**Protection Mainstreaming in the context of COVID-19 crisis**

**Shelter**

**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, people living in overcrowded shelters, shelters lacking the WASH facilities, shelter without internal partitions etc.?
* **When you reprioritize or adapt your activities, what are the barriers that may prevent affected communities from accessing safe and healthy shelters** e.g. Limited financial resources, lack of health and hygiene knowledge and practices
* **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 required to the Shelter/ NFIs 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?