# **Handout 1**

## Module 3

#### Scenario 1

Daisy is overseeing an NFI distribution to displaced people. She has noted that groups of well-informed, organized local people are relieving beneficiaries of their goods on the way home from the distribution site, particularly targeting older persons and children who attend distributions alone and find it difficult to carry items. It has also been reported that several women have been sexually harassed. People are not happy as they are provided different quantities of food without any discussion with the community.

#### Scenario 2

In a WASH program, an NGO ABC constructed toilet in one corner of the IDP shelter, so that people are away from foul smell. The facility has well-constructed 5 stares to walk into it. The toilets are with proper doors but no separate toilets for women and men. ABC established a committee and provided the community with cleaning materials to keep the facilities hygienic without providing instructions on how to use the cleaning material.

Later it is realized that the toilets are not used by women, and also scarcely used by men as fully closed doors don't provide safety from snakes and required a space for them to evacuate if needed. Older people are also not using as they cannot climb stares. Cleaning material is not used because people don't know how to use it, and toilets remain dirty and unusable.

### Scenario 3

An NGO wants to initiate a cash for work programme. The program is proposing to provide work for one person per family. There is an age limit and men within ages 18-40 are allowed to work. Persons with disabilities are not considered under this programme. The programme is based on a needs assessment conducted, but no consultation with stakeholders and community conducting while designing the programme. Situation:

- O Single women, or women headed households are left out
- 11% OP are living alone and are not considered
- People in an irregular condition are also not considered for work

#### Scenario 4

A health NGO is providing health services to an IDP shelter housing 10,000 IDPs on the outskirts of the shelter.

All the health services are being provided out of a permanent structure to the west of the shelter that also provided adequate accommodationand easy vehicle access. After 6 months of operation, through feedback sought from IDP leaders, the NGO realised that

OP are not able to access services as they cannot walk to the facility

Even some OP coming to the facility feel that the queues are long and it is difficult for them to wait standing for so long. Young person in the family are busy and do not bring them to the site. Also, most OP have responsibility of taking care of their grand children at home, and cannot come during day times.

Women are also attending only in case of emergency as it is difficult to walk through the other tribes dominated section of the shelter.

There are no specialized services for people with disabilities and it takes about an hour for them to reach the location.

