# **Annex 4: Emergency checklist for protection mainstreaming**

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|  | **Key actions:**  | **Y/N** |
| **Analysis** | Do relevant programme/sector teams (WASH, livelihoods, etc.) include questions about **safety** and **dignity** issues and **barriers** to accessing assistance in assessments? |  |
| Do staff compile and regularly update information about the context risks through Do No Harm or other risk analyses?  |  |
| Is disaggregated data used to inform programming e.g. who to target, what type of assistance to provide, and how to provide it? |  |
| **Targeting and diversity of need** | Is there documentation showing the decision-making process for identifying who to target/not target and why? |  |
| Have a range of diverse groups participated in the selection of criteria for targeting e.g. different ethnic or religious groups, marginalised groups, Person With Disability (PWD)? |  |
| Has the project been adapted to meet the different needs of different groups (e.g. older persons, adolescent girls, PDWs, etc.?) to increase their safety, dignity and access to assistance? |  |
| **Information sharing** | Is accurate information about the organisation and project shared with communities? (E.g. who is the organisation? What is the project? Who is targeted? How long will it last?) |  |
| Do staff understand they should never make false promises about what the organization can/can’t do? |  |
| Is information shared in a culturally appropriate way, in different formats (visual, oral, aural etc.), and in the local language so that it meets the needs of the community, especially the most vulnerable and marginalised groups?  |  |
| Do communities receive information on what is appropriate staff behaviour and what is inappropriate staff behaviour?  Do they know how to report inappropriate behaviour? |  |
| **Community engagement** | Do staff use a range of techniques (mapping, calendars, problem trees, etc.) to capture the views of those with specific needs and at most risk of being excluded (e.g. children, PWDs, older people, people who can’t read or write)? |  |
| Have staff identified local skills, resources (e.g. physical, financial, environmental) and structures (e.g. women’s groups, local government, youth groups, church groups, etc.) in communities and designed programmes to build on these? |  |
| **Feedback & complaints mechanisms** | Are there different and culturally-appropriate ways for diverse groups (women, PDWs, older people, children, etc.) to safely, easily and anonymously lodge complaints (e.g. help desk, hotline, suggestion box, etc.)? |  |
| Is there clear information about what types of complaints the organisation can and can’t act on e.g. non-sensitive complaints related to other agencies. |  |
| Are programmes adapted to increase safety and dignity in response to feedback received? |  |
| Do staff and partners know how to respond or refer cases when they receive sensitive complaints? |  |
| **Staff conduct** | Have staff received a translated (if necessary) copy of relevant policies and been trained (and refreshers provided) on practical application of relevant policies? |  |
| Are there safe and confidential ways to receive and respond to complaints about staff behaviour which are understood and used by staff when necessary? |  |
| Is the organisational environment conducive to staff wellbeing and adequately resourced (living conditions, working hours, opportunities for leisure and relaxation)? |  |
| **Mapping & Referral** | Is information on available sectoral services written down, regularly updated and shared across the staff (e.g. 3Ws, 4Ws and GBV/MHPSS/ child protection referral mapping in user-friendly and accessible ways e.g. business card format)? Are staff feeding into these resources? |  |
| Are staff able to recognise 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 & Advocacy** | Drawing on community and local partner perspectives, and where safe to do so, do staff raise issues such as unsafe service provision, excluded groups, GBV, or forced relocations with responsible actors (e.g. local government, protection cluster, UNHCR etc.)? |  |
| Have staff checked any current sensitivities (e.g. organisational risk, threat to org staff if certain issues are raised) around advocacy? |  |