PROTECTION MAINSTREAMING TRAINING PACKAGE: TRAINING RESOURCES

GLOBAL PROTECTION CLUSTER 2014

TRAINING RESOURCES

In order to access the most up-to-date versions of the training resources, please check online at:
www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html

Resource 1: Photo of a Boy from Haiti **3**

Resource 2: Examples of Protection Mainstreaming **4**

Resource 3: GPC Brief **9**

Resource 4: Protection Mainstreaming Video **10**

Resource 5: Good and Poor Protection Mainstreaming Practice **11**

Resource 6: Example Assessment Questions from Pakistan **15**

Resource 7: Cards for Vulnerability Exercise **20**

Resource 8: Project Cycle Exercise Case Study **24**

Resource 9: GPC Sector Checklists **25**

Resource 10: Cards for Safe Response to Protection Incidents **56**

Resource 11: PFA Handout (Page 55-56 PFA Guide) **57**

Resource 12: Sample SOP **59**

Resource 13: To Serve with Pride DVD **60**

Resource 14: Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse **61**

Resource 15: Responsibilities and Actions **64**

Resource 16: IASC Statement 2013 **65**

Resource 17: GPC Tip Sheet for Protection Clusters **67**

Resource 18: Extracts from Consolidated Appeal Documents **68**

Resource 19: Minimum Inter-Agency Standards for Protection Mainstreaming **69**

Resource 20: Blank Mainstreaming Action Plan **70**

Resource 21: Minimum Standards Sample MAP **71**

Resource 22: Pre-/Post-Training Survey **73**

Resource 23: Course Evaluation **75**

RESOURCE 1: PHOTO OF A BOY FROM HAITI

Photo Credit: CBM/Shelley

RESOURCE 2: EXAMPLES OF PROTECTION MAINSTREAMING

1. WASH PROGRAM

In Cote d'Ivoire, a water and sanitation program was building latrines in new schools. Girls were asked about the design of latrines. The first design was changed following the girls' requests. Girls were given several options and the one they had chosen was cheaper and was also likely better from the protection point of view. They chose a latrine without doors (snake entrance with a simple rope to indicate if it was being used) so they could not be trapped inside or feel claustrophobic; the entrance was also modified so while boys' entrance was in the back, the girls' entrance was in the front, more visible to outsiders and far from the boys' entrance.

(taken from inter-agency child protection mainstreaming training)

2. FOOD DISTRIBUTION PROGRAM

In Kenya women walking back from the food distributions in Turkana said that they felt unsafe because it was late in the day when they left distributions and they often had to walk home in the dark. The agency running distributions changed the time of the distribution to earlier in the day to enable women to collect food and get home before dark.

3. NFI DISTRIBUTIONS

In Kenya, following the post-election violence in 2008, some girls in the IDP camps reported being sexually exploited as a prerequisite for receiving non-food items. The information was gathered during focus group discussions with women in the camps. The NGO realised that it hadn't provided any training to its distribution staff on how to prevent and respond to incidents of sexual exploitation. All NGO staff were subsequently required to sign a code of conduct and provided with training on appropriate response to protection incidents. The girls were referred to support services.

4. HEALTH SERVICES IN AN IDP CAMP IN HERAT, AFGHANISTAN

A health NGO was providing health services to an IDP camp, housing 10,000 IDPs on the outskirts of Herat. All the health services were being provided out of a permanent structure to the west of the camp that also provided adequate shelter and easy vehicle access. After 6 months of operation, through feedback sought from IDP leaders, the NGO realised that the Hazara population of the camp were not accessing the health centre, as they were located on the east side of the camp and did not walk through the Pashtun dominated section of the camp. Walking around the edge of the camp to access the health services would have taken over an hour. The NGO developed a health outreach service that went to the west side of the camp twice a week to ensure the Hazara population was also accessing health care.

5. WASH

In Timor Leste an NGO worked with the IDPs in a camp in 2006 to build a toilet block and washing facilities. They also provided cleaning materials to five IDP representatives. After two months of the facilities being opened, the IDPs were not using the new facilities but instead were still using the local school WASH facilities. The NGO decided to put in place a feedback mechanism so IDPs could communicate anonymously about the WASH facilities. They provided comments boxes and a phone number for feedback. They discovered that the five cleaners were charging IDPs to use the new facilities and were threatening the IDPs that tried to use the school instead. The NGO sought advice from a local organisation that suggested the cleaning materials were stored in a cabinet in the facilities and all IDPs could clean the facilities as and when required.

RESOURCE 3: GPC BRIEF

What is Protection Mainstreaming?

Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. The following elements must be taken into account in all humanitarian activities:

1. **Prioritise safety and dignity, and avoid causing harm:** prevent and minimise as much as possible any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks
2. **Meaningful Access:** arrange for people's access to assistance and services - in proportion to need and without any barriers (e.g. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.
3. **Accountability:** set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints
4. **Participation and Empowerment:** support the development of self protection capacities and assist people to claim their rights, including - not exclusively - the rights to shelter, food, water and sanitation, health, and education

Why should we mainstream protection?

Mainstreaming protection ensures that the protective impact of aid programming is maximised.

Through the incorporation of protection principles into aid delivery, humanitarian actors can ensure that their activities target the most vulnerable, enhance safety, dignity, and promote and protect the human rights of the beneficiaries without contributing to or perpetuating discrimination, abuse, violence, neglect and exploitation.

How do we mainstream protection?

Protection can be mainstreamed:

- By including the above elements in the general project management as central to delivering humanitarian aid;
- By incorporating the above elements into project cycle management through protection mainstreaming indicators for each sector.

Who should mainstream protection?

All humanitarian actors share an ethical responsibility for mainstreaming protection across the humanitarian response, including general and sector staff, programming staff, advocacy staff, design, monitoring and evaluation staff, and their managers. Cluster lead agencies and partners are responsible for ensuring that activities within their respective sector are carried out with a "protection lens", and in particular for ensuring that their activities integrate protection principles. Field Protection Clusters can provide advice, guidance and training on protection mainstreaming.

What support is available for Protection Mainstreaming?

The Global Protection Cluster maintains a Support Package which includes:

- A tip sheet for field protection clusters in support of protection mainstreaming efforts
- Protection checklists with specific measures for other humanitarian sectors/cluster
- An annotated reference list of protection mainstreaming guidance, tools, and manuals
- A collection of examples of protection mainstreaming tools developed at country level
- Training manuals and modules on protection mainstreaming in humanitarian response

RESOURCE 4: PROTECTION MAINSTREAMING VIDEO

An Introduction to Protection Mainstreaming, Global Protection Cluster 2014

Available online http://www.globalprotectioncluster.org/en/areas-of-responsibility/

RESOURCE 5: GOOD AND POOR PROTECTION MAINSTREAMING PRACTICE

Prioritise safety and dignity and avoid causing harm

- **Good Protection Mainstreaming Practice:**

  An NGO set up a series of consultations with men, women and children in a displaced community to discover the best way to distribute food items to the community. They proposed to the community that they distribute rice, beans and oil from a community center that was easy walking distance from most of the displaced population. The women in the consultations requested very strongly that they were not required to come and pick up valuable commodities from a central location and have to walk up to 30 minutes to get back home through potentially dangerous neighborhoods. They said that their risk of being attacked and their food looted on the way home was very high. The NGO reconsidered their approach to food distributions and provided cooked food at kitchens at various locations through the neighborhood.

- Alternative example:

  'Safe-scaping' in refugee camps for Somali refugees in Ethiopia

  A safe-scaping exercise was undertaken by the Women's Refugee Commission as part of research into the safety of adolescent Somali girls in refugee camps. It is a useful methodology that could be integrated into standard assessment and monitoring processes. The process included interviews with adolescent girls, as well as adolescent boys and adult key informants, gender-segregated focus group discussions and a 'safe-scaping' mapping exercise which identified places where girls and boys felt unsafe in accessing WASH facilities and in other aspects of camp life, and gave girls the opportunity to identify ways to increase their safety. [1]

- **Poor Protection Mainstreaming Practice:**

  In a WASH program the NGO established a committee and provided the community with cleaning materials to keep the facilities hygienic. The provision of materials was not accompanied with any instruction and the bottles had instructions in English on them. They were kept on the floor under the sinks in the male and female toilets. In one case two children playing near the toilets took the bottles and were making soup with the cleaning fluids. Both children had to be rushed to the hospitals to have their stomachs pumped.

- Alternative example:

  An NGO organised NFI and food distributions to start from about 12 noon in a displacement camp. Due to the fact that the camp was a 2 hour drive from the city center and they had to pack the trucks in the morning they sometimes arrived after 2pm. By the time distributions had been completed families often had to walk home in the dark with valuable commodities. Families were attacked on the way home and their possessions looted, women were also subjected to sexual violence walking home in the dark.

1 *Sarah House, Suzanne Ferron, Marni Sommer and Sue Cavill, Violence, Gender and WASH, Humanitarian Exchange, Issue 60, Feb 2014*

Meaningful Access

- **Good protection mainstreaming practice:**

  Working with older people to reach and assist the most vulnerable in Haiti – HelpAge International[2]

  After the earthquake in Haiti in 2010, reaching vulnerable groups such as older people was a real challenge. Most humanitarian agencies went through camp committees to identify the most vulnerable groups, and were not necessarily aware of the needs or even of the existence of these vulnerable people. In its earthquake emergency response, HelpAge International relied on a network of older women and men to identify the vulnerable older people in the camps and ensure their registration to access relief distribution. Through this solidarity network, older people were able to accompany the most vulnerable to the distribution points, identify additional issues affecting them, and ensure an adequate referral either to HelpAge teams or to other organisations working in the camps. In 2011, when Hurricane Thomas threatened the camps with heavy rain and wind, the older people's network was active in warning older displaced people and their relatives of the upcoming danger, and helping them identify preventive measures.

- **Poor Protection Mainstreaming Practice:**

  In an IDP camp, water and sanitation engineers built wells in locations that made most sense from a technical point of view. However, those locations all fell within an area where the majority ethnic group resided. This group then decided to charge fees for the minority group to gain access to the wells. Tensions between the two groups increased dramatically.

2 HelpAge International, Protection interventions for older people in emergencies, London, 2013, p.29.

Accountability

- **Good Protection Mainstreaming Practice:**

  In Timor Leste four agencies undertook a series workshops with community groups to establish Codes of Conduct for agency staff that worked in their communities. The workshop introduced some of the standards of behaviour expected by the agency, including actions to meet the commitment to protection from sexual exploitation and abuse. Some of the behaviours included prohibition on sexual relations with program affected populations, discrimination, and soliciting of personal gifts. Community members were invited to add behaviours that they expected from staff working in their communities and to suggest how staff might be held accountable for those behaviours. The codes of conduct were translated and given to the community members at the end of the process as well as being shared with all staff working in the communities.

- **Poor Protection Mainstreaming Practice:**

  During the distribution of food and non-food items a number of individuals became very angry with the NGO workers. The situation escalated and the NGO staff had to withdraw halfway through the distributions because these individuals were getting very angry and threatening violence. In a security de-briefing the staff members were asked what had happened. They recounted that individuals had been shouting at the staff because they were not clear why some people were being given more food than others. In addition, they felt that one particular ethnic group had been prioritised in the distribution. The agency had not provided information about the distribution: how much affected populations should expect to receive and how the distribution would be organised.

Participation and Empowerment

- **Good Protection Mainstreaming Practice:**

  An NGO worked with local authorities in establishing and providing support to a local primary school. Program staff familiarised themselves with all aspects of the right to education, both national and international. They then met with community leaders, parents and others to discuss opening the school. This discussion emphasised children's rights to education, requirements that parents send their children to school, and then opened up to a discussion on where the school would be located, the components of the educational curricula, standards for teachers required by the government and that tuition was free. Other forms of disseminating information once major decisions had been made were used including signs and events within the community.

- **Poor Protection Mainstreaming Practice:**

  In communities in southern Sudan, an NGO was responsible for distributing food to large numbers of IDPs in formal and informal settlements. The NGO had received large donations of mixed beans from different donors. The beans were sent to the distribution sites and over the first month of distributions each family was given 1kg of mixed beans. At the end of the first month the Education Ministry came to speak with the NGOs involved in food distributions. They had reports from the local schools that none of the IDP children were able to attend schools to continue their education – the reason given by parents was that they were required at home for cooking. It transpired that the beans that had been distributed were not the beans normally used by the IDP population and they required much longer for cooking – furthermore the types of beans that were mixed together required different lengths of time for cooking. Mothers said their children needed to sort the beans before cooking every day; it was a lengthy and tedious job.

RESOURCE 6: EXAMPLE ASSESSMENT QUESTIONS FROM PAKISTAN

Assessment Tool Development (Questionnaire/ Guidelines for discussion)

The choice and type of questions in an assessment will vary according to the technical sector and situation assessed. Questions will also vary whether the assessment is conducted through quantitative methods or more qualitative methods (e.g. FGDs). However, some general principles are worth considering:

- Questions should be designed to enhance participation
- They should be objectively stated, without bias or attempt to lead to a specific answer
- They may have to be concise (length of questionnaire)
- Questions should be simply worded, particularly for young participants and also as they will require translation
- More sensitive questions may be placed at the end of the survey, in case the respondents may not be willing to answer such questions. In this way the core of the assessment will still be validly covered by the necessary representative sample of respondents/KI
- It is useful to make all possible use of local knowledge to determine the cultural appropriateness of the questions

Every cluster/ sector will have its own specific technical questions/ issues to be included in the questionnaire/ list of topics for discussion. It is out of the competency of the Protection Cluster to touch upon such technical aspects. However, some questions may bring a specific value in integrating protection principles in the assessment. The following are examples of possible questions to be considered for inclusion. The list does not intend to be exhaustive or to be rigidly interpreted. Some of the questions will be more suitable for need assessments before the start of an intervention; others will be more suitable for assessments and monitoring during the implementation of programs/ interventions.

Access to food and non-food item distribution

- Are communities reaching the food distribution easily (e.g. walking distance)?
- Are food distribution points far from military installations? (this can also be part of observations)
- Does the community feel that everyone is properly informed about the locations and the timing of the food/ NFI distribution?
- Are distribution sites clearly marked, advertised? (this can also be part of observations)
- Is the crowd control system efficient? Have there ever been incidents/ disturbances?
- Are the staff distributing the food technically prepared? Are they well prepared to interact with children? Are they able to advise vulnerable cases?
- Does the location of the food / NFI distribution pose security issues for women and girls?
- Does the location of the food / NFI distribution pose security issues for other categories of population (other than women and girls)? If so, who is affected?
- Is the distribution logistically accessible to women and girls (e.g. separate spaces, queuing areas, female staff in the distribution) etc.? If not, what are the main shortcomings?
- Is the distribution logistically and safely accessible to children (heading households/ unaccompanied/ separated)?
- Is the distribution logistically accessible to persons with disabilities?
- Is the distribution logistically accessible to older persons?
- Is the timing of the distribution appropriate? If not, what are the main problems?
- Are there mechanisms during the distribution to prioritise persons with specific needs such as older persons, persons with disabilities, unaccompanied and separated children, pregnant and lactating women?
- Has there been a significant change in the percentage of women or children collecting food? If so, is it increasing or decreasing?
- Are spouses (wives) also mentioned in the ration card?

- Is the ration size/ assistance size suitable to be transported back with no additional physical or financial burden?
- Is there any security risk associated with the transport of food / NFI back to homes?
- 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?
- Do the NFI Packages include suitable items to cover the specific needs of children?
- If people experience problems during food / NFI distribution is there a mechanism to report?
- Have women, children and caregivers been involved in the design and distribution process?
- Are there any suggestions for improving the food/NFI distribution?
- Do coping mechanisms developed during an emergency/ displacement phase put women or girls at risk?
- What are the coping mechanisms of the population to face the lack of food?
- Do these coping mechanisms developed during an emergency/ displacement phase put specific categories of population at risk (other than women/ girls)?
- Do women participate in food for work projects? If not, what are the main obstacles to their participation?

Access to water and sanitation

- Are water points accessible to women?
- Are water points accessible for children?
- Have women/ children/ older persons/ persons with disability been consulted on the location and type of wash facilities?
- Are WASH facilities available at schools and protective spaces for children and women?
- Are water points safe for children?
- Are water points accessible to older persons and persons with disabilities?
- Are separate sanitation facilities accessible to women and girls?
- Does the layout of the sanitation facilities guarantee privacy and protection for women and children?
- Are latrines safe for children? Have there been any safety incidents involving children?
- Is the practice of water collection exposing children to hazardous / heavy labour? Is the practice of water collection having an impact on children's attendance at school?
- Are sanitation facilities accessible for older persons and persons with disabilities?
- Do women/ girls feel safe when they use latrines and sanitation facilities?
- If not, what types of problems do they encounter/ report?
- Are there any suggestions for improving access and quality of water and sanitation facilities for the emergency-affected/ displaced population?
- Are there items for women and girls available in the hygiene kits?
- Are there any suggestions for improving the quality of hygiene kits for women and girls?

Health

- Are health facilities accessible to women and children at convenient times and locations?
- Are health facilities accessible to older persons and persons with disabilities?
- Are Reproductive Health services available in the health facilities?
- Is there a presence of female staff in the health facilities? What is the ratio? Is it sufficient?
- Are there specialised services and staff for mental health and psychosocial support available at public health facilities?
- Is there a system to refer and report these cases?
- Do health facilities have spaces where women, children or any other person can report in confidentiality? Does the health staff respect the confidentiality?
- What are the main obstacles for women and girls to access health facilities? (e.g. distance, cost, lack of female staff, cultural restrictions, lack of specialised services...)
- Do affected populations face HIV/AIDS and Sexually Transmitted Infections [STIs]-related protection risks? Are cases referred safely and with confidentiality to appropriate HIV services?

- Have children, women and PWDs participated in making suggestions for improving access and quality of health facilities for the emergency-affected/ displaced population? What suggestions have been made, if any?
- Are health-service providers able and trained to detect, respond to and refer protection cases?
- Are there specialised, age-appropriate services for survivors of landmines and ERWs?

Education

- If cultural norms so require, are there separate schools for girls present in the area?
- Are there enough female teachers? What is the ratio? Is it sufficient?
- Are there any security problems for girls and boys to get to and from school safely?
- Do schools have separate and locked sanitation facilities for girls?
- Is there a difference between enrolment rates for displaced and non-displaced children? If so, why?
- Is there a difference between enrolment rates for unaccompanied and separated children? If so, why?
- Are there any obstacles to school enrolment and/or completion (e.g. fees, school books and materials, uniforms, specific documentation requested to IDPs)?
- Are teachers treating all students equally in their teaching?
- Are teachers sensitised to issues of displacement?
- Are teachers able to detect, respond to and refer cases of violence, abuse, exploitation or neglect?
- Has there been any report of child mistreatment/ abuse by teachers?
- Have teachers been trained in positive discipline and ending corporal punishment?
- Have teachers and school personnel signed a code of conduct?
- Do teachers and students know how and where to report protection concerns?
- Is mine risk education included in the educational activities?
- Are there any suggestions from children for improving access and quality of education facilities for the emergency-affected/ displaced children?

Adequate Shelter

- Have women and children being involved in decision-making processes regarding shelter?
- Does available accommodation allow for family unity and privacy for women and girls?
- Does available accommodation take into account the circumstances of persons with disabilities?
- Does it offer sufficient space for education, recreation and other children's activities?
- What are the main concerns for women and girls relating to housing?
- What are the main concerns for persons with disabilities relating to housing?
- Rank the 3 top housing concerns for disaster-affected population/ IDPs (e.g. Overcrowding/ Privacy; Security; Lack of water and sanitation; Lack of cooking facilities/ Utensils; Cost of rent; Relation with/ attitude of the landlord)
- Is it particularly difficult for some segments of the population to find / rent accommodation? If so, for whom? (e.g. women heading households, children heading households, ethnic/religious minorities....)
- Do evictions of IDPs occur? What are the causes?
- Do evictions affect particular groups of IDPs?
- Are evictions lawful (i.e. due to the tenant breach of the agreement, with due notice especially if without a cause)?
- If lawful, is there any support provided to mitigate the situation?
- Are women allowed to own land?
- Are women allowed to benefit from a shelter project?
- Have specific programs been established to provide permanent land/housing to IDPs in areas of displacement? Do IDPs have titles on such land plots / housing? Is security of tenure guaranteed?
- Have specific programs been established to provide permanent land/housing to returnees? Do returnees have titles on such land plots / housing? Is security of tenure guaranteed?
- Is there any compensation mechanism in place for lost / damaged houses? Do affected populations know about it? How many families have applied? How many families have received the compensation?

Camp Coordination /Relief sites

- Do women and girls feel that the space arrangements in the camp/ relief site are adequate to respect privacy/ cultural norms?
- Do women and girls feel that the sanitation facilities are adequately constructed to provide adequate privacy? If not, what is the problem (e.g. not adequate distance from male facilities; too few/ distant; not adequately lighted; not lockable…)
- Do women and girls feel that the washing and sanitation facilities are sufficiently lighted?
- Is the layout of the camp/ relief site adequate to avoid inter-communal tensions?
- Have children (girls and boys), women and persons with disabilities participated in camp design and layout?
- Are authorities providing security to the camp/ relief sites?
- Are there any forms of communal security (e.g. patrol groups) coordinated to support prevention of forced recruitment, looting, gender-based violence (particularly sexual harassment and rape), or other threats?
- Are camp management staff able to detect, respond to or refer protection cases (violence, abuses, neglect etc.)?
- Have people been registered by the authorities in the camp/ relief site? Is the population record of the camp disaggregated by age, gender and disability?
- Have persons with specific needs (e.g. separated and unaccompanied children) been identified and assisted during the registration?
- Do authorities visit the camp/ relief site regularly? Are the Department of Social Welfare staff periodically monitoring and visiting the camp/ relief site?
- Are there any suggestions for improving the layout of the camp/ relief sites?

Specifically on evacuation from relief sites

- Have people in camps/ relief sites been asked to vacate the site/ premises? Who did this request come from (e.g. local authorities, landlord, police, military, school officials, other)
- How much notice was given (e.g. less than one day, less than one week, 1-2 weeks, less than a month, more than a month)?
- Was there any prior consultation with the displaced population?
- Is force being threatened/ used during the involuntary evacuation?
- Is there any alternative solution proposed by the authorities?
- Is there any assistance provided by the authorities?

Nutrition

- Are there safe spaces for women to breastfeed?
- Are there any reports or indications that women are stopping or reducing breast feeding?
- Are there observed/reported cases of unaccompanied infants (0-6 months) who are not being breastfed?
- Are there any differences in breastfeeding practices for baby girls or baby boys?
- Are children screened for acute malnutrition and referred to nutrition centres/community management of acute malnutrition sites?
- How is food distributed within the home between women, girls, boys and men?
- Who within the household has controls over resources? Does this impact on access to food and feeding habits?
- Has the emergency caused any change in the roles and responsibility in securing food for the family?
- Are there differences for women, girls, boys and men in terms of access to food?
- Are there any challenges for women heading households in having access to food?
- If boys and men are separated from families can they prepare food for themselves?
- How do elderly women and men have access to food? Does the food basket meet their specific needs?
- What nutrition interventions were in place before the current emergency? How were they organised?
- How do school children access meals while in schools?
- Do households have access to micronutrients sources?

Economic recovery / livelihood

- Are children engaging in hazardous forms of child labour? If so, is this affecting more girls or boys?
- What types of hazardous labour are children engaging in? (i.e. ration collection, construction projects, agricultural work, mining, transport)
- Has children's engagement in hazardous work increased since the emergency/ disaster?
- Is child labour preventing children in the community accessing education? If so, is this affecting more girls or boys?
- Are people generally aware that hazardous child labour may be harmful to the children?
- Are there awareness programs on hazardous child labour for the community?
- Are women able/ allowed to participate to CFW / vocational training programs? If not, why?
- What is the age and gender composition of the Cash for Work (CFW) / vocational training project? (% of children, women, persons with disabilities)
- What % of the CFW/vocational training participants are female Heads of Households?
- What % of the CFW/vocational training are children Heads of Households?
- Are "Cash Grants" being offered to the most vulnerable Women Heading Households (e.g. to prevent their children engaging in hazardous work; to protect them from GBV)?
- Have women and children been consulted in the design of the CFW/ vocational training intervention?
- How many children benefitting from CFW programs have started to go to school after being selected?
- How many children benefitting from CFW programs / vocational training programs have dropped off school after being selected?

RESOURCE 7: CARDS FOR VULNERABILITY EXERCISE

Profile 1: **A 10 year old girl**	Additional Information Profile 1: This 10-year old girl has a mother and father and is currently able to access school on a regular basis
Profile 2: **A local committee member**	Additional Information Profile 2: This local committee member is a woman who has been supported by an NGO trying to fulfill gender balance in local committees, but she is from an ethnic minority group that is discriminated against. As a result she is being verbally abused and targeted by men in the community as she tries to do her job.
Profile 3: **A farmer**	Additional Information Profile 3: This farmer had to leave his land to seek a safer location for his family. He had all his crops destroyed and farming equipment stolen. He has no access to land in his current location.

Profile 4: **A man with a disability**	Additional Information Profile 4: This man with a disability has a job working with the local Red Crescent society.
Profile 5: **A cleaner at a UN PK base**	Additional Information Profile 5: This cleaner is being coerced to provide sexual favours to one of the UN workers, she feels she might lose her job if she refuses or complains.
Profile 6: **A worker for a national NGO**	Additional Information Profile 6: This worker is employed by a local human rights NGO that is being targeted by the government. A couple of his colleagues were arrested last month.

Profile 7: **A grandmother**	Additional Information Profile 7: This grandmother is living with her daughter and her family. They have adequate food and support.
Profile 8: **A mother with 5 children**	Additional Information Profile 8: This mother has lost her husband and two children are missing after recent flooding. She has no stable income to support her remaining 3 children and is in a very distressed state.
Profile 9: **An IDP returning to his place of origin**	Additional Information Profile 9: This IDP has received a support package to return to his place of origin. It will allow him to rebuild his home and buy some livestock.

Profile 10: **A newborn baby**	Additional Information Profile 10: This newborn baby is the daughter of a family that has just been recognised as refugees by the UNHCR and will shortly be moving to Norway.

RESOURCE 8: PROJECT CYCLE EXERCISE CASE STUDY

The country in which you are operating is experiencing armed conflict between the ethnic majority (Alphas) and ethnic minority (Betas). Recent fighting in villages near Nytanga has resulted in significant internal displacement. Many internally displaced have arrived in Nytanga, which is not currently affected by conflict.

You are working for an NGO that is responsible for food distribution in a community that consists of IDPs (the majority of whom are Betas) and host community who are all from the Alpha ethnic group.

Of the IDP population, those who are Alphas are being sheltered and supported by the host community. Those IDPs that are Betas have set up their own make-shift camp.

Your organisation has been asked to design and deliver a food distribution project in the area.

RESOURCE 9: GPC SECTOR CHECKLISTS

Protection Programs

Tips for Protection Mainstreaming

Edition 1 (May 2014)

The content for this note is taken mainly from the following sources:

- Minimum Inter-Agency Standards for Protection Mainstreaming (WVI)
- Disabilities among Refugees and Conflict-Affected Populations - Resource Kit for Fieldworkers (WRC)
- Minimum Standards for Child Protection in Humanitarian Action (CPWG)
- GBV Guidelines (IASC)
- Humanitarian Charter & Minimum Standards in Humanitarian Response (Sphere)

This note is divided into three sections, representing the four key elements of Protection Mainstreaming. The content is not meant to be exhaustive, but presents examples of key actions that should be taken to ensure the integration of protection principles *in the delivery of humanitarian assistance.*

Although each action described should be considered throughout implementation, there are some key actions which are especially important to consider during emergencies and during the assessment/project design stage of the project cycle. These are highlighted with the following symbol-codes:

- Emergencies ⚠
- Assessment & Project Design Stage

Some actions can be sensitive by their nature. In these cases, it is suggested to reach out to a Protection specialist. These are highlighted with the following symbol:

Prioritise safety and dignity, and avoid doing harm

- Ensure the location of facilities and the routes to them are distant from threats of violence; especially the risk or threat of gender-based violence (GBV) and attacks from armed groups.

  Notes:
  - *Talk to different groups of community members separately to identify/map safe and unsafe areas (elderly men, elderly women, adult men, adult women, adolescent boys, adolescent girls, boys, girls, disabled males, disabled females, minorities).*
  - *Ensure lighting is provided along the route to minimise night-time risks. Make considerable efforts to light and/or protect unsafe areas and routes. Examples could include installing lights, distributing personal flashlights, incorporating a buddy system, advocating for community watch or security personnel to monitor areas regularly.*
  - *Do not place facilities near possible perpetrators.* ⚠ ***N.B.*** *The police and armed forces are often seen as perpetrators of violations. Whether they provide a reassuring feeling or instill fear depends on the context. It is important to consult the community and potential beneficiaries about their preferences.*
  - *Arrange appropriate policing if required.* ⚠

- Make **infrastructure** adaptations such as fitting ramps and railings to facilities so that all individuals and groups can access and use the facilities in safety and with dignity.

  Notes:
  - *Use direct observation and discussion groups with persons with disabilities in the community to identify the type of adaptations that are needed.*

- Ensure that **confidentiality and privacy** are respected in all forms of consultation, counseling and personal information sharing.

  Notes:
  - *Ensure rooms are well separated from public spaces or the waiting area.*
  - *If separate rooms cannot be provided, consider establishing a wall or at least put up a curtain.*
  - *Ensure that an information sharing protocol is established so that a survivor of violations will not need to repeat their story, potentially exposing them to further trauma.*
  - *Do not collect information that is not needed to contribute towards promoting the well-being of the individual.*
  - *Talk with women and girls about privacy norms in shared shelters, latrines, wash areas, etc.*
  - *Advocate for, or install, partition walls, doors and locks.*

- Do not share **identifiable information** (e.g. names, addresses, or traits and characteristics about the case that can lead to identification etc.) unless consent has been given by the beneficiary

  Notes:
  - *If requesting consent to collect and use data, make sure the beneficiary is clearly informed of all services and has the capacity to give informed consent (e.g. children or persons with intellectual disabilities may give consent without fully understanding or having the capacity to do so).*
  - *Make sure that data storage is secure and that contingency plans are in place to secure, move or destroy the data in the event that the area must be evacuated.*

- Make sure that only qualified psychosocial workers are on staff to receive and counsel survivors of violations, especially when dealing with children and/or survivors of GBV.

  Notes:
  - *When working with children ensure there are trained child advocates/counselors on staff or who can be easily referred to.*
  - *Ensure that staff are aware of and can easily refer to staff or other service providers who are trained specifically to counsel and support GBV survivors.*

- Make sure that there is a variety of staff (male, female, members of minorities) who have firsthand knowledge of gender and cultural sensitivities.

- If NFIs or prizes are distributed during awareness-raising sessions, make sure the value of the items do not create tension or added risk for the beneficiaries (e.g. pushing and shoving to reach prizes, theft of the prizes following the event, etc.). Pay special attention to vulnerable groups such as women, the elderly or children.

  Notes:
  - *If valuable gifts are distributed, consider delivering these at home away from the public eye.*
  - *Make sure the NFIs are of appropriate size so that women, children, the elderly andthe disabled can carry them.*
  - *Develop strategies to distribute to population with special needs such as pregnant women, children, single parents with young children, elderly, sick, disabled and marginal populations.*

Meaningful Access ⚠

- Ensure that services are provided at an **adequate time** when individuals can realistically access them.

  Notes:
  - *Consider the provision of services outside of work hours (e.g. working through focal points or providing services at night/on weekends). For example, if a service or registration only takes places from 9:00 to 17:00, what procedures are in place to ensure the protection of individuals arriving at 17:01? Do these procedures take into consideration age and gender? Establish flexible staff schedules to allow them to access key clients within their time schedule and calendar.*
  - *Is there 24/7 access to emergency protection services? (e.g. medical care)*
  - *Consider the use of mobile technologies for beneficiaries to access services.*

- Ensure that services can be accessed by **women and girls**

  Notes:
  - *Consider that in most contexts, women and girls are restricted from accessing services simply because of their gender. Talk to women and girls directly, and separately from men and boys, to understand what barriers they face. Take into consideration the protection issues that come along with talking to women/ girls alone. Have same sex staff. Prepare work with community leaders to ensure access to women and girls alone.*

- Ensure that services can be accessed by **persons with reduced mobility** (e.g. persons with physical disabilities, the elderly, bed-ridden individuals)

  Notes:
  - *Make access paths smooth and fit ramps for wheelchair access. Consider different physical disabilities. Different wheelchairs may require different amounts of space. Artificial limbs may make even relatively short distances difficult. Talk to persons with physical disabilities about what solutions would best fit their needs.*
  - *For individuals who cannot access the services, ensure that special arrangements are made to make them available (e.g. mobile counseling centers, home visits).*
  - *Recognise that protection issues can be exacerbated for persons with disabilities. Women with disabilities and girls are at higher risk of GBV.*
  - *Team up with a local NGO working with persons with disabilities to train staff and mobilise individuals for home counseling and services.*

- Ensure that services can be accessed by **persons with non-mobility-related disabilities** (e.g. the blind, hard of hearing, intellectually disabled)

  Notes:
  - *Provide information about services in both verbal and written form. Consider developing pictorial representations and explanations (e.g. of referral pathways to services)*
  - *Ensure that staff are trained to work with individuals with intellectual disabilities, including how to ensure proper confidentiality and informed consent. Local NGOs often already have the technical knowledge.*
  - *Recognise that protection issues can be exacerbated for persons with disabilities. Women with disabilities and girls are at higher risk of GBV.*

- Ensure that **Lesbians, Gays, Bi-Sexuals, Transgender, and Intersex individuals** (LGBTI) have access to services

  Notes:
  - *Engage staff in discussions on the inclusion of Lesbian, Gay, Bi, Transgender, and Intersex (LGBTI) individuals in program activities and services. LGBTI individuals are regularly excluded from assistance, often because they believe they will be refused assistance because of their identity. However, unlike other minority groups that are discriminated against or ignored, in many countries, LGBTI individuals risk direct attack and violence or even persecution through national laws. Such attitudes are also prevalent amongst aid workers. At all times, it is important to prioritise safety, and not put individuals at further risk (e.g. It is important to support LGBTI individuals' access to services, but do not reveal their gender identity without their clear consent.)*

- Ensure that lack of **documentation** does not exclude individuals from accessing services.

  Notes:
  - *Consider that lack of documentation can affect access to services and attendance. E.g. in Pakistan, parents without documentation had no access to food distributions, and sent their children to work instead of school*
  - *Some of the most marginalised people are under-schooled or illiterate so may not have school certifications. Consider whether these certifications are absolutely necessary, so that they are not unnecessarily excluded from services.*
  - *Beneficiaries should be assisted to obtain documentation or referred to an organisation that does.*

- Ensure that beneficiaries **know** their rights and **how to assert** them (e.g. accessing your services).

  Notes:
  - *In assessments, lack of awareness about rights and services is regularly identified.*
  - *Rights awareness should be provided in sufficient quantity in languages understandable to all beneficiaries, especially to new arrivals in displacement settings.*
  - *Consider literacy levels when developing materials for printing. Printed materials should consider literacy levels (e.g. use of pictograms instead of text). Lack of awareness about rights and services is regularly a gap identified in assessments.*

- **Monitor** access and discrimination.

  Notes:
  - *Ensure project indicators (e.g. number of individuals accessing services) are disaggregated by age, gender, and location or specific group (e.g. persons with disabilities, ethnic minorities).*
  - *Where possible train the protection committees and beneficiaries to monitor access*
  - *Make sure services reach the most vulnerable.*

Accountability, Participation and Empowerment

- Identify the **power dynamics** within the intervention area. What are the minority groups and who is vulnerable or marginalised? Do they have access to your services?

  Notes:
  - *Consult with the Protection Cluster/ Protection Actors, including the GBV and Child Protection sub-clusters, about power dynamics in the area of intervention.*
  - *Use this information to inform monitoring activities and identify any barriers to access or discrimination against particular groups.*

- Identify **local authorities and civil society** specialised in working with persons with disabilities. Strengthen and support their role, and learn from them.

  Notes:
  - *Coordinate with specialised agencies to identify low-mobility individuals and include them in the program assistance. Most countries already have national or local NGOs offering services to vulnerable groups. These may not operate in the same areas, but could become a valuable resource for the training of staff and the referral of cases.*
  - *Actors operating in the same locality could help mobilizing low-mobility individuals for key activities.*
  - *International NGOs working on these issues include Handicap International and HelpAge*

- **Report and share protection concerns** with the Protection cluster, including the GBV and Child Protection sub-clusters. Other actors may be able to provide assistance.

  Notes:
  - *Cases of violations should be referred promptly and in accordance with standard operating procedures established in the area.*

- Make sure to **consult** all layers of society when identifying and responding to Protection needs

  Notes:
  - *Different criteria may affect the power dynamics in an intervention area. For example, in some places it will be important to consult different socio-economic groups (e.g. ethnic or economic minorities). In all situations, one should include women, men, boys, girls, the elderly, and persons with disabilities to understand their needs and preferences for location, design, and methodology of assistance.*
  - *Beyond engaging with and considering the protection needs of different groups, it is also important to involve members in identifying possible solutions. In addition to making the response more relevant and potentially durable, this will build the confidence and self-esteem of the beneficiaries concerned.*

- Find out what are the different community groups' **coping strategies**. Are beneficiaries placing their safety and dignity at risk? Risks must be recognised as soon as possible and interventions undertaken to help people avoid resorting to or mitigating the risk of coping strategies that could have a negative impact. Promote and support self-protection capacities wherever possible.

  Notes:
  - *In one IDP camp, documentation had to be renewed after marriage. The delay caused beneficiaries to stop receiving food rations, which in turn led parents to send their children to work. Actors in the camp successfully campaigned the distribution agency to temporarily continue to deliver food until documentation could be obtained.*

- If protection committees are established, promote **meaningful representation** of all layers of society and that all members are trained on "protection mainstreaming principles".

  Notes:
  - *Members of protection committees can play a key role in identifying issues related to exclusion and discrimination.*
  - *It might be necessary to be proactive and actively recruit representation/participation because some segments of the population may not feel that they have the right to speak up and participate even when the door open to them because of cultural norms and marginalisation.*

- Set up accessible, well understood mechanisms for **suggestions and complaints**

  Notes:
  - *Do not assume an "open door" policy is enough. Make sure that there are other possibilities for submitting complaints that do not require the beneficiaries to expose themselves to project staff.*
  - *RESPOND to complaints, regardless of whether corrective measures can/need to be put in place*
  - *Staff the mechanism with both men and women and ensure it is accessible for children.*
  - *Organise awareness raising sessions so that people know the mechanisms works.*

Tips for Protection Mainstreaming

Edition 1 (May 2014)

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- Humanitarian Charter & Minimum Standards in Humanitarian Response (Sphere)

This note is meant to be used as part of the GPC Protection Mainstreaming Training. It is divided into three sections, representing the four key elements of Protection Mainstreaming. The content is not meant to be exhaustive, but presents examples of key actions that should be taken to ensure the integration of protection principles in the delivery of humanitarian assistance.

Although each action described should be considered throughout implementation, there are some key actions which are especially important to consider during emergencies and during the assessment/project design stage of the project cycle. These are highlighted with the following symbol-codes:

- Emergencies
- Assessment & Project Design Stage

Some actions can be sensitive by their nature. In these cases, it is suggested to reach out to a Protection specialist. These are highlighted with the following symbol:

Prioritise safety and dignity, and avoid doing harm

- Ensure, the **location** of EH facilities and routes to them are away from actual or potential threats such as violence; especially the risk or threat of gender-based violence (GBV), and attacks from armed groups.

  Notes:
  - *Consider installing lights near the latrines, especially if these are communal or away from homes. If lighting is not possible, consider alternatives such as providing torches for each household. Be careful not to put individuals at risk with valuable assets.*
  - *Do not place facilities near possible perpetrators. N.B. The police and armed forces are often seen as perpetrators of violations. Whether they provide a reassuring feeling or instill fear depends on the location. It is important to consult the community and potential beneficiaries about their preferences.*
  - *Consider ways to reduce/manage/cope with these threats, including location, accompaniment (e.g. fetching water in groups, formation of water committees, etc.)*
  - *Arrange appropriate policing if required (e.g. water monitors)*

- Make **infrastructure** adaptations such as ramps and railings to EH facilities so that all individuals and groups can access and use facilities in safety and dignity. Use discussion groups and observation to detect/discuss this and ask the community to come up with solutions.

- **Latrines design** must preserve the safety and dignity of its users.

  Notes:
  - *If an individual does not feel safe or dignified in using the latrine, (s)he may go elsewhere, potentially exposing themselves or others to harm.*
  - *Physically separate and label the latrines "male" and "female".*
  - *Ensure latrine design accounts for children (e.g. size of pits may present a safety risk for children).*
  - *It is preferable that latrines and showers can be locked from the inside to ensure privacy. Discuss with beneficiaries what they would prefer. Example: Children in one country were reluctant to use traditional sliding locks and had alternative ideas (e.g. wood and nails).*

- **EH facilities design** must preserve the safety and dignity of its users.

  Notes:
  - *Raised platforms and ramps at water points to ensure safe manual lifting to all, especially children, pregnant women, and persons with disabilities.*
  - *Discuss latrine/bathing station design with various groups – including children and people with disabilities – and adapt the design, if necessary, to accommodate their specific needs. In one education program, the staff knew that children would need latrines. They did not talk to the children, who it was later found out were afraid of the size of the hole. Children continued to defecate outside the latrines, which created a hygiene problem.*
  - *Ensure separate toilet and bathing facilities for males and females. Make sure they are clearly marked in pictorial form and work with the community to ensure they are used by the indicated sex.*
  - ***Consider that women and children are the most likely to be collecting water**, and might be waiting in the sun for hours for a turn to fill their jerry can. Establish safe and shaded waiting areas where possible.*
  - *Schedule water collection times to limit overcrowding at the water points; collection in shifts.*
  - *Children should not carry jerrycans. However, assuming they will be forced to do so, make sure that jerrycans are not so large as to cause injury.*
  - *Ask individuals collecting water when they would prefer taps/pumps to be open. Recognise that different people have different work schedules; women and girls, who are typically the water collectors, have specific times when they are busy making meals.*
  - *Ensure that you have discussions on latrine/shower design with various groups and adapt the design, if necessary, to accommodate their specific needs. Topics to discuss include: privacy (make sure 'walls' are providing sufficient/safe cover), that persons with disabilities can access the services without or with minimal additional help. Consult the community on their preferences regarding the design. In one Burmese camp, women requested walls for privacy, but without a locking door, which was felt could create an environment for assault. In several other settings, beneficiaries especially requested locking doors.*
  - *Foresee menstrual hygiene needs for women and provide appropriate hygiene materials to individuals and groups with unique needs. Include strategies to dispose of hygiene materials.*

- If setting up EH facilities for displaced communities, consult them as well as host communities about EH needs so as to **avoid community tensions**. Make sure that there is no tension or inequality that could lead to violence and harassment of one group or another.

  Notes:
  - *Assess whether inequitable access to water and / or sanitation facilities is causing tension or conflict within the community AND with other surrounding communities.*
  - *In camp settings, consider providing services to the local community as well.*
  - *Example: In one program, an agency built latrines for IDPs living with the host community. Once the latrines were built, the host community prevented IDPs from accessing the latrines.*

- Ensure **cleaning chemicals** are stored safely (e.g. for cleaning EH facilities)

  Notes:
  - *Children and adolescents can mistake chemicals – especially water purifying tablets – for candy or prophylactics. Proper awareness raising combined with proper storage can prevent improper use.*

Meaningful Access

- Ensure that the **location** of water points and latrines are accessible to all.

  Notes:
  - *Discuss with all representative samples of society (e.g. men, women, girls, boys, elderly, ethnic groups, persons with disabilities) that should have access to the service. Adapt the location to reduce the distance and to ensure that the most vulnerable/marginalised have access.*
  - *Considering that most often women and children collect water, talk to them directly about the safety of the location and the routes to the location.*

- Ensure that services can be accessed by **persons with reduced mobility** (e.g. persons with physical disabilities, the elderly, bed-ridden individuals)

  Notes:
  - *Make access paths smooth and fit ramps for wheelchair access. Consider different physical disabilities. Hand pedal wheelchairs require more space. Artificial limbs may make even relatively short distances difficult. Talk to persons with physical disabilities about what solutions would best fit their needs.*
  - *Install handlebars and removable seats in latrines for persons with disabilities. Permanent seats risk being removed or unused if it does not fit with traditional practice.*
  - *Provide bed pans for bed-ridden individuals.*
  - *If some cannot access the services, ensure that special arrangements are made to bring water to them. It should not be assumed that friends and family will do it, as this can result in children being forced to carry heavy jerrycans. In Darfur, donkey carts were hired to carry water once per week to low-mobility individuals.*

- Ensure that beneficiaries **know** their right to safe drinking water, and where/how to obtain it.

  Notes:
  - *Rights awareness should be provided in sufficient quantity in languages understandable to all beneficiaries, especially to new arrivals in displacement settings.*
  - *Printed materials should consider literacy levels (e.g. use of pictograms or verbal communication instead of text). Lack of awareness about rights and services is regularly a gap identified in assessments.*
  - *Consider public private partnership approaches in water service provision in non-emergency settings as this will ensure that right to adequate water is commensurate to responsibility of individuals and communities in ensuring that safe water is provided and maintained*

- **Monitor** access, discrimination, and whether any water or other services are being diverted.

  Notes:
  - *Ensure project indicators (e.g. number of individuals accessing services) are disaggregated by age, gender, and location or specific group (e.g. persons with disabilities, ethnic minorities).*
  - *Compare usage figures to existing demographic data. Discrepancies can tell you which groups do not have access.*
  - *Where possible train the EH committees and beneficiaries to do this. Committees can work with contractors to make sure designs are disability friendly.*
  - *Make sure services are reaching the most vulnerable.*

- Identify what are the **power dynamics** within the intervention area. Who has access to water resources? Who has access to decision-making and the ability to influence decisions on water resources?

  Notes:
  - *Consult with the Protection Cluster/ Protection Actors, including the GBV and Child Protection sub-clusters, about power dynamics in the area of intervention.*
  - *Consult community members on power dyamnics as perceived by them and how equity can be achieved in their perspective.*
  - *Use this information to inform monitoring activities and identify any barriers to access or discrimination against particular groups. Take this into consideration when determining locations for EH facilities.*

Accountability, Participation and Empowerment

- Identify **local authorities and civil society** specialised in working with **persons with low mobility or disabilities.** Strengthen and support their role, and learn from their experience how to improve service delivery.

  Notes:
  - *Coordinate with specialised agencies to identify low-mobility individuals and include them in the program assistance. Most countries already have national or local NGOs offering services to vulnerable groups. These may not operate in the same areas, but could become a valuable resource for the training of staff and the referral of cases.*

- *Actors operating in the same locality could help mobilizing low-mobility individuals for key activities.*
- *Notable international NGOs working on these issues include Handicap International and HelpAge.*
- *Ensure inclusion of people with special needs in management committees for EH facilities.*

- Coordinate with local authorities, as well as the education and health sectors to **ensure that public spaces, schools, and health posts also have EH services.**

- Before leaving an area, make sure that the responsible actors and systems for EH facility **maintenance** are in place.

  Notes:
  - *This will involve coordination with local authorities and possibly suppliers, but should focus on community capacities to maintain the structures in place (e.g. EH committees).*
  - *In schools, student environment committees can be made responsible to monitor hygiene of EH facilities and report to the persons responsible for maintenance.*
  - *Identify patrons in schools to guide activities of the school health/environmental clubs/committees.*

- **Report and share protection concerns** with the Protection cluster, including the GBV and Child Protection sub-clusters. Other actors may be able to provide assistance.

  Notes:
  - *Cases of violations should be referred promptly and in accordance with standard operating procedures established in the area.*
  - *Sensitise communities on what constitutes violation.*

- Set up accessible, well understood **mechanisms for suggestions and complaints.**

  Notes:
  - *Do not assume an "open door" policy is enough. Make sure that there are other possibilities for submitting complaints that do not require the beneficiary exposing themselves to project staff.*
  - *RESPOND to complaints, regardless of whether corrective measures can/need to be put in place.*
  - *Staff the mechanism with both men and women and ensure it is accessible for children.*
  - *Organise awareness raising sessions so that people know how it works.*
  - *Consider a joint complaints mechanism with other sectors (e.g. Protection) to minimise confusion.*

- Make sure to **consult** all layers of society when identifying and responding to EH needs.

  Notes:
  - *Different criteria may affect the power dynamics. For example, in some places it will be important to consult different socio-economic groups (e.g. ethnic or economic minorities). In all situations, one should include women, men, boys, girls, the elderly, and persons with disabilities to understand their needs and preferences for location, design, and methodology of EH assistance.*
  - *It is not enough to just consider the EH needs of all layers of society. They have to be involved in identifying the solutions. In addition to making the response more relevant and potentially durable, this will build the confidence and self-esteem of the beneficiaries concerned. Example: In one Education program, the staff knew that children would need latrines. They did not talk to the children, who it was later found out were afraid of the size of the hole. Children continued to defecate outside the latrines, which created a hygiene problem.*

- Find out what are the **coping strategies**. Where do people get water when there is shortage? Where do people go to the toilet? Are they placing their safety and dignity at risk? Risks must be recognised as soon as possible and interventions undertaken to help people avoid resorting to negative coping strategies.

  Notes:
  - *If there is a water shortage, do women travel long distances to get water and are they at risk? Consider accompaniment or water deliveries.*
  - *During migration in search pasture and water, are women and children left behind? If so, what are their coping mechanisms then?*
  - *Consider learning from local practice. Certain local plants combined with water boiling can create a filtering effect (e.g. Morninga Seeds). Displaced communities especially may not know these techniques that could help mitigate water born diseases in cases of water shortage.*

- Ensure that EH committees are representative of all layers of society (e.g. gender, age, ethnicity, socio-economic group, etc.) and that all members are trained in "protection mainstreaming principles".

  Notes:
  - *They can play a key role in identifying issues related to exclusion, discrimination.*
  - *If at all possible, provide the water committee with guidance on 'peaceful' resolution of conflicts (e.g. in managing queues, etc.)*
  - *Sometimes it is necessary to be proactive to ensure meaningful participation from groups that don't traditionally speak out.*
  - *Insure that the voice of minority groups is represented in all committees managing EH facilities.*

CCCM Programs

Tips for Protection Mainstreaming

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This note is divided into three sections, representing the four key elements of Protection Mainstreaming. The content is not meant to be exhaustive, but presents examples of key actions that should be taken to ensure the integration of protection principles in the delivery of humanitarian assistance.

Although each action described should be considered throughout implementation, there are some key actions which are especially important to consider during emergencies and during the assessment/project design stage of the project cycle. These are highlighted with the following symbol-codes:

- Emergencies
- Assessment & Project Design Stage

Some actions can be sensitive by their nature. In these cases, it is suggested to reach out to a Protection specialist. These are highlighted with the following symbol:

Prioritise safety and dignity, and avoid doing harm

- Ensure camps and camp-like settings meet standards for distance from borders and conflict frontlines. Consider safety risks associated with landmines, explosive remnants of war (ERW), and natural hazards. If the area of intervention is mined or contaminated by ERW, please refer to Mine Action working group / organisations.
- Carefully examine risks of violence, especially gender-based violence (GBV), to boys, girls, men and women in their daily activities (e.g. fetching water, going to the market or to school, collecting firewood or getting fuel), and work with them and protection actors to identify preventive measures and responses.
- Ensure that effective security measures are in place, especially at night, such as police and/or community patrols where possible, adequate lighting or other security measures. Monitor high-risk security zones regularly and at different times of day (e.g. around showers, latrines, child-friendly spaces, schools and routes to schools, health facilities, water collection points, etc.).
- Be aware of existing land and property tenure arrangements, including statutory/legislative and customary access rights to land when selecting sites. If the land or property is privately held, consult with relevant stakeholders to obtain authorisation and formal agreement from owners. For technical support, refer to the working group or actors specialised in Housing, Land and Property within the Protection Cluster.
- Be aware of existing tensions between different ethnic, religious or other groups and consider cultural practices within the affected community. Regularly monitor and discuss with beneficiaries if they feel pressured, directly or indirectly, to return to their place of origin or relocate, or if they feel prevented from leaving the camp.

Meaningful Access

- Treat all displaced persons equitably, regardless of their living situation (i.e. host-families, collective centers, are self-settled in urban or rural locations, or are living in spontaneous sites or planned camps.
- Make sure that a comprehensive registration system is in place, enabling women to be registered in their own name, and provisions are made for child-headed households. Ensure that the purpose of registration is properly communicated to all groups and that effective data protection measures are applied.

- Ensure that information about camp/site facilities and services is accessible to everyone, including persons with disabilities (sensorial impairments) and other persons with specific needs.
- Ensure that the design of the camp/site set-up and services are accessible to all categories of beneficiaries. Carry-out regular spot-checks as part of ongoing monitoring in the camp/site, to collect information – disaggregated by age and sex – from the various services and assistance providers.
- Ensure that service providers consider the needs of different ethnic, racial, national or social groups and ensure that the quality of their services is equitable.
- Ensure that all persons have equal access to work opportunities in the camp. Consult with all actors operating in the camp to determine whether monetary compensation will be offered for work, and ensure consistency in agreed approach. If compensation is offered, ensure equal payment for all persons without discrimination.

Accountability, Participation and Empowerment

- Set-up referral systems in partnership with protection actors to provide an appropriate response and specialised assistance to persons with specific needs. Apply standards on data management and implement measures to secure referral data i.e. to ensure that personal data and lists of beneficiaries of specialist protection interventions are kept confidential and stored in a secured manner to avoid unintended uses.

  Notes:
  - *A referral mechanism is not a rigid structure but a dynamic and inclusive process, which should incorporate: a) guidance on how to identify and appropriately treat persons with specific needs and survivors while respecting their rights and giving them power over decisions that affect their lives; b) a protocol or "pathway" to refer persons with specific needs and survivors to local and/or international agencies providing specialist protection and assistance, including medical, psycho-social and legal counselling services.*

- Set-up feedback and complaints mechanism to receive and investigate requests and grievances regarding CCCM interventions, facilities and services at the displacement sites, as well a allegations of intimidation, coercion, violence and sexual exploitation and abuse experienced by women, girls, boys and men in receiving assistance. Respond to all complaints, regardless of whether corrective measures can/need to be put in place.

  Notes:
  - *Note: A complaints mechanism should a) include a standard complaints form; however all complaints should be reviewed, regardless of format; b) give persons submitting a complaint the opportunity to identify themselves whilst respecting their anonymity should they fear retaliation; c) include provisions to submit complaints through a person other than the one about whom the complaint is made; and d) must incorporate appropriate procedures for effective follow-up. The complaints mechanism should be staffed with both men and women, and it should be accessible for children and persons with specific needs.*

- Ensure that camp/site managers and coordinators have signed a code of conduct stating their commitment to respect and foster humanitarian standards and the rights of beneficiaries. Train managers and coordinators on the code of conduct and effectively monitor their adherence to the code. Compliance with the requirement to have a code of conduct is a non-derogatory criterion for the selection of all service providers.
- In partnership with protection actors, identify dedicated focal points and raise awareness about Prevention of Sexual Exploitation and Abuse (PSEA) by UN staff members, related personnel and partners. Provide clear information on the fact that beneficiaries do not have to provide services or favors in exchange for receiving services or accessing facilities.
- Ensure that women, men, girls and boys are fully involved in decisions relating to their situation, such as the development of camp/site policy, management, and site closure.

- Establish appropriate and sustainable mechanisms for meaningful dialogue with different age, gender, diverse groups of beneficiaries. To incorporate the views of persons with specific needs in decision-making processes, designate focal points within camp/site management structures and beneficiaries' committees.
- Ensure that local authorities and host communities are informed, consulted and included in decisions on site location and planning in order to reduce tensions between host communities and displaced populations.
- Involve all categories of affected persons (such as children, persons with disabilities and older persons) in assessments in order to collect accurate information about their specific needs.
- Provide appropriate support to national/local authorities and stakeholders, including capacity building, and encourage government ownership of the protection and assistance strategy for camps and settlements.

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- Ensure that the **location** of health facilities and routes to them are away from actual or potential threats such as violence; especially the risk or threat of gender-based violence (GBV), and attacks from armed groups.

  Notes:
  - *Identify areas in and around the clinic that could be potentially unsafe like dark alleys, proximity to the bush and mount lights or place security around them.*
  - *Consider installing lights near health centers, especially if lighting is not possible, consider alternatives such as providing torches for each household. Be careful not to put individuals at risk with valuable assets*
  - *Do not place facilities near possible perpetrators. N.B. The police and armed forces are often seen as perpetrators of violations. Whether they provide a reassuring feeling or instill fear depends on the location. It is important to consult the community and potential beneficiaries about their preferences.*
  - *Arrange appropriate policing if required.*

- Make **infrastructure** adaptations such as ramps and railings to health facilities and latrines so that all individuals and groups can access and use them in safety and dignity. Use direct observation and discussion groups with persons with disabilities in the community to identify the type of adaptations that are needed.

- Ensure that the health services are **respectful and inclusive of cultural and religious practice.**

  Notes:
  - *Consider the Power Dynamics between health staff and the patient. How can this affect the patient's responses, behavior, and general attitude towards the staff and services provided?*
  - *Consider separate waiting areas (male/female).*
  - *Employ female health staff members with skills and experience working with women.*
  - *Employ health staff members with skills and experience working with children.*

- Ensure that **confidentiality and privacy** is respected in any form of consultation, counseling or personal information sharing.

  Notes:
  - *Ensure examination rooms are well separated from public spaces or the waiting area.*
  - *If separate rooms cannot be provided, consider establishing a dry-wall or at least put up a curtain.*
  - *Ensure that an information sharing protocol is established so that a survivor of abuse will not need to repeat their story, potentially exposing them to further trauma; and all efforts are made to ensure her confidentiality.*
  - *Do not collect information which is not needed to contribute towards promoting the well-being of the individual.*

- Do not share **identifiable information** unless consent has been given by the beneficiary (e.g. names, addresses, or traits and characteristics about the case that can lead to identification, etc.).

  Notes:
  - *If requesting consent to collect and use data, make sure it is properly informed and that the beneficiary has the capacity to give consent (e.g. children or persons with intellectual disabilities may give consent without fully understanding or having the capacity to do so).*
  - *Make sure that data storage is secure and that contingency plans are in place to secure, move or destroy the data in the event that the area must be evacuated.*

- Health facilities need latrines. **design** must preserve the safety and dignity of its users.

  Notes:
  - *Physically separate and label the latrines "male" and "female". Have separate latrine/toilets for males and females and make sure they are labeled clearly for all literacy levels.*
  - *Ensure latrine design accounts for children (e.g. size of pits may present a safety risk for children)*
  - *It is preferable that latrines and showers can be locked from the inside to ensure privacy. Discuss this with beneficiaries what they would prefer. Example: Children in one country were reluctant to use traditional sliding locks and had alternative ideas (e.g. wood and nails)*

- If setting up Health facilities for displaced communities, consult them as well as host communities about health needs so as to **avoid community tensions.** Make sure that there is no tension or inequality that could lead to violence and harassment of one group or another.

  Notes:
  - *Assess whether inequitable access to health care is causing tension or conflict within the community AND with other surrounding communities.*
  - *In camp settings, consider also providing services to the local/host community.*

- Employ female health **staff** members with skills and experience working with women and children.

- Put in place guidelines and mechanisms for monitoring and reporting instances of abuse and exploitation.

  Notes:
  - *Ensure all staff sign and adhere to a code of conduct that includes a "whistle blower" policy.*
  - *Establish an accessible and well understood mechanism for complaints.*
  - *Ensure staff understand and sign the code of conduct.*
  - *There should be annual meetings on the code of conduct to remind everyone of their obligations.*

Meaningful Access

- Ensure that the health facilities are accessible to all

  Notes:
  - *Discuss with all representative samples of society (e.g. men, women, girls, boys, the elderly, ethnic groups, persons with disabilities) that should have access to the services we provide. If necessary, adapt the location to reduce the distance and to ensure that the most vulnerable/marginalised have access.*
  - *Consider how seasonal environmental conditions can prevent access to secondary health care centers and hospitals (e.g. floods). Are transport mechanisms in place to make access possible in these conditions?*
  - *Organise transport if necessary.* *In non-emergency contexts, consider pooled funds for emergency transport services.*

- Ensure that services can be accessed by **persons with reduced mobility** (e.g. persons with physical disabilities, the elderly, bed-ridden individuals)

  Notes:
  - *Make access paths smooth and fit ramps for wheelchair access. Consider different physical disabilities. Different wheelchairs may require different amounts of space. Artificial limbs may make even relatively short distances difficult. Talk to persons with disabilities about what solutions would best fit their needs.*
  - *If some individuals cannot access the services, ensure that special arrangements are made to make them available (e.g. mobile health teams).*
  - *Team up with a local NGO working with persons with disabilities to train staff and mobilise individuals for home counseling and services.*

- Ensure that services can be accessed **by persons with non-mobility-related disabilities** (e.g. the blind, hard of hearing, intellectually disabled).

  Notes:
  - *Provide information about services in both verbal and written form.*
  - *Ensure that staff is trained to work with individuals with intellectual disabilities, including on how to ensure proper confidentiality and informed consent. Local NGOs often already have the technical knowledge.*

- Ensure that health **staff** are representative of gender and ethnic differences.

  Notes:
  - *Health centers should have both male and female doctors/nurses. If female doctors/nurses are not available, consider advocating with the authorities to organise a female doctor rotation between locations. In this case, women must be adequately informed of which days a female doctor will be available.*

- Ensure that health **staff** know how to respond to the specific needs of victims of grave human rights violations, including rape and physical abuse.

  Notes:
  - *Staff should be trained and capable of providing psychosocial support to reduce trauma. If staff are not trained, they should have the information to refer patients to these services. To avoid trauma and reduce the chance of being singled out in the health center, victims of grave human rights violations should be prioritised.*
  - *Staff should ensure the confidentiality of survivors and respect the wishes about the care provided.*
  - *Train health staff to identify and respond to traditional harmful practices.*
  - *Set up referral networks for services required in response to instances of abuse and exploitation in line with best practice.*
  - *Special consideration should be given to the design of rooms, type of furnishings and equipment etc. that are in the examination/consultation rooms used for survivors of torture. This should be considered in design phase. Must avoid possibility of re-traumatisation.*

- Ensure that beneficiaries **know** their right to health care, and where/how to obtain it.

  Notes:
  - *Rights awareness should be provided in sufficient quantity in languages understandable to all beneficiaries, especially to new arrivals in displacement settings.*
  - *Printed materials should consider literacy levels (e.g. use of pictograms instead of text). Lack of awareness about rights and services is regularly a gap identified in assessments.*

- **Monitor** access, discrimination, and whether any services are being diverted.

  Notes:
  - *Ensure project indicators (e.g. number of individuals accessing services) are disaggregated by age, gender, and location or specific group (e.g. persons with disabilities, ethnic minorities).*
  - *Compare disaggregated client numbers to existing demographic data. Discrepancies can tell you which groups do not have access.*
  - *Where possible train the health committees and beneficiaries to do this. Committees can also work with contractors to make sure designs are disability-friendly.*
  - *Make sure services are reaching the most vulnerable.*

- Identify what are the **power dynamics** within the intervention area. Who has access to health care?

  Notes:
  - *Consult with the Protection Cluster/ Protection Actors, including the GBV and Child Protection sub-clusters, about power dynamics in the area of intervention.*
  - *Use this information to inform monitoring activities and identify any barriers to access or discrimination against particular groups.*

Accountability, Participation and Empowerment

- Identify **local authorities and civil society** specialised in working with **persons with low mobility or disabilities.** Strengthen and support their role, and learn from their experience how to improve service delivery.

  Notes:
  - *Coordinate with specialised agencies to identify low-mobility individuals and include them in the program assistance. Most countries already have national or local NGOs offering services to vulnerable groups. These may not operate in the same areas, but could become a valuable resource for the training of staff and the referral of cases.*
  - *Especially around reproductive health and family planning it is important to consult with boy and girl adolescents but make sure that girls are consulted separately. It might be useful to use NGO's working with youth but also recognise that the most at risk youth are more likely not associated with a group.*
  - *Actors operating in the same locality could help mobilising low-mobility individuals for key activities.*
  - *Key international NGOs working on these issues include Handicap International and HelpAge.*

- Ensure that Health **staff** and committees are representative of all layers of society (e.g. gender, age, ethnicity, socio-economic group, persons with disabilities, etc.).

- Before leaving an area, make sure that the responsible actors and systems for health care are in place.

  Notes:
  - *This will involve coordination with local authorities and possibly suppliers, but should focus on community capacities to maintain the structures in place (e.g. health committees).*
  - *The plan on how to go about doing this should be spelled out during the design phase.*

- **Report and share protection concerns** with the protection cluster, including the GBV and Child Protection sub-clusters. Other actors may be able to provide assistance.

  Notes:
  - *Cases of violations should be referred promptly and in accordance with standard operating procedures established in the area, always keeping in mind the abovementioned actions to ensure safety and dignity.*

- Make sure to **consult** all layers of society when identifying and responding to Health needs

  Notes:
  - *Different criteria may affect the power dynamics. For example, in some places it will be important to consult different socio-economic groups (e.g. ethnic or economic minorities). In all situations, one should include women, men, boys, girls, the elderly, and persons with disabilities to understand their needs and preferences for location, design, and methodology of Health assistance.*
  - *It is not enough to just consider the protection needs of all layers of society. They have to be involved in identifying the solutions. In addition to making the response more relevant and potentially durable, this will build the confidence and self-esteem of the beneficiaries concerned.*

- Ensure that **Health committees** are **representative** of all layers of society and that all members are trained in "protection mainstreaming principles".

  Notes:
  - *They can play a key role in identifying issues related to exclusion, discrimination.*

- Find out what the **coping strategies** are. Where do people go when they get sick? What kind of treatments can they expect? Are they placing their safety and dignity at risk? Does one group have access over others? Are women allowed to access formal health care? Do they need to be accompanied by male members of their families? Risks must be recognised as soon as possible and interventions undertaken to help people avoid resorting to negative coping strategies.

  Notes:
  - *What distances will people travel for services other than primary health care? (e.g. emergency obstetrics care) Is there a risk involved in the travel? Do people seek alternative forms of treatment? (e.g. traditional healers) Consider establishing systems for emergency transport (e.g. pooled funds for taxi services)*
  - *Consider learning from local practice. Local plants and remedies may provide effective medical remedies while being cheaper, more accessible, and generally more sustainable.*
  - *Work with traditional healers to improve access to services.*

- Set up accessible, well understood mechanisms for suggestions and complaints

  Notes:
  - *Do not assume an "open door" policy is enough. Make sure that there are other possibilities for submitting complaints that do not require the beneficiary exposing themselves to project staff.*
  - *RESPOND to complaints, regardless of whether corrective measures can/need to be put in place.*
  - *Staff the mechanism with both men and women and ensure it is accessible for children.*
  - *Organise awareness raising sessions so that people know how it works.*
  - *Complaints mechanisms should be in line with Protection from Sexual Exploitation and Abusive systems.*
  - *Consider a joint complaints mechanism with other sectors (e.g. Protection) to minimise confusion.*

Education Programs

Tips for Protection Mainstreaming

Edition 1 (May 2014)

The content for this note is taken mainly from the following sources:

- Minimum Inter-Agency Standards for Protection Mainstreaming (WVI)
- Disabilities among Refugees and Conflict-Affected Populations - Resource Kit for Fieldworkers (WRC)
- Minimum Standards for Child Protection in Humanitarian Action (CPWG)
- GBV Guidelines (IASC)
- Humanitarian Charter & Minimum Standards in Humanitarian Response (Sphere)

This note is divided into three sections, representing the four key elements of Protection Mainstreaming. The content is not meant to be exhaustive, but presents examples of key actions that should be taken to ensure the integration of protection principles in the delivery of humanitarian assistance.

Although each action described should be considered throughout implementation, there are some key actions which are especially important to consider during emergencies and during the assessment/project design stage of the project cycle. These are highlighted with the following symbol-codes:

- Emergencies
- Assessment & Project Design Stage

Some actions can be sensitive by their nature. In these cases, it is suggested to reach out to a Protection specialist. These are highlighted with the following symbol:

Prioritise safety and dignity, and avoid doing harm

- **Talk** to children about the threats they face. Talk to girls and boys separately, and hold discussions with groups of children that could face added difficulties (e.g. with disabilities, from ethnic minorities)
- Ensure that the **location** of Education facilities and routes to them are away from actual or potential threats such as violence; especially the risk or threat of gender-based violence (GBV), and attacks from armed groups.

  Notes:
  - *Keep in mind the distances children have to travel and the mode of transport. Do not place facilities near possible perpetrators. N.B. The police and armed forces are often seen as perpetrators of violations. Whether they provide a reassuring feeling or instill fear depends on the location. It is important to consult the children, community, and potential beneficiaries about their thoughts.*
  - *Ask children directly (and especially adolescent girls) about the safety of their travel to school.*
  - *Consider ways to reduce/manage/cope with these threats, including changing the location, accompaniment (e.g. children walking in groups, crossing guards, etc.)*
  - *In case of displacement, locate facilities near or within camps or settlements.*
  - *Ensure that child-friendly spaces, teacher learning centers, schools, classrooms, playgrounds and surrounding areas are in good condition, and pose no safety risks to children and teachers. For example, that there are no exposed wires, no dangerous materials on the ground, not in areas known to have landmines, and that they are not close to busy roads*
  - *Arrange appropriate policing if required (e.g. police, community patrols)*
  - *See if there is a possibility to offer psycho-social support to children in the schools, teachers who have been displaced may also need these services.*
- Communities should advocate for **ending practices of using schools for political purposes**, including political rallies, recruiting students and teachers to attend political events, and using schools as polling stations during elections where this could cause tensions or problems. The use of schools and teachers during elections, for instance as polling officials or vote counters, has triggered election and post-election violence against them in some countries.

- Make **infrastructure** adaptations such as ramps and railings to Education facilities and latrines so that all individuals and groups can access and use them in safety and dignity. Use direct observation and discussion groups with persons with disabilities in the community to identify the type of adaptations that are needed.
- Ensure that girls and teachers are not put at risk of increased harm in the establishment and running of education services for **women and girls.**

  Notes:
  - *Using local knowledge, carry out a risk assessment before establishing any new facilities. Based on the assessment, put in place measures to reduce the risk, such as low profile, culturally sensitive uniform or dress codes etc. Girls have an equal right to education, and their safety should be ensured.*
  - *Advocate for enrolling female teachers in the higher levels. If there are not enough qualified female teachers have female teacher's aids who accompany classes and club activities.*
  - *Ensure codes of conducts are clearly communicated with teachers, students and parents.*
- Ensure there are separate, secure, hygienic and private **washroom** facilities for boys and girls.

  Notes:
  - *Talk to the boys and girls about the design and location of latrines. In one Education program, the staff knew that children would need latrines. They did not talk to the children, who it was later found out were afraid of the size of the hole. Children continued to defecate outside the latrines, which created a hygiene problem. Similar anecdotes have shown children not using latrines because of fear of "sliding locks" or simply the lack of a wall to separate boys and girls.*
  - *Consider establishing student environmental committees. These can be responsible for monitoring the hygiene of facilities, encouraging hand-washing amongst students, and can also be involved in general environmental activities (e.g. taking care of plants).*
- If setting up education facilities for displaced communities, consult them as well as host communities about education needs so as to avoid **community tensions**. Make sure that there is no tension or inequality that could lead to violence and harassment of one group on another.

  Notes:
  - *Assess whether inequitable access to education is causing tension or conflict within the community AND with other surrounding/local communities.*
  - *In camp settings, consider providing services to the local community as well.*
- Ensure that the Education services are respectful and inclusive of **cultural and religious practice.**

  Notes:
  - *Employ female staff members with skills and experience working with children.*
- Ensure a **secure** environment in schools.

  Notes:
  - *Ensure that the children are supervised during breaks and where possible to and from school.*
  - *Ensure teachers are trained in first aid and that first aid kits are available/equipped.*
  - *Ensure that Education Sector Members all have in place a system for carrying out background checks for new staff working with children.*
- Put in place guidelines and mechanisms to **monitor and report instances of abuse and exploitation.**

  Notes:
  - *Ensure all staff sign and adhere to a code of conduct that includes a "whistleblower" policy. Child Protection Policies must be signed by all staff and support the members to access training for staff on child protection.*
  - *The Code of Conduct should include a prohibition on corporal punishment.*
  - *Children should be aware of the Code of Conduct and how to report any cases of exploitation and abuse, including sexual abuse.*
  - *Establish an accessible and well understood mechanism for complaints.*

Meaningful Access

- **Talk to children** about the barriers they face accessing Education services.

  Notes:
  - *Talk to girls and boys separately, and hold discussions with groups of children that could face added difficulties (e.g. with disabilities, from ethnic minorities).*
  - *Work with children, teachers, community leaders and parents to support equal and safe access to education and training opportunities without discrimination of any kind. Pay particular attention to the exclusion of girls, children with disabilities, children with HIV/AIDS, minority ethnic or religious communities, and other children belonging to disadvantaged or marginalised groups.*

- Ensure that the **locations** of schools are accessible to all.

  Notes:
  - *Discuss with all representative samples of society (e.g. men, women, girls, boys, elderly, ethnic groups, children with disabilities) that should have access to the services we provide. If necessary, adapt the location to reduce the distance and to ensure that the most vulnerable/marginalised have access.*

- Ensure that education **infrastructure** and services can be accessed by persons with reduced mobility (e.g. persons with physical disabilities, bed-ridden children) as well as persons with non-mobility-related disabilities (e.g. the blind, hard of hearing, intellectually disabled).

  Notes:
  - *Make access paths smooth and fit ramps for wheelchair access. Consider different physical disabilities. Different wheelchairs may require different amounts of space. Artificial limbs may make even relatively short distances difficult. Talk to children with physical disabilities about what solutions would best fit their needs.*
  - *Provide assistive devices for children with disabilities (e.g. crutches, wheelchairs, hearing aides, Braille books).*
  - *Train teachers on how to teach children with disabilities. Teachers should at the very least be aware of any special needs of children with disabilities to facilitate learning and are mindful of discrimination by other children.*
  - *Install seats in latrines for children with disabilities.*
  - *If some children cannot access the services, consider what alternatives are possible (e.g. distance learning, audio-visual materials, radio or television broadcasts, books, etc.).*
  - *Provide information about services in both verbal and written form.*
  - *Ensure that staff are trained to work with individuals with intellectual disabilities, including on how to ensure proper confidentiality and informed consent. Local NGOs often already have the technical knowledge.*

- Ensure there are no **financial barriers** to accessing education.

  Notes:
  - *See if there is a possibility to waive school fees for children affected by the conflict or a natural disaster.*
  - *Consider the costs of school materials (e.g. uniforms, books) and whether this prevents access.*

- Mitigate the impact of **administrative barriers**, such as lack of documentation, which can be excluding children from accessing education and training opportunities.

  Notes:
  - *If documents (such as birth records, school certificates) are prerequisite for education, work with the authorities to waive the requirement for disaster-affected children or establish alternative procedure for ensuring all children have access to education.*
  - *In camp settings, accept children with missing documents. If this is not possible because of overlap with local communities, consider a grace period during which parents can be assisted to obtain the documents. Work with local authorities to identify schools and never exclude a child from a school without a viable alternative.*
  - *Consider that lack of documentation for other services can affect attendance. E.g. in Pakistan, parents without documentation had no access to food distributions, and sent their children to work instead of school.*

- Examine the **context-specific or cultural barriers** to attending school and see if it is possible to identify solutions.

  Notes:
  - *Flexible hours of schooling to accommodate different needs. Children may have unavoidable commitments during the day. Adult learners may need to go to work. Nomadic groups may be involved in agricultural activities at certain times of the year.*
  - *Non-formal education / after school classes for those students who need to catch-up (e.g. adults that missed some aspects of formal education, girls who may not have access to education because of traditional practice in the area).*

- Ensure that beneficiaries **know** their right to Education, and where/how to obtain it.

  Notes:
  - *Rights awareness should be provided in sufficient quantity in languages understandable to all beneficiaries, especially to new arrivals in displacement settings.*
  - *Printed materials should consider literacy levels (e.g. use of pictograms instead of text). Lack of awareness about rights and services is regularly a gap identified in assessments.*

- Ensure that **women and girls** have access to education

  Notes:
  - *Sensitise the community about the value and benefits of girls' education. Build this into the program activities.*
  - *Include proactive activities to encourage equal registration of boys and girls and maintain retention rates that are specific to adolescent girls and boys because they have different reasons/pressures for quitting early.*
  - *Support non-formal education / after school classes where formal schooling for girls is not available.*

- **Age limits** should not be enforced for disaster or conflict affected children and youth. However, there are potential safety issues of combining much older children with young children in education facilities. These can be addressed by proper supervision and where appropriate separate classrooms and/or play areas.

- **Monitor access and discrimination**

  Notes:
  - *Ensure project indicators (e.g. number of individuals accessing education services) are disaggregated by age, gender, and location or specific group (e.g. persons with disabilities, poverty, language ethnic minorities).*
  - *Compare enrollment figures to existing demographic data. Discrepancies can tell you which groups do not have access (e.g. if 10% of children are from an ethnic minority, are 10% of students also from this group?)*
  - *Where possible train the parent committees to do this. Committees can also work with contractors to make sure designs are disability friendly.*
  - *Involve men, women, boys, and girls, parent, students and teachers in the assessment, monitoring and reporting on education matters.*

Accountability, Participation and Empowerment

- **Consult** with education authorities, local government, teachers, men, women, boys, and girls in the community to take into account their ideas and opinions about education needs in the community.

  Notes:
  - *Ensure that local authorities are involved in education, including curriculum development and school certifications.*
  - *Curricula and instructional materials developed or supported should be gender-sensitive, recognise diversity and different learning needs, and promote respect for learners. Policies, curricula, textbooks and methods of learning need to be adjusted to promote tolerance, understanding and conflict resolution skills, as well as understanding of human rights, child rights, and non-discrimination.*

- Identify **local authorities and civil society** specialised in working with **persons with low mobility or disabilities.** Strengthen and support their role, and learn from their experience how to improve service delivery.

  Notes:
  - *Coordinate with specialised agencies to identify low-mobility individuals and include them in the program assistance. Most countries already have national or local NGOs offering services to vulnerable groups. These may not operate in the same areas, but could become a valuable resource for the training of staff and the referral of cases.*
  - *Actors operating in the same locality could help mobilizing low-mobility individuals for key activities.*
  - *Key international NGOs working on these issues include Handicap International and HelpAge.*

- **Report and share protection concerns** with the Protection cluster, including the GBV and Child Protection sub-clusters. Other actors may be able to provide assistance.

  Notes:
  - *Cases of violations should be referred promptly and in accordance with standard operating procedures established in the area.*
  - *Establish reporting mechanisms to report security incidents to enable proper monitoring and prevention of threats. Monitoring and reporting is vital to enable government and other actors to respond to threats to education; as well as to assist legal accountability and advocacy. Education clusters can take a lead by co-coordinating the development of such partnerships and ensuring use is made of existing human rights monitoring capacity.*

- Make sure to **consult** all layers of society and children when identifying and responding to Education needs.

  Notes:
  - *Different criteria may affect the power dynamics. In some places it will be important to consult different socio-economic groups (e.g. ethnic or economic minorities). In all situations, one should include women, men, boys, girls, adolescents, children with disabilities, and parents to understand their needs and preferences for location, design, and methodology of Education services.*
  - *It is not enough to just consider the needs of all layers of society. They have to be involved in identifying the solutions. In addition to making the response more relevant and potentially durable, this will build the confidence and self-esteem of the beneficiaries concerned. Example: In one Education program, the staff knew that children would need latrines. They did not talk to the children, who it was later found out were afraid of the size of the hole. Children continued to defecate outside the latrines, which created a hygiene problem.*
  - *Consult displaced communities to design appropriate vocational training in their language that will be recognised when they return or if they choose to locally integrate.*

- Engage children (both boys and girls) in **student associations** and parents (both men and women) in **parent-teacher associations.**

  Notes:
  - *Empowering the persons whose protection is concerned can help make response more relevant and sustainable, while boosting the self-esteem and capacities of the working individuals concerned. Example: In Pakistan, Student Committees hold several responsibilities, including monitoring school hygiene and promoting attendance for out of school children. This activity has the double benefit of benefiting others while strengthening one's own self-protection capacities.*
  - *Ensure children (both boys and girls) have participatory committees (student advisory boards) to regularly ensure engagement between educators and the children themselves (child participation).*

- Include children and communities in **school design and construction** to promote a sense of ownership. Children should not be involved in the construction.

- Ensure **school management committees** are democratic and inclusive. Involve religious or community leaders in school governance. This can remove ideological or religious motives to oppose or attack schools.

- Set up accessible, well understood mechanisms for **suggestions and complaints**

  Notes:
  - *Do not assume an "open door" policy is enough. Make sure that there are other possibilities for submitting complaints that do not require the beneficiary exposing themselves to Education/project staff.*
  - *RESPOND to complaints, regardless of whether corrective measures can/need to be put in place.*
  - *Staff the mechanism with both men and women and ensure it is accessible for children.*
  - *Organise awareness raising sessions so that all those concerned know how it works (i.e. children, students, parent committees, teachers).*
  - *Consider a joint complaints mechanism with other sectors (e.g. Protection) to minimise confusion.*
  - *Complaints mechanisms should be in line with Protection from Sexual Exploitation and Abusive systems.*

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This note is divided into three sections, representing the four key elements of Protection Mainstreaming. The content is not meant to be exhaustive, but presents examples of key actions that should be taken to ensure the integration of protection principles in the delivery of humanitarian assistance.

Prioritise safety and dignity, and avoid doing harm

- Ensure that the proposed locations for shelter are considered in terms of the threat of physical attacks, threats to safety such as mined areas, or environmentally unsuitable areas such as steep hills, subsiding land areas and areas prone to flooding, volcanic activities and other potential natural disasters.
- It is essential to understand land tenure arrangements, including statutory/legislative and customary access rights to land, water and other natural resources as well as inheritance rights. This precaution will reduce the risk of eviction or conflict erupting due lack of clarity of these issues. When unsure consult Protection Cluster (Housing, Land and Property Group where possible).
- Ensure that shelter has been designed and built with adequate escape routes in the case of emergency evacuation, and disaster-affected populations have received information and training on fire safety and evacuation procedures.
- Take specific precautions in shelter in terms of surveillance and implement community surveillance if possible.
- Provide efficient lighting throughout site/settlement, with special attention to public and communal areas such as sanitation facilities.
- Respect minimum space standard in shelters to minimise risks of exploitation and abuse.
- Establish communal areas and collection points at a safe distance from shelter sites and temporary settlements. Ensure that they are accessible to persons with disabilities and older persons.
- Plan separate bathrooms and toilets for men and women, avoid dark and isolated areas.
- Include partitions and door locks (when culturally relevant) to better protect women and girls, particularly single women and female-headed households.
- Provide shelter materials and distance between dwellings that offer greater privacy and dignity, especially in cultures where men's and women's are markedly separate or the privacy of the family is very important.
- Establish safe location and time for Core Relief Items distribution to ensure the safe return of individuals to their shelters.
- Assess whether access to shelter is causing tension or conflict.
- Ensure settlements have good visibility and lighting and adequate security at night.
- Ensure that essential services (e.g. health facilities, food distribution and water points, schools, etc.) and materials can be easily and safely accessed from the shelter and settlement locations.

- If required for safety, ensure that there are separate living areas available to groups such as single women, people with disabilities and unaccompanied children, and these areas are protected from targeting of abuse or violence.
- Avoid any shelter or settlement activities that involve forced relocation or return.
- Monitor safety of affected populations on an ongoing basis and make changes to the design of the shelter program or advocate with local authorities for improved safety.
- Take into account local material, existing capacities and the environment. Whenever possible, locally acceptable and available materials and labor should be used to benefit the local economy, while not depleting local resources

Meaningful Access

- Treat displaced persons equitably, whether they are living in host-family arrangements, collective centers, are self-settled in urban or rural locations, are self-settled in camps, or are living in planned camps.
- Ensure that agencies consider the needs of different ethnic, racial, national or social groups in shelter allocation, ensuring that the quality of shelter is equitable across all groups.
- Prioritise people and groups on the basis of need – do not prioritise certain groups because their solutions are easier to achieve.
- Ensure that shelters are accessible and appropriate to all groups and individuals, note in particular concerns of persons with physical or mental disabilities and older persons– where necessary, make individual changes to household shelters, or build all shelters to be universally accessible.
- People with disabilities and older persons may not be able to come to distribution/facility sites (e.g. food, water). Plan additional measures to reach persons with disabilities and older persons.
- Ensure that bathrooms are accessible to persons with disabilities and older persons, and safe for small children.
- Ensure particularly vulnerable groups such as female headed households, older persons and persons with disability have equal access to Core Relief Items and ability to transport them.
- Treat owners, tenants, the landless, informal dwellers and secondary occupants equitably even if return, resettlement and reintegration options are different for different groups.
- Recognise the joint ownership rights of both male and female heads of household and prevent discrimination.
- Provide both women and men with the same benefits for their input and their work in construction: e.g. if work is paid, ensure that both women's and men's work is paid and is equal.
- Ensure adequate safe recreational spaces for children to play and for community groups to meet where family members can watch them from shelter to avoid children playing in remote areas.
- Support and assist displaced persons until such time as they are no longer disadvantaged as a result of their displacement.
- All efforts should be undertaken to secure safe housing for unaccompanied children and establish monitoring procedures by specialised agencies and the community itself.
- Ensure that unaccompanied older persons are assisted in constructing their own shelters.
- Develop appropriate response to help vulnerable groups to access aid, transport shelter material and construct shelters. Pay particular attention to assistance needed by persons with disabilities and older persons to ensure construction of accessible shelters.

Accountability, Participation and Empowerment

- Observe and ask about local construction practices and use appropriate method when possible.
- Identify local authorities responsible for shelter provision and strengthen and support their role where possible.
- Ensure that local authorities are involved in site planning and selection so as to avoid problems and ensuring consent and participation from local leaders. Provide technical and construction assistance.
- Involve women and men in the planning and in the implementation of Core Relief Items distribution.
- Provide support to diverse groups that are not traditionally involved in construction activities but may be interested in participating in shelter programs.
- Ask disaster-affected populations, including diverse groups, to help identify safe locations for shelters and settlements as well as shelter design.
- Train and practise fire procedures and emergency evacuations with affected populations.
- Ensure that disaster-affected populations are fully involved in the planning and management of their return, resettlement and reintegration.
- Promote modalities of shelter that enable IDPs to upgrade their own shelters from transitional to more permanent structures, as their situation evolves.
- Reinforce the community's self-help capacity: encourage traditional construction methods, particularly in areas where transportation of shelter material is restricted for logistical or security reasons; give women the opportunity to equally participate in the process; equip beneficiaries with knowledge of safe construction practices.
- Cash-for-work and food-for-work schemes as well as childcare arrangements can be useful to support households with specific needs in building their own shelters. Monitor the implementation of such schemes to avoid exploitative and fraudulent practices.
- Work with the community to identify skilled women and men and adolescent girls and boys who can support shelter construction, from both the IDP and the other affected communities.
- Ensure that protection or community services staff work alongside shelter specialists and site planners in all multi-sectorial assessments and specialised shelter assessments to ensure that the protection implications of shelter interventions are taken into account at the onset.
- Ensure consultation with host communities, government authorities, as well as beneficiaries, men, women, boys and girls. Involve persons with disabilities and older persons in your needs assessments in order to have accurate information about their specific needs.
- Obtain permission (temporary or permanent) before using or building on any land or property, in writing where possible.
- Consider assistance to host families and host communities, such as support in expanding or adapting the host family shelter.
- Set up mechanism for complaints and appeals, and ensuring that men and women are both comfortable to access these complaints mechanism.
- Provide information about people's entitlements and where and how they can access remedies, resolve disputes or apply for compensation – by referring to relevant authorities, legal services, or another agencies specialising in housing, land and property rights.
- Avoid and monitor any exploitative labor especially child labor on construction sites.
- Disseminate the Guiding Principles on Internal Displacement and implement programs that support displaced people's rights.

- Promote respect for social customs for dealing with the remains of the dead while ensuring that existing facilities such as graveyards or crematoria are adequate.
- Conduct regular structured dialogues and discussions with individuals and groups of different ages, gender and backgrounds, particularly those with specific needs on shelter issues, to ensure that any protection concerns highlighted are discussed and resolved.
- Work with the community to set up monitoring or similar mechanisms to assess the living conditions of persons with specific needs in the community, such as older persons living without adult family members or child-headed households.

Tips for Protection Mainstreaming

Edition 1 (June 2014)

The content for this note is taken mainly from the following sources:

- Minimum Inter-Agency Standards for Protection Mainstreaming (WVI)
- Disabilities among Refugees and Conflict-Affected Populations - Resource Kit for Fieldworkers (WRC)
- Minimum Standards for Child Protection in Humanitarian Action (CPWG)
- GBV Guidelines (IASC)
- Humanitarian Charter & Minimum Standards in Humanitarian Response (Sphere)

This note is divided into three sections, representing the four key elements of Protection Mainstreaming. The content is not meant to be exhaustive, but presents examples of key actions that should be taken to ensure the integration of protection principles in the delivery of humanitarian assistance.

Although each action described should be considered throughout implementation, there are some key actions which are especially important to consider during emergencies and during the assessment/project design stage of the project cycle. These are highlighted with the following symbol-codes:

- Emergencies
- Assessment & Project Design Stage

Some actions can be sensitive by their nature. In these cases, it is suggested to reach out to a Protection specialist. These are highlighted with the following symbol:

Prioritise safety & dignity, and avoid doing harm

- Food, cash, vouchers or livestock interventions may make people more vulnerable to certain protection problems, such as attacks. The ownership or management of these types of assets, which may be particularly valuable in an emergency, may place people at greater risk of violence, abduction or abuse. Analysis of the local security environment, including in relation to ownership patterns, recent history of looting or raiding, husbandry practices and the need to access livestock services or markets, is necessary to identify high risk practices and activities.
- Beneficiaries may face problems at distribution sites, particularly with theft, intimidation and extortion. The environment in which assistance is provided must be safe for all the people concerned.
- Beneficiaries may face problems, particularly with sexual assault and robbery, including at official or unofficial checkpoints, while travelling to and from a distribution point. The environment through which beneficiaries must travel must be safe for all the people concerned. If safety is a problem FSC members will need to make a special effort to move the point of delivery close to a beneficiary's home, or provide transport to ensure safety.
- Food security and related responses should aim to reduce the threats against the affected population. Responses must not inadvertently empower or strengthen the position of armed groups or other undesirable actors. The vulnerability of beneficiaries beyond food insecurity and their available coping mechanisms and other capacities all need to be taken into consideration.
- Consideration must be given to whether items like cash or vouchers can be used for anti-social purposes, for example, the purchase of small arms or alcohol, tobacco or drugs that can be abused that may result in an increase in domestic violence. Cash may increase risks of corrupt diversion or seizure by armed groups and may expose beneficiaries to security risks.
- A food assistance system that enables displaced beneficiaries to live among host families or in a dispersed manner should be prioritised, in spite of the greater logistical constraints it may entail. Avoid turning food aid into a pull factor for encampment.

- Coping strategies contributing to food security and dignity should be supported, while bearing in mind that some of them may carry costs or incur risks that increase vulnerability, so these should be avoided.
- Food, cash, vouchers or livestock responses may undermine people's efforts to protect themselves and increase their vulnerabilities, so need to be carefully considered.
- Comprehensive context-specific analysis including of cost efficiency, secondary market impacts, the flexibility of the transfer, targeting and risks of insecurity and corruption, should inform the choice of program.

Meaningful Access

- Assess and monitor access to food security programs by collecting disaggregated data by age, gender, and location or specific community.
- If some individuals, for example older persons or persons with disabilities, cannot access the services, ensure that special arrangements are made to bring food or cash to them. It should not be assumed that friends and family will do it. Coordinate with specialised organisations, for example Handicap International and HelpAge International, to identify individuals with limited mobility and include them in the program assistance.
- Activities must not discriminate against any group and must be performed in such a way that they cannot be perceived as doing so. Consider whether women and men may have different capacities to access cash compared with in kind resources.
- Activities should promote and help protect the rights of people who have historically been marginalised or discriminated against, such as certain castes, tribes or women and girls in some societies.
- Interventions with displaced beneficiaries should not be at the expense of the local host population; assistance should be provided to both groups where possible.

Accountability, Participation & Empowerment

- Make sure beneficiaries know they have a right to equitable and safe assistance, and where and how to obtain it.
- Consult men, women, boys, girls, the elderly, and persons with disabilities to understand their needs and preferences for location, design, and methodology of assistance. Direct observation and discussion groups with representatives of the community to identify the adaptions that are needed for the most vulnerable.
- Partners, communities and beneficiaries need to be involved in the planning, implementing, monitoring and evaluating of programs so they can make informed decisions. FSC members need to be transparent in their objectives with beneficiaries and non-beneficiary communities, as well as with its government and NGO partners.
- A complaints feedback mechanism should be established with a view to improving programming, assisting in understanding beneficiary and community perceptions, promoting beneficiary empowerment and assisting in the early detection of problems such as targeting, misconduct including sexual exploitation and abuse, food diversion and fraud.
- Ensure that food or livelihood committees are representative of all groups within the community (e.g. gender, age, ethnicity, socio-economic group, etc.). Include targeted measures to ensure the effective and meaningful participation of representatives of all groups in the community.
- Protecting and promoting food security of marginalised groups and the impact on the relationships within and beyond communities needs to be understood, as activities may exacerbate tension or build cohesion amongst groups within and between communities. Food assistance or other interventions should not have a negative impact on local labour market.

- Certain delivery mechanisms like mobile banking and mobile phones can be less accessible to vulnerable people. The choice of delivery mechanisms must be based on assessment of options and consultation with beneficiaries.
- Assess and monitor access to food security programs by collecting disaggregated data by age, gender, and location or specific community. This data may help identify whether there is discrimination or if any food is being diverted. Ensure monitors check and follow up that assistance reached the most vulnerable.
- Identify, support the role, and strengthen the capacity of local authorities and civil society with responsibilities in the Food Security Sector. Where possible, train local Food Security committees consisting of beneficiaries to identify problems for themselves. Make sure beneficiaries and staff know where to refer or report incidents of rights violations.
- Provide communities with accessible, effective and confidential complaint mechanisms that are well understood. Respond to complaints, regardless of whether corrective measures can immediately be put in place. Staff the mechanism with both men and women and ensure it is accessible for children.
- The natural resource base for production and livelihoods of the disaster-affected population and host population should be preserved.

RESOURCE 10: CARDS FOR SAFE RESPONSE TO PROTECTION INCIDENTS

Ask the woman if she is hurt	Ask for details of what happened
Ask survivor for details of when and where it happened.	Give the person contact information for health, counseling or other relevant services.
Ask who is responsible for attacking her.	Don't say anything at the time, but later call the police from somewhere private
Ask what specific help/assistance she needs. Ask if she is happy for you to contact someone to get support or help.	Do nothing if it is a domestic violence or family/community matter.
Report the incident to your manager / Protection staff member and ask for advice	Check safety: your safety, the safety of other staff members and the safety of the affected person and the community.

RESOURCE 11: PFA HANDOUT

Psychological first aid: Pocket guide

WHAT IS PFA?

Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support.

Providing PFA responsibly means:

1. Respect safety, dignity and rights.
2. Adapt what you do to take account of the person's culture.
3. Be aware of other emergency response measures.
4. Look after yourself.

PREPARE

- Learn about the crisis event.
- Learn about available services and supports.
- Learn about safety and security concerns.

PFA ACTION PRINCIPLES:

LOOK

- Check for safety.
- Check for people with obvious urgent basic needs.
- Check for people with serious distress reactions.

LISTEN

- Approach people who may need support.
- Ask about people's needs and concerns.
- Listen to people, and help them to feel calm.

LINK

- Help people address basic needs and access services.
- Help people cope with problems.
- Give information.
- Connect people with loved ones and social support.

ETHICS:

Ethical do's and don'ts are offered as guidance to avoid causing further harm to the person, to provide the best care possible and to act only in their best interest. Offer help in ways that are most appropriate and comfortable to the people you are supporting. Consider what this ethical guidance means in terms of your cultural context.

Do's ✓

- Be honest and trustworthy.
- Respect people's right to make their own decisions.
- Be aware of and set aside your own biases and prejudices.
- Make it clear to people that even if they refuse help now, they can still access help in the future.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- Behave appropriately by considering the person's culture, age and gender.

Don'ts ✗

- Don't exploit your relationship as a helper.
- Don't ask the person for any money or favour for helping them.
- Don't make false promises or give false information.
- Don't exaggerate your skills.
- Don't force help on people, and don't be intrusive or pushy.
- Don't pressure people to tell you their story.
- Don't share the person's story with others.
- Don't judge the person for their actions or feelings.

PEOPLE WHO NEED MORE THAN PFA ALONE:

Some people will need much more than PFA alone. Know your limits and ask for help from others who can provide medical or other assistance to save life.

PEOPLE WHO NEED MORE ADVANCED SUPPORT IMMEDIATELY:

- People with serious, life-threatening injuries who need emergency medical care.
- People who are so upset that they cannot care for themselves or their children.
- People who may hurt themselves.
- People who may hurt others.

Annex 2: Sample SOP for Responding to Allegations or Incidents of Human Rights Abuses

Allegation or Incident – Witnessed/heard by non-protection staff, received through community feedback mechanisms or participatory processes (assessments/monitoring/evaluations)

Question1: Does the allegation involve a staff member, partner, consultant, volunteer, visitor or other agency affiliate?

No – Level 1 Allegation/Incident

Yes – Level 2 Allegation/Incident

A. **Safety**

1. Ensure your safety, safety of other staff and follow security protocols.
2. Ask if affected person/s are safe and alert medical or emergency services if immediate assistance is required. Obtain informed consent where possible.
3. Offer first aid assistance if it is safe to do so and you are trained.
4. Provide a humane, supportive response (using skills outlined in the Psychological First Aid Field Guide, 2011)
5. Inform Protection Officer and/or Manager by phone as soon as possible.

B. **Provide Information and Refer**

5. Provide accurate information about where and how to access medical, legal and psychosocial services including addresses and phone numbers.
6. Offer assistance to affected persons to help them access services such as facilitating transport or making phone calls, as appropriate. Check with manager if unsure.

C. **Reporting and Follow-up**

7. Notify Protection Officer, Manager, and consider reporting to Protection Cluster Coordinator or specialist protection agency. Obtain informed consent before reporting, or provide aggregated data only.
8. Review programme design, implementation and advocacy strategy to see if anything needs to be changed to improve safety and reduce exposure to harm.

Do Not:
Act alone
Investigate the incident
Interview the affected person/s
Interview witnesses
Interview the alleged perpetrator
Try to verify if the abuse is true
Document, monitor or write down details of the incident/abuse
Encourage the affected person/s to report the abuse unless they have fully assessed the potential risks & consequences with the assistance of a protection specialist.

Type of Allegation/Incident & who to notify:

Security – security

Sexual Exploitation and Abuse – human resources

Child Protection – child protection staff and human resources

Fraud/corruption – human resources

RESOURCE 13: TO SERVE WITH PRIDE DVD

http://www.un.org/en/pseataskforce/video_english.shtml

RESOURCE 14: SECRETARY-GENERAL'S BULLETIN ON SPECIAL MEASURES FOR PROTECTION FROM SEXUAL EXPLOITATION AND SEXUAL ABUSE

United Nations ST/SGB/2003/13

Secretariat

9 October 2003

Secretary-General's Bulletin

Special measures for protection from sexual exploitation and sexual abuse

The Secretary-General, for the purpose of preventing and addressing cases of sexual exploitation and sexual abuse, and taking into consideration General Assembly resolution 57/306 of 15 April 2003, "Investigation into sexual exploitation of refugees by aid workers in West Africa", promulgates the following in consultation with Executive Heads of separately administered organs and programmes of the United Nations:

Section 1
Definitions

For the purposes of the present bulletin, the term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Similarly, the term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Section 2
Scope of application

2.1 The present bulletin shall apply to all staff of the United Nations, including staff of separately administered organs and programmes of the United Nations.

2.2 United Nations forces conducting operations under United Nations command and control are prohibited from committing acts of sexual exploitation and sexual abuse, and have a particular duty of care towards women and children, pursuant to section 7 of Secretary-General's bulletin ST/SGB/1999/13, entitled "Observance by United Nations forces of international humanitarian law".

2.3 Secretary-General's bulletin ST/SGB/253, entitled "Promotion of equal treatment of men and women in the Secretariat and prevention of sexual harassment", and the related administrative instruction[1] set forth policies and procedures for handling cases of sexual harassment in the Secretariat of the United Nations. Separately administered organs and programmes of the United Nations have promulgated similar policies and procedures.

[1] Currently ST/AI/379, entitled "Procedures for dealing with sexual harassment".

Section 3
Prohibition of sexual exploitation and sexual abuse

3.1 Sexual exploitation and sexual abuse violate universally recognized international legal norms and standards and have always been unacceptable behaviour and prohibited conduct for United Nations staff. Such conduct is prohibited by the United Nations Staff Regulations and Rules.

3.2 In order to further protect the most vulnerable populations, especially women and children, the following specific standards which reiterate existing general obligations under the United Nations Staff Regulations and Rules, are promulgated:

(a) Sexual exploitation and sexual abuse constitute acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal;

(b) Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defence;

(c) Exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour, is prohibited. This includes any exchange of assistance that is due to beneficiaries of assistance;

(d) Sexual relationships between United Nations staff and beneficiaries of assistance, since they are based on inherently unequal power dynamics, undermine the credibility and integrity of the work of the United Nations and are strongly discouraged;

(e) Where a United Nations staff member develops concerns or suspicions regarding sexual exploitation or sexual abuse by a fellow worker, whether in the same agency or not and whether or not within the United Nations system, he or she must report such concerns via established reporting mechanisms;

(f) United Nations staff are obliged to create and maintain an environment that prevents sexual exploitation and sexual abuse. Managers at all levels have a particular responsibility to support and develop systems that maintain this environment.

3.3 The standards set out above are not intended to be an exhaustive list. Other types of sexually exploitive or sexually abusive behaviour may be grounds for administrative action or disciplinary measures, including summary dismissal, pursuant to the United Nations Staff Regulations and Rules.

Section 4
Duties of Heads of Departments, Offices and Missions

4.1 The Head of Department, Office or Mission, as appropriate, shall be responsible for creating and maintaining an environment that prevents sexual exploitation and sexual abuse, and shall take appropriate measures for this purpose. In particular, the Head of Department, Office or Mission shall inform his or her staff of the contents of the present bulletin and ascertain that each staff member receives a copy thereof.

4.2 The Head of Department, Office or Mission shall be responsible for taking appropriate action in cases where there is reason to believe that any of the standards listed in section 3.2 above have been violated or any behaviour referred to in section

3.3 above has occurred. This action shall be taken in accordance with established rules and procedures for dealing with cases of staff misconduct.

4.3 The Head of Department, Office or Mission shall appoint an official, at a sufficiently high level, to serve as a focal point for receiving reports on cases of sexual exploitation and sexual abuse. With respect to Missions, the staff of the Mission and the local population shall be properly informed of the existence and role of the focal point and of how to contact him or her. All reports of sexual exploitation and sexual abuse shall be handled in a confidential manner in order to protect the rights of all involved. However, such reports may be used, where necessary, for action taken pursuant to section 4.2 above.

4.4 The Head of Department, Office or Mission shall not apply the standard prescribed in section 3.2 (b), where a staff member is legally married to someone under the age of 18 but over the age of majority or consent in their country of citizenship.

4.5 The Head of Department, Office or Mission may use his or her discretion in applying the standard prescribed in section 3.2 (d), where beneficiaries of assistance are over the age of 18 and the circumstances of the case justify an exception.

4.6 The Head of Department, Office or Mission shall promptly inform the Department of Management of its investigations into cases of sexual exploitation and sexual abuse, and the actions it has taken as a result of such investigations.

Section 5
Referral to national authorities

If, after proper investigation, there is evidence to support allegations of sexual exploitation or sexual abuse, these cases may, upon consultation with the Office of Legal Affairs, be referred to national authorities for criminal prosecution.

Section 6
Cooperative arrangements with non-United Nations entities or individuals

6.1 When entering into cooperative arrangements with non-United Nations entities or individuals, relevant United Nations officials shall inform those entities or individuals of the standards of conduct listed in section 3, and shall receive a written undertaking from those entities or individuals that they accept these standards.

6.2 The failure of those entities or individuals to take preventive measures against sexual exploitation or sexual abuse, to investigate allegations thereof, or to take corrective action when sexual exploitation or sexual abuse has occurred, shall constitute grounds for termination of any cooperative arrangement with the United Nations.

Section 7
Entry into force

The present bulletin shall enter into force on 15 October 2003.

(*Signed*) Kofi A. **Annan**
Secretary-General

RESOURCE 15: RESPONSIBILITIES AND ACTIONS

FIELD PROTECTION CLUSTERS	CLUSTER LEAD AGENCIES	HUMANITARIAN COORDINATOR & HUMANITARIAN COUNTRY TEAM
Responsibility for: • Supporting humanitarian actors to develop protection strategies (IASC The Centrality of Protection, 2013) • Ensure protection is regularly on the agenda of Inter Cluster Coordination (ICC) and HCT meetings (GPC Tip sheet for field protection clusters) • Ensure protection mainstreaming is included in the training of other clusters (GPC Tip sheet for field protection clusters) • Provide briefings on the outcome of protection assessments (GPC Tip sheet for field protection clusters) • Work bilaterally with other clusters (GPC Tip sheet for field protection clusters) • Coordination with Areas of Responsibility within the Protection cluster: e.g. Child Protection and GBV • Supporting sectors to mainstream protection	**Responsibility for:** • Development and implementation of a comprehensive protection strategy to address risks that take place within a sector (IASC The Centrality of Protection, 2013) • Mainstreaming protection through sector response programs • Ensuring mainstreaming planning is outlined in Consolidated Appeals for each sector[a] • Make use of tools that are provided by the protection cluster to ensure protection mainstreaming	**Responsibility for:** • Development and implementation of a comprehensive protection strategy to address risks (IASC The Centrality of Protection, 2013) • Placing protection at the centre of international humanitarian action (IASC The Centrality of Protection, 2013)

RESOURCE 16: IASC STATEMENT 2013

The Centrality of Protection in Humanitarian Action

Statement by the Inter-Agency Standing Committee (IASC) Principals

Endorsed by the IASC Principals on 17 December 2013

This statement affirms the commitment of the IASC Principals to ensuring the centrality of protection in humanitarian action and the role of Humanitarian Coordinators, Humanitarian Country Teams and Clusters to implement this commitment in all aspects of humanitarian action. It is part of a number of measures that will be adopted by IASC to ensure more effective protection of people in humanitarian crises.

When natural disasters strike, or violence and conflict erupt, people are often subject to threats to their lives, safety and security, discrimination, loss of access to basic services and other risks. Violations of international human rights and humanitarian law, and pre-existing threats and vulnerabilities, may be amongst the principal causes and consequences of humanitarian crises.

People look to their national and local authorities, the United Nations and the broader humanitarian community to support and strengthen their protection: to save their lives, ensure their safety and security, alleviate their suffering and restore their dignity – in accordance with international human rights law and international humanitarian law as well as internationally recognized protection standards, such as the UN Guiding Principles on Internal Displacement.

The primary responsibility to protect people in such situations lies with States. In addition, in situations of armed conflict, non-State parties to conflict are obliged to protect persons affected and at risk in accordance with international humanitarian law. The humanitarian community has an essential role to engage with these actors to protect and assist people in need.

The United Nations "Rights Up Front" Plan of Action emphasises the imperative for the United Nations to protect people, wherever they may be, in accordance with their human rights and in a manner that prevents and responds to violations of international human rights and humanitarian law. This same imperative to protect people lies also at the heart of humanitarian action.

Protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. It must be central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond.

In practical terms, this means identifying who is at risk, how and why at the very outset of a crisis and thereafter, taking into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and groups such as internally displaced persons, older persons, persons with disabilities, and persons belonging to sexual and other minorities.

It means that HCs, HCTs and Clusters need to develop and implement a comprehensive protection strategy to address these risks and to prevent and stop the recurrence of violations of international human rights and humanitarian law – a strategy that clearly articulates and identifies the

complementary roles and responsibilities among humanitarian actors to contribute to protection outcomes; that identifies and makes use of all available tools to effectively protect those affected by humanitarian crises; that takes into account the role and contribution of other relevant actors, such as peacekeeping and political missions and development actors, to achieve protection goals and develop durable solutions. These strategies must be regularly revised to reflect changing circumstances, priorities and needs. Resources commensurate to the realisation of these efforts must be mobilised.

It also means that HCs, HCTs and Clusters need to strengthen the collection, management and analysis of information to inform and adjust early warning, preparedness, response, recovery and policy efforts, and support strategic and coordinated advocacy, dialogue and humanitarian negotiations on behalf of persons affected and at risk, and in a manner that addresses the risks they face in conflict, violence and natural disasters. In this regard, the complementary roles, mandates and means of action of all relevant actors need to be recognized and reinforced.

In all undertakings, primary consideration will be given to our accountability to affected populations, to identify, understand and support their own protection measures. Different segments of affected populations need to be meaningfully engaged in all decisions and actions that have a direct impact on their well-being. A commitment to support national and local civil society in their important role to enhance the protection of persons affected and at risk is central to this endeavour.

At the field level, the responsibility for placing protection at the centre of international humanitarian action rests with Humanitarian Coordinators, Humanitarian Country Teams, and all Cluster Coordinators. Protection Clusters play a crucial role in supporting humanitarian actors to develop protection strategies, including to mainstream protection throughout all sectors and to coordinate specialised protection services for affected populations.

But the responsibility is not theirs alone. We, the IASC Principals, recognize our leadership in supporting their efforts in a consistent, principled and impartial manner, including through policy development, dialogue, advocacy, and engagement with States. We commit to provide the necessary support and to work with them and all IASC members to ensure the centrality of protection in humanitarian action.

RESOURCE 17: GPC TIP SHEET FOR PROTECTION CLUSTERS

Tip Sheet for Field Protection Clusters

Global Protection Cluster

This Tip Sheet is intended as a list of suggestions for field protection clusters on types of activities that can be undertaken to further mainstreaming of protection in the humanitarian response. It is not meant as an exhaustive list, but as a source of inspiration for protection actors for how they can strengthen protection mainstreaming initiatives.

1. Ensure that protection mainstreaming is regularly placed on the agenda of the Inter Cluster Coordination (ICC) and Humanitarian Country Team meetings (as appropriate)

S□□□□s□□□ ac□□□:

- Advocate with the Humanitarian Coordinator and/or the UN Office for the Coordination of Humanitarian Affairs (OCHA) to include protection mainstreaming on the agenda of meetings.
- Advocate with the HC for him/her to hold other clusters accountable for mainstreaming protection.
- For HCT meeting, ask the HC to lead the update with technical input from the Protection Cluster.
- For ICC meetings, the Protection Cluster Coordinator should lead the update.

2. Ensure that protection mainstreaming is included in trainings of other clusters

S□□□□s□□□ ac□□□:

- Map protection mainstreaming initiatives that other clusters may already be undertaking.
- Offer to facilitate sessions on protection mainstreaming in trainings organised by other clusters.
- Offer to review training materials of other clusters to ensure that protection is mainstreamed.

3. Provide briefings on the outcomes of protection assessments at ICC/ HCT meetings (as appropriate)

S□□□□s□□□ ac□□□:

- Highlight the areas that are particularly relevant for the different sectors/clusters.
- Suggest protection mainstreaming activities for the other clusters based on the outcomes of protection assessment.

4. Work bilaterally with clusters that are considered to be of priority from a protection perspective to strengthen protection mainstreaming in their response

S□□□□s□□□ ac□□□:

- Advocate with prioritized clusters to highlight the importance of mainstreaming protection in their response.
- Develop protection mainstreaming action plans with prioritized clusters, including the designation of a focal point on protection mainstreaming among participants in their clusters.
- Undertake joint missions to assess the protection mainstreaming components in the activities of prioritized clusters.

RESOURCE 18: EXTRACTS FROM CONSOLIDATED APPEAL DOCUMENTS

Occupied Palestinian Territory Consolidated Appeal 2013

The appeal outlines two strategic objectives; the first explicitly addresses protection:

Objective 1: Enhance the protection of populations in Gaza, Area C, the Seam Zone and East Jerusalem by promoting respect for IHL and human rights; preventing or mitigating the impacts of violations; improving equitable access to essential services; and ensuring the effective integration of protection considerations in service provision interventions. *(excerpt from page 2)*

In the area of protection mainstreaming, a joint task force of the Protection and Health and Nutrition Clusters was established to look at an informal mechanism for health partners to refer protection concerns to protection actors. The Protection Cluster Child Protection Working Group and the Education Cluster have also worked together on school transportation for communities at risk and established protective presence at identified "at risk" checkpoints where school children have faced difficulties while accessing their schools. Building on these efforts, there will be a continuation of the mainstreaming of protection in both advocacy and efforts on the ground. OHCHR, as the Protection Cluster lead, will continue to work with other cluster/sector leads to mainstream protection and promote respect for human rights and IHL in their interventions, including the provision of guidance on protection principles and practical checklists, identification of protection risks and possible responses, and project development and implementation.

The Inter-Cluster Coordination Group ensures that cross-cutting issues such as (but not limited to) human rights and protection, disability, environment, gender, mental health and psycho-social issues are adequately addressed and mainstreamed in the plans of clusters/sectors in oPt. *(excerpt from page 48)*

2014 Syrian Arabic Republic Humanitarian Assistance Response Plan

"Protection mainstreaming" is mentioned ten times in the Response plan; in the Executive Summary it states "Protection objectives are pursued through activities across all sectors of humanitarian response."

Important areas of inclusion:

- Protection mainstreaming is defined:

"**Protection mainstreaming** will be promoted across all sectors by incorporating protection principles in humanitarian assistance and promoting access, safety and dignity in humanitarian aid. Protection principles that must be taken into account in all humanitarian activities are:

1. Avoid causing harm
2. Equality
3. Relevance of humanitarian assistance provided."

- Protection mainstreaming checklists are an objectives and indicator for ALL sectors and clusters in 2014
- Indicators provided

  Indicators:

  i. **Sectoral-specific guidance (checklists) developed for mainstreaming of protection**
  ii. **% of sector projects that integrate protection mainstreaming principles and guidance**

RESOURCE 19: MINIMUM INTER-AGENCY STANDARDS FOR PROTECTION MAINSTREAMING

Hard copies to be available or document can be printed out from the following link:

http://www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming/external-resources.html

RESOURCE 20: BLANK MAINSTREAMING ACTION PLAN

Standard							
Indicator							
Baseline Findings / Identified Gaps							
Planned Activity to achieve alignment with standard / indicator	Start Date	End Date	Responsible person	Resources Required	Cost Estimate		

Standard							
Indicator							
Baseline Findings / Identified Gaps							
Planned Activity to achieve alignment with standard / indicator	Start Date	End Date	Responsible person	Resources Required	Cost Estimate		

RESOURCE 21: MINIMUM STANDARDS SAMPLE MAP

Sample MAP from Agency X – EXAMPLE ONLY

Standard	**Core Standard 1: Agencies prioritise the safety of disaster-affected populations**				
Indicator/s	**Indicator G:** Agencies have a Code of Conduct applicable to international and national staff, staff hired from disaster-affected populations, volunteers, consultants, visitors and other agency affiliates that includes prohibition of Sexual Exploitation and Abuse (SEA). The Code of Conduct is translated into the local language and made available to the disaster-affected population in an appropriate format. All staff have been trained in and agree to abide by the Code of Conduct, and agencies have safe and confidential				
	mechanisms in place to receive, manage and respond to any allegations of a breach of the Code of Conduct.				
Baseline Findings	Staff sign a Code of Conduct on commencement of employment but had not received training. During interviews, 80% of staff could not describe the Code of Conduct content, and could not describe three behaviours prohibited under the Protection from Sexual Exploitation and Abuse (PSEA) component of the Code of Conduct. The Code of Conduct is not translated and the agency has no formal complaints and response mechanisms for community members to provide feedback.				
Planned activity to achieve alignment with the standard and indicators	**Start Date**	**End Date**	**Responsible Person**	**Resources Required**	**Cost Estimate and Cost Centre**
Two hour Code of Conduct Training, including PSEA for all staff	01.02.10	30.06.10	Human Resources Manager	Technical input into content of training by Protection Officer; Training Room; PPT and projector; Flip Chart and pens for group work	5 trainings @ $50 per training = $250 Technical input from protection officer = in kind. Cost Centre: Human Resources
Translation of Code of Conduct into local language	01.02.10	01.03.10	Human Resources Manager	Translator	4 hours @ $30 per hour = $120 Cost Centre: Human Resources
Development of pictorial version of Code of Conduct	01.02.10	01.03.10	Communications Officer	Paper; Pens; Lamination of final product	200 copies @ $2 per copy = $400 In-kind input from Communications Officer Cost Centre: Communications
Establishment of Community-Based Feedback and Response Mechanism in line with the Good Enough Guide Tool 12 (2007)	01.02.10	01.05.10	Humanitarian Accountability Focal Point	Notice boards, lockable suggestion box, focus group discussions with communities to choose response mechanism...	Absorbed into existing work of humanitarian accountability team.

				etc	
Dissemination of Code of Conduct to communities including how to provide safe and confidential feedback to the agency	01.05.10	Ongoing	All field-facing staff – monitored by Humanitarian Accountability focal point	As above	N/A
Standard	**Food Programming Standard 2: Agencies prioritise safety and dignity prior to, during and after food distributions**				
Indicator/s	Indicator B: Actions have been taken to make the routes to and from the food distribution points safe and accessible.				
Baseline Findings	While the agency met Indicator A (Distribution Points located in a safe area with appropriate security if required) they had only assessed safety in relation to the distribution point itself, and not the routes to and from. Focus groups with community representatives revealed that the route home is not always safe, with reports of some food programming beneficiaries being attacked and having their food rations stolen, especially women and children from child-headed households.				
Planned activity to achieve alignment with the standard and indicators	**Start Date**	**End Date**	**Responsible Person**	**Resources Required**	**Cost Estimate**
Referral to protection officer for more in-depth protection assessment in food programming area.	20.09.10	10.10.10	Food Programming Manager to refer to Protection Officer	Protection Officer/team	Nil – in-kind time from protection team
Review protection assessment findings with security and programming	10.10.10	12.10.10	Protection Officer; Security Officer; Food Programming Manager; Operations	N/A	N/A

RESOURCE 22: PRE-/POST-TRAINING SURVEY

Protection Mainstreaming Training
Pre-/Post-Training Survey

Please take five minutes to complete the following survey. You will be able to complete the survey again at the end to assist with your personal reflection on what you have learned as well as allowing the training team to reflect on which areas of the training may require more focus in the future. Thank you for your time!

Profile of participant taking the survey:

Paticipants name:

Participant's sector: Protection – Food Security – WASH – NFI/Shelter – Health – CCCM – Education - other

Participant's title/position:

Participant is a staff from: UN – International NGO – Local NGO – Government

Participant is: expatriate – national staff

Participant has already participated in a: protection training – protection mainstreaming training – none

1. **What is Protection Mainstreaming and what does it mean to your programs/projects and own responsibilities?**

2. **What do you think are some of the key elements of protection mainstreaming?**

3. **Give four (4) concrete examples of how you could apply protection mainstreaming into your intervention throughout the project cycle.**

1.

2.

3.

4.

True or False Statements.
*Circle the correct answer. For a statement to be true, the **entire** statement must be/hold true.*

1. **Protection Mainstreaming is the responsibility of protection actors only:**

True - False

2. **If the affected population has information about existence and location of services they will have meaningful access to those services:**

True - False

3. **Implementing your project's activities as planned takes priority over issues of safety and dignity of affected/beneficiary population:**

True - False

4. **Consulting beneficiaries during project design and/or implementation is not compulsory if the agency/organisation has expertise in humanitarian assistance and/or protection:**

True - False

5. **If you hear or witness a protection incident, you should always collect as much detailed information as possible, including the name and identity of the victim and aggressor:**

True - False

RESOURCE 23: COURSE EVALUATION

Protection Mainstreaming Training
Course Evaluation Sheet

Name (optional):

Organisation & role (optional):

Gender:

Please circle to what extent you agree or disagree with the following statements:

1. **Stated outcomes were achieved during the training**

			Somewhat			
Not at all	1	2	3	4	5	Completely

2. **My personal objectives for attending were achieved during the training**

			Somewhat			
Not at all	1	2	3	4	5	Completely

3. **Training content was relevant and challenging**

			Somewhat			
Not at all	1	2	3	4	5	Completely

4. **Subject matter was adequately covered**

			Somewhat			
Not at all	1	2	3	4	5	Completely

5. **Support materials (workbook, handouts, etc.) were helpful**

			Somewhat helpful			
Not at all	1	2	3	4	5	Very helpful

6. **Trainers were effective**

			Somewhat			
Not at all	1	2	3	4	5	Completely

7. **Training methods were effective (small group work, lectures, etc)**

			Somewhat			
Not at all	1	2	3	4	5	Very much

8. **The training has improved my understanding of the topic**

			Somewhat			
Not at all	1	2	3	4	5	Very much

9. **This training has equipped me with information and skills that I can use immediately**

			Somewhat			
Not at all	1	2	3	4	5	Very much

10. **This training has increased my confidence levels in supporting others in protection mainstreaming**

			Somewhat			
Not at all	1	2	3	4	5	Very much

11. **My motivation levels for mainstreaming protection in my programs are high**

			Somewhat			
Not at all	1	2	3	4	5	Very much

12. **The time allowed for the training was**

			About right			
Too much	1	2	3	4	5	Too little

13. **Overall the training was**

			Fine			
Poor	1	2	3	4	5	Excellent

Highlights – what parts of the training were most interesting and useful for you? Why were they useful?

Low spots – what parts of the training were of little or no value for you? Why? What suggestions can you make to improve this training?

Do you feel that your ideas/ perceptions of protection mainstreaming have changed as a result of your participation in this training? Please explain and provide examples

Other comments?