

Benchmarks

HUMANITARIAN COUNTRY TEAM COLLECTIVE IMPLEMENTATION OF THE IASC POLICY ON PROTECTION IN HUMANITARIAN ACTION: A RISK-BASED APPROACH

IASC Task Force 1
on Centrality of Protection

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Benchmarks for HCT collective implementation of the IASC Policy on Protection in Humanitarian Action: a risk-based approach

RISK EQUATION



⇐ UNDERLYING PRINCIPLES FOR HCT COLLECTIVE ACTION¹ ⇒

1. **Humanitarian Coordinators (HCs) and the heads of member organisations of the Humanitarian Country Team (HCT) are responsible for leading the collective strategic protection response.** As the individual responsible for leading and coordinating the inter-agency humanitarian response, the HC is responsible for ensuring that protection priorities are identified and result in collective action by the HCT. As a strategic and operational decision-making forum, the HCT and thus the leaders of its individual members must likewise contribute - in accordance with their organisational expertise and/or mandate - to the collective effort to reduce protection risks facing affected populations. It may be useful to identify from the HCT 'champions' (individuals or organisations) or an interagency mechanism to drive the day-to-day work of the HCT on protection.
2. **Identifying and reducing protection risks must be understood first and foremost from the perspective of crisis-affected people.** This means that crisis-affected people should be actively engaged in and have meaningful influence over the HCT's response (analysis, planning, response, monitoring and learning processes). The [IASC Operational Framework on Accountability to Affected Populations](#) (AAP) supports this approach. Human rights/protection monitoring directly engage affected people, offering a key source of information about protection risks and how they could be addressed.
3. **Wide-ranging partnerships are essential to mitigate multifaceted protection risks to affected people.** Which partners and what kind of partnership should be determined by contextual factors, including the vulnerabilities that different groups have to different threats. Partners should include a combination of local, national, regional and international actors from civil society and government, peacebuilding, human rights and other aid actors. Existing policy frameworks, such as [Collective Outcomes](#), and existing coordination structures, such as NGO forums, UNCTs, can be used to support such outreach and strengthening of partnerships particularly with peace, development and human rights actors.
4. **Regular and consistent engagement with duty bearers is critical to reducing protection risks.** HC-led engagement should aim to influence duty bearers' behaviour towards affected people, including to secure respect, protect and fulfilment of affected peoples' rights. Engagement will vary in relation to the duty bearer and the protection risk. But it should be based on relevant national and international law (IHL, IHRL and IRL) and be understood as combining public advocacy and quiet diplomacy, undertaken directly or indirectly, at different levels of leadership, and in collaboration with human rights, peace, diplomatic and other actors to maximize influence and mitigate risks.

¹ These underlying principles are drawn from the IASC Protection Policy, 2016.

What is the benchmark?	What actions should be taken?	Who is responsible?	How will this be verified?
<p>#1: ANALYSIS AND PRIORITISATION</p> <p>The HCT makes sure that continuous comprehensive intersectoral analysis of protection risks is undertaken that:</p> <p>1. includes comprehensive analysis of the threats, vulnerabilities and local/national capacities as articulated by crisis-affected people;</p> <p>2. includes analysis of the longer-term drivers of rights violations, violence, armed conflict and other shocks (e.g. natural hazards, health risks, the key actors involved (e.g. their character, agenda, etc.) and any exacerbating factors (e.g. food insecurity, climate change, health risks, etc.);</p> <p>3. is based on data and analysis available from within and outside the HCT; and</p> <p>4. is used as the basis for identifying 1-3 priority risk(s) requiring collective HCT action.</p>	<p>⇒ Use existing, or develop forward-looking intersectoral protection risk analysis, in consultation with affected people, that determines:</p> <ol style="list-style-type: none"> 1. What threats crisis-affected people are/will be facing and where/who these threats come from (e.g. which actors, what short and long-term drivers); 2. Which people are/will be particularly vulnerable to or impacted by these threats and why (e.g. gender, age, disability, ethnicity, religion, location, status, etc.); 3. What capacities exist among crisis-affected people and other local/national actors to respond to these threats, including the willingness and capacities of duty bearers to prevent and mitigate these; 4. What are the risks to affected people that require an HCT response. 	<p>Process led by HC and HCT (i.e. heads of member organisations)</p> <p>Analytical support provided by dedicated interagency team (e.g. including Inter-cluster coordination group (ICCG), protection cluster/sector, any other relevant clusters (e.g. food security, health, WASH, etc.), OHCHR, international/local NGO forums, civil-military coordination staff/CMCoord, access teams)</p>	<p>√ Protection analysis completed and presented in the <i>public</i> HNO and/or where necessary it is presented as a standalone, more detailed HCT <i>internal</i> document (e.g. in an existing HCT protection strategy or other standalone document) that is complementary to the HNO.</p> <p>√ Analysis includes disaggregated data to demonstrate differential impact of protection risks on different groups.</p> <p>√ Analysis includes data/information collated from a wide range of actors from inside and outside the HCT.</p> <p>√ Analysis integrates relevant national and international law (i.e. rights of individuals under IHL, IHRL, IRL).</p>
	<p>⇒ Ensure analysis uses all available data from partners inside and outside the HCT, particularly affected people, as well as local/national civil society and government, UNCT and UN missions, human rights mechanisms, peace, development and other aid actors as appropriate.</p> <p>⇒ Regularly (e.g. monthly, quarterly, bi-annually as necessary) update this analysis to identify any changes in risk patterns and the wider context that may necessitate a change in the HCT response.</p>		
	<p>⇒ Use the analysis to identify which of the protection risks articulated and prioritized by affected people the HCT should prioritize for its collective action (i.e. beyond action by the protection cluster).</p>	<p>Decision on priorities to be taken by HC and HCT.</p>	<p>√ Protection risk(s) identified as priority and accompanying outcomes to be achieved are formulated as a Strategic Objective in the <i>public</i> HRP and/or, where necessary, in a standalone <i>internal</i> HCT protection action plan (and/or existing HCT protection</p>

	<p>⇒ Identifying which 1-3 risk(s) to prioritise should be based on a collective HCT assessment that:</p> <ol style="list-style-type: none"> 1. the nature of the risk is so acute/serious that it is of collective concern to all members of the HCT, regardless of institutional mandate or areas of expertise; AND 2. the HCT has a reasonable expectation that, in utilizing its collective capacities, it can help reduce the risk <p>⇒ Understanding that risk reduction takes time, describe what interim (i.e. short term) and longer-term outcomes the HCT aims to achieve in relation to reducing (including preventing) priority risk(s) (e.g. reduction in # of violent incidents perpetrated by armed actors and longer-term shift in behaviour of armed actor towards civilians)</p>		strategy) that is complementary to the HRP.
	<p>⇒ Identify an existing, or create a, permanent, dedicated, multi-disciplinary, interagency team to provide this analysis. Building on the analytical capacity of the protection cluster/sector, the team should have sufficient human resources and be representative of the diversity of expertise (sectoral and cross-sectoral) in an HCT (e.g. focal points from ICCG, protection cluster/sector, protection-mandated organisations international/local NGO forums). This is to ensure sufficient breadth of skills, capacities and expertise to provide a comprehensive analysis and support the HCT in identifying appropriate priority protection risks.</p>	<p>HC and HCT to decide on nature of this team, second staff to it as necessary, and provide tasking/oversight.</p> <p>Analysis team to provide HCT with regular analytical updates and flag need for change in HCT response.</p>	<p>√ Dedicated analytical team (either existing protection cluster/sector team or new team as deemed necessary by the HCT) is in place and providing regular analytical updates to HCT and flagging any need to change HCT response.</p> <p>√ HCT decision-making is demonstrably based on analysis developed.</p>
<p>#2: RESPONSE PLANNING AND IMPLEMENTATION</p> <p>The HCT has designed and is implementing a collective, adaptative, multi-disciplinary protection action plan that is fully</p>	<p>⇒ Design a plan of action (set out in the HRP and/or in a standalone document) that sets out how the HCT will draw on its collective capacities, over time, in consultation with affected people, and in complement to non-HCT partners, to achieve the outcomes (i.e.</p>	<p>HC and HCT oversee development and implementation of the protection action plan</p> <p>Interagency technical team develop the protection</p>	<p>√ HCT protection action plan integrated into the <i>public</i> HRP and/or formulated as a standalone HCT <i>internal</i>, more detailed document (this can be attached to an existing HCT protection strategy or developed as a new standalone</p>

<p>informed by the HCT analysis developed and that aims to achieve the interim and longer-term protection outcomes the HCT has agreed. It should:</p> <ol style="list-style-type: none"> 1. Comprise public advocacy and private diplomacy activities as well as multi-sectoral programming interventions 2. Be complementary to the interventions of non-HCT partners (e.g. UN mission, civil society, government, peace, human rights, development actors, etc.) 	<p>the risk reduction/prevention) agreed and how it will monitor its collective progress in relation to these outcomes (see benchmark 3 below).</p> <p>⇒ The protection action plan should be based on 3 areas of action:</p> <ol style="list-style-type: none"> 1. Actions aimed at directly reducing the threat (e.g. through engagement with armed actors to influence their behaviour towards civilians) 2. Actions aimed at reducing the vulnerabilities of people exposed to the threat (e.g. provide assistance that reduces exposure to violence) 3. Actions aimed at strengthening the capacities of crisis-affected people and other local/national actors to prevent and respond to the threat (e.g. supporting communities engagement with duty bearers to claim their rights), including actions aimed at changing the willingness/capacity of duty bearers to address risk factors (e.g. parties to conflict issue prohibitions to prevent child recruitment by their forces). 	<p>action plan (e.g. including ICCG, PCWG, protection-mandated agencies, international/local/national NGO forums)</p>	<p>document) that is complementary to the HRP.</p> <p>√ HRP and HCT protection action plan (and any existing/revised HCT protection strategy) are based on relevant legal frameworks (IHL, IHRL, IRL) and humanitarian principles.</p>
	<p>⇒ Each cluster/sector should articulate how their activities will actively contribute in one or more of these 3 areas. This requires cluster/sector response plans to be proactively designed to help reduce the priority protection risk(s).</p>	<p>Cluster lead agency, in consultation with members, to set out cluster contribution</p> <p>PCWG to support other clusters as necessary</p>	<p>√ HRP and/or the HCT <i>internal</i> protection action plan lays out contributions of different clusters to reduce priority risk(s).</p>
	<p>⇒ Identify and utilize opportunities for engagement with regional and international human rights mechanisms (e.g. special procedures mandate holders, treaty bodies), as well as national protection systems (e.g. national human rights institutions and judicial systems) to reduce priority risk(s)</p>	<p>HC and HCT to identify and lead engagement, with specific support from protection-mandated agencies</p> <p>PCWG to support as necessary</p>	<p>√ HRP and/or the HCT internal protection action sets out how the HCT will engage with relevant human rights mechanisms.</p>

	<ul style="list-style-type: none"> ⇒ Identify critical gaps in existing collective capacities within the HCT in relation to actions in these 3 areas. ⇒ Determine how these gaps can be addressed (through HCT and non-HCT partnerships, resource-sharing, CERF/CBPF, etc.). ⇒ Take action to reprioritize existing or mobilise additional resources to address gaps (repurposing resources, requesting resources from HQ, requesting technical support, fundraising, etc.). 	HC and HCT to collectively identify capacity gaps and act to mobilise resources to address them.	√ Capacity gaps identified and action taken to address them, including request for funding/technical support from global level as necessary.
	<ul style="list-style-type: none"> ⇒ Identify which non-HCT local, national, regional, international actors (e.g. UN missions, peace, UN political and human rights bodies, development, diplomatic, security actors) the HCT should work with to leverage all available capacities to reduce/prevent the priority risk(s) in the short and longer-term. ⇒ Work strategically with those partners to enhance complementarity of effort, including coordinating activities and sharing resources/expertise as appropriate, to make progress towards short and longer-term outcomes. Outreach to partners can be facilitated through existing coordination mechanisms (NGO forums, UNCT, etc.), guided by existing partnership frameworks. 	HC and HCT to identify together which non-HCT actors to work with and lead effort to strengthen partnerships	<ul style="list-style-type: none"> √ Partners identified and how the HCT will work in complementarity with them set out in the HRP and/or the HCT protection action plan. √ HRP and/or the HCT protection action plan implemented in coordination/complementarity with relevant non-HCT actors (including through coordinated/collaborative planning frameworks as appropriate).
<p>#3: MONITORING, LEARNING AND EVALUATION</p> <p>3.1. The HCT regularly documents interim and longer-term results of the protection action plan and adapts the action plan in real time in response to any changes deemed necessary in response to results being achieved and changes in the risk pattern, and the wider context, identified.</p>	<ul style="list-style-type: none"> ⇒ Regularly (e.g. at least twice yearly) document any interim results of the protection action plan, based on information provided by crisis-affected people and other actors. A set of indicators should be included in the action plan to monitor progress towards the intended outcomes in relation to the following: <ul style="list-style-type: none"> 1. Threat - has the pattern of threatening behaviour changed? (e.g. has the level or type of violence perpetrated by armed actor(s) reduced?) 	HC and HCT to lead collective reviews to determine what results are being achieved and decide on any necessary adaptations to be made to the protection action plan.	√ Process in place to regularly document interim results – using a set of appropriate indicators to monitor actions taken AND results achieved in the short, medium term. This can be integrated in the HPC process and/or undertaken as a separate exercise.

	<p>2. Vulnerability – has the vulnerability of specific groups/individuals changed? (e.g. has people's economic security improved, thereby reducing their exposure to violence/their resort to harmful coping strategies?)</p> <p>3. Capacity – have the community's capacities to respond to threats changed? (e.g. have communities established early warning mechanisms? have they safely increased engagement with duty bearers?). - has the willingness and capacity of duty bearers changed? (e.g. national legislation formally recognizes land tenure entitlements of displaced populations.)</p> <p>⇒ Identify and implement any adaptations to the protection action plan that are necessary in response to ongoing analysis of risk patterns (e.g. increase investments in capacity strengthening programmes of local/national actors that are proving effective; increase engagement with duty bearers, UN political/human rights bodies, member states).</p> <p>⇒ Document any reduction in the priority risk(s) as a longer-term outcome of these changes (e.g. have any of these changes resulted in reduced risks?). Documenting risk reduction can be done through combining evaluative activities that are relevant to the specific context. These can include perception surveys (i.e. do affected people feel safer/ the risk has reduced?); identifying trends in the number, scope or scale of rights violations and/or violent incidents over time (i.e. has the number of landmine/UXO related incidents decreased over time?); and context-specific proxy indicators (e.g. have rates for girls school attendance increased?).</p>		<p>√ HCT demonstrates how/why it has adapted the HRP/HCT protection action plan in response to interim results documented, through regular reporting on HRP and/or the HCT protection action plan, including through the HCT Compact.</p> <p>√ Process in place to collate data to evidence any progress towards the longer-term outcomes set, with annual reporting provided against the HRP and/or HCT protection action plan, including through the HCT Compact.</p> <p>√ Performance assessments of individual leaders including HCs, heads of HCT member organisations include assessment of their contribution to the collective HCT progress against agreed collective outcomes.</p>
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What relevant tools, guidance, supporting frameworks are there?

Analysis and prioritisation	<ul style="list-style-type: none"> ▪ Global Protection Cluster's Protection Analytical Framework ▪ InterAction Framework for Protection Risk Analysis
Response planning and implementation	<ul style="list-style-type: none"> ▪ OCHA note on integrating protection in the HPC
Monitoring, evaluation and learning	<ul style="list-style-type: none"> ▪ InterAction's Gender-based violence prevention: a results-based evaluation framework ▪ InterAction's Measuring protection outcomes: emerging efforts and new opportunities
General	<ul style="list-style-type: none"> ▪ IASC Policy on Protection in Humanitarian Action, 2016 ▪ IASC Aide Memoire on the Centrality of Protection, 2024 ▪ Global Protection Cluster (GPC) – The centrality of protection: what it means in practice ▪ Leadership in Humanitarian Action: Handbook for the UN Resident and Humanitarian Coordinator, 2024 ▪ IASC The Centrality of Protection: practical steps for HCs and HCTs, 2016