



Sub-Regional
Office for the
Caribbean

DIGNITY KITS

**GUIDANCE
NOTE**



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INTRODUCTION AND BACKGROUND INFORMATION ON DIGNITY KITS

Gender Based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females (...). The term GBV is most commonly used to underscore how systemic inequality between males and females - which exists in every society in the world - acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls¹. Worldwide, women and girls face increasing disadvantages in terms of social power and influence, control of resources, their bodies, and their participation in public life. Humanitarian emergencies the risk of violence, exploitation and abuse is heightened, especially for women and girls, mainly because these gender inequalities and power dynamics are exacerbated, national systems, community and social support networks tend to weaken, and there is an elevated environment of impunity that contributes to a lack of accountability for perpetrators².

In the aftermath of a disaster or during a chronic humanitarian crisis, women and girls need basic items to interact comfortably and safely in public. They also need access to personal hygiene, particularly menstrual health items. Without access to culturally appropriate clothing and hygiene items, the mobility of women and girls is restricted. Without certain items, women and girls may be unable to seek basic services, including humanitarian aid, which may increase their vulnerability to gender-based violence (GBV). Their health and safety can also be compromised.

¹ IASC, GBV Guidelines, 2015

² IBID

The English and Dutch Speaking Caribbean is prone to natural disasters, including but not limited to hurricanes, volcanic eruptions, earthquakes, flooding, and landslides. Historically and with a significant increase in the latter years, human displacement, migration and refugee influxes are occurring more often, mainly due to political and economical instability in home countries (e.g. Haiti, Venezuela), but also related to the direct effects of climate change, which is dramatically affecting the region. These humanitarian emergencies massively increase existing vulnerabilities, and place individuals at higher risks of experiencing all forms of GBV. In addition, following a humanitarian emergency, lifesaving services might have been disrupted, preventing survivors of GBV from accessing key information and from being referred to specialized protection and support services.

Dignity Kits are thought to be a resource to support meeting the above-mentioned needs, where women and girls can receive essential supplies, such as menstrual health products (disposable/reusable sanitary pads, menstrual cups, menstrual discs), condoms, underwear, soap, shampoo, toothpaste, relevant clothing items, etc. They also contain items that can contribute to increasing safety and security, such as radios, whistles, flashlights, and buckets/bags. Additionally, lifesaving information about services available for them, where to access them and how, especially related to the response to GBV and access to sexual and reproductive health (SRH) services (see Annex 1). The provision of Dignity Kits contributes to survival in the immediate aftermath of an emergency and supports women and girls in using their limited resources to purchase other critical items. Additionally, they contribute to recovery efforts by engaging women and girls in economic empowerment activities. Dignity Kits are not a standard Hygiene Kit, and its programming and distribution should not be conducted in a standard manner, without following specific procedures outlined in this guidance note (i.e. page 8) below.

The Interagency Minimum Standards for GBV in Emergencies programming, Standard 11 speaks to Dignity Kits, Cash and Voucher Assistance³. There, you can find additional information and guidance around how to prepare for and distribute locally relevant items in Dignity Kits, according to globally agreed standards.

Why are Dignity Kits NOT standard hygiene kits?



Dignity Kits do contain hygiene and sanitary items like standard hygiene kits. But Dignity Kits contain items explicitly tailored to women and girls, including key information of available SRH and GBV response services for them, making them a key entry point for those who may be at risk of or experiencing GBV. Dignity Kits also include specific items that may contribute to women and girls increased safety and access to lifesaving information and emergency services.

³ <https://www.unfpa.org/minimum-standards>

HOW DIGNITY KITS HELP WOMEN AND GIRLS

Dignity Kits help enhance women and girl's safety, health and comfort in the following ways:

- Providing information about hygiene, reproductive health, GBV related issues, and services through the inclusion of health and protection information;
- Improving the mobility of women and girls by providing specific sanitary items and clothing items they may need to feel comfortable to go out in public and even access humanitarian assistance. Such items contribute to women and girls' resilience and survival during times of crisis⁴;
- Contributing to the psychosocial and physical wellbeing of women and girls, by including items such as sanitary pads which help women and girls maintain their personal hygiene and feel comfortable, in situations that are not normal for them;
- Providing these items for free also releases economical pressure, and contributes to women being able to buy other necessary items, such as food;
- Contributing to the protection of women and girls, by including items such as flashlights and whistles, so that women and girls do not have to walk in the dark and feel that they can call for assistance if needed.

⁴ In some contexts, mobility can also be enhanced by including items such as clothes or a covering, without which women cannot be seen in public as per their own social and cultural norms.

Dignity Kits should be used in the context of GBV programming in a number of ways, including:

As an entry point to begin working with women to identify the GBV risks in the community and to advance GBV prevention and response programs⁵;

- To raise awareness during distribution, encouraging communities to engage in discussions on important topics such as preventing and responding to GBV⁶;
- To share information on where women can access GBV services. In particular, distribution of dignity kits can be focused on reaching women at risk; GBV survivors, pregnant and lactating women, women head of household, women, and girls with disabilities, women, and girls living in remote areas;
- To provide additional support to GBV survivors, if the distribution is carried out in collaboration with GBV service providers;
- Assembly of dignity kits can be set up as an income-generating activity for women affected by the crisis. In addition to the important economic support, bringing affected women together for kit assembly also presents opportunities to organize awareness-raising sessions, educational chats, or group counseling sessions.



⁵ Some distribution points ensure the presence of a GBV case worker, who will be available to speak with women and girls who may wish to disclose an incident or be accompanied/referred to specialized services.

⁶ During distributions in Cox's Bazar, Bangladesh, GBV case workers organized informal conversations with women and girls who were waiting in line for their dignity kits. These discussions covered topics related to services available for them around the refugee camps where they were residing, emergency services and contact/access information, as well as key tips for using the contents of the kits. They also set up a special breastfeeding area and latrines for women to use in privacy. These setups provide a safe place for women and girls, and as such, it encourages them to reach out to professionals and seek help, which in many cases can be lifesaving.



UNFPA'S COORDINATION ROLE

It is essential that organizations coordinate effectively in order to avoid duplication of services, to ensure that the most vulnerable are prioritized, to set and uphold quality standards, and to mitigate negative impacts on the supply chain and markets. UNFPA, as the United Nations lead agency for the prevention of and response to GBV in Emergencies, has the mandate and expertise to support such coordination mechanism effectively and efficiently. For actors providing both hygiene and dignity kits, and who are covering areas where other actors are providing hygiene kits, coordination on contents of kits should be discussed so as to avoid duplication of materials and to ensure coverage of essential female sanitary items. The Water, Sanitation and Hygiene (WASH), Camp Management and Non-Food Items (NFI)/Shelter clusters should be provided with information about Dignity Kit distributions regularly and coordinate as needed.

The English and Dutch speaking Caribbean has one official GBV Coordination Group, specifically working under the Response for Venezuelans (R4V), covering Guyana, Trinidad and Tobago, Aruba and Curaçao, led by UNFPA. However, it does not currently have a standing GBV in Emergencies coordination mechanism for the whole region or countries not included in the R4V, these are usually activated following a specific disaster, mainly due to a generalized lack of resources permitting the region to ensure sustainability of these functions. As such, in a humanitarian emergency, UNFPA is prepared to not only facilitate the procurement of dignity kits, but to support the coordination and programming of SRH and GBV response service provision.

Once the Cluster System is activated⁷ to respond to a specific emergency, UNFPA will lead the activation of a GBV Sub Cluster, where a Dignity Kits Task Force or sub-group can be created. This specific coordination mechanism will support monitoring and will utilize information management protocols to compile Dignity Kit data, ensure best practices and share lessons learned across the region. The specific coordination group should share available needs assessment data with all partners, to avoid duplicative assessments. The coordination team is also responsible for using this data and feedback from partners to plan for and advocate for dignity kit resource mobilization as part of humanitarian funding processes, as well as liaising with other relevant sectors for coordination (such as WASH). UNFPA is able to provide guidance to partners planning to distribute Dignity Kits and facilitate context-specific training sessions to help staff and volunteers plan for and deliver the Dignity Kits to the affected communities. Additionally, UNFPA is also able to procure cost-efficient Dignity Kits, through UNFPA's procurement branch.



⁷ The procedure for activating one or more clusters includes consultation between the Resident/Humanitarian Coordinator and the Humanitarian Country Team, and then correspondence with the Emergency Relief Coordinator on the rationale for each cluster and the selection of cluster lead agencies based on coordination and response capacity. The proposal is transmitted to IASC Principals and Global Clusters for approval within 24 hours, and then the Resident/Humanitarian Coordinator is informed accordingly. More information can be found here: <https://www.humanitarianresponse.info/en/coordination/clusters/activation-and-deactivation-clusters>

KEY COMPONENTS OF DIGNITY KIT PROGRAMMING



EMERGENCY PREPAREDNESS

ORGANISATIONAL PREPAREDNESS ASSESSMENT

An organization considering procurement of dignity kits to support GBV programming should first assess its capacities to store the kits in an effective way, possibly coordinated with UNFPA (or the task force), distribute the kits in a safe and appropriate manner, and provide pre and post-monitoring feedback. The following aspects should be taken into consideration before procuring the kits or receiving the kits from a donor entity:

- Availability of basic GBV services in the organization's operational area to ensure linkages between kits and services. The organization is encouraged to coordinate with UNFPA prior to distributions, in order to ensure adherence to minimum standards.
- Availability of storage place
- Capacity to ensure transportation of the kits from the storage site the distribution site

- Capacity to ensure distribution respecting humanitarian principles (including the availability of previously trained female staff, who are clear on their role during distributions, their responsibilities, etc.
- Capacity to ensure pre and post distribution focus group discussions and provide feedback.

NEEDS ASSESSMENT

If the organization has the potential preparedness to integrate dignity kits into GBV programming approaches, it should determine if there are unmet needs that it may be able to fill with a specific dignity kit intervention. An indispensable step of determining the appropriate modality for dignity kit distribution is to assess the needs of women and adolescent girls affected by the crisis. Wherever possible, information from multi-sector needs assessments and other data sources (e.g. safety audits, WASH assessments, family counting, and registration data, etc.) should be compiled and used to evaluate needs and plan. Partners should also consult the Humanitarian Response Plan and the GBV Coordination mechanism available to find out if there are areas or volumes that are specifically needed to implement the planned response.

Oftentimes, Dignity Kits will also be handed over specifically to survivors of GBV as part of a safety plan, through GBV case management services, in medical service points or shelters for GBV survivors. Please consider:



- These distributions need to be coordinated with and directly handled by actors providing specialized services, and it is crucial to consider special safeguards – It is very important to remain as practical as possible. If we indicate special safeguards, we need to provide examples or suggestions to protect survivors who receive a kit, as they can end up becoming a target. This is best done on a case-by-case basis, where case workers can discuss the best alternatives to provide Dignity Kits directly with survivors.
- These kinds of distributions must be facilitated by trained staff, in private, and on a case-by-case basis – in no way a distribution to support GBV survivors should be public and conducted by non-specialized staff, as this will put survivors at higher risks.

Pre-distribution focus group discussions (FGD) should help assess the needs of women and girls in specific areas and help understand how to organize the distribution and select beneficiaries. This can also be a part of a GBV assessment in order to prepare for emergencies or even after an emergency, and it is important to either include Dignity Kit-related questions in general GBV assessments, or if the aim is particularly Dignity Kits, then include GBV-related questions as well. As part of the planning, it is strongly recommended to ensure the team has an informed consent protocol in place for FGDs (which can also apply to picture taking during distributions) – it is key to ensure this is in place and all recipients have given informed consent.

See informed consent form in Annex 2

In a pre-distribution FGD, the possible questions could be:

- Are there places where you do NOT feel safe? What do you think could be done about this?
- Is there a place where you prefer to gather during the day?
- What are the basic hygiene products that you need to stay clean and healthy?
- Do you have what you need for washing your body? If not, what would be useful?
- What kind of items would help you to move around more freely and to spend time outside your shelter? (e.g. probe existing kit items including preferred garments for covering/modesty, safety items like portable lights/whistles, or weather-appropriate footwear etc.)
- Do you need any specific clothing items to carry-on your daily tasks?
- What items do you miss from home that, if you had them, would provide comfort?
- What types of sanitary materials do you usually use during menstruation?
- If the answer to the question on types of sanitary materials is reusable cloth, also ask:
 - Do you have safe access to water to wash the cloth?
 - If you use disposable items, how and where do you dispose of them in the area?
 - What kind of packaging would you like items to be in? What is more useful? (bag, pack, bucket).

See Annex 3 for a Planning and Needs Tracker

DIGNITY KITS CONTENTS AND PACKAGING

Dignity kits typically contain standard hygiene items such as sanitary pads, underwear, toothbrush and toothpaste, a comb, deodorant, soap, shampoo, a whistle and/or a flashlight. If multiple partners are procuring and distributing kits, then the contents need to be harmonized to ensure consistency and equity in the distributions. The type of packaging can vary depending on the context, UNFPA has used buckets, backpacks and other types of bags. The type of packaging needs to be discussed with beneficiaries in advance (during the FGDs), so as to ensure it also has a functional purpose⁸.

Examples from the field



In Belize, UNFPA has used buckets during flooding or hurricane emergencies, because it has proven to be useful for securely storing items/food and keeping them dry, but it is also used to carry water and other items. While in Guyana, UNFPA has provided backpacks as packaging, because they were more useful for women and girls, refugees and migrants from Venezuela, who are on the move and preferred a backpack to travel and store their personal belongings.

There needs to be a commonly defined standard content for the kits, designed to last at least three months. This content may vary over time according to the needs and feedback of the affected population. The GBVWG will review the contents of the kits based on post-distribution monitoring conducted by organizations every 3 months (the estimated life of the standard kit in an emergency phase).

TRANSPORT AND STORAGE

When selecting a warehouse for storage and transportation of dignity kits, consider the following factors: security, capacity, ease of access, structural solidity, and absence of any direct threats. The storage of dignity kits is not generally problematic, as most items are non-perishable or have long shelf lives. In some areas, it might be challenging to keep stock, including dignity kits, for any period of time due to the security risks. When selecting storage for dignity kits, attention should be given to:



LOCATION

Ensure appropriate road access for the largest vehicles that may need to come to the warehouse. Avoid warehouses situated in low-lying land.



ACCESSIBILITY

If possible, locate the warehouse in a place where the kits can be easily received and distributed.



SECURITY

In many situations, security guards are employed to reduce looting or theft.



CAPACITY/SPACE

Warehouse facilities must have sufficient capacity for both storage and handling.

B

EMERGENCY RESPONSE

CONDUCTING DISTRIBUTIONS

At a minimum, three basic conditions should be met for any intervention including dignity kits to be undertaken by an organization. Where cash is not given in lieu of dignity kits, organisations should endeavor to provide distribution of these kits to women and girls two or three times a year.

- 1.** Dignity kits should be distributed only as part of an integrated, coordinated response.
- 2.** The dignity kits can be procured and distributed in a timely manner, as determined by the exigencies of the emergency.
- 3.** Dignity kit distributions must serve as an entry point for broader protection and health programming on Reproductive Health (RH), GBV and/or psychosocial support for women and girls. Dignity kit distribution should be understood as distinct from and not a replacement for NFI distributions.

Therefore, the distribution of dignity kits cannot be a standalone activity. It must be accompanied by discussions, information sharing, and awareness raising. The distribution of kit provides an opportunity to meet and speak to women and girls, share information, and better understand their concerns.

Distribution of dignity kits may be done alongside other relief items targeting shelters, food, NFI. For instance, information on critical issues can be shared before distribution such as where/how to access humanitarian services and information on reproductive health, legal rights, childcare, hygiene, and GBV. Distribution also presents an opportunity for awareness raising on hygiene issues, such as how and where to wash or dispose of menstrual items and explanations of each item in the kit.

It is very important to assess and understand potential risks that could be associated with the distribution of dignity kits, for women and girls. In some cases, the kits will only be provided to a limited number of people, or in this case only to women and girls. This could put them at risk of further violence, especially when the whole community is affected by an emergency. Usually, the way this is managed is by having information sessions with men and boys, ahead of the distributions, so as to explain to them that the contents of the kits are aimed particularly at women and girls and persons who identify as women, who menstruate, and that these items are for women and girls in their communities to be safe.

In both camp and non-camp settings, distribution of dignity kits runs a risk of increasing the vulnerability of women. Receiving a dignity kit can be very embarrassing for some women and girls, especially in conservative communities. And so some women may be hesitant about collecting dignity kits. When organizing distribution, consider potential safety and security risks, specifically GBV related risks, and seek to devise ways to address these.

SUGGESTED LOCATIONS FOR CONDUCTING DISTRIBUTIONS

Understanding the setting in which the distributions will take place is key to ensure safety for women and girls, and this is achieved mainly through conducting a thorough context analysis, active involvement of the affected community, ensuring coordination with local authorities and other humanitarian actors and most importantly, ensuring the safety of women and girls.

Distribution points can be overwhelming and are usually not set up to be friendly spaces for women and girls. Ensuring these spaces can be perceived as safe spaces by women and girls, is paramount in enabling them to access basic items, information, support and services that are available for them. Facilitating these distributions does not necessarily require building a new structure but encouraging creativity in adapting already existing structures to the needs of women and girls. This can be ensured by consulting them and asking them where they would feel more comfortable receiving these items.

General Distribution: This is arranged at a specific distribution point, inside an emergency shelter or a camp where individuals are residing. They are usually arranged at specific days and times, and women and girls are informed of when they can go to collect their kits. There will be queues expected, and usually require a larger number of staff to facilitate the distributions. These distributions target all women and girls who have been affected by the emergency.

Targeted Distributions: Targeted distributions are usually provided in spaces that offer specific services to the affected communities, such as health facilities, safe spaces for women and girls, registration facilities or safe shelters for GBV survivors. These distributions don't actively target a particular profile of women and girls to receive the kits but are also no "blanket distributions" aimed for all the affected women and girls. In these instances, Dignity Kits are provided to women and girls based on need, and on a case-by-case basis. These distributions are usually more discrete and require being facilitated by specialized staff who provide a specific service to particularly vulnerable individuals – for example, as part of a safety plan with a survivor of GBV, with the support from her social worker/case worker (in complete confidentiality), or to a woman who just gave birth (you can include specific items in kits aimed at women and girls who just gave birth).

Standards to ensure distributions are safe for women and girls



- Involve women and girls in consultations to select distribution points, times and dates.
- Provide information ahead of the distribution, specific to what, when, where and how, which will give women and girls information to plan to collect their kits.
- Organize distributions in places that are easy to reach, private, and secure. If necessary, plan for a number of distribution points so that women and girls don't have to travel far away from their current locations.
- You can also organize distributions directly in service facilities (such as safe spaces for women and girls, health facilities, emergency shelters), and collaborate with other actors who may be distributing or offering other services.
- Ensure there are special lines for pregnant women and girls, individuals living with disabilities and the elderly. Distributions for these persons can be done at a different time, and/or volunteers can bring the kits directly to them – it all depends on how they feel more comfortable.
- Involve female staff and hire female community members to conduct distributions.
- Appoint staff and volunteers to specific roles during the distribution (i.e. case workers, security focal point, team leader, outreach team, etc)
- Ensure all personnel involved in the distributions have been trained on GBV Guiding Principles, Prevention of Sexual Exploitation and Abuse (PSEA) and have signed a Code of Conduct, and they know how the GBV referral pathways and services available in the country.

STAFF AND VOLUNTEERS' ROLES AND RESPONSIBILITIES

UNFPA highly recommends for staff and volunteers involved in distributions of Dignity Kits, to undergo trainings on GBV basic concepts and guiding principles, safety and security in the field, and Prevention of Sexual Exploitation and Abuse (PSEA), before being involved in the distributions. In addition, all volunteers and staff should attend an orientation around Dignity Kits Distributions. Ensuring staff and volunteers have clear roles and responsibilities, is a major contributor to successful and safe distributions. The latter will ensure high quality of interventions and prevent further harm to the affected communities.

TEAM LEADER/SECURITY FOCAL POINT

Distributions must be monitored by a team leader at all times, to ensure a smooth management of such, but also to ensure the safety and security of staff and volunteers during the distributions. This person will be able to monitor the situation in case of an incident and will be equipped to evaluate the possibility of an evacuation should tensions rise – which is not uncommon in situations when the affected communities are experiencing high levels of distress. The team leader will lead briefing and debriefing sessions and will assign specific roles to the team. The team leader will also be in charge of completing the daily reports.

SOCIAL WORKER/CASE WORKER

At least one social worker/case worker should be present at all times during the distributions. This will allow for distributions to be safe spaces for women and girls, and ensure that GBV disclosures are responded to, following a survivor-centered approach and appropriate and safe referrals are conducted by specialized staff. Most women and girls are at high risk of experiencing GBV, especially those living in isolation, and so the fact that they are able to reach the distribution site, might give them a window of opportunity to ask for support.

SUPPORT STAFF AND VOLUNTEERS

Other staff and volunteers can be assigned different roles during the distribution, depending on how many persons are part of the team. These individuals can be assigned to collecting signatures of beneficiaries and others can be assigned to delivering the kits to the women and girls. Depending on the context, interpreters might need to be hired, and an option can also be to engage community members to support with distributions. Some can be assigned to conducting outreach, where they inform women and girls about the distribution and disseminate distribution cards. Others can be assigned to conducting information sessions inside the distribution area, where specific topics can be discussed and even lifesaving information can be shared.

Examples from the field

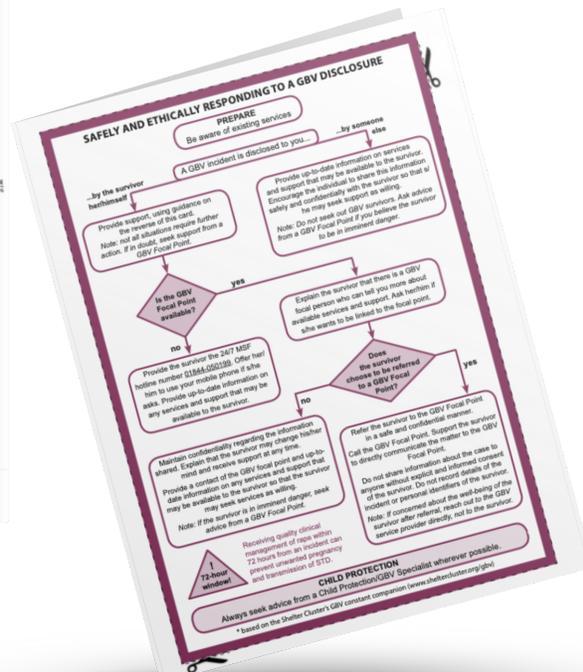
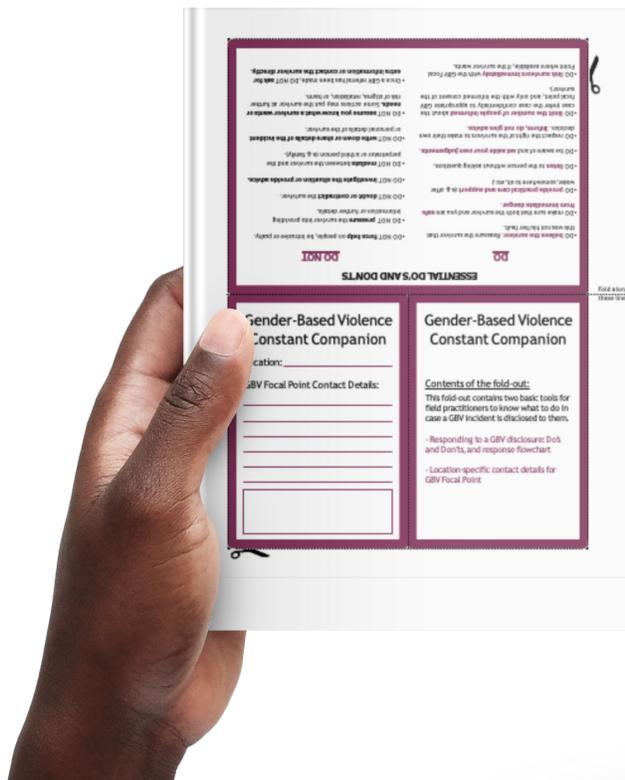


Distributions that are sensitive to language barriers and ensure women and girls can receive information in their own language, actually make for effective entry points and safe spaces for women and girls. Language barriers identified in some emergency responses in the region include but are not limited to: Spanish (for the Venezuelan emergency response in Guyana, Trinidad & Tobago, Aruba and Curaçao), French and Patois (for the Haitian influx into the Bahamas). Equally important is to ensure indigenous communities can receive items in their native languages.

TARGETED DISTRIBUTIONS

Given that targeted distributions are specifically linked to the provision of a service, it is not necessary to involve several staff for the distributions. It can be arranged on a case-by-case basis. However, it is important to ensure that at least a social worker/case worker will either be the one handing the dignity kits over to a specific person or be always present in the service point in case a referral is warranted.

See Annex 5 for Do's and Don'ts during Distributions





COVID-19 CONSIDERATIONS

In the context of COVID-19, there are opportunities for adaptation of the contents of Dignity Kits, as well as the different modalities of distribution, including information that is being shared along with the kits. Responses to the global pandemic typically include an urgent need for hygiene items, as well as updated information about accessibility to GBV and SRH services.

As such, a general recommendation is to include additional items such as antibacterial soaps and alcohol-based hand sanitizer, and in some cases (according to national regulations) disposable facemasks. In addition, and in order to provide women and girls with support in contacting emergency services you can also choose to include sim cards with credit, into the Dignity Kits⁹.

In addition, proper messaging and information to be included in the kits is extremely important. The latter refers to general information about the kits and the services being offered in the affected area, but it should also include relevant information about COVID-19 prevention measures, national regulations, and services available for women and girls – including general health information, sexual and reproductive health information, information about vaccinations in the area and of course, information on where they can access GBV response services either remotely or in person.

While GBV risk mitigation and response is key in the distribution of Dignity Kits, this activity should be carried out with additional safeguards in place, respecting national regulations for the prevention and control of infections of COVID-19. As such, specific operational considerations should be implemented, such as avoiding distributions targeting large groups of individuals, ensuring physical distance during distributions, as well as requiring staff and volunteers to take appropriate measures to protect themselves and beneficiaries with the use of Personal Protective Equipment (PPE). For more information and guidance to adapt distributions to the COVID-19 context, please refer to UNFPA's Guidelines for the Adaptation of Dignity Kits & Revision of distribution standards for risk mitigation during COVID-19 pandemic.

See Annex 6 for the Distribution Checklist

⁹ Guidelines for the Adaptation of dignity kits & revision of distribution standards for risk mitigation during COVID-19 pandemic, UNFPA, 2020

D MONITORING AND EVALUATION

Pre and post assessments, as well as monitoring and evaluation efforts put in place alongside the distribution of Dignity Kits, will inform future programmatic interventions and contribute to their improvement by analyzing and sharing lessons learned. Above all, this will contribute to ensuring your interventions are having a positive impact in the lives of affected women and girls and contributing to their safety and wellbeing, which ultimately is the purpose of these items.



E

POST DISTRIBUTIONS ASSESSMENTS

It is a good practice to conduct post distribution FGDs with women and girls 1-3 months after they received the dignity kits to assess or evaluate dignity kit effectiveness to the lives of vulnerable women and girls. It is recommended that approximately 2-5% of the women and girls receiving the kits should be involved in the post-distribution FGDs.

The standard questions to guide the post distribution FGDs are the following:

- Were the contents of dignity kits appropriate and culturally sensitive?
- Who in your community received dignity kits? Who did not receive them? Did women/girls living with disabilities receive them? Did elderly women receive them?
- Were dignity kits delivered on time to serve their purpose?
- Do you feel that the dignity kits helped meet women's hygiene needs?
- Do you feel that the kits helped women/girls take care of themselves better and manage their personal needs?
- Was the distribution of the kits organized in an effective way? If not, how would suggest to reorganize the distribution in the future?
- Do women and girls receive information on how to use the kits? Is there any additional information you would like to receive?
- Do women and girls receive information or other GBV/women empowerment services during the distribution?
- Were women able to access other services as a result of using items in the kits?
- Organizations distributing the kits should collect the results of the FGDs and share with the GBV coordination group for review within one month after distributing the kits.

Organizations distributing the kits should collect the results of the FGDs and share with the GBV coordination group for review within one month after distributing the kits.

See Annex 7 for the Distribution Report Form

See Annex 8 for the Report Template

F

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

Sexual Exploitation and Abuse (SEA) refers to all forms of inappropriate conduct of a sexual nature committed by humanitarian workers against recipients of assistance and other members of the local communities who have been affected by a particular emergency. The UN, including UNFPA, has a zero-tolerance policy for SEA. Any kind of sexual misconduct violates human rights and is a betrayal of the core values of the United Nations. Prohibited conduct includes, but is not limited to:

- Sexual activity with a child (under 18 years of age), regardless of the age of majority or consent locally. Mistaken belief in the age of a child is no defense.
- Exchange of money, employment, goods or services for sex or sexual favors.
- Sexual activity with sex workers, whether sex work is legal in the host country.
- Use of a child or adult to procure sex for others.

Sexual relationships between humanitarian personnel and beneficiaries of assistance are strongly discouraged, as they are based on inherently unequal power dynamics and undermine the credibility and integrity of the work we do. All workers that provide assistance to vulnerable individuals, have a strong duty to promote human rights, while ensuring that survivors are treated with dignity and respect. All humanitarian actors, individuals and organizations, must adhere to the zero-tolerance policy and abide by the following principles:

- 1.** Ensuring all staff have signed a Code of Conduct that includes a strong component around the PSEA, adhering to the zero-tolerance policy
- 2.** Ensuring all staff working at the shelter complete mandatory training on PSEA
- 3.** Ensuring all staff understands and knows how to report SEA cases to a confidential mechanism provided by the organization
- 4.** Ensure IEC materials containing SEA information and reporting mechanisms are provided to the affected communities, so they are aware of the obligations of the staff working for them

See Annex 9 for a Code of Conduct Template

Establishing an effective, confidential reporting mechanism can help improve the programme's design and implementation as well as reducing the risk of harm and SEA to survivors and children that accompany them. It is therefore recommended that organizations distributing Dignity Kits establish **anonymous reporting mechanisms and feedback** both for staff and for survivors. Confidential Reporting Mechanisms and Feedback should be inclusive and accessible to all regardless of any disabilities, language, level of literacy, job role, sexual orientation, and gender. Staff and survivors should be consulted to ensure that the reporting mechanisms and feedback are appropriate. All staff and residents should be aware of when to report, how to report and of the consequences of not reporting. Examples of reporting mechanisms and feedback include, but are not only limited to, telephone hotlines, feedback boxes, surveys and exit interviews. Please liaise with your UNFPA focal point for further guidance around PSEA, reporting mechanisms and support in establishing reporting and feedback mechanisms.



ANNEXES



ANNEX I: Dignity Kits Standard Contents

Not all items listed in this table are standard items that must be included in all dignity kits. These are recommended items to include in the kits, based also on specific requests that have been made by women and girls in different settings. As such, please note that items marked with * are the items that should be prioritized when on a limited budget.

Items	Quantity per individual Dignity kit
Menstrual Health* (depending on the most appropriate item in each context, as informed by women and girls)	
Disposable/reusable sanitary pads	6 packs to cover for at least 3 menstrual cycle
Tampons	4 packs to cover for at least 3 menstrual cycles
Menstrual Cup	1 cup, lasts for several years
Menstrual Panties	1 pack including at least 3 pairs of panties, lasts for several years
Sexual and Reproductive Health Items	
Condoms	To be defined by each organization depending on the stock available.
Essential clothing items	
Panties*	1 pack of 3 individual panties
Bras	1 bra
Sandals	1 pair
Any other relevant clothing item as informed by women and girls	
Personal Hygiene	
Soap*	2 bars
Shampoo	1 bottle
Hairbrush	1 piece
Toothpaste	2 tubes
Toothbrush	1 piece

Items	Quantity per individual Dignity kit
Safety Items (As informed by women and girls to be most relevant, no need to include all of the items, they can pick the most useful for them)*	
Whistles	1 piece
Flashlights/solar panels	1 piece
Radios	1 piece
Sim Card	1 piece
IEC Materials and GBV Constant Companion*	1 printer version for each
COVID-19 Personal Protective Equipment (PPE)	
Facemasks (disposable or reusable) *check quantities as per WHO or government suggestions	50 masks?

ANNEX II: Informed Consent Form

An informed consent form should always show the purpose, nature, method and process of collecting information, the role and rights of the individual giving the information and potential risks and benefits of providing the information. Please make sure you tell them which information will be shared, in which portals and for what purpose. The form should include the full name and signature of the individual and/or parent/caregivers (or fingerprint if they cannot read/write). Individuals with intellectual impairments can be more likely to give permission without having fully understood the information provided to them - give them information in age-appropriate and plain language or speak with a responsible family member if necessary so they have full knowledge to make an informed decision.

Please be aware of the inherent power differences between you and beneficiaries and understand that they might feel obliged to give permission for you to take their pictures or to participate in FGDs, as they might feel they need to help you and/or collaborate with whatever you are asking them. Please take the time to sit with them and explain that they are in no obligation to you, they can refuse to give their consent and it will not have any effect on the services we are providing them. Please remind them that humanitarian assistance is free of cost.

Please make sure you tell them once their picture is published, you have no control over how it is going to be used and who will have access to it.

- Always consider if a publication is in the best interests of the individuals shown in the materials, their community, family members, etc.
- If you are taking pictures of children under 18 years old, always ensure children, parents/guardians have been informed and signed a consent form before taking any picture. Ensure children are also comfortable with this request and ask for their permission too.
- Always ensure stories and images are accurate and sensitive.
- Avoid labeling, exaggerating situations and depicting individuals as powerless, vulnerable, etc. Showing individuals as resilient, coping, learning and adapting to new situations is an effective communications strategy that maintains individual dignity.
- Never use images of individuals that could be viewed as sexual by others (ensure individuals are properly dressed)
- A photo of a group or individual taken at one event/location should not be used as a "stock photo" to illustrate articles on sensitive topics, e.g. a group of girls talking that is later used to illustrate a story on teen pregnancy.
- Avoid exposing individuals to further harm, avoid maintaining stereotypes.
- Do not use the name of the individual unless specifically agreed. Never publish names, location, age in one publication - this protects their identity and prevents people from finding them (without knowing it, you could be exposing a victim of trafficking, or a survivor who has escaped from her abuser, for example).
- Do not interview nor take any image of survivors of GBV (including, but not limited to, child brides, survivors of sexual violence and domestic abuse, victims of trafficking and sexual exploitation, etc).
- Do not pay children, parents or caregivers for information (be it with money or in kind payments)
- Give individuals (including children) the opportunity to participate in initiatives you are taking forward, but let them decide if they would like to participate and how. A good way to do this is through service providers who can relay information to beneficiaries who can then have time to reflect on whether they want to volunteer in your specific project. .

- Do not make any promises to individuals. I.e. it is not possible for you to control how the image will be used after it is first published, you will also not be able to take it down from the internet. Make sure individuals know this.

Informed Consent Form (Focus Group Discussions)

Hello, my name is _____ and I am working with UNFPA and (insert name of your organization) as _____. I am here today with my colleagues _____ because we want to (either explain you are planning the distribution or explain you are following up on a distribution of Dignity Kits).

We would like to ask you some questions about the issues affecting women and girls in your community so that we can better understand your needs and concerns about these groups.

We are not asking for your specific stories; please do not use any names. We are asking about things that you have heard of or know to be happening. The questions we are going to be asking you today are about the way women and girls live every day, their needs and challenges, as well as how we can address these issues and improve the lives of women and girls. If you feel uncomfortable at any time you can leave. **Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not wish to respond to. You may leave at any time.**

We have nothing to offer other than listening; there will be no other direct benefits related to this time we spend together today.

We do not want your names and will not be writing your names down. We also will not present any other potentially identifying information in anything that we produce based on this conversation. We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those from all the people who speak to us.

We ask that you keep everything confidential, too. Please do not tell others what was said today.

_____ is taking notes/recording our conversation to make sure that we do not miss what you have to say. Is that ok with you?

We really want to hear what you have to say, and I want you to answer my questions however you want. Please feel free to be honest. Having different answers is ok. There is no right or wrong answer to any question and this will not prevent you from receiving a Dignity kit or any other service in the future. Our goal is to understand the problems so that we can improve our services and best meet your needs.

I expect our discussion to last for a maximum time of one hour.

Do you have any questions before we begin?

Signature or thumb print of participant/parent or caregiver: _____

Signature of witness testifying to verbal consent: _____
(To be included only if participant is not able to provide signature or thumb print)

Date: _____

Informed Consent Form (Pictures, Videos, Social Media Stories, etc)

Hello, my name is _____ and I am working with UNFPA and (insert name of your organization) as _____. I am here today with my colleagues _____ because we want to _____ (explain what it is you are doing today documenting x activity, taking pictures to put on reports for donors or else, working on a specific story for Facebook/website, etc. Be as specific as possible.)

I am going to take pictures/videos/testimonies/voice records etc, of individuals who are _____ (describe why you are approaching them: participants of x activity, age groups, receiving dignity kits). These images will be used by UNFPA in order to _____ (explain the purpose: advocacy for x reason, information on our programmes, raising awareness on x cause, etc). These will be taken from behind and from the sides to minimize a situation where others may identify you individually, [or], this picture will have your face in it and people will be able to recognize you.

These images will be posted in the following portals _____, but please keep in mind that we are unable to delete or control how these will be used after we post them online.

Potential benefits of sharing your picture may include awareness raising around the world about _____ (explain the specific topic), and could help UNFPA in raising funds for our activities in the country. We also use these pictures to inform on our activities to our donors who are funding us here, we attach them on reports and documents we develop on specific areas of work, among others. We usually upload these pictures on our Facebook, Twitter and Instagram accounts. And we would be happy to print and share them with you to take home.

We would like you to be aware of the risks associated with sharing your or your children's pictures. Please be aware that we are not able to erase the picture after it has been uploaded into the internet, nor control how it will be used by other parties. If you or any of your family members feel uncomfortable with sharing your photo, or feel that being identified in a photo puts you at any risk, we will not take the photo. Please feel free to take your time to think about this, talk about it with your family or even with your case workers or staff that you trust who can support in this decision.

Participation in this _____ (name of the specific activity you need images for) is completely voluntary and you do not have to answer any questions that you do not want to answer. You may leave at any time and let us know that you would like us to immediately erase your pictures, because after we leave this location we will probably start to get ready to upload it to the internet. We also want to be clear that our intention is to listen and learn; there will be no direct benefits related to the time we spend together today.

If you agree to participate and you want us to take your picture for this exercise, we would like you to sign this informed consent form, for our records.

Yes, I agree to participate

UNFPA and I have discussed and I understand the potential risks and benefits involved with the public dissemination of my photograph, video, personal information, or story. I understand that I am free to stop the interview/discussion and having my picture/video taken at any time. I am aware of the services available if I feel I need to talk to someone or seek another type of support as a result of this session.

For children under 18 years old, please read this information to them directly and ask for their assent. After this, please ask their parents/caregivers to read this through with you and give you their consent.

Signature or thumb print of participant/parent or caregiver: _____

Signature of witness testifying to verbal consent: _____
(To be included only if participant is not able to provide signature or thumb print)

Date: _____

ANNEX IV: Preparedness and Planning Checklist

This checklist outlines the minimum requirements that should be in place in the preparedness stage and when you are planning to conduct distributions of Dignity Kits. Please do not proceed with the distribution until you can check “yes” to all requirements or have at least an alternative plan that you have discussed with and agreed upon with the GBV Coordination Mechanism in place.

1	Organizational Preparedness	Yes	No	I don't know	Comments
1.1	Will the Dignity Kits distribution support a specific GBV programming intervention Please explain.				
1.2	Does your organization have procurement capacity to comply with the guidelines for kit contents? (If the answer is no, there is a possibility that UNFPA may be able to help or that your organization can partner with another one to ensure all contents adhere to the guidelines)				
1.3	Does your organization have adequate storage space for the kits (or an official agreement with a storage facility), and for how long?				
1.4	Does your organization have transportation and distribution systems for the kits? (This includes transporting the kits to the storage facilities, and from the storage facilities to the distributions sites)				
1.5	After the distribution of these kits, how many kits do you have in your contingency stocks and where are they stored?				

2	Needs Assessment	Yes	No	I don't know	Comments
2.1	Is there a GBV Coordination mechanism activated in your country?				
2.2	And if so, have you discussed organizing Dignity Kits distributions in collaboration and with technical support from the chairs of this group?				
2.3	What Needs Assessment tool will be used to plan the distribution? Please note that partners are encouraged to use pre-existing needs assessments and should only do an assessment if one does not already exist.				
2.4	Have you conducted, or planned for conducting pre-distribution assessments and consultations with the affected communities to inform the contents of the kits and how/where distributions should be conducted?				
2.5	Are staff, who will be conducting these consultations, trained to safely respond to GBV incidents and refer survivors to services?				
2.6	Have you obtained informed consent from women who will be a part of these consultations?				
2.7	Do you have access to the updated GBV Referral Pathway?				
2.8	Do you have a set criterion that will be used for selecting beneficiaries of the kits? Please explain.				
2.9	Do you have a date set for when you will conduct the distribution post-assessment? (Please provide copy of assessment to the GBVWG within 1 month of its completion).				
2.10	Do you plan to conduct a GBV safety audit during the distribution?				

3	Dignity Kits contents and packaging	Yes	No	I don't know	Comments
3.1	Informed by the consultations with affected women and girls, has your organization developed a standard content of the kits, that is designed to last for 3 months?				
3.2	Can all items be procured locally?				

ANNEX V: Do's & Don'ts During Distributions

DO	DON'T
Always ensure the distribution area is a safe space for women and girls	Do not allow men to enter or hang around the distribution area, they may make women and girls uncomfortable
Do make sure the distribution area has access to toilets and drinking water	NEVER shout or push women and girls who are queuing, as part of crowd management
Do make space for a "waiting area" where women and girls can be briefed around the kits they are receiving, and where they can ask questions	NEVER actively target survivors of GBV for the distribution of dignity kits – this will need to be conducted in a safe space as part of GBV case management services and in complete confidentiality
Do set up a private space that can be designated to breastfeeding and/or individual support for women and girls who may need to be referred to services	Don't send away women and girls who don't have distribution cards, take the time to explain the process and understand if they have specific concerns
Always make sure you know all areas where Dignity Kits have been distributed, to avoid duplication	Don't distribute Dignity Kits to men or boys
Do distribute cards/tokens in the area where the distribution will take place, with information about where the distribution will take place, the time, etc.	Don't take pictures of individuals collecting the kits, this is invasive to their privacy. You can take pictures from afar, from the staff or without showing faces of affected persons, only if informed consent has been provided.
Do keep extra distribution cards/tokens with you in case there are women and girls who did not receive a kit in previous days	
Do allow women and girls who don't have a card/token to ask questions or enter the distribution space – they might need a safe space or could benefit from information.	

DO	DON'T
Do assign specific roles to the staff and volunteers who are supporting the distribution	
Do start the day with a briefing session for staff/volunteers and end the day with a debriefing	
Do make sure all staff and volunteers have received training on GBV and PSEA, have signed a Code of Conduct, and understand the GBV referral pathways	

ANNEX VI: Distribution Checklist

Use this checklist before conducting your daily distribution. It is a good opportunity to gather your team and remind everyone of what needs to be in place on this day, go over the checklist together with staff and volunteers and note anything that may not be in place.

	Yes	No	I don't know	Comments
Needs assessment conducted in area, and in coordination with GBV Coordination Groups or UNFPA				
Coordination with national authorities or site managers and permissions for distributions have been obtained in advance				
Targeted community sensitization has been done in advance, to explain why only women and girls receive these kits				
Distribution location is safe and can be easily reached by women and girls				
There is a clearly demarcated priority line, toilet facilities, water point and waiting area				
Distribution plan includes outreach to those with disabilities, caregivers, female-headed households, or other vulnerable women and girls who may not come onsite				
Privacy at site is maintained so that information session and distribution are not observed by onlookers				
At least one case worker is present at all times during distribution				
Female staff handle the distribution and facilitation of the information session, to ensure women and girls are comfortable in asking questions				
Male volunteers do not enter distribution area and support in crowd management and outreach, by sharing information to those males who ask what is being distributed, for example.				

	Yes	No	I don't know	Comments
Female facilitators understand and can clearly explain contents of the dignity kits and the services available for women and girls				
Distribution of kits is linked with awareness raising on services available for women and girls. Accurate information is given on how and where to obtain any services discussed during awareness raising.				
Kit contents are shown and use of items is demonstrated. Do not assume people know how to use sanitary items				
Distribution teams understand how to respond if a woman or girl requests a referral to health, protection, or other services during a distribution.				
Photos and quotes are gathered during distribution when safe to do so, and staff ensures informed consent is received from beneficiaries in advance				
Staff maintain record of distribution using UNFPA's standard Distribution List.				
Distribution impact and effectiveness is monitored through post-distribution interviews, surveys, or focus groups and results are provided to UNFPA.				
Briefing and debriefing sessions conducted before and after each distribution				

ANNEX VII: Distribution Report Form

<p>Date or time period of the distribution</p> <ul style="list-style-type: none"> • Enter date and time of distribution • Enter name of the Focal Point Responsible for the Distribution 	
<p>Distribution Site</p> <ul style="list-style-type: none"> • Enter name of site or service point targeted (including the geographic location) • Enter # of women and girls targeted • Enter information of relevant authorities and agencies contacted for this distribution and state the reason why you contacted them and what information was shared. Enter description of the distribution point, and explicitly state who has access to the distribution site. 	
<p>Number of DK distributed</p> <ul style="list-style-type: none"> • Enter # of Dignity Kits distributed; disaggregated by age, residential status, disability • Enter # of women and girls targeted 	
<p>DK delivered directly to households</p> <ul style="list-style-type: none"> • State #, general overview of reasons why they were delivered at home, who delivered them, and any challenges faced. 	
<p>Comments on the DK regarding quality, type of items provided by women and girls during distributions</p> <ul style="list-style-type: none"> • Please include general observations from women and girls, complaints and suggestions. 	
<p>Please give an overview of how the outreach and distribution was conducted</p> <ul style="list-style-type: none"> • Enter a description of how outreach was conducted, team compositions, materials brought to women and girls, who gave you the information of where to find women and girls, how much time it took, etc. • Enter information of how distribution was conducted, in general the challenges, lessons learned, etc. 	
<p>Describe briefing and debriefing sessions with staff and volunteers, and their comments</p>	
<p>Name and position of staff present during distributions and number of volunteers (female and male)</p>	
<p>Any other comments</p>	

ANNEX VIII: Dignity Kits Post-Distribution Monitoring/Lessons Learned Report Template

ABSTRACT

- Introduction
- Context
- Overarching research question/objective
 - Sub-research questions/objectives
 - e.g. Are the DKs fulfilling their purpose (as described in the DK guidance note)? (i.e. providing information, improving mobility, contributing to psychosocial and physical well-being, allowing budget substitution, contributing to protection)
 - e.g. How effective are the items in the DK in improving the mobility, health and safety of women and girls? (Evaluate DK effectiveness)
 - e.g. How are the DKs affecting the lives of women and girls? How are the items useful/used?
- Purpose of post-distribution monitoring
- Outline of report sections

METHODOLOGY

The methods section provides the information by which a study's validity is judged. Therefore, it requires a clear and precise description of how an experiment was done, and the rationale for why specific experimental procedures were chosen. The methods section should describe what was done to answer the research question(s)/objective(s), describe how it was done, justify the experimental design, and explain how the results were analyzed. It should include the following:

- Selection of site
- Target population
- Population sample (size and socio-demographic background)
- Data collection tool: FGDs
- Informed consent process & how to protect confidentiality
- Data recording (field notes, audio recording, transcripts)
- Analysis

RESULTS

- Narrative storytelling approach (collectively shared experiences) – very flexible approach
- This section can recall women's stories and anecdotes related to their use of DK items and their DK distribution experiences

RECOMMENDATIONS

- Selection of DK items
- DK distribution process
- Areas of opportunity for collaboration between GBV partners and across sectors (?)

ANNEX

- DK post-distribution questionnaire
- Sample consent form

ANNEX IX: Sample of a Code of Conduct

All United Nations Population Fund (UNFPA) personnel must uphold the highest standards of professional and personal conduct. At all times, UNFPA staff and affiliated personnel must treat the local population with respect and dignity. Our mandate includes the protection of civilians, including the most vulnerable populations of women and children.

Sexual exploitation and abuse (SEA) are acts of unacceptable behavior and prohibited conduct for UNFPA staff and affiliated personnel. SEA damages the integrity and image of UNFPA in our programme countries and erodes confidence and trust in our organization.

I will strictly comply with all the provisions of ST/SGB/2003/13.

I acknowledge that it is strictly prohibited for all UNFPA staff and affiliated personnel to engage in:

- Any act of SEA, or other form of sexually humiliating, degrading or exploitative behavior.
- Sexual activity with children (persons under the age of 18) regardless of the age of majority or age of consent locally or in my home country. Mistaken belief as to the age of the child is no excuse.
- Sexual activity with anyone including sexual favors or other forms of humiliating, degrading or exploitative behavior, in exchange for money, food, employment, goods (including programme supplies) or services. This includes any exchange of assistance that is due to beneficiaries of assistance.
- The above bullet also applies to any sexual activity with sex workers, whether sex work is legal in my country or the host country.
- Sexual activity that is forced upon another individual.
- Use of a child or adult to procure sexual activities for others.

All UNFPA staff and affiliated personnel must contribute to an environment that prevents SEA. UNFPA staff and affiliated personnel are obligated to report allegations of SEA through the established reporting mechanisms.

Any SEA will be considered as serious misconduct. Allegations of SEA will be investigated and may lead to disciplinary measures, including termination, and referral for prosecution.

****MARK YOURSELF COMPLETE ACKNOWLEDGING ACCEPTANCE****



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