

## How to use this Checklist

Below are proposed questions for checklists to be used by respective programme and/or support staff members to ensure basic safe programming principles in our activities is applied. The lists are in no way exhaustive; they attempt to outline key elements we aim to commit to in all of our sectors, at different stages of the project cycle. The lists cover the following areas:

- A. Proposal development
- B. Inception/planning stage
- C. Monitoring , Evaluation, Accountability, and Learning
- D. Public Health Engineering
- E. Public Health Promotion
- F. Distributions
- G. Data collection and registrations

The checklists should be used by the staff and should be revised and discussed with managers at all times. In particular, if for any of the questions, the answer is “No”, then activities should be reconsidered to ensure a safer option is found before going ahead.

## Overall considerations for Protection Mainstreaming

*(Taken and adapted from Protection mainstreaming package, Global protection cluster)*

### **PRIORITISE SAFETY AND DIGNITY, AND AVOID DOING HARM**

- Make sure that there is a variety of staff (male, female, members of minorities) who have firsthand knowledge of gender and cultural sensitivities.
- If NFIs or prizes are distributed during awareness-raising sessions, make sure the value of the items do not create tension or added risk for the beneficiaries (e.g. pushing and shoving to reach prizes, theft of the prizes following the event, etc.). Pay special attention to vulnerable groups such as women, the elderly or children.
- Ensure that **confidentiality and privacy** are respected in all forms of consultation, counselling and personal information sharing.
- Do not share **identifiable information** (e.g. names, addresses, or traits and characteristics about the case that can lead to identification etc.) unless consent has been given by the beneficiary
- Ensure the **location of facilities, infrastructures, distribution points, cash collection points and the routes to them** are distant from threats of violence; especially the risk or threat of gender-based violence (GBV), threat of arrest and attacks from criminals or armed groups.
- Make sure that only qualified psychosocial workers are on staff to receive and counsel survivors of violations, especially when dealing with children and/or survivors of GBV.
- Make **infrastructure** adaptations such as fitting ramps and railings to facilities so that all individuals and groups can access and use the facilities in safety and with dignity.

### **MEANINGFUL ACCESS**

- Ensure that services are provided at an **adequate time** when individuals can realistically and safely access them.

- Ensure that services can be accessed by **women and girls**, including those who are not accompanied by a male guardian.
- Ensure that services can be accessed by **persons with reduced mobility** (e.g. persons with physical disabilities, the elderly, bed-ridden individuals)
- Ensure that services can be accessed by **persons with non-mobility-related disabilities** (e.g. the blind, hard of hearing, intellectually disabled)
- Ensure that Lesbians, Gays, Bi-Sexuals, Transgender, and Intersex individuals (LGBTI) have access to services
- Ensure that lack of **documentation** does not exclude individuals from accessing services.
- Ensure that beneficiaries **know** their rights and **how to assert** them (e.g. accessing your services).
- **Monitor** access and discrimination.

#### **ACCOUNTABILITY, PARTICIPATION AND EMPOWERMENT**

- Identify the power dynamics within the intervention area. What are the minority groups and who is vulnerable or marginalised? Do they have access to your services?
- Identify local authorities and civil society specialised in working with persons with disabilities. Strengthen and support their role, and learn from them.
- Report and share protection concerns with the Protection cluster, including the GBV and Child Protection sub-clusters. Other actors may be able to provide assistance.
- Make sure to consult all layers of society when identifying and responding to Protection needs
- Find out what are the different community groups' **coping strategies**. Are beneficiaries placing their safety and dignity at risk? Risks must be recognised as soon as possible and interventions undertaken to help people avoid resorting to or mitigating the risk of coping strategies that could have a negative impact.
- Promote and support self-protection capacities wherever possible.
- If protection committees are established, promote **meaningful representation** of all layers of society and that all members are trained on "protection mainstreaming principles".
- Set up accessible, well understood mechanisms for **suggestions and complaints**

## A- Proposal development

	Yes – please describe briefly how	No
1- Has the target community been consulted on project design?		
2- Has a gender analysis been carried out? Are findings taken into account in shaping the activities?		
3- Has a basic stakeholders mapping, protection and conflict analysis for the target area been carried out or is it available from existing activities? And, have the findings been integrated in the project design?		
4- Have the needs of different vulnerable groups been identified and addressed in project design?		
5- Have other actors already working in those areas or in the same sector been consulted to avoid duplication in information collection before assessment and in the proposed activities?		
6- Have local authorities been consulted? What risk or concerns have they raised? Has the project taken this into account?		
7- Have previous evaluation recommendations regarding safe programming and the good quality of programmes in general been taken into consideration?		
8- Has a well-informed exit strategy been considered?		

**B- Inception/planning stage:**

	Yes – please describe briefly how	No
1- Are the needs of beneficiaries identified in the project proposal still the same now?		
2- Have the needs of other community groups not directly targeted been taken into consideration?		
3- Have the needs of groups with special vulnerabilities been taken into consideration?		
4- Have local authorities and stakeholders been informed about the project and involved/consulted before the start of the project?  Have they raised any concern or disagreement?		
5- Have risks been properly identified and mitigation measures put into place?		
6- Has a community mobilization approach (including entry points and incentives etc...) been agreed upon in consultation with the community?  Is the approach treating beneficiaries fairly and equally?		

## C- Monitoring, Evaluation, Accountability, and Learning – for all sectors

	Yes – please describe briefly how	No
1- Is data collected disaggregated by age, gender, and location?  <i>This allows us to better understand if certain challenges of problems are faced by a specific population group, or in a specific location.</i>		
2- Are community discussions taking place in a gender-sensitive manner?		
3- Are beneficiaries clear about the fact that if they provide negative feedback, or if they refuse to participate to monitoring activities they will not be penalised?		
4- Do beneficiaries report feeling safe while accessing facilities or services provided?		
5- Does the monitoring plan and tool record access, discrimination or diversion of services?  Are staff members clear on what procedure to follow in case of reports of any of the above?		
6- Is an accessible and confidential feedback mechanism in place and are people clear on how to use it?		
7- Are beneficiaries comfortable with providing feedback through the existing mechanism? <i>(make sure someone actively asks them)</i>		
8- Is there clarity on who is responsible to receive complaints and who is responsible to follow them up within your teams/programme?		
9- Is a clear SOP in place and familiarised to all staff on how to handle serious complaints and breaches to Code of conduct (ie. fraud involving staff or partners, sexual harassment or abuse, request for payments in exchange		

for services)?		
10- Are complaints handled within a reasonable timeframe, with resolutions communicated to beneficiaries?		
11- Do beneficiaries report satisfaction with attitudes and behaviours of staff members, suppliers, contractors, or any other individuals affiliated with our activities?		

## D – Data collection and beneficiaries’ registration

	Yes – please describe briefly how	No
<b>DATA COLLECTION</b>		
1- Has a safe platform/file with centralized management been created to store and protect the data?		
2- Is every data point collected tied to a certain decision or programmatic question?  <i>The team commissioning/initiating the data collection must determine the scope, level of precision and depth of detail of the information collection process, in relation to the intended use of the information collected.</i>		
3- Can the data be retrieved from any other source than the beneficiaries directly? (secondary information)		
4- Has a data entry file been created and stored in a <b>restricted/protected</b> folder?  <i>Security safeguards appropriate to the sensitivity of the information must be in place prior to any collection of information, to ensure protection from loss or theft, unauthorized access, disclosure, copying, use or modification, in any format in which it is kept.</i>		
5- After data entry, has the access to the file containing personal beneficiaries information been further restricted only to staff that requires this information?		
6- Has a protocol for data protection and sharing been signed with any organisation or institution that will have access to beneficiaries’ information?		
7- Has a proper mechanism been institutionalized for the archiving/destruction of data?		
8- Have data collectors been trained on:  - purpose of the data collection?		

<ul style="list-style-type: none"> <li>- how to handle data?</li> <li>- confidentiality principles?</li> <li>- how to interact with beneficiaries?</li> </ul>		
<p>9- Have beneficiaries been explicitly informed of the intended use of the data collected?</p> <p>Have they been informed about who this data will be shared with?</p> <p><i>A written explanation should be included in all data collection tools/questionnaires, etc. To ensure a standard explanation is provided to everyone.</i></p>		
<p>10- Have interviewees been asked to provide consent, after having been provided the explanations mentioned above?</p> <p><i>When conducting individual or group interviews, programme teams must only collect personal information with the informed consent of the person concerned, who is made aware of the purpose of the collection. Unless specific consent to do so has been obtained, personal information must not be disclosed or transferred for purposes other than those for which they were originally collected, and for which the consent was given.</i></p>		
<p>11- Have beneficiaries been provided with the name, organisation and contact information of those gathering the information?</p>		
<p><b>REGISTRATION</b></p>		
<p>12- Have beneficiaries been explicitly informed of the purpose of the registration activity?</p>		
<p>13- Have interviewees been explained how long it will take for them to hear back as to whether they will be targeted or not?</p>		
<p>14- Have interviewees been provided contacts and instructions on how to file a complaint or request additional information on the programme?</p>		

## E - Public Health Engineering

	Yes – please describe briefly how	No
1. Has the landlord been consulted before any construction takes place or any big distribution occurs?		
2. Have relevant municipal bodies been informed and are kept informed about upcoming activities?		
3. Have local power dynamics between groups or individuals (especially suppliers, contractors, etc...) been taken into consideration before specific activity implementation?  <i>If setting up facilities for displaced communities, consult them as well as host communities about WASH needs so as to avoid community tensions. Make sure that there is no tension or inequality that could lead to violence and harassment of one group or another.</i>		
4. Have beneficiary communities been consulted on the design and location of facilities?		
5. Are the latrines accessible by different groups 24 hours a day, including at night time?		
6. Have the needs of women been taken into consideration in the design of latrines?		
7. Have the needs of beneficiaries with disabilities and reduced mobility been taken into consideration in the design of latrines? And in the location of those facilities?  <i>Make <b>infrastructure</b> adaptations such as ramps and railings to EH facilities so that all individuals and groups can access and use facilities in safety and dignity. Use discussion groups and observation to detect/discuss this and ask the community to come up with solutions.</i>		
8. Have the needs of children been taken into consideration in the design of latrines?		
9. Is the location of water points and latrines safe for beneficiaries to use?		

<p>10. Does the standard for shared facilities in communities cause any tensions between members of the community?</p>		
<p>11. Have beneficiaries been well-informed about the terms of exchange of water vouchers?  Do they know who to contact in case of questions or complaints?</p>		
<p>12. Does the monitoring plan and tool record access, discrimination or diversion of services?  Are staff members clear on what procedure to follow in case of reports of any of the above?</p>		
<p>13. Do beneficiaries report safe and dignified access to facilities?  Are staff members clear on what procedure to follow in case of reports of any of the above?</p>		
<p>14. Is there an exit strategy with clear arrangements for handover of responsibilities towards the facilities and for maintenance?  Has this been communicated to beneficiaries and all relevant stakeholders?</p>		

## F - Public Health Promotion

	Yes – please describe briefly how	No
1- Do printed material and handouts take into consideration the level of literacy of beneficiaries?		
2- Have consultants/staff delivering sessions been sensitized on the code of conduct of the organisation, and the proper approach and attitude to adopt?		
3- Has the community been consulted on preferred times/locations?		
4- If the session delivery is outsourced, has the content been adapted to the context?		
5- Do activities cater for the needs of different groups in the community?		
6- Are hygiene awareness sessions content and activities delivered in a culturally-appropriate manner?		
7- Has the programme explored levels of knowledge, prevalent attitudes, and common practices relating to hygienic behaviour before activities were designed?		
8- Are resources crucial for the success of the mobilization approach readily available to the community?		
9- Are women's sessions delivered in a sensitive manner?		
10- Has IEC material been properly field tested and adjusted?		
11- Has sufficient information on the use and proper disposal of hygiene items and NFIS been relayed before distribution?		
12- Has sufficient information on the complete entitlements and proper use of vouchers been		

relayed to beneficiaries before distribution?		
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## G - Distributions

General considerations:

Food, cash, vouchers or livestock responses may undermine people's efforts to protect themselves and increase their vulnerabilities, so need to be carefully considered.

Comprehensive context-specific analysis including of cost efficiency, secondary market impacts, the flexibility of the transfer, targeting and risks of insecurity and corruption, should inform the choice of program.

	Yes – please describe briefly how	No
1- Has a needs assessment been conducted prior to distribution?		
<p>2- Have beneficiaries (men, women, boys and girls) and authorities/influential people, been consulted on and agreed to the targeting criteria for the distribution?</p> <p><i>Activities must not discriminate against any group and must be performed in such a way that they cannot be perceived as doing so. Consider whether women and men may have different capacities to access cash compared with in kind resources.</i></p> <p><i>Interventions with displaced beneficiaries should not be at the expense of the local host population; assistance should be provided to both groups where possible.</i></p>		
<p>3- Have beneficiaries and authorities, been consulted on time, date and location of the distribution or the suppliers involved in the vouchers programme?</p> <p><i>Beneficiaries may face problems at distribution sites, particularly with theft, intimidation and extortion,. The environment in which assistance is provided must be safe for all the people concerned.</i></p> <p><i>Beneficiaries may face problems, particularly with sexual assault and robbery, including at official or unofficial checkpoints, while travelling to and from a distribution point. The environment through which beneficiaries must travel must be safe for all the people concerned. If safety is a problem we will need to make a special effort to move the point of delivery close to beneficiaries' residency, or provide transport to ensure safety.</i></p>		
4- Have beneficiaries and authorities, been consulted on delivery mechanisms of the		

<p>distribution?</p> <p><i>Certain delivery mechanisms like mobile banking and mobile phones can be less accessible to vulnerable people. The choice of delivery mechanisms must be based on assessment of options and consultation with beneficiaries.</i></p>		
<p>5- Has a certain process for distribution been agreed on?</p> <p>Has it been communicated with the beneficiaries <b>ahead</b> of the distribution day?</p>		
<p>6- Has the list of recipients been verified and shared in advance to allow for time for complaints and for dealing with any exclusion before starting the distribution?</p> <p><i>Make sure beneficiaries know they have a right to equitable and safe assistance, and where and how to obtain it.</i></p>		
<p>7- Have adequate security consideration (for beneficiaries as well as for staff) been accounted for?</p> <p><i>Food, cash, vouchers or other basic items interventions may make people more vulnerable to certain protection problems, such as attacks. The ownership or management of these types of assets, which may be particularly valuable in an emergency, may place people at greater risk of violence, abduction or abuse. Analysis of the local security environment, including in relation to ownership patterns, recent history of looting or raiding, is necessary to identify high risk practices and activities.</i></p>		
<p>8- Have distribution date and time been communicated with beneficiaries?</p>		
<p>9- Have we identified people who might not be able to access the service or distribution point? Have we made special arrangements to ensure they will receive the service or assistance?</p> <p><i>If some individuals, for example older persons or persons with disabilities, cannot access the services, it should not be assumed that friends and family will do it. Coordinate with specialised organisations, for example Handicap International, to identify individuals with limited mobility and include them in the program assistance.</i></p>		
<p>10- Have beneficiaries been well-informed about the content they are supposed to receive during the distribution or the terms of</p>		

<p>exchange of the vouchers?</p> <p>Is someone present to collect complaints or answer questions at the distribution site?</p>		
<p>11- Are beneficiaries aware of who they can contact to ask for information or make a complaint regarding the activities?</p> <p>Are beneficiaries clear on the process and the fact that it is confidential?</p>		
<p>12- Do we have a clear complaint mechanism set up that handles complaints in a confidential manner and provides feedback accordingly?</p>		
<p>13- Does the monitoring plan and tool record access, discrimination or diversion of services?</p> <p>Are staff members clear on what procedure to follow in case of reports of any of the above?</p> <p><i>A complaints feedback mechanism should be established with a view to improving programming, assisting in understanding beneficiary and community perceptions, promoting beneficiary empowerment and assisting in the early detection of problems such as targeting, misconduct including sexual exploitation and abuse, food diversion and fraud.</i></p>		
<p>14- Do beneficiaries report safe and dignified access to facilities?</p> <p>Are clear procedures in place and are staff members clear those in case of reports of any of the above?</p>		