

## Inclusivity and age, gender and diversity (AGD) mainstreaming

An **Age, Gender, and Diversity (AGD) approach** shall be adopted in the set-up and management of migrant centres to promote an accessible, inclusive, and protective environment. Centres shall be organized in a way so that they can be accessed and used to the greatest possible extent regardless of users' age, gender, and abilities (principles of universal design). Inclusivity ensures that all beneficiaries have equal access to assistance and services provided in migrant centres. Diversity in values, attitudes, cultural perspectives, beliefs, ethnic background, nationality, sexual orientation, sex characteristics, gender identity, ability, health, social status, skills, and other specific personal characteristics must be taken into account, and dedicated efforts made by IOM to address and remove barriers that prevent inclusivity.

Different types of barriers may prevent access to equal opportunities, including:

**Physical man-made barriers** Physical man-made barriers affecting safety and access, such as staircases, showers. These barriers affect not only beneficiaries with disabilities but also those with other conditions. Accessibility to migrant centres premises can be enhanced by providing ramps, and handrails and by ensuring that openings are wide enough for wheelchair access. Mobility must be located on the ground floor unless there is an elevator. Spaces must be designed to meet the needs of all beneficiaries regardless of age or ability. Transitions from chair to toilet, space for a wheelchair to turn, sink at an appropriate height, recreational spaces, and counseling rooms must be at a comfortable height for wheelchair users.

**Barriers related to access to services, information and communication** Barriers related to access to services, information, and communication shall be provided in multiple formats accessible also to vision-impaired and hearing-impaired beneficiaries. Services should have visual cues for those who are visually impaired. This may include high-contrast colors and adding tactile cues such as non-slip mats on stairs. Physical impairments shall be foreseen, as well as assistance to access communal spaces, etc.). Adequate measures to overcome language and literacy barriers shall be ensured in multiple languages in order to facilitate access. Written information sharing shall be ensured in multiple languages in order to facilitate access. Audio and printed material shall be translated in the languages spoken at the facility.

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may be provided. All services must be designed taking into account the needs of all beneficiaries. All personnel working in the facilities must be trained to ensure universal access to services and information. Staff and partners, including beneficiaries, and visibility materials should be posted and disseminated to ensure diversity.

### **Attitudinal barriers**

Attitudinal barriers related to biased perception of beneficiaries with special needs, particularly high-risk beneficiaries is a minimum requirement. Migrant centres shall be designed that can be used by those at risk of using shared facilities, and IOM shall ensure that facilities fits their gender identity. Similarly, if a risk of stigmatization is identified, including same-sex couples, trans, and gender non-conforming beneficiaries, appropriate accommodation because of stigmatization, as for instance beneficiaries with

**Age considerations** are also extremely important, as people's needs and capacity change over time. Child protection considerations shall be taken into account in the design and management of migrant centres. In fact, infrastructures' set-up and services shall meet children's and caregivers' basic needs, including accessibility, safety, and security for children of all ages, genders, disabilities, and other diversity factors. Dedicated indoor and outdoor **child-friendly spaces** such as play areas equipped with age and culturally-appropriate toys, spaces for learning, and other activities, as well as private places for nursing, shall be foreseen since the planning stage to ensure that these will not be excluded because of lack of space. Health, psychosocial support, and other services can be provided in the child-friendly spaces, which also serve as venues to identify vulnerable and at-risk children in need of further protection interventions. Depending on the nature of the facilities, child-friendly spaces may be provided on a lesser scale due to the temporary nature of the family's stay in the facilities. While gender separation is the general rule in case accommodation is provided, families shall room together to preserve the privacy and family unit.

### References and Tools

- [Semera Ethiopia Migration Response Center SOPs \(Children, p. 73\)](#)
- [IFRC Disability-inclusive shelter and settlements in emergencies](#)
- [Minimum Standards for Child Protection in Humanitarian Action - CPMS](#)
- [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#)
- [IASC Gender Handbook for Humanitarian Action](#)

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- [Inter-agency Guiding Principles on unaccompanied and separated children](#)
  - [Overview: safety zone for unaccompanied asylum-seeking children \(Bulgaria\)](#)
  - [Operational guidance on age, gender, diversity and protection considerations for IOM premises](#)
  - [Training manual on identification and communication with migrant victims of sexual and gender-based violence](#)
  - [IOM Operational guidance on AGD protection considerations for IOM premises, Annex 1: AGD signage\(p. 16\)](#)
  - [LGBTI persons in migration](#)

Category

Management of migrant centres