



**PROTECTION CLUSTER  
IDAI RESPONSE (IMPLEMENTATION MATRIX)  
Protection, assistance and solutions**

Priority results	Target	Key actions	Indicators	Time frame / Status	Leads
<b>Objective 1: Coordination and partnership in addressing protection concerns and humanitarian need</b>					
<b>Concerns, gaps and constraints:</b> <ul style="list-style-type: none"> <li>- Involvement and participation from Cluster members is irregular</li> <li>- High rotation and turn-over rate among the humanitarian actors on the ground makes the continuity of engagement difficult for some actors</li> <li>- Protection Cluster members undertake protection activities without due consideration to coordination, hence provoking duplication</li> <li>- Information sharing regarding protection concerns is weak and irregular</li> <li>- Protection mainstreaming from other sectors needs further monitoring</li> </ul>					
Protection Cluster is activated at outset of the humanitarian response and fully functioning until deactivation	Protection strategy is endorsed by all members and HCT	Protection Cluster members develop the Protection Strategy and submit it to HCT	Protection Strategy is developed and implemented	March – Sept.	UNHCR DPGCAS
	HC's strategic decision-making is made in light of protection concerns and humanitarian needs	Co-leads regularly report to HC and DHC on Protection Strategy's implementation, protection concerns and humanitarian needs	Protection Cluster maintains weekly meetings on the protection strategy's implementation, protection concerns and humanitarian needs	March – Sept.	UNHCR DPGCAS
			Protection Cluster members actively attends key meetings to convey protection messaging	March – Sept.	All CP members
Protection Cluster members advocate for protection mainstreaming in all sectors of the humanitarian response	The centrality of protection is ensured in all sectors of the humanitarian response	Protection Cluster develops and shares guiding principles and guidelines to ensure protection mainstreaming	# of tools and guiding principles developed and shared by the Protection Cluster	March – Sept.	All CP members
			# of humanitarian actors and government stakeholders trained on protection mainstreaming	March – Sept.	All CP members
			Protection Cluster members actively participate in the Clusters, Working Groups and Networks activated for the humanitarian response	March – Sept.	All CP members



Protection Cluster members conduct joint protection monitoring and analysis	Protection monitoring results are shared with all the relevant sectors and influence programming	Joint missions are conducted on a regular basis in key affected areas	# of protection monitoring missions conducted	March – Sept.	UNHCR OIM WVI Kulima CARE UNFPA
			# of protection reports shared	March – Sept.	UNHCR CARE WVI UNFPA
Protection response activities are conducted in a coordinated manner	Protection Cluster members join efforts on the protection activities conducted so as to create greater impact, avoid duplication and/or parallel systems	Protection Cluster members constantly communicate among them and with relevant actors on their projects and activities	4W is regularly completed and shared	March – Sept.	UNHCR

Priority results	Target	Key actions	Indicators	Time frame / Status	Leads
<b>Objective 2 : Affected persons receive appropriate humanitarian support tailored to their needs</b>					
<b>Concerns, gaps and constraints:</b>					
<ul style="list-style-type: none"> <li>- Insufficient funding to cover all the needs</li> <li>- Hard-to-reach areas have received very little support from humanitarian actors</li> <li>- There is a need to strengthen the existing response mechanisms and referral pathways rather than duplicating systems</li> <li>- CBP activities are not coordinated and AAP receive contradictory information from community volunteers</li> <li>- Heavy protection concerns pre-existed the natural disaster and are difficult to address in the current context</li> </ul>					
Affected populations have access to protection,	Quality services for persons with specific needs are provided and accessible	Ensure that all persons of concern have equal and non-discriminatory access to protection, assistance and solutions	% of geographical areas (resettlement areas and host communities) where identification of persons with specific needs has been conducted	March – Sept.	UNHCR CARE UNFPA
			# of referral pathways established	March – Sept.	AVSI IOM

assistance and solutions					DPGCAS IsraAid IFRC
			Community mobilizers are aware of referral services	March - Sept.	UNHCR OXFAM AVSI WVI CARE UNFPA IFRC
			# of Protection Desks established and fully functional	March - Sept.	UNHCR DPGCAS UNFPA IOM UNDP
			% of persons with specific needs identified who received support tailored to needs	March - Sept.	UNHCR AVSI WVI CARE DPGCAS UNFPA IFRC UNDP
			% of persons with psychosocial needs supported through MHPSS	March - Sept.	AVSI HelpAge WVI CARE IsraAid UNFPA IFRC
			% of identified elderly persons at risk receiving support	March - Sept.	UNHCR HelpAge CARE
			# of District Level Reference Groups on Child Protection and Combating Trafficking in Persons strengthened	March - Nov.	IOM UNICEF

	Affected populations are able to retrieve / obtain legal documentation	Strengthen civil registration and civil status documentation	# of awareness raising initiatives on civil documentation and registration conducted	March - Sept.	AVSI HelpAge UNHCR IFRC
			# of persons assisted with civil status registration or documentation	March - Sept.	AVSI UNICEF
			% of affected population holding legal documentation	March - Sept.	UNHCR
		Strengthen access to legal documentation related to housing land and property (HLP)	# of heads of households holding HLP legal documentation	March - Sept.	UNHCR
			% of female head of household among the couples holding HLP legal documentation	March - Sept.	UNHCR
	Affected population is self-reliant and has access to livelihood opportunities	Improve access to livelihood opportunities	Extent affected persons have access to work opportunities	March - Sept.	AVSI IFRC UNDP
			# affected persons provided with guidance on business market opportunities	March - Sept.	AVSI WVI IFRC UNDP
			# affected persons earning incentives / wages from partners and from community contracting projects	March - Sept.	AVSI UNDP
# affected persons enrolled in apprenticeship schemes			March - Sept.	IFRC UNDP	
Community-based protection is ensured throughout the humanitarian response	Affected populations are engaged meaningfully in all aspects of the humanitarian response through sustained dialogue and communication to make <b>informed decisions</b>	Establish arrangements that permit meaningful <b>participation</b> at all stages of the humanitarian response	# of focus group discussions and other community dialogues conducted with the community	March - Sept.	UNHCR OXFAM WVI CARE IsraAid UNFPA IFRC
			# instances of joint planning initiatives undertaken with the affected population	March - Sept.	UNHCR IsraAid UNFPA

					IFRC	
			# of feedback sessions provided to affected populations on the findings of the group discussions	March – Sept.	UNHCR OXFAM CARE UNFPA IFRC	
			# of meetings held to follow-up on issues raised during FGD with community leaders	March – Sept.	UNHCR CARE UNFPA	
	Affected populations have access to timely, accurate and relevant <b>information</b> through their preferred communication channels and in different languages and formats		Consult different groups of the community to determine the trusted channels of communication they use	# of information needs and preferred communication channels assessments conducted	March – Sept.	UNICEF AVSI IsraAid UNFPA IFRC
		Coordinate communication initiatives		Communities receive joint/harmonized messaging on protection issues (no contradiction in messaging)	March – Sept.	UNHCR OXFAM AVSI UNFPA UNDP IFRC
				Preferred and existing communication channels are shared among humanitarian actors	March – Sept.	UNICEF AVSI UNFPA IFRC
		Provide factual, objective and actionable information that enables people to take well-informed decisions		% of geographical coverage of information/communication initiatives	March – Sept.	UNHCR UNICEF UNFPA UNDP
				# of humanitarian actors report to a common community engagement related activities data hub/base	March – Sept.	UNHCR UNICEF UNFPA IFRC

			Communication initiatives provide information on all relevant sectors of protection concerns identified (Child Protection, SGBV, PSEA, legal registration, disability, health services, security etc.)	March – Sept.	UNHCR IsraAid UNFPA IFRC UNDP
			% of community mobilizers trained on protection issues	March – Sept.	UNHCR OXAM HelpAge WVI CARE UNFPA IFRC IOM UNDP
			# of community mobilizers proactively providing information and promoting dialogues on protection issues	March – Sept.	UNHCR OXFAM HelpAge UNFPA CARE IFRC IOM UNDP
			# of awareness raising campaigns conducted	March – Sept.	UNHCR OXFAM AVSI HelpAge CARE UNFPA IFRC UNDP
			Extent the affected population are aware of the support services available	March – Sept.	UNHCR OXFAM AVSI CARE UNFPA

					IFRC UNDP
The community and its members are empowered and actively engaged in decision-making	Strengthen <b>community structures</b> to allow every sector of the population access decision-making processes	% of women in leadership positions (Chefe do campo, Chefe de localidade, Secretario do bairro etc.)	March – Sept.	UNHCR IOM UNFPA	
		% of women involved in decision-making and in community management mechanisms	March – Sept.	UNHCR IOM UNFPA IFRC	
		# of community self-management structures strengthened	March – Sept.	UNHCR IOM AVSI CARE UNFPA IFRC UNDP	
		# of social events organized by the affected population	March – Sept.	DPGCAS AVSI	
	Participation, feedback and complaint mechanisms are integrated in all strategies, plans and programs from the onset of the emergency response	Establish and maintain effective <b>feedback</b> systems, using a variety of communication channels that are accessible to and preferred by the affected populations	A hotline and other preferred mechanisms to provide feedback and raise questions on the established humanitarian services is in place and fully functional	March – Sept.	WFP OXFAM CARE UNFPA IFRC
			Common referral pathways and protocols for receiving and reporting Feedback are established	March – Sept.	WFP AVSI UNFPA
			% of complaints received through established complaint mechanisms and referred to appropriate response mechanisms	March – Sept.	WFP OXFAM AVSI HelpAge WVI CARE UNFPA IFRC

			% of feedback and complaints that received follow-up and were solved	March – Sept.	WFP OXFAM AVSI HelpAge WVI CARE IFRC UNFPA UNDP
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Priority results	Target	Key actions	Indicators	Time frame / Status	Leads
<b>Objective 3: Coordination and Advocacy to operationalize Child Protection concerns into the humanitarian response</b>					
<b><u>Concerns, gaps and constraints:</u></b>					
<ul style="list-style-type: none"> <li>- Capacity to access all the affected areas in the Sofala Province</li> <li>- Authorities to engage in regular coordination regarding service Child Protection Services</li> <li>- Authorities allocate the necessary resources to guarantee the capacity to respond and follow on Child Protection cases</li> <li>- Institutional Coordination to secure complementary service provision is held</li> </ul>					
Child Protection AoR is activated at outset of the humanitarian response and fully functioning until deactivation	Child Protection strategy is endorsed by all members and HCT	Child Protection AoR members will engage in operationalizing their programs the CP priorities	Child Protection Strategy is developed and implemented	1 month	Child Protection AoR
			Partners Programs are aligned with the CP Strategy		
			Child Protection Guidance on Case Management is signed by partners providing Case Management Services		
	Child Protection Cluster is actively engaged in coordination structures with clusters co-leads and humanitarian actors	Protection Cluster leads integrate CP risk analysis, concerns, preventive, mitigation and response measures when reporting to HC and DHC on the overall Protection	Child Protection AoR maintains bi-monthly meetings on the protection strategy's implementation, protection concerns and humanitarian needs	1 month	Child Protection AoR



		Strategy's implementation.			
		Protection Cluster instruments for Protection Monitoring and Post-Distribution Monitoring integrate Child Protection concerns	Protection Cluster and Child Protection AoR revise key monitoring tools to incorporate Child Protection information aligned with the priorities of the Protection Strategy	2 months	Protection Cluster and Child Protection AoR
	Child Protection AoR members join monitoring activities conducted in order to ensure functional coordination structure with updated and regular information exchange	Child Protection AoR members constantly communicate among themselves and with relevant actors on their projects and activities	5W is regularly completed and shared on a bi-monthly basis	Every 2 weeks	CP AoR
Child protection is mainstreamed in all sectors of the humanitarian response	The centrality of child protection is ensured in all sectors of the humanitarian response	Child Protection AoR develops and shares guiding presentations and toolkits to ensure child protection mainstreaming	# of inter-agency tools and/or guidelines contextualized to support the integration of Child Protection into cross-sectors response (target : 2)	2 months	CP AoR and Cluster leads
Enhance the capacity to prevent and mitigate all forms of Violence, Exploitation, Abuse and Neglect against children	Child Protection actors improve inter-sectoral mechanisms to prevent and mitigate child protection risks, and to promote early intervention in cases of child maltreatment.	Child Protection actors reinforce community-based approaches	# of community-based child protection mechanisms established or operationalized (target : 5)	6 months	SCI WVI AVSI Plan IFRC

	Child Protection actors establish early warning mechanisms in all areas of return and resettlement and other vulnerable communities	Child Protection actors develop and adopt a CP Risk Mitigation and Emergency Preparedness Package	# of implementing partners integrating risk mitigation and emergency preparedness activities into their regular operations plan (target: 3)	6 months	CP AoR
		Child Protection AoR Partners endorse an awareness strategy	# of CP implementing partners signing the Guidance note (target: 4)	6 months	CP AoR
	Child Protection AoR Partners endorsed an awareness strategy	Child Protection Partners adopt a key message package to support Awareness Programs	# of organizations using the key awareness messages package (target: 4)	6 months	CP AoR
			% of population receiving awareness activities in Sofala region will be reached by key messages from the awareness package endorsed by CP AoR (target: 30%)		
Affected populations have access to timely, effective and appropriate responsive child protection services	Quality services in line with the Minimum Standards for Child Protection in Humanitarian Action are provided by partner organizations	CP Partners integrate CP Practical Guidelines into their service model	% of geographical areas where community-based identification and referrals mechanism are operational (target: 30%)	6 months	SCI WVI Plan TdH AVSI IFRC
	Children with disabilities are identified and provided access to Child Protection Services	Ensure that all children at risk have equal and non-discriminatory access to protection, assistance and solutions	# of children with disabilities identified receiving support through PSS or Case Management services (target: 30)		
	Legal documentation for children	Strengthen access to civil registration documentation for Children and Women Headed Households	# of children (re)issued with birth registration (target: 40,000) # of girls and boys receiving case management support for child protection cases (target: 950)	6 months	UNICEF and AoR partners

	Strengthening the capacity of national child protection system to respond to CP incidents	Improve access to, and quality of, Case Management services at District, Posto and Localidade levels	# of statutory child protection cases referred to SDSMAS Social Workers by Case Workers (target: 190)	6 months	UNICEF SCI WVI Plan
Enhanced the capacity to respond to the specific needs of child survivors		# of 50 Case Workers trained on management of statutory child protection cases, including inter-sectoral referrals and Case Conferencing (target: 50)	4 months	SCI WVI Plan AVSI	
		# of children in situations of early marriage receiving comprehensive, holistic, survivor-centred assistance (target: 40)	6 months	SCI WVI Plan IFRC	
		Increase the capacity of Child Protection authorities for case coordination	# of cases submitted to and followed by IPAJ involving cases of child survivors (target: 40) # of cases directly referred from DPS or DPEDH to Acção Social (target: 20)	6 months	UNICEF SCI WVI Plan AVSI
Improve access and quality of PSS services provided to children	Establish and provide psychosocial support and recreational activities through Child Friendly Spaces, community outreach, schools and Health Facilities.	# of children benefiting from structured psychosocial support through CFS and other outreach mechanisms (target: 8,000)	6 months	SCI Plan WVI TdH IsraAid AVSI IFRC	
		# of teachers trained in CP PSS approaches (target: 120)	6 months		
		# of children and adults participating in PSS group discussions and community activities on CP (target: 800)	6 months		
Strengthening protective community networks to ensure affected children have access to nondiscriminatory relevant support services.	Community-based child protection is operational in the affected areas of Sofala Province	Establish mechanisms that reinforce the capacity of community structures to refer children at risk	# of girls and boys who have been unaccompanied and separated that are reunified with their families or placed in alternative care arrangements (target: 25)	6 months	SCI Plan WVI
			# of community-based child protection mechanisms established and operational (target: 5)	6 months	SCI WVI Plan AVSI IFRC

	Children at risk and their families have access to timely, accurate and relevant <b>information</b> concerning Child Protection Services available in their communities	Build the capacity of community-based child protection mechanisms on Child Protection and response mechanisms	# of girls, boys, women, men, disaggregated by age group and disability, benefiting from community-based child protection mechanism activities (target: 300)	6 months	UNICEF SCI Plan WVI IFRC
		Ensure coordinated communication between relevant actors involved in identifying and responding to children at risk needs	# of cases referred from community-based child protection mechanisms volunteers/activists to national child protection case workers (target: 25)	6 months	UNICEF SCI Plan WVI IFRC

Priority results	Target	Key actions	Indicators	Time frame / Status	Leads
<b>Objective 4: Prevention, Mitigation and Response to GBV and PSEA</b>					
<b>Concerns, gaps and constraints:</b>					
<ul style="list-style-type: none"> <li>- Lack of GBV case management and psychosocial support services in the remote area.</li> <li>- Priorities income generating activities as well as socio- economic empowerment activity to mitigate GBV risk</li> <li>- Coordination with Health cluster to ensure that medical services are available and accessible to GBV survivor</li> <li>- Build the capacity of social workers to deliver psychosocial support in remote area.</li> <li>- Coordinate with Police and Legal services to ensure that protection services are available and accessible to GBV survivors.</li> </ul>					
<b>Strengthen GBV risk mitigation and prevention</b>	Affected population received information on	Improved awareness on gender equality(women representation in community leader), GBV and Protection against Sexual Exploitation and Abuse as well referral pathways and how and where to report	# women, men, girls and boys including those with disability reached and sensitized on GBV, TiP, PSEA and referral pathway	6 months	OXFAM IOM WVI CARE Plan UNFPA IFRC UNDP
			# of GBV awareness sessions conducted for men and boys	6 months	OXFAM AVSI CARE Plan

	GBV, PSEA, GBV risk are mitigated				UNDP UNFPA
			# of beneficiaries reached with messages on PSEA	6 months	OXFAM AVSI WVI CARE IsraAid UNFPA
			# of awareness sessions conducted on prevention of TiP	6 months	IOM
			% of women community leaders in resettlement sites trained on GBV risk mitigation, prevention and response	6 months	Plan IOM UNFPA UNDP
	Mainstreaming GBV and PSEA in other sectors and Safety audits to mitigate risk of GBV and SEA		# of safety audits conducted and recommendations acted upon	6 months	IOM Plan UNFPA
			% of protection desks providing GBV support as well as support to potential victims of trafficking	6 months	IOM Plan UNFPA UNDP
	Distribute Dignity kits to vulnerable women and girls of reproductive age	# of women and girls of reproductive age received Dignity Kits	6 months	CARE Plan IsraAid UNFPA	
	Support the women socio - economic empowerment activity(livelihood)	# of women and girls in WFS involved in livelihood activity	6 months	CARE Plan UNFPA	
	Strengthen the capacity of the local government partners to respond to survivors of GBV and SEA and community volunteers and activist to facilitate community based GBV	# of social workers and volunteers trained on GBV, TiP, PSEA code of conduct in humanitarian settings	6 months	OXFAM AVSI CARE Plan IsraAid UNFPA	

		awareness sessions and PSEA code of conduct in humanitarian settings	# of awareness raising activities conducted by social workers and community mobilizers in affected areas	6 months	OXFAM AVSI CARE Plan IsraAid UNFPA
<b>Improve quality GBV service provision and access in the remote areas.</b>	Quality services for GBV and SEA survivors are provided and accessible	In collaboration with government actors, ensure timely, gender and age sensitive provision of clinical management of rape, psychosocial support and legal representation through Case management	% of women, men, girls and boys that have access to GBV case management	6 months	CARE DPGCAS UNFPA
			% of reported GBV incidents referred for medical assistance	6 months	CARE DPGCAS UNFPA
			% of reported incidents referred for legal assistance	6 months	CARE DPGCAS UNFPA UNDP
			% of reported GBV incidents referred for psychosocial counselling	6 months	CARE DPGCAS UNFPA
			% of women and girls engaged in life-skills development/empowerment projects	6 months	CARE DPGCAS UNFPA UNDP
		Provision of life skills activities in WFS in the resettlements sites	# of survivors enrolled in income generating and occupational activities	6 months	CARE Plan UNFPA UNDP
		Build the capacity of service providers(health, action social, police and legal)on Case management and psychosocial support	# service providers trained on GBV case management and PSS	6 months	Plan UNFPA UNDP
<b>Information Management and M&amp;E</b>	GBV data is collected and analyzed in safe	Strengthening capacity to collect, manage GBV data safely	% of collected data in line with guidance principle	6 months	CARE Plan UNFPA



	and ethical manner to support evidence-based advocacy and programming	in line of guidance principle for GBV management	# of monitoring reports produced and shared	6 months	CARE Plan UNFPA
			# of information management protocols established and shared	6 months	CARE Plan UNFPA
		Develop/review SOPs and Protocol on GBV data management and sharing	# of SOPs developed and reviewed	6 months	CARE Plan UNFPA
			# partners trained on standardized data collection tools	6 months	CARE Plan UNFPA
		Strengthen the capacity of service providers on safe and ethical management of GBV data	# partners trained on standardized data collection tools	6 months	CARE Plan UNFPA

Priority results	Target	Key actions	Indicators	Time frame / Status	Leads
<b>Objective 5. Improve the inclusive and accessible dimension of the humanitarian response to persons with disabilities.</b>					
<b>Concerns, gaps and constraints:</b>					
<ul style="list-style-type: none"> <li>- Limited to no disaggregated data is available on persons with disabilities</li> <li>- Existing risk of duplication of data collection due to insufficient collaboration among partners</li> <li>- Inconsistency in data collection tools among humanitarian actors</li> <li>- Persons with disabilities are left out from emergency response due to persisting barriers</li> <li>- There is a need to strengthen involvement of and collaboration between Disability Working Group members and mainstream humanitarian actors</li> </ul>					
Girls/ boys/ women/ men with disabilities have access to protection and support tailored to their specific needs.	Girls/ boys/ women/ men with disabilities are being provided with tailored emergency aid and protection services.	Provide emergency relief to girls/ boys/ women/ men with disabilities through local partner organizations.	# of persons with disabilities have been reached by emergency aid (receiving food; shelter; psychosocial support) through the Disability Working Group members (target: 3000 persons)	<u>Timeframe:</u> March to September  <u>Status as of June:</u> 1310 persons with disabilities received food and shelter items.	Light for the World UNICEF OREBACOM ADEMO KUPHEDZANA CBR DONDO UNFPA
		Monitor the access of the humanitarian aid by girls/ boys/ women/ men with disabilities.	# of man/women with disabilities trained to act as Disability Inclusion Facilitators to monitor the access of girls/ boys/ women/ men with disabilities to humanitarian aid (target: 5)	<u>Timeframe:</u> June - September  <u>Status as of June:</u> 5 man/woman have been trained as Disability Inclusion Facilitators.	Light for the World FAMOD ADEMO OREBACOM DPGCAS UNFPA
			# of resettlement sites assessed by the Disability Inclusion Facilitators (target: 7 resettlement sites in 2 districts resettlement camps)	<u>Timeframe:</u> June - September  <u>Status as of June:</u> 2 resettlement camps have been assessed by the Disability Inclusion Facilitators.	Light for the World FAMOD ADEMO OREBACOM DPGCAS UNFPA



			A research conducted on accessibility of humanitarian aid to girls/ boys/ women/ men with disabilities.	<u>Timeframe:</u> June – September  <u>Status as of June:</u> Research is currently being conducted.	Light for the World FAMOD ADEMO OREBACOM DPGCAS UNFPA
		Develop and implement referral pathways for girls/ boys/ women/ men with disabilities requiring support, including assistive devices or disability specific interventions	A referral pathway is created for girls/ boys/ women/ men with disabilities	<u>Timeframe:</u> August – Sept.  <u>Status as of June:</u> In progress	Light for the World UNFPA
			# of girls/ boys/ women/ men with disabilities are referred to the appropriate organizations/ institutions.	<u>Timeframe:</u> August – unknown date  <u>Status as of June:</u> In progress	Light for the World UNFPA
The inclusion of girls/ boys/ women/ men with disabilities is mainstreamed in humanitarian response and their protection needs addressed	Girls/ boys/ women/ men with disabilities are visible in the humanitarian response to cyclone Idai, through data collection.	Create and maintain a comprehensive database with disaggregated data on where persons with disabilities are and their age, gender, type of impairment and specific needs.	Mainstream humanitarian actors share disaggregated data on girls/ boys/ women/ men with disabilities.	<u>Timeframe:</u> June – Sept.  <u>Status as of June:</u> In progress	Light for the World UNICEF World Vision Kulima HelpAge HI FAMOD KUPHEDZANA ADEMO OREBACOM DPGCAS UNFPA
			1 excel database is created and regularly updated by partner organizations on girls/ boys/ women/ men with disabilities.	<u>Timeframe:</u> March - September  <u>Status as of June:</u> 1 database has been created.	

		Create awareness on child protection issues related to disability inclusion.	# of girls/ boys /women /men participating in awareness raising activities on child protection issues with a special focus on disability inclusion.	<u>Timeframe:</u> April - September  <u>Status as of June:</u> 1316 girls/ boys / women / men have been sensitized about protection issues.	Light for the World UNICEF PNDH UNFPA
Humanitarian organizations make their on-going and upcoming response activities accessible to and inclusive of persons with disabilities		Develop and present guidelines on disability inclusion among different humanitarian clusters.	# of guidelines on the inclusion of persons with disabilities are developed (in Portuguese and English) and presented within the different clusters by the Disability Focal Points (target: 6).	<u>Timeframe:</u> July - August  <u>Status as of June:</u> In progress.	Light for the World FAMOD UNFPA
		Train humanitarian organizations to become disability inclusive.	# of humanitarian organizations in affected areas are trained to make their interventions accessible for and inclusive of girls/ boys/ women/ men with disabilities (target: 10).	<u>Timeframe:</u> June - September.  <u>Status as of June:</u> 3 humanitarian organizations have been trained to make their interventions accessible for persons with disabilities. Next training will be 10 - 11 July.	Light for the World UNICEF UNFPA

			# of humanitarian staff members (women and men) from various organizations trained in making humanitarian interventions accessible for and inclusive of girls/ boys/ women/ men with disabilities (target: 30).	<p><u>Timeframe:</u> June - September.</p> <p><u>Status as of June:</u> 9 staff members from the abovementioned humanitarian organizations have been trained.</p>	Light for the World UNICEF UNFPA
Inclusive humanitarian activities are well coordinated through the creation of a Disability Working Group	Organizations with disability expertise are involved in the humanitarian response and participate in the Disability Working Group.	Create a contact list of those involved in the Disability Working Group.	A contact list created of Disability Working Group a disseminated among relevant actors.	<p><u>Timeframe:</u> March - August</p> <p><u>Status as of June:</u> one contact list has been created</p>	Light for the World FAMOD UNFPA
		Trained Disability Focal Points are part of the Disability Working Group and participate in clusters meetings.	# Disability Focal Persons are trained and actively participating in Cluster meetings (target: 6).	<p><u>Timeframe:</u> March - August</p> <p><u>Status as of June:</u> 6 of disability focal persons were trained and are actively participating in the Cluster meetings</p>	Light for the World UNICEF FAMOD UNFPA
		Organize weekly meetings with the Disability Working Group.	Weekly meetings with Disability Working Group are being held.	<p><u>Timeframe:</u> April - September</p> <p><u>Status as of June:</u> Ongoing</p>	Light for the World UNICEF FAMOD UNFPA