Report regularly on resource gaps on gender within the Nutrition Sector to donors and other humanitarian stakeholders.
IMPLEMENTATION AND MONITORING	✓ Ensure that women, girls, men and boys of all ages, gender identities, abilities, sexual orientations and other diversities participate equally and meaningfully in the nutrition programme implementation. ✓ Ensure gender balance in the Nutrition team. ✓ Train women, men, girls and boys on nutrition and gender-related nutrition issues, and train female and male community nutrition health workers equally on gender-responsive service

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[7] Ibid.
[8] World Food Programme, „Nutrition: WFP Myanmar ": https://www.wfp.org/sites/default/files/WFPMYA_Nutrition_Apr16.pdf (last accessed: 18 February 2019).

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delivery.

Example of gender and nutrition dimensions: *Separated and unaccompanied girls and boys and single men can face malnutrition risks if they lack cooking skills*

Example of gender-responsive service delivery: *Address women's and girls' lack of mobility, which can affect their ability to attend nutrition services, by implementing special transport arrangements or by locating nutrition services next to women- and girl-friendly spaces.*

✓ Monitor the safe and fair distribution of cash subsidies provided to mothers by the government through the Maternal and Child Cash Transfer (MCCT) Programme and establish feedback mechanisms for incidents of abuses and/or corruption

✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanism instances of exploitation and abuse occurring in the context of food assistance and nutrition interventions, including gender-based violence (GBV) reporting measures for nutrition staff and beneficiaries

✓ Create 'safe spaces and schedules' at distribution points for women and children-heads of households and where possible, consider locating nutrition facilities near to women-, adolescent- and child-friendly spaces and/or health facilities.

✓ Support and promote exclusive breastfeeding practices and consider the construction of secluded and safe spaces for breastfeeding.

Myanmar Example: *Promote the participation of male partners in antenatal care to improve feeding practices, including exclusive breastfeeding.*

✓ Promote women's leadership in nutrition committees.

✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms, including sexual exploitation and abuse (SEA) reporting measures.

Example: *Conduct gender-segregated focus group discussions based on age groups including women support groups and women's CSOs where appropriate, provide feedback and complaint boxes and hotline services.*

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GENDER OPERATIONAL PEER REVIEW AND EVALUATION

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✓ Review projects within the Nutrition Sector and response plans and assess the effectiveness of the programmes in reaching women, girls, boys and men.

✓ Share good practices around usage of gender-responsive measures and address gaps identified.

✓ Routinely measure project-specific indicators based on the checklist provided in the Inter-Agency Standing Committee Gender in Humanitarian Action Handbook and the Minimum Standards in Nutrition outlined in the Sphere Handbook.

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PROTECTION

Around 922,100 people in Myanmar are in need for protection services due to protracted displacement, segregation and human rights violations.[9] Gender-based violence (GBV), particularly against women and girls, is highly prevalent in those conflict-affected areas, including conflict-related sexual and gender-based violence such as rape and human trafficking. The cultural acceptance of GBV creates a climate of impunity and permissiveness, which is aggravated due to limited access to justice and services for GBV survivors in conflict-affected regions.

Other protection concerns include the lack of documentation, land mine infestation and forced recruitment by armed groups which particularly impact men and boys, as well as child protection issues such as early marriages specifically impacting girls. The UN together with (I)NGOs and CSOs are supporting the Myanmar government in providing and monitoring GBV, child protection, mine action and overall protection services and protection mainstreaming is promoted across all sectors/clusters at national and subnational levels and regular protection workshops are conducted for humanitarian staff. In addition, GBV prevention and response activities including awareness raising campaigns are being implemented, and Women's and Girls' Centers have been established in villages and IDP camps across Kachin, Northern Shan and Central Rakhine states.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure a gender balance in the Protection needs assessment team.
	✓ Ensure baselines captures sex-, age- and disability-disaggregated data (SADDD) analyzing the composition of the affected population through participatory assessments to capture the different protection needs, risks and capacities of the most vulnerable groups.
	Example: Assess the differing needs and roles of women, girls, men and boys in relation to GBV, forced labour (incl. child begging), sex work, forced marriage (incl. child marriage), etc.
	✓ Analyze gender-related cultural practices behaviors and social norms and environmental factors that may increase the risk of GBV and other forms of violence.
	✓ Carry out an analysis of the gender breakdown and gender capacities of the Protection staff and understand local preference for service providers.
STRATEGIC PLANNING	✓ Include women, girls, men and boys, including at-risk groups such as LGBTIQ, elderly, persons with disabilities, female-headed households to design an inclusive, community -focused protection programme ensuring their different needs are considered.
	Examples of gender-related protection needs: Men and boys' increased risk of mine accidents or the heightened risk of women, girls, boys and at-risk groups of GBV.
	✓ Reflect gender analysis in planning documents and situation reports.
	✓ Review humanitarian planning, policy and strategies to ensure their responsiveness to violence and human rights violations against women, men, boys, girls of different ages, abilities, diversities and sexual orientations.
	✓ Ensure women, girls, men and boys of all diversities with a special focus on the most vulnerable have support on the obtainment of documents such as identification cards/passports, birth and death certificates.
	✓ Establish referral mechanisms for psychosocial and legal counseling, health services and the justice system to facilitate access for GBV survivors and other human rights violations to legal and follow-up support.
RESOURCE MOBILIZATION	✓ Include information and key messages on gender and protection in the initial assessment reports to influence funding priorities.
	✓ Apply IASC Gender with Age Marker to all protection programmes and ensure their compliance.
	✓ Report regularly on resource gaps on gender within the Protection Sector to donors and other humanitarian stakeholders.
IMPLEMENTATION AND MONITORING	✓ Involve women and men of all ages, abilities, gender identities and sexual orientations equally and meaningfully in decision-making, implementation and monitoring of protection programmes.
	✓ Ensure gender balance in the protection staff.
	✓ Regularly monitor equal access to protection services through collecting SADDD, and address barriers to equal access promptly.
	Examples of gender-related barriers to equal access: Women's and girls' restricted mobility, lack of legal documents and their limited information about the availability of protection services.
	✓ Provide age-appropriate, survivor-centred and confidential psychosocial services for women, men, girls and boys GBV survivors and child rights violations.
	Example: Provide girl and boy survivors of GBV and other child violations with art and play psychosocial therapies.

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[9] Humanitarian Needs Overview 2020.

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✓ Train security and police personnel on child protection and GBV concepts as well as referral pathways.
✓ Strengthen community-based protection mechanisms, e.g. legal and psychosocial counseling, with a specific focus on women, girls, boys and at-risk groups, and promote gender balanced participation in these mechanisms.
✓ Increase outreach campaigns on the risks of unsafe migration and human trafficking including gender aspects
Example: human trafficking of women and girls for reasons of forced marriage, sex work and surrogacy).
✓ Raise awareness among women, girls, men and boys about the nature of formal and informal justice systems, where and how to report protection incidents and where to access assistance within the affected communities.
✓ Engage men, especially community leaders, and boys in community mobilization activities regarding gender-related protection issues *(Example: domestic violence, child and forced marriage, human trafficking, etc.)* and promote positive masculinities.
Example of promoting positive masculinities: Create safe spaces for men and boys, build their skills, provide them with psychosocial services and support them in identifying alternative models of manhood that can help them rebuild a positive image of themselves.
✓ Ensure gender balanced participation in the leadership of child protection committees and provide necessary childcare arrangements for mothers.
✓ Inform the affected communities about existing Protection against Sexual and Exploitation and Abuse (PSEA) codes of conducts and set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms including SEA reporting measures and integrate this into overall Protection Incident Monitoring.

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<td>**GENDER OPERATIONAL PEER REVIEW AND EVALUATION**</td>
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✓ Review methodologies and processes of projects from the onset of the planning to implementation to assess equal access to protection services by women, girls, men and boys from diverse groups.
✓ Share good practices around usage of gender-responsive measures and address gaps identified.
✓ Routinely measure project-specific indicators based on the checklist provided in the Inter-Agency Standing Committee Gender in Humanitarian Action Handbook, the Protection Principles outlined in the Sphere Handbook and the IASC GBV Protection Guidelines.

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SHELTER AND NON-FOOD ITEMS (NFI)

Over 232,000 people remain displaced camps or camp-like situations in Kachin, Northern Shan and Rakhine states.[10] The living conditions in shelters in internally displaced people's (IDP) camps continue to be difficult, especially for women, girls, boys and LGBTIQ and persons living with disabilities, including due to lack of privacy as well as protection concerns. In response to these difficulties, the Shelter and NFI Cluster has implemented a new targeted shelter design in Rakhine State and NFIs are distributed in a targeted manner to the most vulnerable and marginalized people twice a year. Yet, recurring violent outbreaks, often in close proximity to IDP camps, lack of humanitarian access, protracted displacement, exposure to harsh weather conditions and insufficient land in IDP camps constitute major obstacles in improving the living conditions of IDPs.[11] In addition, opportunities for female community members to influence decision-making regarding shelter design and NFI interventions are limited including due to women's lack of representation in camp management committees.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure baselines captures sex-age-disability disaggregated data (SADDD) analyzing the composition of the affected population and identifying the most vulnerable groups. *Example i: Ensure SADD analysis is applied to shelter design and safety, NFI allocations and distribution, and the level of participation and decision making in NFO and shelter interventions* *Example ii: Women and girls may need additional privacy during menstruation.* ✓ Identify the needs, capacities, aspirations and priorities of vulnerable and marginalized groups with special needs (LGBTIQ, elderly, persons with disabilities, etc) as well as the socio-cultural norms and practices around privacy, safety and communal life. ✓ Ensure a gender balance in assessment teams.
STRATEGIC PLANNING	✓ Reflect gender analysis in planning documents and situation reports. ✓ Include women and girls and other at risk-groups such as LGBTIQ, elderly, persons with disabilities, female-headed households into gender-segregated focus group discussions in programme design influence the location and composition of shelters and to guarantee equal, safe and inclusive access to shelter services and NFI interventions. *Example: Consider the specific needs of LGBTIQ that may fall outside usual shelter needs and that they may find difficult to express in large community meetings.* ✓ Ensure gender balance in the Shelter and NFI staff ✓ Consider temporary shelter grouping for female-headed households or single women to provide a neighbor support network, e.g. for shared childcare and household work, joint access to relief and information, etc. ✓ Enhance shelter safety, security and gender-responsiveness by considering providing sufficient lighting in public spaces, alert systems as well as adequate building materials, locks and gender-segregated partitions for privacy and safe breastfeeding as appropriate. ✓ Adjust the content of shelter NFI and household item packages to ensure incorporated gender-specific needs and vulnerability criteria. *Example: Consider alternative sources of energy and cooking, as the collection of firewood, which is often the responsibility of women and children, is time-consuming and may expose women, girls and boys to harassment.* ✓ Advocate with the Myanmar Government for the shelter and settlement solutions to meet the needs and capacities of all IDPs to ensure an adequate standard of living including through expansion of displacement sites.
RESOURCE MOBILIZATION	✓ Apply the IASC Gender with Age Marker to shelter and NFI programmes. ✓ Include information and key messages on gender and shelter and NFI for inclusion in the initial assessment reports to influence funding priorities. ✓ Regularly report on resource gaps on gender within the shelter and NFI sector to donors and other humanitarian stakeholders.
IMPLEMENTATION AND MONITORING	✓ Integrate women, girls, men and boys equitably in the implementation process of shelter and NFI interventions and promote women's leadership in shelter/NFI management committees. ✓ Provide access to childcare to increase women's and girls' participation in shelter and NFI assessments and programming. ✓ Through SADDD collection and community consultations, regularly monitor the needs, safety (including GBV risks) and satisfaction of women, girls, men, boys and at-risk groups with shelter design.

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[10] Humanitarian Needs Overview 2020.
[11] Ibid.+

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	Example: Women, girls and boys may feel unsafe if they have to share accommodation with men who do not belong to their core family. ✓ Provide additional targeted support to vulnerable and marginalized groups during shelter and NFI programme implementation. *Example: Include safe child-friendly and women-friendly spaces in shelter construction programmes.* ✓ Provide shelter construction skills trainings equally to women, girls, men and boys and provide adequate support in shelter construction to people with special needs. *Example: Set up community initiatives where other community members help persons with disabilities, female headed households and older people to build their shelters as needed.* ✓ Conduct awareness raising campaigns among the community on the significance of women's and girls' engagement in construction tasks. ✓ To prevent shelters from overcrowding, implement Sphere Standards for space and density of shelter construction. ✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms including SEA reporting measures. *Examples: Conduct gender-segregated focus group discussions based on age groups including women support groups and CSOs where appropriate, provide feedback and complaint boxes and hotline services.*
GENDER OPERATIONAL PEER REVIEW AND EVALUATION	✓ Review methodologies and processes to identify gaps and assess equal access to shelter and NFI interventions by women, girls, men and boys from diverse groups. ✓ Share good practices around usage of gender-responsive measures and address gaps. ✓ Routinely measure project-specific indicators based on the checklist provided in the *Inter-Agency Standing Committee Gender in Humanitarian Handbook* and the Minimum Standards in Shelter, Settlement and Non-food items in the Sphere Handbook.

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WASH, SANITATION AND HYGIENE (WASH)

869,154 people in conflict-affected areas in Myanmar are in need for accessing clean water, sanitation and hygiene, out of whom 50 are women.[12] The lack of space, resources and appropriate site planning in internally displaced people's (IDP) undermine the delivery of gender-responsive WASH facilities, which particularly puts women, girls, boys and LGBTIQ at protection and safety risks. To respond to these gaps and to meet the Sphere Standards, the WASH Cluster regularly consults with IDP women and girls on menstrual hygiene management and has installed child-friendly toilets and enhanced lighting around latrines as well as gender-segregated toilets in temporary learning spaces and family-shared facilities where sufficient space in IDP shelters is available. Yet, inadequate maintenance and potential vandalizing of latrines by shelter residents as well as a possible lack of receptiveness by the community towards menstrual hygiene management (MHM) due to socio-cultural norms that render menstruation as a taboo subject may compromise these efforts.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure baselines captures sex-age-disability disaggregated data (SADDD) analyzing the composition of the affected population and identifying the most vulnerable groups with potential access barriers to WASH facilities. ✓ Gather information from women, girls, boys and men about gender-related cultural practices related to hygiene, water and sanitation use *(example: women and men bathing separately or women as the main water collectors)* and their needs and roles in WASH decision-making, operation and maintenance *(example: do women and men have an equal voice in terms of WASH decisions?)* ✓ Analyze women's and girls' menstruation needs and the impact these needs have on women's and girls' access to other services. *Example: Girls' access to schools if gender-separated toilets or sanitary disposal systems are absent in schools.* ✓ Ensure a gender balance in assessment team. ✓ Conduct an analysis of gender breakdown and gender capacities of WASH staff. *Example: Identify training needs, level of confidence in promoting gender equality, level of knowledge and gender skills.*
STRATEGIC PLANNING	✓ Consult with women, girls, men, boys, LGBTIQ, elderly, persons with disabilities, female-headed households and other at-risk groups on the design and location of WASH services. ✓ Include women and girls and other at risk-groups such as LGBTIQ, elderly, persons with disabilities, female-headed households in community-based consultations to identify special measures to facilitate equal and dignified access to WASH facilities and ensure gender-responsive WASH facilities in women, child- and youth-temporary learning and other community spaces including provisions for MHM. *Example i: Consider toilet and bathing facilities attached to the shelters especially for persons with serious disabilities or chronic illnesses, GBV survivors, female headed households, LGTIQ persons and elderly.* *Example ii: Consider the construction of safe WASH spaces for GBV survivors.* *Example iii: Install household toilet and bathing facilities if space allows. If these are not possible, support facilities shared by a maximum of 2–3 families.* *Example iv: Segregate communal latrines and bathing facilities by gender and install clear signage for women and men. In addition, install mixed latrines accessible for trans persons.* ✓ Reflect gender analysis in planning documents and situation reports. ✓ Ensure a gender balance in the WASH staff. ✓ Install sufficient lighting for sanitation facilities, provide privacy and locks on the inside and locate them in safe sites, design them in culturally appropriate manners. *(example: gender-segregated communal latrines and bathing spaces in addition to mixed latrines accessible for trans-persons)* and ensure they are safely accessible for persons with disabilities. ✓ Advocate with the Government for the expansion of IDP camps, including the allowance for space to provide adequate, safe and gender-responsive services, e.g. safe bathing areas for women and girls. Train women and men equally in the operation and maintenance of WASH facilities. ✓ Consult with women and girls on appropriateness of menstrual hygiene materials and conduct culturally sensitive MHM awareness initiatives.
RESOURCE MOBILIZATION	✓ Target the response to the most vulnerable and marginalized when resources are a limiting factor. ✓ Apply IASC Gender with Age Marker to all programmes and ensure their compliance. ✓ Include information and key messages on gender and the WASH sector for inclusion in the initial

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[12] Humanitarian Needs Overview 2020

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	assessment reports to influence funding priorities. ✓ Report regularly on resource gaps on gender within the WASH sector to donors and other humanitarian stakeholders.
IMPLEMENTATION AND MONITORING	✓ Involve women and men equally and meaningfully in decision-making, implementation and monitoring of WASH programmes considering their practices, needs, roles and capabilities. ✓ Address discriminatory practices *(example: patriarchal norms that disallow women to participate in public life)* hindering women's participation in water management groups through gender-sensitization, behavior change and women's empowerment programmes. ✓ Include at-risk groups such as LGBTIQ, elderly and people with disabilities in leading WASH service provisions to implement safe and effective WASH programmes. ✓ Monitor equal access to services and facilities applying SADD analysis and addressing access barriers. Increase monitoring of WASH facilities and services in temporary learning centers. ✓ Distribute culturally appropriate MHM kits for women and girls of reproductive age regularly and provide private spaces to wash or dispose of sanitary pads when spaces allow. Explore options of cash-based programming for hygiene kits for women where feasible. ✓ Ensure that hand-pumps and water containers are women- and girl-friendly and designed in ways to minimize time spent on water collection. ✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms including SEA reporting measures. *Example: Conduct gender-segregated focus group discussions based on age groups including women support groups and women's CSOs where appropriate, provide feedback and complaint boxes and hotline services.*
GENDER OPERATIONAL PEER REVIEW AND EVALUATION	✓ Review methodologies and processes based on equal participation and access to WASH services from diverse groups from the onset of programme planning through to implementation Share good practices around usage of gender-responsive measures and address gaps. ✓ Routinely measure project-specific indicators based on the checklist provided in the Inter-Agency Standing Committee Gender in Humanitarian Action Handbook and the Minimum Standards in Water Supply, Sanitation and Hygiene Promotion outlined in the Sphere Handbook.

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CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

More than 273,000 displaced people –69 per cent of whom are women and children – remain in camps or camp-like situations in Kachin, Shan, Rakhine, Chin and Kayin states. This includes over 97,800 people in Kachin, 9,600 in Shan, 10,600 in Kayin and 1,000 in Chin. It also includes 126,000 stateless Rohingya who have been living in camps in central Rakhine since 2012, these camps also host some 2,000 displaced Kaman Muslims. As well as close to 32,000 people displaced due the escalation of conflict between the Myanmar Armed Forces and the Arakan Army in January 2019[13]. The conditions in the IDP camps, including lack of privacy, inadequate sanitary and toilet facilities, lack of access to healthcare and livelihood opportunities as well as protection concerns continue to be dire, especially for women and girls. CMC members have allegedly been involved in certain protection incidents such as extortion and gender-based violence (GBV).[14]

Women's representation and decision-making power in CCCM including in camp committees or as camp leaders is limited and inadequate to advocate for women's needs. This prevents women and girls from equally benefiting from humanitarian action and participating in and influencing humanitarian decisions.[15] To respond to these gaps, coordination mechanisms between the CCCM and Protection clusters have been strengthened, gender focal point persons have been identified for all IDP camps and GBV training has been provided to camp management staff. Although considerable efforts have been taken in establishing Women's Committees in internally displaced person's (IDP) camps, these committees require additional empowerment support as they continue to lack credibility and agency.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure an equal balance in the CCCM needs assessment team. ✓ Ensure baselines captures sex-age-disability disaggregated data (SADDD) analyzing the composition of the affected population and identifying the most vulnerable groups. ✓ Identify potential power dynamics that might deprive certain groups of equal access to camp services and infrastructures, involvement in design, decision-making and maintenance of CCCM interventions and address these in programme activities. *Myanmar Example: Possible lack of women's participation in camp committees because of their care duties, responsibilities and existing patriarchal norms.* ✓ Analyze the structure and functioning of camp governance and leadership as well as membership of camp committees, considering whether women are equally able to benefit from and influence these. ✓ Analyze the gender breakdown and gender capacities of CCCM staff.
STRATEGIC PLANNING	✓ Include women and girls and other at risk-groups such as LGBTIQ, elderly, persons with disabilities, female-headed households, to develop an inclusive, community-based and sustainable camp based programmes promoting , leadership and policy making and ensuring all camp residents have access to suitable, safe and secure living spaces and camp services. ✓ Reflect gender analysis in planning documents and situation reports. ✓ Consider protection mechanisms in the form of security services in the common camp areas when designing CCCM interventions. *Example: Plan the installation of sufficient lighting around WASH facilities and provide safe residential areas for female-headed families where needed.*
RESOURCE MOBILIZATION	✓ Apply IASC Gender with Age Marker to CCCM programme proposals in the response and ensure they are all compliant. ✓ Include information and key messages on gender and CCCM for inclusion in the initial assessment reports to influence funding priorities. ✓ Report regularly on resource gaps on gender within the CCCM Sector to donors and other humanitarian stakeholders.
IMPLEMENTATION AND MONITORING	✓ Engage women and men equally and meaningfully in decision-making, management and coordination related to CCCM interventions and camp closure processes. ✓ Routinely monitor if CCCM implementations are in line with gender equality, women's empowerment and non-discrimination principles and if they are tailored to the different needs of women, girls, men and boys through SADDD. ✓ Ensure that women receive equal training on camp management issues and increase efforts to ensure that women are equally represented in camp governance structures. *Example i: Promote training and mentoring of women to strengthen their leadership capacities*

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[13] Humanitarian Needs Overview, 2020
[14] Ibid.
[15] Humanitarian Response Plan 2018; ActionAid (2016). On the Frontline: Catalyzing Women's Leadership in Humanitarian Action.

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	and confidence. ***Example ii:*** *Raise awareness among men and boys about the importance of women's participation and leadership in CCCM.* ✓ Disseminate information on camp layout, services, meetings, security management and camp closure through appropriate means to reach all groups in the community. ***Example:*** *Disseminate information through accessible channels such as radio, house-to-house visits, etc. for persons with disabilities, low literacy and from linguistic minority groups.* ✓ Strengthen capacity-building efforts of state, township and local CCCM authorities with a specific focus on government camp focal points and CMCs. ✓ Train camp-based staff in gender equality and gender mainstreaming, protection principles, Protection against Sexual Exploitation and Abuse (PSEA), and referral systems including for GBV and child protection issues. ✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms including SEA reporting measures for health staff and beneficiaries. ***Example:*** *Conduct gender-segregated focus group discussions based on age groups including women support groups and women's CSOs where appropriate, provide feedback and complaint boxes and hotline services.*
OPERATIONAL PEER REVIEW AND EVALUATION	✓ Review projects within the CCCM Sector and CCCM response plans and assess if all women and girls, boys and men from affected populations were effectively reached and identify potential gaps. ✓ Share good practices around usage of gender-responsive approaches and address gaps identified. ✓ Routinely measure project-specific indicators based on the checklist provided in the Inter-Agency Standing Committee Gender in Humanitarian Action Handbook and the Global CCCM Cluster Team.

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CASH-BASED INTERVENTIONS

In Myanmar, access to markets, cash-for-work activities and financial services are particularly limited for women due to patriarchal norms that restrict women's economic autonomy, mobility, decision-making power and access to information and knowledge about finance. Restrictions on freedom of movement and security concerns in conflict-affected areas in Rakhine, Kachin and Northern Shan further impede women's access to financial inclusion and lack of money puts women and girls at risk of adopting negative coping strategies including increased risk of gender-based violence, early and forced marriage and trafficking. To respond to these gaps, gender- and vulnerability-sensitive cash feasibility studies and assessments have been conducted and pilot projects for electronic cash-based interventions (CBIs) have been implemented. In 2018, about 200,000 crisis-affected women and men in Myanmar have been assisted with cash payments valued at approximately USD 8 million and humanitarian CBIs will continue to support the self-reliance and build the resilience of people living in conflict-affected areas in 2019 through manual and digital cash transfers, cash-for-work and other delivery mechanisms. Potential challenges in reaching women through CBIs are a possible stigmatization of women's engagement in cash-for-work activities by the male community due to the existing socio-cultural gender norms and roles, lack of availability among women to participate in cash-for-work activities because of women's family care duties and household responsibilities, women's low financial and digital literacy levels and their low access to cell-phone and the ownership.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure a gender balance in the CBI needs assessment team. (If feasible) ✓ Ensure baselines captures sex-age-disability disaggregated data (SADDD) analyzing the composition of the affected population and identifying the most vulnerable groups. Identify groups with the greatest CBI needs. ✓ Based on community consultations, identify cultural norms and culturally acceptable and safe cash-for-work activities for women through gender-segregated focus groups discussions (FGDs), while exploring the feasibility and the communities' receptiveness of implementing gender-transformative income generating-activities (IGAs) (e.g. provision of skills building training for women in electronics, construction, mechanics, house -wiring). *Example: In Rakhine State, among Rohingya and Rakhine communities, culturally acceptable IGAs for women are mainly home-based and low-paid work such as snack-making, sewing and weaving.*[16] ✓ Carry out an analysis of the gender breakdown and gender capacities of CBI staff and understand local preference for service providers.
STRATEGIC PLANNING	✓ Include women and girls and other at risk-groups such as LGBTIQ, elderly, persons with disabilities, female-headed and child headed households, to develop an inclusive, community-based and sustainable design of CBI programmes. *Example: Establish alternative cash-transfer mechanisms such as mobile phone transfers for the most vulnerable and marginalized, including financial and digital literacy capacity building* ✓ Consider complementary community gender sensitization awareness with a focus on transformative social norms and roles changes in order to achieve longer-term outcomes of CBI ✓ Draw on lessons learned and good practices from the Myanmar government's Maternal and Child Cash Transfer (MCCT) Programme rolled out in Rakhine State. ✓ Increase women's knowledge on financial management (incl. digital finance and financial literacy), marketing, business development and entrepreneurship, and promote their access to markets, identification documents and technology that is required to receive digital cash transfers. ✓ Promote women's rights and equal opportunities to engage in more gender-transformative cash-based livelihoods by ensuring provision of childcare facilities and breastfeeding spaces; women's safety measures; gender sensitization of family members in multiple preferred languages, community and other economic actors; mentoring, leadership, life and livelihoods skills training for women. ✓ Promote need- based livelihood skills building. For example, training needs are understood and triangulated with market assessment. *Myanmar Example: Promote long-term women's engagement and inclusion in traditionally male-*

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[16] DRC (2017), Empowering Gender Solutions in Rakhine: Promoting Links Between Gender Based Violence Prevention and Response, Income Generating Activities and Sexual and Reproductive Health for Women in Mrauk-U and Kyauktaw.

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	dominated livelihood activities such as masonry, mechanics or electronics, ensuring that the sensitization with the male community has been conducted to avoid potential resistance from the male relatives and community ✓ Explore piloting more multi-purpose, gender-responsive cash programmes. ✓ Integrate CBIs in more comprehensive programme planning and include increased gender equality and women's empowerment as one of its objectives. ✓ In coordination with the GBV CWG/SS, Protection Sector and Protection against Sexual Exploitation and Abuse (PSEA) network, include GBV programming in CBIs to prevent and mitigate the risk of GBV and sexual exploitation and abuse (SEA) and provide access to targeted protection services. _**Example**: by providing psychosocial support services and confidential SEA feedback and complaint mechanisms)_
RESOURCE MOBILIZATION	✓ Apply IASC Gender with Age Marker programme proposals in the response and ensure they are all compliant. ✓ Include information and key messages on gender and cash programming in the initial assessment reports to influence funding priorities. ✓ Report regularly on resource gaps on gender within cash programming to donors and other humanitarian stakeholders.
IMPLEMENTATION AND MONITORING	✓ Ensure gender balance in CBI programme staff. ✓ Utilize SADDD for implementing programmes/projects, monitoring purposes and measuring outcomes ✓ Provide diversified cash-for-work options to ensure suitable and safe opportunities for women (incl. pregnant and lactating women), elderly and persons with disabilities and guarantee equal pay between women and men. ✓ Ensure routes to markets and workplaces are safe and accessible and provide safe transportation for the most vulnerable and marginalized as needed. ✓ Provide flexible schedules for women and men to participate in CBIs and offer childcare. Such childcare can be provided as a cash-for-work option for mothers bound to the domestic sphere, which increases the value of women's care work. ✓ Provide equal training in cash-for-work activities to women and men. ✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms including SEA reporting measures. _**Example:** Conduct gender-segregated focus group discussions based on age groups including women support groups and women's CSOs where appropriate, ensure privacy and cultural needs are well incorporated_
GENDER OPERATIONAL PEER REVIEW AND EVALUATION	✓ Review cash-based projects and response plans and assess the effectiveness of the programmes in reaching women, girls, boys, men and transgender communities. ✓ Share good practices around usage of gender-responsive measures and address gaps identified. ✓ Routinely measure project-specific indicators based on the checklist provided in the Inter-Agency Standing Committee Gender in Humanitarian Action Handbook and UNHCR's _Guide for Protection in Cash-based Interventions_ (2015).

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COMMUNICATING WITH COMMUNITIES AND ACCOUNTABILITY TO AFFECT POPULATIONS (CwC; AAP)

Communities affected by conflict and disasters face multiple barriers in accessing information due to possible language barrier, low literacy levels, low ownership of communication devices and prevailing socio-cultural gender norms and roles.

Programming that is based on the Accountability to Affected Populations (AAP) works towards ensuring that all women, girls, men and boys of all ages and diversity backgrounds have equitable and meaningful access to information relevant to their needs, easy access to two-way communication channels, feedback and complaint mechanism and means to participate in the decision making. Applying gender lens to communication with communities can be pivotal in promoting gender equality measures into the crisis response, recovery and resilience building, by transforming attitudes and pre-existing socio-cultural norms and roles that shape the differential impact of the crises on women and girls, men and boys. Therefore, continuous calibrated communication with communities shall be maintained, using languages, formats, channels and media that are contextually appropriate, gender-responsive and accessible for all groups in a community, including women, children and persons with disabilities, elderly people and LGBTIQ persons. In order to ensure a more inclusive repose in communication with affected populations, Communicating with Communities (CwC) Working Group was established in Rakhine State to regularly create, review and advise on communication channels and materials adjusted to the diverse needs and vulnerabilities of the affected populations.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure a gender balance in needs assessment teams. ✓ Assess the language/s spoken by the majority of women and ensure that enough members of your assessment teams speak that language. ✓ Consider participatory needs assessment approaches to better capture the voices of the affected population and involve both men and women in your team. ✓ Use the support of community members/affected populations to identify and reach the most marginalize with your assessment. ✓ Ensure baselines captures sex-age-disability disaggregated data (SADDD) analyzing the composition of the affected population and identifying the most vulnerable groups. ✓ Include questions on the level of awareness about Accountability for Affected Populations (does the affected population know where/how to access information and raise complaints?) ✓ Include questions about key PSEA principles and whether the affected populations know where and how to report a case.
STRATEGIC PLANNING	✓ Ensure that APP approaches include PSEA principles and accessible by all, including women and the most vulnerable groups, through the Humanitarian Programme Cycle (HPC) and planning process ✓ Establish a coordinated referral and reporting that respects confidentiality and is accessible to women and the most vulnerable groups ✓ Use the results of your gender analysis to inform planning, activities and reporting that addresses gender issues identified ✓ Involve all groups of the affected populations, including women and girls, the most vulnerable and marginalized in the design, monitoring and evaluation of programme goals, objectives and progress. ✓ Coordinate with the PSEA Network to raise community awareness and promote dialogue on their right to assistance, acceptable behavior of aid workers and where to report inappropriate behavior by aid workers. Ensure that your communication reassures community members that they will continue to receive the same services even if they report. Use 2-way communication, information, and feedback loops to and build trust with communities. ✓ Ensure clear, safe, accessible and inclusive communication with communities through gender-sensitive and people-centered participatory consultations that can reflect different needs and preferences of the most vulnerable and marginalized population groups. *Example: Conduct gender-segregated focus group discussions based on age groups including women support groups and women's CSOs where appropriate, provide feedback and complaint boxes and hotline services to lodge complaints without literacy or access difficulties.* ✓ Ensure accountability, participation, and meaningful engagement, building trust through open,

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	2-way communication, with LGBTQI[17] organizations and individuals, who represent the diversity of LGBTQI communities in the development of humanitarian policies and good practice guidelines.
RESOURCE MOBILIZATION	✓ Include gender analyses results in the initial assessment reports to influence funding priorities for the overall response. ✓ Routinely monitor, evaluate and report about the adherence to APP approaches and PSEA principles to donors and other stakeholders.
IMPLEMENTATION AND MONITORING	✓ Routinely monitor equal access to information, feedback and complaint mechanisms as well as their satisfaction with communication channels through collecting SADDD, and address barriers to equal access and inclusion across all phases of the HPC promptly. Remember that channels that are effective in reaching men may not be as effective in reaching women and different approaches may therefore need to be used. ✓ Consult with women, girls, men and boys in advance of every change in humanitarian assistance in a dignified manner to ensure affected communities play an active role in decision-making and inform them about any changes in a timely manner, while promoting gender equality (providing women with safe, trusted opportunities to contribute to decision-making). ✓ Ensure project activities are conducted in compliance with policies and measures on standards and principles suggested by the PSEA network, the PSEA code of conduct, the PSEA organizational checklist, the PSEA minimum package and the six principles of SEA. ✓ Train humanitarian staff on humanitarian guiding principles and ensure they adhere to principles of confidentiality, respect and survivor choice, non-discrimination and safety. ***Example of humanitarian guiding documents are***: the *IASC standards for gender equality and empowerment of women and girls, IASC GBV Guidelines (2015), the IASC Principle of the Centrality of Protection and Protection Mainstreaming Toolkit, the Minimum Standards for Child Protection in Humanitarian Action, IASC Guidelines on the Inclusion of Persons with Disability in Humanitarian Action,* and the *Pride in the Humanitarian System – Call for Action (2018),*
GENDER OPERATIONAL PEER REVIEW AND EVALUATION	✓ Share good practices around usage of gender-responsive approaches and address gaps identified. ✓ Review and measure AAP and PSEA related results at the agency and interagency level, including through principles such as the Core Humanitarian Standard and the Minimum Operating Standards on PSEA, the Best Guide to establish Inter-Agency Community-Based Complaint Mechanisms (CBCM) and its accompanying Standard Operating Procedures.

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[17] Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex

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LOGISTICS AND DISTRIBUTION

The findings of the Myanmar Gender Profile for Humanitarian Action and Across the Humanitarian-Peace-Development Nexus (2019) highlighted the need for specific targeted and needs-based distribution of relief including adequate gender, protection and safeguarding measures to ensure equitable and safe access to relief of vulnerable and marginalized groups. To improve the abilities of women, girls, men and boys in accessing humanitarian aid items and services, it is essential to consider potential differences in their needs and circumstances. For example, the limited freedom of movement of girls and women – especially single women – due to restrictive socio-cultural norms and/or security concerns can have a hindering effect on their access to receiving relief items. Therefore, gender should be mainstreamed across the logistics and distribution sector, considering the following action points.

NEEDS ASSESSMENT AND ANALYSIS	✓ Ensure baselines captures sex-age-disability disaggregated data (SADDD) analyzing the composition of the affected population and identifying the most vulnerable groups. ✓ Ensure a gender balance in Logistics and Distribution needs assessment teams. *Example: Women's and girls' access to relief items and services may be limited due to existing socio-cultural norms (e.g. the expectation that women and girls should not leave their home without their male guardians) and security concerns (e.g. women and girls may stay/be kept at home due to fear of potential harassment and abuse).* ✓ Identify potential power dynamics that might deprive certain groups of equal, safe dignified and meaningful access to humanitarian assistance. ✓ Carry out an analysis of the gender breakdown and gender capacities of Logistics and Distribution staff and understand local preference for service providers.
STRATEGIC PLANNING	✓ Include eligible women and girls and other at risk-groups such as LGBTIQ, elderly, persons with disabilities, female-headed households in the design of logistics and distribution services to ensure that the different needs and issues are reflected in the planning[18]. ✓ Reflect gender analysis in planning documents and situation reports. ✓ Ensure distributions are gender-responsive by considering alternative and innovative safety equipment and distribution tools in the planning phase. *Example: Consider segregated lines for men and women and a priority line for vulnerable people such as pregnant and breastfeeding mothers, older and sick people, persons with disabilities, etc.* when distributing relief items. ✓ Train all Logistics staff, including contractors, on safeguarding issues such as Protection against Sexual Exploitation and Abuse (PSEA), gender-based violence (GBV and Child Protection according to the Sphere Standards and ensure that they can be held accountable in case of violation of these principles. ✓ All logistics staff should keep the list of protection focal points up to date for immediate referral pathways in case of PSEA and GBV incidents.
RESOURCE MOBILIZATION	✓ Include information and key messages on gender issues in initial assessment reports of the logistics and distribution sector to influence funding priorities. ✓ Apply IASC Gender with Age Marker to all logistic and distribution programmes and ensure their compliance. ✓ Report regularly to donors and other humanitarian stakeholders on gender-related resource gaps in the design, planning, implementation and monitoring of logistics and distribution services.

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[18] Under- age women, girls and other risk groups can be included by strengthening their perspective into the design of logistics and distribution services. Their inclusion must always consider minimum standards and working conditions aspects related to it to ensure safety and dignity.

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IMPLEMENTATION AND MONITORING	✓ Utilize SADDD for implementing programmes/projects, monitoring purposes and measuring outcomes. *Example of addressing potential gaps: Ensure the time and location of relief distributions and the routes to distribution sites are most appropriate and safe for the diverse groups of the target population with a specific focus on women, girls, boys and the most vulnerable and marginalized.* ✓ Ensure gender balance in Logistics and Distribution staff and allocate women for duties and functions in situations where socio-cultural factors (e.g. the existing taboo and stigma around menstruation and GBV) may prevent men from addressing women's and girls' needs. *Example: Allocate the distribution of menstrual hygiene management items and dignity kits to female logisticians.* ✓ Provide targeted support and distributions for the most vulnerable and marginalized persons such as women, girls, boys, elderly, persons with disabilities, female-headed and child headed households. *Examples: Avoid the distribution of heavy items to young girls and boys, persons with disabilities and chronic illnesses, female headed households, elderly, etc. and provide them with extra labor force for transportation and construction of shelters.* ✓ Guarantee quick procurement of key security and medical items such as dignity and Post-Exposure Prophylaxis (PEP) kits. ✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms including SEA reporting measures. *Example: Conduct gender-segregated focus group discussions based on age groups including women support groups and women's CSOs where appropriate, provide feedback and complaint boxes and hotline services.*
GENDER OPERATIONAL PEER REVIEW AND EVALUATION	✓ Review methodologies and processes to assess equal access to health services by women, girls, men, boys, LGBTIQ community from diverse groups and ethnicities. ✓ Share good practices around usage of gender-responsive measures and address gaps identified. ✓ Routinely refer to the information provided in the *Inter-Agency Standing Committee Gender in Humanitarian Handbook* and the Minimum Standards in supply chain management and logistics in the Sphere Handbook.