Joint Protection Mainstreaming Framework

Introduction

What is protection mainstreaming?

Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.[1] There are four key protection principles that must be taken into account in all humanitarian activities:

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

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

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

4. *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 mainstreaming relates to the approach we take in all our programmes. It does not mean changing WHAT we do but means we should think about HOW assistance is provided. It is the responsibility of all humanitarian actors and should be applied to all programmes.

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[1] This definition has been developed by the Global Protection Cluster. For further details please see:
http://www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html

Why is protection mainstreaming important?

Protection mainstreaming can help us improve the **quality of programming** by ensuring the most vulnerable access assistance that is appropriate and relevant to their needs and delivered in a safe and dignified way.

We also have an **ethical responsibility** to mainstream protection across all humanitarian sectors as our work always has implications beyond meeting basic needs. Interventions can safeguard wellbeing and dignity but they can also put people at increased risk. Failure to mainstream protection may prevent recovery and resilience building in affected communities. Our actions or inactions may also perpetuate discrimination, abuse, violence, and exploitation and unnecessarily cause competition and conflict in communities.

It is therefore a **shared responsibility** of all humanitarian actors to be aware of the potential harm activities can cause and to take steps to prevent this. These responsibilities are articulated in a number of global standards and guidelines and are increasingly a condition of donor funding.[2]

The protection mainstreaming framework

CAFOD, Caritas Australia, CRS and Trócaire have developed the following guidance to support the mainstreaming of protection principles into each organisation's humanitarian activities. The core components and the associated indicators and guiding questions are intended to support staff, country programs, and partners to reflect on their efforts to enhance the safety, dignity and wellbeing of our beneficiaries/programme participants.

The framework can be used to rate current projects and programmes, identify gaps and priorities, and guide an action plan to improve the response. It can be used as a formal baseline tool with the rating repeated again towards the end of the activities to measure improvements. Other uses for the framework include using it in the development of job descriptions, highlighting key responsibilities and skillsets for particular roles, and as a checklist for including protection mainstreaming in project proposals.

The framework is meant to complement existing frameworks, policies and procedures and not to replace or duplicate these efforts. Some of the core components may already be a key part of some humanitarian programmes or teams may have started to implement them (for example the accountability components). Equally in certain contexts some indicators may be more or less relevant. The framework can help teams identify what they are already doing, where gaps remain, and what actions they need to follow to advance it further. Teams may wish to adapt the tool to their context to include additional indicators or make them more specific to their context.

The tool can be used by staff and partners at all levels. It can be used at an organisational level in order to inform the development of an office or country wide strategy. It can also be used at an individual or project level, combined with the accompanying sector specific checklists, to assess current practice and identify practical solutions.

Rating the indicators

The core components and their specific indicators are outlined in the framework in Annex 1. The notes column allows space for specific examples to be documented and to help recall why indicators were rated in a certain way.

Guiding questions are included in Annex 2 and provide guidance to those rating their activities against the indicators. Some of these questions may be less relevant in some contexts.

It is crucial for those using the framework are honest about rating each indicator. It is not intended to act as a tool to police the efforts of staff. Rather it intended to be used for internal reflection and as an opportunity to highlight ways to improve responses.

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[2] See the Sphere Handbook (2011) p.31: "In order to meet the standards of this handbook, all humanitarian agencies should be guided by the Protection Principles, even if they do not have a distinct protection mandate or specialist capacity in protection". See also *The Centrality of Protection in Humanitarian Action,* Statement by the Inter-agency Standing Committee (IASC) Principals, December 2013, available at: http://www.interaction.org/document/centrality-protection-humanitarian-action-statement-iasc

Each indicator can be rated in one of three ways. It should be noted that it is up to teams to decide which method they use to rate (e.g. by numbers, colours letters etc.). The examples below are illustrative only:

Green	1	Gold	These indicators have been fully met/ all the actions are being implemented
Yellow	2	Silver	These indicators have been partially met/ some of the actions are being implemented
Red	3	Bronze	These indicators have not been met/ none of the actions are being implemented

Prioritising the indicators

It is recommended that those using the framework to rate their work prioritise the indicators they will focus on to avoid having too many areas of follow-up. For example, if teams have rated many indicators as red, they may decide to focus initially on 5 indicators. If there are only a couple of indicators rated red, and many rated yellow, a couple of yellow indicators can also be prioritised for immediate action.

Developing action plans

In order for the framework to be useful, and for protection to be effectively mainstreamed, the rating of programmes should be linked to specific and concrete actions. Other protection mainstreaming initiatives have found the use of Mainstreaming Action Plans (MAPs) to be valuable. A template action plan is available in Annex 3. When deciding key actions it is important to ensure they are:

- Linked to identified gaps
- Time bound
- Properly costed
- Realistic
- Measurable
- Have someone responsible for their implementation

Copies of the completed frameworks and actions plans should be stored electronically. This can help with the follow-up process to see if actions have been completed, to identify areas requiring further support, and to measure improvements if it is used as a baseline.

Additional resources

Additional resources on protection mainstreaming are available including programmatic and training tools that provide further detail and guidance on how to address each core component. Sector-specific checklists have also been developed covering the areas of: cash based programming, shelter, WASH, Livelihoods, and safe distributions.

The Global Protection Cluster website is also a source of useful information, can includes case studies and country specific guidance.[3]

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[3] Accessible: http://www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html

Annex 1: Protection mainstreaming framework

	What this means…			Indicators					Notes
Analysis	All programming is underpinned by an understanding of the protection context throughout the programme cycle in order to ensure safety, dignity and meaningful access for people and communities affected by crisis		1.1	Questions are included in needs assessments to ensure understanding of vulnerabilities and to identify barriers to safety, access and dignity for different groups[4]					
			1.2	Local capacities, including positive and negative coping strategies, are analysed and inform programming appropriately					
			1.3	Analysis of protection needs and risks is updated regularly throughout the programme cycle					
			1.4	All data collected is disaggregated by sex, age and diversity, including, at a minimum, disaggregation by disability					
			1.5	Programmes are adapted in response to changes in the protection environment and to mitigate unintended negative effects					
Targeting and diversity of need	The specific needs, vulnerabilities and capacities of communities and people affected by crisis are identified and assistance is targeted accordingly, taking account of the diversity within communities including those who may be marginalised or disadvantaged		2.1	Different groups are involved in the process of identifying criteria for targeting and selecting the most at risk for assistance					
			2.2	Targeting and selection takes account of the protection risk analysis					
			2.3	Assistance is designed and adapted in line with local capacities to meet the specific needs of different groups					
Information sharing	Communities and people affected by the crisis are informed of their rights and entitlements and have access to accurate and timely information		3.1	Different groups understand the role of the organisation and its work, including what services are available to them					
			3.2	Staff share information through a range of communication methods (formats, language and media) that are appropriate to the needs of the community, especially the most vulnerable and marginalised groups.					

[4] Different groups may refer, for example to: women, men, girls, boys, youth, and older persons, as well as persons with disabilities and specific minority or ethnic groups without any such distinction (CHS)

		3.3	Community members receive information so they understand what they can expect in terms of behaviour of staff and partners				
Community engagement	There is active and inclusive community engagement in all stages of the programme cycle that builds on and strengthens existing community and state structures, resources and capacities	4.1	Staff are trained on and use participatory techniques to ensure active inclusion and representation of different groups				
		4.2	There is ongoing community dialogue and regular meetings are held with people and communities to foster participation in decisions that affect them				
		4.3	Programmes build on existing capacities of different groups				
Feedback & complaints mechanisms	Communities and people are able to provide feedback and make complaints in a safe, dignified and confidential manner, and receive an appropriate response when they do so	5.1	Different groups have access to appropriate and accessible channels for making feedback and complaints, particularly those of a sensitive nature including allegations of sexual exploitation and abuse, fraud and corruption				
		5.2	A fair and impartial response mechanism is in place to ensure feedback and complaints are acted upon and fed back to communities and people				
		5.3	The feedback and complaints mechanisms are tailored to the specific context and respond to the need of different groups who have been consulted on the design				
		5.4	Safe and confidential information management systems and procedures for complaints handling are in place				
Staff conduct	Staff have appropriate knowledge and organisational support to conduct themselves and their work in a safe and appropriate way[5]	6.1	Staff have signed and are trained on the organisation's code of conduct and relevant protection policies and adhere to the policies, mandate and values of the organisation[6]				
		6.2	There is diversity amongst staff and they can be easily identified by communities				
		6.3	All staff have clear roles and responsibilities and are supervised				
		6.4	All aspects of staff wellbeing are considered and staff have access to additional support if required				

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[5] Staff are: any designated representative of the organisation, including national, international, permanent or short-term employees, as well as volunteers and consultants (CHS). It includes directly hired staff, partners, personnel and associates who are engaged in providing or supporting the activities of the agency.
[6] For example, these could include child protection, PSEA and whistleblowing policies, etc.

Mapping & Referral	Staff have necessary knowledge, information and training to support people and communities in accessing existing services	7.1	Staff collate information regularly on existing protection services and how to contact them				
		7.2	Staff share information on available services as appropriate				
		7.3	Staff are trained on when, if and how to refer cases				
Coordination & Advocacy	Staff advocate and work with relevant actors to enhance the protective environment, avoid duplication and prevent, mitigate and respond to protection risks	8.1	Staff coordinate internally across projects to ensure protection mainstreaming is consistently included in all sectoral responses				
		8.2	Staff collaborate with existing coordination fora and share information on protection / protection mainstreaming practices				
		8.3	Staff raise unaddressed protection issues and risks with duty bearers				

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Annex 2: Guiding questions for the indicators

The following questions should be used to guide teams in how they rate their activities against the indicators in the framework.

ANALYSIS: All programming is underpinned by an understanding of the protection context throughout the programme cycle in order to ensure safety, dignity and meaningful access for people and communities affected by crisis

1.1 Questions are included in needs assessments to ensure understanding of vulnerabilities and to identify barriers to safety, access and dignity for different groups

- Have efforts been made to identify vulnerable groups (such as internally displaced people, refugees, elderly, sick, child/female headed households, older people or Persons with Disabilities (PWDs)?
- Do relevant programme/sector teams (WASH, livelihoods, etc.) include questions about safety, dignity issues and barriers to accessing assistance in assessments?

1.2 Local capacities, including positive and negative coping strategies, are analysed and inform programming appropriately

- Have efforts been made to identify existing skills, capacities, experiences, formal and informal structures within communities and partners? Does this information inform your programme?
- What behaviours and practices are communities and vulnerable groups adopting as a result of increased stress and pressure (consider both positive and negative)?

1.3 Analysis of protection needs and risks is updated regularly throughout the programme cycle

- Do staff compile and regularly update information about the context risks through Do No Harm or other risk analyses?

- Are safety, dignity and access issues considered and included in contingency plans, country strategies, mid-term reviews, final evaluations and other relevant planning and analysis processes?

1.4 All data collected is disaggregated by sex, age and diversity, including, at a minimum, disaggregation by disability

- Is data broken down by sex, age and disability based on agreed parameters e.g. age range for boys, categories of disabilities?
- Is disaggregated data used to inform programming e.g. who to target, what type of assistance to provide, and how to provide it?

1.5 Programmes are adapted in response to changes in the protection environment and to mitigate unintended negative effects

- Do staff routinely review and adapt programmes in response to findings from ongoing protection analyses?
- Are there additional triggers for reviewing and updating your protection analysis?

TARGETING PRIORITY GROUPS: The specific needs, vulnerabilities and capacities of communities and people affected by crisis are identified and assistance is targeted accordingly, taking account of the diversity within communities including those who may be marginalised or disadvantaged

2.1 Different groups are involved in the process of identifying criteria for targeting and selecting the most at risk for assistance

- Is assistance provided to those in need without discrimination (i.e. impartially and based on need alone)?
- Is there documentation showing the decision-making process for identifying who to target/not target and why?
- Have a range of diverse groups participated in the selection of criteria for targeting e.g. different ethnic or religious groups, marginalised groups, PWDs?
- Are consistent messages used to explain who has been targeted and why to the affected community?

2.2 Targeting and selection takes account of the protection risk analysis
- Is the protection risk analysis used to inform criteria?

2.3 Assistance is designed and adapted in line with local capacities to meet the specific needs of different groups
- Has the project been adapted to meet the different needs of different groups (e.g. older persons, adolescent girls, PDWs, etc.?) to increase their safety, dignity and access to assistance?
- Has the project been designed to build on and support community capacities and resources in a culturally meaningful way?

INFORMATION SHARING: Communities and people affected by the crisis are informed of their rights and entitlements and have access to accurate and timely information

3.1 Different groups understand the role of the organisation and its work, including what services are available to them
- Is accurate information about the organisation and project shared with communities? (E.g. who is the organisation? What is the project? Who is targeted? What services would be provided and how ow long will it last?)
- Do staff understand they should never make false promises about what the organization can/can't do?
- What methods does the organisation used to ensure that different groups correctly understand the information being given?

3.2 Staff share information through a range of communication methods (formats, language and media) that are appropriate to the needs of the community, especially the most vulnerable and marginalised groups.
- Have different groups within a community been asked what information they need and how they would like to receive it?
- Is information shared in a culturally appropriate way, in different formats (visual, oral, aural etc.), and in the local language so that it meets the needs of the community, especially the most vulnerable and marginalised groups?

3.3 Community members receive information so they understand what they can expect in terms of behaviour of staff and partners
- Do communities receive information on what is appropriate staff behaviour and what is inappropriate staff behaviour? Do they know how to report inappropriate behaviour?

COMMUNITY ENGAGEMENT: There is active and inclusive community engagement in all stages of the programme cycle that builds on and strengthens existing community and state structures, resources and capacities

4.1 Staff are trained on and use participatory techniques to ensure active inclusion and representation of different groups
- Do staff use a range of techniques (mapping, calendars, problem trees, etc.) to capture the views of those with specific needs and at most risk of being excluded (e.g. children, PWDs, older people, people who can't read or write)?
- Are the communication methods used appropriate to the culture and context (i.e. appropriate way to introduce staff, greet others, ask questions, and hold meetings, such as holding separate groups for men and women led by male or female staff)?

4.2 There is ongoing community dialogue and regular meetings are held with people and communities to foster participation in decisions that affect them
- Are regular meetings/focus groups held with different groups throughout the project cycle, allowing for active and meaningful input into decision making?
- Are representatives of the most vulnerable and marginalised groups included in the decision-making processes?

4.3 Programmes build on existing capacities of different groups
- Have staff identified local skills, resources (e.g. physical, financial, environmental) and structures (e.g. women's groups, local government, youth groups, church groups, etc.) in communities and designed programmes to build on these?

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- Have staff identified important cultural practices and traditions that programming could build on or should acknowledge as potentially positive or harmful to programming outcomes? E.g. celebrations or rituals?

FEEDBACK AND COMPLAINTS MECHANISMS: Communities and people are able to provide feedback and make complaints in a safe, dignified and confidential manner, and receive an appropriate response when they do so

5.1 Different groups have access to appropriate and accessible channels for making feedback and complaints, particularly those of a sensitive nature including allegations of sexual exploitation and abuse, fraud and corruption

- Do communities know they have a right to provide feedback (positive and negative) about both staff and programmes (targeting decisions, programme quality, etc.)? Do they receive information about how to do so? Are communities involved in designing and implementing programme activities?
- Are specific complaints handling mechanism in place to receive and respond to complaints, particularly sensitive complaints i.e. PSEA, staff conduct, safeguarding?
- Is there a suitable channel to make sensitive/anonymous complaints?
- Is there clear information about what types of complaints the organisation can and can't act on e.g. non-sensitive complaints related to other agencies.
- Are communities using the feedback systems? If not, why?

5.2 A fair and impartial response mechanism is in place to ensure feedback and complaints are acted upon and fed back to communities and people

- Is there an established and functioning investigation process for feedback/complaints received?
- Is there a process in place to ensure informed consent from those using the mechanisms?

- Is there a back-up mechanism for reporting complaints should the outlined channel not result in adequate action?
- Are programmes adapted to increase safety and dignity in response to feedback received?
- Do we ensure that feedback providers receive an answer to their feedback or complaint? In some cases of general positive feedback a response is not needed, but negative feedback and complaints always require a response.)

5.3 The feedback and complaints mechanisms are tailored to the specific context and respond to the need of different groups who have been consulted on the design

- Are there different and culturally-appropriate ways for diverse groups (women, Persons with Disabilities (PDWs), older people, children, etc.) to safely, easily and anonymously lodge complaints (e.g. help desk, hotline, suggestion box, etc.)?

5.4 Safe and confidential information management systems and procedures for complaints handling are in place

- Have information-sharing protocols been developed that clarify who should have access to what information, and under what circumstances confidential information should be shared (e.g. specific point persons appointed)?
- Do staff know how to respond or refer cases when they receive sensitive complaints?
- Are there secure ways of storing sensitive information received (e.g. encrypted files, locked filing cabinets)?

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STAFF CONDUCT: Staff and partners have appropriate knowledge and organisational support to conduct themselves and their work in a safe and appropriate way[7]

6.1 *Staff have signed and are trained on the organisation's code of conduct and relevant protection policies and adhere to the policies, mandate and values of the organisation*[8]
- Have staff received a translated (if necessary) copy of relevant policies and been trained (and refreshers provided) on practical application of relevant policies?
- Have staff received orientation on local etiquette/taboos so they understand culturally appropriate behaviour?
- Are there safe and confidential ways to receive and respond to complaints about staff behaviour which are understood and used by staff when necessary?

6.2 *There is diversity amongst staff and partners working with communities and they can be easily identified by communities*
- Do staff working with communities represent diverse groups (women, people living with disabilities, different ethnic or religious groups, etc.) in order to facilitate open and safe discussions with those groups?
- Where safe and appropriate, are staff clearly identified as working for the organisation (i.e. wearing ID badges or branded t-shirts, etc.) so communities know who to contact

6.3 *All staff have clear roles and responsibilities and are supervised*
- Do all staff and partners understand their organization's mandate, their own roles and responsibilities and the limitations of their roles?
- Is this information available to staff in writing i.e. job description, terms of reference? Is supervision provided on a regular basis?

6.4 *All aspects of staff wellbeing are considered and staff have access to additional support if required*

- Is the organisational environment conducive to staff wellbeing and adequately resourced (living conditions, working hours, opportunities for leisure and relaxation)?
- Is there a staff care focal point within the organisation who proactively engages with and is available to staff members?
- Are procedures in place to ensure that staff wellbeing is monitored and addressed at regular intervals (within appraisal formats, one to ones, staff meetings etc.)?
- Do staff have access to additional mental health services if necessary (mentors, therapists etc.)?

MAPPING AND REFERRAL: Staff have necessary knowledge, information and training to support communities in accessing existing services

7.1 *Staff collate information regularly on existing protection services and how to contact them*
- Has contact been made with the nearest protection cluster/coordination group for information on functioning services (family tracing and reunification, health, psychosocial support, legal services, safety and security, socio-economic support)?
- Is information on available sectoral services written down, regularly updated and shared across the staff (e.g. 3Ws, 4Ws and GBV/MHPSS/ child protection referral mapping in user-friendly and accessible ways e.g. business card format)? Are staff feeding into these resources?

7.2 *Staff share information on available services as appropriate*
- Have staff shared information on available services? With who?
- Have staff shared information on gaps in services? With who?

7.3 *Staff are trained on when and how to refer cases*

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[8] For example, these could include child protection, PSEA and whistleblowing policies, etc.

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- Are staff able to recognise what cases can be referred and to whom (e.g. survivors and those at-risk of SGBV, unaccompanied and separated children, trafficked persons etc.)?
- Do staff and partners understand their roles and responsibilities in relation to reporting protection incidents (e.g. PSEA, child protection).
- Do staff and partners recognise the limits of their competence and understand their roles and responsibilities in relation to referring people to existing services, including more specialised services?
- Do staff and partners know how to manage and mitigate risks associated with reporting and referrals in response to protection incidents.
- Do staff and partners know how to respond in a humane and supportive manner if community members inform them of sensitive issues, including protection incidents?
- If there are documented referral procedures issued by the protection cluster, are staff and partners using them to make referrals.

COORDINATION AND ADVOCACY: Staff and partners advocate and work with relevant actors to enhance the protective environment, avoid duplication and prevent, mitigate and respond to protection risks

8.1 Staff coordinate internally across projects to ensure protection mainstreaming is consistently included in all sectoral responses

- Do all sectoral/programme staff understand their responsibility mainstream protection?
- Is there an internal platform allowing discussion on and promotion of Protection Mainstreaming across sectors of interventions and projects?
- Have humanitarian programmes been informed by and built on existing ongoing development work to deepen understanding of the context (e.g. gender programmes, child protection programmes etc.)?

8.2 Staff participate in existing coordination fora and share information on protection / protection mainstreaming practices

- Do staff share their experiences of protection mainstreaming with their sector-specific cluster and lessons learned from the cluster within their own organisation?

8.3 Staff raise unaddressed protection issues with duty bearers

- Drawing on community and local partner perspectives, and where safe to do so, do staff raise issues such as unsafe service provision, excluded groups, GBV, or forced relocations with responsible actors (e.g. local government, protection cluster, UNHCR etc.)?
- Have staff checked any current sensitivities (e.g. organisational risk, threat to org staff if certain issues are raised) around advocacy?

Annex 3: Template action plan

CORE COMPONENT	
Indicator (s)	
Findings from rating of indicator(s)	

Planned action to align with indicators	Start date	End date	Responsible person	Resources required	Support available from partner/donor	Cost estimate

Annex 4: Emergency checklist for protection mainstreaming

	Key actions:	Y/N
Analysis	Do relevant programme/sector teams (WASH, livelihoods, etc.) include questions about **safety** and **dignity** issues and **barriers** to accessing assistance in assessments?	
	Do staff compile and regularly update information about the context risks through Do No Harm or other risk analyses?	
	Is disaggregated data used to inform programming e.g. who to target, what type of assistance to provide, and how to provide it?	
Targeting and diversity of need	Is there documentation showing the decision-making process for identifying who to target/not target and why?	
	Have a range of diverse groups participated in the selection of criteria for targeting e.g. different ethnic or religious groups, marginalised groups, Person With Disability (PWD)?	
	Has the project been adapted to meet the different needs of different groups (e.g. older persons, adolescent girls, PDWs, etc.?) to increase their safety, dignity and access to assistance?	
Information sharing	Is accurate information about the organisation and project shared with communities? (E.g. who is the organisation? What is the project? Who is targeted? How long will it last?)	
	Do staff understand they should never make false promises about what the organization can/can't do?	
	Is information shared in a culturally appropriate way, in different formats (visual, oral, aural etc.), and in the local language so that it meets the needs of the community, especially the most vulnerable and marginalised groups?	
	Do communities receive information on what is appropriate staff behaviour and what is inappropriate staff behaviour? Do they know how to report inappropriate behaviour?	
Community engagement	Do staff use a range of techniques (mapping, calendars, problem trees, etc.) to capture the views of those with specific needs and at most risk of being excluded (e.g. children, PWDs, older people, people who can't read or write)?	
	Have staff identified local skills, resources (e.g. physical, financial, environmental) and structures (e.g. women's groups, local government, youth groups, church groups, etc.) in communities and designed programmes to build on these?	
Feedback & complaints mechanisms	Are there different and culturally-appropriate ways for diverse groups (women, PDWs, older people, children, etc.) to safely, easily and anonymously lodge complaints (e.g. help desk, hotline, suggestion box, etc.)?	
	Is there clear information about what types of complaints the organisation can and can't act on e.g. non-sensitive complaints related to other agencies.	
	Are programmes adapted to increase safety and dignity in response to feedback received?	
	Do staff and partners know how to respond or refer cases when they receive sensitive complaints?	
Staff conduct	Have staff received a translated (if necessary) copy of relevant policies and been trained (and refreshers provided) on practical application of relevant policies?	
	Are there safe and confidential ways to receive and respond to complaints about staff behaviour which are understood and used by staff when necessary?	
	Is the organisational environment conducive to staff wellbeing and adequately resourced (living conditions, working hours, opportunities for leisure and relaxation)?	
Mapping & Referral	Is information on available sectoral services written down, regularly updated and shared across the staff (e.g. 3Ws, 4Ws and GBV/MHPSS/ child protection referral mapping in user-friendly and accessible ways e.g. business card format)? Are staff feeding into these resources?	
	Are staff able to recognise what cases can be referred and to whom (e.g. survivors and those at-risk of SGBV, unaccompanied and separated children, trafficked persons etc.)?	
Coordination & Advocacy	Drawing on community and local partner perspectives, and where safe to do so, do staff raise issues such as unsafe service provision, excluded groups, GBV, or forced relocations with responsible actors (e.g. local government, protection cluster, UNHCR etc.)?	
	Have staff checked any current sensitivities (e.g. organisational risk, threat to org staff if certain issues are raised) around advocacy?	

Annex 5: Protection triangle
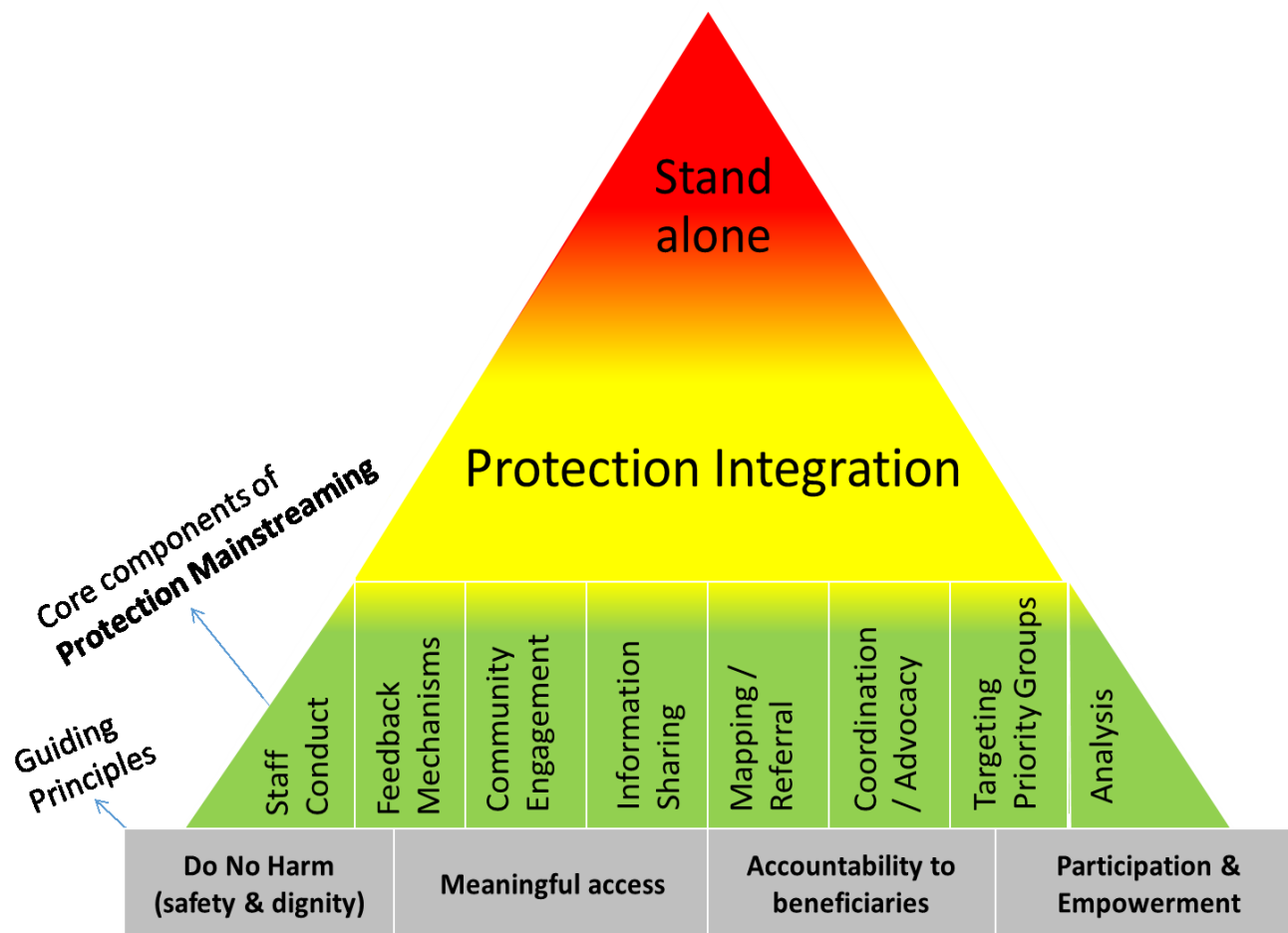
This triangle outlines the different levels of protection:

"Stand alone protection" is a specific sector. It encompasses activities that directly prevent or respond to acts of violence, coercion, discrimination or deliberate deprivation of services. It includes activities such as the registration of refugees or the demobilisation of child soldiers. Only agencies with specialist expertise should carry out such activities, which usually comprise a small percentage of the total number of humanitarian projects (red).

"**Protection Integration**" refers to assistance projects (such as WASH or shelter) that integrate specific protection activities. The overall objective would not usually be related to protection. Examples include monitoring and reporting on protection threats in a food distribution programme, or providing training on rights in a shelter project. Some specific protection knowledge and skills are required to undertake these activities which comprise a smaller percentage of humanitarian projects than at the protection mainstreaming level (yellow).

"Protection mainstreaming" relates to the approach we take in all our programmes. It does not mean changing WHAT we do but means we should think about HOW assistance is provided. This is essentially about safe, good quality programming. It is the responsibility of all humanitarian actors and should be applied to all projects (green[1]). It forms the base of the triangle because it provides the foundation for all other protection work, i.e. integration and stand-alone projects should always incorporate the guiding principles and core components of protection mainstreaming.

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Annex 6: Links between the core components and safety, dignity and access

The eight core components have been included in the framework because of their direct role in enhancing the safety, dignity and meaningful access of beneficiaries. The following information outlines some of these links.

ANALYSIS:
- **Safety and dignity:** Organisations should have an understanding of the context in which they are working and the ways in which their programming will impact on, and be affected by (both positively and negatively), the wider situation.
- Assessing risks and needs facing affected populations will vary for different groups - disaggregated data by age, sex and ability is one critical way for identifying the differing needs of women, men, girls and boys.
- Analysis should go beyond individuals to consider wider issues such as the social, political, economic, and conflict issues.
- **Access:** Analysis should also include information on pre-existing barriers that prevent people from accessing services, such as particularly groups who might face discrimination.

TARGETING AND DIVERSITY OF NEED:
- Agencies may often have to respond to emergencies with scarce resources but the decision about who to help must be impartial, based on need and in proportion to need.
- **Safety:** Assistance should be targeted towards those most at risk and affected by the disaster, including marginalised groups. It also means minimising tension between groups by having clear, transparent and accountable targeting procedures.
- **Dignity:** The right to assistance is a necessary element of the right to life with dignity; the way in which aid is delivered can either further marginalise those with specific needs or can empower them as their capacities and resources are acknowledged and utilised. Adapting responses to take into account cultural traditions or rituals (such as around healing and burial) can also help the recovery process and re-introduce a sense of normality.
- **Access:** Programmes should find practical ways to reduce barriers that prevent people, including the most marginalised, from accessing assistance. Barriers might include logistical or financial (lack of transport or money to pay fares) or social/cultural (such as women being unable to leave homes unaccompanied to attend distributions). Insecurity and lack of information may also prevent people from accessing assistance.

INFORMATION SHARING
- **Safety:** The right information at the right time, to the right people, in the right way, can be life-saving, enabling affected populations to make well-informed decisions about where and how they access assistance.
- **Dignity:** Receiving timely, accurate information about the availability of services can reduce the anxiety and stress of affected populations. It can also empower communities and individuals and is a crucial foundation for community ownership and reducing potential conflict between communities due to clarity in the selection criteria.
- **Access**: Information must be shared in an appropriate manner to ensure that all members of a community (including those who may be marginalised) have equal access. Lack of information can be a significant barrier to certain groups accessing services.

COMMUNITY ENGAGEMENT
- **Safety:** Affected populations know and understand what risks they face and how best to minimise those risks. Community-based protection mechanisms are vital for ensuring culturally-appropriate, feasible and accepted measures of protection.
- **Dignity:** Affected populations should be included in any decision-making processes that affect their own lives. Meaningful engagement gives back a sense of control which is vital for empowerment and restoring a sense of wellbeing.
- **Access**: The community is best placed to identify its vulnerable members, any barriers that are preventing participation, and how these members can be supported to access assistance/services.

FEEDBACK AND COMPLAINTS MECHANISMS
- **Safety:** Good feedback systems are needed to receive information about whether the programming is suitable, and reaching the right people in the right way (i.e. those most in need). Receiving feedback throughout the entire project cycle, and not just at the mid and end reviews, means agencies can quickly resolve any issues cropping up before they escalate. Feedback systems may also capture information about any exploitation or abuse going on that might involve staff or programmes.
- **Dignity:** Feedback processes can help promote two-way communication between organisations and affected populations and strengthen their influence in programmes.
- **Access:** Feedback processes can help ensure that there is equal access for all to assistance and services by capturing the perspectives of diverse groups.

MAPPING/REFERRAL
- **Safety:** Where organisations are unable to provide services directly themselves it is crucial staff know where and how to refer people who have been exposed to harm so they are able to receive safe and appropriate medical, legal and psychological support from specialist providers.
- **Dignity:** The process by which people are referred should be done in a way that respects the dignity of the person, without exposing them to further harm and stigma.
- **Access:** Lack of knowledge on existing services or what help is required is one of the reasons why so few people access necessary help. Training on referral mechanisms and existing services will therefore increase the speed and ease of access. This is particularly important in cases of SGBV.

COORDINATION/ADVOCACY
- Protection is a collective responsibility that is shared by individuals, communities, the State, and local and international actors.
- **Safety**: Humanitarian workers have a responsibility to be aware of protection issues that arise. Internal coordination between teams within the organisations is important to ensure there is common understanding of the risks present in the context and a consistent approach is applied across the programmes. This also applies to external coordination, but in addition collective action between agencies can lead to more effective, timely and quality programming. It can also help prevent conflicts caused by competition between agencies and avoid overwhelming people with similar exercises that may be frustrating or painful.
- **Dignity:** Where services are weak or unavailable, the agency may be able to advocate with duty bearers on behalf of the affected populations to ensure essential services are available and accessible to all.
- **Access:** Advocacy can be used to highlight cases of unequal access to (or discrimination in accessing) services.