PROTECTION MAINSTREAMING IN THE CONTEXT OF COVID-19 CRISIS

Do no Harm and Meaningful Access

- Are the agency’s facilities safe for the clients and staff, and do they adhere to minimum precautionary safety measures defined by health authorities? Did your staff receive training on upholding hygiene measures, prevention and mitigation measures? Are the methodology of provision of services and space arrangements designed to meet minimum standards?

- Which vulnerable social groups should be prioritized as now more at risk or more impacted by the COVID-19 crisis without sufficient support? E.g. people with disabilities, elderly, chronically ill or immunocompromised persons, people with mental health issues, or daily wageworkers, etc.?

- When you reprioritize or adapt your activities, what are the barriers that may prevent affected communities from accessing your services after the adjustment e.g. Limited access to technological devices (e.g., smartphone, tablet, computer) or connectivity issues? And did you take account, provide alternative solutions or give priority access to those most at risk?

- Are there alternative or inclusive solutions for people without access to remote services identified and implemented? Did you train remote service providers and staff on policies, practices, and protocols for delivering quality remote services?

- Is confidentiality and privacy respected in any form of consultation, counseling or personal information sharing to avoid stigmatization?

- Is there a system designed for regularly finding out about new emerging needs, e.g. through community committees, representatives, or women’s groups to ensure secondary negative effects of COVID-19 are identified and responded to in a timely manner

Participation and Accountability to Affected Population

- In re-designing or modifying your interventions, have you consulted with the affected communities? Have the affected communities been made aware of the changes to service delivery or modality of response including how to access and obtain the service? how and through what means?

- Have the agency promoted inclusive and meaningful access (images, sign language etc.) to information on hygiene measures, Covid-19 prevention and mitigation measures, as well as information on other protection risks that may exacerbate during COVID-19 including GBV and psychosocial issues;

- Has the agency leveraged complaint and feedback mechanisms, including helplines, to disseminate information on special measures or changes in service modality? Do they cater for different preferences/access and are the communities aware of their functioning?