Protection Cluster
South Sudan

Protection Mainstreaming Toolkit

First Edition, 30 November 2015.

Supporting the implementation of the HCT Protection Strategy.

Pictures by UNHCR South Sudan.

Top left: Displaced child-headed household, Dongwei Arop 13 pictured in front of his accommodation. He is catering for Simon Mariend Arop 4, Nyamei Arop 10 and Abigok Arop 7.

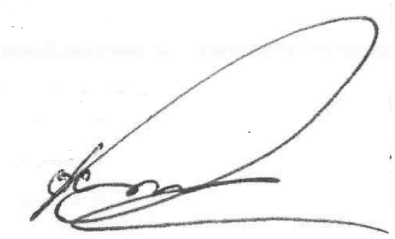
Middle second from the bottom: Displaced single headed household, Nyakuoth Diang 35, pictured with her son Pal Kier 4 in leer, South Sudan. Nyakuoth is one of a number of women who were so concerned that their son would be recruited in the rebel army that they offered to fight in place of their child.

Bottom left: A training session organize to help prevent gender based violence.

ACKNOWLEDGEMENTS

Sanctioned by the HCT Protection Strategy, the design, development and piloting of this Protection Mainstreaming Toolkit was achieved through an inclusive and participatory process. It brought over 35 humanitarian organizations and donors together, gradually building consensus and capacity around protection mainstreaming at the country level. The result is a practical tool that can ensure that protection is mainstreamed in humanitarian activities in South Sudan.

I would like to express my deepest appreciation to all the people who made this toolkit possible. Special thanks to UNHCR and especially Joan Allison, Coordinator of the Protection Cluster in South Sudan for hosting this initiative and supporting me throughout the process. I would also like to acknowledge with much appreciation the crucial role of the technical team that directly contributed to the development of the tools, notably Maria Vargas (Danish Refugee Council), Sophie Allin and Lucia Morera (Handicap International), Marika Guderian (World Food Program), Kerry Akers and Megan Nobert (Oxfam), Elisa Calle (International Rescue Committee), Emily Johnson (Relief international), Salome Kiragu (SAADO), and Anahi Ayala (Internews). Many other colleagues have made valuable comments and suggestions that allowed us to improve the product. We thank all of them for their help, both direct and indirect.



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SUMMARY

Ensuring that aid programming is maximized through protection mainstreaming is a daunting task for humanitarian actors in South Sudan. It requires mainstreaming four protection mainstreaming principles against a growing number of vulnerable groups and individuals, each with their own requirements. For example, mainstreaming protection in the health sector requires different actions specific to children, HIV+ individuals, pregnant women and other persons with specific needs.

In support to outcome 3 that commits HCT members '***to ensure protection mainstreaming in the humanitarian response***' (HCT Protection Strategy, 2015), the Protection Mainstreaming Toolkit (PMT) is designed to assist practitioners in South Sudan in working with affected populations to design and deliver humanitarian aid without further increasing their vulnerability to protection risk. It builds on good practices for mainstreaming protection in South Sudan, IASC principles, and guidance by the Global Protection Cluster.

This process is divided into four steps, each accompanied by a tool tailored for South Sudan:

1. **PROTECTION MAPPING** - is a modular assessment that is coupled with your sector needs assessment. It aims to identify threats, vulnerabilities, and assess community coping mechanisms to mitigate impacts on the safety and dignity of the people.
2. **PROTECTION RISK ANALYSIS** – helps the organization identify the potential risk faced by beneficiaries. It is based on the findings of the Protection Mapping and proposes measures to mitigate the negative impact the organization may have on the protective environment. Pre-analysed protection risk and mitigation measures identified by the cluster can be reviewed and upgraded based on how the situation in South Sudan evolves.
3. **PROTECTION MAINSTREAMING PLAN** – includes the mitigation measures identified in the Protection Risk Analysis. It details the mainstreaming activities, identifies a cost, and helps the organization to track the implementation of mainstreaming activities.
4. **EVALUATION** - assesses the quality of the mainstreaming process implemented by the project against the steps detailed above. In addition, it assesses the impact of the Protection Mainstreaming Plan on the protection environment to inform future humanitarian interventions.

The development of the PMT sought to harmonize and simplify existing initiatives in South Sudan with international good practices in the context of armed violence. It does not prevent any agencies from using their own protection mainstreaming approach, but allows organizations that wish to mainstream protection to do so without the need for a dedicated protection officer throughout the project implementation.

This document includes a phased approach to pilot the PMT. It is accompanied with induction trainings to clarify the scope of protection mainstreaming as per international standards and the use of this tool. It requires the selection of a lead agency that will drive the implementation.

Lastly, this is a dynamic document which should be reviewed periodically to integrate lessons learned, and perfect a simple way for humanitarian workers to operate effectively in an environment such as South Sudan. Hence its strength lies in its use.

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ACRONYMS

AAP	Accountability to Affected Populations
CSO	Civil Society Organizations
CWC	Communication with Communities
FGD	Focus Group Discussion
GBV	Gender Based Violence
GPC	Global Protection Cluster
GoRSS	Government of the Republic of South Sudan
HCT	Humanitarian Country Team
IACS	Inter-Agency Standing Committee
ICWG	Inter-Agency Working Group
IDPs	Internally Displaced Populations
IGAD	Inter-Governmental Authority for Development
KI	Key Informant
IMS	Information Management System
IRC	International Refugee Committee
ISP	Information Management Protocol
NGO	Non-Governmental Organizations
PC	Protection Cluster
PMP	Protection Mainstreaming Plan
PMT	Protection Mainstreaming Toolkit
ProMMS	Protection Mainstreaming Monitoring and Evaluation System
RSS	Republic of South Sudan
TOT	Training of Trainers
UN	United Nations
UNMISS	United Nations Mission in South Sudan
WFP	World Food Programme

1. INTRODUCTION

South Sudanese civilians have faced suffering as a result of continued armed conflict, through increasing incidences of violence by emerging armed gangs and militia groups. Its impact varies based on age, gender and groups with special needs such as marginalized people and minorities at the community level. Humanitarian actors are not equipped or designated to provide physical security; this is the role of the Government of the Republic of South Sudan (GoRSS) and the United Nations Mission in South Sudan (UNMISS). However, humanitarian actors must work in practical, careful, and transparent ways with the South Sudanese to design and deliver assistance programmes that do not expose them to yet more danger.

Recognizing this challenge, the Humanitarian Country Team (HCT) in South Sudan endorsed a Protection Strategy in January 2015. The strategy builds on the Inter-Agency Standing Committee's (IASC) commitment on the centrality of protection and commits all members of the South Sudan HCT "*to ensure that protection is mainstreamed in all humanitarian activities*" [1]. This is achieved by ensuring that protection considerations underpin all humanitarian interventions during all stages of the project cycle; that individual rights[2] are respected as part of programming; and that potential protection risks are identified from the outset and mitigated.

The Protection Mainstreaming Toolkit (PMT) operationalizes the HCT's vision in South Sudan. It can be used as a complement to your organization's mainstreaming tool, or as a standalone. Coupled with a minimum training on protection mainstreaming, it enables project managers to mainstream protection without the need for a dedicated protection officer throughout the project's implementation.

IASC Statement of the Centrality of Protection

The IASC affirms the commitment 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 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.

Extract from the IASC Principals on 17 December 2013.

WHAT IS PROTECTION MAINSTREAMING?

The Global Protection Cluster (GPC) defines protection mainstreaming as the process of incorporating protection principles and promoting meaningful access, safety, and dignity in humanitarian aid.

[1] HCT Protection Strategy. pp. 1, 2015.
[2] Individual rights are defined in 'Customary international law', 'International Humanitarian Law', 'International Human Rights Law', 'Refugee law', and 'The Guiding Principles on Internal Displacement'.

This is articulated through the following principles tailored for South Sudan:

- **Prioritize safety and dignity, and avoid causing harm[3]:** Prevent and minimize as much as possible any unintended negative effects of your intervention which could increase people's vulnerability to both physical and psychosocial risks.

- **Equity and meaningful access[4]:** Take pro-active steps to ensure beneficiaries' meaningful access to impartial assistance and facilities - in proportion to need and without any barriers (i.e. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and facilities.

- **Accountability to affected populations[5]:** Set up appropriate mechanisms through which affected populations can receive the information they need to make informed decisions, provide feedback on the humanitarian interventions, share concerns and submit complaints. Accountability is articulated internally through the project's own mechanism, and independently through an independent feedback and complaints mechanism. The Communication with Communities (CwC) Working Group is dedicated to sharing lessons learned and coordinating activities implemented by HCT members[6].

- **Participation and empowerment[7]:** Support the development of self-protection capacities and assist people in claiming their rights, including - but not exclusively - the rights to shelter, food, water and sanitation, health, and education. Participation and empowerment are integrated throughout the toolkit while humanitarian actors in SS propose to assist people in claiming their rights by promoting both the duties and responsibilities of the authorities, recognized community leaders, and the beneficiaries towards the services provided.

WHAT IS THE GOAL OF THE PROTECTION MAINSTREAMING TOOLKIT (PMT)?

The purpose of the PMT is to provide humanitarian workers with tools and processes to promote the centrality of protection in the delivery of humanitarian aid. Interventions based on a sound contextual understanding of threats and vulnerabilities and the involvement of affected populations can help ensure that protection is effectively mainstreamed, and allow for adjustment mid-course if the desired effect is not being achieved. By ensuring that principles like accountability and participation are embedded in this toolkit, it also lays the groundwork for an organization to contribute - if they do have the expertise and the will - to protection outcomes in parallel to delivering humanitarian assistance. For example, health services can integrate peace and reconciliation activities.

[3] Sphere Protection Principle 1, 'Avoid exposing people to further harm as a result of your action'; and 2, 'Ensure people's access to impartial assistance – in proportion to need and without discrimination.'
[4] Ibid.
[5] Five IASC Principals endorsed in December 2011 to ensure accountability to affected populations. It also corresponds to the Sphere Core Standard 1, 'People-centered humanitarian response'.
[6] Annex 5 provides a simple guide to how to set up your own accountability mechanism.
[7] Corresponds to Sphere Protection Principle 4, 'Assist people to claim their rights, access available remedies and recover from the effects of abuse'; and Core Standard 1.

Protection mainstreaming is therefore part of a combined effort by humanitarian and protection actors to integrate protection activities alongside humanitarian assistance and services that can help reach a critical mass to sustain peace. This is referred to as a 'protection continuum'.

Protection Continuum

Mainstreaming	Integration	Stand-Alone
The process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. It is the responsibility of all humanitarian actors. ***Example**: Ensure crowd control during humanitarian service delivery.*	The design of humanitarian activities to support both protection and assistance objectives, and to actively contribute to reduce the risk and exposure of the affected population. ***Example**: Livelihoods activities with both economic and protection objectives (prevent negative coping mechanisms including transactional and survival sex, exploitative/ hazardous labour, child labour).*	Stand-alone protection program and projects have specific protection objectives and require a protection specialist. ***Example:** Reintegration of children associated with armed force and armed groups. Reintegration of survivors of violence.*

Figure 1: The protection continuum as developed by the GPC.

The PMT enables humanitarian organizations to articulate the vision of the HCT Protection Strategy for South Sudan. This tool can complement individual efforts made by humanitarian agencies or be used as a standalone tool to bolster organizations' capacity to ensure aid effectiveness. It recognizes that some other organizations have developed and may wish to retain their own approach to protection mainstreaming.

WHY DID WE DEVELOP A TOOLKIT FOR MAINSTREAMING PROTECTION?

The number of humanitarian actors in South Sudan coupled with the high turnover of staff called for the development of an approach that could be easily used by national and international partners. However, effectively mainstreaming protection will always require a minimum level of knowledge and skillsets in programming. Overall, the greatest difficulty was to find a balance between the need for detailed guidelines on the one hand, and the risk of overloading an organization, thus making the guidelines unmanageable, on the other hand. Several approaches have been assessed against these principles. Based on a summary assessment of tools and processes tailored to South Sudan, the PMT was developed. The toolkit aims to provide a unified and practical way in which humanitarian organizations can be more protection-focused in their work and should not be separated from their traditional role of providing aid and assistance to

Photo 1*: A woman can be overwhelmed by the weight of non-food items. She may have to pay someone to help carry the items or sell them at the market. In addition, valuable items such as solar lights can be very attractive to robbers, therefore exposing her to further harm. The risk caused should be measured against the vulnerability or the suffering that it seeks to address.*

those who suffer. It was subject to extensive consultations and validation by national and international experts in South Sudan.

The toolkit represents only the first attempt at rolling out protection mainstreaming to all humanitarian programming in South Sudan. There is considerable room for expansion based on field experience, which will guide how these tools will evolve as both gaps and lessons learned are identified and incorporated.

WHO SHOULD DO PROTECTION MAINSTREAMING?

Beyond being a moral and ethical responsibility, the IASC states that it is an obligation for all humanitarian actors to adhere to basic humanitarian principles, and to mainstream protection across the humanitarian response. This commitment has been operationalized through the endorsement of the HCT Protection Strategy in SS.

However, unless everyone fulfils his or her role, success in mainstreaming protection in South Sudan will be jeopardised. The table below presents the responsibilities of humanitarian actors and coordination structures. It does not cater to the potential wider range of actors such as the GoRSS and the CSOs who could potentially contribute to protection mainstreaming and would eventually lead this initiative.

Humanitarian Actors

- Consult Protection Mapping Assessment completed for the community targeted or reach out to the PC for assistance.
- Develop and implement the Protection Mainstreaming Plan.
- Share lessons learned on maintreaming protection.
- Report protection concerns to the Protection Cluster/Sub-Clusters.

Cluster Coordinator and Co-Coordinator

- Mainstream protection through sector response programs.
- Liaise with the PC for support to conduct the Protection Mapping exercises.
- Share progress on the level of implementation of protection mainstreaming principles.
- Update the protection risks and mitigation measures.

Inter Cluster Working Group

- Ensure mainstreaming planning is outlined in Consolidated Appeals for each sector.
- Make recommendations to the HCT on operational concerns and priorities for protection policies.
- Promote the use of tools that are provided by the protection cluster to ensure protection mainstreaming.

Humanitarian Country Team

- Leadership on mainstreaming within their organisation and as cluster leads.
- Policy commmitment on protection mainstreaming.
- Advocacy on key protection issues.
- Policy Coordination with UNMISS, IGAD, GoRSS, etc.

Protection Cluster and Sub-Cluster members

- Review, update, and expand the PMT based on lessons learned.
- Support Protection Mapping exercises by other humanitarian actors.
- Support Protection Mainstreaming across sectors.

Figure 2: Roles and responsibilities of key actors involved in the PMT.

WHAT HAPPENS IF WE DO NOT MAINSTREAM PROTECTION?

'The road to hell is paved with good intentions'

John Ray, 1670.

Neglecting to mainstream protection is a problem. The price tag ranges from affecting a single individual to an entire community, from the humanitarian worker to the GoRSS and the donors. Unfortunately, the population is South Sudan has faced over 30 years of humanitarian cycles whereby protection mainstreaming could not have been integrated as per the established international standards. For example, 'do no harm' is a principle integrated in humanitarian response since the late 80s however, 'accountability to the beneficiary' is relatively recent. In fact, it is only since the IASC's statement on the centrality of protection in 2005 that all humanitarian actors are required to mainstream protection. Figure 4 depicts the cycle of negative effects when neglecting to fully mainstream protection. Failure will lead to inadequate meeting of needs, increased vulnerabilities and potentially more survivors, and additional costs to address these increasing needs.

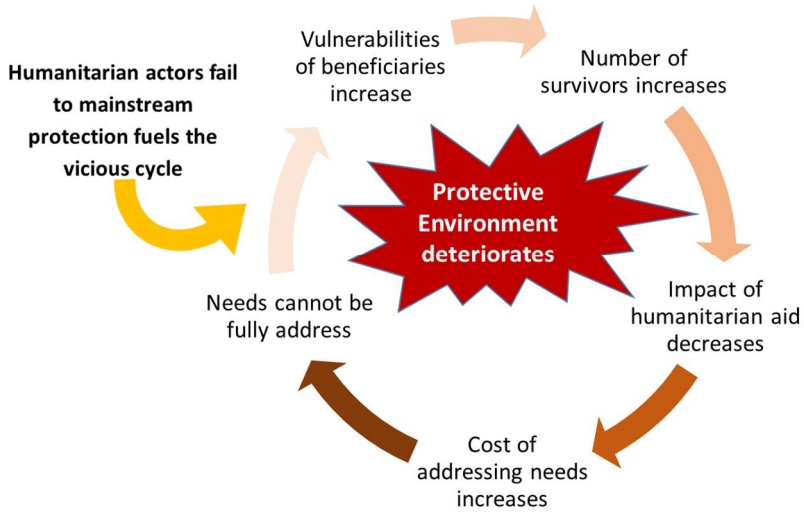


Figure 3: Cycles of humanitarian aid resulted in an increased overall cost

2. HOW TO MAINSTREAM PROTECTION

This section presents how to mainstream protection in four steps. Figure 5 illustrates these steps. Each represents the outline, tool, methodology, and outputs. They are further described below.

Figure 4: Protection Mainstreaming in project cycle

Step 1 PROTECTION MAPPING

OUTLINE

The Protection Mapping proposes a simple approach to acquire data and information needed to mainstream protection by all humanitarian actors. It requires "*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*" (IASC, 2013).

The implementation of Protection Mapping requires a minimum skillset. Humanitarian actors that do not have this expertise may request the PC to identify a qualified organisation to conduct Protection Mapping on their behalf or alternatively, a short-term consultant can be hired.

Findings of the Protection Mapping can be shared across sectors of intervention. It will need to be updated on a regular basis. For example, WASH and Health actors can benefit from a single mapping exercise. The strength of this tool relies on using a common approach that can be easily replicated, and in which data collected can be extrapolated to cover greater regions. The greater use, the greater the economic benefits.

TOOL

A Protection Mapping analysis common to all sectors was developed to provide important information on general protection, violations, and abuses, including possible trends, identification of the actors – both perpetrators and survivors –, what type of threats and where they unfold, and what coping mechanisms communities employ to try and counteract these threats (whether positive or negative). The mapping tool provided in Annex 1 is an option that can be used to conduct such an assessment.

METHODOLOGY

The methodology combines three approaches, which are further detailed in Annex 1.

First, **key informant interviews** provide information from members of the community. This includes reaching out to local NGOs, GBV and Child protection focal points, local authorities, representatives of any women's associations, community recognized elders, and armed group leaders, as appropriate.

Second, conduct **focus group discussions** to gather information directly from the community. By reaching out to individuals and groups directly affected by threats and vulnerabilities, protection experts can get an in-depth understanding of the dynamics at the community level. Not only does it go deeper into the issues raised in the Desk Review and Key Informant Interviews, it is often the only approach that clarifies both positive and negative coping mechanisms used by the communities as self-protective measures or strategies. Protection experts working in these communities should conduct the FGD[8].

FGDs often target groups based on gender, age, and diversity. This includes organizing separate FGDs for women and girls, male youth, tribal and ethnic leaders, teachers and community personalities, minority groups, and people with disabilities. Local facilitators or local staff should be trained based on methodological guidance notes appended to the questionnaire, particularly stressing the need to protect participants' identities in the discussions and guarantee confidentiality with other field actors.

Third, a **desk review** of past protection assessments such as the mapping assessment envisaged in this toolkit will provide baseline information. If the protection assessments conducted by expert agencies are deemed too sensitive to share, please meet bi-laterally with the organization to capture the main protection risks and seek advice to counter these risks. This is an essential requirement to be conducted prior to delivering the humanitarian service and before lifesaving interventions. It is particularly adapted for proposals that cover a large number of communities and across states. For example, food distribution can cover wide geographical areas of South Sudan.

Annex 1 and sub-annexes provide you with the methodology and the tools to conduct the Protection Mapping.

OUTPUT

The Protection Mapping provides essential information on groups and individuals who are at risk, the reasons why they are at risk and how, while taking into account the specific vulnerabilities that underlie these risks. The findings take into consideration specificities for 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.

The findings of this process feed into the development of the Protection Risk Analysis in Step 2. More importantly, they lead to the measures to be identified by the project for implementing mainstreamed protection.

[8] It is proposed to develop trainings for non-protection actors to acquire the skillsets to conduct such assessments.

Step 2 PROTECTION RISK ANALYSIS

OUTLINE

Mainstreaming the four principles of protection in all aspect of the project, for all potential vulnerable beneficiaries such as children, women, girls, and marginalized groups is a daunting task. It requires an analysis of the information gathered in Step 1 against the project activities envisaged.

Step 2 proposes a simplified process to achieve this objective quickly and efficiently. It builds from the experience of humanitarian actors in delivering aid in South Sudan, pre-analyses potential risk scenarios faced, identifies good practices for responding to the risk, and translates this process into a user-friendly tool.

METHODOLOGY

The methodology was developed based on the pre-analysis of all potential risk scenarios faced by each cluster in South Sudan. The checklist on protection mainstreaming provided by the GPC guides this methodology[9].

The development process brought cluster members appointed by the Cluster Lead to identify the protection risks faced in their respective sectors, and the measures implemented thus far to mitigate the risk to the beneficiary population in South Sudan. Emphasis was placed on the unique protection needs of men, women, children, and persons with special needs such as minorities, the marginalized, and stigmatized groups. The result is a broad list of protection risks commonly faced and relevant mitigation measures currently in use in South Sudan. Given that each community faces different protection risks, the risks and mitigation measures are left for the organizations to select as most appropriate for their context. However, a project covering several different communities may have to keep the matrix at the state level. For example, a WASH project may dig boreholes in several communities. In such a case, it is recommended to keep the matrix at the state level or higher depending on the geographical area covered by the project.

As the environment evolves in South Sudan, protection risks, threats, and mitigation measures will change. The reporting mechanism proposed in Steps 3 and 4 aims to cater for the changes and ensure that the PMT is constantly updated with new risk scenarios, and proven mitigation measures. Therefore, the strength and relevance of this toolkit in the longer-term requires sharing lessons learned with the PC on the impact of the mitigation measures.

A user friendly Application was developed to facilitate the risk analysis process. After the required initial data is entered on the project, it prompts the user through a process that identifies protection risks faced and mitigation measures covering all four protection mainstreaming principles. These are selected based on the Protection Mapping Results from

[9] Resource 9: GPC Sector Checklist available at http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/Protection_Mainstreaming_Training_Package_SECTORGUIDANCE_November_2014.pdf

Step 1. Lastly, the list of risk and mitigation measures selected is exported to a Word table. The table can be further improved and new protections risks and mitigation measures not yet available in the Application can be entered. The Protection Risk Matrix is specific to a project and the community targeted. Ideally, it should be annexed to the project document.

This approach requires a minimum level of knowledge of the community and experience in responding to a humanitarian need addressed by the project.

TOOL

The link below allows you to download the Application.
https://kc.humanitarianresponse.info/pcssd/. It can be used online or offline. The detailed instructions provided in Annex 2 will assist humanitarian workers in conducting the analysis.

OUTPUT

A Protection Risk Matrix specific for the project (RE: Annex 2). This includes the specific protection risks faced by the project in the targeted community, and relevant mitigation measures to ensure that protection is mainstreamed. These measures will then form the Protection Mainstreaming Plan in Step 3.

Step 3 PROTECTION MAINSTREAMING PLAN

OUTLINE

Step 3 introduces the implementation of the mitigation measures identified by the project in Step 2. It provides a tool for budgeting the cost, monitoring the implementation, and ideally reporting back on progress made in mainstreaming protection in South Sudan.

METHODOLOGY

Following the completion of the Protection Risk Matrix in Step 2, mitigation measures are exported in the Protection Mainstreaming Plan (See template in Annex 3). Implementation of the mitigation measures is not expected to add a substantial cost to the project (e.g. providing drinking water to beneficiaries at the distribution, ensuring consultation and participation, etc.,) and therefore should be integrated in the project budget. However, some special measures for which the implementation falls outside of the expertise of the agency may require additional resources. For example, a minority group' access to a health centre may be blocked by a minefield. Requesting help from a specialised organisation to clear a path for the community group to access health services will incur additional costs. Provision for these costs should be integrated in the budget of the project proposal. It requires reaching out to the agency that can provide the expert intervention early in the process.

In addition, the Protection Mainstreaming Plan provides a template for the humanitarian organization to monitor the implementation of the mitigation measures and gather feedback from communities on the activities implemented. If needed, corrective measures should be implemented immediately. The template provided in Annex 3 can be used as a resource

document in your project proposal to demonstrate that due process has been implemented to actively mainstream protection.

Ideally, a copy of the Protection Mainstreaming Plan should be sent to the PC. The goal is twofold; first, to update the Application used in Step 2 with new protection risks and mitigation measures and second, to measure progress made against Outcome 3 "*to ensure that protection considerations underpin interventions by all the clusters and sectors during all stages of project cycle management*" (HCT Protection Strategy, 2015).

Photo 2: *There are protection risks associated with large gatherings of beneficiaries to access humanitarian services and aid. This can occur even during the first contact with the population, or during the implementation of project activities. However, this protection risk can be mitigated by introducing efficient crowd control measures in the Protection Mainstreaming Plan. This includes creating a circuit to inform communities about the process, control the number of people and movement, including a different entrance and exit for beneficiaries, narrow pathways, separate lines for pre-identified individuals (by the Protection Cluster) with special needs such as pregnant women and individuals with limited mobility, and providing water and shade. The waiting period is also a good opportunity to reinforce key message such as public health issues, inter-clan dialogue and reconciliation, and to include systems that allow communities to provide feedback and discuss issues that concern the activity being implemented.*

TOOL

The Protection Mainstreaming Plan is developed based on an idea of the GPC to better articulate activities achieved by the project to mainstream protection. It is a tool that can also help the project report on progress made in mainstreaming protection and especially, the validity of the measures selected. In turn, this information is shared with the Protection Cluster to amend the PMT and ensure that it remains relevant to the environment in South Sudan.

OUTPUT

The Protection Mainstreaming Plan, monitoring, and reporting to operationalize protection mainstreaming at the project level. In addition, the PMT remains updated to the environment in South Sudan.

Step 4 EVALUATION

OUTLINE

The goal of the evaluation is twofold; first, in line with the HCT Protection Strategy's requirement, it assesses "*that protection considerations underpin interventions by all the clusters and sectors during all stages of project cycle management*". This is achieved by measuring the extent to which the organization has followed due process in mainstreaming protection[10]. Second, it provides a simple approach to assessing the project's impact on the protective environment, both from the point of view of the implementing agency and from the point of view of the beneficiaries. The methodology focuses on a selected number of issues and it is meant as a learning tool. It allows for flagging any issues of concern with regards to the mitigation measures used and, depending on the findings, humanitarian actors should seek the support of a protection agency for an in-depth assessment. Ideally, a self-assessment is conducted on quarterly basis, or at mid-term and when the last project activity has been completed. Short projects of less than six months may not require a mid-term evaluation.

The key challenge is to ensure that the result of the evaluation fosters learning and performance improvement and is able to help the project adjust to the needs of the local population.

METHODOLOGY

Two user-friendly forms are designed to facilitate the evaluation process by field staff and report results back to the PC on a voluntary basis. The process relies on the voluntary commitment of humanitarian actors. The results are used to measure progress at the cluster level and inform the review of this toolkit. This evaluation is therefore used for learning purposes and no agencies shall be singled out through the evaluation.

Alternatively, for organisations that wish to further evaluate their actions, the International Rescue Committee (IRC) has developed the Protection Mainstreaming Monitoring and Evaluation System (ProMMS). The tool includes specialized forms developed for the evaluation, which different team members are responsible for conducting: from grants staff, to program managers or coordinators, to directors of programs.

Due Process Self-Evaluation Score Card - assesses the level to which the organization has followed the process to effectively mainstream protection. The assumption is that by following a due process, humanitarian actors have taken all possible measures to effectively

[10] The target should be set by the HCT based on a baseline that should be completed after the first cycle.

mainstream protection based on their capacity. This evaluation is completed internally and may require inputs from different staff involved in the development of the project. This self-assessment covers the following components:

- Review of Step 1 - assesses weather the organization had access, or took the necessary steps within its control to have access, to an updated Protection Mapping.
- Review of Step 2 - assesses the development of the Protection Risk Matrix as based on access to the findings from Step 1.
- Review of Step 3 - assesses the level of implementation of the Protection Mainstreaming Plan, based on capacity and resources.

Impact Score Card – assesses the impact that the mitigation measures implemented by the project had on the protective environment. The scorecard is limited to assessing a limited number of key issues to keep it simple. The user must be mindful that the protective environment can be affected by external factors such as emerging conflict. However, it allows for flagging issues that may require a more in-depth evaluation. Therefore, it is better for personnel that have the same skillsets required to conduct a Protection Mapping to conduct this assessment, using the same participants contacted during the Protection Mapping in Step 2.

Lastly, scorecards are conducted by the organization and findings should be reported back to the Protection Cluster. This is a voluntary process.

TOOL

The Due Process Self-Evaluation Score Cards are available in Annex 4-A and the Impact Score Card is available in Annex 4-B.

OUTPUTS

It enables an iterative process for improving protection mainstreaming in South Sudan. It further allows the HCT to measure its progress in mainstreaming protection.

3. IMPLEMENTATION MODALITIES

The development of the PMT is a step towards reaching the objectives set in the HCT Protection Strategy. It is a means but not the end in itself. A phased approach is intended to facilitate the rollout of the tool in South Sudan. Each phase details the activity and the approximate timeframe required. This applies only for the clusters targeted.

Phase 1 – Inception, includes the following activities (3 to 6 months)

i) Development of an information campaign focused on the PMT roll-out.

ii) Training of humanitarian actors. This includes tailored trainings based on needs:

- Information sessions for senior management: one-hour presentation on the scope of protection mainstreaming and its integration into programmes and policies.

- Trainings for project and programme managers: three-hour technical training on protection mainstreaming principles, and how to use this toolkit.
- Advanced training for protection focal points: advanced training will enable non-protection agencies to conduct the Protection Mapping without the need for a dedicated protection expert. GPC has a training developed to assist at this level.
- Training of Trainers: A pool of facilitators identified from the clusters shall be identified and trained as trainers to support the above trainings. A first TOT is provided by the GPC in 2015.
- Develop an approach of Communication with Communities (CwC) projects that will allow for assessing the level of information that communities are receiving, their information needs, and how those are being responded to.

III) Trained project and programme managers should voluntarily submit the 'Due Process Evaluation Score Card'. The goal is not to collect individual information about the projects, as this shall remain confidential, but to create the baseline on protection mainstreaming per cluster for South Sudan. The compiled result per cluster will allow the HCT to set a target for 2017, if they wish to do so.

Phase 2: Consolidation (6 to 24 months to reach the benchmark for phase 2)

i) Humanitarian actors incorporate the PMT tools into their own planning cycle. Each new project initiative undertakes the Protection Mapping with the support of qualified individuals, elaborates the Protection Risk Analysis, and implements the Protection Mainstreaming Plan.

ii) The tools and processes as part of the PMT are constantly updated to respond to the dynamic environment in SS, and lessons learned identified by humanitarian actors.

iii) Identification and capacity building of the National Lead Agency.

iv) Based on the gaps identified in the 'Communication with Communities', setting up of systems to inform beneficiaries about the humanitarian response; without the right information, feedback mechanisms and participatory methodologies do not reach the intended goal.

Phase 3 – Exit strategy (when the benchmarks for phase 2 have been reached)[11]

i) Handover of the PMT, training tools, and systems to the National Lead Agency.

ii) Coaching of the International Lead Agency.

iii) Link national Lead Agency to the GPC.

iv) Setting up of a national system for the implementation of AAP at the national level. The CwC working Group will be the starting point for the definition of the strategy based on the 5Ws and the gaps analysis. This will allow for a national system to incorporate feedback mechanisms and accountability mechanisms into one single platform that will support activities on the ground.

[11] Benchmarks and criteria for the handover shall be agreed by the HCT.

4. DATA MANAGEMENT, ANALYSIS, AND USE

These tools and the data collected will be used by a wide variety of humanitarian actors at the onset of an emergency. Within the HCT, humanitarian actors will use the data for analysis and programming needs in protection. In addition, ensuring the durability of the intervention may require sharing information with development actors such as projects working on Justice and Rule of Law and the UN peace-keeping mission in South Sudan (UNMISS), based on agreed data management principles. Lastly, local partners will rely heavily on this data to strengthen their own coping mechanisms.

Based on past experiences such as the establishment of the GBV Information Management System, a web-based platform should be developed to accompany these operational guidelines to allow data entry and data transfer even where the network connection is irregular or weak. The sensitivity of the data will require signing of an Information Sharing Protocol (ISP) between the agencies. Only selected stakeholders will be given access to the raw data to ensure its security and limit as much as possible the risks of abuse. As a result, all data gathered through the above tools will be completely anonymous in order to protect the identities of those interviewed. Lastly, the datasets will be stored for use and future analysis by interested parties. In essence, the national institution will serve as a repository for data concerning protection needs and response mechanisms in the country.

This approach will enable agencies and individuals to download the survey tools, and allocate appropriate access codes for sensitive information sharing or partner-specific documentation.

5. SUSTAINABILITY AND LONGER TERM IMPACT

The sustainability of this tool rests on three pillars: leadership, training, and transfer to a national institution.

Leadership ensures that protection mainstreaming remains at the centre of all humanitarian activities in South Sudan. It requires the monitoring of progress and addressing issues that may arise from this tool. The PC can assume some level of leadership but ideally, it requires a lead agency selected from the HCT members.

The development team for this toolkit strived to balance simplicity with the need to provide a minimum level of information to operationalize protection mainstreaming. Too short, it would not achieve its goal yet too lengthy, it would be shelved. The toolkit proposed is believed to strike this balance, but it requires coupling training sessions with its rollout. The information sessions and trainings will serve to establish a minimum level of knowledge around the scope of protection mainstreaming and provide the minimum guidance to humanitarian actors to use the tool.

Ultimately, protection mainstreaming is the responsibility of the South Sudanese people. While at the onset an international organization will host the PMT, efforts should be made to quickly identify and capacitate a national partner to take ownership and ensure its continuity. The national partner shall be capacitated to manage the PMT, update it based on lessons learned, provide training to humanitarian actors, and report back on progress.

The combined impact of these three pillars shall foster sustainability and accountability to affected populations. These two principles in particular are strictly connected with the provision of timely, targeted and verified information to the local population, so that they are able to make better-informed decisions even in the absence of an organized response. This is why the existence of the CwC Working Group headed by UNOCHA is a perfect place to push forward the mainstreaming of protection, making sure that accountability is embedded in the way organizations implement activities, from the design to the evaluation phase.

6. CONCLUSION

This PMT builds on lessons learned and good practices developed by humanitarian actors in RSS, while integrating GPC standards on protection mainstreaming. It strives to improve the quality, durability and effectiveness in humanitarian responses, ensuring the centrality of protection.

Crucial to this success is the assumption that humanitarian staff will be able and willing to adapt project delivery in a manner that integrates the four protection mainstreaming principles. This may require organisations to invest in the capacity building of staff and allow the flexibility to innovate. This is something that the PMT in itself, however well designed, cannot guarantee.

Lastly, this is a dynamic document that should be reviewed periodically to integrate lessons learned, and perfect a simple way for humanitarian workers to operate effectively in an environment such as South Sudan. Hence, its strength lies in its use.

Annex 1: Protection Mapping - Method and Questionnaire

1. Introduction

This guideline has been developed to facilitate and assist practitioners in gathering the minimum level of information required for mainstreaming protection in humanitarian activities in South Sudan. It gathers information on the four protection mainstreaming principles based on guidelines from the GPC.

2. How to measure protection needs

Quantifying people's protection needs is articulated in terms of threat, vulnerability, protection risk, and coping mechanisms. It is expressed by the following formula:

$$\text{Risk} = \frac{\text{Threat} + \text{Vulnerability}}{\text{Coping Mechanism}}$$

- *Threat* is the potential for physical or psychological harm and potential barriers to access humanitarian aid and the information needed to make informed decisions by beneficiaries. Perpetrators include armed forces and militia groups, community and family members, and even aid workers. Access can be hindered to facilities by limited mobility. For example, children face the threat of being raped by armed groups.
- *Vulnerability* relates to factors that increase the likeliness of facing threats. This is affected by factors such as gender, age, ethnic/religious group, disability, and the ability to access reliable and verified information. For example, IDPs are more vulnerable due to the fact that they are displaced and are often not represented in local governance mechanisms.
- *Coping mechanisms* are the strengths both individuals and communities have to keep themselves safe: e.g. designated safe spaces, community plans, linkages with protection-sensitive institutions, awareness of rights and responsibilities, and the ability to communicate with their peers and with aid agencies. For example, women, girls, and boys may use survival sex if they cannot meet their families' basic needs.

In response to the protection risk, intervention can include the follow sectors[12]:

Decrease the threat - By focusing on those responsible for the protection risk, perpetrators, and those who can influence either group (change behaviour, thinking, making the threat costly) by focusing on the barriers to access including physical, social, and discrimination barriers.

Decrease vulnerabilities - By adapting daily activities to reduce exposure to risk (time and location), understanding vulnerability factors that are resulting in some groups being more vulnerable than others, and where possible addressing vulnerability factors such as poverty and discrimination.

[12] Extract from the GPC page 84.

Strengthen capacities - By strengthening community action (movement in groups, community watch groups, building knowledge of legal rights, contingency plans/early warning, advocacy to people with influence - leaders, local police, providing the right information for people to make decisions).

By strengthening the capacity, reducing threats, and exposing vulnerabilities, the protection risk is reduced or prevented.

3. Methodology

The best results are obtained by compiling information from three sources:

- First, **desk reviews** extract and analyse data and information from existing reports, online documents, and previous assessments. Annex 1-A provides a report template.
- Second, conducting **key informant interviews** (KI) with community representatives at the community level. Annex 1-D provides the question and reporting template.
- Third, **focus group discussions** gather information from separate beneficiary groups. Annex 1-B details the methodology, Annex 1-C the Participant Registrar, while Annex 1-D provides the question and reporting template.

4. Honesty and Integrity

The credibility of Protection Mapping rests on the accuracy and integrity of data collection. The final report must be accurate and reflect the views of the participants. Assumptions should be avoided and data of any kind should never be falsified.

5. Confidentiality

Confidentiality is closely linked to the safety of respondents and ensuring confidentiality protects participants, builds trust, and creates a positive environment, creating a greater likelihood of collecting reliable data. Facilitators and organizations involved must understand that participants are only giving out this kind of information if they trust the facilitators and the organization responsible for the session. In addition, prior to the sessions, facilitators are mandated to guarantee the participants that information they record will be kept strictly anonymous and confidential.

To ensure confidentiality:

- No names should be written on questionnaires. Any necessary identifying information should be kept separately from the survey questionnaires.
- Before starting any FGD or KI interview, specify that if one participant wants to discuss any specific incident, they should not use any names or other information that could be used to identify the person(s) involved.
- KI interviews and FGDs should be conducted in private, preferably outside the home, away from curious onlookers and where others cannot overhear discussions.

- Have clear policies and procedures in place to guide staff on how to respond if they become aware of, or witness to, abuses and on the confidentiality of related information.
- The facilitators/interviewers should be prepared to switch to less sensitive lines of questioning should the KI interview or FGD be interrupted.

Interviewing people about painful experiences can evoke strong feelings in both the participants and the facilitators/interviewers, and can lead to emotional responses that can put participants at risk. Respecting basic rules and using common sense in such situations (get out of danger, leave immediately, get assistance, communicate problem to the assessment teams, seek police support) are helpful in managing the emergency situation.

6. Neutrality

Facilitators, staff and organisations responsible for the focus group discussions must strive towards neutrality and impartiality during the sessions, regardless of any political, religious, social, or clan-based affiliation. It is neither necessary nor appropriate to comment on or defend any local, state, or public policy. There are no right or wrong answers in a focus group discussion and facilitators have to understand that the discussion is a time to listen, and not to inform.

7. Training, Skills, and Techniques

This assessment should be conducted by qualified humanitarian staff. Strong communication skills are essential for success in interviewing as they affect the whole participatory process and engage listening skills, coupling both appropriate non-verbal – facial expressions, body language – and verbal expression. In order to conduct successful interviews and FGDs it is important to communicate in a way that the objectives of the assessment/data collection are clearly understood and unrealistic expectations are not created. In addition, the ability to record accurately what participants are saying, as opposed to noting what one might expect to hear or wish to hear, is key.

Social and interpersonal skills include the ability to guide the KI interview or FGD smoothly and encourage participants' efforts in answering the questions (there is no right answer to a given question; disagreements among participants are as valuable and informative as the answers of particular individuals). Social skills also refer to the assessment team member's ability to be sensitive to cultural issues and behavioural expectations as well as avoiding humanitarian jargon and clinical terms such as "psychosocial trauma".

All interviews should be ended on a positive note with the interviewer reinforcing the respondent's own coping mechanisms and reminding him or her that the information she or he has shared is important and will be used to help other people.

ANNEX 1-A: PROTECTION MAPPING REPORT TEMPLATE

Section 1: Introduction: This provides a general description of the community, location, and type of humanitarian needs identified.

Section 2: Perception of safety and security: The perception of the community is measured by identifying the level of, number, and type of safety incidences/conflict, where and when people feel they can report incidents, and a generalised perception of the safety of themselves and their families:

(i) Conflict mapping including tension points (hotspots), sources of conflict (cattle raiding, access to water, grazing land), and drivers (economic hardship, drought, etc.).
(ii) Affiliation and conflict/tensions between ethnic groups present in the county, including the relationship between IDPs and the Host community.
(iii) Areas in the community where people feel unsafe and why.

Section 3: Threats and vulnerabilities[13]: This section highlights the main incidents that affect civilians in the area:

(i) Types of incidents: GBV cases, revenge killings, destruction or looting of property, and abductions;
(ii) Types of individuals and groups targeted by gender, age group, ethnicity;
(iii) Perceived perpetrators and their main interests, goals, positions, capacities, and relationships.

Section 4: Response and coping mechanisms: This section identifies how the different groups of actors respond to and cope with the protection risks identified:

(i) Positive and negative coping mechanisms in the community, taking into consideration that it may vary based on gender, age group, and ethnicity. This includes how the community deals with the presence of armed checkpoints, natural barriers such as rivers, and time to access the sites; but also how the community understands self-protective strategies and how these are ranked according to diverse and often competing needs.
(ii) Willingness and capacities of local authorities to deal with safety incidents.
(iii) Willingness and capacities of local justice and security providers to deal with incidents or un-safety.

Section 5: Recommendations: The information collected provides recommendations on potential sites and access routes for delivering humanitarian aid in a safe and dignified way.

[13] Number of protection incidents such as rape, child abduction, violent death.

ANNEX 1-B: DO'S AND DON'TS FOR KEY INFORMANT INTERVIEWS

Do's and Don'ts for Key Informant Interviews

Do:

- Introduce yourself and request permission to carry out the interview. Explain the objective and anticipated outcome of the assessment.
- Ensure the data collection instrument has space for capturing direct observations and notes.
- Limit use of open-ended questions.
- Choose your key informants well, match knowledge gaps with most probable holders of that information.
- Choose a limited number of critical topics.
- Be alert to non-verbal signs and behaviours which indicate how comfortable the person is with the interview; adjust the topics and time frame accordingly.
- Be consistent. Use the same data collection methods in each community visited and record data consistently to enable comparative analysis.
- Give voice to all vulnerable groups (e.g. older persons, persons with disabilities, religious and ethnic minorities.)
- Give informants the opportunity to ask questions or share thoughts on additional issues.

Don't:

- Waste time talking as a whole team to one respondent
- Substitute your direct observation for the respondent's answer or explanation to a question.
- Put the interviewee in a compromising situation. Explain to observers why you want to talk specifically to that person and on what topic.
- Interrogate key informants; rather, let them talk while guiding the conversation.
- Create expectations about future humanitarian support.
- Monopolize the time of individual interviewees.
- Limit yourself to one respondent's information with regards to one topic; rather, triangulate data by asking others until it is possible to confirm consensus or non-consensus on this point.
- Ask questions that may stigmatize people or endanger them.
- Use people's names when collecting information. Ensure the anonymity of the data collected.
- Let a translator answer a question for the interviewee or dominate the interview process.

ANNEX 1-C: HOW TO CONDUCT FOCUS GROUP DISCUSSIONS

1. Introduction

The primary output of focus group discussions is a report that provides in-depth information on the fears, threats, vulnerabilities and the best way to approach them from a South Sudanese's perspective. It is a sensitive exercise that requires qualified staff to conduct it.

2. Social groups to be targeted

FGDs should obtain specific views and knowledge of particular groups on issues related to violence and community disputes. Each of the following groups should be interviewed separately[14].

- Elders (defined as individuals with particular social status) and religious leaders;
- Male youth (defined as individuals aged 15-25)
- Female youth (defined as individuals aged 15-25)
- Women (individuals aged 26 or above)

3. Selection of participants

In order to ensure the best output, it is important to create conditions in which the participants will be able to speak up freely and express their opinion. Groups with specific interests such as girls, traditional leaders, and women should be organised separately to better understand their concerns and needs. Otherwise we risk having individuals and groups dominating the conversation. Therefore, participants are selected based on the following guidelines:

- Ideal size for each group session is around 10 participants[15] - two or three extra participants should be invited in case not all invitees show up;
- Participants should be selected with various educational levels, geographic coverage, social class, age group (apart from session for youth). Importantly, they should not be related to NGOs or civil society organisations;
- Participants should be selected reflecting the ethnic make-up, especially in regions with ethnic tensions or issues;
- Participants should understand that participation in focus group discussions is completely voluntary, and that they will receive no tangible benefit such as monetary incentives.
- Participants should understand that anything disclosed within the groups remains fully confidential.

In some communities, participants in a particular focus group discussion may feel more comfortable with, or outspoken about, sensitive issues when they are with participants of a homogeneous profile. Depending on the power structure or relationships within the community, two or more focus group sessions should be organised with a different composition of the participants' profiles (according to ethnic group, gender, etc.).

[14] IDPs/ migrants should be included if relevant in the particular area or if they have particular safety concerns. This should be determined based on the information from the mapping of the community.
[15] The smaller the number of participants, the more manageable the group, but the less representative the findings. Focus groups for elders can be smaller.

4. Selection of facilitators

4.1. Role of facilitators

The organisation running the focus group session should provide the facilitators responsible for conducting the discussions, fulfilling the following roles:

- One facilitator
- One translator / note-taker

By having a dedicated note taker, the lead facilitators can concentrate on having direct contact with participants. The translator/note-taker can assist with time keeping, observe participants to make sure everyone gets a chance to share thoughts or dissenting opinions, and are available to leave the group and provide individual assistance in the event participants become emotionally overwhelmed during the group discussion.

The selection of the facilitator for each FGD is a delicate process. In some contexts, selecting a facilitator with the same demographic profile may deter participants from speaking freely while in others, it creates a conducive atmosphere to discussing sensitive issues. Therefore, except for sessions with women, which should be handled by at least one female facilitator, it is up to the judgement of the humanitarian actors to decide on the best approach for other FGDs.

Note-takers should take notes of the entire discussion including, if possible[16], the information of who said what for both participants and facilitators in chronological order. It is important that note-takers take information of the discussion as accurately as possible.

4.2. Characteristics of qualified facilitators

The characteristics of facilitators are key to producing satisfactory outputs from each focus group session. Below are some of the key profiles each organisation can refer to for facilitators:

- Fluent in English and with a second language used widely in RSS;
- Appropriate age level to be able to draw sincere opinions and trust;
- Gender (generally the facilitator should be the same gender as the participants);
- Good verbal and interpersonal skills including when discussing sensitive topics;
- Good listening skills;
- Ability to be non-judgmental and respect the dignity of respondents;
- Ideally previous experience with focus groups or other research activities.

In situations where an experienced facilitator is unavailable, it is important to prioritise the characteristics of being non-judgmental, and avoiding the temptation to offer opinions, agree, or disagree with commentary from participants.

[16] If including information on the speaker prevents the note-taker from adequately reporting on the session, the identity of the speaker may be omitted.

5. Organizing Focus Groups Sessions

5.1. Location

The location where the sessions will be held should be selected bearing in mind neutrality, privacy, and accessibility. The location should be away from noisy or busy areas where participants can speak without fear of being disturbed or overheard.

5.2. Time

Select the time of the day that eases stress levels and optimizes the focus of participants as well as facilitators. Each session should not last more than 1 hour in order to maintain participants' level of concentration. It can be helpful for the assistant facilitator to signal the lead facilitator when particular sessions are lasting too long. The participants of some focus groups may want to share some personal story of their experiences with facilitators after the session. However, the purpose of conducting FGDs is NOT to identify/record specific cases or survivors. This requires a different set of skills and knowledge of what services are available. Lastly, facilitators should secure enough time to review the notes right after the session in order to maintain the accuracy of the record.

6. Instructions for the session

6.1. Before the focus group session

- Explain that all the information will be kept confidential and anonymous, and no names will be used for reporting or analysis.
- All the facilitators and note takers must be familiar with the questionnaire;
- Complete the list of participants as in 1-D-1 of the FGD form by allocating alphabetical codes instead of names, age, gender and ethnic group;
- Ensure facilitators are aware of what services are available, in case a situation arises that requires referral;
- Always begin a FGD by explaining the procedures and objectives of the discussion. Make sure that all participants are aware of who you are, why you are conducting the session, what types of questions you will be asking, and how the information you obtain from them will be used;
- In particular, remind the participants they are not going to receive any financial or other types of direct benefits by participating in the FGD;
- Be certain that all participants understand the format and discussion topics in advance and can choose not to participate if they are in any way uncomfortable; and
- Inform the participants that they are not expected to discuss individual incidents of violence and should NEVER reveal any identifiable personal information such as the names of survivors or perpetrators.

6.2. Ground rules during session

The following ground rules should be discussed with the participants before the main session starts. These ground rules also apply to the facilitators. Those who do not agree should be invited to leave the focus group discussion without being stigmatised.

- Respect each other's privacy and confidentiality. After the FGD is over, do not speak about what was discussed or by whom with **anyone**, even people who were part of the same focus group session;
- Switch off mobile phones;

- Do not interrupt when someone else is speaking;
- Do not try to convince others or monopolise the discussion;
- Do not share any personal / private information when telling your opinions or stories (e.g. names of offenders etc.). In the case that some participants want to share private stories, facilitators should secure time after the session to meet privately.

6.3. Conducting sessions

Facilitators

- The facilitators should use the list of questions to direct the discussion and cover all the relevant topics while allowing the discussion to flow naturally.
- If facilitators notice that responses from the participants are becoming too general or abstract, encourage them to share some cases or examples to obtain as concrete information as possible. This should not be done for GBV-related issues, where emphasis should be placed on general issues/concerns, rather than specific cases. If no one is speaking out on some questions (especially sensitive questions), skip the question and perhaps come back it later when the group feels more comfortable talking about these issues.
- Facilitators should encourage those who are less verbal to contribute to the discussion: it is the facilitator's responsibility to ensure that one or a few participants do not take control of the discussion.
- At the end of each section, the lead facilitator should summarize the main points of discussion before moving to the next section to have a general consensus of what was discussed (this does not mean the group has to reach a single agreement, it is rather to make sure that there are no misunderstandings).

Co-facilitator / Note-taker

Note-takers concentrate on taking notes, including recording verbal expressions of the participants in chronological order (if there is any significant behaviour or emotional expression, take note of them as well).

6.4. Immediately after discussion

Facilitators, co-facilitators / note-takers, and other staff involved in the session should secure enough time for a meeting right after each session (at least one hour) to go through the entire notes and check any missing points from the notes or any other special observation from the discussion.

7. Instruction for the focus group discussion report

Records of the FGD must be kept to inform the Protection Mapping for the county. The notes should capture as closely as possible the responses of participants during the focus group in the form in Annex 1-C-2. If there is any important sketch or chart drawn on a flipchart or board during the session, the team should either take a photo of the sketch or copy the same figure to the notes. While all the focus group discussions will be conducted in the preferred language of the group, the transcriptions have to be translated into English. Lastly, once the transcript is completed by the note-taker, the entire transcript should be reviewed and cleared by the lead facilitator and the supervising agency.

ANNEX 1-D: FGD PARTICIPANTS

Form: FGD-1

FOCUS GROUP DISCUSSION (FGD)

Ver. 10/09/2015

A. Area Profile		
A-1	Organisation's Name:	
A-2	State:	
A-3	County:	
A-4	Date of Session (dd/mm/yyyy):	_ _ / _ _ / _ _ _ _
A-5	Facilitator's Name:	
A-6	Translator / Note-taker's Name:	
A-7	Language used:	

B. Session Profile:		
B-1	Focus Group Category:	1 = Local authorities (county council, police, courts) 2 = Community Elders and Religious Leaders 3 = Youth (boys and adolescent) 4 = Women and girls 5 = IDPs [ ]
B-2	Time of start / Time of Finish	Time of Start: __ __:__ __ Time of Finish: __ __:__ __
B-3	List of Participants (up to 10 participants)	
	Indicate the composition of the group, including age and gender. If possible identify the ethnic group present and origin.	

C: Outcome:		
C-1	Result of interview:	1 = Completed 2 = Incomplete: some questions not answered [ ]
C-2	Verified by (please ✔): [ ] Lead Facilitator [ ] Supervising agency	

ANNEX 1-E: QUESTIONS FOR INTERVIEWS AND FOCUS GROUP DISCUSSIONS

Good morning /afternoon. My name is _____ from _____. We are conducting interviews / FGDs to better understand the protection concerns and identify how we can avoid causing harm to the community through our intervention. Participation is voluntary and no remuneration is offered. If you do decide to take part, you can refuse to answer any questions and may stop the interview at any time. All information collected remains confidential and no names are collected.

"Do you accept to participate?"

Questions to the participants		Notes for the facilitator
1	**Mapping Information for 'safety and dignity, and avoid causing harm' (Principle 2)**	
1.1.	What does 'safety' mean to the people in this county?	Encourage participants to provide concrete examples (no armed warfare, feeling safe in the streets, etc.)
Answer		
1.2	What are the main safety concerns in this community?	This exercise is very important, as it will guide several future questions. Focus groups representing a particular area such as IDPs or minorities should reflect only on this area and not previous areas they have lived/travelled.
Answer		
1.3	Is there any violence against women in your community (if yes specify the types of violence)? Probe – are there any concerns for women in their homes or with their family members? Are there generalized issues of disputes in a domestic setting?	Do not allow the question to be simply answered by "yes" or "no"; Be aware that the definition of domestic violence might not be associated with violence against women.
Answer		
1.4	Are there any issues relating to children in your community? [Probe – are there any children that are orphaned or do not live with their parents or family members? Follow-up: how are the conditions for children that live alone or with relatives?	Definition: Child abuse is a set of problems that includes child neglect and the physical, emotional, and sexual abuse of children.
Answer		
1.5	What is the general relationship of the (host) community (county / neighbours) with IDPs and/or refugees? Is there any tension, and if so, what are the reasons?	Discuss the distinction between IDPs and refugees.
Answer		
1.6	What are the most common causes of disputes between clans / sub-clans / sections / communities?	For IDPs: explore causes of disputes between IDPs and host communities (unless it has already been covered enough above). Are

		there any issues with conflict resolution emanating from a lack of structures/systems with which they are familiar/had in their home area?
Answer		
2	**Mapping information for 'equity and meaningful access' (Principle 2)**	
2.1	How has the security situation changed since 6 months ago? Better, worse, or not so different? What are the reasons for that?	Ensure participants justify their assessment.
Answer		
2.2	Look at the types of violence mentioned; Who are the likely victims? Different groups of victims (women, men, boys and girls) who are targeted by different perpetrators? (Don't assume only women and girls are vulnerable.)	Try to get as much information as possible on particular age groups, minorities – this will be important for preventive actions. Perhaps a specific profile can only be identified in particular types of violence.
Answer		
2.3	Look at the main types of violence mentioned: for each one of them, who would be likely perpetrators?	As above, try to identify the particular age group, socio-economic profile, or behaviour of individuals at risk of being lured into this type of violence so that preventive actions can be targeted towards them.
Answer		
2.4	Where does the violence occur?	
Answer		
2.5	When does violence happen? Is there any pattern (time of the day/night, period of the year, particular events)?	
Answer		
3	**Mapping information for 'accountability to affected populations'**	
3.1	Are there places where the community can provide feedback to humanitarian actors and complaints? Are these people/locations accessible by women and girls, minority groups?	Identify to which extent the community is aware that they can provide feedback. If yes, what is the mechanism in place, and can it be strengthened so that you can access the issues reported by the community.
Answer		
3.2	According to you, what could be done in this community to create a safe environment for those targeted by violence? Please refer to the most vulnerable groups and seek to identify if any special measures are needed for women and girls?	List the ways in which humanitarian aid can be delivered so as to avoid exposing the key vulnerable groups and individuals to more violence.
Answer		
3.4	Does the community support people that come from outside the community? For example, if a person came to your area looking for shelter and food would the community provide it?	What support is given by the host population? For example, are they integrated in the community or marginalized. Please also assess if no support is provided, and why?
Answer		

4	**Mapping information for 'participation and empowerment' (Principle 4)**	
4.1	How does the community support these vulnerable individuals/families? Are they all supported the same way? [Probe: does a single mother with small children get the same support as an elderly man]	Identify ways that the community has adapted to overcome the violence?
Answer		
4.2	How do survivors (individuals and groups targeted by the violence) cope with the violence and vulnerabilities? [Probe: how did survivors react and try to re-establish their lives]	Coping mechanisms can be positive (women fetch water together) or negative (such as survival sex). Please identify survival behaviours both for groups and individuals.
Answer		
4.3	Look at the main types of violence mentioned under 2.5, and the individuals/institutions mentioned under 5.1: who has the power to prevent and/or act on these types of violence?	This question seeks to match existing resources in the community to restrain violence with particular types of actors. List them in order of trust. Point out those groups over which elders seemingly have no control.
Answer		

Closure:

Explain the next steps. Reiterate to the participants that the information collected shall be used to help humanitarian actors to deliver aid in the community. Please ensure you clarify that the assessment is by no means a commitment to support all the needs of the community.

Thank the participants for their contribution.

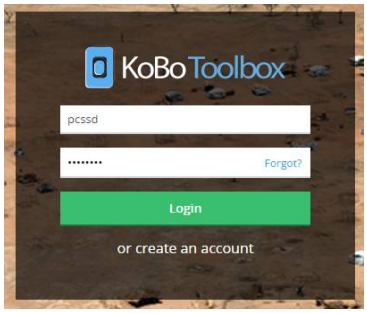
ANNEX 2: DATA ENTRY MANUAL – PROTECTION RISK ANALYSIS

Step 1: Register and sign in

First click on this URL:
https://kc.humanitarianresponse.info/pcssd/
In the following screen provide the following credentials:

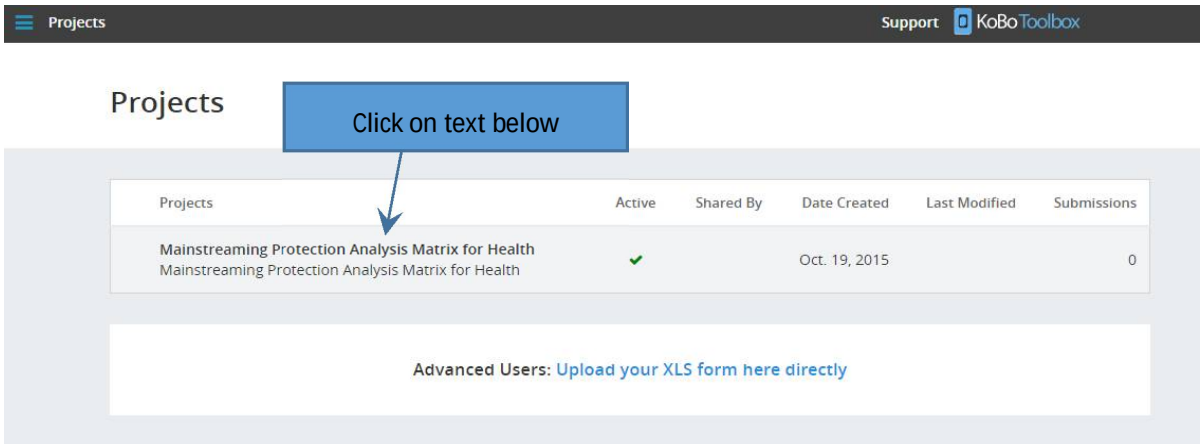
- **Please enter the User name**: pcssd
- **Password**: pcssd123

Please note that the application works on any browser including android, both on-line and off-line.



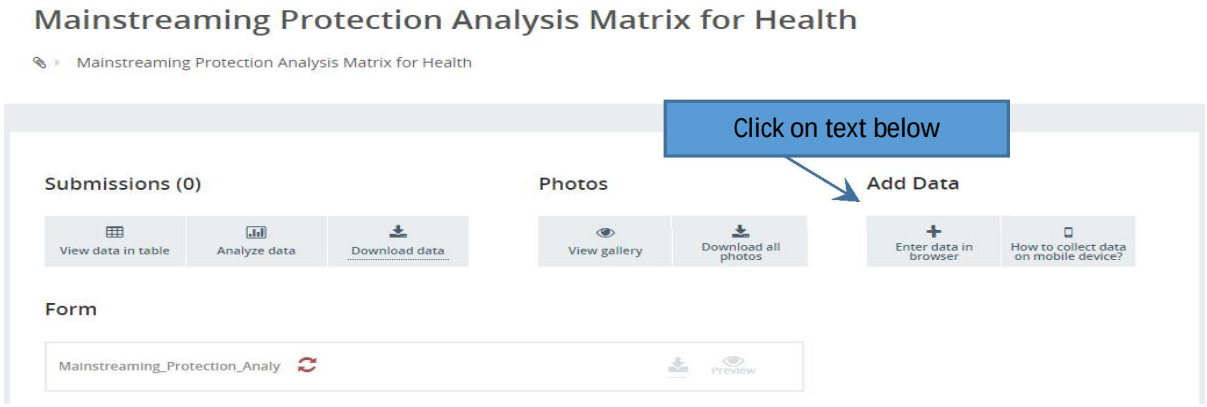
Step 2: Sector of Humanitarian Intervention

Note that each humanitarian sector encounters specific risk and mitigation measures. After signing in, you will see the screen below. Click on the relevant sector of activity. For example, health projects should click on "**Mainstreaming Protection Analysis Matrix for Health**" to select their project.



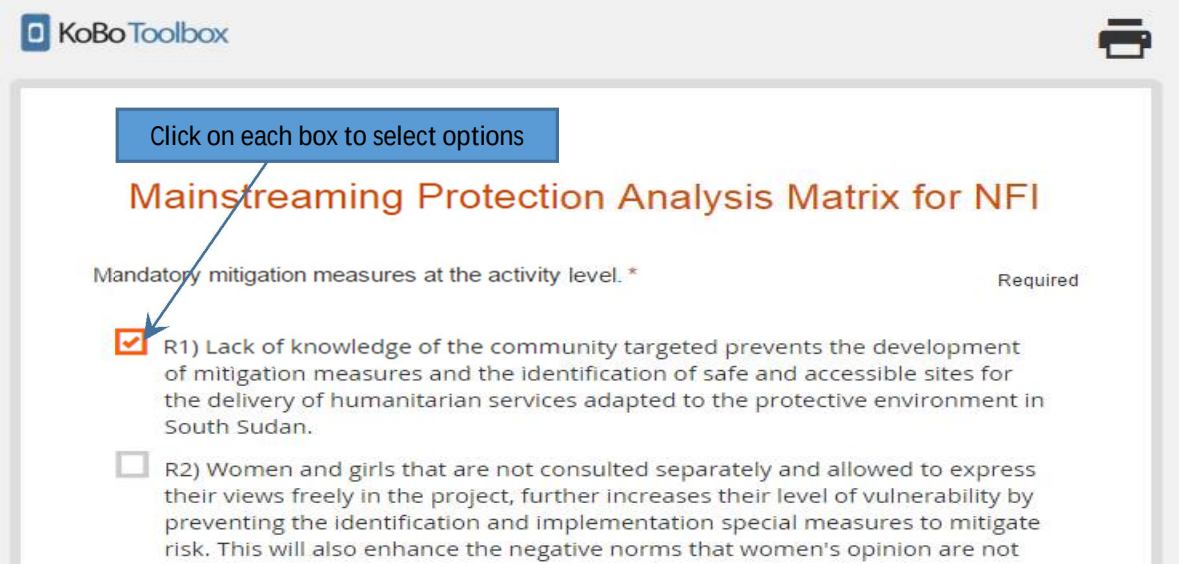
Step 3: Data Entry.

The following screen will appear. Please click on "**Enter data in browser**"



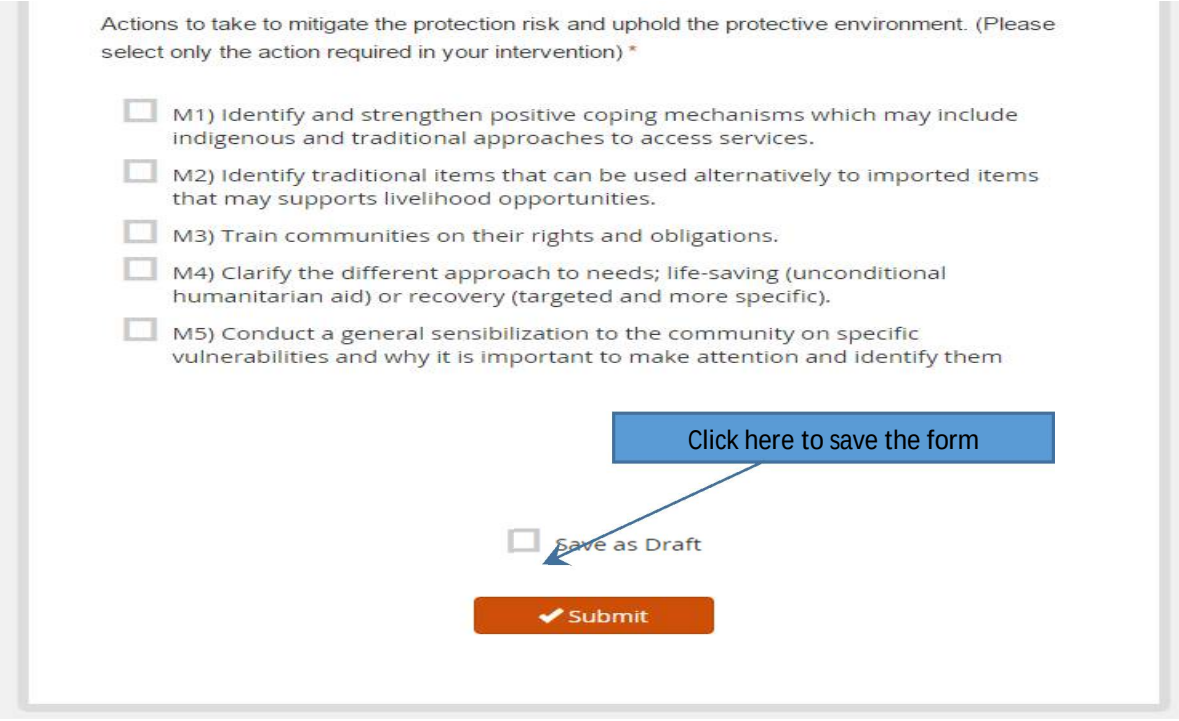
Step 4: Mandatory Measures for Protection Mainstreaming

The first two questions include mandatory mitigation measures that are required to be implemented by all humanitarian projects. Therefore, in this section the App will only allow you to select the risks relevant to your project. Note that protection risks encountered are different based on the location and target beneficiaries.



Step 5: Identification of protection risk and mitigation measures specific to your project.

This section is specific to your sector of activity. It includes between 8 and 12 questions that you must answer. The choices of protection risks are based on scenarios identified for South Sudan. Mitigation measures are those proposed by the different clusters, and have been tested to work in different contexts in South Sudan. For example, risks faced and measures needed in Malakal are different than in Yambio or Rumbek. Please only select by clicking on the mitigation measures that your organization can implement, and those that a protection expert is available to support.



After completing the data entry click on "Submit" button.

Step 6: Protection Risk Matrix

By clicking on the 'submit' button, the selections that you made will be exported to a spreadsheet. The spreadsheet allows you to amend and tailor the risk and mitigation measures selected above. In addition, the spreadsheet provides for adding new protection risks identified and mitigation measures that have been identified in the Protection Mapping, which may not have been uploaded yet in the App. Therefore, it is important that the matrix is shared with the lead organization for protection mainstreaming. This will ensure that the App is amended as per the new risk and mitigation measures.

RISK & MITIGATION MATRIX					
Date	30/10/2015	Project Title	e.g. Protection	Section	e.g. WASH Cluster
Project Cost	e.g. $700	Beneficiary Stat	e.g. Jonglei State	Agency	e.g. UNICEF

Protection Risks		Mitigation Measures	
(R1)		(M1)	
(R3)		(M2)	
(R4)		(M3)	
(R5)		(M4)	
(R6)		(M6)	
(R7)		(M7)	
(R8)		(M8)	
(R9)		(M9)	
(R10)		(M10)	

ANNEX 3: PROTECTION MAINSTREAMING PLAN

	Organisation:			
	Project:			
	Date:			
	It is the responsibility of the project manager to implement, monitor, and report to your cluster. The table below can be extracted from the Protection Risk Analysis.			

	Planned mitigation measures	Budget allocated	Progress (colour code)	Implementation outcome and corrective measures made
1	Mandatory mitigation measures			
1.1	...			
1.2				
1.3				
	Total cost for mandatory mitigation measures			
2	**Special Mitigation measures**			
2.1	...			
2.2				
2.3				
...				
	Total cost for special mitigation measures			
3	**Grand total**			

Please note that the findings of the Protection Mainstreaming Plan should be shared with the Cluster Lead Agency and the Protection Cluster. The information is used to update the PMT.

Colour code is:

- Measure implemented with success.
- A problem occurred during the implementation. Due to a change in the environment, time constraint, etc.
- Measure not implemented and should be further assessed.

ANNEX 4-A: DUE PROCESS SELF-EVALUATION SCORE CARD

	Organisation		**Date:**
	Project		**Sector**
	Location - State	**County**	

***Note**: Please add the score for each question and compare your total result against the chart below. For example in question 1.1, if you only conducted FGDs (2 points) and the bi-lateral interviews (2 points), this gives you a total score of 4 (2 + 2). Indicate '4' in the total column.*

	REVIEW QUESTION	ANSWER AND SCORE	Total
1	**Step 1: Protection Mapping**		
1.1	Did you have access to an updated Protection Mapping?	Yes (2) No (0) Yes but out-dated (1)	
1.2	Did the information received allow you to identify vulnerable groups and individuals relevant for your sector of intervention?	Yes (2) No (0) Partially – The list was incomplete (1)	
1.3	Were you able to discuss coping and negative coping mechanisms with the community?	Yes (2) No (0) Partially – The list was incomplete (1)	
2	**Step 2: Protection Risk Analysis**		
2.1	Has the Protection Risk Analysis been completed? (Total score)	Yes (2) No (0) Integrated in the project document (1)	
3	**Step 3: Protection Mainstreaming Plan**		
3.1	Was the Protection Mainstreaming Plan developed?	Yes (2) No (0)	
3.2	Was there a cost implication for protection mainstreaming and has it been included in the budget?	Yes (2) No (0)	
3.3	% of implementation of the minimum standards as recommended by the PMT? (chose one option)	Not implemented (0) Partial (50% +) (2) Fully implemented (4)	
3.4	% of implementation of project specific mitigation measures? (choose one option)	Not implemented (0) Partial (50% +) (2) Fully implemented (4)	
3.5	Have the findings been submitted to the Cluster Lead and Protection Cluster	Yes (2) No (0)	
4	**Step 4: Evaluation**		
4.1	Due process Score Card completed	Yes (2) No (0)	
4.2	Impact Score Card completed	Yes (2) No (0)	
Total Score			

Ranking: Below 16 (Protection not mainstreamed) 16 to 25 (Needs improvement)
25 to 35 (Minimum reached) above 35 (outstanding)

ANNEX 4-B: PROTECTION MAINSTREAMING OUTCOME SCORE CARD

(Ideally, the evaluation is best undertaken by the same people involved in the initial focus groups and key informant data collection exercise)

	Organisation		**Date:**
	Project		**Sector**
	Location – State	**County**	

1	**Minimum standards**		
1.1	Users are satisfied with the service and the programme		
2	**Project Mitigation measures**		
2.1	Do no harm		
2.1.1	Has the security & dignity of women been affected by the project?	Improved (4) Maintained (2) Deteriorated (0)	
2.2.2	Has the security & dignity of children and elders been affected by the project?	Improved (4) Maintained (2) Deteriorated (0)	
2.2.3	Has security & dignity of diversity groups (potentially excluded groups, minorities, eg. persons with disabilities, HIV/AIDS survivors, etc.) been affected by the project?	Improved (4) Maintained (2) Deteriorated (0)	
2.2	**Equity, equality and access**		
2.2.1	Is a representative committee for the management of facilities and service delivery operational?	No committee (0) In place but not representative (1) In place, representative, but not cannot resolve issues (2) In place, representative, and can resolve issues (3)	
2.2.2	Do women and girls have access to services or humanitarian relief?	Limited (at least one has no access) (0) Partial (full access but not always) (1) Full access at all times (2)	
2.2.3	Is access to services or humanitarian relief accessible to age groups?	Limited (at least one has no access) (0) Partial (full access but not always) (1) Full access at all times (2)	
2.2.4	Is access to services or humanitarian relief ensured for minority and other potentially excluded groups (eg. persons with disabilities, HIV/AIDS survivors)?	Limited (at least one has no access) (0) Partial (full access but not always) (1) Full access at all times (2)	
2.2.5	Are all beneficiaries in the focus group capable of describing their entitlement and services provided?	Limited (at least one is not aware) (0) Partial (aware of services but not of the entitlement) (1) Fully aware (2)	

2.2.6	Are there any reports from the people consulted of someone having resorted to using negative coping mechanisms as a livelihood?	No (2) At times (1) Always (0)	
2.3	**Accountability to beneficiaries**		
2.3.1	Is there a complaints and feedback mechanism established in the community that is accessible to all groups confidentially?	No feedback mechanism (0) In place but not operational (1) In place, operational and forwards feedback (2)	
2.3.2	Can all groups access the mechanism in a confidential manner?	No (0) At times (1) Always (2)	
2.3.3	Were the complaints/feedback forwarded to the appropriate actor for response?	Yes (2) No (0)	
2.3.4	Are the beneficiaries aware of how to place feedback and complaints? (This information should be acquired through the focus group discussions or bi-lateral interviews)	Limited (at least one is not aware) (0) Partial (aware of services but not of the entitlement) (1) Fully aware (2)	
2.3.5	Have the complaints/feedback been responded to and incorporated?	No (0) At times (1) Always (2)	
2.4	**Empowerment & Participation**		
2.4.1	As a result of your action, do the local authorities understand their rights and obligations specifically related to the project? (If authorities not available, please score 1)	Limited (at least one is not aware) (0) Partial (aware of services but not of the entitlement) (1) Fully aware (2)	
2.4.2	As a result of your actions, do the beneficiaries of your project understand their rights and obligations as recipients of humanitarian aid?	No awareness (0) Partial (aware of service but not of the entitlement) (1) Fully aware (2)	
2.4.3	Did the beneficiaries understand how prioritised humanitarian services were selected?	Did not understand (0) Partially understood (1) Fully understood (2)	
2.4.4	Programme decisions are based on full participation of all targeted people?	No participation (0) Limited participation (1) Fully involved (2)	
Total score			

Ranking: Below 15 (no positive impact) 15 and 20 (Limited impact)
21 and 30 (Maintained the protective environment)
Above 31 (protective environment improved)

ANNEX 5: HOW TO SET UP A FEEDBACK MECHANISM FOR AAP

A feedback mechanism is a set of procedures and tools formally established and used to allow humanitarian aid recipients to provide information on their experience of a humanitarian agency or of the wider humanitarian system. Feedback mechanisms can function as part of broader monitoring practices and can generate information for decision-making purposes. They collect information for a variety of purposes, including taking corrective action in improving some elements of the humanitarian response, and strengthening accountability towards affected populations. The setting up of a feedback mechanism is often the necessary pre-requisite for the development of systems to monitor and implement Accountability to Affected Population (AAP), a fundamental component of the process of incorporating protection principles and promoting meaningful access, safety, and dignity in humanitarian aid.

Step 1: DESIGN

a) Define purpose, expected uses, and needs.
b) Decide whether you will institute a formal feedback 'mechanism', or whether informal, unplanned approaches will generate the feedback you require.
c) Choose the mechanism's location in your organisation.

Step 2: SET UP

a) Identify which communication tools and channels are most appropriate.
b) Consider how sensitive information (referring to sexual abuse or fraud) will be addressed.
c) Ensure a mix of staff nationalities, genders, and other factors to facilitate feedback collection and response to communities.

Step 3: SORTING, VERIFYING, ANALYSING & SHARING

a) Plan ahead for feedback data entry, sorting, and verification.
b) Design a feedback mechanism that provides reliable information that programme staff actually needs in order to make decisions and take actions.
c) Pay attention to both solicited and unsolicited feedback.

Step 4: RESPONDING

a) Report feedback information to decision-makers, with the right amount of detail.
b) Provide feedback information to decision-makers, and encourage them to ask for it.

Step 5: MANAGE EXPECTATIONS

a) Provide clear and consistent messages on the purpose, expectation of use, and support allocated to the feedback mechanism.

STEP 6: STAFF & LEARNING

a) Involve colleagues across the organisation in the work of the feedback mechanism.
b) Develop a 'feedback culture' within your organisation.
c) Harness opportunities to learn about and improve the mechanism.

You don't need all 15 guidance points for effectiveness, however each one alone is 'necessary but insufficient'.

AAP principles	HCT	Humanitarian Actors	ICWG	Clusters	UNOCHA and CwC WG
LEADERSHIP AND GOVERNANCE Demonstrate commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into country strategies, program proposals, monitoring and evaluation, recruitment, staff inductions, trainings and performance management, partnership agreements, and are highlighted in reporting.	• Policy Commitment • Ensure feedback and accountability mechanisms are integrated into country strategies	• Ensure that feedback and accountability mechanisms are integrated into program proposals, monitoring and evaluation, recruitment, staff inductions, trainings and performance management, partnership agreements, and are highlighted in reporting. • Train, identify and support the implementation of AAP activities in their projects.	Coordinate and lead in the strategic implementation of AAP activities between clusters.	Monitor and coordinate AAP activities implemented by partners.	• Support the coordination of the activities in between implementing partners. • Gather and share reports on the implementation of AAP activities.
TRANSPARENCY Provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between an organization and its affected populations over information provision.	• Policy Commitment • Ensure accessible and timely information to affected populations systems are integrated into country strategies.	• Set up systems that provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices. • Facilitate a dialogue between themselves and their affected populations over information provision. • Work closely with local media and local information providers to implement two-way communication strategies.	Support and coordinate the strategic implementation of Communication with Communities activities between clusters.	Monitor and coordinate CwC activities implemented by partners.	• Support the coordination of the activities in between implementing partners. • Gather and share reports on the implementation of CwC activities.

FEEDBACK AND COMPLAINTS Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond, learn) complaints about breaches in policy and stakeholder dissatisfaction. Specific issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological, or other implications should have the same entry point as programme-type complaints, but procedures for handling these should be adapted accordingly.	• Policy Commitment. • Ensure feedback and complaints mechanisms are integrated into country strategies.	• Set up systems that provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices. • Facilitate a dialogue between themselves and their affected populations over information provision. • Work closely with local media and local information providers to implement two-way communication strategies.	Support and coordinate the strategic implementation of Communication with Communities activities between clusters.	Monitor and coordinate CwC activities implemented by partners.	• Support the coordination of the activities in between implementing partners. • Gather and share reports on the implementation of Feedback and complaints mechanisms activities.
PARTICIPATION Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that	• Policy Commitment • Ensure affected populations can play an active role in the decision-making	• Set up systems to enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most	Support and coordinate the strategic implementation of participatory activities	Monitor and coordinate CwC activities implemented by partners.	• Support the coordination of the activities in between implementing partners.

the most marginalized and affected are represented and have influence.	processes through the establishment of clear guidelines and practices to engage them in the drafting of country strategies.	marginalized and affected are represented and have influence. • Work closely with local media and local information providers to implement participatory systems that allow communities to play an active role.	between clusters.		• Gather and share reports on the implementation of participatory mechanism activities.
DESIGN, MONITORING AND EVALUATION Design, monitor, and evaluate the goals and objectives of programs with the involvement of affected populations, feeding learning back into the organization on an on-going basis and reporting on the results of the process.	• Policy Commitment. • Ensure design, monitoring and evaluation of the goals and objectives of country strategies involving affected populations, feeding learning back into the system.	• Set up systems to enable affected populations to play an active role in the design, monitoring and evaluation of the goals and objectives of programs, feeding learning back into the organization on an on-going basis and reporting on the results of the process. • Work closely with local media and local information providers to implement community led systems that allow communities to play an active role in the design, monitoring, and evaluation of the goals and objectives of programs.	Support and coordinate the strategic implementation of participatory activities between clusters.	Monitor and coordinate CwC activities implemented by partners.	• Support the coordination of the activities in between implementing partners. • Gather and share reports on the implementation of design, monitoring, and evaluation.

ANNEX 6: TERMS AND DEFINITIONS

Assessment: The process of obtaining information through surveying, synthesizing, and interpreting primary data sources. This is done through desk reviews, interviews, focus group discussions and surveys.

Analysis: A process to solve problems. It prompts questions which trigger a response. In the Protection Mainstreaming Toolkit, the questions are pre-defined, and the response is based on the examination of data and facts taken from the Protection Mapping to uncover and understand protection risk-vulnerability relationships, thus providing a basis for identifying and implementing mitigation measures.

Avoid further harm: This concept reaches beyond conflict analysis to all aspects of aid planning and programming which may cause adverse and unintended effects on the population of concern. (GPC)

Community: All private actors (individuals, community-based, and non-governmental organizations) in a geographically limited territory, sharing a common interest such as the improvement of safety conditions, access to water and pasture.

Do No Harm: This is a conceptual framework for micro-level conflict analysis to assist with project planning and programming in conflict contexts. (GPC)

Elder: A recognized individual by the community, as a traditional leader possessing a wealth of information and who the community refers to or calls upon to provide advice on a wide-range of issues. Elders can be called upon to replace or complement the local authorities.

Evaluation: A process of looking for meaning by monitoring data and detecting early warning signs. In an adaptive management approach, evaluation is sometimes used to review information according to an original design.

Focus Group Discussion: Qualitative method. Its purpose is to obtain in-depth information on the concepts, perceptions, and ideas of a group. It is more than a question-answer interaction.

Monitoring: Continuous process through which stakeholders verify whether programmes achieve the expected results in terms of outputs, outcomes, and impacts.

Protection: 'Activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law (i.e., human rights law, international humanitarian law, refugee law)'. (Inter-Agency Standing Committee, 1999)

Protection Mainstreaming: The process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. It is the responsibility of all humanitarian actors. (GPC, pp. 107)

Protection integration: The design of humanitarian activities to support both protection and assistance objectives, and to actively contribute to reducing the risk and exposure of the affected population. (Protection Mainstreaming Training Package, GPC, 2014)

Stand-alone protection: Programs and projects that have specific protection objectives and require a protection specialist. (GPC, Pp. 107)

Coping mechanism: Social, economic, or psychological characteristics of individuals and communities that allow them to prevent, resist, or overcome violence. These can be either positive (capacities for peace or capacity for self-protection), or negative (survival sex).

Risk Factors: Social, economic, or psychological characteristics of communities that increase the likelihood for individuals to engage in or become survivors of violence, or that increase the intensity and lethality of violence.

Survivor: Individuals that have been victimized, because of a physical or psychological aggression, they have suffered harm to their physical and/or psychological integrity, or material loss.

Threat: Defined as a stated intention to inflict injury, damage, or other hostile action on someone or something likely to cause damage or danger. A threat is targeted towards an individual or a group of individuals; it can be diffused and must have a target.

Violence: The intentional use of physical force or power, either actual or as a threat, against another person or group that causes or can cause injuries or death. Violence is broader than conflict and includes criminality and inter-personal violence.

Vulnerability: The risk of being excluded, denied access to services, and the exposure to being attack or harmed directly or indirectly. People who lack power and are dependent upon those who are most likely to have power over them are increasingly vulnerable to abuse, assault, discrimination, and other manifestations of inequity and exclusion[17].

[17] There is no commonly agreed definition across agencies on how to define vulnerability and its scope. However, this definition was used for the current document.

ANNEX 7: MAIN REFERENCES ON PROTECTION MAINSTREAMING

GPC (2014) – Protection Mainstreaming Training Package.
http://www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html

Humanitarian Aid: All Inclusive! How to Include People with Disabilities in Humanitarian Action
http://www.endexclusion.eu/docs/default-document-library/humanitarian-aid-all-inclusive.pdf?sfvrsn=4

IASC (2010). Online course: Different Needs - Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men. http://www.iasc-elearning.org

ICRC (2013). Professional Standards for Protection Work carried out by Humanitarian and Human Rights actors in Armed Conflict and Other Situations of Violence.
http://www.icrc.org/eng/resources/documents/publication/p0999.htm

IASC Taskforce on Accountability to Affected Populations:
http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-common-default&sb=89

International Rescue Committee (2013). Protection Mainstreaming Training Facilitator's Guide.

InterAction (2004). Making Protection a Priority: Integrating Protection and Humanitarian Assistance.

Keeping Children Safe. http://www.keepingchildrensafe.org.uk/emergencies-toolkit

Minimum Inter-Agency Standards for Protection Mainstreaming
http://reliefweb.int/sites/reliefweb.int/fi les/resources/Full_Report_3752.pdf

Minimum Standards for Child Protection in Humanitarian Action
http://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf

Oxfam GB (2009). Improving the Safety of Civilians: A Protection Training Pack.

Sex and Age Matter: Improving Humanitarian Response in Emergencies
http://www.globalhealthhub.org/2011/11/13/sex-and-age-disaggregated-data-in-humanitarianemergencyresponse/

Sphere e-learning course, including modules on protection, "safe from harm", accountability, building on capacity. www.sphereproject.org/learning/e-learning-course/

United Nations. 'Rights up front' Initiative. http://www.un.org/sg/rightsupfront/