Protection Cluster
South Sudan

Protection Mainstreaming Mapping Report

Summary

This mapping is based on the four protection mainstreaming principles as defined by the Global Protection Cluster.

Overall findings show that the degree to which individual humanitarian actors have applied all the principles varies substantially between agencies and sectors of intervention. In addition, assessments focus on women and girls but often neglect to reach out to other potential vulnerable groups. At the same time, if they do conduct an assessment, humanitarian actors reported that they may not always have in-house expertise to analyse the risk and develop the mitigation measures required to uphold the protective environment during the delivery of humanitarian aid. Collectively, however, humanitarian actors have demonstrated they can fully mainstream protection in South Sudan.

The main recommendation calls for the development of a Protection Mainstreaming Toolkit tailored to South Sudan. The toolkit shall help identify, share, and cross-fertilise good practices in mainstreaming protection across humanitarian actors in a single field and across sectors of interventions. A technical team will lead the development process.

Table of Contents

Acronyms

AAP	Accountability to Affected Populations
CCCM	Camp Coordination and Camp Management
CWC	Communication with Communities
DRC/DDG	Danish Refugee Council / Danish Demining group
FGD	Focus Group Discussion
FSL	Food Security and Livelihood
GBV	Gender Based Violence
GPC	Global Protection Cluster
HCT	Humanitarian Country Team
IACS	Inter-Agency Standing Committee
IDPs	Internally Displaced Populations
IRC	International Refugee Committee
KI	Key Informant
NGO	Non-Governmental Organizations
NFI	Non-Food Items
PC	Protection Cluster
Payams	Smallest geographical area of administration
PMP	Protection Mainstreaming Principles
PMT	Protection Mainstreaming Toolkit
PoC	Protection of Civilian
SAADO	Smile Again Africa Development Organization
SS	South Sudan
TOT	Training of Trainers
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme
WVI	World Vision International

Introduction

The Humanitarian Country Team (HCT) in South Sudan endorsed a protection strategy in January 2015. It aims to ensure that "*displaced persons and other civilians in South Sudan are protected*" by creating and sustaining a protective environment and safeguarding freedom of movement. Outcome 3 of the strategy calls for mainstreaming protection in all humanitarian activities to avoid further exposing civilians to yet more danger amidst continuing violence and abuses.

The first step to deliver on Outcome 3 requires the identification of how best to operationalize protection mainstreaming based on the context in South Sudan. The approach proposes to review existing tools and processes and identify good practices for protection mainstreaming in South Sudan. The findings were discussed at a key stakeholders meeting in August 2015 to formulate key recommendations[1].

This report is articulated around five sections. The first section assesses the scope of protection related issues incorporated into humanitarian needs assessments. The second section presents the protection risk scenarios and mitigation measures analysed in South Sudan. It focuses on the four priority clusters selected by the HCT for this pilot phase, namely WASH, Health, Food Security and Livelihood (FSL), and Non-Food Items / Shelter (NFI). Challenges for mainstreaming protection are detailed in section three while the recommendations formulated at the key stakeholders meeting are summarized in section four. Lastly, the report concludes on the way forward.

1. Scope of Protection Analysis Conducted by Non-Protection Sector

Mainstreaming protection requires humanitarian actors to understand the context and the impact that their project may have on the protective environment. It requires gathering information on the threats and vulnerabilities of the beneficiary population that the project aims to assist. To this end, non-protection actors have already integrated a number of protection issues in their own needs assessments.

The objective of this section is to map the scope of protection issues that have been incorporated thus far by humanitarian actors in South Sudan through a review of key assessment methodologies. The assumption is that by gathering information on specific protection mainstreaming issues, the organisation has taken measures to identify risks inherent to the humanitarian intervention and integrate mitigation measures in their response. It covers the four Protection Mainstreaming Principles (PMP) as defined by the Global Protection Cluster (GPC). The findings will inform the development of a standardized approach aimed at enabling humanitarian actors in South Sudan to collect, analyse, and share information. The information collected is the foundation on which protection can be mainstreamed throughout all humanitarian activities. Given that several humanitarian

[1] Minutes of the workshop available at the Protection Cluster.

actors operate within the same community, a standardized approach to assessing threats and vulnerabilities will allow for sharing the findings of the assessment, greater synchronicity in the protection responses and thus an improvement in efficiency and response time.

This mapping was conducted through a desk review of humanitarian need assessments voluntarily shared by the humanitarian actors in South Sudan and found online. The information was gathered alongside bi-lateral interviews[2] with key humanitarian agencies.

The following table provides a list of the assessments reviewed. It is not an exhaustive list, but represents those agencies that agreed to share the information.

	Title of the Assessment Reviewed	Organization / Sector
1	Women Empowerment and Participation Tool	WE-MEASR
2	Accountability Minimum Standard Tracking Tool	Not Specified
3	Protection Needs Assessment – Access and Accountability	Multi-Sectoral
4	Equity and Access Assessment Tool – Health Equality Impact Assessment	Health partners
5	Guide to Conflict Sensitivity	DRC/DDG
6	Conflict Proofing Toolkit	DDG
7	Conflict Setting Assessment Tool	Unspecified
8	Conflict Analysis Guide	DDG
9	Qualitative Mapping Template	Unspecified
10	FSL Qualitative and Quantitative Direct Observations	FSL Cluster
11	Annex Protection Assessment – Protection Cluster	Protection
12	Guidance Note – Protection Assessment and Prioritization	Multi-Sectoral
13	Guidelines & Criteria for NFIs Distribution to Protection Priority Recipients	UNHCR
14	Needs Assessment Tools	SAADO
15	ERT Assessment Questionnaire	MedAir

Overall, humanitarian actors collect a wide array of data on protection issues which often go beyond the scope required to mainstream protection. However, there are large discrepancies in the coverage of the four PMPs.

1.1. Scope for "Prioritize safety and dignity, and avoid causing harm"

> "*Prevent and minimize as much as possible any unintended negative effects of your intervention which could increase people's vulnerability to both physical and psychosocial risks*".
>
> *GPC, 2014*

The needs assessments of humanitarian actors in South Sudan cover PMP 1 the best. Overall, they helped acquire an understanding of the structural and root causes of conflicts,

[2] The interviews included 15 organisations including MEDAIR, UNICEF, UNHCR, UNFPA, NRC, DRC, Handicap International, and OXFAM.

proximity factors, and how the conflict affects different sectors of the community. The review of the assessments further identified the desire on the part of humanitarian actors to mainstream 'prioritize safety and dignity, and avoid causing harm' as part of their humanitarian response. For example, the establishment of health services in communities affected by high levels of violence in South Sudan often requires that health providers identify groups at risk such as those living HIV and lactating women, and address issues like access to birth control for women and girls. In addition, services in the health sector include the clinical management of rape, often requiring that health providers integrate dialogue, mediation, and support to survivors as a means of reaching their objectives. This focus leads to a stream of questions including (i) Gender Based Violence (GBV) trends especially among women, girls, and to some extent boys and minority groups (ii) the impact of violence with a focus on post-conflict stress and trauma themes, and (iii) the identification of positive and negative coping mechanisms by individuals in the community.

As a result, mainstreaming 'prioritize safety and dignity, and avoid causing harm' in humanitarian activities is well anchored in humanitarian intervention in South Sudan.

1.2. Scope for "Equity and 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*".
>
> *GPC, 2014*.

The level of mainstreaming in PMP 2 is difficult to gage through the current approach. First, assessing 'meaningful access' entails evaluating whether the organization has been able to identify all individuals and groups with special protection needs in the community targeted. It further necessitates reviewing project implementation against the number of vulnerable groups and individuals targeted by activities. Lastly, it requires that HCT members agree on a common approach to measure the level of 'vulnerability'. Unfortunately thus far, there is no consensus in South Sudan on an approach to measure vulnerability. For example, some partners consider pregnant and lactating women as vulnerable, which makes sense from a nutritional point of view, but not from an education perspective as they are not people with specific needs. Additionally, there is no vulnerability scoring; considering the large amounts of vulnerable individuals you cannot say that families with children under 5 are vulnerable (as everyone has a child under 5). The same dilemma applies to measuring 'equity'. Without a pre-identified list of vulnerable groups accessible by the humanitarian projects, it is unlikely that measures can be taken to ensure equity amongst the beneficiaries. For example, in most displacement locations across South Sudan there are interventions focused on improving access for people with specific needs. In the PoCs the conditions are often so congested that people using crutches cannot even move because of the ropes that

are used to secure tents[3]. This leads to coping strategies, such as the use of wheelbarrows to transport the very elderly or disabled to the registration point for relocation in Bentiu.

That said, field visits and interviews with project managers in Bentiu and Juba revealed that humanitarian actors are increasingly sensitized to the need to reach out and cater to the most vulnerable in the community. In order to achieve this, they turn to protection experts to help identify and register individuals and groups considered vulnerable such as pregnant women, individuals with HIV, the marginalized, and people with limited mobility. Unfortunately, this is often time consuming and inefficient given the absence of databases to keep track of individuals and groups that are vulnerable. This leads to the unnecessary reproduction of the identification of the vulnerable, for example prior to every large-scale distribution of food.

Therefore, while there is an increased sensitization on the need to improve access and equity amongst humanitarian actors, the level of emergency, time constraints, and capacity to intervene prevents the implementation and simplification of the process. Yet by agreeing on minimum standards and setting up a harmonised process, the identification of vulnerable groups and individuals would become more efficient.

1.3. Scope for "Accountability to the beneficiaries"

> "*Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints*".
>
> *GPC, 2014*.

In South Sudan, most agencies are setting up or have already developed beneficiary feedback mechanisms[4]. Some of these systems seem to be more effective than others, but overall there still appears to be a lack of consistency and structure in the way Accountability to Affected Populations (AAP) is implemented in the country. Most agencies request feedback from communities as part of their program implementation, but they do not have the resources or structures necessary to sustain a consistent response mechanism. In addition to this, most agencies do not have the resources to provide information to communities in the first place – information that is both essential for the ability of communities to make more well informed decisions, and for their ability to hold agencies accountable. For example, protection experts reported that humanitarian actors group together approximately 20 families of an average of 5 per household during food distribution (i.e. preferring the heaping method to the scoping method). These 20 families receive the total bulk ration, which they are meant to divide amongst themselves, meaning that unless you know how much you should get you might walk away with less. Without a clear understanding of individual food entitlement, how can we ascertain that people are receiving the right amounts?

[3] Interview with Protection Expert covering Malakal, Bentiu and locations where PoCs are established.
[4] Interview with Internews team.

One project that seems to have tackled this issue in a very successful way is the Internews Humanitarian Information System, implemented in the PoCs or informal IDP settlements in Juba, Bor, Malakal, Migkaman and Bentiu. The project offers communities and humanitarian organizations with a platform for dialogue and discussion, providing communities with the information they need about the humanitarian response, and humanitarian organizations feedback and comments from their beneficiaries. Because the system is implemented by an external actor, Internews, and not by the agencies themselves, both agencies and communities have been very receptive to the project and are heavily involved in feeding and sourcing information to and from the system. The ability to dialogue with communities, rather than blasting them with messages, allows organizations to pass on relevant information in an engaging and targeted way but also to learn what needs to be changed and adapted in their own programs. On the other side, the ability of communities to have their voices heard and to give input into the design of programs makes them more receptive and willing to collaborate with agencies in the implementation of humanitarian aid projects. This type of structure, based on a two-way communication system, is proving to be more effective than the messaging/blasting of information via one-way communication campaigns that agencies normally implement. It is being recognized as pivotal in the coordination and management of the humanitarian response, especially within the Protection and the CCCM clusters.

Lastly, none of the assessments reviewed have identified if there is a mechanism in place to channel feedback and complaints, evaluate how best to communicate and inform the community, or assess the level of participation in decision making in the targeted community. Yet the existence of such a mechanism can enable humanitarian actors to design projects that help empower the community and support a more efficient delivery of aid and services. For example, DRC runs a complaint and feedback mechanism across Malakal and Bentiu as camp managers. There are “communication centres” where people can come and lodge complaints. They are open daily and across the sites. Camp management then refers complaints to the appropriate agency or advises the individual on what can be done. Unfortunately, PoC sites contain only 10% of the IDP community, therefore this mechanism, while effective, only reaches a small proportion of those who need it.

Fortunately, a growing number of humanitarian actors working in complex emergencies have a dedicated protection expert. Protection experts are becoming increasingly present and provide essential expert advice on how to mainstream protection. For example, OXFAM and WFP have dedicated experts that support protection mainstreaming in South Sudan, and also at the global level. This is coupled with a growing number of good practices that help practitioners to mainstream protection. Although the presence of a protection expert is a welcome step, few national actors and smaller NGOs can afford it. Overcoming such a challenge would require guidance and tools adapted for South Sudan’s environment.

1.4. Scope for "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*".
>
> GPC, 2014.

This fourth PMP has two components, namely 'participation', which requires humanitarian actors to integrate representatives of the community and recognised leaders in all aspects of project planning and intervention, and 'empowerment', which strengthens the capacity of the community and its leaders to claim all their rights.

The review of assessments shows three serious gaps in supporting this element of protection mainstreaming.

First, assessments have a clear focus on women and children with limited focus on other types of vulnerabilities. This leaves out a large number of individuals and groups with special needs such as those living with HIV and people with limited mobility. For example, young males and marginalised groups are at particular risk of being overlooked in questions of SGBV. By neglecting to reach out to them during the analysis, it is likely that project design will not consider their special needs.

Second, even when threats and vulnerabilities of different groups are identified through the assessments, it is not clear how the protection risk created by the delivery of humanitarian activities can be mitigated by the partners. That said, evidence shows that collectively, humanitarian actors have had success in mitigating all major protection risks in South Sudan, while independently, humanitarian partners may not have the capacity or the resources to mitigate all protection risks.

Third, the overall scope of the assessments reviewed as part of this initiative does not help identify risk-inducing humanitarian intervention. For example, most assessments focus mainly on 'do-no-harms' neglecting other issues such as access, accountability, and empowerment. Yet these are critical sectors that need to be assessed in the beneficiary communities. This can be resolved through the design and implementation of a common assessment on protection mainstreaming. In addition, although women and girls are well covered in the assessments, humanitarian actors tend to believe that consulting community leaders is the same as reaching out to the men in the community. Yet, a common man does not share the same power or social status. This leads to the perception by the beneficiary communities that men are not considered vulnerable. Through the same token, men end up resenting women, which is not a good thing as it might causes tensions in the home!

Regrettably, it further increases the level of vulnerability of these groups and individuals by failing to address their needs, disempowering them, and leading them to become further marginalised in the community.

On the other hand, humanitarian actors predominantly use focus group discussions, key informant interviews, and direct observation to gather information, and a growing number of organisations are using survey questionnaires and desk reviews. This is consistent with a

desire to support the development of an evidence-based approach which, grounded in community input, will contribute to filling the afore-mentioned gaps.

Annex 1 provides a detailed breakdown of the scope of issues addressed in the humanitarian needs assessment and the methodology used.

2. Protection Mainstreaming Practices in South Sudan

Protection has been mainstreamed in humanitarian activities in South Sudan since long before the statements on the centrality of protection by the IASC in 2013. Humanitarian actors have over the years developed a number of good protection mainstreaming practices specific to delivering aid and lifesaving interventions to the population in South Sudan.

This section identifies and analyses these good practices against the sector checklist provided by the Global Protection Cluster (GPC). The analysis process involved non-protection staff from each of the targeted clusters. After a quick briefing on the scope of the GPC Protection Mainstreaming Principles, non-protection staff from national and international NGOs met for up to 7 hours (in three meetings) to identify protection risk scenarios and map out mitigation or response measures used thus far in South Sudan. The findings that emerged from this process have been divided into two sections; the first component details the protection risk scenarios and good practices developed to mitigate these risks, and the second details the approach used by HCT members to incorporate these in their activities so as to mainstream protection.

2.1. Analysis of protection risk scenarios and mitigation measures

The process reviewed project activities against the protection mainstreaming principles[5] as delimited in the GPC checklist, and the types of beneficiaries targeted based on age, gender, and diversity groups. These risks were then used to identify good protection mainstreaming practices (i.e. mitigation measures) that have been implemented to mitigate the risk to beneficiaries. In total, this covers up to 36 potential risks categories. However, the number of risk categories was scaled down to approximately 10 factors by regrouping similar risk scenarios after the analysis.

Overall, the analysis shows that collectively, humanitarian actors have demonstrated they can fully mainstream protection in South Sudan. Individually, however, the degree to which humanitarian actors have applied all the PMPs varies substantially between agencies and sectors of intervention. Detailed findings are presented by cluster in Annexes 2-A to 2-D.

2.2. Approach used by HCT members to mainstream protection

Large organizations such as World Vision International (WVI), International Rescue Committee (IRC) and the International Committee of the Red Cross (ICRC) have developed global tools to operationalize protection mainstreaming. Building on these good practices,

[5] Protection mainstreaming principles: (1) Prioritize safety and dignity, and avoid causing harm; (2) Equity and meaningful access; (3) Accountability to affected populations; and (4) Participation and empowerment.

the GPC launched in 2014 its protection mainstreaming training, setting minimum standards for humanitarian actors.

In South Sudan, organization such as DRC, OXFAM, Non-Violent Peace Force, IRC and WVI have dedicated training programmes on protection mainstreaming. Others such as WFP have developed an MOU (Memorandum of Understanding) that sets minimum standards for implementing partners for mainstreaming protection in food delivery. Where protection experts are present, they also provide coaching and monitoring to non-protection actors. For example, during the large-scale distribution of food, Danish Refugee Council (DRC) protection monitors are present to assist implementing partners in screening vulnerable individuals and groups and raise any protection concerns resulting from the assistance. Furthermore, UNICEF and OXFAM have dedicated experts to mainstream protection amongst their implementing partners. The protection experts accompany implementing partners at all stages of the project design, implementation, and monitoring.

In conclusion, a summary analysis shows that organisations with dedicated protection experts were able to demonstrate how protection was mainstreamed. Where possible, they extended technical support to non-protection agencies to help uphold the protective environment. However, the use of dedicated protection experts and coaching is expensive, time consuming, and reaches a limited number of HCT members. As for humanitarian actors that did not have a dedicated protection expert, the review was not able to identify evidence that humanitarian actors without dedicated expertise in protection were able to mainstream protection.

3. Challenges

This section presents the main challenges faced by humanitarian actors in mainstreaming protection.

Capacity to conduct a protection assessment: An assessment is the pre-requisite for effectively mainstreaming protection in humanitarian activities. It provides essential information on the threats, vulnerabilities, and ultimately the protection risks faced by the different groups in the community. Without this information, humanitarian actors cannot effectively mainstream protection. The findings of the assessment report can be shared across agencies and sectors of intervention. As the situation evolves, the assessment can also be updated at minimum cost to support new interventions.

Analysis of protection risks and development of mitigation measures: Even when a protection assessment report is available, HCT members recognized the limited capacity of humanitarian staff in South Sudan to identify the protection risk created by the delivery of services and aid. In turn, this prevents them from developing measures to mitigate the negative impacts that the project has on the community. This is compounded by high turnover and the difficulty in recruiting and retaining humanitarian staff in South Sudan.

Labour intensive/over reliance on external protection expertise: Humanitarian organizations have established teams of experts to support protection mainstreaming in South Sudan.

Experts in protection review projects and provide direct support to mainstreaming protection at all stages of the project cycle. Although this gives immediate results, it does not necessarily empower non-protection staff, it is costly (international expert's salary), and it is unlikely to be sustainable especially when resources become depleted. As a result, an alternative and simple mechanism must be developed to reach out to the over 300 HCT members.

South Sudan Specific: Tools provided online require the development of a protection assessment, the analysis of information against project activities, and the development of mitigation measures. Thus far, HCT members have worked in isolation to develop their own assessments. Information collected is often not shared or cannot be compiled or updated. As a result, humanitarian workers repeat assessments, which alienates the beneficiary population because of the multiple humanitarian actors operating simultaneously in one area, increases the cost of delivering humanitarian aid, and delays response. Furthermore, each assessment creates expectations by the community that the humanitarian actor will help address protection risks uncovered by the assessment. When no resulting interventions take place, the community loses trust in the humanitarian partners.

Monitoring and evaluation of protection mainstreaming by projects: There is a high level of synergy that has been established between protection and non-protection agencies in South Sudan. This allows for direct monitoring and mitigation measures to be implemented immediately. However, non-protection agencies have no means of demonstrating that protection has been mainstreamed, and donors have complained that reporting and evaluation did not provide any information on the success of protection mainstreaming. In the absence of a protection mainstreaming performance assessment tool, agencies can never demonstrate that they have taken all measures possible to limit the negative impact of project activities on the beneficiaries. And though it is mentioned in gender markers, or AGDM, donors never actually conduct evaluations of such measures, so agencies can easily "tick the box", while the impact of mainstreaming remains unmeasured.

Measuring vulnerability: HCT members have used different approaches to measure vulnerabilities. In the absence of consensus, each organization has used internal standards. Without a standardized approach, assessments and findings cannot be shared. Results cannot then be compared and used to measure progress in the HCT Protection Strategy Outcome 3.

4. Recommendations

The recommendation aims to respond to the above-mentioned challenges and focuses on improving humanitarian interventions in South Sudan. The main recommendation calls for the development of a Protection Mainstreaming Toolkit (PMT) tailored to South Sudan. Building on existing good practices for South Sudan, the PMT shall seek to harmonize and institutionalize a process to mainstream protection principles. The PMT will be able to identify existing "vulnerable groups" across sectors and from which a unified approach can

be established. In collaboration with 17 agencies, the meeting on the 12th August spelled out the following requirements:

- Build on existing practices - Protection mainstreaming should be based on existing good practices, processes, and tools already in place in South Sudan. These tools could be upgraded based on the current process. A separate report should be drafted to capture good and bad experiences. However, this requires that agencies release information that will then be fed into the report.
- Provide an operational document - Operational Guidelines must consist of a user-friendly document, adapted to the staff's capacity, and that helps humanitarian workers to mainstream and integrate protection in their projects. Specific tools may be required for different activity sectors/clusters. However, the forum made it clear that a simple checklist is rejected. Processes, tools, methodologies, and training must be developed to accompany staff and support protection mainstreaming at the field level.
- Consider the limited capacity of field staff - the main clients are the South Sudanese. Therefore tools must take into consideration the capacities and needs of local staff.
- Identify national and international champions for each cluster - Given the limited scope of the Protection Cluster, there is a need to identify international partners who will accompany and coach national partners to lead the mainstreaming efforts.
- Measure performance in mainstreaming - It is important to measure how projects have been successful at mainstreaming protection. These include different types of indicators than for measuring the impact of mainstreaming at the community level. For example, DFID pointed out that the current checklist used to include mainstreaming as a funding requirement does not work. There is a need to verify if projects have taken all possible measures to reduce vulnerability risk and effectively mainstream protection.
- Definition for commonly used terms - Agree on a clear systematisation of definitions and terminology for 'protection mainstreaming', as well as terminology relating to and the identification of vulnerable groups, access, and equity. For example, safer programming v. mainstreaming.

Lastly, the forum proposed to establish an ad-hoc committee to develop the PMT. The committee should include the following participants:

- Representatives from the four priority clusters: WASH, Health, Shelter-NFI and FSL. Ideally, the leads and co-leads should be actively involved in the development process. Other clusters such as education are also invited to participate.
- Balance international and national expertise and partners.
- Representation from the different sectors of activity, namely assessment and monitoring, protection activities, and training.

The outcome is a user-friendly system and tools tailored for South Sudan. Accompanied with training[6], non-protection agencies should be capable of implementing the system and

[6] It is proposed that a protection agency mobilizes resources to implement protection mainstreaming training for non-protection agencies.

effectively mainstreaming protection in all humanitarian activities. The protection-mainstreaming performance assessment will demonstrate that protection mainstreaming has been achieved. Without this last performance appraisal tool, the effectiveness of this initiative by the organization cannot demonstrate results.

5. Way Forward

The development and implementation a protection mainstreaming toolkit is an essential component that ensures the centrality of protection as stated by the IASC in 2013. It enables humanitarian agencies to restore safety and dignity while addressing the basic survival needs of the most vulnerable in South Sudan. Ideally, this system should be fully incorporated in the HRP process, and recommended as a criterion for funding in the humanitarian appeal. The proposed timeframe is:

	Activity	Aug		Sept				Oct				Nov				Dec		
		3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3
1	Mobilize the targeted clusters																	
2	Develop of the scope of the PMT																	
3	Establishment of the Technical Team																	
4	Induction training for clusters																	
5	Develop the protection assessment																	
6	Analyse the risk scenarios																	
7	Identify the mitigation measures																	
8	Develop the monitoring & evaluation																	
9	Pilot the toolkit																	
10	Review and finalization																	
11	Submit the PMT																	

The success of this initiative requires commitment at the technical, programmatic and political levels. If well implemented, mainstreaming can help ensure the safety and dignity of the people of South Sudan. As the saying goes: 'prevention is better than cure'.

Annex 1: Scope of the protection issues covered by different surveys in South Sudan

Scope of Protection Service	Methodologies	Target Groups	NGOs
Conflict: (1) Mapping the scope of conflict analysis.	• Workshop	• Partners and experts in conflict analysis	• DDG
Protection (General): Issues reviewed include: (1) Execution or other killings (2) Attacks or bombings (3) Armed conflicts between armed groups (4) Natural disasters (5) Forced or voluntary disappearance (6) Forceful military recruitment (7) Arrest or detention (8) Armed violence / community disputes (9) Deliberate targeted killing (revenge) (10) Abductions or taking hostages (11) Protection risks faced by women in the community.	• Direct observation	• NGOs management, field personnel and community leaders	• FSL and Protection Clusters
Child Protection: (1) Number of unaccompanied and orphaned children. (2) Causes for separation (losing caregiver, children sent by parents to child care centres, family/friends, work, disappearance in conflicts) (3) Methods used to help those children identified as separated children: foster care, adoption, etc. (4) Number and types of institutions available to support separated children and orphans (day care, residential, recreational, etc.) (5) Risks facing children in areas assessed (environmental, harmful tradition, sexual violence, crime, landmines and UXOs, conflict) (6) Child engagement in violence and the types of these violent acts (gangs, looting, sexual assault, and recruitment of other children) (7) Main causes of stress for caregivers (conflict, lack of shelter, lost livelihood, lack of food, loss of property, personal safety)	• Direct observation • Desk review • Household Survey. •	• Children with specific focus on unaccompanied and orphaned children	• NRC • Protection Cluster

(8) What can be done to help children who survive sexual violence (report to health center, social worker, care-giver, police, teacher, community leader/religious leader, health worker or midwife) (9) Where is sexual violence more likely to occur (at home, during firewood collection, during armed attacks, village/camp, at work) (10) Age of children most likely to be exposed to sexual violence (11) Whether trends of sexual violence have increased or decreased			
Mine Action: (1) Survey to understand whether there are landmines and UXOs reported in that particular area	• Field Assessment • Community meetings	• NGOs • Community leaders/ local authorities	• FSL and Protection clusters
SGBV: (1) Identifying special groups of people who could be exposed to GBV (2) Number of GBV incidents (3) Age conditions for marital consent for both males and females; (4) What are women's property ownership rights (inheritance, divorce, child custody, and child support) (5) Reporting on GBV cases: what type of GBV fall under the mandatory reporting law; who is required by law to report GBV incidents to police; are there any conditions in which reporting is not mandatory (6) Civil proceedings: what are the options for civil proceedings; what are the normal procedures for civil proceedings	• Desk review • Bi-lateral interviews • FGD	• Most vulnerable groups such as: Female headed households, elderly, unaccompanied children, minority groups, people with special needs • GBV service providers • Police, judiciary, survivors	• DDG • Protection Cluster
Community Profiling/Mapping: (1) Demographics: Estimated number of population and the percentages of each subgroup in that community (e.g. IDPS, returnees, host community, women, children, and adults) (2) Information about groups involved in conflict (language, ethnic group, and economic information)	• Direct observation • Surveys and questionnaires	• Local populations: women, men, youth, IDPS, host community and other thematic groups	• NRC • DDG
Access to Humanitarian Assistance (1) Number of NGOs and humanitarian actors on the ground (2) Movement and access	• Surveys and questionnaires	• National and international NGOs	• FSL and Protection Clusters

Annex 1-A: Scope of Focus Group Discussions:

Scope of Protection Service	Methodologies	Target Groups	NGOs
Child Protection: (1) Girls of schooling age are denied access to education because the community believes they will "get spoiled" if they go to school	• Interview	• Girls at schooling age	• NRC
Conflict Analysis: (1) Protection-focused conflict analysis: design of data must be concise to make the process of analysis more focused	• Design questionnaires	• Local communities and conflict actors	• DDG • Protection cluster
Conflict analysis: (1) Identify the different layers of conflict (structural, proximate, and triggers) (2) Investigating relationship between different actors in conflict (grassroots, middle level, and top level)	• FGD	• Communities in conflict • Different sectors of the community seen to be impacted by or involved in conflict • Actors in conflict and stakeholders in finding solutions to this conflict	• DDG
Mine Action: (1) Information about any presence of mines or UXOs around the area of focus	• FGD	• Women, men, children, elders, traditional leaders, and local authorities	• Protection and FSL Cluster members
SGBV: (1) Women are falling victim to attacks by government forces (2) There are reports of domestic violence against women among communities in Nyal village	• Key Informant Interview	• Women from Nyal village	• NRC

Annex 1-B: Scope of Desk Review

Scope of Protection Service	Methodologies	Target Groups	NGOs
Child Protection:			
Conflict Analysis: (1) Review existing data and research in the focus region/area (2) Understanding the causes of conflict (political, governance, economic, security, environment, gender, social, cultural...etc.) (3) Understanding the relationship and level of influences among different actors and stakeholders. What are the incentives or disincentives they have to take up violence (who can have a positive or negative impact on the process of conflict) (4) Distinguish between victims and perpetrators in conflict and explore issues affecting each (5) Likelihood of increase or decrease of conflict, and the possibilities of status quo (6) Conflict analysis outputs must be linked with programs and projects on the ground so that it does not become a once-off activity	• Desk review • Conflict mapping exercise • Key informant interviews • Direct observation • FGD	• Parties to conflict • Local, national, regional, and international stakeholders in conflict	**DDG**
Mine Action N/a			
SGBV: (1) Legal definition of cases connected to GBV such as the definition of: rape/attempted rape, defilement or rape of minor, marital rape, other forms of sexual violence, domestic violence, forced marriage, transactional marriage	• Desk review	• Sectors of community most likely to be exposed to GBV (such as women and children)	
Community Profiling: (1) Demographic Composition: Almost half of the population in Nyal village are IDPs (2) Understanding the political, economic, and socio-cultural context of communities at conflict	• Desk review	• IDPs and host communities • Parties to conflict and local actors on the ground	• **NRC** • **DDG**

Annex 1-C: Scope of Key Informant Interviews:

Scope of Protection Service	Methodologies	Target Groups	NGOs
SGBV: (1) Rape: Women are subject to rape by government armed personnel (2) Carry out an interview with the judge, national GBV and advocacy NGOs, local attorney providing GBV consultation, and police commander in charge of GBV department	• Key Informant Interviews	• Women • GBV survivors and cases	• NRC
Conflict Analysis: (1) Protection-focused conflict analysis: adopting participatory methods to understand the context and dimensions of conflict (2) Sensitivity related to conflict issues: some of the issues discussed could be extremely sensitive to some participants/actors. Confidence-building measures must be established. Participants need to be assured of the privacy of issues discussed	• FGD	• Local communities and conflict actors and stakeholders	• DDG • Members of the Protection Cluster
Mine Action: N/a			
Child Protection: (1) Children are becoming victims of attacks by government forces (2) Are children being recruited into armed forces? (3) Are children forced by the worsening living conditions to do hard and tedious work (4) Is there any difference in how girls and boys affected in the conflict	• Key Informant Interviews	• Girls at schooling age • Children living at Nyal village	• NRC
Community Profiling/mapping: (1) IDP tracing mechanism created: IRC – through its Community Protection Committee and PRA developed a mechanism to trace new IDPs arrivals within the community (2) Community breakdown: number of IDPs, host community, returnees (3) Community breakdown: age groups (4) Information about influx of displaced persons to a given area	• Desk review • FGD	• Local populations including host, displaced, and returnee populations • New IDPs arrivals	• NRC • IRC • PRA
Access to humanitarian assistance: (1) Majority of IDPs do not have access to food because they are not registered	• Key Informant Interview	• Displaced persons at Nyal village	• NRC

Annex 2: Protection risks and mitigation measures that applies to all humanitarian sectors

Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)
Mandatory mitigation measures at the activity level.	R1) Lack of knowledge of the community targeted prevents the development of mitigation measures and the identification of response, safe and accessible sites for the delivery of humanitarian services adapted to the protective environment in South Sudan. R2) Women and girls that are not consulted separately and allowed to express their views freely in the project, further increases their level of vulnerability by preventing the identification and implementation special measures to mitigate risk. This will also enhance the negative norms that women's opinion, persons with disabilities, older persons and minorities are not matter for resource management. R3) The absence of a functional partnership between humanitarian actors and protection actors at the community level further increases the level of vulnerability of the community. R4) Militarisation and politicisation of humanitarian services by security forces, militia, armed groups and individuals with political ambitions. R5) The lack of engagement with local authorities and other recognised community leaders will disempower them from building resilience from any outcome of humanitarian aid, and lack of gender diversity in the composition of community leaders.	M1) Conduct a County Protection Mapping to understand the context in which humanitarian aid is delivered, identify threats, survivors and actors of violence, and man-made and natural hazard such as water ways, military installation, and check points that could prevent or hinder access to humanitarian services. This is conducted trained staff on do-no-harm and other protection principles and it should be based on extensive consultations with the communities themselves. If your organisation has no qualified staff, please liaise with a protection actor. M2) Consult different groups of beneficiaries separately especially if certain groups are intimidated to voice their views and opinion. This includes but not limited to women and children, minorities, persons with disabilities, persons with disabilities, older persons, youth, and IDPs. M3) Involve the all beneficiary groups in the design, implementation and monitoring of humanitarian services. M4) Ensure that humanitarian services are installed in the identified safe locations. Where there are conflicts of opinion between men and women, prioritize women and girl's opinion as they face the highest level of vulnerabilities. M5) Identify protection partners in the target community and if available, specific focal points for GBV, child protection and for monitoring inclusion of groups identified as being especially vulnerable (persons with disabilities, older persons, minorities). M6) Ensure that the site where humanitarian services are delivered remains a weapon free zone. M7) Establish a fence around the centre and especially medical waste. M8) Hire female and male for support staff including staff for crown control, guards, community health workers, etc. M9) Train support staff on crowd control staff, basic protection principles/code of conduct, complaints and feedback mechanism, communication (to diffuse tension), and on how to identify and refer beneficiaries to the correct line.

Mandatory mitigation measures at the human resources level.	R1) Staff recruited only from one group creates the perception that an agency is bias. R2) Tension may arise between the staff and the beneficiaries. R3) Staff can be abducted, harmed, and killed if rejected by the beneficiary community. R4) Staff that are recruited from the community can share confidential information if not well trained. This is particularly the case for stigma such as HIV/AIDS and GBV. R5) Low level staff, guard, clinic officers, if unaware of GBV referral pathway internally, guard may misdirect the beneficiary and prevent access to health facilities.	M1) Negotiate with the community to ensure that staff hired are qualified and can communicate with beneficiaries. M2) Explain that locally recruited staff should represent all segments of the community. M3) Recruit specialised staff from ethnic's groups that are accepted by the community. M4) Train staff to identify groups at risk of exclusion or presenting specific vulnerability to protection risks and threats (persons with disabilities, older persons, ethnic/religious minorities). M5) Hire female and male for all support staff including staff for crown control, guards, community health workers, etc. M6) Train support staff on crowd control staff, basic protection principles/code of conduct, feedback and complaints mechanism, communication (to diffuse tension), and on how to identify and refer beneficiaries to the correct service. (Following the principles of Confidentiality, Respect, Security and Non-discrimination). M7) Appoint Male/ Female staff to identify vulnerable groups for priority service provision.

Annex 2-A: Scenario Risk Analysis and Mitigation Measures – Health Sector

1. DO NO HARM: ***Prevent and minimize as much as possible any unintended negative effects of your intervention which could increase people's vulnerability to both physical and psychosocial risks.***		
2. EQUALITY, EQUITY & ACCESS: takes pro-active steps to ensure beneficiaries' ***meaningful access to impartial assistance and facilities - in proportion to need and without any barriers (i.e. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and facilities.***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)
Humanitarian aid impact on the level of conflict and violence:Q1) What is the impact that the health facilities can have on the level of conflict and armed violence?	R1) It increases violence if the health facilities are positioned in a community where minorities cannot access. R2) Health facilities can attract armed groups from different factions and expose beneficiaries to violence in the clinic. R3) Health facilities can be instrumentalised to fulfil individual's political ambition. R4) Groups in conflict can fight at the distribution site if invited on the same day. R5) Distribution site can attract armed groups and expose beneficiaries	M1) Establish health facilities at the geographical boundaries between groups, and negotiate the establishment of a single health committee which includes representation from all special groups and segments of the community. M2) Support dialogue initiatives through the health committee, agree on schedule of service which prevents having groups in conflict on the same day, etc.. M3) Negotiate with the authorities and local leaders that the health clinics/centres and there surrounding are neutral space and no political activities should be held in or around the health facilities. M4) Support dialogue and mediation initiatives at the community level. M5) Agree with the authorities and local leaders that the distribution site and its surrounding are neutral space and no political speech can be hosted simultaneously. M6) Explain how was the selection criteria used to identify the most vulnerable in the community.

External security threats posed to access humanitarian facilities:Q2) Is there any military or armed groups camps, check points or recent armed conflict in the community targeted by the health facilities?	R1) Health facilities are inaccessible due to recent conflicts, tension, or there are frequent cases of substance abuse by the military or armed group members.R2) Women and girls decide not to seek health services due to a feeling of insecurity.R3) Women and girls are forced to take longer routes to reach the health facilities, further exposing them to harm.R4) Male survivors of GBV do not seek health services due to a feeling of insecurity and stigma.R5) Armed groups take over health clinic/centre, and potentially execute members of the opposing faction treated for injuries.	**If the project supports an existing clinic on site:** M1) Negotiate a neutral and demilitarised space with the armed groups. Maintain a channel of communication with senior commanders through regular meetings. The best case scenario is that you negotiate the relocation of the armed group at a safe distance from the health clinic/centre (30 minutes' walk). Minimum case scenario is that you negotiate that armed group members are confined to the camp or barracks during the opening hours of the clinic/centre. M2) Discuss with the leaders' security of the beneficiaries. M3) Develop a plan with key precautionary actions to be taken by the community members and the health service providers with the community leaders on the security of the beneficiaries. Seek to actively involve Men, women, boys and girls and minority groups. This plan should also include 'alarm mechanisms' which could inform the staff at the clinic of eminent danger, need to evacuate and safer exit routes. M4) Support dialogue initiative through the health committee on technical issues related to health. M5) Establish ICCM in remote location. M6) Secure the perimeter around the facility and install lockable gates. **If there is no clinic already established in the community:** M7) Identify a neutral and accessible site for static clinics and mobile outreach through participatory mechanisms that allow wider consultation. The mobile sites should be located at least 30 minutes walking distance from any armed groups or military. M8) Establish mobile clinic, including the selection of temporary safe and accessible sites, while ensuring that all groups in the community targeted are served with equity. M9) Establish ICCM in remote locations. M10) Ensure that the community is informed about the current risks and has a way to report timely to the relevant agency about new risks/perceptions of risks they face in accessing health services.

Humanitarian access to facilities by diversity groups: Q3) What are the risk faced by individuals with disability such as mentally ill, HIV+, physically older persons and persons with disabilities and other individuals with impaired capacity or limited mobility to safely access and reach the health facilities.	R1) Beneficiaries with special needs, or with limited mobility are left at home and cannot reach the health facilities on their own. R2) Beneficiaries with special needs are prevented to line up by the health support staff or other beneficiaries and sent away without accessing facilities. R3) Mentally ill people are not recognised as a disease that needs medical treatment by the health support staff of the guards at the gate and sent away without accessing the health facilities. R4) Families are shamed by family members affected by mental illness and hides the patient and therefore denies treatment. R5) Patients with severe mental illness are imprisoned. R6) Beneficiaries with special needs might have difficulties understanding how to seek health facilities, are left out or exploited. .R7) Internal set-up at the clinic/centre prevents confidential space and privacy. R8) People that are known to have STDs/STIs are prevented to access health facilities and targeted by violence.	M1) Establish outreach staff, house-to-house mobilisation (paid incentive but not contracted staff) M2) Install ramps and inclines for physically older persons and persons with disabilities people at the health clinic/centres. M3) Assess the level of stigmatisation of mentally ill, and STIs/STDs M4) Identify and implement special measures to enable people with mental illness safe access to clinic and screening. M5) Design discrete ways in ensuring private space for counselling, where HIV patients can access treatment without being labelled. M6) Conduct HIV/AIDS testing and treatment in the privacy of the consultation room. M7) Educate community on STD transmission. M8) Train health workers on management of STIS. M9) Provide transportation to victims and survivors (ambulance service). M10) Train health staff on WHO's mHGAP. M11) Identify and train caregivers in the family to handle mentally ill patients. M12) Established focal point for mental illness in each health facilities and identify the referral pathway. M13) Ensure that the community is informed about the current risks and has a way to report timely to the relevant agency about new risks/perceptions of risks they face when they access Health facilities.
Humanitarian access to facilities by Men, Women, Boys and Girls: **Q4)** What are the risk faced by Men, Women, Boys and girls to safely access and reach health facilities?	R1) Men, Women, boys and girls are exposed to security risks on the way to and from health facilities. R2) survivors do not report GBV cases for fear of retribution R3) Staff are unable to recognise GBV cases. R4) Survivors of GBV are not supported adequately and are not referred appropriately to the available services. R4) Health staff are the gate keepers and discriminate against GBV survivors. R5) Staff may share confidential information which	M1) Train male and female staff on how to communicate with GBV survivors and gain trust so that they can make informed choices. M2) Ensure that survivors have the option to access either male or female health staff. M3) Establish and update referral system (services available in the referral pathway); identify who should be involved in the case management and those others that should be excluded (for fear of retribution). M4) Ensure confidentiality, respect, safety and non-discrimination of the consultation space. M5) Establish health facilities and mobile post in locations easily accessible by Men, women, boys and girls such as food markets and schools to improve access. M6) Conduct sensitisation on GBV prevention and response in the community.

	leads to stigmatisation of beneficiaries by the community. This specifically targets women and girls perceived to have been raped or seeking birth control pills.	M7) Provide accessible reproductive health services for Men, women, boys and girls. M8) Establish separate facilities for antenatal and post-natal care, and general consultation. M9) Establish a minimum staffing ratio M10) Avail clean delivery kits.
Humanitarian access to facilities by children: Q5) What are the risk faced by children to safely access and reach health facilities?	R1) Children are exposed to security risks when traveling to and from the health facility. For example, a mother crossing a water way with her children can drown. R2) Absence of child friendly space affects the quality of the care given and the treatment. R3) Abused children remain unreported. R4) Unaccompanied children remain unreported when present at the health facility. This is extremely common for vaccination campaign. R5) Unaccompanied children are discarded and turned away by the local staff R6) Children are harmed by hazardous material such as medical waste, drugs, and equipment.	M1) Establish child friendly space in health clinics. M2) Train staff on interacting with children. M3) Train staff to identify signs of abused children. M4) Ensure that pharmaceutical drags are secured in a lock compartment. M5) Identify focal point who can assist unaccompanied minors or orphans in the health staff. Request support for training. M6) Identify the local 'child protection lead agency' and to liaise with the Child Protection Network (when available in field location to assist). M7) Equipment should be adapted for children and babies such as bed, infant scale
Humanitarian site internal protection risk:Q6) What would be the impact on health facilities if there is no crowd control system or it is inefficient? Have there ever been any incidents or disturbances in the past?	R1) The screening and triage of beneficiaries is hindered and limits the access to health facilities especially for the most vulnerable R2) Further aggravates the health condition of the patient is prevented. R3) Hinders the safe and confidential provision of health services R4) Beneficiaries and staff are physically harmed and tension leads to armed conflicts. R5) Destruction of properties including medical equipment and drugs.	M1) Create a distribution circuit to control the number of people and movement. M2) Establish separate day for providing health facilities to groups in conflict.M3) Pre-registration and explain the process to beneficiaries waiting for health facilities.M4) Establish shaded waiting area and access to water. M5) Conduct health education in the waiting area to keep beneficiaries busy. M6) Erect physical barriers around the centres. M7) Allow only 5 persons are admitted inside the health facility at the time.

Information on humanitarian aid to the beneficiaries: Q7) What is the risk of mis-information for the community on the location of health facilities, type of treatment available, and opening hours?	R1) Lack of information to the community will limit the access to the health facilities. R2) Printed information may be inaccessible for illiterate. R3) Language used may not be understood by the target community. R4) Lack of knowledge of the disease prevents seeking treatment. R5) Long distance travelled exposes the beneficiaries and further aggravates the health conditions. R6) Patient are requested to pay for their supplies. R7) Information is not accessible by Men, Women, Boys and Girls.	M1) Produce and distribute local pamphlet with engendered pictograms and small map and opening hours of the location of health facilities to Men, Women, Boys and Girls. M2) Erect a billboard at the health facilities including opening hours, treatment available and special days for key facilities such as pre/post-natal care. M3) Conduct frequent announcements using various languages and mediums that will reach Men, Women, Boys and Girls such as radio, religious facilities, elders and social groups community meetings, school premises. M4) Employ Male and Female community health promoters. M5) Develop community radio programme. M6) Establish feedback mechanisms that allow agencies to identify rumours or misunderstand from the community and to address them in a timely manner.
Q8) Can the beneficiaries have free access to pharmaceutical and treatments?	R1) Patient are requested to pay for their supplies. R2) Supplies run out before the next consignment - absence of drugs. R3) Fosters corruption, some officer can charge for facilities and drugs.	M1) Access emergency pipeline by the health clusters to avail supplies during emergency. M2) Establish internal buffer for drugs (as part of measures to address gaps in MoH supply). M3) Strengthen information campaign.

3. ACCOUNTABILITY TO BENEFICIARIES: ***Set-up appropriate mechanisms through which affected populations can provide feedback on the humanitarian interventions, share concerns and submit complaints. Accountability is articulated internally through the project and externally through an independent shared mechanism***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)

Independent feedback and complaints mechanism: Q1) Is there an independent, safe and accessible feedback and complaints mechanism for the beneficiaries to report problems with the humanitarian aid provided?	R1) The absence of a reporting mechanism will jeopardise the quality of facilities and prevent the improvement of humanitarian aid or its content tailored for south Sudanese beneficiaries. R2) Lack of transparency in the selection of the items may affect the reputation of the organisation. R3) Items provided may not be culturally needed or may create an artificial need that cannot be sustained. R4) Deteriorates the trust and confidence of the beneficiaries in the organisation and the international community. R5) Contributes to an increasing level of real and perceived corruption and lack of accountability. R6) Fosters an environment of impunity especially when the community wants to lodge a complaints for Sexual Exploitation and Abuses by staff. R7) If communication mechanism are not in the local language for instance, or catering to the needs of the community as many people might be illiterate and not able to read posters, they might not understand the program activity and are left out.	M1) Assess the independent complaints mechanism that may be already in place. This includes issues such trust, access, confidentiality, gender sensitivity, recording, establish and feedback to the complainant. M2) Develop a plan for establishing or strengthening the feedback and complaints mechanism based on the minimum standards and the findings of the assessment and keeping in mind the Communication with Communities principles developed by UNOCHA and the CDAC network. M3) Establish or strengthen the feedback and complaints mechanism as per the plan. M4) Conduct sensitisation. M5) Monitor effectiveness of established pathway for the feedback and complaints. M6) Seek to establish inclusive and accessible mechanisms. Use local languages for communication, and different means to convey information about feedback and complaint mechanisms (radio, community groups and leadership, etc.) M7) Make sure that the system in place respond to feedback in a timely manner, and allows for a two-way conversation rather than an "Q&A" structure.
Internal feedback and complaints mechanism:Q2) What is the mechanism in place for the organisations to receive feedback and complaints by the community on the health facilities provided?	R1) Absence of a reporting mechanism will jeopardise the quality of facilities and prevent the improvement of humanitarian aid or its content tailored for south Sudanese beneficiaries. R2) Treatment may not be culturally adequate or replaces a local approach better suited for the population. R3) Deteriorates the trust and confidence of the beneficiaries in the organisation. R4) Increased perceived corruption and lack of accountability. R5) Foster impunity especially for complaints for Sexual Exploitation and Abuses by staff.	M1) Establish a complaints desk within the health facility. This includes a dedicated staff member and representative from the beneficiary groups. M2) Locate the feedback and complaint desk in a safe place, where beneficiaries are not place at risk. M3) Register complaint, provide immediate feedback if possible otherwise refer to the next level of management. M4) Register complaints and response for reporting and accountability. M6) Develop an internal Complaints Handling Mechanism Policy for the organization (if not yet in place) M7) Monitor the response to feedback rate over time and adjust the system to the gaps identified

4. PARTICIPATION AND EMPOWERMENT: ***Support the development of capacities to identify threats and develop measures that mitigates the impact on the community. It assist people to articulate their needs and to claim their rights: (i) Duties and responsibilities of the authorities and recognized community leaders to articulate the needs of the community that they represent; and (ii) Duties and obligations of the beneficiary community towards the service provides***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)
Q1) What is the role of the local authorities in ensuring that women, men, girls and boys can claim their rights? (articulate and communicate the needs and rights of the community)	R1) Authorities don't have the capacity and knowledge to articulate the needs of the women, men, girls and boys hence humanitarian facilities are ill adapted and not sufficient. R2) Authorities may not have the political power to articulate the needs and deliver humanitarian serviced to stigmatised groups of individual's women, men, girls and boys and minorities. R3) Authorities may abuse their powers in defining the scope of needs. R4) Creation of parallel structures for facilities. R5) Authorities are not able to articulate needs of the community will lose the trust and confidence. R6) Perceived corruption due to misunderstanding of how the needs are calculated.	M1) Advocate with authorities on their responsibility as part of a transition towards sustainable recovery. M2) Train authorities to align request to the different needs of women, men, girls and boys needs by inviting local authorities to accompany the assessment team. M3) Provide timely, verified and reliable information to the communities about the role of the authorities, and the role of the humanitarian actors in their local language and possibly using a range of tools (radio, visual, posters, community meetings, etc.) M4) Empower the local authorities and the community to identify how can they strengthen access to services M5) Clarify the different approach to needs; life-saving (unconditional food distribution) or recovery (such as food-for-asset / food-for-work - conditional) M6) Use food for training to support capacity in governance and recovery M7) Establish a complaints mechanism and assure responses to the complaints is implemented

Q2) Have you been able to strengthen and empower community members as a whole, traditional leaders and recognised elders entrusted by the community, women, youth persons with disabilities, older persons and minorities to define and further advocate for their needs and obligations?	R1) Ill-defined humanitarian aid can negatively affect coping mechanism and create dependency. R2) Humanitarian aid can compete against and destabilise local market and prices of commodities. R3) The absence of women, youth, persons with disabilities, older persons and minority groups will affect the recovery process for moving away from humanitarian aid. R4) Women will engage in negative coping behaviour such as brewing the alcohol and selling, and risky sexual behaviours. R5) Youth will engage in negative coping behaviour such as substance abuse, physical violence, risky sexual behaviour and gang. R6) Minorities will engage in negative coping behaviour such as substance abuse, physical violence, risky sexual behaviour and gang. R7) Limited choice leads to engaging in survivors' sex.	M1) Identify and strengthen positive coping mechanisms which may include indigenous and traditional approaches to access facilities. M2) Identify traditional items that can be used alternatively to imported items that may supports livelihood opportunities. M3) Inform communities on their rights and obligations and create avenues for them to discuss those with the humanitarian community. M4) Clarify the different approach to needs; life-saving (unconditional humanitarian aid) or recovery (targeted and more specific). M5) Conduct a general sensibilization to the community on specific vulnerabilities and why it is important to make attention and identify them. M6) Support existing community dialogue and mediate conflict and ensure that humanitarian actors remain transparent and accountable. M7) Discuss with the community about specific vulnerabilities and why it is important to make attention and identify them and create avenues for them to share their views with the humanitarian community

Annex 2-B: Scenario Risk Analysis and Mitigation Measures – WASH Sector

1. DO NO HARM: ***Prevent and minimize as much as possible any unintended negative effects of your intervention which could increase people's vulnerability to both physical and psychosocial risks.***		
2. EQUALITY, EQUITY & ACCESS: takes pro-active steps to ensure beneficiaries' ***meaningful access to impartial assistance and facilities - in proportion to need and without any barriers (i.e. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and facilities.***		
Analytical Question (These questions are used to help identify specific protection risk for your project)	**Protection Risk Identified** (Please select only the risk that are relevant to your project in the targeted community. More than one risk can apply)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the risk that's are relevant to your project in the targeted community. More than one risk can apply)
Humanitarian aid impact on the level of conflict and violence: Q1) What is the impact that water and sanitary facilities can have on the level of conflict and armed violence?	R1) Conflict erupt between cattle keepers for access to water. R2) Water can attract armed groups from different factions and expose men, women, boys and girls to violence in the clinic. R3) WASH facilities can be instrumentalised to fulfil individual's political ambition. R4) WASH facilities can increase the population density around the wash facilities, and increase tension over land access. R5) Limited access to water or focusing on a single group access can foster conflicts at the community level. R6) WASH facilities can be converted into private business opportunities by armed groups	M1) Establish borehole at the geographical boundaries between groups, and negotiate the establishment of a single water management committee which represents all segment of the community (if funding is limited). M2) Establish Water-for-Peace forum, which includes all groups that requires access to the WASH facilities. Involves the local leaders, mobilise the community, and foster dialogue around issues of conflict. M3) Establish a WASH facilities for all groups including minorities (when funding available) M4) Develop schedule of service for different groups which prevents having groups in conflict on the same day to get water, etc.. M5) Negotiate with the authorities and local leaders that the WASH facilities and there surrounding are neutral space and no political speech can be hosted. M6) Water Users Committee formed and trained for each BHs in respective villages in the Payams.

External security threats posed to access humanitarian services: Q2) Is there any military or armed groups camps, check points or recent armed conflict (militia) in the community targeted by the WASH facilities? Are the water located in a safe area?	R1) WASH facilities are inaccessible due to recent conflicts, tension, or there are frequent cases of substance abuse by the military or armed group members. R2) Women and girls decide not to access the WASH facilities due to a feeling of insecurity. R3) Women and girls are forced to take longer routes to reach the WASH facilities, further exposing them to harm. R4) Armed groups take over the WASH facilities, and tax for water. R5) Women and girls can face GBV while boys can be abducted, or forcefully recruited as a combatant.	M1) Establish the WASH facilities (borehole) 1 hour from the military/armed groups' camps. M2) Negotiate a demilitarised space with the armed groups. Maintain a channel of communication with senior commanders through regular meetings. The best case scenario is that you negotiate the relocation of the armed group at a safe distance from the WASH facilities (30 minutes' walk). Minimum case scenario is that you negotiate that armed group members are confined to the camp or barracks during the opening hours of the WASH facilities. M3) Support dialogue initiative through the water management committee on technical issues related to WASH services. M4) Where there are critical safety risks (i.e. heavy presence of military) which you cannot change, install new water points and latrines in safer locations identified by girls and women. M5) Request support from OCHA or UNMISS to ensure a demilitarised access. M6) Ensure that the community is informed about the current risks and has a way to report timely to the relevant agency about new risks/perceptions of risks they face in accessing the food distribution.
Q3) Is the practice of water collection of accessing adult latrines exposing children to hazardous / heavy labour? Does it have an impact on children's attendance at school?	R1) Mostly Children and Girls are responsible for water collection and assumed that water collection by children/girls reduced their school attendances. R2) No latrines being used by Children. R3) Lack of segregated latrines facilities in the health centres.	M1) Negotiating with the donors and Unisex to get funding for education program and restart the schools. M2) Obtain funding for latrines construction and children safety will be considered in designing and implementation. M3) Ensure the segregation of latrines for male and female in all humanitarian services. M4) Ensure that the community is informed about the current risks and has a way to report timely to the relevant agency about new risks/perceptions of risks they face when they access the WASH facilities.

Humanitarian access to facilities by diversity groups: Q4) What is the risk that individuals with disability such as mentally ill, physically older persons and persons with disabilities, elders and other individuals with impaired capacity or limited mobility cannot safely access the WASH facilities.	R1) Beneficiaries with limited mobility cannot access safer water sources, or latrines due to distance or non-accessible design, which can increase the risk to dangerous practices such as open defecation. R2) Persons with mental health conditions are perceived as a public nuisance and preventing from accessing the WASH facilities. R3) Internal set-up at the latrines prevents confidential space and privacy especially for women, girls, and children. R4) Water collection exposes children to hazardous / heavy labour especially if the water point is far. R5) The practice of water collection has a negative impact on children's attendance at school.	M1) Site mapping to understand how long it takes beneficiaries to walk to water Point based and agree on a maximum number of hours a person can walk to access WASH facilities. M2) Identify focal point who can assist unaccompanied minors or orphans in the committee. M3) Take the needs of persons with reduced mobility into consideration when designing WASH facilities to enhance accessibility. Even when universal accessibility standards are not feasible in a location, minimum design modification might facilitate usage for persons with reduced mobility. M4) Appoint a female/ male staff to prioritize vulnerable groups or create a separate waiting line and explain priority lines system to the community. M5) Establish special latrines facilities. M6) Discuss special measures to enable safe access with the committee M7) Design discrete ways in ensuring for those groups access to assistance. M8) follow the IASC GBV guidelines on WASH facilities design. M9) Provide WASH facilities in school to foster education. M10) sensitise the community on equality and tolerance.
Humanitarian site internal security threats: Q5) What would be the impact on access to water points if there is no crowd control system? Have there ever been incidents/ disturbances in the past?	R1) Low scale fighting over line up. R2) Borehole is destroyed. R3) Beneficiaries are physically injured. Women, children and older persons and persons with disabilities will be mostly affected. R4) Triggers conflict and violence with longer-term impact on peace and security especially in the PoC where close space quarters. R6) Long waiting hours order the sun heighten tension.	M1) Establish separate days of access for groups in conflict. M2) Train Water-Management-Committee including women on key protection principles and crowd control. Use at least 50% of crowd control persons are women. M3) Follow up monitoring and trainings are planned to conduct to make sure the WUCs captured and practice all trained aspects correctively. M4) For the camp settings, work with each block to form a committee to manage the water points. M5) Agree on the maximum number of gerrycan by one beneficiaries. M6) Erect shades at the water points.

Treatment of individuals and groups with special needs when delivering humanitarian aid: Q6) How will individuals special needs, such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, unaccompanied children and other individuals with impaired capacity to move such as elders safely access and reach the WASH facilities and transport water back home.	R1) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children are prevented to line up and excluded from the water point. R2) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children are neglected by family members. R3) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children cannot access the water point because of a physical barrier such as water way. R4) Pregnant and lactating women with severe medical conditions might faint while waiting in line. R5) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children are not be able to carry back the water home and are forced to use additional financial resources.	M1) Establish WASH facilities where women and girls have advised on the locations and consider the inputs of other vulnerable groups that might have increased difficulties in accessing these facilities, such as older persons and persons with disabilities. If there are different opinion with men, please follow the guidance of the women as they face the greatest level of vulnerability. M2) As much as possible, incorporate input of persons with reduced mobility, including persons with disabilities and other persons, in the design of WASH facilities. Even when universally accessible designs are not feasible in a given location, minor modifications can significantly improve inclusion. M3) Pre-Identify individuals at risk through the community and protection actors. M4) Pay attention to women without children, older persons and persons with disabilities they may be vulnerable or marginalised by the community. M5) Establish a focal point that can help monitoring access of identified vulnerable groups, (persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children), prioritize their inclusion and assist them through the process. M6) Allocate women staff for sensitive issues such as menstrual hygiene management. M7) Establish water and sanitation facilities in school, CFS and women's centre.

Information on humanitarian aid to the beneficiaries: Q7) What is the risk of mis-information for the community on water access points and latrines?	R1) Lack of information will limit the access to safe water. R2) Narrative information may be inaccessible for illiterate persons or persons with intellectual, visual or mental impairments. R3) Lack of information on the risks related to negative WASH practices will increased their prevalence. Defecation in non-authorised location contaminates land. R4) Certain groups might be left out as they have not been informed on specific times for accessing water points.	M1) Local pamphlet with small map and opening hours. M2) Billboard/Posters at the distribution sites in the language that beneficiaries understand at the entrances and waiting areas of the distribution sites using symbols and pictures to illustrate the commodity received. M3) Conduct frequent announcement using various means such as radio, religious facilities, elders and social groups community meetings, school premises. M4) Communication and behaviour change strategy incorporate special needs of girls, boys, women, men, people with disability and other persons and groups at risk of exclusion. M5) incorporate Community lead total sanitation (CLTS) into future WASH programming. M6) Establish feedback mechanisms that allow agencies to identify rumours or misunderstand from the community and to address them in a timely manner.
Impact of humanitarian aid on the beneficiaries' coping mechanism: Q8) What are the coping mechanisms of the population to face the lack of food?	R1) The absence of households or communal latrines exist in the payam and forced people to use bushes and exposed to some harassments. R2) Using bushes for defecation might cause some security threats to women and girls especially during night. R3) People are at risk of snake bites and animal attack. Cases are reported while using bushes for defecation or urinating.	M1) Educating the community to use safe place for defecation. M2) Giving awareness to Use CAT method or trench latrines at house hold level to reduce the vulnerability. M3) Investigate already existing copying mechanisms so to ensure that those are addressed in a timely manner, and improve on the positive one

3. ACCOUNTABILITY TO BENEFICIARIES: ***Set-up appropriate mechanisms through which affected populations can provide feedback on the humanitarian interventions, share concerns and submit complaints. Accountability is articulated internally through the project and externally through an independent shared mechanism***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)

Independent feedback and complaints mechanism: Q1) Is there an independent, safe and accessible feedback and complaints mechanism for the beneficiaries to report problems with the humanitarian aid provided?	R1) The absence of a reporting mechanism will jeopardise the quality of services and prevent the improvement of humanitarian aid or its content tailored for south Sudanese beneficiaries. R2) Lack of transparency in the selection of the items may affect the reputation of the organisation. R3) Items provided may not be culturally needed or may create an artificial need that cannot be sustained. R4) Deteriorates the trust and confidence of the beneficiaries in the organisation and the international community. R5) Contributes to an increasing level of real and perceived corruption and lack of accountability. R6) Fosters an environment of impunity especially when the community wants to lodge a complaints for Sexual Exploitation and Abuses by staff. R7) If communication mechanism are not in the local language for instance, or catering to the needs of the community as many people might be illiterate and not able to read posters, they might not understand the program activity and are left out.	M1) Assess the independent complaints mechanism that may be already in place. This includes issues such trust, access, confidentiality, gender sensitivity, establish and feedback to the complainant. M2) Develop a plan for establishing or strengthening the feedback and complaints mechanism based on the minimum standards and the findings of the assessment and keeping in mind the Communication with Communities principles developed by UNOCHA and the CDAC network. M3) Establish or strengthen the feedback and complaints mechanism as per the plan. M4) Conduct sensitisation. M5) Monitor effectiveness of established pathway for the feedback and complaints. M6) Seek to establish inclusive and accessible mechanisms. Use local languages for communication, and different means to convey information about feedback and complaint mechanisms (radio, community groups and leadership, etc.) M7) Make sure that the system in place respond to feedback in a timely manner, and allows for a two-way conversation rather than an "Q&A" structure.
Internal feedback and complaints mechanism: Q2) What is the mechanism in place for the organisations to receive feedback and complaints by the community on the health services provided?	R1) Absence of a reporting mechanism will jeopardise the quality of services and prevent the improvement of humanitarian aid or its content tailored for south Sudanese beneficiaries. R2) Treatment may not be culturally adequate or replaces a local approach better suited for the population. R3) Deteriorates the trust and confidence of the beneficiaries in the organisation. R4) Increased perceived corruption and lack of accountability. R5) Foster impunity especially for complaints for Sexual Exploitation and Abuses by staff.	M1) Train Water management committees on receiving complaints (Complain Handling Mechanism - CHF). M2) Obtain weekly feedback through meetings. M3) Develop a response plan based on the complaint and implement. M4) Register complaints and response for reporting and accountability. M5) Develop an internal Complaints Handling Mechanism Policy for the organization (if not yet in place) M6) Monitor the response to feedback rate over time and adjust the system to the gaps identified.

4. PARTICIPATION AND EMPOWERMENT: ***Support the development of capacities to identify threats and develop measures that mitigates the impact on the community. It assist people to articulate their needs and to claim their rights: (i) Duties and responsibilities of the authorities and recognized community leaders to articulate the needs of the community that they represent; and (ii) Duties and obligations of the beneficiary community towards the service provides***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)
Q1) What is the role of the local authorities in ensuring that women, men, girls and boys can claim their rights? (articulate and communicate the needs and rights of the community)	R1) Authorities don't have the capacity and knowledge to articulate the needs of the women, men, girls and boys hence humanitarian services are ill adapted and not sufficient. R2) Authorities may not have the political power to articulate the needs and deliver humanitarian serviced to stigmatised groups of individuals' women, men, girls and boys and minorities. R3) Authorities may abuse their powers in defining the scope of needs R4) Creation of parallel structures for services R5) Authorities are not able to articulate needs of the community will lose the trust and confidence. R6) Perceived corruption due to misunderstanding of how the needs are calculated.	M1) Advocate with authorities on their responsibility as part of a transition towards sustainable recovery. M2) Train authorities to align request to the different needs of women, men, girls and boys needs by inviting local authorities to accompany the assessment team. M3) Provide timely, verified and reliable information to the communities about the role of the authorities, and the role of the humanitarian actors in their local language and possibly using a range of tools (radio, visual, posters, community meetings, etc.) M4) Empower the local authorities and the community to identify how can they strengthen access to services M5) Clarify the different approach to needs; life-saving (unconditional food distribution) or recovery (such as food-for-asset / food-for-work - conditional) M6) use food for training to support capacity in governance and recovery M7) Establish a complaints mechanism and assure responses to the complaints is implemented

Q2) Have you been able to strengthen and empower community members as a whole, traditional leaders and recognised elders entrusted by the community, women, youth, persons with disabilities, older persons and minorities to define and further advocate for their needs and obligations?	R1) Ill-defined humanitarian aid can negatively affect coping mechanism and create dependency. R2) Humanitarian aid can compete against and destabilise local market and prices of commodities. R3) The absence of women, youth, persons with disabilities, older persons and minority groups will affect the recovery process for moving away from humanitarian aid. R4) Women will engage in negative coping behaviour such as brewing the alcohol and selling, and risky sexual behaviours. R5) Youth will engage in negative coping behaviour such as substance abuse, physical violence, risky sexual behaviour and gang. R6) Minorities will engage in negative coping behaviour such as substance abuse, physical violence, risky sexual behaviour and gang. R7) Limited choice leads to engaging in survivors' sex.	M1) Identify and strengthen positive coping mechanisms which may include indigenous and traditional approaches to access services. M2) Identify traditional items that can be used alternatively to imported items that may supports livelihood opportunities. M3) Inform communities on their rights and obligations and create avenues for them to discuss those with the humanitarian community. M4) Clarify the different approach to needs; life-saving (unconditional humanitarian aid) or recovery (targeted and more specific). M5) Conduct a general sensibilization to the community on specific vulnerabilities and why it is important to make attention and identify them. M6) Signed a social contract with the beneficiaries. M7) Discuss with the community about specific vulnerabilities and why it is important to make attention and identify them and create avenues for them to share their views with the humanitarian community

Annex 2-C: Scenario Risk Analysis and Mitigation Measures – NFI Sector

1. DO NO HARM: ***Prevent and minimize as much as possible any unintended negative effects of your intervention which could increase people's vulnerability to both physical and psychosocial risks.***		
2. EQUALITY, EQUITY & ACCESS: takes pro-active steps to ensure beneficiaries' ***meaningful access to impartial assistance and facilities - in proportion to need and without any barriers (i.e. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and facilities.***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)
Humanitarian aid impact on conflict and violence level: Q1) What is the impact that the NFI distribution can have on the level of conflict and armed violence?	R1) It increase violence between the beneficiary groups and groups that are not targeted by the distribution. R2) Groups in conflict can fight at the distribution site if invited on the same day. R3) Distribution site can attract armed groups and expose beneficiaries. R4) Distribution can be instrumentalised to fulfil individual's political ambition. R5) NFI are sold on the market a low cost further affecting prices of commodities especially affecting those that are not targeted by the distribution. R6) Tension may rise between the minorities and the other groups present at the distribution sites. R7) Vulnerability increases without the NFI but at the same time, too much will lead to monetise the goods. R8) Special items distributed such as solar lamps can make the beneficiaries targeted.	M1) Organise NFI distribution simultaneously in different community, to avoid confrontation between groups in conflict, and limit the pulling effect that large NFI quantity has on armed groups and criminal groups. M2) Explain how was the selection criteria used to identify the most vulnerable in the community. M3) Distribute NFI to the host community and the IDPs to avoid tension. M4) Support dialogue and mediation initiatives at the community level. M5) Agree with the authorities and local leaders that the distribution site and its surrounding are neutral space and no political speech can be hosted simultaneously. M6) Avoid pre-positioning NFI dedicated for a community, into another community. M7) Stager the NFI distribution to cater for the newly arrival (at the risk of angering the community that already received)

Humanitarian site external security threats: Q2) Is their any military or armed groups camps, check points or recent armed conflict in the community targeted by the distribution?	R1) Community can be exposed to killings, abuse, physical and sexual violence. R2) NFI items can be looted from the sites especially if the military of the armed groups have not been paid. This will further increase the level of vulnerability of the target community. R3) Men, Women, boys and girls are exposed to GBV, boys abducted as child soldiers. R4) Women and girls may decide not to come to the distribution site due to a feeling of insecurity. R5) Men, Women, boys and girls may have to take longer routes to reach the site, further exposing them to harm. R6) Staff can be harmed and killed. R7) Perceived association between the NGO and the military.	M1) Consider different times, different days or locations for NFI distribution. M2) Negotiate neutral and demilitarised space for the area around the NFI distribution sites. M3) Conduct NFI distribution in sites at least 30 minutes' walk from military/armed groups installations. M4) Request for security escort from UNMISS. M5) Organise Men, Women, Boys and Girls to travel in groups from remote villages to the distribution sites. M6) Ensure that the community is informed about the current risks and has a way to report timely to the relevant agency about new risks/perceptions of risks they face in accessing the food distribution.
Access of humanitarian aid by the beneficiaries: Q3) What are the security risks associated with the movement to and from the distribution site from homes?	R1) Tax imposed when crossing checkpoints with NFI. R2) Criminal can loot the NFI from beneficiaries especially if they have to cross another community (which do not receive NFI) on the way back home. R3) Distribution near market place could result in NFI items that cannot be carried being sold to businesses. R4) Children might be exposed to security risks when traveling to, from and at the site. For example, a mother crossing a water way with NFI may not be able to secure her children. R5) Minority groups can be refused passage. R6) Women might not be able to carry back the items and are forced to use additional financial resources. R7) Men, Women, Boys and Girls are exposed to gender based violence during transit to and from distribution points.	M1) Attain commitment by local authority to ensure safety of beneficiaries. M2) Request military and armed group commanders to allow safe passage. M3) Establish distribution site within the community targeted and away from markets. M4) Conduct a blanket distribution can be done if tension between community groups is expected. M5) Identify potential groups that may face special security and access problem such as women and girls, minority and marginalised groups that may require additional help. M6) Train staff to identify and consult with the leaders of minority groups, and discuss safe access with the appropriate authorities. M7) Identify support mechanism for those having difficulties to carry the NFI home. M8) Identify the safe pathways and distance for your community to access to NFI. M9) Ensure that the community is informed about the current risks and has a way to report timely to the relevant agency about new risks/perceptions of risks they face when moving to and from the distribution site.
Humanitarian site internal	R1) NFI are looted and destroyed.	M1) Create a distribution circuit to control number of people and

security threats: Q4) What would be the impact on NFI distribution if there is no crowd control system? Have there ever been incidents/ disturbances in the past?	R2) Beneficiaries are injured and potentially killed in the stampede. Women, children and older persons and persons with disabilities will be mostly affected. R3) Distribution Staff injured and potential killed in the stampede. R4) The reputation of the organisation and the trust from the community is affected. R5) Triggers and violence with longer-term impact on peace and security. R6) Long waiting hours under the sun heighten tension. R7) Vulnerable groups such as female headed households may be prevented from accessing NFI's.	movement including different entrance and exit for beneficiaries, and narrow pathways. M2) Establish separate distribution day or separate lines for groups in conflict. M3) Encourage community support networks to assist groups such as female headed households, the elderly, and people with disabilities. M4) Involve the local authority and chief where possible. Ensure that they do not impose a NFI tax on beneficiaries. M5) Mobilize local authorities/leaders/youth and obtain their commitment to organize and maintain the crowd control during the NFI distribution. (Crowd control can be estimated between 1:500 up to 1:100 ratio). M6) Only position the NFI necessary for the day's distribution at the site, leaving the remaining NFI in the local stores. M7) Erect shades, provide water points and have voluntary medical health workers on site. M8) Request the support of UNPOL.
Treatment of individuals and groups with special needs when delivering humanitarian aid: Q5) How will individuals with disability such as mentally ill, physically older persons and persons with disabilities, pregnant women, unaccompanied children and other individuals with impaired capacity to move such as elders safely access and reach the NFI distribution site and transport it back home.	R1) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children are prevented to line up and excluded from the NFI distribution. R2) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children and are neglected by family members. R3) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children cannot access the NFI distribution sites because of a physical barrier such as water way. R4) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children do not have the capacity to carry	M1) Pre-Identify individuals at risk through the community and protection actors. M2) Identify a local protection actors that can assist and discuss special measures to enable safe access to the distribution site, identify vulnerable groups on site, and refer them to the correct waiting line. M3) Discuss special measures to enable safe access with the community. Design discrete ways in ensuring for those groups access to assistance. Consider pros and cons of different type of recipients (group/ CBO/ representative) such as such as special distribution timeframe (special day or special waiting line). M4) Distribute NFI to children with ration card but refer to the protection agency/camp management children with no ration card. Apply this procedure with other persons identified as vulnerable. M5) Pay attention to women without children, older persons, persons with disabilities and minorities. They may be vulnerable or marginalised by the community. M6) Establish a focal point that can help monitoring access of identified vulnerable groups, (persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and

	items back home and may sell them on the way. R5) Mentally ill people are not recognised as vulnerable by the community, as a result they come for NFI and do not have card, disturb the process. R6) Pregnant and lactating women and those with severe medical conditions might faint while waiting in line. R7) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children might have difficulties understanding the distribution procedure and entitlement. R8) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children are not be able to carry back the ration and are forced to use additional financial resources.	unaccompanied children), prioritize their inclusion and assist them through the process.
Cultural consideration when delivering humanitarian aid: Q6) Does the distribution require special attention to cultural and gender considerations such as separate lines for women and men to enable access?	R1) Due to cultural and social considerations, women might not feel comfortable to stand in line with men and might not access assistance.	M1) Consult women and men separately on how to design the distribution if there are any cultural or social consideration to be taken into account to. M2) Liaise with female/ male national staff to understand what is culturally accepted. M3) Establish separate lines for men and women.
Timing of humanitarian aid delivery: Q7) How does the time in the day, day of the months or the month where the distribution will affect the level of risk for the beneficiaries during the NFI distribution?	R1) Women might be forced to return home during night time and can be exposed to GBV. R2) Distribution places additional burden on women as they are engaged in their traditional roles with caregiving, cooking, fetching water, etc. R3) Distribution during the rainy season will increase the difficulties to carry the goods. R4) multiple distribution done such as NFI with GFD (or other large scale event), it will create tension.	M1) Arrange distribution so that men, women, boys and girls can walk to and from the distribution site during the day. M2) Assist the community to host members from remote villages overnight if the return trip cannot be done in a day. M3) Consult with women and men on their preferences over timing. M4) Focus on morning distribution only, or prioritise morning distribution for remote village, to allow people to return home before night time. M5) Stager the NFI with GFD and other large scale events. M5) Inform in timely manner all communities about risks associated with the time of the distribution and make sure they can report in timely manner about the risks they perceive
Information on humanitarian	R1) Lack of information will limit the access to services.	M1) M1) Produce/ distribute pamphlet in local languages with small map

aid to the beneficiaries: Q8) What is the risk of mis-information for the community on distribution locations and time, entitlements and procedures?	R2) Narrative information may be inaccessible for illiterate persons or persons with intellectual, visual or mental impairments. Certain groups might be left out as they have not been informed on time. R3) If different segments of the community are not informed about the program activity, they might risk being left out or arrive too late. R4) Favouritism may be perceived and groups that received the information may be targeted for retribution.	and hours of the distribution. M2) Work through organisations that have access to the beneficiary population such as Health and WASH partners. M1) Local pamphlet with small map and hours of the distribution. M2) Billboard/Posters at the distribution sites in the language that beneficiaries understand at the entrances and waiting areas of the distribution sites using symbols and pictures to illustrate the commodity received. M3) Early and frequent announcement using various means such as radio, religious, elders, schools. M4) Establish a community NFI Management committee to the extent possible, including both Male and female beneficiaries that will assist with community sensitization. M5) Establish feedback mechanisms that allow agencies to identify rumours or misunderstand from the community and to address them in a timely manner.
Impact of humanitarian aid on the beneficiaries' coping mechanism: Q9) What are the negative coping mechanisms that the population may be forced to use if they lack NFI?	R1) Populations might adopt negative coping strategies such as child labour, survival sex, etc.. When not having access to NFI. R2) Displacement of population which further increases vulnerability. R3) Men, Women, boys and girls collecting firewood for fuel can be exposed to GBV R4) Increased level of threats.	M1) Distribute NFI. M2) Procure the charcoal on beheld of the women. M3) organise escort for women groups by UNMISS. M4) Organise local self-help groups between women and youth. M5) Encourage groups to travel together in activities deemed high risk such as collecting firewood or charcoal. M6) Investigate already existing copying mechanisms so to ensure that those are addressed in a timely manner, and improve on the positive one
Q10) Do the NFI packages include suitable items to cover the specific needs of women and girls (e.g. sanitary pads)? If not, what is missing?	R1) Women and girls may be at risk of negative health impacts and a loss of dignity if items such as sanitary items are not sufficiently supplied. R2) Failing to recognise the different needs of women and men affects the dignity of women. R3) Multiplicity of pipeline for the supplies of NFI to special groups increases the cost and favours one population over another.	M1) Blanket distribution for sanitary towel and inner wear. M2) Sanitary items integrated in the general NFI kit. M3) Distribution on demand. M4) Kangas and cloth can be used (items need to be culturally adapted and not create a need). M5) Centralise the NFI distribution through a single pipeline, using protection agencies to develop the distribution list.

3. ACCOUNTABILITY TO BENEFICIARIES: ***Set-up appropriate mechanisms through which affected populations can provide feedback on the humanitarian interventions, share concerns and submit complaints. Accountability is articulated internally through the project and externally through an independent shared mechanism***

Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)
Independent feedback and complaints mechanism: Q1) Is there an independent, safe and accessible feedback and complaints mechanism for the beneficiaries to report problems with the humanitarian aid provided?	R1) The absence of a reporting mechanism will jeopardise the quality of services and prevent the improvement of humanitarian aid or its content tailored for south Sudanese beneficiaries. R2) Lack of transparency in the selection of the items may affect the reputation of the organisation. R3) Items provided may not be culturally needed or may create an artificial need that cannot be sustained. R4) Deteriorates the trust and confidence of the beneficiaries in the organisation and the international community. R5) Contributes to an increasing level of real and perceived corruption and lack of accountability. R6) Fosters an environment of impunity especially when the community wants to lodge a complaints for Sexual Exploitation and Abuses by staff. R7) If communication mechanism are not in the local language for instance, or catering to the needs of the community as many people might be illiterate and not able to read posters, they might not understand the program activity and are left out.	M1) Assess the independent complaints mechanism that may be already in place. This includes issues such trust, access, confidentiality, gender sensitivity, establish and feedback to the complainant. M2) Develop a plan for establishing or strengthening the feedback and complaints mechanism based on the minimum standards and the findings of the assessment and keeping in mind the Communication with Communities principles developed by UNOCHA and the CDAC network. M3) Establish or strengthen the feedback and complaints mechanism as per the plan. M4) Conduct sensitisation. M5) Monitor effectiveness of established pathway for the feedback and complaints. M6) Seek to establish inclusive and accessible mechanisms. Use local languages for communication, and different means to convey information about feedback and complaint mechanisms (radio, community groups and leadership, etc.) M7) Make sure that the system in place respond to feedback in a timely manner, and allows for a two-way conversation rather than an "Q&A" structure.

Internal feedback and complaints mechanism: Q2) What is the mechanism in place for the organisations to receive feedback and complaints by the community on the health services provided?	R1) Absence of a reporting mechanism will jeopardise the quality of services and prevent the improvement of humanitarian aid or its content tailored for south Sudanese beneficiaries. R2) Treatment may not be culturally adequate or replaces a local approach better suited for the population. R3) Deteriorates the trust and confidence of the beneficiaries in the organisation. R4) Increased perceived corruption and lack of accountability. R5) Foster impunity especially for complaints for Sexual Exploitation and Abuses by staff.	M1) Establish a complaints desk at the distribution site. This includes a dedicated staff member and if outside of the PoC site, include a representative from the beneficiary groups. M2) Locate the feedback and complaint desk in a safe place, where beneficiaries are not place at risk. M3) Pre-define the complaints likely faced and develop a standard answer. M3) Register complaint that cannot be addressed immediately, provide immediate feedback if possible otherwise refer to the next level of management. M4) Register complaints and response for reporting and accountability. M5) Develop an internal Complaints Handling Mechanism Policy for the organization (if not yet in place). M6) Monitor the response to feedback rate over time and adjust the system to the gaps identified.

4. PARTICIPATION AND EMPOWERMENT: ***Support the development of capacities to identify threats and develop measures that mitigates the impact on the community. It assist people to articulate their needs and to claim their rights: (i) Duties and responsibilities of the authorities and recognized community leaders to articulate the needs of the community that they represent; and (ii) Duties and obligations of the beneficiary community towards the service provides***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)
Q1) What is the role of the local authorities in ensuring that women, men, girls and boys can claim their rights? (articulate and communicate the needs and rights of the community)	R1) Authorities don't have the capacity and knowledge to articulate the needs of the women, men, girls and boys hence humanitarian services are ill adapted and not sufficient. R2) Authorities may not have the political power to articulate the needs and deliver humanitarian serviced to stigmatised groups of individual's women, men, girls and boys and minorities. R3) Authorities may abuse their powers in defining the scope of needs R4) Creation of parallel structures for services R5) Authorities are not able to articulate needs of the community will lose the trust and confidence.	M1) Advocate with authorities on their responsibility as part of a transition towards sustainable recovery. M2) Train authorities to align request to the different needs of women, men, girls and boys needs by inviting local authorities to accompany the assessment team. M3) Provide timely, verified and reliable information to the communities about the role of the authorities, and the role of the humanitarian actors in their local language and possibly using a range of tools (radio, visual, posters, community meetings, etc.) M4) Empower the local authorities and the community to identify how can they strengthen access to services M5) Clarify the different approach to needs; life-saving (unconditional food distribution) or recovery (such as food-for-asset / food-for-work -

	R6) Perceived corruption due to misunderstanding of how the needs are calculated.	conditional) M6) use food for training to support capacity in governance and recovery M7) Establish a complaints mechanism and assure responses to the complaints is implemented
Q2) Have you been able to strengthen and empower community members as a whole, traditional leaders and recognised elders entrusted by the community, men, women, boys and girls as well as youth, persons with disabilities, older persons and minorities to define and further advocate for their needs and obligations?	R1) Ill-defined humanitarian aid can negatively affect coping mechanism and create dependency. R2) Humanitarian aid can compete against and destabilise local market and prices of commodities. R3) The absence of representation from the entire community including men, women, boys and girls, as well as persons with disabilities, older persons and minority groups will affect the recovery process for moving away from humanitarian aid. R4) Women will engage in negative coping behaviour such as brewing the alcohol and selling, and risky sexual behaviours. R5) Youth will engage in negative coping behaviour such as substance abuse, physical violence, risky sexual behaviour and gang. R6) Minorities will engage in negative coping behaviour such as substance abuse, physical violence, risky sexual behaviour and gang. R7) Limited choice leads to engaging in survival sex.	M1) Identify and strengthen positive coping mechanisms which may include indigenous and traditional approaches to access services. M2) Identify traditional items that can be used alternatively to imported items that may supports livelihood opportunities. M3) Inform communities on their rights and obligations and create avenues for them to discuss those with the humanitarian community. M4) Clarify the different approach to needs; life-saving (unconditional humanitarian aid) or recovery (targeted and more specific). M5) Conduct a general sensibilization to the community on specific vulnerabilities and why it is important to make attention and identify them. M6) Discuss with the community about specific vulnerabilities and why it is important to make attention and identify them and create avenues for them to share their views with the humanitarian community

Annex 2-D: Scenario Risk Analysis and Mitigation Measures – FSL Sector

1. DO NO HARM: ***Prevent and minimize as much as possible any unintended negative effects of your intervention which could increase people's vulnerability to both physical and psychosocial risks.***		
2. EQUALITY, EQUITY & ACCESS: takes pro-active steps to ensure beneficiaries' ***meaningful access to impartial assistance and facilities - in proportion to need and without any barriers (i.e. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and facilities.***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)
Humanitarian aid impact on conflict and violence level:Q1) What is the impact that the food distribution can have on the level of conflict and armed violence?	R1) It increase violence between the beneficiary groups and groups that are not targeted by the distribution.R2) Groups in conflict can fight at the distribution site if invited on the same day.R3) Distribution site can attract armed groups and expose beneficiaries.R4) Distribution can be instrumentalised to fulfil individual's political ambition.R5) Food rations are sold on the market a low cost further affecting prices and contributing to farmers' poverty.R6) Tension may rise between the minorities and the other groups present at the distribution sites.	M1) Organise food distribution simultaneously in different community, to avoid confrontation between groups in conflict, and limit the pulling effect that large food quantity has on armed groups and criminal groups. M2) Explain how was the selection criteria used to identify the most vulnerable community and extensively inform the community about those criteria. M3) Ensure that some of the host community are included in food distributions so that tensions between the host and the displaced communities are discouraged M4) Support dialogue and mediation initiatives at the community level. M5) Agree with the authorities and local leaders that the distribution site and its surrounding are neutral space and no political speech can be hosted simultaneously. M6) If large food quantities are pre-positioned in the community, make sure that surrounding community understand that the food distribution will be regular. M7) Avoid pre-positioning food dedicated for a community, in another community. M8) Ensure that the community is part in the design and establishment of the criteria for food distribution, and that their opinion is taken into account when organizing the food delivery.
Humanitarian site external	R1) Community can be exposed to killings, abuses and	M1) Consider different times, different days or locations for food

security threats: Q2) Is there any military or armed groups camps, check points or recent armed conflict in the community targeted by the distribution?	physical violence by the armed group. R2) Food items can be looted from the sites especially if the military of the armed groups have not been paid. This will further increase the level of malnutrition in the target community. R3) Vulnerable groups are exposed to GBV and other security risks R4) Women and girls may decide not to come to the food site due to a feeling of insecurity. R5) Women and girls may have to take longer routes to reach the site, further exposing them to harm. R6) Staff can be harmed and killed.	distribution. M2) Negotiate demilitarised space for the area around the food distribution sites. Or that military are confine to the camp on the day of distribution. M3) Conduct food distribution in sites at least 30 minutes' walk from military/armed groups installations. Or request for military patrol on the route used by target communities. M4) Request for security escort from UNMISS M5) Women and girls can be organised in groups to travel from remote villages to the distribution sites. M6) Ensure that the community is informed about the current risks and has a way to report timely to the relevant agency about new risks/perceptions of risks they face in accessing the food distribution.
Access of humanitarian aid by the beneficiaries:Q3) What are the security risks associated with the movement to and from the distribution site from homes?	R1) Food tax imposed when crossing checkpoints.R2) Criminal can loot the food from beneficiaries especially if they have to cross another community (which do not receive food) on the way back home.R3) Distribution near market place could result in food items that cannot be carried being sold to businesses.R4) Children and women might be exposed to security risks when traveling to, from and at the site. For example, a mother crossing a water way with food may not be able to secure her children.R5) Minority groups can be refused passage.R6) Women might not be able to carry back the ration and are forced to use additional financial resources	M1) Attain commitment by local authority to ensure safety of beneficiaries. M2) Request military and armed group commanders to allow safe passage. M3) Establish distribution site within the community targeted and away from markets. M4) Conduct a blanket distribution can be done if tension between community groups is expected. M5) Identify potential groups that may face special security and access problem such as women and girls, minority and marginalised groups that may require additional help. M6) Train staff to identify, consult with the leaders of minority groups, and discuss safe access with the appropriate authorities. M7) Identify support mechanism for those having difficulties to carry the food home. M8) Ensure that the community is informed about the current risks and has a way to report timely to the relevant agency about new risks/perceptions of risks they face when moving to and from the distribution site.
Humanitarian site internal security threats:Q4) What would be the impact on food distribution if there is no	R1) Food items are looted and destroyed. R2) Beneficiaries are injured and potentially killed in the stampede. Women, children and older persons and persons with disabilities will be mostly affected.	M1) Create a distribution circuit to control number of people and movement including different entrance and exit for beneficiaries, and narrow pathways. M2) Establish separate lines for groups in conflict.

crowd control system? Have there ever been incidents/ disturbances in the past?	R3) Distribution Staff injured and potential killed in the stampede. R4) The reputation of the organisation and the trust from the community is affected. R5) Triggers and violence with longer-term impact on peace and security. R6) Long waiting hours under the sun heighten tension.	M3) Establish separate distribution day for groups in conflict. M4) Encourage household to send women for the distribution, accompanied by family helpers to carry the food. M5) Involve the local authority and chief where possible. Ensure that they do not impose a food tax on beneficiaries. M6) Mobilize local authorities/leaders/youth and obtain their commitment to organize and maintain the crowd control during the food distribution. M7) Only position the food necessary for the day's distribution at the site, leaving the remaining food in the local stores. M8) Erect shades, provide water points and have voluntary medical health workers on site.M9) Forecast, plan and share the planned figures serve per each day based on their capacity with local authorities to alleviate tension and reduce exposure to the sun.

Treatment of individuals and groups with special needs when delivering humanitarian aid:Q5) How will individuals with disability such as mentally ill, physically older persons and persons with disabilities, pregnant women, unaccompanied children and other individuals with impaired capacity to move such as elders safely access and reach the food distribution site, food rations, and can transport the food ration.	R1) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children are prevented to line up and excluded from the food distribution. R2) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children are neglected by family members. R3) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children cannot access the food distribution sites because of a physical barrier such as water way. R4) Beneficiaries with special needs such as persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children do not have the capacity to carry items back home and may sell them on the way. R5) Persons with mental health conditions are not recognised as vulnerable by the community, might have difficulties to complete registration and might be left out of food distributions. R6) Pregnant and lactating women with severe medical conditions might faint while waiting in line. R7) Beneficiaries with special needs such as persons with mental health conditions, persons with intellectual or sensory disabilities, and unaccompanied children might have difficulties understanding the distribution procedure and entitlement during the sharing process and therefore, might be left out or exploited	M1) Pre-Identify individuals at risk through the community and protection actors.M2) Identify a local protection actors that can assist and discuss special measures to enable safe access to the distribution site, identify vulnerable groups on site, and refer them to the correct waiting line.M3) Discuss special measures to enable safe access with the community. Design discrete ways in ensuring for those groups access to assistance. Consider pros and cons of different type of recipients (group/ CBO/ representative) such as such as special distribution timeframe (special day or special waiting line).M4) Distribute food to children with ration card but refer to the protection agency/camp management children with no ration card. Apply this procedure with other persons identified as vulnerable. M5) Pay attention to women without children, older persons, persons with disabilities and minorities. They may be vulnerable or marginalised by the community.M6) Establish a focal point that can help monitoring access of identified vulnerable groups, (persons with mental health conditions, persons with physical, intellectual or sensory disabilities, pregnant women, and unaccompanied children), prioritize their inclusion and assist them through the process. M7) Establish, and maintain a mechanism to assure that vulnerable groups have access to information regarding the food distributions, their rights and their and humanitarian organizations responsibilities, and that they can report feedback in a timely manner.
Cultural consideration when delivering humanitarian aid: Q6) Does the distribution require special attention to	R1) Due to cultural and social considerations, women might not feel comfortable to stand in line with men and might not access assistance. R2) Percentage of women collecting food decreasing.	M1) Consult women and men separately on how to design the distribution if there are any cultural or social consideration to be taken into account to. M2) Liaise with female/ male national staff to understand what is

cultural and gender considerations such as separate lines for women and men to enable access?	R3) Men not willing to participate in the distribution system-leaving the burden for only women.	culturally accepted. M3) Establish separate lines for men and women.
Timing of humanitarian aid delivery:Q7) What risk is created by ill defined timing of the food distribution?	R1) Women might be forced to return home during night time and can be exposed to SGBV. R2) Distribution places additional burden on women as they are mostly engaged in their traditional roles with caregiving, cooking, fetching water, etc… R3) Consult local calendar to ensure that distribution day does not coincide with market day.	M1) Arrange distribution so that women and men can walk to and from the distribution site during the day. M2) Assist the community to host members from remote villages overnight if the return trip cannot be done in a day. M3) Consult with women and men on their preferences over timing and select suitable days for distribution. M4) Focus on morning distribution only, or prioritise morning distribution for remote village, to allow people to return home before night time. M5) Inform in timely manner all communities about risks associated with the time of the distribution and make sure they can report in timely manner about the risks they perceive
Information on humanitarian aid to the beneficiaries: Q8) What is the risk of mis-information for the community on distribution locations and time, entitlements and procedures?	R1) lack of information will limit the access to services. R2) Narrative information may be inaccessible for illiterate persons or persons with intellectual, visual or mental impairments. Certain groups might be left out as they have not been informed on time. R3) If different segments of the community are not informed about the program activity, they might risk being left out or arrive too late. R4) lack of information may lead to rumours and misunderstand from part of the community about criteria for the food distribution, time of the distribution and content of the food packages	M1) Local pamphlet with small map and hours of the distribution. M2) Billboard at the distribution sites; Posters in the language that beneficiaries understand at the entrances and waiting areas of the distribution sites using symbols and pictures to illustrate the commodity and ration size. M3) Early and frequent announcement using various means such as radio, religious, elders, schools. M4) Establish a community Food Management committee to the extent possible, including female beneficiaries that will assist with community sensitization. M5) Establish feedback mechanisms that allow agencies to identify rumours or misunderstand from the community and to address them in a timely manner.
Impact of humanitarian aid on the beneficiaries' coping mechanism: Q9) What are the coping mechanisms of the population to face the lack of food?	R1) Populations might adopt negative coping strategies such as child labour, prostitution, etc.. When not having access to food. R2) Displacement of population which further increases vulnerability	M1) Prioritize locations for distributions with high protection risks. M2) Provide advocacy message and coping skills to women/girls that can build their dignity. M3) Investigate already existing copying mechanisms so to ensure that those are addressed in a timely manner, and improve on the positive one

3. ACCOUNTABILITY TO BENEFICIARIES: ***Set-up appropriate mechanisms through which affected populations can provide feedback on the humanitarian interventions, share concerns and submit complaints. Accountability is articulated internally through the project and externally through an independent shared mechanism***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified**(Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)
Independent feedback and complaints mechanism: Q1) Is there an independent, safe and accessible feedback and complaints mechanism for the beneficiaries to report problems with the humanitarian aid provided?	R1) The absence of a reporting mechanism will jeopardise the quality of services and prevent the improvement of humanitarian aid or its content tailored for south Sudanese beneficiaries. R2) Lack of transparency in the selection of the items may affect the reputation of the organisation. R3) Items provided may not be culturally needed or may create an artificial need that cannot be sustained. R4) Deteriorates the trust and confidence of the beneficiaries in the organisation and the international community. R5) Contributes to an increasing level of real and perceived corruption and lack of accountability. R6) Fosters an environment of impunity especially when the community wants to lodge a complaints for Sexual Exploitation and Abuses by staff. R7) If communication mechanism are not in the local language for instance, or catering to the needs of the community as many people might be illiterate and not able to read posters, they might not understand the program activity and are left out.	M1) Assess the independent complaints mechanism that may be already in place. This includes issues such trust, access, confidentiality, gender sensitivity, establish and feedback to the complainant. M2) Develop a plan for establishing or strengthening the feedback and complaints mechanism based on the minimum standards and the findings of the assessment and keeping in mind the Communication with Communities principles developed by UNOCHA and the CDAC network. M3) Establish or strengthen the feedback and complaints mechanism as per the plan. M4) Conduct sensitisation. M5) Monitor effectiveness of established pathway for the feedback and complaints. M6) Seek to establish inclusive and accessible mechanisms. Use local languages for communication, and different means to convey information about feedback and complaint mechanisms (radio, community groups and leadership, etc.) M7) Make sure that the system in place respond to feedback in a timely manner, and allows for a two-way conversation rather than an "Q&A" structure.

Internal feedback and complaints mechanism:Q2) If people experience problems with food distribution, is there a mechanism to report? (note that the mechanism should be accessible to all groups of population; women, children, minorities, marginalised, etc.)	R1) absence of a reporting mechanism will jeopardise the quality of services and prevent the improvement of humanitarian aid or its content tailored for south Sudanese beneficiaries. R2) Lack of transparency in the selection of the items may affect the reputation of the organisation. R3) Items provided may not be culturally needed or may create an artificial need that cannot be sustained.R4) Deteriorates the trust and confidence of the beneficiaries in the organisation R5) Increased perceived corruption and lack of accountability. R6) The absence of a mechanism to lodge a complaints for Sexual Exploitation and Abuses by staff can further encourage impunity. R7) If communication mechanism are not in the local language for instance, or catering to the needs of the community as many people might be illiterate and not able to read posters, they might not understand the program activity and are left out.	M1) Explain the procedure to allocate food ration to the target beneficiaries in their local language and allow them to ask questions M2) Establish a complaints desk within the food distribution point. This includes a dedicated staff member and representative from the beneficiary groups. M3) Locate the Complaint Desk in a safe place, where beneficiaries are not put at risk M4) Register complaint, provide immediate feedback if possible otherwise refer to the next level of management. M5) Register complaints and response for reporting and accountability. M6) Conduct post distribution monitoring. M7) Develop an internal Complaints Handling Mechanism Policy for the organization M8) Monitor the response to feedback rate over time and adjust the system to the gaps identified

4. PARTICIPATION AND EMPOWERMENT: ***Support the development of capacities to identify threats and develop measures that mitigates the impact on the community. It assist people to articulate their needs and to claim their rights: (i) Duties and responsibilities of the authorities and recognized community leaders to articulate the needs of the community that they represent; and (ii) Duties and obligations of the beneficiary community towards the service provides***		
Analytical Question (These are used to trigger the identification of a protection risk faced by the community targeted)	**Protection Risk Identified** (Please select only the one relevant to the targeted community)	**Actions to take to mitigate the protection risk and uphold the protective environment.** (Please select only the action required in your intervention)

Q1) What is the role of the local authorities in ensuring that women, men, girls and boys can claim their rights? (articulate and communicate the needs and rights of the community)	R1) Authorities don't have the capacity and knowledge to articulate the needs of the women, men, girls and boys hence humanitarian services are ill adapted and not sufficient.R 2) Authorities may not have the political power to articulate the needs and deliver humanitarian serviced to stigmatised groups of individuals' women, men, girls and boys and minorities. R3) Authorities may abuse their powers in defining the scope of needs R4) Creation of parallel structures for services R5) Authorities are not able to articulate needs of the community will lose the trust and confidence. R6) Perceived corruption due to misunderstanding of how the needs are calculated.	M1) Advocate with authorities on their responsibility as part of a transition towards sustainable recovery. M2) Train authorities to align request to the different needs of women, men, girls and boys needs by inviting local authorities to accompany the assessment team.M3) Provide timely, verified and reliable information to the communities about the role of the authorities, and the role of the humanitarian actors in their local language and possibly using a range of tools (radio, visual, posters, community meetings, etc.) M4) Empower the local authorities and the community to identify how can they strengthen access to services M5) Clarify the different approach to needs; life-saving (unconditional food distribution) or recovery (such as food-for-asset / food-for-work - conditional) M6) use food for training to support capacity in governance and recovery M7) Establish a complaints mechanism and assure responses to the complaints is implemented
Q2) Have you been able to strengthen and empower community members as a whole, traditional leaders and recognised elders entrusted by the community, women, youth, persons with disabilities, older persons and minorities to define and further advocate for their needs and obligations?	R1) Ill-defined humanitarian aid can negatively affect coping mechanism and create dependency. R2) Humanitarian aid can compete against and destabilise local market and prices of commodities. R3) The absence of women, youth, persons with disabilities, older persons and minority groups will affect the recovery process for moving away from humanitarian aid. R4) Women will engage in negative coping behaviour such as brewing the alcohol and selling, and risky sexual behaviours. R5) Youth will engage in negative coping behaviour such as substance abuse, physical violence, risky sexual behaviour and gang. R6) Minorities will engage in negative coping behaviour such as substance abuse, physical violence, risky sexual behaviour and gang. R7) Limited choice leads to engaging in survivors' sex.	M1) Identify and strengthen positive coping mechanism which may include indigenous and traditional approaches to access services M2) Identify traditional items that can be used alternatively to imported items that may supports livelihood opportunities. M3) Inform communities on their rights and obligations and create avenues for them to discuss those with the humanitarian community M4) Clarify the different approach to needs; life-saving (unconditional food distribution) or recovery (such as food-for-asset / food-for-work - conditional) M5) use food for training to support capacity in governance and recovery M6) Discuss with the community about specific vulnerabilities and why it is important to make attention and identify them and create avenues for them to share their views with the humanitarian community