COVID-19
Safe and Dignified Programming

Annex 2: Emergency Checklist for Protection Mainstreaming

KEY ACTIONS	Y/N
Analysis	
Do program/sector teams include questions in assessments about the different safety and dignity issues and barriers facing diverse groups, including those emerging as a result of COVID-19?	
Have staff analyzed the potential protection and safeguarding threats, vulnerabilities and capacities, and power dynamics that exist or are likely to emerge in the context of COVID-19 and used it to inform programming?	
Is disaggregated data (on sex, age, disability, and diversity) used to inform programming, e.g., whom to target, what type of assistance to provide, and how to provide it?	
Do staff members have systems in place to safeguard personal information collected from communities?	
Targeting and diversity of need	
Have a range of diverse groups participated in the selection criteria for targeting, especially those particularly vulnerable to COVID-19, e.g., elderly or persons with pre-existing medical conditions?	
Has the program been adapted in response to the protection and safeguarding analysis to minimize potential negative effects?	
Information sharing/Risk communication	
Is information on programming and COVID-19 shared in a culturally appropriate way, in different formats (visual, oral, aural, language, etc.), and in as safe a way as possible (avoiding mass gatherings and close face-to-face contact) so that it meets the needs of the community, especially people with disabilities, older people, those with underlying health conditions, and others who may not be able to leave their homes? Consider ways to disseminate child-friendly messaging on children's unique risks and vulnerabilities related to the outbreak.	
Do communities receive information on what is appropriate staff behavior and what is inappropriate staff behavior? Do they know how to report inappropriate behavior?	
Do staff collecting photos and case studies, including from COVID-19 responses, ensure the full understanding, participation, and permission of community members, including the most vulnerable? Do they ensure they maintain safe distances when collecting that information?	
Community engagement	
Do staff members use a range of techniques to ensure the active participation of diverse groups, bearing in mind the need to minimize face-to-face contact (between staff and the community and between community members)?	
Have staff members identified local skills, resources, and structures (e.g., women's groups, local government, youth groups, disabled persons organizations (DPOs), older people's associations (OPAs), church groups,) in communities, designed programs with their participation, and built on these in ways that do not expose them to COVID-19?	
Feedback and complaints	
Have diverse groups, particularly older people, people with underlying health conditions, and those with caring duties, been consulted on how they would like to provide feedback, especially on allegations of abuse and exploitation? Have they been consulted on ways to adapt existing mechanisms to reduce the risk of transmission (using WhatsApp messages, phone lines etc.), bearing in mind the ability of certain groups to access these?	
Is there clear information about how staff should refer complaints that do not fall within the scope of their organizations?	
Do staff and partners know how to respond or refer cases when they receive sensitive complaints?	

Staff conduct	
Have staff members received a translated (if necessary) copy of relevant policies, been trained, and signed the document (e.g., code of conduct, which includes the IASC six core principles[1] and safeguarding policy). Do they understand the organization's zero tolerance of inaction on exploitation and abuse?	
Is the well-being of staff members being considered (training on good hygiene practices, access to PPE/handwashing/disinfection materials while in the field, information about the protocols if they display symptoms, basic training on Psychological First Aid, and regular breaks and time-off)?	
Mapping and referral	
Do staff members have up-to-date information on referral pathways (such as psychosocial services, women-friendly spaces, GBV services, child protection services, and support for people with disabilities and older people)?	
Are staff members able to recognize what cases can be referred and to whom (e.g., survivors and those at-risk of SGBV, unaccompanied and separated children, trafficked persons, etc.)?	
Coordination and advocacy	
Are staff members raising unaddressed protection issues and risks with duty bearers (external stakeholders responsible for protection services)?	
ORGANIZATIONAL SAFEGUARDING	**Y/N**
Is there an identified focal person on safeguarding and is this known among staff?	
Does the organization have a comprehensive complaints mechanism to receive and manage sensitive complaints in a safe and confidential way that minimizes face-to-face contact?	
Does the organization support complainants, particularly survivors of sexual exploitation and abuse, to access safe and relevant services (including medical, legal, and psychosocial support) in a way that does not expose them to further risk of COVID-19?	
If recruitment is ongoing, does the organization practice safe recruitment and induction (including safeguarding in job adverts and interviews, conducting interviews via video, providing online training or orientation by phone for new starters)?	

[1] https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse.