Yemen, 2023 ©UNHCR/NMO
Displaced by war, Hanan, a 15-year-old girl with a spinal injury, moves with the help of a wheelchair after her treatment was interrupted.

Protection Field Coordination Toolkit

Chapter 11: Cross-Cutting Themes

Global Protection Cluster

Chapter 11: Cross-Cutting Issues

Overview

This section contains:

- The key elements and concepts included in cross-cutting issues

- Introduction to the concepts of AGDD inclusion, MHPSS, AAP, PSEA and Protection Mainstreaming

- Roles and responsibilities of Protection Clusters in promoting/integrating cross-cutting issues

- Tools, standards, and resources to support inclusive and accountable humanitarian action

Cross-cutting approaches are not an "add-on" but a core element of fair and equal humanitarian assistance. Given their importance to humanitarian action, it is worth Protection Cluster coordinators familiarise themselves with the core concepts, and actions they can take to ensure continuous implementation.

Skip ahead to:

All resources for each section can be found at the end of this document in <u>11.6 Key Resources and Tools</u>.

11.1 Age, Gender, Diversity and Disability

Core Concepts and Principles

All individuals have a unique profile and capacities. In humanitarian response, it is important to take these differences into account – both as they may result in specific protection risks, and because they can often be leveraged to improve the situation of individuals and communities. Humanitarian actors should seek to ensure that all individuals in affected communities have access to their rights, equal to others. By analysing Age, Gender, Diversity and Disability (AGDD) as interlinked personal and contextual characteristics, we can

understand better the protection risks and capacities of individuals and communities – and address and support these more effectively.

Age	Gender
It refers to the different stages in one's life cycle. It is important for protection programming to be aware of where people are in their life cycle as their capacities and needs change over time. Age influences, and can enhance or diminish, a person's capacity to exercise his or her rights. The protection risks affect an individual differently depending on age.	It refers to the socially constructed roles for women, girls, men, and boys. Gender roles are learned, changeable over time, and variable within and between cultures. Gender often defines the duties, responsibilities, constraints, opportunities and privileges of women, girls, men, and boys in any context. Gender equality refers to the equal enjoyment of their rights, responsibilities and opportunities and it implies that the interests, needs and priorities of each gender are respected.
Diversity	Disabilities
It refers to different values, attitudes, cultural perspectives, beliefs, ethnic background, nationality, sexual orientation, gender identity, ability, health, social status, skill, and other specific personal characteristics. While the age and gender dimensions are present in everyone, other characteristics vary from person to person. These differences must be recognized, understood and valued by humanitarian actors in each emergency to ensure protection for all affected people.	People with disabilities include women, men, girls, and boys with long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Older Persons

An older person is defined by the United Nations as someone over 60 years of age. However, in many countries and cultures, ageing cannot be looked at as only a number. It needs to be understood in its complexity and its interaction with other dimensions such as gender and diversity. Within this group, people aged over 60 years are likely to require very different types of support in displacement. An estimated 4% of all displaced people in the world are older people, although this is likely to be much higher.

Data on older men and women should not be analysed as a single cohort (e.g. over 60 only) as it masks large inequalities within the older population. Data should be disaggregated in 10- year age cohorts (60-69, 70- 79, and 80+ years). It is also important to note that older people can play vital roles in their households and communities, for example sharing knowledge, culture and skills.

Persons with Disability

According to the UN Convention on the Rights of Persons with Disabilities, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which – in interaction with various barriers – may hinder their full and effective participation in society on an equal basis with others. Those barriers could be environmental such as inaccessible toilets, transportation, or services; and they could be attitudinal such as negative communication, discrimination based on disability; and they could be institutional barriers such as the lack of budget allocations to promote disability inclusion or non-inclusive policies.

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI+) Persons

In many societies, lesbian, gay, bisexual, transgender, intersex, and queer people identities (LGBTQI+) are subject to serious human rights abuses because their sexual orientation, gender identity or gender expressions do not conform to dominant social and cultural gender norms. As a result, LGBTQI+ persons often are at heightened risk of violence, abuse, discrimination and exploitation during displacement – at the onset of an emergency, and in their displacement.

Understanding the Twin Track Approach

For humanitarian action, it is important to ensure that people at risk of exclusion and/or violence can access assistance and support in times of emergencies and crises. This can be done through applying the twin-track approach and the 4 Must Do Actions. The twin-track approach ensures that services are inclusive of all persons, as well as providing targeted interventions to address their specific needs. The following is an example of how this twin track approach applies to persons with disabilities. The same framework can be applied across the AGGD spectrum – including for any minority or marginalised group you identify in your response.

Examples of inclusive mainstream services according to the IASC Guidelines for the Inclusion of Persons with Disabilities in Humanitarian Action:

- Ensure all information provided are accessible for persons with different disabilities.
- Distribution points should be accessible for persons with disabilities.
- Latrines should be accessible for persons with different disabilities.

Examples of targeted interventions:

- Ensure that assistive devices are provided for persons with disabilities.
- Provide transportation allowance for persons with disabilities to access the services.
- Food and Non-Food Items should be delivered to persons with disabilities who are unable to access the distribution points.

Four Must Do Actions

The IASC outlines 4 'must do' actions to ensure the inclusion of persons with disabilities in humanitarian action. The ethos of these actions can be applied to other people who are at risk of exclusion, discrimination or violence.

1. Promote meaningful participation of persons with disabilities and their representative organizations
2. Remove barriers
3. Empower persons with disabilities and support them to develop their capacities
4. Disaggregate data for monitoring inclusion

Role of the Protection Cluster

How Protection Clusters Can Support Inclusion

The IASC Guidelines for the Inclusion of Persons with Disabilities in Humanitarian Action, Chapter 9 and Chapter 10 covers the specific roles of Cluster Coordinators and lead agencies in ensuring inclusion. The principles of these can be incorporated across the AGGD spectrum.

Understanding Protection Risks:

- Identify specific protection risks faced by individuals based on AGGD factors.
- Conduct regular collection and analysis of sex, age, and disability disaggregated data (SADDD) to ensure inclusion in humanitarian action.

Inclusive Strategy Development:

- Update the Cluster strategy to address identified protection risks.
- Promote the participation of specialized organizations, such as Older People Associations (OPAs) and Organizations of Persons with Disabilities (OPDs) in strategic planning.

- Ensure that all tools used for data collection incorporate inclusive methodologies, such as the Washington Group Questions.
- Develop inclusion specific indicators.

Collaboration and Advocacy:

- Collaborate with local and representative organizations to identify barriers preventing participation and promote enablers for inclusion.
- Advocate for inclusive budget processes that allocate resources to improve accessibility and address barriers faced by vulnerable groups.

Twin-Track Approach:

- Promote a twin-track approach by ensuring inclusive mainstream services that address the needs of all individuals.
- Targeted interventions for specific groups, such as persons with disabilities.

Monitoring and Evaluation:

- Establish robust monitoring and evaluation mechanisms.
- Ensure integration of AGDD approaches in HNOs, HRPs, HNRPs, and MSNA processes.

Capacity Building and Inclusion Structures:

- Identify an inclusion focal point within the Cluster.
- Ensure the continuity of Age and Disability Working Groups or Task Forces to strengthen the inclusion lens.
- Collaborate with other clusters and AoRs to promote inclusion across the response.

All resources for this section can be found at the end of this document in <u>11.6 Key Resources and Tools</u>.

HelpAge International

We would like to acknowledge the assistance received from our colleagues at Help Age and thank them for their input in the preparation of this section on AGDD.

11.2 Mental Health and Psychosocial Support (MHPSS)

Core Concepts and Principles

Mental health and psychosocial support (MHPSS) can cover a wide range of issues including social problems, emotional distress, common mental conditions (such as depression and anxiety disorders), severe mental health conditions (such as psychosis), alcohol and substance abuse, and intellectual, developmental or cognitive disabilities.

There is a direct link that goes both ways between MHPSS issues and protection risks.

- Conflicts, disasters and violence induce high levels of psychological distress due to direct human rights violations including torture, rape and other forms of gender-based violence, and due to losses of loved ones, homes, traditions and livelihoods.

- There can be a correlation between depression and substance abuse, particularly alcohol consumption and an increase in intimate partner violence.

- Youth, with mental health issues, are at greater risk for abuse and exploitation. When parents suffer from depression, they are less likely to take good care of their children.

- In emergency settings, the rights of people with pre-existing mental health conditions are often violated, even more pervasively than in stable situations.

- Conflicts, disasters and violence increase protection risks of people with severe mental health conditions in psychiatric institutions, or who are homeless or kept locked in homes including persons with psychosocial or other disabilities.

Over the last decade, supporting people's mental health and psychosocial wellbeing has gained increasing recognition as a necessary and important part of humanitarian response. This recognition makes clear that effective MHPSS requires a collaborative approach between multiple humanitarian disciplines. However, in practice, delivery of MHPSS in emergencies remains concentrated within health, child protection, gender-based violence and mine action programmes. A closer engagement of all protection actors and other humanitarian sectors on MHPSS, would make MHPSS more effective and the protection response more comprehensive and equitable.

Role of the Protection Cluster

No single cluster agency or cluster is, on its own, responsible or accountable for MHPSS. It is a shared responsibility of multiple agencies and clusters. However, there is a clear and important role for protection actors in responding to the mental health and psychosocial needs of people in need of protection.

Addressing the mental health and psychosocial consequences of conflict, violence and disasters contributes to protection by strengthening the agency of people to effectively address their protection issues. The capacity of people and families to take actions to claim their rights are negatively affected by pervasive demoralisation, feelings of depression and anxiety, memories related to past events of violence and loss and worries about current life circumstances and the future. Moreover, addressing the mental health consequences of forced displacement can contribute to durable solutions. There is a bidirectional relation between mental health and the ability to be successful in school, job and livelihoods and including MHPSS considerations in activities for durable solutions to be more effective.

Protection Clusters at the Country Level should:

- Strive for the delivery of the Minimum Service Package for MHPSS.

- Foster multi-sectoral cooperation with other sectors to maximize the impact of MHPSS effort.

- Encourage Areas of Responsibility (AoRs) and partners to systematically incorporate MHPSS within their programming and actively support those who are already doing this.

- Support equitable access to MHPSS services for all population groups, including women, men, children, youth, older people, LGBTQI+ persons, survivors of torture or arbitrary detention, survivors of forced disappearance and family of disappeared, male and female GBV survivors, people with disabilities, and people with substance use problems.

- Enable individuals, households, and communities to use effective and healthy coping mechanisms to deal with distress.

- Support the humanitarian response to adequately meet the MHPSS needs of at-risk groups.

- Scale up community-based protection activities, including protection outreach and activities aimed at reducing stigma and discrimination of marginalized groups in communities (e.g., persons with

disabilities including those with intellectual, developmental and cognitive disabilities) to positively impact on the well-being of affected individuals and families.

All resources for this section can be found at the end of this document in <u>11.6 Key Resources and Tools</u>.

We would like to acknowledge the assistance received from our colleagues at UNHCR and thank them for their input in the preparation of the section above on MHPSS.

11.3 Accountability to Affected People

Core Concepts and Principles

Overview of AAP

Promoting and strengthening accountability to affected people (AAP) is one of the core functions of a Cluster.

According to the **Inter-Agency Standing Committee (IASC),**

> **Accountability to affected people** *is a commitment by humanitarians to use power responsibly: to take account of, give account to, and be held to account by the people we seek to assist.*

The three principal components of AAP are to:

- Systematically share timely, relevant and actionable information with communities.
- Supporting the meaningful participation and leadership of affected people in decision-making, regardless of sex, age, disability status and other diversities.
- Ensuring community feedback systems are in place to enable affected people to assess and comment on the performance of humanitarian action, including on sensitive matters such as sexual exploitation and abuse, fraud, corruption and racism and discrimination.

Accountability is also one of the core elements of protection mainstreaming.

AAP approaches establish people-centred processes that will help inform the response, or any assistance activity, with community insights, so that programs can be determined considering people's preferences, priorities and different needs of different groups. AAP entails employing participatory approaches to ensure response actors know and understand risks associated with assistance delivery, so that their work is carried out respecting the "do-no- harm" principle.

AAP and Protection Response

Accountability to affected people is at the heart of protection programming. The core activities of protection response are designed to strengthen accountability to communities – including through enhancing community participation and representation and providing information and listening to people's feedback – including complaints, suggestions or questions about the response.

In addition, each humanitarian actor, including protection actors, should work to strengthen their accountability of their own programming to the affected people and communities they aim to support.

AAP and the Humanitarian Programme Cycle

Protection Clusters can take actions to strengthen accountability throughout the Humanitarian Programme Cycle – in needs assessments, strategic planning, implementation and monitoring, and resource mobilization.

A Protection Cluster Coordination team can take the following steps:

1. **Conduct a needs assessment:** The Protection Cluster Coordination team should engage with humanitarian actors to build their capacities and harmonize efforts in conducting needs assessments to identify priority needs and preferences of affected populations. This information can then be included in the HNO and HRP. In practice this translates in joint community consultations with harmonised methodologies for all protection actors that involve different groups, including most-at-risk people, who can provide vital insight that can be used for the HRP & Cluster Response Strategy.

2. **Involve affected populations in decision-making:** The Protection Cluster Coordination team should involve affected populations in decision-making processes and strategic planning, including the HNO and HRP. This can be done through community consultations, focus group discussions, and other participatory methods.

3. **Use data and feedback from affected populations:** The Protection Cluster Coordination team should coordinate collection and use data and feedback from affected populations to inform the HNO and HRP. This includes data on the number and location of affected populations, their needs, and any feedback they have provided on the humanitarian response, for example if the assistance previously received is safe, accessible, adequate and timely.

4. **Ensure representation of diverse perspectives:** The Protection Cluster Coordination team should ensure that the perspectives of diverse groups of affected populations are represented in the HNO and HRP. This includes women, children, people with disabilities, and other marginalized groups. Ensuring consultation of most-at-risk groups is especially important.

5. **Monitor and evaluate participation:** The Protection Cluster Coordination team should monitor and evaluate the level of participation of affected populations in the development and implementation of the HNO and HRP. This can help identify gaps in participation and inform improvements for future planning cycles. Participation in the overall monitoring and evaluation of the response is also important to understand if the response is reaching set objectives and if it is making a difference for the people it seeks to support.

Localisation: It is important to ensure participation of civil society organizations and local actors who often have the best knowledge of affected communities, local culture and tradition, and can be instrumental in creating the condition for successful community participation. In this case Protection actors can support capacity strengthening and coordination, seeking inputs and leadership in the field through local actors, leveraging their knowledge and context understanding.

Role of the Protection Cluster

As a Protection Cluster team, you should:

- Support Cluster partners to strengthen Accountability to Affected People throughout protection programming in every phase of the project cycle.

- Ensure that the work of the Cluster and its partners is as accountable, considers people priorities and needs and promotes participation of the affected people.

- Promote the outcomes of the collective AAP framework. The Protection Cluster can support the HCT/UNCT in prioritisation of issues and actions to strengthen response-wide AAP.

- Work with cluster members to promote and strengthen accountability in the protection response. For example, the protection cluster can coordinate with the AAP Working Group to develop and disseminate locally adapted tools and resources.

- Ensure strategic planning exercises (including the HNO and HRP and Protection Response Strategy planning), monitoring and evaluation activities are informed by community input and participation.

- Develop relationships with community leaders and community-based organizations that can help you during community consultation exercises in getting perspectives and opinions from different groups of the community

- Work with partners to ensure that they have appropriate information and community feedback mechanisms that are adequate to the needs of different groups (language, accessibility, culturally adapted).

All resources for this section can be found at the end of this document in 11.6 Key Resources and Tools.

We would like to acknowledge the assistance received from the IASC Task Force 2 on Accountability to Affected People and thank them for their input in the preparation of this section on AAP.

11.4 PSEA

Core Concepts and Principles

Protection from Sexual Exploitation and Abuse (PSEA) involves measures to prevent and respond to sexual exploitation and abuse perpetrated by aid workers against affected populations. It is a critical component of ensuring accountability in humanitarian action and safeguarding the dignity and rights of vulnerable people.

- **Protection from Sexual Exploitation and Abuse (PSEA)** is a term used by the UN and NGO community to refer to measures taken to protect vulnerable people from sexual exploitation and abuse by their staff and associated personnel. And, to ensure adequate response when abuses occur.

- **Sexual exploitation and abuse (SEA)** is an abuse of power by aid workers against the affected population. SEA can happen in any setting against anyone but the risks of SEA increase in humanitarian settings.

> **Key Resource**
>
> **IASC Six Core Principles relating to Sexual Exploitation and Abuse.**
> - English, French, Slovak and Spanish Versions
> - Plain language version in over 100 languages

PSEA relates to certain responsibilities of international humanitarian, development and peacekeeping actors. These responsibilities include preventing incidents of sexual exploitation and abuse committed by United Nations, NGO, inter-governmental organization (IGO) personnel and other actors involved in the delivery of aid, against the affected population; setting up confidential reporting mechanisms; and taking safe and ethical action as quickly as possible when incidents do occur.

At country level, the Humanitarian Coordinator (HC) has a leadership role on PSEA, supported by a PSEA Network and/or PSEA Coordinator.

Zero Tolerance for PSEA

IASC Principals and humanitarian actors are committed to zero tolerance for inaction against sexual exploitation and abuse (SEA) within all humanitarian work environments (see the IASC Six Core Principles Relating to Sexual Exploitation and Abuse). Sexual exploitation and abuse is a form of sexual misconduct perpetrated against a member of the affected population by national or international aid workers, including those working for the host state, NGOs or anyone affiliated with the UN-wide system, including UN staff or related personnel. These acts are a symptom of power imbalances that are particularly acute in humanitarian contexts and even greater for those who are systematically marginalized. Given the gender dimensions of SEA it is vital to strengthen the role of women, girls and people at risk as key partners and accelerate work to increase accountability of the aid community to affected people.

The 2024 IASC Principals' Statement on Protection from Sexual Exploitation and Abuse and Sexual Harassment affirms their commitment to actively prevent and respond to sexual exploitation and abuse by humanitarian workers. It also sets out the role of humanitarian leadership to implement PSEA commitments in every response operation.

Understanding the terminology

It is important for Cluster coordinators and the partners to understand the difference between different terms, as they require different actions from clusters and their partners to take adequate safeguards for at risk communities and ensure an appropriate response for anyone who has had their rights violated.

Terminology: Definitions and Parties involved in GBV, SEA and Sexual Harassment		
Term	**Parties**	**Definition**
Gender-Based Violence	**Perpetrator:** Anyone **Survivor:** Anyone	**GBV** is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.
Sexual Exploitation and Abuse	**Perpetrator:** Aid Worker **Survivor:** Beneficiary or member of the community / affected population	**Sexual Exploitation** is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation another. **Sexual Abuse:** The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. All sexual activity with a child is considered as sexual abuse.
Sexual Harassment	**Perpetrator:** Aid Worker	**Sexual Harassment** is any unwelcome conduct of a sexual nature that might reasonably be expected, or be perceived to cause offence or humiliation, when such conduct interferes with work, is made a condition of employment or creates an

Survivor: Aid Worker*	intimidating, hostile or offensive work environment. Sexual harassment may occur in the workplace or in connection with work. While typically involving a pattern of conduct, sexual harassment may take the form of a single incident. In assessing the reasonableness of expectations or perceptions, the perspective of the person who is the target of the conduct shall be considered.
For many organisations, Sexual Harassment as included in the spectrum of behaviours that are not acceptable conduct by staff, be it in the workplace or with affected populations.

Role of the Protection Cluster

PSEA is about ensuring the quality and consistency of a response. Sexual exploitation and abuse of affected community members by anyone associated with the provision of aid constitutes one of the most serious breaches of humanitarian accountability. SEA erodes the confidence and trust of affected communities in all those providing assistance.

Protection Cluster Coordinators can:

- Coordinate with in-country PSEA networks.

- Include PSEA as a targeted activity in the Protection Cluster workplan, with the necessary budget allocation.

- Include SEA risk management and mitigation measures into projects and programmes, using clear guidance and tools on how to capture SEA risks when conducing protection risk assessments, protection monitoring and other cluster-related activities.

- Advocate that all cluster members have appropriate mechanisms in place to deal with any issues of exploitation and abuse, in line with GBV AoR in-country referral pathways, and guidance on victim/survivor assistance and Victim/Survivor-Centered Approach (VCA).

- Ensure that SEA issues are brought to the attention of the appropriate stakeholders for action, such as the Humanitarian Coordinator.

- Facilitate access to resources and guidance for establishing safe, confidential, and accessible community feedback mechanisms in place, designed in consultation with communities, in particular women and girls, persons with disabilities and people affected by the crisis, and adapted to the specific locations.

- Facilitate the engagement of cluster partners in the process for in-country PSEA standard operating procedures for inter-agency referrals of SEA as set out in the Guidance Note: Inter-Agency Sexual Exploitation and Abuse Referral Procedures (IA SEARP).

- Support Protection Cluster members to adhere to standards outlined in the UN Protocol for SEA involving implementing partners and the IASC Minimum Operating Standards for PSEA

- Integrate PSEA in the needs and response strategy of the HNRP. Integrate relevant PSEA Core indicators (see also the Guidance Note on PSEA in the HPC).

- Organise PSEA capacity strengthening initiatives for partners and members, provide expertise on protection risk assessments for SEA survivors as per the Victim/Survivor-Centred Approach (VCA).

All resources for this section can be found at the end of this document in <u>11.6 Key Resources and Tools</u>.

We would like to acknowledge the assistance received from the PSEA Task Force and thank them for their input in the preparation of this section on PSEA.

11.5 Protection Mainstreaming

Core Concepts and Principles

Mainstreaming protection ensures that the protective impact of humanitarian programming is maximized. Through the incorporation of protection principles into response delivery, humanitarian actors can ensure that their activities target the most vulnerable, enhance safety, dignity, and promote and protect the rights of beneficiaries without contributing to or perpetuating discrimination, abuse, violence, neglect and exploitation. A <u>brief note</u> and a <u>video</u> are available in several languages.

Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian response. The following elements must be considered in all humanitarian activities:

- **Prioritize safety & dignity and avoid causing harm:** Prevent and minimize as much as possible any unintended negative effects of intervention which can increase people's vulnerability to both physical and psychosocial risks.

- **Meaningful access:** Arrange for people's access to assistance and services – in proportion to need and without any barriers. Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.

- **Accountability:** Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.

- **Participation and empowerment:** Support the development of self-protection capacities and assist people to claim their rights, including – not exclusively – the rights to shelter, food, water and sanitation, health, and education.

Protection Clusters and their partners also need to ensure that the principles of mainstreaming are applied to the identification, selection and implementation of protection programming.

Difference between Protection Mainstreaming and Centrality of Protection

Protection is recognized as the purpose and outcome of humanitarian action. The difference between mainstreaming and centrality of protection might be confusing to some actors. Protection mainstreaming is a part of centrality of protection in humanitarian action. Protection mainstreaming is a practical, efficient and effective means to maximise the protective impact of aid programming. The centrality of protection includes ensuring that leadership, coordination, and engagement in protection and all sectors is more strategic, aligned and directed toward a stronger response.

For more information on CoP, see Chapter 5: <u>Centrality of Protection</u>.

Role of the Protection Cluster

Protection Clusters have a very active engagement in promoting protection mainstreaming and ensuring that other clusters and humanitarian actors are equipped with updated protection analysis and information.

It is the responsibility of the Protection Cluster (alongside the Inter-cluster) for ensuring protection mainstreaming is central to the work of the ICCG at the country level. The Protection Cluster should make sure that all other sectors mainstream protection in their humanitarian intervention and provide them with support as needed.

Protection Cluster coordination teams should at a minimum:

- Provide timely protection analysis and information to relevant humanitarian stakeholders.
- Ensure engagement of country level coordination mechanisms and ensure protection mainstreaming is regularly discussed at the inter-cluster level.
- Promote the use of cluster specific protection risks assessment.
- Provide protection mainstreaming guidance / tip sheets for clusters.
- Support training for clusters and partners.
- Monitor protection mainstreaming efforts in the response.

In addition, protection mainstreaming should be ensured throughout the delivery of the cluster core functions. Specific attention should be paid to mainstreaming protection across the Humanitarian Response Plan (HRP) chapters and Sector Response Strategies, and through funding mechanisms such as Country-Based Pooled Funds.

Providing timely protection analysis and information

Protection Clusters support in-depth and ongoing protection analysis of the crisis environment. The aim of these efforts is to inform decision making for strategies that reduce and prevent protection risks that may violate international human rights and humanitarian laws.

In addition to ensuring protection inputs into the HNRP, Protection Clusters also provide regular Protection Analysis Updates (PAU) and ad hoc situational guidance and analysis on specific issues (e.g. humanitarian evacuations, specific communities at risk, flash updates etc).

Ensuring engagement of country level coordination mechanisms

Inter-clusters (and sub-national coordination bodies) regularly discuss country and area level and operational and strategic interventions. These response discussions are based on evolving humanitarian needs, access and information. Protection mainstreaming is a practical lens to apply to these discussions and ensure that any intervention or approach that is adopted by the relevant coordination body adheres to the four principles of protection mainstreaming.

Protection Clusters have the responsibility to elevate discussions to the inter-cluster or HCT level, if there are outstanding risks and concerns about approaches.

Promoting the use of cluster specific protection risk assessments

The Protection Cluster can encourage and support each cluster to develop a Protection Risk Assessment (PRA) to inform strategic planning processes. The PRA is a versatile tool that can be used by non-protection and protection actors alike, to think through any potential protection risks or implications of their strategy and activities.

At the project / implementation level, all organizations submitting HRP projects and/or implementing humanitarian activities should be required to demonstrate evidence to their specific cluster of how they reflected upon and ensure efforts to Do No Harm and mainstream protection concepts, inclusive of GBV and PSEA, and the related mitigating measures that will be adopted (using the Cluster PRA Matrix as a guide). This can be made a requirement for project proposals etc.

Protection Risk Assessments – A Flexible Tool for Reflection and Planning

A PRA is an operational tool that helps to identify protection risks relevant to a cluster's response, including risk of gender-based violence and sexual exploitation and abuse and strategies to mitigate these risks.

When can a PRA be conducted?

A PRA can be used by any cluster (or partner) at any stage in the humanitarian programme cycle and to reflect on specific implementation actions. A PRA should be done as part of strategic planning processes (HRP and Cluster Response Strategy development), for use by the Cluster and Cluster members. In addition, a PRA can be done, for any specific activity that has protection concerns.

A PRA done as part of strategic planning processes aims to identify protection risks relevant to the Cluster response that is planned, and to put into place approaches to mitigate these risks. It should be shared with Cluster partners to support analysis for their activities planning and reflected in the Cluster HRP chapter and Cluster Response Strategy.

Who should it be done by?

The relevant Cluster coordination team should prepare a PRA matrix, in consultation and with inputs from Cluster members. They can reach out to the Protection Cluster for support, as needed.

What should it contain?

A PRA matrix is straightforward and should be operational. List each Cluster activity – either the Cluster activities in the HRP, or activities that will be undertaken for a specific response. For each activity, include:

- **Protection Risk/Threat:** What are the key protection risks beneficiaries or humanitarians may be exposed to through this activity's implementation?
- **Likelihood:** What is the likelihood of this risk occurring?
- **Impact**: What would be the level of impact on beneficiaries and/or humanitarian workers?
- **Mitigating Measure:** What are ways we could reduce the risk or weaken its impact?
- **Monitoring**: How can we monitor this risk?
- **Resources Required:** What resources, if any, would be required to mitigate and/or monitor the risk?
- **Acceptable Level of Risk:** Is this an acceptable level of risk? Do we go forward with the activity?

Tip Sheets on Mainstreaming

The Protection Cluster can share guidance / tips for humanitarian sectors on mainstreaming protection into their sector programs. The Tipsheets on Protection Mainstreaming give practical, operational tips, to achieve the four protection mainstreaming elements above.

At the country level, it is the responsibility of the inter-cluster to:

- Be familiar with the contents of the global Tipsheet, and apply it to the Cluster's work.

- Adapt the Tipsheet to the context as necessary.
- Disseminate it to all Cluster members. Don't forget to translate into local languages.

The Protection Cluster should be able to support other sectors to adapt the Tipsheet, if needed. There are global tipsheets for Education, Food Security, Health, CCCM, Shelter, WASH sectors. Encourage other clusters to reach out to their global counterparts for examples and best practice.

It might be relevant in your country context to adapt the Tip Sheets to specific contexts or response modalities (e.g. flood response, distributions), or for clusters that work closely (e.g. Health/Nutrition).

In some contexts, it is more practical to have the tip sheets focusing on types of activities and associated risks i.e. distribution, information dissemination, cash programming etc. For example, this tip sheet that considers protection and food distributions/registration.

Monitoring

It is a system wide requirement to mainstream protection into humanitarian response. Ultimately each organisation / cluster is responsible and accountable to mainstream protection in their activities and carry out their own monitoring and evaluation, and to report on any related indicators in the HRP. A list of suggested indicators is available in the Protection Mainstreaming Toolkit.

The Cluster coordination team should also monitor protection mainstreaming at the Cluster level through periodic reviews (aligned with HRP or equivalent mid-year / end of year response reviews) requiring partners to indicate measures they have taken. This can be a simple survey requesting partners to list the mitigating measures that they have implemented from the PRA matrix for each of their activities and measures they have implemented addressing the protection mainstreaming tips. Importantly, the affected population should be consulted through focus group discussions and surveys.

Training and Guidance

Clusters may wish to support partners to be able to better mainstream protection in their programming through accessing trainings. If needed, they can reach out to the Protection Cluster for support on partner trainings and to utilise any other existing in-country capacity, trainings and initiatives on protection mainstreaming. Cluster Coordinators should discuss protection mainstreaming trainings in the inter-cluster coordination groups (or equivalent) to organise joint trainings and utilise expertise.

A full Training Package is available in several languages, as well as PowerPoint Presentation

11.6 Key Resources and Tools

Title	Type	Language	Year
Overarching Policy and Guidance			
UNHCR Policy on Age, Gender and Diversity	Policy	ENG	2018
IASC Accountability and Inclusion Resources Portal	Guidelines	ENG	2020
Core Humanitarian Standards (CHS) 2024	Standards	ENG, ARA, ESP, FRE	2024
SADDD Minimum Standards and Guidance – HelpAge International	Standards	ENG	2018
Older People in Humanitarian Action			

Working with Older Persons in Forced Displacement – GPC, UNHCR, HelpAge	Guidance Document	ENG	2021
HelpAge: Protection Interventions for Older People in Emergencies	Guidance Document	ENG	2013

HelpAge: Age Inclusion Handbook / Toolkit:
   Section 1: Technical guidance notes
   Section 2: Resources
   Section 3: Organisational Assessment
	Guidance Document	ENG	2024

Age and Disability Capacity Programme (ADCAP), Good Practice Guide: Embedding Inclusion of Older People and People with Disabilities in Humanitarian Practice and Policy	Guidance Document	ENG	2018
Example ToR for Age Inclusion Specialist (Sudan Protection Cluster - HelpAge)	ToR	ENG	2024
HelpAge: Helping Older People in Emergencies (HOPE)	Online Course	ENG	N/A
HelpAge: Age Inclusive Humanitarian Interventions (AIHI)	Online Course	ENG	N/A
Persons with disabilities in Humanitarian Action			
IASC Guidelines for the Inclusion of Persons with Disabilities in Humanitarian Action	Guidance	Multiple *(25+ versions incl. Braille)*	2019
UNICEF: Cluster Coordination Essential Actions on Disability Inclusion	Guidance / Toolkit	ENG	--
Guidance for Adapting Protection Assessment tools to become more Disability Inclusive	Tool	ENG	2024
Collection of data on disability inclusion in humanitarian action - Decision Tree (DTM, IOM, HI, UN agencies)	Tool – Decision Tree	ENG	2023
MHPSS in Humanitarian Action			
The Mental Health and Psychosocial Support Minimum Service Package: For an effective MHPSS emergency response	Resource Page	Multiple	2025
IASC, Community-Based Approaches to MHPSS Programmes: A Guidance Note	Guidance Document	ENG, FRE, ESP, ARA, URDU, POR	2019
IASC Mental Health and Psychosocial Support Minimum Service Package	Guidance Document	ENG	2022
IASC Handbook of MHPSS Coordination	Handbook	ENG	2022
IASC Mental Health and Psychosocial Support: What Should Protection Programme Managers Know?	Guidance Document	ENG	2010
GPC Policy Paper – MHPSS and Protection Outcomes	Policy Paper	ENG	2020
GPC Webinar - Mental Health and Psychosocial Support in Protection: Towards More Action and Greater Impact	Webinar	ENG	2021

UNHCR Community-Based Protection & Mental Health & Psychosocial Support	Guidance Document	ENG, RUS, UKR	2017
GPC Engagement of Protection Actors in MHPSS: The Need for Cross-Sectoral Cooperation	Policy Paper	ENG	2021
Ethiopia Protection Cluster - Mental Health and Psychosocial Support (MHPSS) Key Messages	CwC Materials	ENG	N/A
WHO Psychological First Aid	Tool	Multiple (35 languages)	2011
IASC Basic Psychosocial Skills for COVID-19 Responders	Tool	Multiple (43 languages)	2020
WHO Problem Management Plus: Individual psychological help for adults impaired by distress	Manual	Multiple (25 languages)	2018
WHO Group Problem Management Plus (Group PM+): Group psychological help for adults impaired by distress in communities exposed to adversity	Manual	ENG, ESP, NEP, URDU, POR, UKR,	2020
WHO Self-Help Plus (SH+): WHO's 5-session stress management course for large groups.	Course / Toolkit	Multiple (10 languages)	2021
AAP in Humanitarian Action			
IASC/GPC/OCHA – Suggested Actions for Cluster Coordination Groups to Strengthen Accountability to Affected Populations and Protection in the Humanitarian Programme Cycle	Guidance	ENG	2016
IASC AAP/PSEA Task Team & REACH – Menu of AAP-related questions for MSNAs	Guidance	ENG	2018
Joint UNHCR-WFP Programme Excellence and Targeting Hub AAP Guidance	Website/Hub with Guidance	ENG	N/A
IASC – Protection and Accountability to Affected Populations in the Humanitarian Programme Cycle, Preliminary Guidance Note	Guidance Note	ENG, RUS, UKR	2016
Achieving impactful, localised AAP in Myanmar: recalibrating the existing approach	Case Study	ENG	2023
Accountability to the Affected Populations in Early Recovery: Examples of Good Practice: Technical Working Group on AAP	Case Studies / Best Practice Examples	ENG	2016
PSEA in Humanitarian Action			
IASC Six Core Principles Relating to Sexual Exploitation and Abuse. *Plain language version in over 100 languages*	Guidance Document	ENG, FRE, SLO, ESP	2019
Guidance Note: Inter-Agency Sexual Exploitation and Abuse Referral Procedures (IA SEARP)	Guidance Note	ENG, FRE, ESP, ARA	2023/ 2024
UN Protocol on SEA Involving Implementing Partners	Protocol	ENG	2018

IASC Minimum Operating Standards for PSEA by Own Personnel	Standards	ENG, FRE, ESP	2024
Guidelines on Setting Up a Community Based Complaints Mechanism Regarding Sexual Exploitation and Abuse by UN and non-UN Personnel - Community Feedback Mechanism Design Guide	Feedback Mechanism Design Guide	ENG	2009
IASC Updated Guidance on Reflecting Protection from Sexual Exploitation and Abuse (PSEA) into the Humanitarian Programme Cycle (HPC), July 2024	Monitoring Tool	ENG	2024
IASC PSEA Core Indicators Guidance Note 2nd Edition 2024	Guidance Note	ENG	2024
Victim/Survivor-Centred Approach to Protection from Sexual Exploitation, Abuse and Harassment in the Aid Sector – CHS Alliance Foundational Paper	Training Resource	ENG	2023
Protection Mainstreaming in Humanitarian Action			
GPC Protection Mainstreaming Video	Video	ENG, FRE, ESP	2016
GPC Protection Mainstreaming Toolkit	Toolkit	ENG, FRE, SPA, ARA	2019
GPC Protection Mainstreaming Training Package	Training Package	ENG, FRE, ESP, ARA, Burmese, Bengali, Urdu	2017
GPC Protection Mainstreaming PowerPoint Presentation	PPT	ENG, FR, SPA	2017
GPC Brief on Protection Mainstreaming	Brief	ENG	2016
GPC Mainstreaming Cross-Cutting Issues in Humanitarian Response	Infographic	ENG	2019
GPC Protection Mainstreaming Checklist – Education	Checklist	ENG *Multiple, see note**	2017
GPC Protection Mainstreaming Checklist – Food Security	Checklist	ENG, *Multiple**	2017
GPC Protection Mainstreaming Checklist – Protection	Checklist	ENG, *Multiple**	2017
GPC Protection Mainstreaming Checklist – CCCM	Checklist	ENG, *Multiple**	2017
GPC Protection Mainstreaming Checklist – Shelter	Checklist	ENG, *Multiple**	2017
GPC Protection Mainstreaming Checklist – Health	Checklist	ENG, *Multiple**	2017
GPC Protection Mainstreaming Checklist – WASH	Checklist	ENG, *Multiple**	2017
Protection Checklist and Food Distributions - Tip Sheet (Papua New Guinea)	Example	ENG	2018
Protection Mainstreaming Brief Floods - Somalia	Example	ENG *Upon Request*	2018

Protection Mainstreaming in Flood Response - Sudan	Example	ENG *Upon Request*	2020

*All the checklists are also available in French, Spanish, Arabic, Burmese, Bengali and Urdu – They are located within the Training Package, listed above.

Protection Field Coordination Toolkit – Overview of Chapters

Visit the main toolkit landing page or navigate directly to the chapters below to access more resources and information on the Protection Cluster's role in the following areas:

Protection Field Coordination Toolkit – Overview of Chapters	
Chapter 1: Humanitarian Coordination Overview	• Coordination models for internal displacement, refugee response and mixed situations • Cluster Activation Criteria and Processes
Chapter 2: Humanitarian Programme Cycle	• Elements / Principles of the HPC and the Role of the Cluster • Flash Appeals and Pooled Funds • Integration cross-cutting issues and the Centrality of Protection into the HPC
Chapter 3: Internal Displacement	• Internal displacement and the needs of IDPs. • Legal frameworks and displacement
Chapter 4: Protection in Armed Conflict	• International Law/Principles • Humanitarian protection and Protection of Civilians (PoC). • Humanitarian Civil-Military Coordination
Chapter 5: Centrality of Protection	• The Protection Cluster's responsibilities in CoP • The difference between mainstreaming, integration and the centrality of protection. • IASC processes and HCT benchmarks
Chapter 6: Climate, Disaster, and Sudden Onset Emergencies	• Terminology and definitions in climate and disasters. • Responding to sudden onset emergencies • Actions that can be taken after a sudden onset shock (day 1-5) • Climate and disaster preparedness and response.
Chapter 7: Durable Solutions	• Global frameworks guiding Durable Solutions • Supporting durable solutions at strategic and operational levels. • The GPC Durable Solutions Guidance for Protection Clusters
Chapter 8: Cluster Transition, Deactivation and Reform	• Criteria for cluster deactivation and transition • Transition processes • Humanitarian reform initiatives • Area-based coordination
Chapter 9: Advocacy and Communication	• Developing advocacy strategies and action plans • Preparing briefings to ICCG/HCT and engaging donors • Leveraging human rights mechanisms • Communication products and media engagement
Chapter 10: Data Responsibility and Safe Information Management	• Principles of data safeguarding, management and sharing • Data responsibility in humanitarian action • Safe and effective data handling
Chapter 11: Cross-Cutting Issues	• Age, Gender, Diversity and Disability Inclusion • MHPSS • AAP • PSEA • Protection Mainstreaming
Chapter 12: Understanding Protection Programmatic Approaches and Interventions	• Locally Led Responses • Community Based Protection • Case Management • Service Mapping and Referrals • Legal Aid, Law and Policy • Cash and Protection • Humanitarian Negotiations • Anti-Trafficking • Mobile and Rapid Protection Responses