

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. The checklist is not a performance evaluation but rather assists in identifying and responding to gaps. Take 15 minutes and run through the list. If you are in doubt rather check "No".

#	Category	Activities/ Services	Yes, in place	No, not fully in place	Comments
1	Health	Safe and confidential reproductive and sexual health services are available to adolescent boys and girls			
		Health centers are established and scale of services is proportionate to the size of population to be served.			
		Appropriate and timely medical treatment is available and accessible for all, including GBV survivors.			
		Clinical management of rape survivors is available and accessible, including PEP kits for survivors reporting within 72 hours of an incident.			
2	WASH	Latrines and showers are gender separated, labelled as such and have safety locks.			
		WASH facilities, including latrines are well lit.			
		Sanitation facilities are safe for the users, in addition to being culturally acceptable.			
		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			



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		Facilities are located in well-lit paths or torches can be used at night for each household.		
3	Shelters	Camp and accommodation are well lit so that women and children feel safe.		
		The accommodation spaces are distributed in an age, gender and diversity sensitive manner.		
		Space for families to remain together is available.		
		Unaccompanied older persons, girls and boys are accommodated and are being cared for and supported by the community.		
		The accommodation/transit centers pose no physical security risks to children or persons with specific needs (crowd control, physical set up, etc.)		
4	CCCM	Registration of population is disaggregated by age and gender and contains information in family size, specific needs etc. using the standard GoM/INGC registration form.		
		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 food is coordinated, safe and accessible for all, including women, children, and elderly, and persons with disabilities, prioritizing vulnerable groups.		
		IDPs (both camps and in habitual residence) have sufficient and safe access to food aid unless they can sufficiently fend for themselves,		



5	NFIs distribution	Vulnerability criteria are clearly defined and provision of NFIs is targeted according to the criteria.		
		Distribution of NFIs is coordinated, safe and accessible for all, including women and children.		
		Specific NFI kits for women and girls of reproductive age are available and accessible on a monthly basis.		
6	Food security	Regular consultations and post distribution monitoring is conducted with the community to assess the impact of food distribution, use of food or protection problems that might arise during or after distributions		
		Communal feeding programs and food distributions are organized in a manner that prioritize vulnerable individuals/persons with disabilities		
		Complaints report mechanism flow chart is set up and activated in sites of food distribution		
		Safe waiting areas for children are provided during lengthy food distribution processes to avoid any forms of violence and abuse or family separation during that time.		
7	Communication and feedback	Affected population including host community have a channel to confidentially express concerns or report incidents including cases of SEA.		
		GBV survivors, child victims and children of victims of trafficking and their families have safe and accessible mechanisms for reporting and seeking services in the respective referral mechanisms		



		IDPs are informed about the services available to them in a language and format they understand.		
		Information is also provided in a way that children understand.		
		A visible information board/ screen is in place, displaying information on available services.		
		Sufficient number of outreach workers is deployed.		
		Follow-up actions are taken for every reported concern and/or incident.		
		Participatory assessment are conducted regularly to ascertain needs and concerns of the population using AGD approach.		
8	PSEA	PSEA declaration available in all sites and signed by those visiting		
		A zero tolerance policy for sexual exploitation and other forms of abuse of power is adopted by aid workers or those providing food aid.		
		Adequate information on exploitation and abuse disseminated to those in the camp.		
		Aid workers and volunteers sensitized on prevention and response.		
		Beneficiaries sensitized on prevention and response		
9	Protection Coordination	Protection cluster and sub clusters are meeting regularly at least every week and representatives attend other relevant cluster meetings.		
		Protection desks are established with dedicated staff and resources and accessible for all (also persons with disabilities)		



		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.		
		Joint needs assessment and response gap analysis conducted (across sectors and within the sector)		
		Development of sectoral plans, with clear objectives and indicators that directly support realization of the HC/HCT strategic priorities		
		Dissemination and application of existing international standards and guidelines.		
		Advocacy actions on behalf of clusters and affected population to ensure alignment on existing standards and guidance		
		Monitoring and reporting mechanisms put in place on implementation of the cluster strategy and results; recommending corrective action where necessary.		
10	Child protection	Specific arrangements are in place for appropriate alternative care for unaccompanied and separated children.		
		Safe areas for children (e.g. CFS) 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		



		Child Protection case management SOPs are updated and operational.		
		Accommodation centres, transit centres ensure safety for girls and boys, including safety from recruitment into child labor, human trafficking and exploitation		
11	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.		