



PROTECTION CLUSTER STRATEGY FOR IDAI RESPONSE

March - August 2019

Fig. 1: IDPs in Guara Guara resting under a tree that overturned following Cyclone Idai

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I. Operational context

On 14 March 2019, Tropical Cyclone Idai made landfall as a category four Cyclone near Beira City, with strong winds (180 – 220 km per hour) and heavy rain (more than 200 mm in 24 hours) across the provinces of Sofala, Manica, Zambezia, Tete and Inhambane. The official death toll rose to 602 people, nearly 110,000 houses were identified by the authorities as totally destroyed and more than 146,000 displaced people were sheltered in 155 sites across Sofala (116,237 people), Manica (14,047 people), Zambezia (13,203 people) and Tete (2,655 people) as of 1 April 2019.

The disaster led to loss of life, widespread destruction to both infrastructure and shelters, as well as disruption of essential services, markets and livelihoods. Secondary effects of the disaster included displacement a great number of people, as well as the outbreaks of infectious diseases, including Acute Watery Diarrhoea (AWD) and Cholera. Pre-existing vulnerabilities characterizing affected areas intensified the effects of the cyclone and floods. Mozambique ranking 180 out of 189 in the Human Development Index 2018. An estimated 3,000 sq. km of land was reportedly affected by flooding, with over 715,000 hectares of crop fields under water and widespread damages to key infrastructure¹.

Mozambique's geographical configuration and location (2,700 km coastline; downstream country of nine international rivers) contributes to it being ranked third among African countries most affected by climate-related disasters. The situation is exacerbated by the country's limited capacity to prevent, mitigate, and adapt to, natural occurrences, man-made hazards and epidemics.

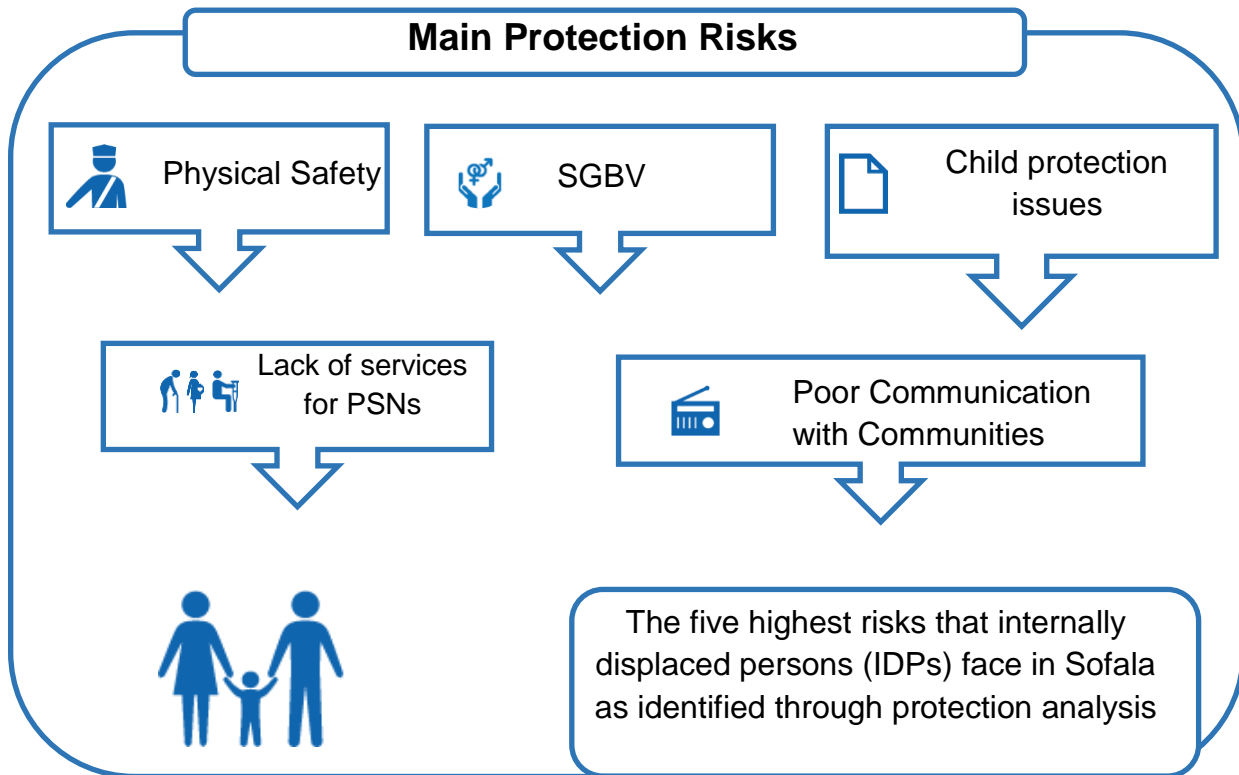
With destructions caused by strong winds and flash floods, thousands of people took refuge in makeshift accommodations and transit centers that did not offer minimum privacy and safety and were likely to reinforce a situation of vulnerability already at its peak.

In order to rapidly ramp-up response activities in support of Government-led efforts, the Inter-Agency Standing Committee (IASC) activated a Humanitarian System-Wide Scale-Up on 22 March 2019, along with 10 IASC humanitarian clusters. Many organizations sent in emergency surge staff and additional supplies. In addition, during the revision of the Humanitarian Response Plan on 26 March 2019, there was a notable increase of operational presence from 20 organizations to 188 among UN Agencies, International and National NGO partners providing services across 67 districts, as of mid-April.

The protection response is coordinated through the cluster which includes Child Protection and SGBV sub-clusters and a Disability Working Group. Multiple protection assessments have been conducted in the above-mentioned three key areas as well as regular broad protection monitoring to identify persons with specific needs in order to better analyze protection trends, risks and gaps in the response to the displacement.

¹ Multi-sectoral Rapid Assessment Post-Cyclone Idai, April 2019.

II. Protection Analysis

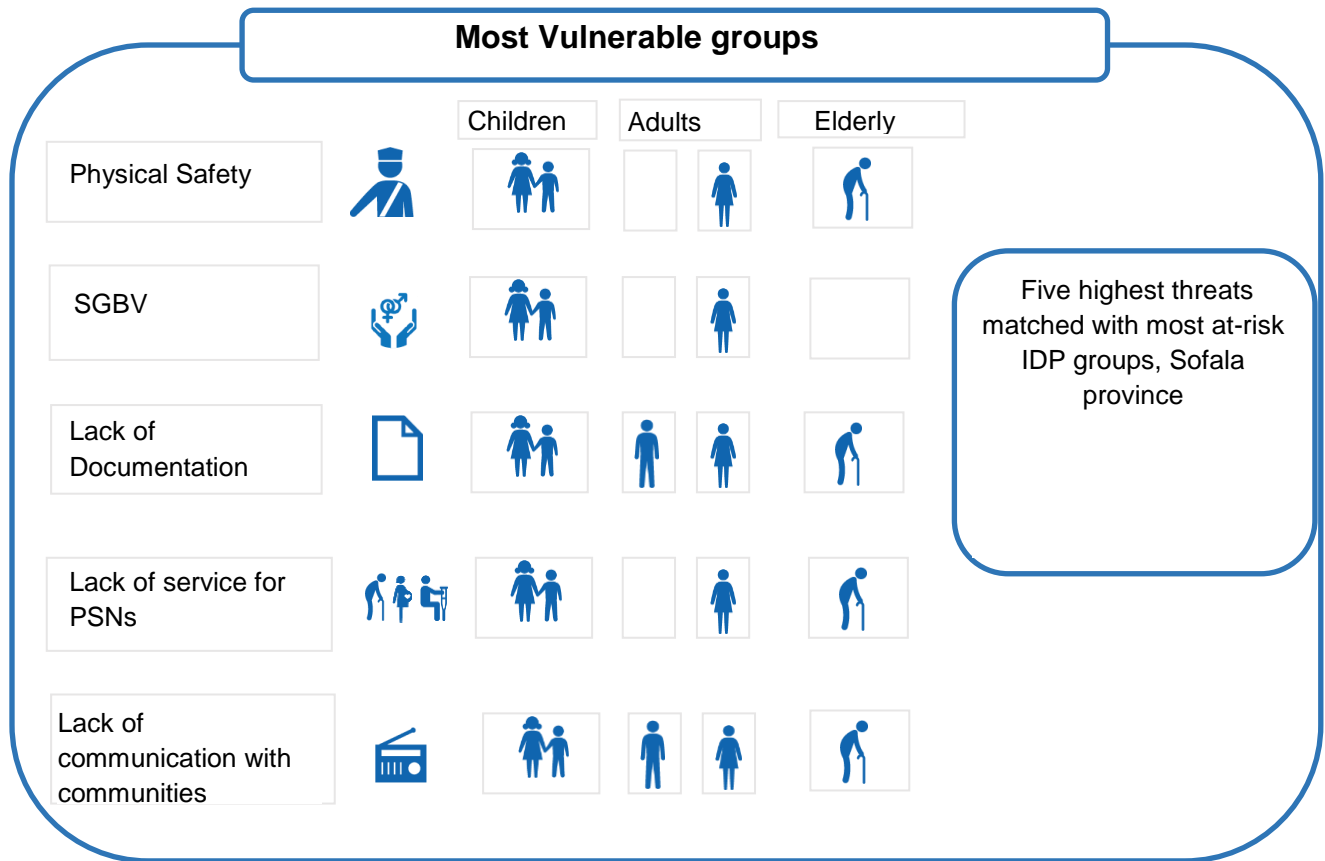


- The protection environment in areas affected by the cyclone and floods was generally conducive before 14 March 2019 despite widespread reported instances of early pregnancies and marriage, child labor, human trafficking and sexual and gender-based violence that were not properly addressed. The GoM with the support from various partners was striving to put in place adequate response mechanisms to address these concerns.
- Displacement, destruction of basic services facilities, breakdown of community protection mechanism, overcrowding and unsanitary conditions in the aftermath of the cyclone and floods led increased protection risks for women, men, girls and boys. IDPs in accommodation centres reported concerns over personal safety, lack of police to prevent vandalism, assault, and theft and elevated-risk of gender-based violence (GBV) and abuse towards people with specific needs, such as unaccompanied and separated children, orphans, female-headed households, people with disabilities and elderly in overcrowded displacement sites.
- New risks arising from the precarious shelter structures started to emerge as families were forced to share either communal buildings or tents. Families being compelled to live in segregated male/female tents, lack of privacy has also led to exposure of

vulnerable groups to heightened risk of abuse as well as violence including sexual exploitation and survival sex.

- Damages to homes and form of livelihoods also increased potential risks of forced child labor, family separation, exploitation and abuse and the risk of trafficking. As the disruption of schooling for adolescents is prolonged, survival continues to be an uphill struggle with social tension, family disputes, teenage pregnancy, child marriage, child labor and exploitation continuing to increase.
- Due to lack of safe and dignified WASH facilities in dwellings or distance to facilities, women and girls are forced to source for solutions elsewhere exposing them to potential risks of Sexual and Gender Based Violence. Past lessons as well as assessment reports both highlight that women and girls and their families resort to negative coping mechanisms to attain basic needs and endure economic hardship, including being exposed to sexual exploitation, survival sex and early and forced marriage.
- Limited community engagement together with limited amount of information has also been noted as a key gap in the response. Populations generally lack adequate information on assistance, relocation plans, returns or resettlement to permanent areas. In order to foster accountability by the humanitarian response to affected communities, a call center (*'Linha Verde'*) has been set up to address this need. Manned by WFP, the helpline will include information on all sectors of the humanitarian response. It has been established in close coordination with INGC at central level and designated provincial focal points to ensure an appropriate link with state structures. This should also be complemented by strong community based feedback and complaints mechanism and two ways communication system to ensure comprehensive communication with the populations.
- Lack or loss of legal documents during the cyclone (i.e. identity documents, birth certificates, school certificates and property documents) is a prevailing issue as highlighted in assessments conducted. This has led to inability to secure livelihoods for some, potential land and ownership conflicts, and problems with enrolment of children in schools.
- The impact of the cyclone on children was particularly significant as schools were destroyed, schooling materials were lost, and families lost their incomes. The experience of witnessing the damages caused by the cyclone and the inability of their parents to protect them contributed to high levels of distress amongst girls and boys. Displacement, lack of access to services, including food contributed to heightened tension within families with increasing incidents of violence, including corporal punishment. More children were forced to find work or begging, while expectation of assistance contributed to voluntary separation of families. Generally, the breakdown of traditional protective mechanisms mean the pre-existing protection risks for girls and boys have been exacerbated.

- The main challenges in the resettlement for persons with disabilities particularly children are related to the location of schools in the resettlement zones. The schools are located far from the resettlement zones and the majority of children with disabilities have lost their assistive devices creating challenges for them to go to school. Besides this mobility issue many children have also lost their school materials and birth registration documentation which reinforce the barriers for the children to go to school.
- What was observed in the aftermath of the cyclone across all Disabled People's Organizations (DPOs) was that very few persons with disabilities are housed the accommodation centres set up by the government for internally displaced persons. It is a shared analysis of Light for the World and DPOs that the main barriers are these centres not accessible, challenges of persons with disabilities to reach from the community to the accommodation centres, as well as lack of prioritization of persons with disabilities during food distribution in the centres. As a result, most persons with disabilities are still in their communities, despite their houses largely being destroyed and them being without any support so far in terms of food, medical treatment, water, blankets and clothes since the cyclone and flooding hit. The large part of the emergency response on the ground so far misses out on persons with disabilities, as they tend to have difficulties of reaching to the distribution sites and the high stigmatization of disability in communities. This situation has been reported for Beira and Dondo mainly, but the situation is expected to be similar or worse in rural areas, especially where there are no Disabled People's Organizations to represent their members' rights.
- Family separation as a result of rural to urban migration, loss of parents as a result of HIV/AIDS and poverty has been exacerbated, while children, particularly girls have been entrusted additional responsibilities within the households.
- Safety outside the camp settings has deteriorated as stress factors due to lack of food and shelter continue to mount. Increased hostility is a risk factor which plays out in the form of Gender Based Violence as the majority of those receiving assistance in camps are women, including female and child-headed households.
- Living conditions are also severe and needs are largely unfulfilled in the communities outside the camps, especially in areas that are hard to reach. Lack of basic needs including food and shelter have been reported increasing risks for the vulnerable population.
- While the waters continue to recede in several locations, people living in lower lands have clearly expressed their fears to return and indicated their preference to be "resettled" in safer, higher-level lands as per the Governments of Mozambique urbanization plans. Others have opted to return to their habitual residence in spite of conditions remaining difficult. Some women especially female headed households are reluctant to return or be resettled as many of them feel unable to rebuild themselves as they did not own the land but lived in rented houses.



- Protection monitoring has shown increased risk in physical safety as the community moves from temporary accommodation to generally unprepared tented camps. Within the sites, multiple risks include discriminatory targeting/theft of assistance, leading to increased tensions amongst the community. Lack of adequate lighting, both in the sites and surrounding areas has put women, children and vulnerable people, including elderly and disabled people, at heightened risk of sexual and gender based violence.
- People with disabilities are usually disproportionately affected by natural disasters, especially persons with mobility restrictions. Children do not have access to services due to mental or physical disability. The situation is further compounded by general negative attitudes towards persons with disabilities. Cases of inequitable assistance to people with specific needs such as elderly, displaced and people with chronic diseases such as HIV were also reported. Families reported prevalent cases of trauma in their households that requires not only psychosocial but also social services and specialized mental health care
- With the support from protection partners, the GoM has developed national capacities and systems including integrated protection service points, community protection

structures in areas of displacement. With the disruption of services following the cyclone, it's now urgent to enhance the collaboration with local partners and the Ministry of Gender, Children and Social Affairs (MGCAS) for better response and seamless post emergency handover.

- As the response progressively moves to solutions and recovery stages with returns and the GoM's transferring IDPs to resettlement sites many IDPs are still expecting assistance to return and repair their damaged houses while others who preferred to be relocated to higher lands less prone to flooding also expect basic support to rebuild their lives

III. Vision

With the support and active engagement of GoM through the National Institute of Disaster Management (INGC) and the Ministry of Gender, Children and Social Actions (MGCAS), ensure mainstreaming of protection in humanitarian response as a collective goal and contribute to the reduction of vulnerability of the affected population.

IV. Strategic objectives and Key activities

Strategic objective 1: Strengthen coordination of protection, GBV and child protection activities at the national and sub-national levels and ensure that protection issues are effectively addressed and protection is mainstreamed across all sectors.

- Protection strategy and work plan defined
- Mainstreaming activities are included in clusters action plans and monitored
- Establish the mapping of service providers and reinforce the referral systems.
- Protection monitoring and risk analysis
- Plan and develop strategy, including cluster plans, adherence to standards and funding needs.

Strategic objective 2: Authorities and communities are supported for delivering effective protection and assistance to affected communities, with a focus on the most vulnerable

- Strengthen community-based mechanisms. Addressing the above-reported faulty communication with communities, one key action is the activation of the 'Linha Verde', a toll-free number which will inform beneficiaries on services offered by the current humanitarian response, bringing together all clusters
- Information sharing, sensitisation and feedback mechanisms with communities
- Integrated protection services and desks in resettlement sites
- Identification and targeted support of PSNs
- MHPSS provided for affected persons
- Provision of technical support on inclusion of disability
- Support with recovery/issuance of ID documentation and HLP

Strategic objective 3: Children have improved access to timely, effective and appropriate preventive and responsive services to all forms of violence, exploitation, abuse and neglect.

- Prevention and response to violence, abuse and neglect against children, including gender based violence, through case management
- Respond to the psychosocial support needs of affected children and their families
- Unaccompanied and Separated children identified, cared for, and benefit from Family tracing and reunification services
- Strengthening protective community networks to ensure affected children have access to non-discriminatory relevant support services

Strategic objective 4: Increased capacity to safe and confidential response to GBV in humanitarian contexts

- Coordinate GBV prevention and response
- Implement GBV Minimum response package through integrated protection and response services
- Conduct awareness sessions on GBV response on available services and referral pathway
- Conduct awareness sessions on how to handle disclosures
- Improve referral pathways at community and camp level
- Distribute Dignity kits to vulnerable women and girls of reproductive age
- Psychosocial support through WFS at community level
- Conduct safety audits to mitigate GBV

Strategic objective 5: Increased capacity of humanitarian aid organizations to make their aid efforts accessible to and inclusive of persons with disabilities.

- Make persons with disabilities visible in the humanitarian aid response to cyclone Idai, through data collection on where persons with disabilities are, their needs and where their access to humanitarian aid is hampered.
 - Monitor the impact of the humanitarian response on persons with disabilities.
 - Report cases where the rights of persons with disabilities have not been respected.
 - Maintain an excel database with persons with disabilities.
- Enable humanitarian aid organizations to make their on-going and upcoming aid efforts accessible to and inclusive of persons with disabilities.
 - Develop guidelines/tip sheets for other clusters (for example in WASH, Food security, Shelter, etc.) as well as develop training material.
 - Provide hands-on training to cluster leads and members.
 - Develop referral pathways (e.g. where to refer a person with disability x to for assistive devices, or disability-specific interventions).

- Strengthen the involvement of organization with disability expertise in the response, by unlocking information on who they are, what they do and how they can be contacted.
 - Create a 4W contact list with Disabled People’s Organizations, organizations that implement Community Based Rehabilitation (CBR) programmes and other disability-specific organizations (names, addresses, contact persons and phone numbers).
 - Train resource people to engage with mainstream organizations.
 - Organize regular (weekly) meetings with Disabled People’s Organizations, organizations that implement Community Based Rehabilitation programmes and other disability-specific organizations to promote coordination and timely action.
 - Participate in other clusters (and monitoring missions) by assigning at least one person to each cluster.

VI. Partnerships

With the activation of the Scale Up for the Idai response and the clusters coordination arrangements, UNHCR is coordinating the protection clusters activities with the GoM (DPGCAS), Child Protection Sub-Cluster (UNICEF), GBV Sub-Cluster (UNFPA) and Disability Working Group (Light for the World)

While PSEA (Protection from sexual exploitation and abuse) , Community engagement (Accountability to affected populations) and MHPSS (Mental Health and psycho-social support) are also reflected in the protection response, they are coordinated through separate working groups that work closely with the cluster, sub-cluster and working groups. Key partners includes:

- INGC
- MGCAS
- PDGCAS
- Child Protection
- SGBV
- Disability Working Group
- PSEA working group
- Community engagement working group
- MHPSS working group

VII. Exit strategy

INGC is the GoM-mandated agency to lead disaster-response including for affected populations. They have taken the lead in liaising with temporary accommodation centres, identifying land for camps and resettlement sites and leading the relocation, return and resettlement of IDPs, with the support of the humanitarian community. Government has also provided police presence in the IDP sites including for safe delivery of assistance. GoM (DPGCAS) Co-Chairs the protection cluster meetings. The exit strategy is in preparation of deactivation of L3 emergency and the cluster system. The protection cluster will (a). continue the process of strengthening existing

referral pathways in critical areas of Child Protection and GBV; (b) regularly liaise with other actors to increase protection mainstreaming and (c) gradually transfer to the Government the oversight of protection coordination and key protection programs such as protection monitoring, community-based structures and protection focal Points and identification and support to persons with specific needs in newly developed resettlement sites

VIII. Monitoring tools

The Protection Cluster is committed to monitor progress with accomplishment of objectives set in accordance with the action plan through indicators defined with and agreed by all stakeholders, including activities on general protection, protection of children and the protection against sexual and gender based violence. The implementation matrix and the protection mainstreaming checklists will assist protection partners to (a) regularly monitor the impact and performance of protection partners and (b) progress to promote the centrality of protection in the humanitarian response. Evaluation sessions will be regularly organized with partners to identify challenges, gaps and build on lessons learnt from the implementation of this strategy. Challenges and constraints identified during implementation will also inform the advocacy strategy with both the GoM and humanitarian partners.

ANNEXES

a. Annex 1: Protection cluster implementation matrix

MARCH-AUGUST 2019

Objective# 1	Key program areas	Partners	Indicator	Timeframe	Notes/Update
<p>Strengthen coordination of protection, GBV and child protection activities at the national and sub-national levels and ensure that protection issues are effectively addressed and protection is mainstreamed across all sectors.</p>	<ul style="list-style-type: none"> • Protection strategy and work plan defined • Mainstreaming activities are included in clusters action plans and monitored • Establish the mapping of service providers and reinforce the referral systems. • Analyse and share protection trends , risks and incidents • Ensure that service delivery is conducted in close coordination with GoM • Ensure one/two meetings per week by cluster, sub-cluster and working group of which the second which the second should be with GoM. • Provide the necessary analysis and support to help the HCT develop the over-arching strategy, advocacy and response plans for achieving protection outcomes. • Support service delivery by providing a platform for agreeing approaches and eliminating duplication through coordinated communication within the clusters and sub-clusters. 	<p>INGC MGCAS UNFPA OCHA UNHCR UNICEF IOM</p>	<ul style="list-style-type: none"> • # of protection monitoring reports sent /month • # Checklist for protection mainstreaming is shared with clusters • # of people trained on protection mainstreaming(disaggregated by Age and gender) • # 4W is completed and available • # Referrals pathways are updated and operational • # of SoP shared and implemented • # of meetings at cluster and sub-cluster level • % to adherence to protection, CP and GBV strategies • # of Joint meetings conducted with GoM • # of Joint field visits with GoM 	<p>Mid – term review (3months)</p> <p>6 months</p>	<p>Coordination arrangements in place to be enhanced until the deactivation of the scale up.</p> <p>Harmonisation of checklist shared by cluster with what the GoM has in place</p>

	<ul style="list-style-type: none"> • Inform strategic decision-making of the HC/HCT by coordinating needs assessment, gap analysis, and prioritization through sharing protection monitoring reports, operational presence, advocacy papers and protection monitoring dashboard • Plan and develop strategy, including cluster plans, adherence to standards and funding needs. • Advocate to address concerns on behalf of cluster participants and affected populations, through joint missions and meetings with GoM. • Monitor and report on the cluster strategy and its results, and recommend corrective action where necessary. • Undertake contingency planning, preparedness, or capacity building where needed and where capacity exists in the cluster 		<ul style="list-style-type: none"> • <i># Advocacy papers shared with Cluster and GoM for intervention.</i> 		
Objective# 2	Key program areas	Partners	Indicator	Timeframe	Notes/Update
Authorities and communities are supported for delivering effective protection and assistance to affected communities, with a focus on the most vulnerable	<ul style="list-style-type: none"> • Strengthen community-based mechanisms • Information sharing, sensitisation and feedback mechanisms with communities • Support relocation programme • Integrated protection services and desks 	Community-based structures DPGCAS Provincial, District,	<ul style="list-style-type: none"> • # and % of community-based structures in place in relocation sites • # of Awareness raising campaigns • # and % of Integrated protection services and desks established in relocation sites 	6 months	<p>% is important to capture extent of area coverage</p> <p>All # of people disaggregated data by Age and Gender</p>

	<ul style="list-style-type: none"> • Identification and targeted support of PSNs • MHPSS provided for affected persons • Support registration data collection • Systematic engagement with clusters on protection mainstreaming • Protection monitoring and risk analysis • Provision of technical support on inclusion of disability • Support with recovery/issuance of ID documentation and HLP • Advocate for recovery funding increase 	Local authorities INGC INAS FAMOD Light for the World ICCG DINOTER Ministry of Justice Other clusters I/NGOs	<ul style="list-style-type: none"> • # and % of protection monitoring interviews • # and % of PSNs supported • # of people in PSS sessions • # awareness initiatives on Civil Documentation and Registration. 			
Objective# 3	Key program areas	Key Activities	Partners	Indicator	Timeframe	Notes/Update
Children have improved access to timely, effective and appropriate preventive and responsive services to all forms of violence, exploitation, abuse and neglect.	<ul style="list-style-type: none"> • Prevention and response to violence, abuse and neglect against children, including gender based violence, through case management 	<ul style="list-style-type: none"> • Identification of children victims and at risk, assessment, referral to specialised services, and monitoring at the site-level 	Ação Social AVSI Plan SCI WVI Friends of Waldorf education	<ul style="list-style-type: none"> • # of girls and boys at risk identified and referred to specialized services including case management. • # of girls and boys at risk supported through case management system. 	<i>6 months</i>	
		<ul style="list-style-type: none"> • Strengthening capacity of national child protection system at the district level through training, and additional resources 	UNICEF Save the Children	<ul style="list-style-type: none"> • # of national child protection workers trained and supported 	<i>3 months</i>	

	<ul style="list-style-type: none"> Establishing referral pathways, updating TORs and case management tools 	UNICEF UNHCR Acção Social	<ul style="list-style-type: none"> Case management tools updated and operational (Yes/No) 	<i>6 weeks</i>	
<ul style="list-style-type: none"> Respond to the psychosocial support needs of affected children and their families 	<ul style="list-style-type: none"> Establish and provide psychosocial support and recreational activities through Child Friendly Spaces 	Acção Social IsraAid AVSI Plan SCI WVI ICDP Soproco NATAN	<ul style="list-style-type: none"> # of children benefiting from psychosocial support through CFS. # of women and men non-child protection workers trained on CP approaches. # of CFS established # of children and adults participating in group discussions and community activities 	<i>6 months</i>	
<ul style="list-style-type: none"> Unaccompanied and Separated children identified, cared for, and benefit from Family tracing and reunification services 	<ul style="list-style-type: none"> Identify and support appropriate alternative, prioritising family-based care 	Acção Social SCI	<ul style="list-style-type: none"> # of unaccompanied and separated girls and boys placed in emergency community based alternative care. 	<i>6 months</i>	

<ul style="list-style-type: none"> • Strengthening protective community networks to ensure affected children have access to non-discriminatory relevant support services 	<ul style="list-style-type: none"> • Undertake family tracing and reunification 	<p>Acção Social SCI</p>	<ul style="list-style-type: none"> • # of unaccompanied and separated girls and boys reunified with their families or placed in a long-term family-based care arrangement. • # of non-CP workers trained on foster care 	<p><i>6 months</i></p>	
	<ul style="list-style-type: none"> • Functionalization of Community-Based Child Protection Committees (CCPS) at locality level 	<p>Acção Social AVSI Plan SCI WVI ICDP Soproco FHI 360 SOS Children village UNICEF</p>	<ul style="list-style-type: none"> • # of community-based child protection structures established or supported. • # of people benefiting from CCPC activities 	<p><i>6 months</i></p>	
	<ul style="list-style-type: none"> • Strengthening protective community networks to ensure affected children have access to non-discriminatory relevant support services • Establish, train and support 	<p>Acção Social Plan Friends of Waldorf Education SCI</p>	<ul style="list-style-type: none"> • # of members of community-based child protection structures trained on CP approaches. 	<p><i>6 months</i></p>	

		community-based child protection committees at the site-level				
		<ul style="list-style-type: none"> Identify and support children's participation in prevention and response to risks 	<p>Acção Social Plan Friends of Waldorf Education SCI</p>	<ul style="list-style-type: none"> # of children and community members benefiting from awareness activities 		
Objective# 4	Key program areas	Partners	Indicator	Timeframe	Notes/Update	
<p>Increased capacity to safe and confidential response to GBV in humanitarian contexts</p>	<ul style="list-style-type: none"> Coordinate GBV prevention and response Implement GBV Minimum response package through integrated protection and response services Conduct awareness sessions on GBV response on available services and referral pathway Conduct awareness sessions on how to handle disclosures Improve referral pathways at community and camp level Distribute Dignity kits to vulnerable women and girls of reproductive age Psychosocial support in WFS and community level Monitoring and evaluation IEC materials distribution Conduct safety audits to mitigate GBV. 	<p>DPGCAS UNFPA AMODEFA FHI 360 IOM World Education World Vision/Plan Other CBO...</p>	<ul style="list-style-type: none"> Number of women and girls of reproductive age reached with Dignity Kits # women, girls, men and boys including those with disability reached with GBV/PSS awareness messages % of districts with active referral pathways # WFS established % women and girls accessing WFS services # Referrals made using Guia de Referência # of safety audits conducted and recommendations acted upon 	3 months		

<p>Enhanced capacity to provide integrated assistance to GBV survivors</p>	<ul style="list-style-type: none"> • Increased inter-sectoral capacity to prevent and mitigate GBV • Increase provision of capacity to respond and do case management to GBV cases • Psychosocial support provision to GBV survivors 	<p>MGCAS/DPG CAS/ MINT/MISAU and others UNFPA IOM UNICEF FHI 360 UNHCR</p>	<ul style="list-style-type: none"> • Integrated Services use FICHA ÚNICA • Nº of girls and women with access to programmes to mitigate and prevent GBV. • #of women and girls engaged in life-skills development/empowerment projects • #Women, girls, men and boys with GBV awareness messages through community outreach and psychosocial support 	<p>1 year</p>	
<p>Improved capacity to confidentially collect, analyse and manage GBV data in order to influence programme response</p>	<ul style="list-style-type: none"> • Develop/review SOPs on GBV data management and sharing • Facilitate signing of GBV information Sharing Protocol • Train case workers on safe and ethical management of GBV data • GBV Multi-sectoral platform strengthened (MGCAS, MISAU, MJACR, MINT (Ministry of Interior) 	<p>MGCAS UNFPA Partners</p>	<ul style="list-style-type: none"> • Data collected in conformity with international/IASC guidelines • # reported GBV incidents per type, age and sex • # GBV partners collecting data using global GBV standardized data collection tools. 	<p>6 months</p>	

<p>Improved awareness on gender equality, GBV and Sexual and reproductive Health</p>	<ul style="list-style-type: none"> • Conduct GBV risk mitigation, prevention and response activities • Engaged Adolescent and youth Empowerment activity 	<p>DPGCAS UNFPA AMODEFA FHI 360 Plan WVI IOM UNICEF Other CBO...</p>	<ul style="list-style-type: none"> • # adolescents and youth reached with Gender, GBV and SRH messages; • # of adolescents and youth engaged GBV and SRH interventions. 	<p>6 months</p>	
<p>Advocacy - Support Development of strategy papers that may contribute to GBV prevention and response laws and policy in country including Prevention of Sexual Exploitation and Abuse in emergencies</p>	<ul style="list-style-type: none"> • Contribute to adoption of GBV prevention and response guidelines through participating in interagency Protection advocacy meetings • Revision of the national GBV SOP to include GBViE • Raise awareness on PSEA and humanitarian principle 	<p>MGCAS/DPG CAS/MINT/M ISAU and others UNFPA IOM UNICEF FHI 360 UNHCR</p>	<ul style="list-style-type: none"> • # of protection and GBV advocacy Strategy papers developed • # of people trained on PSEA • # of beneficiaries reached with messages on SEA • # of community based complaints mechanisms established and operational. 	<p>6 months</p>	
<p>Capacity Building</p>	<ul style="list-style-type: none"> • Train multi-sectoral GBV service providers on GBViE • Build the capacity of social workers on Case management and psychosocial support • Train volunteers to facilitate community based GBV awareness sessions • Training of volunteers and social workers on PSEA code of conduct in humanitarian settings. 	<p>MGCAS/DPG CAS/MINT/M ISAU and others UNFPA IOM UNICEF FHI 360 UNHCR</p>	<ul style="list-style-type: none"> • # of Social workers, Health, Police and Justice service providers trained on GBV sensitive response procedures • # of social workers and volunteers trained on PSEA code of conduct in humanitarian settings. 	<p>6 months</p>	

Objective# 5	Key program areas	Partners	Indicator	Timeframe	Notes/Update
<p>Increased capacity of humanitarian aid organizations to make their aid efforts accessible to and inclusive of persons with disabilities.</p>	<ul style="list-style-type: none"> ○ Make persons with disabilities visible in the humanitarian aid response to cyclone Idai, through data collection on where persons with disabilities are, their needs and where their access to humanitarian aid is hampered. ○ Monitor the impact of the humanitarian response on persons with disabilities. ○ Report cases where the rights of persons with disabilities have not been respected. ○ Maintain an excel database with persons with disabilities. ○ Enable humanitarian aid organizations to make their on-going and upcoming aid efforts accessible to and inclusive of persons with disabilities. <ul style="list-style-type: none"> ○ Develop guidelines/tip sheets for other clusters (for example in WASH, Food security, Shelter, etc.) as well as develop training material. ○ Provide hands-on training to cluster leads and members. ○ Develop referral pathways (e.g. where to refer a person with disability x to for assistive devices, or disability-specific interventions). ○ Strengthen the involvement of organization with disability expertise in the response, by unlocking 	<p>Light for the World FAMOD DPGCAS HI UNICEF OREBACOM ADEMO</p>	<ul style="list-style-type: none"> ● 3000 girls/ boys/ women/ men with disabilities reported as having been reached by emergency aid (receiving food; non-food items; shelter; psychosocial support; potable water) by the Disability Sub-Cluster ● 5 disabled youth (girls/boys, women/men) trained to act as Disability Inclusion Facilitators (resource persons for disability inclusion) ● 10 humanitarian organizations in affected areas trained to make their interventions accessible for and inclusive of girls/ boys/ women/ men with disabilities ● 30 humanitarian workers (women and men) from various organizations trained in making humanitarian interventions accessible for and 	<p>6 months</p>	

	<p>information on who they are, what they do and how they can be contacted.</p> <ul style="list-style-type: none"> ○ Create a 4W contact list with Disabled People’s Organizations, organizations that implement Community Based Rehabilitation (CBR) programmes and other disability-specific organizations (names, addresses, contact persons and phone numbers). ○ Train resource people to engage with mainstream organizations. ○ Organize regular (weekly) meetings with Disabled People’s Organizations, organizations that implement Community Based Rehabilitation programmes and other disability-specific organizations to promote coordination and timely action. 		<p>inclusive of girls/ boys/ women/ men with disabilities</p>		
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- b. Annex 2: Protection Mainstreaming Checklist
- c. Annex 3: SWOT Analysis.