

Location:	Cluster:	Date:	Focal Point:

The purpose of the following checklist is to assist you in mapping the extent to which key protection services are in place across cluster's response to COVID-19. The checklist is not a performance evaluation but rather assists in identifying and responding to gaps. If you are in doubt rather check "No". For further guidance and support, contact Protection Cluster Coordinators:

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- 2. Sofala Protection Cluster Coordinator, Deiliany Lazara de Souza, lazarade@unhcr.org
- 3. Cabo Delgado Protection Cluster Coordinator, Eduardo Burmeister, burmeist@unhcr.org

#	Category	Activities/ Services	Yes, in place	No, not fully in place	Comments (In case answer varies per site, please clarify)
1 1	Health	Health centers are established and scale of services is proportionate to the size of population to be served.			
		Inclusive and meaningful access (local language, images, sign language etc.) to information on hygiene measures, health infrastructures and health made available in communities.			
		Health facilities and routes to them are away from actual or potential threats such as violence; especially the risk or threat of gender-based violence (GBV), disability based violence and attacks from armed groups.			



		Medical treatment is available and accessible for all, including vulnerable groups such as IDPs and refugees		
		Healthcare staff are trained and sensitised on disability and associated healthcare needs, and in how to respectfully communicate with people with disabilities and older people		
		Confidentiality and privacy is respected in any form of consultation, counseling or personal information sharing to avoid stigmatization		
		Referral pathways to health care services kept up- to-date and disseminated in communities		
		Aid workers and volunteers have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct.		
		PSEA reporting mechanism accessible to beneficiaries		
		PSEA messaging, including information on reporting mechanisms, is included in information materials/ community engagement activities.		
2	WASH	WASH facilities, especially for hand washing, accessible in all communities.		
		Sphere standards on minimum emergency water quantities for households, isolation centers and other facilities, such as hospitals, adhered to.		
		Vulnerable groups, including persons with disabilities, older persons, persons with underlying		



medical conditions, women and children prioritized for WASH distributions.		
Inclusive access to information on prevention and mitigation measures, including proper hand washing and social distancing, shared in communities in local languages.		
WASH facilities, including latrines are well lit.		
Beneficiaries know where to access clean water and know how to obtain it.		
Sanitation facilities are safe for the users (e.g. have separate entrances for women and men, have locks on the door), in addition to being culturally acceptable and avoid stigmatization of their users.		
Water distribution points and sanitation facilities are centrally located and not too far from dwellings so that people with chronic diseases, disabilities and older people can access them		
Access to WASH facilities and services are monitored and service diversion or access restrictions are reported to relevant authorities.		
Communities consulted on the establishment of WASH facilities		
Aid workers and volunteers have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct		



		PSEA reporting mechanism accessible to beneficiaries		
		PSEA messaging, including information on reporting mechanisms, is included in information materials/community engagement activities.		
3	Shelters	Camps and camp-like settings are well lit for security reasons.		
		The accommodation spaces are distributed in an age, gender and diversity sensitive manner e.g. women are part of process to identify, materials for shelters, proper lighting, locks included.		
		Space for families to remain together is available.		
		Cases of family separation identified and reported to authorities.		
		Standards of safe location and time for NFI distribution that adhere to minimum precautionary measures defined by health authorities established.		
		Unaccompanied older persons, girls and boys are accommodated and are being cared for and supported by the community.		
		Respect minimum space standards and partitions to facilitate social distancing in shelters to minimize risks of exploitation and abuse, especially in vulnerable urban neighborhoods.		
		Aid workers and volunteers have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct.		



		PSEA reporting mechanism accessible to beneficiaries		
		PSEA messaging, including information on reporting mechanisms, is included in information materials/community engagement activities.		
4	СССМ	Risk of violence, especially GBV, disability based violence and PSEA, examined and monitored in relation to access to and use of WASH facilities, such as water collection points.		
		There is control and oversight on who enters or exits the site, all actors carrying out activities are registered.		
		Security personal is present and act to mitigate any security risk.		
		Distribution of NFIs, including soap or water tanks is safe and accessible for all, including women, children, and elderly, and persons with disabilities, prioritizing vulnerable groups.		
		Community-led committee managing the site, with equal gender representation, established and supported.		
		Community tensions and discrimination of groups and/or individuals monitored and reported in a timely manner.	$\boxtimes$	
		Aid workers and volunteers have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct.		
		PSEA reporting mechanism accessible to beneficiaries		



		PSEA messaging, including information on reporting mechanisms, is included in information materials/community engagement activities.		
5	Food security	Vulnerability criteria adhered to during food distributions.		
		Complaint and feedback mechanisms, such as Linha Verde 1458, leveraged to disseminate information on special measures or changes in food distributions.		
		Distribution sites meet standards of minimum precautionary measures defined by health authorities.		
		Continuation of food distribution to highly vulnerable communities ensured to avoid secondary negative impact of COVID-19, such as sexual exploitation and abuse.		
		Beneficiaries know when and how to access food assistance.		
		Aid workers and volunteers, community leaders and members of committees have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct.		
		PSEA reporting mechanism accessible to beneficiaries		
		Food-for-work, cash-for-work and livelihoods programs are designed and implemented in ways that take account of the capacities of people with disabilities, older people and their caregivers seek		



		to overcome or compensate for barriers to their		
		participation.  PSEA messaging, including information on reporting mechanisms, is included in information materials/community engagement activities.		
6	Education	Alternative and inclusive solutions for children without access to remote learning mediums identified and implemented.		
		Special considerations of the specific needs of girls during school closures identified and monitored.		
		Referral pathways and access to mental health and psychosocial support for children established and maintained.		
		Inclusive access to information. on COVID-19 for children developed and disseminated in communities		
		Children at risk of dropping out of school identified and prioritized for assistance.		
		Guidelines and mechanisms to monitor and report instances of abuse and exploitation put in place, including SEA affecting children.		
		Children in camp and camp-like settings prioritized for assistance in ensuring continuity of education		
		Aid workers, teachers and volunteers have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct.		



		Child friendly PSEA reporting mechanism accessible to children and their families.		
		Child friendly PSEA messaging, including information on reporting mechanisms, is included in information materials/community engagement activities.		
7	Nutrition	An assessment has been conducted to identify protection threats and health standards around the delivery locations.		
		Delivery locations meet standards of minimum precautionary measures defined by health authorities.		
		Distribution times and locations are safe for beneficiaries to travel to the distribution point and return home without exposure to further risk of harm. Alternative distribution locations considered due to movement restrictions.		
		Inclusive access to information on COVID-19 and nutrition (e.g. breastfeeding and COVID-19) ensured.		
		Priority access to services and distribution given to nutritionally vulnerable groups (i.e. children with SAM, PLW with acute malnutrition, persons with pellagra, older people, pregnant and lactating women etc.)		
		A system is designed for regularly finding out about new nutrition-related needs, e.g.		



		through IDP/Refugee camp committees, elders, or women's groups to ensure secondary negative effects of COVID-19 are identified and responded to in a timely manner.		
		Methodology of provision of services and space arrangements are designed to meet minimum standards set by health professionals		
		Aid workers and volunteers have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct.		
		PSEA reporting mechanism accessible to beneficiaries		
		PSEA messaging, including information on reporting mechanisms, is included in information materials/community engagement activities.		
8	Protection	Referral pathways established and kept up to date.		
		Community Based Protection activities scaled up and information on COVID-19 disseminated in communities.		
		Specialized services and assistance are available for persons with physical and mental health issues		
		Tools are provided to ensure that cases are adequately identified and referred on a timely basis, follow up and case monitoring is conducted.		
		Dissemination and application of existing international standards and guidelines.		



		Advocacy actions on behalf of clusters and affected population carried out to ensure protection risks and needs adequately addressed.		
		Issues of Housing Land and Properties rights have been adequately identified, such as loss of land, evictions and loss of shelters		
		Issues of lack of documentation are identified and referred to relevant authorities		
		Police and relevant security services, including Community Police, cover the site and address as needed security incidents		
		Complaint and feedback mechanisms are in place using different modalities to cater for different preferences/culture/access and the communities are aware of their functioning		
		Protection focal points and aid workers have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct		
		PSEA reporting mechanism accessible to beneficiaries		
		PSEA messaging, including information on reporting mechanisms, is included in information materials/community engagement activities.		
9	Child protection	Specific arrangements are in place for appropriate alternative care for unaccompanied and separated children.		
		Alternative solutions, due to closure of CFS, for safe spaces for children are available and accessible		



		Training is provided for new staff and partners on how to identify children at risk and how to conduct case referral and management		
		Family tracing and reunification services are coordinated and carried out in the child's best interests		
		Quarantine and isolation centers ensure safety for girls and boys, including safety from human trafficking and exploitation		
		Aid workers and volunteers have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct.		
		PSEA reporting mechanism accessible to beneficiaries		
		PSEA messaging, including information on reporting mechanisms, is included in information materials/community engagement activities.		
10	GBV	GBV prevention and response services are survivor centred and respect confidentiality.		
		Psychosocial support is available and accessible to survivors.		
		Legal services including counselling of survivors is pro-bono, available and accessible.		
		SOPs on prevention and response to GBV is in place and functioning.		
		Regular awareness and sensitization sessions are conducted for the affected population including the host community		



		Material support for SGBV survivors available, timely and adequate. Distribution should be culturally sensitive		
		Support is provided to activities that aim to raise awareness on GBV and that combat discrimination and other underlying causes.		
		Information about GBV prevention and response, including how and where to access relevant assistance and services, is readily available to all survivors.		
		Male engagement activities initiated and supported.		
		Aid workers and volunteers have been trained or sensitized on PSEA standards and have signed a PSEA declaration/Code of Conduct.		
		PSEA reporting mechanism accessible to beneficiaries		
		PSEA messaging, including information on reporting mechanisms, is included in information materials/community engagement activities.		
11	PSEA	PSEA declaration available to all sectors staff and volunteers and signed.	$\boxtimes$	
		Adequate PSEA messaging, including child friendly develop to be incorporated in sector community engagement activities.		
		Remote PSEA training package developed and available for facilitation to Aid workers		
		Remote PSEA sensitization platform developed and available to priority sectors volunteers		



Inter-agency functional referral pathway to assistance services and investigation offices		