

# IASC Policy on Protection in Humanitarian Action: an Aide-Memoire

October 2024

This Aide Memoire is intended to clarify and reinforce the key elements of the [IASC Policy on Protection in Humanitarian Action of 2016](#) (IASC Protection Policy). It is aimed at Humanitarian Coordinators and Humanitarian Country Teams (HCTs) to support their implementation of the policy at country level. It should be read in conjunction with both the Policy and the Benchmarks for HCT Collective Implementation of the IASC Policy (the IASC Protection Benchmarks). It is based on consultations with field practitioners.

## WHAT IS THE IASC PROTECTION POLICY?

Following the [IASC Principals' Statement on the Centrality of Protection in 2013](#), the [IASC Policy on Protection in Humanitarian Action](#) was agreed by the IASC Principals in 2016. It requires HCTs – Humanitarian Coordinators (HC) and heads of HCT member organisations – to **work together to understand and seek to prevent, mitigate or end protection risks, including violations of international humanitarian and human rights law, that people affected by conflict or disaster face**. The policy requires HCTs to ensure this approach is at the centre of their collective humanitarian response. The policy explains that “protection encompasses efforts pursued by all humanitarian actors in all sectors to ensure that the rights of affected people and the obligations of duty bearers<sup>1</sup> under international law are understood, respected, and fulfilled without discrimination”. This policy should be understood as the overarching framework for HCTs and that its effective implementation will be enabled by corresponding implementation of other IASC policy and guidance particularly on Accountability to Affected People (AAP), on Gender Equality and Women’s Empowerment, on Prevention of Sexual Exploitation and Abuse (PSEA), on Inclusion of Persons with Disabilities in Humanitarian Action, and on Localisation. The policy is applicable in all settings where there are IASC humanitarian coordination structures, but IASC member organisations may also find it relevant in other settings, including those transitioning out of humanitarian crises.

A short film (2016) prepared by the Global Protection Cluster summarising the concept of centrality of protection can also be found [here](#).

## WHO IS RESPONSIBLE FOR IMPLEMENTING THE POLICY?

At country level, the **HC and HCT member organisations** that have a formal protection mandate or have specialised protection expertise and those that do not **are ALL responsible for contributing to the collective HCT response to protection risks**. The policy confers both **collective** responsibility on HCTs as a coordination body and **individual** responsibility on each member of an HCT to implement the policy within the scope of their respective institutional mandate. This collective and individual responsibility reflects the fact that the most serious protection risks are multi-faceted and thus reducing them requires a multi-faceted effort in which individual humanitarian (and non-humanitarian) actors each have a unique contribution to make within their respective areas of expertise, regardless of whether they have a formal

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<sup>1</sup> A ‘duty bearer’ is understood as a state or non-state actor, individual or entity that has obligations to respect, protect and fulfil the rights of the individual provided for under international law without discrimination.

mandate for protection or not. The leadership of the HC and HCT is key to demonstrate a broad-based understanding of protection issues, create a strategic vision of shared goals based on humanitarian principles and on the priorities of affected people, and realize this vision and objectives, including in challenging and hostile environments.<sup>2</sup> More details on responsibilities for specific tasks are set out in the Annex to the Policy and in the IASC Protection Benchmarks.

## WHAT IS PROTECTION AS AN OUTCOME?

The IASC Protection Policy *"emphasizes an IASC commitment to prioritize protection and contribute to collective protection outcomes, including through the development of an HCT protection strategy to address the most critical and urgent risks and violations."*<sup>3</sup> This risk-based approach means that an HCT should work together **to reduce or remove the risks** that affected people are facing – this is the protection 'outcome' to be achieved. These outcomes are the result of positive **changes in the behaviour, attitudes, policies, and practices of relevant stakeholders**, in regard to violence, coercion, or deliberate deprivation or other violations of international humanitarian and human rights law experienced by affected people.

A protection **risk** can be understood as the combination of a **threat**, the **vulnerability** to that threat, and the relative **capacity** of a person or group to resist, recover or rebound from the effects of that threat. It also includes the capacity and willingness of duty bearers to address the risk. This is often referred to as the 'protection risk equation':



It is important to note that this approach to risk is not only about what might take place, but also what is happening or has happened. A **reduction of risk** involves the reduction in the level of a threat, a reduction in relative vulnerability to that threat, and/or an increase in the capacity of a person or group to resist and/or rebound from that threat, as well as the increased willingness or capacities of duty bearers to address the risk. The reduction of risk is also referred to as a 'protection outcome'. The achievement of protection outcomes must be sought at all stages of a humanitarian situation i.e. during preparedness and planning, during the emergency response itself, but also in protracted settings.

As articulated in the IASC Protection Benchmarks (Benchmark 1), the HCT's collective protection response must therefore be based on an analysis of:

- What **threats** affected people are facing or may face, and where these threats come from (e.g., which actors are posing these threats, what are the short and long-term drivers or incentives of those perpetrators that are the source of the threat, what is the timing of these threats (e.g., seasonal), what is the geographic focus of these threats, etc.);

<sup>2</sup> [ALNAP Study on Leadership in Action](#) (2011). See also Chapter 1 of the ICRC [Professional Standards for Protection Work \(2024\)](#) on the role of leadership in addressing protection risks.

<sup>3</sup> IASC Protection Policy, page 2.

- Which people are or will be particularly **vulnerable**<sup>4</sup> to or impacted by these threats and why;
- What **capacities**<sup>5</sup> exist among affected people, and the willingness and capacities of duty bearers, to prevent or mitigate the risk(s); and, therefore,
- What are **the most acute risks** to affected people that require a **collective HCT response**.<sup>6</sup>

## WHY AND HOW SHOULD AN HCT ENGAGE AFFECTED PEOPLE IN THEIR PROTECTION RESPONSE?

Affected people are best placed to identify and prioritise the risks that they are facing, determine how these can/should be reduced, and what impact response efforts are having (i.e., whether the outcomes are being achieved). The policy explains that in order to effectively reduce protection risks HCTs must **engage in a meaningful way with affected people**, including the most marginalised/vulnerable, “during all phases of a response in a manner that recognises and is sensitive to age, gender and diversity”. This requires HCTs to:

1. **work closely and continuously with affected people** to understand the threats they face, why certain individuals or groups are particularly vulnerable to those threats and what capacities they have as individuals and communities to respond to those threats;
2. **directly involve affected people in decision-making** on which risk(s) to prioritise for an HCT's collective action and determining what actions the HCT can take to try to reduce the risk(s); and
3. **directly involve affected people in agreed actions** to reduce risks and **in monitoring and evaluating the outcomes achieved**.

Working in this way will help ensure that an HCT is – as far as is feasible and within the framework of humanitarian action - responding to the risk(s) that affected people prioritise, in the way that affected people think will be most effective, and with the greater chance of having sustainable impact. **Engaging affected people can be challenging and HCTs in different contexts will use different methodologies**. Whichever methodology is used, an HCT must ensure they are engaging as broad a spectrum of the population as possible, including those with particular vulnerabilities, and engaging them in a way that does not in itself raise protection risks. Even in contexts where access to affected people is obstructed by insecurity or other barriers, some form of engagement is necessary and possible (e.g., using social media and other technology, engaging with local civil society organisations, etc.).

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<sup>4</sup> Vulnerability is typically related to the particular characteristics (e.g., gender, age, disability, ethnicity, religion, location, economic status, social status, education, political affiliation, etc.) of an individual or community, in relation to the type of threat or threats they are facing. No characteristic or group of characteristics makes someone vulnerable in isolation from a threat: for example, “female” is not a characteristic that automatically marks a person as vulnerable, but being female in a space where females are being targeted for gender-based violence *could* indicate increased vulnerability in regard to that threat when taken in consideration with that individual's other characteristics, such as social status, ethnicity, etc.

<sup>5</sup> Capacity is also, often, a function of individual or community characteristics. For example, if a particular religious group is threatened with violence, but that community has political influence and/or economic capacity to reduce or mitigate that threat, then the risk of violence occurring is reduced.

<sup>6</sup> It is important that HCTs document their rationale for decision making on prioritisation of protection risks and actions taken to address them to ensure accountability, facilitate continuity of engagement with duty bearers over time and for future lessons learned.

The IASC's [Collective AAP Framework](#) as well as its [Operational Framework for Accountability to Affected Populations](#) and the Global Protection Cluster's [Checklist on incorporating Protection and Accountability to Affected Populations in the Humanitarian Programme Cycle](#) provide useful guidance on how to involve affected people in assessment, analysis, design and planning, implementation, monitoring and evaluation.

## WHAT ACTIONS IS AN HCT EXPECTED TO TAKE TO REDUCE PROTECTION RISKS?

Amongst the actions an HCT and each of its member organisations are expected to undertake together and individually are: mainstreaming protection, integrating protection, protection advocacy and specialised protection programming. These actions are all important, should be undertaken simultaneously (not sequentially) and, with the exception of specialised protection programming, should be undertaken by all members of an HCT. The policy emphasises **integrating protection**, meaning that HCT members are expected to go beyond mainstreaming protection (i.e., reducing the risk that humanitarian interventions may inadvertently exacerbate or create new risks to affected people) and instead **using all available capacities and resources to proactively reduce protection risks identified as priorities**. These activities should be understood as follows:

- ⇒ **Protection mainstreaming:** All humanitarian actors have a responsibility to ensure that their projects and programmes are designed, implemented and monitored and evaluated in such a way that they do not exacerbate existing or create new risks for affected people. This concept predates the IASC Protection Policy and is **a requirement for all HCT member organisations** regardless of which sector or type of humanitarian programming they engage in. As articulated by [the Global Protection Cluster](#), mainstreaming protection includes four components:
  - **Prioritising safety and dignity and avoid causing harm:** prevent or minimise as much as possible any potential negative impact for beneficiaries of a humanitarian intervention.
  - **Meaningful access:** enable people to access assistance in proportion to need and without barriers, with particular attention to access for the most vulnerable.
  - **Accountability:** set up appropriate mechanisms through which affected people can express their views of on assistance provided and make comments or complaints.
  - **Participation and empowerment:** support affected people's self-protection efforts and their capacities to claim their rights.
- ⇒ **Protection integration:** In practice this means that organisations working in **all sectors or clusters are required to incorporate protection objectives into their sectoral analysis, projects and programmes to reduce protection risks the HCT has identified as priorities for collective action**. For example, an HCT-wide effort to reduce the risk that children are forcibly recruited by armed actors will require all sectors/clusters to share sectoral data to identify the key drivers of forced recruitment, which communities are most at risk, what capacities they have to address the risk themselves and what actions the HCT could take to help them reduce that risk (through reducing the threat, reducing vulnerabilities to the threat and/or increasing local capacities to respond to the threat). In complement to the actions of specialised protection organisations (see below), food security cluster members can target their assistance in communities where lack of access to livelihoods and related food insecurity have been identified as key drivers of child recruitment. Education cluster members can work with school leaders to prevent armed forces using

schools as recruiting centres and, working with peacebuilding organisations, train teachers to support children in understanding how to avoid being conscripted and to develop their peacebuilding skills. Ideally, an HCT response should be undertaken as *joint* programmes in which design, implementation, monitoring and evaluation are fully aligned across interventions from different sectors/clusters. In this way, the HCT is able to leverage the capacities across the breadth of its membership, as well as its links with other partners, to implement a strategic, multi-sectoral, multi-actor approach to reducing protection risk(s).

- ⇒ **Protection specialist programmes:** HCT member organisations that have a formal mandate for or have specialist protection expertise engage in a range of specialist protection programmes. In the example cited above, specialist programmes may include working, with rule of law actors, to advocate with State authorities ensure domestic laws are in place to prohibit recruitment of children; training armed actors on child rights and child protection; encouraging the release of recruited children; helping identify and, where possible/appropriate, reunify unaccompanied children with their families/communities; provide psychosocial support to released children and their families; etc. These programmes should be undertaken in coordination (jointly if possible) with non-protection specialist organisations in a multi-sectoral approach to reducing risk. Opportunities for coordination with other relevant actors should also be pursued (e.g. with the Department of Peace Operations or with the [Office of the Special Representative for Children and Armed Conflict](#) in this example).
- ⇒ **Advocacy:** HCTs are required to **engage all relevant duty bearers to try to persuade them to uphold their responsibilities under international humanitarian and human rights law** including to “*tak[e] measures to stop the abuse and prevent its recurrence*”<sup>7</sup>. The nature of engagement can vary – **from quiet diplomacy to public communication** – and should be grounded in international humanitarian and human rights law. Engagement must be **evidence-based, focused on an outcome to be achieved** and, crucially, **informed by the wishes of affected people**. Engagement, led by the HC, can be undertaken as a group or by individual members of an HCT, with the support of the protection cluster, and should be part of a collective advocacy strategy or approach. All HCT members are required to support through contributing to the evidence-base, supporting development of messaging and/or undertaking engagement with duty bearers. In the example cited above, the HC may lead, with support from protection-mandated organisations, a regular and sustained protection dialogue with armed actors aimed at dissuading them from recruiting children and/or taking appropriate action to prevent this from happening in areas under their control. The dialogue should be based on an analysis prepared by the whole HCT/all clusters/sectors about the drivers of child recruitment, communities at risk, and possible solutions.

As articulated in the IASC Protection Benchmarks (Benchmark 2), these areas of action should be set out in a standalone HCT protection strategy and accompanying action plan and/or integrated into the HRP. There should be a process in place to monitor and evaluate progress against the action plan. An HCT may wish to establish a taskforce of its members to lead this process and monitor implementation of the action plan. Working to a clear plan means HCTs can track the impact of their actions and make appropriate adjustments to their approach as necessary based on a regular evaluation process. This also enables HCTs to be held accountable

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<sup>7</sup> Annex 4, page 31 of the IASC Protection Policy (2016).

for delivering on the actions they have committed to undertake, as outlined in the IASC Protection Benchmarks (Benchmark 3).

### **HOW SHOULD AN HCT ENGAGE LOCAL/NATIONAL ACTORS IN THEIR PROTECTION RESPONSE?**

The policy requires HCTs to work with a wide range of local and national actors, including governmental and non-governmental. That should include engaging with actors that are a threat or source of risk(s) for affected people with due consideration for the possible harm that this engagement may cause. **Working with local actors is critical** because they can bring a nuanced understanding of the context and drivers of protection risks and potential solutions, are generally adept at working across humanitarian, development, and peace spheres, and may have greater leverage or influence over the (state and non-state) actors that pose threats to affected people. Local and national actors should be fully supported by international partners to engage in all aspects of the HCT's protection response. Actions by the HCT that engage local actors and affected people themselves will have a higher success rate of risk reduction.

The [IASC Guidance on Strengthening Participation, Representation and Leadership of Local and National Actors in IASC Humanitarian Coordination Mechanisms](#) and the [Toolkit on Localisation in Humanitarian Coordination](#), developed by the Global Child Protection Area of Responsibility in collaboration with other global clusters and partners, offer useful guidance that can be adapted for protection-specific responses.

### **HOW SHOULD AN HCT WORK WITH NON-HUMANITARIAN ACTORS IN THEIR PROTECTION RESPONSE?**

Working in complementarity across a range of actors is necessary to draw upon all available capacities and leverage the different roles and opportunities available to different entities towards reducing protection risk(s). In practice, this means that the HCT's analysis of and response to protection risks must be complementary to UN or nationally led development, human rights or peacebuilding strategies. How exactly an HCT's protection analysis and response should link with such strategies must be determined in each context and done in a way that enhances the aims of the HCT protection response. As a minimum it will require sharing of information and analysis and exploiting opportunities to enhance complementarity of action with development, peacebuilding and human rights actors, all within the framework of humanitarian principles. This includes the expectation that an HCT – or its members - will engage non-humanitarian mechanisms such as UNCT or UN mission structures in order to appropriately share and solicit relevant information on protection risks and seek appropriate action by non-humanitarian actors.

The IASC and UN have jointly developed [Light Guidance on Collective Outcomes](#), setting out guiding principles for collaboration and cooperation across the humanitarian-development-peace nexus which also applies to protection. Drawing on the same principles, the UN, the [Integrated Strategic Framework](#), the [UN Sustainable Development Cooperation Framework \(UNSDCF\)](#) and the [UN Agenda for Protection](#) all support collaboration and coordination between its different pillars.



## WHAT ENTITY SHOULD UNDERTAKE THE PROTECTION RISK ANALYSIS?

As set out in the IASC Protection Benchmarks (Benchmark 1), the HCT is responsible for:

1. **ensuring analysis is developed and continuously updated** to identify shifts in risk patterns; and
2. **using that analysis to plan, implement and adapt collective efforts** to reduce protection risks.

HCT analysis of protection risks should be drawn from more detailed sector/cluster-specific analyses including that of the Protection Cluster/Sector, and analysis available from other sources, including outside the HCT. It should inform and be harmonised with the Humanitarian Needs Overview (HNO). The policy explains that **the HCT should task the Protection Cluster/Sector and Inter-Cluster Coordination mechanism to work together** to develop this analysis with the following division of labour:

- **the Inter-Cluster Coordination mechanism (ICC)** should facilitate the work of the protection cluster in leading development of analysis, including by supporting coordinated assessments and joint analysis for **a shared understanding across clusters** of who is at risk, from what or whom”<sup>8</sup>;
- **the Protection Cluster/Sector** should lead a multi-sectoral ‘team’ under the auspices of the ICC mechanism, to provide the necessary integrated analysis of protection risks that can inform HCT decision-making. This intersectoral team should be representative of the different areas of expertise (sectoral analysis, conflict analysis, etc.) within an HCT, including local/national and international civil society organizations. It should be tasked by and regularly report to the HCT to ensure that the HCT is able to base their decision-making on the analysis produced.

Where the Protection Cluster does not have capacity to perform this role, the HCT must identify or put in place an appropriate alternative. Whether the Protection Cluster or other entity, the HCT must ensure it has the capacities to provide a comprehensive, continuously updated analysis of protection risks that is undertaken from the perspective of and fully informed by affected people and which draws on all available data and analysis from actors within and outside the HCT (local, national, regional, international, government, civil society) particularly human rights and peace actors. Where gaps in analytical capacities exist, the HCT is obliged to solicit support from headquarters and donors to address them.

The Global Protection Cluster’s regularly updated [Protection Analytical Framework](#) (PAF) offers guidance for developing and regularly updating analysis of protection risks.

## HOW CAN NON-PROTECTION CLUSTERS/SECTORS CONTRIBUTE?

The policy emphasises that ALL members of an HCT and all sectors/clusters must utilise their respective capacities in the collective effort to reduce risks facing affected people. Non-protection sectors or clusters are responsible for contributing to:

1. The **collective analysis** of protection risks **through sharing data** they collect in their own sectoral processes;
2. The **HCT strategy** – where one exists or is being developed;
3. The **collective response** by engaging in all three areas of action outlined above - protection mainstreaming, protection integration and advocacy;

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<sup>8</sup> See Annex II of the IASC Policy on Protection in Humanitarian Action (2016), page 25-26.

4. The mobilization of relevant stakeholders.

#### HOW CAN AN HCT MEASURE THE OUTCOMES OF ITS COLLECTIVE PROTECTION EFFORT?

Using the risk-based approach to protection (see above) an HCT will need to **assess to what extent its actions are achieving the intended outcomes**– i.e., a reduction in the identified risk(s) – and **make any adaptations to their response strategy** deemed necessary based on that assessment. As set out in Benchmark 3, this will involve regularly documenting:

1. Any changes in the threat pattern (using the example above, for instance, changes in the frequency or modalities of child recruitment);
2. Any changes in vulnerability to that threat (e.g. increased number of children attending school);
3. Any changes in capacities to respond to or rebound from that threat (e.g. new community representatives' engagement with armed actors); and
4. Any changes in the willingness or capacities of duty bearers to address the threat, vulnerabilities or capacities (e.g. renouncement of armed actors to recruit children below the age 17).

Monitoring outcomes requires collecting different types of data through different collection processes to inform a comprehensive analysis of risk patterns and how they may or may not be changing. Data should be both **quantitative** (e.g., how many incidents have occurred in a specific timeframe) and **qualitative** (e.g., whether affected people feel that their security has improved, deteriorated or remained the same). Qualitative data is particularly crucial to the assessment since it will allow an HCT to understand whether the intended outcomes have been achieved **from the perspective of affected people**.

The HCT should task the analytical team referenced above to support them in monitoring outcomes through developing and regularly updating analysis of risk patterns. **All clusters are expected to contribute the data necessary to produce that analysis and support formulation of recommendations on the basis of that analysis.**

#### WHAT IF AN HCT'S COLLECTIVE PROTECTION RESPONSE HAS LITTLE OR NO IMPACT IN REDUCING RISKS FOR AFFECTED PEOPLE?

The policy requires an HCT to undertake all reasonable measures within their capacities and areas of expertise, in line with humanitarian principles, to reduce protection risks that have been identified and prioritised in consultation with affected people. An HCT may take actions to reduce the threat, reduce the vulnerabilities to that threat and to enhance local/national capacities to address that threat, but these actions may still not result in a substantial reduction in the risk(s). The continuous analysis of risk(s) and what impact an HCT's collective actions are having in terms of reducing them is therefore critical to understand when there is a need to adapt tactics or approaches. However, even where an HCT has made successive adaptations to its approach based on this analysis and mobilized others to assist, it may be that they are still unable to effectively reduce identified risks for reasons beyond their control (i.e., due to the political environment, the willingness and capacities of duty bearers to act, etc.). In such cases, an HCT will be expected to report back to the ERC and other IASC Principals, providing evidence of their collective actions and analysis of why these have not had the desired impact, despite their best efforts. On that basis, an HCT should request supportive intervention from the global level, up to and including the IASC Principals. The [UN Agenda for Protection](#) may also be a useful tool in such situations.



**An HCT is expected to make** sure they have expended **all reasonable efforts to reduce the risk(s) they have identified as priorities, but** the policy recognises that **there are limits to how far an HCT – as a group of humanitarian actors – can reduce some of the serious protection risks** that affected people face.