

EMERGENCY PREPAREDNESS & RESPONSE PLAN

May 2021

Developed in close coordination with the Protection Task Team

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1. INTRODUCTION

Since the Rohingya refugee camps are yearly exposed to two cyclone seasons in April-May and October-December, as well as a monsoon season from June to September with heavy rains generating flash-floods, water-logging and landslides, the Protection Sector developed an emergency preparedness and response strategy as to ensure standard guidance and synergy within protection partners during the preparation, response and reconstruction phases. In coastal areas, particularly in Teknaf, storm surges also represent a significant threat. Since fire incidents are also a serious hazardous events observed across all camps due to the widespread presence of flammable materials, light construction materials used, high congestion and proximity of shelters, this strategy further becomes applicable when protection partners are responding to major fire incidents. Considering the context and the aforementioned risks, disaster risk reduction (DRR) and emergency preparedness and response (EPR) are key planning and programming priorities and must be integrated into regular, yearly humanitarian cycles, in order to effectively prevent exposure to protection risks and to efficiently respond on time to the emergency, in particular amidst COVID-19 restrictions.



Four years after the 2017 mass displacement of the Rohingya population, 884,041 individual refugees¹² live in 34 settlements in Ukhiya and Teknaf, with 5% of refugee families having at least one specific protection vulnerability that requires specialized protection attention;³ additionally, 52 percent of all refugees are children, the majority of whom do not have access to formal education. According to the REACH 2021 assessment⁴, around 12 percent of refugees are persons with disabilities who are more likely to be left behind in any kind of emergency due to lack of inclusive preparedness and response initiatives. The crisis has been exacerbated by the COVID-19 pandemic, which has impacted the vulnerability of refugees and has led to a reduced footprint of protection actors and other service providers as a consequence of the measures taken to mitigate the spread of the virus. Moreover, measures taken to stop the spread of COVID-19 continue to impact the ability of agencies to carry out certain infrastructural improvements which may have adverse impacts during the cyclone /monsoon season and large-scale fire incidents. Closure, lack of maintenance and accessibility of facilities has also led to deterioration of some structures, which could function as temporary shelters in the aftermath of a fire or monsoon disaster (this is not applicable to cyclone). Furthermore, due to COVID-19 restrictions these facilities cannot accommodate large numbers of people in the event of a disaster.

In 2019 and 2020, the humanitarian community strived to stabilize and improve the camp conditions also to mitigate risks in the 2021 monsoon and cyclone seasons. However, the situation in most camps continues to pose serious challenges for mobility and physical protection from the natural elements, particularly during the monsoon season and is expected to severely worsen during a cyclone (i.e. non-permanent shelters and absence of cyclone safe shelters for the large majority of the refugee population). Congestion and a difficult terrain, mainly constituted by steep slippery slopes and flood-prone low-lying areas, make it very challenging to improve refugees' access to humanitarian services in case of an emergency, in particular for those who are mobility challenged including persons with disabilities and the elderly. As such, access and outreach of mobile teams and volunteers, as well as ensuring that vital information are disseminated in multiple formats to reach all persons, taking into consideration the new operational and communication modalities set by the COVID-19 pandemic.

Among the several lessons-learned and good practices from 2019/2020 and in line with the Protection Sector objectives, community-based protection networks of Rohingya and Bangladeshi volunteers have been established and have continued to work closely within the rest of the community. In this regard, women volunteers form a substantial part of the community networks and their inclusion and direct participation is crucial to an equitable and efficient mobilization and providing information related to the emergency linking them to existing static and mobile protection teams. Volunteers have also been crucial in the delivery of protection services in the immediate aftermath of an emergency and are already present in the camp, even during period of COVID-19 related lockdowns. Even though it might not be feasible to have volunteers with disabilities in every camp, Focal Points, Protection Emergency Response Unit Team Leaders, protection partners to the extent possible include persons with disabilities within their community-based programs.

It is within this operational context and based on the lessons-learned from the 2019/20 emergency responses that the Protection Sector Task Team has revised the 2021 protection sector's emergency preparedness and response plans.

¹ UNHCR Bangladesh Operational Dashboard 31st March 2021: available at: https://data2.unhcr.org/en/situations/myanmar_refugees.

² Bangladesh Refugee Emergency, UNHCR Bangladesh Operational Dashboard 31st March 2021: Population Factsheet, available at: https://data2.unhcr.org/en/situations/myanmar_refugeeshttps://data2.unhcr.org/en/documents/download/67448.

³ UNHCR Bangladesh Operational Dashboard available at: https://data2.unhcr.org/en/situations/myanmar_refugees.

⁴ REACH Age and Disability Inclusion Needs Assessment 2021 available at https://www.impact-repository.org/document/reach/41f7ba9f/REACH_BGD_Factsheet_Age-and-Disability-Inclusion-Needs-Assessment_April-2021.pdf.



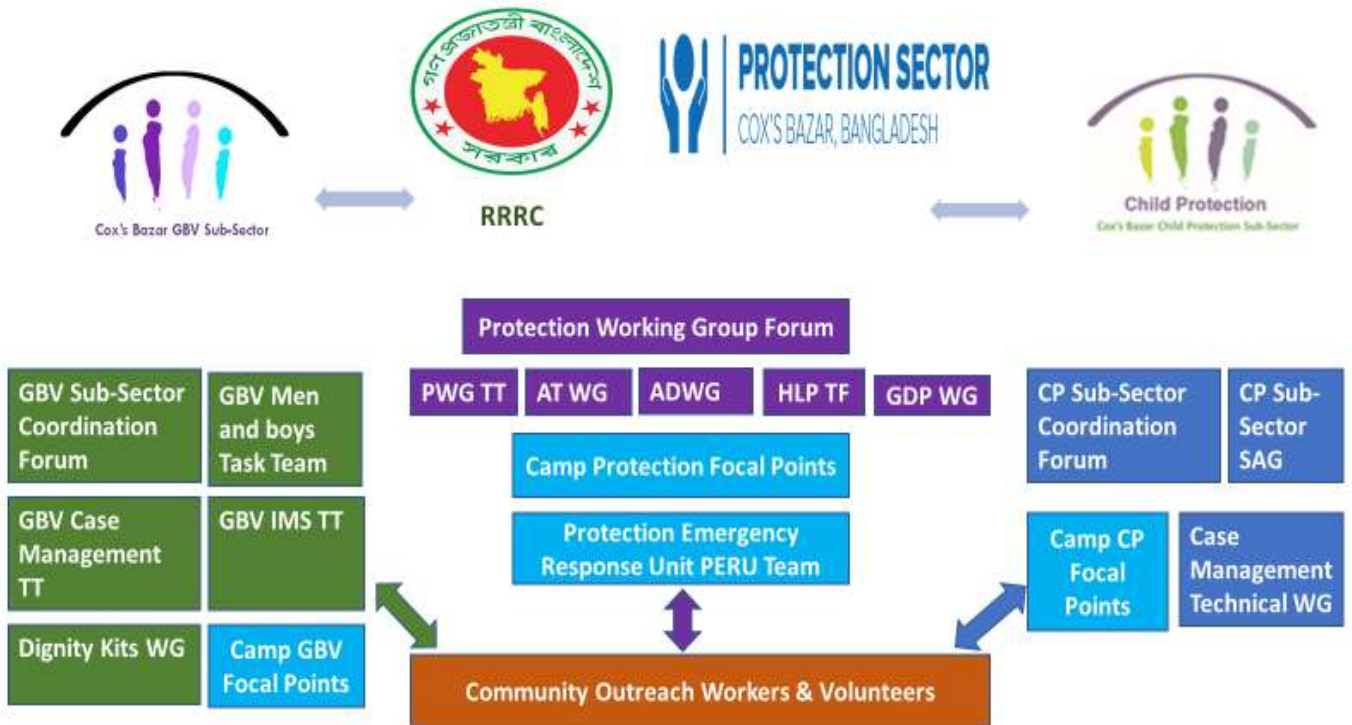
2. OBJECTIVE AND SCOPE OF APPLICATION OF THE PLAN

The main objective of the 'Protection Sector Emergency Preparedness and Response Plan' is to provide an overview of the key protection concerns that arise during emergencies, clarify existing protection emergency coordination structures and activities, including preparedness and response initiatives that will be implemented under the coordination leadership of the Sector and in close collaboration with all protection, child protection and GBV sub-sector partners, GIHA Working Group, the PSEA Network, Age and Disability Working Group, Anti-trafficking Working Group, House Land and Property Task Forum, and Gender Diverse Population Working Group. The plan defines the main preparatory measures that need to be taken throughout the year, priority protection interventions, and further clarifies the roles and responsibilities of the different actors for a more predictable, coordinated and inclusive response. It also integrates cross-cutting issues, such as PSEA, gender and environment.

The document also provides guidance on cyclone preparedness plans for protection partners, other Sectors, and external stakeholders as needed, and defines the engagement within the government-established Disaster Management Committee at the camp level. In fact the document is an annex to the Cyclone Contingency Plan developed by the Emergency Preparedness and Response Working Group under the coordination of the ISCG. In parallel, it is expected that camp specific operational plans, assigning roles, responsibilities and concrete steps to be undertaken at camp level, are currently being worked on with the coordination support of the ISCG, the Site Management Site Development Sector (SMSDS) and the Camp in Charge (CiC). Protection Sector will further actively engage with APBn and within the Civil-Military Coordination Forum to ensure that engagements addressed under this plan are well communicated and clarified before and during emergencies.

3. PROTECTION SECTOR'S COORDINATION STRUCTURE

Protection Sector Coordination Structure





4. PLANNING ASSUMPTIONS, IDENTIFIED NEEDS, RISK ANALYSIS

The present plan starts from the assumptions that there are categories of refugees who are more exposed to protection risks in the camps.

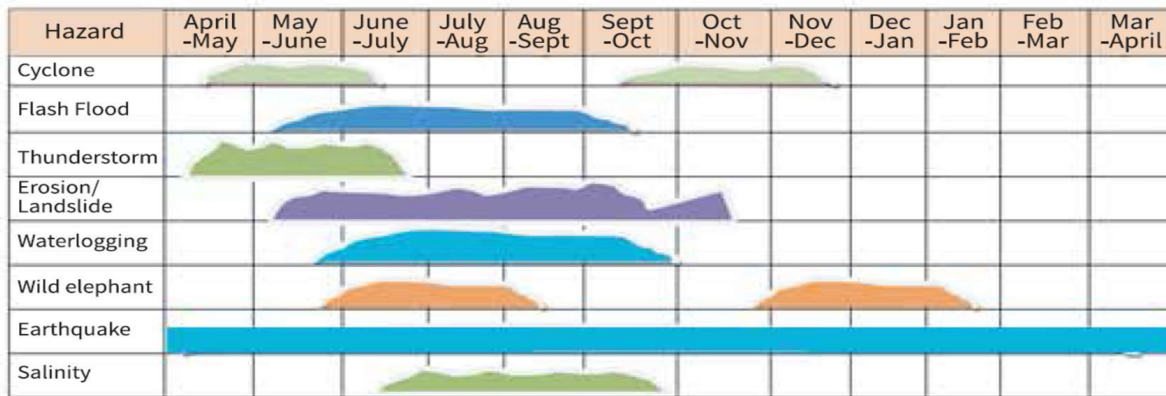


Figure 2: Cox's Bazaar hazard calendar (Cox's Bazaar Disaster Management Plan, 2014)

The figure above indicates the yearly heightened natural hazard risks by month in Cox's Bazar District, in particular from the cyclone season, and therefore the camps' exposure to potential natural disasters, which would exacerbate existing needs and vulnerabilities of the Rohingya refugee communities, particularly of the most vulnerable persons and families.

Major protection risks expected in an emergency caused by natural disaster include:

- Secondary displacement within, between or outside the camps;
- Injury and loss of life, in particular for children, elderly and persons with disability;
- Short-term and potentially longer-term family separation, including children or elderly separated from caregivers;
- Unaccounted for persons and safe and dignified burials,
- Psychosocial trauma and traumatic stress disorder,
- Deterioration of safety conditions within and between communities resulting in legal and physical protection risks;
- Loss of shelter and physical protection from weather elements;
- Loss of personal belongings, including assistive devices;
- Loss of personal registration and documentation;
- Heighted risk of Gender Based Violence (GBV), and violence against children;
- Increased risks of child labour and child marriage as negative coping mechanisms;
- Trafficking and smuggling;
- Specific protection risk to persons with specific needs including; unaccompanied and separated children, single headed households, LGBTI, sex workers, single women, persons with disabilities, and persons with a serious and chronic medical conditions. Children with disabilities may suffer from life-threatening consequences due to separation from caregivers, and be prone to illness, malnutrition, and abuse when disaster strikes; vulnerable individuals including persons with specific needs and requirements not being able to access life-saving assistance and services,
- Lack of information about and meaningful engagement with children & adults who have disabilities creates additional vulnerability,
- Overcrowding in, between, and within shelters, lack of personal space and privacy further possible exposing individuals to COVID-19 risk, especially older persons and persons with pre-existing medical conditions;



- Damaged to WASH facilities and segregated accessible/acceptable/locked toilets for men and women, inadequate lighting. Exposure to health risks from drinking unhygienic water especially for children which causes serious illness,
- Disruption of protection and livelihood activities, which impact negatively the socio-economic environment: tension with host community and exposed to negative coping mechanisms, and
- Family support networks and community protection mechanisms are disrupted.

Emergencies and natural disaster will not affect every member of the community in the same way. The impact will depend on a myriad of concurrent factors, some material ones, some new at the time of the impact and some pre-existing, such as harmful practices, and gender roles. These factors may create heightened risks for some specific members of the Rohingya community, such persons with disabilities, older persons without support, pregnant and lactating women, adolescent girls and young single women, sex workers, LGBTI+ and persons in need of psychosocial and mental health support. An inclusive and more participatory approach to assistance is required to adequately address specific needs and, in particular, to ensure that the needs and safety of the most vulnerable are included in disaster risk preparedness and response initiatives, especially with the added complexity of the COVID-19 Pandemic.

Disasters can heighten the vulnerability of children in many ways and put an additional heavy strain on children and their caregivers and families; including by disrupting the protective mechanisms provided by the family, community, schools and extended social protection networks. Children face serious protection risks such as psychosocial distress, neglect, abuse, loss of and separation from caregiver and other family members, child marriage, child labour, trafficking, survival sex and sexual abuse and deprivation of familiar possessions and essential means of sustenance. Lessons learned from other disaster-related responses illustrate that these vulnerabilities, especially if separated from caregivers, would be exacerbated, in particular, risks associated with trafficking and sexual abuse. Caregivers are often preoccupied with reconstruction and basic recovery efforts thereby leaving children unsupervised and increasing the risks of dangers and injuries and exposing them to abovementioned risks associated with getting lost, trafficking, child labour, kidnapping and abduction. Large scale emergencies also heighten risks of child marriage and child labour when families' resources are further stretched. It is also important to highlight that these pre-existing protection concerns are also heightened by the COVID-19 pandemic and its socio-economic impact.

Female-headed households, including those headed by widows continue to be at higher exposure to numerous protection risks during emergencies. Given that GBV risks are exacerbated during disasters, the need to ensure access to women and girls, including disability, and male survivor friendly GBV, and protection services through referral systems during disasters must remain a priority. Ensuring that the identification and provision of services for GBV through alternative options such as mobile and remote protection teams is essential; especially when a weather-related disaster is likely to take place in the context of the COVID-19 where the modalities of services have had to be adapted to curb the spread of the virus.

Sexual Exploitation and Abuse (SEA) by humanitarian aid workers can occur in any humanitarian or development context and is a particular risk in emergency contexts characterized by violence, gross power imbalance, mass displacement, restricted access, and dismantled family and societal structures. In line with the above considerations, affected populations will become even more heavily reliant on humanitarian assistance for food, water, shelter, and other lifesaving needs during a disaster. In this scenario, a significant power differential exists between the enlarged community of humanitarian workers and the affected population, with a risk to exploit these unequal power dynamics and generate instances where sex is exchanged for assistance and services.

Given the heightened needs resulting from the COVID 19 Pandemic as well as the upcoming cyclone season and the camps high exposure to seasonal potential natural disasters, the provision of essential preventive and mitigating measures to protect especially the most vulnerable persons, will be scaled up through placing the community at the center of the response and developing family/household and community-based innovative solutions to prevent harm, mitigate protection risks, and save lives.



5. SECTORAL PREPAREDNESS AND RESPONSE ACTIVITIES

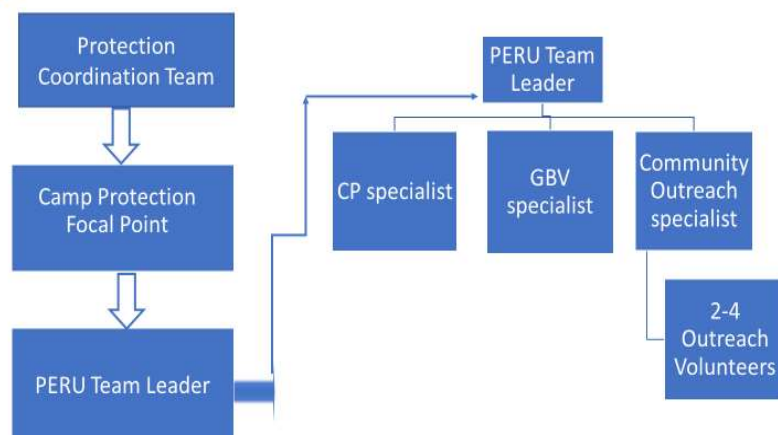
5.1 Preparedness Activities

In preparation for an emergency or natural disaster due to the monsoon or a cyclone, protection partners' efforts will focus on:

- Placing the community at the center of preparedness and response activities through community engagement and training of volunteers across diverse groups, including discussions, consultations and information sharing on preparedness plans. Conducting community-sensitization in line with measures taken to mitigate the risk of spreading the COVID 19 virus.
- Capacity building and support for community outreach workers and emergency protection responders to conduct discussions and sensitization, raise voices and concerns of refugees, strengthen neighbourhood level preparedness, participate as first responders, and provide information to other refugees at the onset of and post disaster. There is further needed to build capacity regarding how to communicate respectfully with persons with physical, sensory, and intellectual disabilities, persons with mental health disabilities, and older people.
- Training on Psychological First Aid (PFA) in all capacity building initiatives for first responders, community volunteers, mobile teams and frontline humanitarian personnel, with priority to staff prepositioned near the camps in Ukhjya and Teknaf.
- In coordination with the CwC WG and the ERPWG, awareness raising, dissemination of harmonized messaging in multiple formats to raise awareness on all available means to reduce risks taking into consideration different groups' access to information channels; inform on service points and on the importance for the community, preserve family unity, and to protect and support the most vulnerable households and individuals; and, mitigate protection risks and reduce anxiety-rumours (family separation, trafficking). Make visible all contact point and key activities through IEC material. Includes providing information in public spaces in relevant languages and accessible formats, such as images and posters, using larger fonts and audio transmission. The gender and diversity dimensions of how and in which spaces are considered.
- Conducting risk assessment and mapping of Protection facilities, including Child Friendly Spaces (CFS), Safe Spaces for Women and Girls (SSWG), Women's Multi- Purpose Centers, Community Centers and Info Points in coordination with Site Management Sector and SM agencies. Support will be provided to partners in order to identify static protection centers located in landslide or flood prone areas. It is important to note that many of these centres are already closed due to COVID-19 and as such services provided in the closed centres will have to be managed remotely and through mobile teams like the PERU.
- Create the Protection Emergency Response Unit (PERU), the interagency unit ensuring the first emergency protection response by the Protection Sector.



Protection Emergency Response Units (PERU)





- In coordination with the Protection Task Team and the Protection Coordination team, the PERU teams will operate under the guidance of the Protection Focal Point. 55 PERU teams are ready to be activated in 34 camps in 2021. The PERU will discharge their duties based on the PERU ToR. Efforts are being made at ensuring that PERU teams are gender inclusive as much as possible and are composed of Protection staff, CP, GBV, community mobilizers and volunteers (for more detailed information about the PERU teams, please see the annexed ToR). At the beginning of each year, the Protection Coordination Team will revise the 55 Protection Emergency Response Unit teams list who are operating in all the 34 camps and ensure that all the slots within the teams are occupied. If there is need to identify new PERU member within a given team, Protection Focal Points and PERU team leaders will take the initiative in identifying and nominating new members. Once the PERU Team is finalized, the Protection Coordination Team will conduct workshops and needed trainings to the PERU Team Leaders as part of the preparatory measure.
- Ensuring that registration documentation is laminated and families have waterproof bags and folders in which to place their personal identification documents and proof of entitlements and understand the need to secure and/or keep important documentation and personal identification documents close, especially in case of evacuation, heavy floods, and cyclone.
- Accountability and Communicating with Communities initiatives, including complaints and feedback mechanisms that are accessible for all need to be prepared before an emergency and functional during the response. Concurrently with the need of scaling up protection mainstreaming across the response, including child safeguarding, PSEA, age and disability, and specific gender mainstreaming gaps need to be addressed in order to address gender issues widely faced by women and girls, in addition to the core GBV response.
- Plan/expect family separation and prepare registration teams to respond to reuniting separated family members, in close coordination with the Registration Unit of UNHCR. As a preparatory measure, it is recommended for registration team communicate with actors on proposed registration exercise, registration messaging and clear referring mechanisms in the camps.

Protection Sector Information Management Products



8



Rapid Protection Assessment

- Objective:** collect in-depth Protection, CP and GBV information and develop a response plan, advocacy and mobilize resources
- Key focus:** protection concerns/gaps and population affected (who is in need, coping strategies and preferences)
- Pre established data collection methodology

3 RPA Core Teams

6 RPA Field Teams



- The Rapid Protection Assessment Team's list will be revised and finalized each year before the cyclone season in April. Once the 6 RPA field teams are composed, workshops and trainings will be conducted as a preparatory measure so that the team is well aware of the RPA concept note, assessment tools and expected outputs. Protection Sector's Information Management products to be updated on a monthly basis and share within the Sector and to other Sectors and WGs. IM products should be sent to camp focal points to verify accuracy and disseminate with all partners, sectors and authorities.



In addition, the Gender-Based Violence Sub-Sector (GBVSS) preparedness will focus on:

- Provide refresher training for GBV first line responders (case management and community mobilizers), who are members of the PERU on emergency case management and referral mechanisms, roles and responsibilities of GBV mobile team.
- Identify functional safe, accessible, and confidential spaces where GBV case workers can provide PSS, individual case management and information in line with COVID 19 parameters for case management including GBV and SEA survivors.
- Orient and provide refresher for GBV focal points (GBV case workers) within the health sector Mobile Medical Team (MMT), who will be responsible for providing care for survivors and will be part of an emergency referral system.
- Update and share information on the prepositioning of dignity kits for women and girls for the first urgent response. The dignity kits tracking will have up-to-date information on the number of dignity kits reserved for contingency, stocks for regular program, list of partners, and location of warehouses. Dignity Kits containing menstrual hygiene products, torch, garments, and other items to support the safety, dignity, and mobility of women and girls in the immediate aftermath of disaster, will be available and will be prepositions, in case of needs.
- Facilitate risk assessment of GBV service facilities and the risk mitigation actions that should be taken by partners on their facilities.
- Continually update/adapt the GBV referral pathway for lifesaving GBV services including PSS, health, mental health and child protection.
- Sensitize frontline staff from other sectors and members of the joint needs assessment teams on appropriate and safe referral for survivors for immediate response.
- Develop and translate key PSEA and GBV messages on available services and the referral pathway for frontline workers and community which should be included in communication materials disseminated by protection actors and other stakeholders.
- In coordination with Site Management identify suitable safe spaces for staff and volunteers, during the preparatory phase for use following a disaster. Attention should also be paid to self-care and regular debriefing for staff providing care for survivors after disasters.
- Ensure availability of PEP kits and major SHR service due to increase of sexual violence during disasters.

The Child Protection Sub-Sector (CPSS) will specifically focus in the following preparedness activities:

- Communities are at the centre of the Child Protection Sub-Sector response. In the context of COVID-19, the CPSS has enhanced its support to community based child protection mechanisms to develop their own community-led plans for child protection prevention and response at block and sub-block level, including identification of focal points for, inter alia, temporary alternative care, psychosocial first aid (PFA), prevention and mitigation of violence, neighbourhood watch mechanisms to mitigate risks of trafficking, kidnapping and/or abduction as well as dissemination of audio and other messaging related to child protection risks. All of these measures relate to both COVID-19 as well as emergency preparedness and response for weather related disasters led by communities. Child Protection Partners support communities to develop these plans. Child protection materials and briefings should be in accessible formats.
- Communities take responsibility for identification of children with protection risks and refer to relevant actors. Preparedness activities will ensure up to date mapping to facilitate referral for communities (undertaken by CPFPs).
- Community based child protection focal points and volunteers will receive basic refresher training on child protection in emergencies, preparedness and response, rapid child protection assessment and urgent response, and basic case management where feasible PFA.
- Establishment and training of inter-agency child protection rapid response 'mobile teams', with an increase focus on training volunteers to work as mobile teams, including specific training on use of simplified child



protection assessment. Identify and provide refresher training for Child Protection Community Volunteers/focal persons & members of CBCPCs that could be positioned at designated areas to support separated and unaccompanied children, as well as children injured or subjected to violence or abuse in the context of a disaster.

- Communities supported to identify focal points within communities (at sub-block level) to take initial temporary responsibility for lost children at the onset of disaster and raise awareness amongst children and caregivers on established focal points.
- Community mobilizations and awareness related to hazards and how to protect themselves and children in particular. Identify facilities such as CFS, MPCs and AFS which may be used to store information or provide information to families, children and/or caregivers and to provide emergency one-to-one case management.
- Child Protection Emergency Mobile Teams are comprised of one Child Protection Team leader and 5 volunteers. Training is provided to team leaders and cascaded down to the pre-identified volunteers in each team (See Annex for TOR).
- CP facility risk assessments to inform development of mitigation plans and response pre-disaster and during disasters. Facilities would be used for emergency case management or temporary care of small numbers of small numbers of children in case of emergency
- Procurement and pre-positioning of essential supplies including child specific NFIs. Agencies to provide list as to their capacity for essential supplies.
- Establishment of Emergency Child and Caregiver Information Points where relevant contact details for community members, volunteers, CPFPS and other key stakeholders are displayed. These ECCs also provide information on what to do in case of separation and other relevant information as part of preparedness measures. Information is disseminated to community members to know the information in the ECCs prior to an emergency. Such information is cascaded to community child protection actors. (see Annex)
- Develop and update IEC materials through voice recordings and messaging through volunteers and guidelines to mitigate child protection risks including the risk of family separation, preventing long term family separation and supporting rapid family reunification, both within the displaced community and the area of relocation. including identification of community level focal points and/or standby caregivers. Messaging is also disseminated about dangers and injuries associated with monsoon and cyclone and importance of supervision of children in this period. IEC materials and guidelines should be in accessible formats.
- Ensure clear referral pathways are in place for family tracing and rapid reunification, as well as referral for urgent protection concerns and communicate these to ISCG and other sector coordinators.
- Identify and listing detail of interested foster care giver family including lactating mother and trend them on interim period support.
- Procurement and pre-positioning of age and gender appropriate package support for family.
- The Child Protection Focal Point (CPFPP) in each camp will be the first line of communication to receive information about significant events related to child protection (landslides, floods, etc.) CPFPS will be linked to refugee volunteers in the communities to maximize communication channels and timely information flow⁵.
- Agencies have a role in ensuring CPFPPs are updated regularly and ready for emergency

Other technical working group, such as the Age and Disability Working Group and the Gender in Humanitarian Action Working Group will also support the preparation of the emergency response contributing to the revision of key documents, capacity building for first responders and rapid assessment teams, support development and dissemination of key information for target groups, such as persons with disability, older person, LGBTI community and raise awareness on protection risks during emergencies and disaster and on the response.

⁵ CPFPP and Mobile team leads are included as annex.



5.2 Response activation, coordination and management

In Bangladesh, warning the community of an approaching cyclone is the responsibility of the Cyclone Preparedness Programme (CPP). CPP, in support of the CiC at camp level work to disseminate information on cyclone preparedness and early warning messages if and when a cyclone is approaching the Bay of Bengal.

CPP volunteers wear orange jackets and will use megaphones, as well as a flag system to indicate the level of strength and phases of an approaching cyclone (Protection actors should make sure that person with specific needs understand the flag system and hear the information).

In coordination with the CPP, the CiC and the SMS partners, the protection actors at camp level coordinated by the protection, child protection, GBV camp focal points, will support the dissemination of early warning messages, based on the available CPP guidance. Participation of Protection actors and focal points (or their alternates/backups) at the camp level in the camp Disaster Management Committees, using this overall Sector Plan as guidance.



ঘূর্ণিঝড় প্রস্তুতি কর্মসূচি (সিপিপি)

CYCLONE PREPAREDNESS PROGRAMME (CPP)

A Joint Programme of Government of Bangladesh and Bangladesh Red Crescent Society



Stage of Cyclone Warning	Signal No.	Flag Based Warning System				
Alert Stage	Signal No. 1, 2, 3		<p>Signals 1 – 3 No flag. Verbal discussion on formation of depression/ cyclone.</p>	<p>Signal 4 One flag. Raise awareness on formation of cyclone and possibility of impact. Public address through megaphones and loudspeakers.</p>	<p>Signals 5 – 7 Two flags. Public address through megaphones and loudspeakers. Preparation for evacuation.</p>	<p>Signals 8 – 10 Three flags. Public address through megaphones and loudspeakers and use of static and hand sirens. Ensure evacuation (evacuation not relevant for Cox's Bazar camp settlements)</p>
Warning Stage	Signal No. 4					
Danger Stage	Signal No. 5, 6, 7					
Great Danger Stage	Signal No. 8, 9, 10					

The Protection Sector will further work closely with Communicating with Community WG to identify a standardised messaging which can be used by protection partners for messaging. For specific protection messaging; PWG, Child Protection SS, GBV SS, ADWG, and PSEA Network will develop a standardized messaging. Notably; protection, CP, GBV partners, PERU Teams, and Community Outreach Workers will also disseminate messages on protection risks, mitigating measure and available services prior and post cyclone, as overall described in previous Chapters. Upon reception of the information from CPP (as per below flag system) of an approaching cyclone, the Protection Coordinator, in consultation with the Protection Task Team including CP and GBV Sub-Sectors will activate the emergency response system and the communication flow will follow existing reporting lines to reach all protection partners. As per current good practice, email, WhatsApp and mobile phone chains and, where possible, radio communication, will be followed to communicate the initial messages of a cyclone in the Bay of Bengal. At camp level, in the days preceding landfall, protection partners will share the information with the community outreach volunteers who will share it further with all community members. Unified information will be provided to all communities, based on the joint ISCG cyclone preparedness messages that are regularly updated.

For other emergencies, the Protection Sector Coordinator will activate PERU teams in accordance with the ISCG's decisions during emergency period. When the PERU mobile teams are called upon, the Sector Coordination Team informs member organizations for immediate deployment. If an event has occurred that has compromised communications and PERU members can reasonably presume that they would be contacted if it was possible, PERU mobile teams can self-activate. Once activated, PERU mobile teams will be deployed to a primary base station in respective camps as informed and agreed previously with the Sector Coordination Team.



During an emergency, the humanitarian response will continue to be a sector-lead response, but with a much stronger involvement of key UN agencies in the camp level response. Key actors will be:

- **HoSoG Meetings:** Emergency HoSoG Meetings are to be conducted more frequently and/or on an ad-hoc basis. This could be every 24 or 48 hours, depending on the cyclone probability, track predictions and intensity.
- **EPRWG:** The EPRWG will also meet to assess the situation and advise the HoSOG and prepare for activation of the Humanitarian Coordination Cell if required.
- **ISCG:** Sector lead meetings will also be called as required to assess readiness and initiative planning if required.

The Protection Sector’s emergency response will be coordinated by the Protection Task Team through the Protection Coordination Team and the Protection Focal Points. The PERUs, once activated will be under the supervision of the PERU Team Leader, who will receive instructions from the PFP. Other protection actors in the camp will be coordinated by the camp PFP, Child Protection FP and GBV FP. The communication and information sharing will follow the same flow.

Should a cyclone or other serious emergency such a widespread fire hit the operation area in Cox’s Bazar District and existing resources be deemed as inadequate to cater for the assessed needs, (depending on the impact of the natural disaster), a separate appeal for pooled humanitarian funds will be explored. Protection activities are life-saving and will remain even more critical during a natural disaster emergency response and should therefore be adequately funded. The Sector will reach out to protection partners INGO and UN Agencies, with whom pre-emptive discussions have already taken place, to ensure human resources support with stand-by emergency response teams (ERT) and other surge stand-by rosters should the need arise. A Rapid Protection Assessment will inform any appeals made.

Protection Sector’s Emergency Coordination Structure



Camp protection focal points will be empowered to determine the best solutions on site at the time of need, in close coordination with the CiC and the SMS Agency. Similarly, through the ‘bottom-up’ approach, focal points and PERU team leaders are empowered to take decision (ToR of both functions are annexed to this Plan), in coordination with the relevant stakeholders and other decision makers at camp level. Should the communication be completely impaired and phone lines cut-off, the above protection staff are in fact entitled to take on site, operational, practical and

solutions-oriented decisions, while exercising their in-depth knowledge of the context and best protection judgment given the exact circumstances at hand. On the other hand, the Protection Sector Coordination team will continue to ensure uniformity, prioritization and equity of allocation of the response resources across camps and affected areas, as appropriate.

Intersectoral coordination will play a central role in the response. Protection Emergency Response Unit (PERU) will be trained and deployed as part of the Medical Mobile Teams (MMTs) in close coordination with the Health Sector. Given the MMTs are operating under the Health Sector, Protection Coordination team will continue to engage with Health Sector as to refine and strengthen the linkages between the PERU and MMTs during emergency response. PERU Teams will support the referral of vulnerable persons (including survivors of GBV, children with protection concerns persons with disabilities, elder persons and other vulnerable persons in need of targeted protection assistance) from/to the MMTs and to the PERUs/Protection Focal Points and to other service providers, according to the best interests of the person and survivor-centered principles.



As done in 2020, training for Safety Units Volunteers (SUV) in each camp will be conducted, including on general protection and humanitarian principles, CP, GBV and protection from sexual exploitation and abuse (PSEA) to increase their protection awareness while contributing to life-saving interventions. As such, when trainings are organized for Safety Units Volunteers in the camps, Protection Focal Points will take the responsibility to ensure that subjects related to Protection are integrated within the training modules and engage during such trainings as to conduct presentations. In collaboration and with the support of CwC partners, awareness raising, dissemination of harmonized messaging will be ensured to: raise awareness on means to reduce risks; inform on service points and on the importance for the community to protect and help the most vulnerable households and individuals; and mitigate protection risks and reduce anxiety-rumours (family separation, trafficking).

5.3 Response Activities

In response to the emergency due to a natural disaster, under the coordination of the Protection Sector and its two Sub-sectors protection partners will:

- Camp Protection Focal Points will be an integral part of the camp level emergency response committee which is chaired by CiCs.
- Deploy Protection Emergency Response Units (PERU) for the disaster-affected camps, trained on identification of protection risks and emergency referral mechanisms to immediately respond to refugees' protection needs. These PERU teams will respond to the affected areas on a need/access/location basis. They will also identify unmet needs and protection monitoring, when possible and as appropriate, to identify the most pressing protection concerns. During the initial stage of the emergency response, PERU teams will provide PFA.
- Deploy one PERU team members to support the Medical Mobile Teams (MMTs). The PERU team members who will be working with MMTs will support the referral of vulnerable persons (including survivors of GBV, children with protection concerns and other vulnerable persons in need of targeted protection assistance) to the Mobile Medical Teams and to other service providers, according to the best interests of the child and survivor-centered principles. Further, PERU will take into consideration the needs of the most vulnerable individuals in the emergency response with greater emphasis for persons with disabilities and older persons.
- Specialized Response to Persons with Specific Needs with identification and referral of cases. In serious cases, accompany PSNs to service providers.
- Existing community trained volunteers will be engaged as part of the mobile response teams, geographically spread out and with extensive knowledge of their community. They will also set up outreach activities to communicate continuously with affected communities.
- Deploy a Child Protection mobile team, where possible to support rapid family tracing and reunification measures; ensure UASCs are prioritized and receive expedited access to emergency services including safe shelter, food packages, health care and PSS support; ensure family unity during placements in shelters; mobilize CP volunteers to contribute to search and rescue efforts; provide immediate and ongoing PFA as appropriate and ensure children referrals are handled in safe and dignify ways and assess immediate impact of the disaster and to gather key priority CP protection concerns and response needs.
- Missing persons and family link verification: Registration focal points with a mobile database of the Family Counting and the current Registration exercises, will support family verification when needed at the major distribution and info points in camps will activate the family tracing and reunification and closely coordinate with the Registration teams, as needed.
- Registration team in close collaboration with CiC will engage in the issuance of lost documentation. Protection Focal Points will support through referrals to registration teams.
- Psychosocial support and Psychosocial First Aid (PFA) will be provided in coordination with health and MHPSS teams and the Health Sector and existing child protection PSS programmes will be adapted back to the needs of the first phase emergency response to provide PFA for children.
- Protection Monitoring focusing on safety conditions with aim of advocacy with law enforcement authorities and administration of justice through CiCs. Based on identified protection risks and trends, produce protection reports for urgent actions and advocacy efforts.



- Protection and gender are mainstreamed during the emergency response and safety guaranteed. Age and Disability WG partners response and support PRT partners. The protection mainstreaming focal points who are embedded within the 7 Sectors (Education, FSL, SMSD, Health, Nutrition, WASH, Shelter/NFIs) and the 3 Working Groups (CwC, MHPSS and GIHA).
- Continue to strengthen mechanisms for regular coordination mechanisms between protection (including GBV/CP) at camp level.
- Ensure focal points (PFP, CPFP, GBVFP) undertake daily mapping of new services which emerge as a result of the emergency and share this information with all relevant actors including protection sector and sub-sectors, SMS, and CICs
- Map damage to protection facilities jointly with SMS actors in the camp.
- Distribution of Dignity Kits for women and girls. A total of 40,000 Dignity Kits (including menstrual hygiene products, torch, garments, and other items to support the safety, dignity, and mobility of women and girls in the immediate aftermath of disaster), will be available through prior prepositioning in case of need.
- Activation of Rapid Protection Assessment Teams. The number of teams to be activated will be based on the scale of the emergency. After mission is conducted by RPA field team, protection needs assessment report will be finalized by the RPA core team within 3 days. Concept note for Rapid Protection Assessment structure, objective and function is available.
- If humanitarian relocation and/or evacuations outside of the camps will be deemed possible and supported by RRRC and the relevant authorities, protection actors on the ground and the Protection Sector Coordination team should be keep abreast of the development and consulted on the modalities of said relocations/evacuations. Further, the Sector will strive to proactively engage with SM actors and the authorities to make sure that the needs of persons with specific needs/EVIs are met and that they are prioritized if a relocation/evacuation exercise is approved. While evacuations can certainly be a life-saving action for many of the refugees in case of a severe cyclone, there is high potential for heightened risk and further harm if such processes are not conducted in respect of protection principles (i.e. among others Do No Harm, family unity, segregation of WASH facilities, PSEA). Should the need of prioritizing for relocation/evacuation arise, due to reasons of space, entire families with most vulnerable family members should be prioritized. Most vulnerable persons should not be separated from their family support and protection network, such as children, disabled persons, pregnant women, among others. Should the above prioritization take place, these should be free, equitable, accessible and free from any form of discrimination, exploitation and abuse. Due diligence need to be taken during relocation/evacuation for individuals with reduced mobility.
- Physical distancing shall be strictly adhered to within the designated temporary shelters. Evacuated persons with suspected or confirmed case on COVID must be separated from general population; facilities with capacity to provide medical care for Covid-19 cases must be preferred.

The Age and Disability Working Group will specifically focus in the following preparedness activities:

- Coordinate ADWG core members to conduct joint assessment to identify urgent needs of persons with disabilities and older people, refer identified CP and GVB cases to child protection and GBV actors.
- Deploy available mobile unit teams from core members to provide emergency supports to persons with disabilities and older people including MHPSS, rehabilitation, health services, replacement of assistive devices and referral services.
- Support PERU team to improve their capacity in disability inclusion when necessary
- Disseminate key information to persons with disabilities and older people, raise community awareness in disaster risk reduction

The GIHA Working Group will focus, as per its responsibilities and in close coordination with the relevant parties in order to ensure uniformity and consistency of messages, on the following activities:

- Mobilization and engagement of women and girls in awareness sessions related to the hazards and how to protect themselves in line with parameters on awareness raising in the COVID-19 context.
- Train volunteers, on disaster preparedness and response in line with parameters on COVID-19.
- Facilitate Women meetings with SUVs, CPPs and PERU teams on prevention and referral pathways in line with COVID 19 risk mitigation measures.
- Support the engagement of women and girls with the SUVs, CPPs and PERU teams, GBV and CP focal points and other community groups and volunteers as applicable.

6. OPERATIONAL PLAN (USE TABLE BELOW FOR EACH PHASE)

6.1 Preparation activities

NO	ACTIVITY	PRIORITY	TIMELINE	LEAD	CROSS SECTOR
1	PERU Teams list updated and trainings conducted.	High	Feb-Mar each year	Protection Coordination Team	SMSD Shelter/NFIs EPRWG CP/GBV PSEA ADWG
2	RPA Team list updated and Trainings conducted based on concept note and assessment tools.	High	Mar-Apr each year	Protection Coordination Team	ADWG GDP
3	Identify locations for protection screening desks to be allocated in the safe / community shelters; establish protection presence at info desks / health centres.	High	May 2021	Camp Protection Focal Points/Agencies	Protection (GBV + CP) Health PSEA
4	Engagement with Mobile Medical Team			Health Sector (MMT Task Team) and Protection Coordination Team	Health Sector
5	Conduct physical and safety audit assessment of protection facilities in all camps.	High	Prior to April 2021	UNHCR IOM Protection, Child protection and GBV Sub-sectors	Protection (GBV + CP) Shelter Site Management GiHA PSEA
6	Identify community members (first responders - including COMS, CP committees' members, women support groups, women leaders) in different zones to be trained to identify protection needs and risks, make referrals to service providers, and provide PFA. Critical for Protection actors already establish mapping of persons with	High	May 2021	Camp Protection Focal Points/relevant Agencies	Protection Health GiHA PSEA MHPSS



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	disabilities/EVIs within the camps to ensure household level preparedness plan.				
7	Train first responders (outreach community members, women support and outreach groups, CBCPC focal points and volunteers) on identification of basic protection principles including CP, protection needs and risks, identification and referral of refugees with urgent needs / vulnerabilities, PFA, etc.	High	May 2021	Camp Protection and CP Focal Points/Agencies Protection Sector + Child protection SS	Protection Health GiHA PSEA
8	Provide a protection training for other sectors on mainstreaming protection and gender concerns into planning, as well as identification and referral of refugees with urgent needs / vulnerabilities, and how to address community-based protection concerns.	High	Throughout the year.	Camp Protection Focal Points/Agencies/ Protection Sector GiHA	Protection WASH S/NFI Health SMSD
9	Protection Focal Points continue to update referral pathway tool and service mapping dashboard on a monthly basis.	High	Throughout the year.	Protection GBV + CP Subsectors	All
10	Identify and train Child Protection Community Volunteers/focal persons and/or members of CBCPCs mechanisms to provide interim support separated and unaccompanied children	High	May 2021	Child Protection sub-sector	Protection
11	Community based child protection plans are developed on block and/or sub-block level for child protection preparedness and response with focal points will be identified in community-based-plans (which are shared with community members) to ensure common understanding as to who in the community will be best placed to provide interim care for children who are separated in emergency (This will be a temporary holding place for children) and who within the community will be responsible for basic child protection needs such as PFA and PSS.	High	May 2021	Child Protection sub-sector + CP partners	Protection



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12	Pre-identify emergency temporary care arrangements / foster families / safe households for people with needs / vulnerabilities (children, disabilities, elderly, pregnant women, etc.) who may become separated during the cyclone; as well as child parents meeting points for reunification	High	May 2021	Child Protection sub-sector + CP partners	Protection
13	Establishment of Emergency child and caregiver information points across all camps and raise awareness amongst communities, other sectors, other agencies and authorities as to these billboards and engage in campaign to ensure people have accessed them prior to emergency	High	May 2021	Child Protection Sub Sector partners	
14	Provide refresher training for GBV first line responders (case management and community mobilizers on emergency case management and referral mechanisms, roles and responsibilities of GBV mobile team.	High	May 2021	GBV SS	GBV SS
15	Preposition 40,000 dignity kits containing menstrual hygiene products, torch, garments, and other items to support the safety, dignity, and mobility of women and girls.	High	May 2021		GBV Sub-Sector and GBV Partners.,
16	Expand broaden national early warning efforts to all refugee sites.	High	May 2021		All
17	Mobilise and train CP mobile team leads and cascade the training to CP Mobile team volunteers on their roles and responsibilities in emergency, including communication channels, simplified CP assessment, PFA and PSS	High	May 2021	CP SS	CPSS
18	Update and circulate SOP and guidelines on community-based child protection planning, prevention on family separation, temporary separation and family tracing / reunification flow chart. Informing community about prevention and process, training staff, volunteers, CBCP committees.	Medium	May 2021	Child Protection case management and FTR agencies, CP focal points	CPSS



19	Clarify procedures, roles and responsibilities in case of missing Persons meeting points and train registration/CwC staff at Info Points	Medium	May 2021	Protection Sector	Protection Coordination team, registration focal points, and CP.
20	Provide refresher training to focal points (PFP, GBV and CP) on their role in emergency preparedness and response	Medium	May 2021	Protection GBVSS CPSS	
21	Ensure prepositioned stock is ready for those affected by disaster, if applicable: eg. dignity kits, clothes, etc.	Medium	May 2021	Protection GBV partners CP partners	

6.2 Pre-landfall activities

This phase applies to cyclone mainly and corresponds to Phase 0/ pre-alert phase and 1/alert phase of the Interagency Cyclone contingency plan. Pre-Alert Phase Initial coordination between humanitarian actors and verification of readiness checklists. This phase covers the period from the formation of a cyclone within the Bay of Bengal until confirmation of the storm track. Alert Phase Implementation of advanced preparedness early actions, such as prepositioning, relocation of refugees, staffing & etc. triggered by the confirmation of a storm track affecting Cox's Bazar.

NO	ACTIVITY	PRIORITY	TIMELINE ⁶	LEAD	CROSS SECTOR
1	Develop, identify, and preposition audio IEC materials to prevent family separation, and raise awareness on child protection risks in an emergency	High		Child protection SS + GBV	Child Protection, GBV, Protection

⁶ Depending on cyclone formation time and expected landfall dates.



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2	Implement harmonised messaging to raise awareness, prevent further hazard, mitigate protection risks and reduce anxiety rumours.	High	April – May 2021	Protection, CP and GBV Subsectors GiHA	Protection CwC GIHA PSEA
3	Prepare the rapid deployment of Protection Focal Points, PERU, GBV Focal Points and Child Protection Emergency Mobile teams to become fully operational. Technical teams such as members of ATWG, ADWG, GDPWG and HLPTF to be closely engaged.	High		Protection GBV + CP Subsectors	Protection Health
4	Protection Focal Points to coordinate on the implementation of this plan in a coordinated manner and with priorities in close consultation with camp level emergency committee chaired by CiCs. Protection Focal Points to hold urgent meetings to agree on operational plan.	High		Protection, CP and GBV SS Focal Points joint exercise.	Protection GBV + CP CwC (upon need)
5	Make sure protection related information is well represented in standardized camp-level plans and newly established camp-level Disaster Management Committees (CiC, BDRCS CPP, SFP, STIS, Army, community representatives.)	High			Camp Protection Focal Points/Agencies/ Protection Sector
6	Ensure everyone has exactly the same understanding with regards to flags (1-3 go out of the house / 4 walk / 5 run / 8-10 sprint); incorporate clear description of the chains of command and reporting between camp, local government and armed forces.; etc.	High			Camp Protection Focal Points/Agencies/ Protection Sector
7	Child Protection focal points holds meeting with CP Actors to begin prevention activities such as referral pathways, volunteers in place, EVI identified	Medium		Child Protection Focal Points	CPSS
8	Existing facilities to be readied for cyclone. Valuable items removed, tie-down kits used as necessary.				



6.3 Immediate emergency response (after access is granted, 72hrs to 2 weeks approximately)

NO	ACTIVITY	PRIORITY	TIMELINE ⁷	LEAD	CROSS SECTOR
1	Deploy PERU teams respond to the affected areas on a need / access / location basis and identify the most pressing protection concerns. Deploy PERU as part of the Medical Mobile Teams (MMTs).	High	Immediately after cyclone	Protection Sector + Agencies	Protection
2	Engage existing community trained volunteers including women support groups as mobile response teams.	High	Immediately after cyclone	All protection staff as first responders	Protection Health
3	Provide PFA in coordination with health and MHPSS teams. Provide PFA PSS as support of the dead body management process.	High	Immediately after cyclone	PERUs, in coordination with health and MHPSS teams.	Protection Health
4	Keep the community informed, especially the most vulnerable persons of the referral pathways, available services, etc. Messaging and dissemination of critical information	High	Immediately after cyclone	All protection staff as first responders	Protection CwC Site management GIHA PSEA
5	Activate CP mobile team to support pre-trained volunteers to carry out initial assessment, family tracing and reunification, PFA and case management services	High	Immediately after cyclone	CP SS	All
6	Continually update/adapt the GBV referral pathway for lifesaving GBV services including PSS, health, mental health and child protection. Ensure life-saving and urgent referrals of refugees to service providers (eg.food, health, shelter and NFIs, etc.)	High		GBV SS	GIHA GBV SS MHPSS

⁷ Depending on cyclone formation time and expected landfall dates.



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7	Based upon needs, distribute the prepositioned 40,000 dignity kits available; containing menstrual hygiene products, torch, garments, and other items to support the safety, dignity, and mobility of women and girls.	High	Immediately after cyclone	GBV	WASH Sector Protection GIHA
8	offset up and run temporary protection desks in the safe / communal shelters and protection presence at info desks / health centres.	High	1-2 days after access	Camp protection Focal Points	Protection Health
9	Activate rapid tracing reunification/ emergency temporary care arrangements / foster families / safe households for people with needs / vulnerabilities (children, people with disabilities, elderly, pregnant women, etc.) who may have become separated during the cyclone.	High	1 day after access	CP Sub-sector, CP focal points with Registration focal points CP Actors	Protection
10	Support of mobile registration teams to assist in family reunification together with Child Protection FTR agency	Medium	1-2 days after access	Protection/CP focal points	Protection Registration
	Establish help desks to register unaccounted for caregivers and unaccounted for children	High	Immediately after access	Child Protection Sub-Sector partners	
11	Support family verification when needed at the major distribution and gathering points.			Camp protection focal points and camp CP focal points	
12	Make sure that protection and gender mainstreamed during the emergency response and safety guaranteed, i.e. partitioned shelters, sex segregated latrines, etc.	High	Immediately after cyclone	All PMFPs	Protection GIHA
13	After cyclones have passed and after massive rains it will be important to establish as soon as possible an overview about damage to protection facilities which would be available to provide individual case management services to individuals facing critical protection risks after the emergency and, where feasible, undertake repairs needed or establish safe spaces for this activity. Rapid Protection Assessment team in joint collaboration with Protection/CP/GBV and Protection partners in the camps.	Medium	Immediately after cyclone	CP	
14	With consideration of safety and security concerns of staff, rapid protection needs assessments, including child protection GBV and with sex, age, disability, and where possible other diversity disaggregation, will be carried out.	High		ALL	ALL



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15	Support services and care arrangement for persons living with disabilities and the elderly including rehabilitation and provision of assistive devices	High	Immediately after access is granted	ADWG partners	SMSD Protection Helath
16	Mapping of protection service providers after the emergency and set up of emergency referral pathways.	High	Immediately after cyclone	Protection Focal Points PERU CP Focal Points GBV Focal Points	All Sectors
17	Tracing and reunification of missing family members. Legal support in filing cases for missing person to the police	High	Immediately after cyclone	Protection CP PERU	Close collaboration with CiCs
18	Strengthening monitoring and outreach capacity including deployment of multi-functional mobile team	High	Based on assessment	Protection Coordination Team	
19	Protection mainstreaming, gender mainstreaming, and Accountability to Affected Population throughout the response	High	Immediately after cyclone	Protection Mainstreaming Focal Points Protection Focal Points PERU CP Focal Points GBV Focal Points PSEA GiHA	With all Sectors and WGs

6.4 Transition Plan – towards restoration

NO	ACTIVITY	PRIORITY	TIMELINE ⁸	LEAD
1	Identify and follow up on children with protection concerns resulting from the emergency for ongoing case management	High	Child protection SS	Protection
2	Ensure confidential data is handed over properly and deleted from the records to whom it may not concern.	High	All	Protection
	Undertake Sector specific assessment to identify ongoing protection needs as a result of disaster	Medium	All	Protection

⁸ Depending on cyclone formation time and expected landfall dates.



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3	Assess safety and security of community spaces, including CP and GBV protection facilities and centres for reopening after the cyclone.	High	Protection CP GBV	Shelter
4	Re-open community spaces and centres (spaces including CP and GBV protection facilities) in consultation with SM/SD and CiCs.	High	Protection CP GBV	Shelter Protection
5	Request shelter colleagues to rehabilitate damaged communal spaces and centres / community spaces and centers at risk to collapse prior re-opening of such spaces.	High	Shelter Site management Protection FP	Protection Site management
6	Assess viability of latrines in terms of protection and gender mainstreaming (e.g. locks still available / sex segregated latrines available and functioning).	Medium	WASH focal points	Protection WASH
7	Request WASH colleagues to rehabilitate / reconstruct damaged / collapsed latrines and they are disaggregated by sex.	Medium	WASH focal points	Protection WASH GiHA
8	Continue to identify lost documents and Issuance of lost documents.	High	UNHCR/CiCs Protection CP	
9	Identification of house/land/propriety issues (HLP)	High	HLPTF Protection	
10	Protection monitoring, counselling and case management, including antitrafficking and legal assistance. Identification and assistance to person with specific needs including persons with disabilities and older persons.	High	Protection CP GBV PSEA ADWG ATWG GDPWG HLPTF	
11	Reconstruction of the protection facilities, community centres and assignment of adequate protection staffing, while continuing the outreach among the community	High	Protection, CP, GBV, ADWG partners.	SM/SD Shelter/NFIs
12	After Action Review to be conducted to reflect on a given emergency response.	High	In consultation with GP/CP/GBV Focal Points, PERU Team Leaders, Protection Task Team including CP/GBV SS and ADWG.	EPRWG



7. ANNEXES (available on the humanitarian portal [here](#))

- I. Protection, Child Protection and Gender-Based Violence Focal Points list with contact details and ToRs (updated monthly)
- II. PERU ToRs and Team Leaders contact list and coverage map (updated monthly).
- III. Rapid Protection Assessment Core and Field teams contact details.
- IV. Rapid Protection Assessment concept note.
- V. Protection Sector 5Ws, service mapping tool and protection referral pathways.
- VI. ToRs of the Protection Task Team.
- VII. Guidelines on the use of 'porters' during emergency (2020).
- VIII. Coordination & Information Flowchart (contained in the ISCG Cyclone 72 hours response Plan)
- IX. GBV Referral Pathway and Pocket Card.
- X. SoPs on Relocations (SMSDS).
- XI. Protection Mainstreaming Focal Points Terms of Reference.
- XII. ISCG Cyclone 72 hours response plan.
- XIII. TOR of the inter-agency CP mobile team and full contact list
- XIV. Flow chart for temporary family separation and reunification-CPSS (available upon request to the Child Protection SubSector).
- XV. Toolkit – prevention and Preventing and Responding to Family Separation- CPSS (available upon request to the Child Protection SubSector).
- XVI. Purpose of Emergency Child and Caregiver Information Centre information sheet and sample (available upon request to the Child Protection SubSector).