The Humanitarian Country Team Strategy for Protection
Syria

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1.   Objective of the strategy

This strategy for protection aims to support the Humanitarian Country Team in Syria to prioritize its objectives and activities, and assign complementary roles with a view to maximize each partner's expertise, knowledge and resources to deliver protection outcomes in the current humanitarian response. It also aims to help, guide and support the HCT in Syria in its interaction with the government and non- state armed groups, civil society as well as with all other partners including the development, political actors and human rights actors; all of which have a shared responsibility to protect persons affected by this conflict including the IDPs. This strategy is also a tool that can be used for advocacy and to facilitate HCT efforts to mobilize financial and political support for the humanitarian response.

The current HCT strategy for protection complements and supports the Strategic Response Plan (SRP), and draws from the Humanitarian Needs Overview and other relevant assessments and analysis, in particular the analysis of the protection sector.

2   Summary of overall humanitarian needs

Humanitarian needs in Syria have reached a record high, and the coping mechanisms of IDPs and host communities are all but exhausted. As the 2015 SRP indicates, there are 12.2 million people in need of humanitarian assistance in Syria[1], including 7.6 million internally displaced people (IDPs) and more than 5.6 million children in need of assistance. There are also some 4.8 million people with acute assistance needs in hard to reach areas and locations. More specifically, the Humanitarian Needs Assessment of 2014 found that:

- 9.8 million people are considered food insecure, including 6.8 million in high priority districts.
- Water availability has decreased to less than 50 percent of its pre-crisis levels; 11.6 million people in urgent need of access to clean water and sanitation.
- More than 39% of Syria's hospitals have been destroyed or badly damaged and, today, it is estimated that only 43 percent of hospitals are fully functional.
- An estimated 1,480 women give birth in dire conditions every day due to the weakening of the healthcare system
- Outbreaks of communicable and vaccine-preventable diseases (including polio and measles) have increased.
- Roughly a quarter of schools have been damaged, destroyed or used as collective shelters and for other purposes than education.
- An estimated 1.2 million houses have been damaged or destroyed and more than 1.6 million people are in need of shelter.
- A series of Rapid Nutrition Assessments conducted in 13 governorates between March and July 2014 indicate a Global Acute Malnutrition (GAM) rate of 7.2% and a Severe Acute Malnutrition (SAM) rate of 2.3%.
- Population groups considered most vulnerable to malnutrition include IDPs, children, pregnant women, and lactating mothers.
- Similarly, due to multiple displacements, 9.9 million are in need of life saving and essential NFIs.

Palestine refugees are particularly affected, with 64 per cent of registered Palestine refugees displaced, 280,000 internally and a further 80,000 abroad; A number of drivers, including the crisis, unilateral economic and financial measures imposed on Syria, the deepening economic decline, the drought and reduced availability of basic services have contributed to the exacerbation of the humanitarian situation over the past year.

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[1] The Government of Syria does not recognize these figures.

Humanitarian access to people in need remains constrained by the closure of many key border points, violence, bureaucratic procedures, safety and security concerns and the presence and activities of terrorist groups listed in UNSCR 2170 & 2178.

3.   Analysis of the Protection Crisis in Syria

Since the beginning of the crisis in 2011, Syria has witnessed significant challenges in the humanitarian and security situation across the country, and a marked increase in internal displacement. Human rights violations and abuses occur in the context of widespread insecurity and disregard for the standards of international Human Rights Law and International Humanitarian Law (IHL). The crisis is characterized by the current absence of effective protection for a significant number of civilians in certain parts of Syria. In addition, the crisis--which has negatively impacted on the effectiveness of existing protection institutions, and social and family protection networks and structures--has increased the vulnerability of specific groups. Notably, children and adolescents, women and girls, the elderly, people with disabilities, crisis-affected Palestine refugees, non-Palestinian refugees and third country nationals (including migrant workers) face the greatest protection risks. Since the conflict began, grave child right violations have been reported affecting millions of children, including children being recruited and used by armed groups. Women have been targeted by new types of violence which have not reported before in war context, facing (jihad alnikah) and enslavement, which have not occurred in the new history before.

The current crisis in Syria continues to expose civilians to human rights violations and abuses, war crimes and crimes against humanity, often targeting people based on their ethnicity, religion, extrajudicial killings, enforced disappearances, rape and other acts of sexual violence, arbitrary arrests and detention, targeted attacks against civilians not taking part in hostilities, violence aimed at spreading terror among the civilian population, and attacks on hospitals and schools have been reported. The conflict has also been characterised by the destruction of civilian property, including hospitals, schools and markets; the recruitment of child soldiers and separation of families; arbitrary restrictions of movement; the blocking of access to goods and services; and the looting and destruction of humanitarian property.

The conflict has become more complex resulting in higher levels of civilian casualties in the past year. The result is widespread impunity for even the most serious violations and abuses. As a result of active violence again civilians, many have faced multiple displacement and they are exposed to multiple threats, especially when they move in areas with several or shifting front lines and numerous formal and informal armed groups. The areas under the control of JN and ISIL remain mostly out of reach.

4.   Strategic priorities

1. mitigate protection risks through a better identification and analysis of protection concerns as well as enhanced awareness raising and advocacy to reduce violence in order to prevent casualties and population displacement, and ensure adequate treatment for all those in need;

2. increase access to protection services for the most vulnerable and people with specific needs, giving particular emphasis to child protection and gender-based violence (GBV) prevention and response services;

3. engage with and strengthen capacities of local actors to assess, analyse and respond to the protection needs of affected populations through mainstreaming and integration of protection across the humanitarian response and enhance protection capacity aimed at protect vulnerable groups, including victims of violence, human rights abuses and increase their resilience.

Mitigating protection risks: The HCT will undertake joint assessments to gain insights on the main protection needs of the affected population, in particular IDPs, for the purpose of a more targeted humanitarian response aimed at meeting these protection needs and for evidence-based advocacy at different levels and with different stakeholders.

Assessments will, to the extent possible, rely on participatory approaches. The HCT will also agree on protocols to facilitate information sharing between sectors and to enable a deeper analysis.

Furthermore, awareness-raising on international humanitarian and human rights law as well as humanitarian and protection principles will be expanded to reach a wider group of stakeholders. Awareness raising will complement advocacy on protection as it will foster the necessary understanding and sense of accountability of all the stakeholders.

Expanding reach and access to protection services and assistance: The HCT through a collaborative approach, increase protection services in accessible areas of Syria to mitigate the consequences of the crisis and foster resilience and community support mechanisms, even in the face of overwhelming physical protection concerns. Child protection, GBV prevention and response and risk education (on explosive remnants and mine risk) have been identified as key protection needs and will be prioritized in the response strategy.

The expansion of child protection activities. Key activities in the response will include: expand psychosocial support services through static and mobile child and adolescent friendly spaces (C/AFS's); through community based protection activities better reach the most vulnerable groups in areas deemed safe, as well those residing in geographically hard to reach areas; raise awareness on child protection concerns (mine risk, recruitment, child rights etc) by dissemination of information through information campaigns, social media, broadcast media and print media; support community-based child protection initiatives through expanded community based approach to assist children, adolescents and their families; provide comprehensive services to boys and girls at risk and survivors of violence including through reintegration support programmes; establish and develop existing case management systems and referral mechanisms; collect evidence-based data through assessments; mainstream the Minimum Standards for Child Protection in Humanitarian Action; enhance capacity of child protection actors through trainings (CPiE, PFA).

The expansion of prevention and response to increased incidents of sexual and gender-based violence (SGBV). Women and adolescent girls are disproportionately affected by sexual violence due to forced displacement, family separation, lack of basic structural and societal protections, and limited availability of and safe access to services. Expansion of SGBV prevention and response services is a key priority. Activities will include: safety audits; creation of safe spaces for women; psychosocial support services; case management; establishment and development of existing SGBV referral pathways; PSS and CMR trainings for health workers; livelihood activities for survivors; provision of material and cash-based assistance; the empowerment of women.

A. Underlying Principles

A number of principles will underpin and guide the actions taken to achieve the protection objectives identified above. Overall, the principles will ensure the centrality of protection in the humanitarian response in Syria. All humanitarian actions undertaken will adhere by the humanitarian imperative of humanity, neutrality, independence and impartiality. The HCT commits to the following principles:

i. Accountability to affected populations

Within their respective mandates, humanitarian actors are accountable to affected communities and base their action on participatory approaches that can allow people to have an active role in the decision-making processes that affect them. This includes ensuring the participation of women, older persons, adolescents and children as well as other persons with specific protection needs. Humanitarian actors must also communicate in a transparent manner about their activities and consult with communities and their leaders on decisions that affect them, while also respecting the confidentiality of personal information.

ii. Protection-oriented planning and programming

Especially challenging within the context of a country that remains in civil conflict, humanitarian actors must respect the principle of "do no harm", ensure that assistance is provided in a manner that prevents or minimizes risk and threats to persons seeking assistance, and focus on the most vulnerable civilians, especially women and children. Humanitarian actors must not inadvertently do harm, draw civilians towards conflict areas, damage the protective environment, or provoke tensions within communities or between communities that are already in conflict.

iii.   Equality and non-discrimination in the context of neutral humanitarian action

The sole purpose of humanitarian assistance is to save lives and to protect and assist conflict-affected civilians, whoever they are and wherever they may be, without discrimination. Humanitarian action must not be determined by which party to the conflict controls a given location, and must not discriminate, reinforce or create inequalities among affected civilians.

iv.   Humanitarian space and access

It is the government's responsibility to facilitate humanitarian action and access to affected populations, and to protect humanitarian organizations. Humanitarian organizations have the right to provide assistance, to ensure the affected population's right to receive assistance, and to deliver assistance in accordance with international humanitarian law and humanitarian principles.

5.   A Joint Responsibility: Complementary Roles to Ensure Protection

The Centrality of Protection approach set out in the IASC Statement recognizes the complementary nature of the different mandates and roles of humanitarian actors and agencies. With a situation as complex as the Syria, protecting people in need necessarily requires collaboration among humanitarian, human rights, political, and development actors. The HCT provides the vision and ensure that the overall humanitarian response remains coherent while respecting organizational mandates and approaches, so that the system as a whole contributes to the achievement of protection priorities. This is done through the fostering of constructive working relationships between all partners, particularly HCT members.

Although they have different mandates and operational approaches, all members of the HCT are concerned with the protection of civilians and undertake complementary activities. More specifically, protection of civilians under threat of physical violence lies at the core of the HC mandate and is given priority in decisions on the use of its resources.

Exchange of information including information on early warning planning and response, as well as geographical and thematic response prioritization is deemed imperative. HCT will undertake regular consultations as appropriate regarding respective strategies, action plans and thematic guidelines on issues of mutual relevance in order to identify, reduce and prevent violence against civilians, including GBV, child recruitment and forced recruitment of adults into armed groups, while respecting current guidelines on coordination and information sharing. With this strategy, the HCT commits to advocate that protection priorities are reflected in the prioritization activities and integrated into its operational PoC responses. This will require improved consultation and interaction, including regarding the Monitoring Reporting Mechanism (MRM) on grave violations against children, and the Monitoring, Analysis and Reporting Arrangements (MARA) on conflict related sexual violence. The aim is to foster and sustain a constructive relationship between the Mission and humanitarian actors and to strengthen existing coordination mechanisms on protection of civilians, while preserving humanitarian space and principles.

6.   Monitoring and Evaluation

The Action Plan in Annex 3 serves to operationalize the Protection Strategy and be well used to achieve the HCT's protection vision and objectives. Each objective includes a number of activities and indicators that can be monitored and measured. The HCT will review the Action Plan on a bi-annual basis or as required.

Annex 1:

The Foundation Elements of the Protection Response in Syria

The HCT Protection Strategy builds on and will be implemented in accordance with a number of key decisions and documents that constitute a foundation for a protection-centric response in Syria.

IASC Principals' Statement on the Centrality of Protection in Humanitarian Action

On 17 December 2013, the Inter-Agency Standing Committee (IASC) Principals adopted a statement on the Centrality of Protection in Humanitarian Action. It tasks Humanitarian Coordinators globally with the responsibility, supported by the HCT and clusters, to place protection at the heart of humanitarian action, including by developing and implementing a comprehensive protection strategy in order to yield improved protection results and enhance the protective environment for civilians, including displaced persons. The implementation of this statement requires the Humanitarian Coordinator and the HCT in Syria to develop a common strategic vision and guidance on protection objectives, in addition to a clear framework for prioritizing activities and resources towards these objectives.

Secretary-General's Human Rights Up Front Initiative

The unified statement on the Centrality of Protection in Humanitarian Action is complementary to, and further supported by, the United Nations "Human Rights Up Front" initiative and action plan, which was launched by the UN Secretary-General on 21 November 2013. The initiative emphasizes the imperative for the UN to protect people, wherever they may be, in accordance with their human rights and in a manner that prevents and responds to violations of human rights and international humanitarian law. This same imperative to protect people lies at the heart of humanitarian action in Syria.

Protection and Community Services Sector Strategy

The PCSS Strategy has been developed based on its partners' programmes. The Protection Sector is developing specific operational 2015 PCSS work plan.

Humanitarian Needs Overview and Strategic Response Plan for Syria 2015

Released in December 2014, the SRP 2015 for Syria provides an opportunity for humanitarian actors to recommit to the centrality of protection in their programming, since protection underpins both the Humanitarian Needs Overview (HNO) and the Strategic Response Plan (SRP). The SRP also includes a commitment from all humanitarian actors+ to improve the protective environment for IDPs and other civilians impacted by the conflict by making protection integral to the humanitarian response. The protection objectives that are listed in this Protection Strategy are consistent with, and contribute to, the achievement of the HNO and SRP strategic objectives namely:

i. Promote protection of and access to affected people in accordance with International law, International Humanitarian Law (IHL) and International Human Rights Law (IHRL).
ii. Provide life-saving and life-sustaining humanitarian assistance to people in need, prioritizing the most vulnerable.
iii. Strengthen resilience, livelihoods and early recovery through communities and institutions.
iv. Strengthen harmonized coordination modalities through enhanced joint planning, information management, communication and regular monitoring.
v. Enhance the response capacity of all humanitarian actors to respond to the growing humanitarian and protection needs of the affected population.

Annex 2: Overview of key Protection Threats/ Risks

This Annex presents a few of the key protection threats and risks in Syria that affect both civilians attempting to cope with the armed conflict and actors working in improve the protection environment.

The table presents three risks, each with their respective high-risk areas, highest-risk groups, and examples of associated violence, coercion and deprivation.

Note: The identification of these risks, areas and groups does not exclude others from risk of harm.

Protection Threat	High-risk Areas	Highest-risk Groups	Examples		
			Violence	Coercion	Deprivation
Populations moving from conflict and/or to conflict areas face significant protection risks, especially when crossing the front lines Community mitigation include family separation, women traveling to collect food/water and/or to receive humanitarian assistance along battle fronts or across front lines.	Besieged and hard to reach areas, ISIL controlled areas of active conflict	Boys/Men 12-45 Years: Men/boys considered of fighting age risk being targeted by warring parties. Girls/Women 12-45 years risk being raped, abducted and killed. Elderly, sick and wounded: At the time of displacement, elderly people who previously would have remained to secure family property are at risk of being targeted because it is generally too risky for younger people to do so.	Deliberate personal violence inducing risk to life Sexual violence including rape and enslavement	Payment of informal taxation and extortion Forced recruitment Forced diversion of assets	Displacement Confiscation/Theft and looting of critical assets, including property Collective punishment including destruction of public/private services and public/private institutions Parties to the conflict preventing movement of populations and goods including humanitarian assistance Confiscation/Loss/theft of personal identity documents and other vital documents Arbitrary arrests, detention, disappearance

Protection Threat	High-risk Areas	Highest-risk Groups	Violence	Coercion	Deprivation
In areas of high population concentration which is active military areas, or besieged areas, protection threats as as violence, recruitment, legal physical protection are very high. The situation will remain volatile due to violence and people displaced multiple times and are traumatized.		Girls/Women 12-45 years face significant risk of sexual violence, forced marriages, including early marriages and forced labour; Youth 12-45 years face threats such as forced recruitment, violence, threat to life and mobility,	Domestic sexual violence Direct personal violence and threat to life. Violence by armed groups and warring parties	Populations being induced to stay/move from high risk areas and besieged areas face cohesion. Exploitation of vulnerable groups	Limited or lack of sustained and equitable access to services including humanitarian assistance. Armed groups on the ground creating pockets of exclusion during distributions/ assistance of basic needs and services Limited mobility and loss of economic opportunity. Denial of basic services including medical assistance
Protection Threat	High-risk Areas	Highest-risk Groups	Examples		
			Violence	Coercion	Deprivation
Any potential 'encamped' areas will face similar dynamics		Same as above	Same as above	Arbitrary restriction on movements such as forced, return, punitive measures and roadblocks that block access to humanitarian assistance/services and social networks	Same as above

Locations facing active armed conflict, military operations, breakdown/erosion of governance are at high risk. Protection threats are created when warring parties impose restrictions on basic fundamental rights, freedoms, mobility and restrictions on access to services including protection services.		Youth 14/21: Young boys/men are reportedly being mobilized and armed; Child recruitment and forcible recruitment, detention and torture are likely protection threats. Arbitrary arrests, detentions and extrajudicial killings and threats against ethnic and religious minorities.	Deliberate personal violence including killing, detention and recruitment Sexual violence, including rape and abduction and enslavement Family separation	Forced recruitment and mobilization including of children Forced diversion of assets	Confiscation/Theft and looting of critical assets, including property Collective punishment including destruction of public/private services and public/private institutions Armed groups preventing movement of populations and goods including humanitarian assistance Confiscation/Loss/theft of personal identity documents and other vital documents

Annex 3: HCT Protection Strategy Action Plan

This Action Plan lists the core activities that will be undertaken by the HCT and relevant humanitarian actors to fulfill the protection vision and achieve the objectives that are present in the Protection Strategy. The HCT will review this document on a bi-annual basis or as required.

Protection Vision: Ensure that displaced persons and other civilians in Syria are protected, are able to enjoy their rights, including the right to move freely in safety and dignity, and can re-establish their lives without being targeted or discriminated against by warring parties. It aims to reduce violence in order to prevent casualties and population displacement, and ensure adequate treatment for all those in need; secure access to, and increase access for the affected people; protect vulnerable groups, including victims of human rights abuses and increase their resilience; strengthen local capacities to protect people and deliver services and improve treatment of those in whose freedom of movement is restricted.

Protection Objectives: 1) Create and sustain a protective environment; 2) Enhance protection through respect to the IHL and HRL; and 3) Ensure protection mainstreaming in the humanitarian response.

Key Activities	Progress Indicators Most of the indicators are non-measureable (i. e. not really indicators). Suggest trying to develop some real indicators, if possible.	Lead	In Coordination / consultation with
Objective 1: Create and sustain a protective environment			

1.1 Step up engagement with the parties to the conflict, stressing the need to protect civilians and comply with basic principles of international humanitarian law, reaffirming the primary responsibility for the security, safety and wellbeing of civilians and the displaced persons throughout the country.	Greater responsibility and accountability by the parties to the conflict to ensure protection concerns are included in the political processes; Number and nature of actions taken by the parties to the conflict to address violations of IHL, human rights and the Guiding principles of IDP, and promote accountability; Number of times protection issues are raised with the parties to the conflict by all actors i.e. 3 Pillar (the international humanitarian, political and human rights actors) Parties to the conflict response to advocacy	HC	Member States, the 3 Pillar (the international humanitarian, political and Human rights actors) and relevant institutions, NGOs.
1.2 Discuss with the leadership of the warring parties and other relevant stakeholders, on key protection issues and trends	Bi-annual protection reports and advocacy messages issued	HC	3 Pillar (the international humanitarian, political and Human rights actors) and protection agencies, protections sectors
1.3 Increase multi-sector services (psychosocial, medical, case management, etc.) to prevent and respond to GBV	Increased number of locations with multi-sector services for GBV prevention and response Number of multi-sector services meeting minimum standards of quality	UNFPA,UNHCR, WHO, UNICEF	Protection Sector, lead protection agencies and health sector

1.4 Monitor, report and respond to grave violations against children and adolescents	Quarterly reports produced on reported grave violations against children Risks of grave violations against children and adolescents reduced	UNICEF, RC	Protection Sector and Sub-sectors,UNICEF INGOs, NGOs,
1.5 Strengthen community systems for preventing and responding to separation of children from families, recruitment of children, physical violence against children, and for providing psychosocial support services for children affected by the crisis.	Increased capacity of communities to prevent separation of children from their families, protect children from physical injuries, recruitment, and to provide psychosocial support services	UNICEF	Child protection Sub-sector and Child protection Working Groups
1.6 Engage, support and invest in national civil society organizations that are working with affected populations and providing direct protection services	At least 30% increase/diversification in funding to strengthen the institutional capacity of national NGOs working directly with affected populations and providing protection services	Sector Lead Agency	Donors
1.7 Set up mechanisms to ensure feedback from the affected populations	An Accountability to Affected Populations Framework (AAP) is operationalized following and AAP mapping exercise HRP review reports include a community accountability component HCT includes consultations with affected populations in its field visits and findings of the consultations in its reports	OCHA	Protection Sector and lead protection Agencies and partners

1.8 Advocate for access to affected population in besieged areas, hard to reach areas	Number of visits to areas identified Number of locations raised to government and AOG and responded to	HC, OSE	HC and Lead protection agencies
1.9 Consult regularly on strategies, action plans and thematic guidelines on action related to the protection of civilian, GBV/CRSV, child protection, etc.	Number of strategies and other relevant documentation developed that incorporate key protection principled and best practices related to protection	HC, OSE, UNHCR, UNICEF, WHO, UNFPA , OCHA	HC, OSE, UNHCR, UNICEF, WHO, UNFPA, Protection Sector

Objective 2: Enhance protection through freedom of movement

2.1 Monitor and assess obstacles to freedom of movement	Number of protection monitoring assessments conducted and mechanisms established for follow-up action	Lead protection agencies, UNHCR	HC, OSE, UNHCR, UNICEF, WHO, OCHA, UNFPA, Protection Sector
2.2 Integrate IDP choices into the humanitarian response and analyze interventions that affect freedom of movement	Increased information is available on freedom of movement including obstacles and constraints which inform interventions/assistance	Protection Sector	
2.3 Develop actions and interventions based on humanitarian-protection analysis to support conditions conducive for solution, in consultation with IDPs, local population and authorities	Actions are implemented for achieving access to humanitarian assistance, based on the finding of protection monitoring and other relevant assessments	HC, HCT and UNHCR,	HCT

2.4 collect baseline data on potential areas of movement/integration and identify key obstacles and constraints, in particular for vulnerable groups (youth, women, children, elderly)	More information and analyses are available on relevant issues, including safety, security and access to services including for vulnerable groups in key areas Regular discussion are held with development actors on interventions, including the rehabilitation of basic infrastructure and service provision Number of profiling exercises of at-risk populations conducted	HCT members, UNHCR, UNICEF,UNFAP, WHO	HCT
2.5 Facilitate safe movement for displaced persons by removing landmines, and providing mine risk education	Aras of movement, return or local integration continue to be cleared and become safe for the movement and return of displaced civilians Number of areas made safe for movement of occupation	HC,[Mine Action]	UNMAS, Parties to the conflict
2.6 Advocate with the parties to the conflict to ensure freedom of movement	Number of displaced persons who are able to return in safety and dignity to the residence of their choice Increased measures (awareness raising, information campaigns, etc.) to ensure the movement of displaced persons is voluntary, safe, dignified, and through informed consent	HC	Lead protection agencies and protection sector
Objective 3: Ensure protection mainstreaming in the humanitarian response.			

3.1 Facilitate understanding of and operationalize protection mainstreaming	Four sectors are targeted (FSL, Health, NFI/Shelter and WASH) for protection mainstreaming pilot project Conduct an assessment of protection mainstreaming programs/initiatives and establish measures and systems to ensure protection is mainstreamed in the humanitarian response Deployment of suitable and qualified staff to the field and community workers. Number of trainings and technical missions on protection mainstreaming at the national and field levels	HC, Lead Sector Agency, OCHA (ISC)	UNHCR, Protection Sector, OCHA
3.2 Improve sharing of information on protection issues and trends across the country among sectors for incorporation into their respective programming	Number of analytical, situational or contextual protection reports shared with the sectors and humanitarian field sites Number of forums where protection information is shared sector-wide at the country level	Protection Sector, including GBV and child protection sub-sectors	Lead protection agencies and INGOs and NGOs
3.3 Advocate with all 3 Pillars (political, humanitarian and Human Rights) to develop a comprehensive information sharing protocol regarding alleged incidents of human rights violations and abuses, particularly in relation to individual protection cases, recognizing established principles and good practice, including "do no harm"	Advocacy conducted to encourage HCT to develop information sharing protocol on alleged human rights violations and abuses particularly in relation to individual protection cases	HC	3 Pillars, Lead Protection agencies, protection Sector and INGOs and NGOs

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