

Protection Mainstreaming Working Group (PMWG)

Protection Mainstreaming Framework (PMF)

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# **Introduction**

## ***What is protection mainstreaming?***

Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.[[1]](#footnote-2) There are four key protection principles that must be taken into account in all humanitarian activities:

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

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

## ***Why is protection mainstreaming important?***

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

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

It is therefore a **shared responsibility** of all humanitarian actors to be aware of the potential harm activities can cause and to take steps to prevent this. These responsibilities are articulated in a number of global standards and guidelines and are increasingly a condition of donor funding.[[2]](#footnote-3)

## ***The framework***

This framework identifies eight core components that contribute to safe, accessible and dignified programming. Each component has a number of indicators which can be rated with the support of guiding questions. A further component on organisational safeguarding provides additional indicators on enhanced safeguarding in line with sector best practice. The indicators and guiding questions are intended to support staff, country programmes, and partners to reflect on their efforts to enhance the safety, access, dignity and inclusion of the people and communities we serve.

## ***What is the framework for?***

The framework can be used in various ways including to:

* + - Rate safety, access, and dignity at the level of one or all programmes in an organisation
    - Identify gaps and priorities and guide an action plan to improve programmes
    - As a monitoring tool, with a baseline at the start of programming and the rating repeated towards the end of the activities to measure improvements (see the PMWG MEAL Pack for additional tools and resources)
    - Develop job descriptions, highlighting key responsibilities and skillsets for particular roles
    - Review project proposals.
    - Start conversations about safeguarding with supporting resources.

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

## ***A note on language***

This framework incorporates language from the Protection Mainstreaming sector, Age and Disability Capacity Programme (ADCAP), Core Humanitarian Standards (CHS), and the Safeguarding community. Throughout the document we refer to ‘Programmes’ to reference international work

# **Using the framework**

## ***Rating indicators***

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

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

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

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

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

At the end of the assessment there is a final section on enhanced organisational safeguarding in a separate table. This component is not intended as a comprehensive safeguarding guide. Instead it aims to highlight certain key actions that are important at the organisational level which will ensure programming enhances the safety, dignity and meaningful access of people and communities affected by crisis and meets sector standards on safeguarding.

## ***Prioritising the indicators***

Once the indicators have been rated, it will be necessary to prioritise which ones will be the focus of the action plan. For example, if teams have rated many indicators as red, they may decide to focus initially on 3-5 indicators. If there are only a couple of indicators rated red, and many rated yellow, a couple of yellow indicators can also be prioritised for immediate action.

## ***Developing action plans***

In order for the framework to be useful, and for protection to be effectively mainstreamed, the rating of programmes should be linked to specific and concrete actions. A template action plan is available in Annex 3. When deciding key actions it is important to ensure they are:

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

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

## ***Monitoring and learning***

Action plans should be regularly reviewed in organisational/programme meetings and adjusted as actions are completed. It is recommended to review the assessment ratings on an annual basis. Once actions have been completed, new ones can be determined under the existing framework, or a new rating exercise can be carried out.

Additional guidance is available for staff wishing to effectively monitor safety, access and dignity as part of their field visits with communities (see PMWG MEAL pack).

## ***Additional resources***

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

# **Annex 1: Protection mainstreaming framework**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **What this means** |  | **Indicators** | **Rating** | | | **Notes** |
| **Analysis** | All programming is underpinned by an understanding of the protection context throughout the programme cycle in order to ensure safety, dignity and meaningful access for people and communities affected by crisis | 1.1 | Questions are included in needs assessments to ensure understanding of vulnerabilities and to identify barriers to safety, access and dignity for diverse groups[[3]](#footnote-4) |  |  |  |  |
| 1.2 | Protection and safeguarding related threats, vulnerabilities and capacities, as well as power dynamics, are analysed, inform programming, and updated regularly throughout the programme cycle. |  |  |  |
| 1.3 | All data collected is disaggregated by sex, age, disability, and where appropriate other diversity factors such as language and ethnicity and is used to inform programming. |  |  |  |
| 1.4 | Systems are in place to safeguard personal information collected from communities. |  |  |  |
| **Targeting and diversity of need** | The specific needs, vulnerabilities and capacities of communities and people affected by crisis are identified and assistance is targeted accordingly, taking account of the diversity within communities including those who may be marginalised or disadvantaged | 2.1 | Diverse groups are involved in the process of identifying criteria for targeting and selecting programme participants |  |  |  |  |
| 2.2 | Programmes are designed and adapted in line with local capacities to meet the different needs of diverse groups. |  |  |  |
| 2.3 | Programmes are adapted in response to the protection analysis to minimise unintended negative effects. |  |  |  |
| 2.4 | Programmes are designed to promote responsible interaction with the environment |  |  |  |
| **Information sharing** | Communities and people affected by the crisis are informed of their rights and entitlements and have access to accurate and timely information | 3.1 | Diverse groups understand the role of the organisation and its work, including what services are available to them |  |  |  |  |
| 3.2 | Staff share information through a range of communication methods (formats, language and media) that are appropriate to the needs of the community, especially the most vulnerable and marginalised groups. |  |  |  |
| 3.3 | Community members receive information, so they understand what they can expect in terms of behaviour of staff and partners |  |  |  |
| 3*.*4 | When collecting communications material (photos and/or stories) staff prioritise safety and dignity of community members, ensuring their full understanding, participation and permission |  |  |  |
| **Community engagement & participation** | There is active and inclusive community engagement in all stages of the programme cycle that builds on and strengthens existing community and state structures, resources and capacities | 4.1 | Staff use participatory techniques to ensure active inclusion and representation of diverse groups |  |  |  |  |
| 4.2 | Ongoing community dialogue and regular meetings are held with people and communities to foster participation in decisions that affect them |  |  |  |
| 4.3 | Programmes build on existing capacities of diverse groups |  |  |  |
| **Feedback & complaints mechanisms** | Communities and people are able to provide feedback and make complaints in a safe, dignified and confidential manner, and receive an appropriate response when they do so | 5.1 | Diverse groups are consulted on appropriate and context-specific channels for feedback and complaints, particularly those of a sensitive nature, including allegations of sexual exploitation and abuse, fraud and corruption |  |  |  |  |
| 5.2 | Diverse groups have access to, and are fully aware of how to use, complaints and feedback mechanisms, and understand how the complaint/feedback will be managed as well as when to expect a response. |  |  |  |  |
| 5.3 | Staff act on feedback and complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages. |  |  |  |  |
| 5.4 | Staff understand the management system in place to support sensitive complaints handling, including the procedure to ensure access to necessary support for complainants particularly survivors of sexual exploitation and abuse (SEA) |  |  |  |  |
| 5.5 | Staff refer complaints that do not fall within the scope of the organisation to a relevant party |  |  |  |  |
| **Staff conduct[[4]](#footnote-5)** | Staff have appropriate knowledge and organisational support to conduct themselves and their work in a safe and appropriate way | 6.1 | Staff have signed and understand the organisation’s Code of Conduct and relevant safeguarding/protection policies and are aware of their rights and responsibilities[[5]](#footnote-6) |  |  |  |  |
| 6.2 | There is diversity amongst field staff engaging with communities and they can be easily identified. |  |  |  |  |
| 6.3 | All staff have clear roles and responsibilities and are supervised |  |  |  |  |
| 6.4 | All aspects of staff wellbeing are considered and staff have access to additional support if required |  |  |  |  |
| **Mapping & Referral** | Staff have necessary knowledge, information and training to support people and communities in accessing existing services | 7.1 | Staff regularly map existing protection services and how to contact them |  |  |  |  |
| 7.2 | Staff share information on available services as appropriate |  |  |  |  |
| 7.3 | Staff are trained on when, if and how to refer cases and ensure there is follow-up to verify the needs of those referred have been addressed appropriately |  |  |  |  |
| **Coordination & Advocacy** | Staff advocate and work with relevant actors to enhance the protective environment, avoid duplication and prevent, mitigate and respond to protection risks | 8.1 | Staff coordinate internally across programmes to ensure protection mainstreaming is consistently included in all sectoral responses |  |  |  |  |
| 8.2 | Staff collaborate with existing coordination fora and share information on protection / protection mainstreaming practices |  |  |  |  |
| 8.3 | Staff raise unaddressed protection issues and risks with duty bearers (external stakeholders responsible for protection services) |  |  |  |  |
| **Optional Component[[6]](#footnote-7)** | | | | | | | |
| **Organisational Safeguarding**[[7]](#footnote-8) | Safeguarding is recognised as a priority for the organisation, and supported in organisational systems | 9.1 | The organisation undertakes an organisation wide risk assessment to understand the level of risk and highlight any safeguarding gaps, which informs a risk management plan |  |  |  |  |
| 9.2 | There is a safeguarding policy which includes the IASC six core principles[[8]](#footnote-9) that is known and used by staff |  |  |  |  |
| 9.3 | The organisation has clear lines of accountability and defined roles and responsibilities for safeguarding, including at governance level, that are known to staff, and specifies a designated focal person |  |  |  |  |
| 9.4 | The organisation practices safe recruitment and induction |  |  |  |  |
| 9.5 | The organisation has a comprehensive complaints mechanism to receive and manage sensitive complaints in a safe and confidential way |  |  |  |  |
| 9.6 | The organisation supports complainants, particularly survivors[[9]](#footnote-10) of sexual exploitation and abuse, to access safe and relevant services (including medical, legal, and psychosocial support) |  |  |  |  |

# **Annex 2: Guiding questions for the indicators**

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

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

* 1. Questions are included in needs assessments to ensure understanding of vulnerabilities and to identify barriers to safety, access and dignity for diverse groups
     + Have efforts been made to identify the diverse groups or communities that exist within the programme/programme area, particularly those that may have increased vulnerability e.g. persons with disabilities, older persons, people from marginalised ethnic or religious groups?
     + Do relevant teams (WASH, livelihoods, shelter etc.) include questions about safety and dignity issues and barriers to accessing programmes in needs assessments?
     + Has data been collected on languages used within the programme area and within diverse groups and used to inform the translation of the needs assessments? Have staff been provided with terminology lists and training on managing on the spot translation if necessary?
     + Are safety, dignity and access issues considered and prioritised in organisational plans, strategies and evaluations and other relevant planning and analysis processes?
     + Is there consideration of the environment and how any potential programme will interact with it and the safety, dignity, and accessibility of the programme?
  2. Protection and safeguarding related threats, vulnerabilities and capacities, as well as power dynamics, are analysed, inform programming, and updated regularly throughout the programme cycle.
     + What behaviours and practices are communities and vulnerable groups adopting as a result of increased stress and pressure (consider both positive and negative coping strategies)?
     + Have existing skills and capacities in the community been identified including consideration of the environment?
     + Who has power in the community, considering gender, age, and diversity?
     + Do staff compile and regularly update, monitor, and mitigate risks to safe, dignified, and accessible programming for diverse groups?
     + Do staff consider safeguarding risks in their analysis particularly if working on programmes identified as high risk for safeguarding?
  3. All data collected is disaggregated by sex, age, disability, and where appropriate other diversity factors such as language and ethnicity and is used to inform programming.
     + Is data broken down by sex, age and disability based on agreed parameters e.g. age range for older persons, categories of disabilities?
     + Is it safe and appropriate to gather data on vulnerability factors (sex, age, diversity, disabilities)?
     + Is disaggregated data used to inform programming e.g. who to target, what type of assistance to provide, and how to provide it?
  4. Systems are in place to safeguard personal information collected from communities.
     + Are communities/individuals made aware of what information is being collected and why and what happens if they do not want the data collected or want it removed?
     + Is data collected, stored, and managed in a secured way e.g. locked in filing cabinets or password encrypted and identifying information removed where necessary?
     + Is data shared only with those who are required to see or use the information?
     + Is data subject to a data deletion plan and kept only for as long as necessary?

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

* 1. Diverse groups are involved in the process of identifying criteria for targeting and selecting programme participants
     + Are programmes implemented without discrimination e.g. impartially and based on need alone?
     + Is there documentation showing the decision-making process for identifying who to target/not target and why?
     + Have a range of diverse groups meaningfully participated in the selection criteria for targeting?
     + Are consistent messages used to explain who has been targeted and why to the community?
  2. Programmes are designed and adapted in line with local capacities to meet the different needs of diverse groups.
     + Has the programme been designed to meet the different needs of diverse groups to increase their safety, dignity and access to programmes?
     + Has the programme been designed to build on and support community capacities and resources in a culturally meaningful and sustainable way?
     + Has the programme been designed to address and challenge existing inequalities considering sex, age, and diversity in the safest way possible?
  3. Programmes are adapted in response to the protection analysis to minimise unintended negative effects
     + Do staff routinely review and adapt programmes in response to findings from ongoing protection/safeguarding analyses, regular programme monitoring, and accountability mechanisms?
     + Does programme monitoring include questions about whether the programme is being delivered safely?
     + Do programmes use learning from programmes to inform future work?
  4. Programmes are designed to promote responsible interaction with the environment
     + Has the programme been designed with the different ways diverse groups interact with the environment in mind?
     + Has the programme been designed to ensure it does not contribute to the long- or short-term degradation of natural resources?
     + Are there are clear strategies to assess, reduce and minimise negative environmental impact?

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

* 1. Diverse groups understand the role of the organisation and its work, including what services are available to them
     + Is accurate information about the organisation and programme shared with communities e.g. who is the organisation? What is the programme? Who is targeted? What services would be provided and how long will it last? How can communities influence the programme and provide feedback? How will the organisation use and store data collected?
     + What methods does the organisation use to ensure the community, especially diverse groups correctly understand the information being given?
  2. Staff share information through a range of communication methods (formats, language and media) that are appropriate to the needs of the community, especially the most vulnerable and marginalised groups.
     + Have diverse groups within a community been asked what information they need, how they would like to receive it, and in what languages they prefer?
     + Is information shared in a culturally appropriate way, in different formats (visual, oral, aural etc.) so that it meets the needs of the community, especially the most vulnerable and marginalised groups?
     + Has information been developed that can be easily understood by children?
     + Are communications with the community and services provided using languages and terms that people commonly use at home? Are there any relevant languages not being offered?
  3. Community members receive information so they understand what they can expect in terms of behaviour of staff and partners
     + Do communities receive information on what is appropriate staff behaviour and what is inappropriate staff behaviour?
     + Do diverse groups including children know how to safely report/ complain about inappropriate behaviour?
  4. When collecting communications material (photos and/or stories) staff prioritise safety and dignity of community members, ensuring their full understanding, participation and permission
     + Is there a process for obtaining and documenting informed consent from people for photographs and interviews that includes understanding how the information will be used, who it will be shared with, its purpose, where it will be visible, how it will be stored and how it will be deleted?
     + Do staff obtaining stories have sufficient training and support to conduct interviews and take photographs in a sensitive way that protects the safety and dignity of the interviewee?
     + Do stories about children and vulnerable adults protect their identities either by changing or not revealing personal information?

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

* 1. Staff use participatory techniques to ensure active inclusion and representation of diverse groups
     + Do staff use a range of techniques (mapping, calendars, problem trees, etc.) to capture the views of those with specific needs and at most risk of being excluded e.g. children, persons with disabilities, older people, people who can’t read or write?
     + Are the communication methods used appropriate to the culture and context e.g. appropriate way to introduce staff, greet others, ask questions, and hold meetings, such as holding separate groups for men and women led by male or female staff?
  2. Ongoing community dialogue and regular meetings are held with people and communities to foster participation in decisions that affect them
     + Are regular meetings/focus groups held with diverse groups throughout the programme cycle, allowing for active and meaningful input into decision making?
     + Are the most vulnerable and marginalised groups included in the decision-making processes?
     + Are diverse groups able to feedback to the organisation individually as well as collectively?
  3. Programmes build on existing capacities of diverse groups
     + Are programmes designed to build on local skills, resources (e.g. physical, financial, environmental) and structures (e.g. women’s groups, local government, youth groups, church groups, etc.) in communities?
     + Have staff identified important cultural practices and traditions that programming could build on or should acknowledge as potentially positive or harmful to programming outcomes e.g. celebrations or rituals?

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

* 1. Diverse groups are consulted on appropriate and context-specific channels for feedback and complaints, particularly those of a sensitive nature, including allegations of sexual exploitation and abuse, fraud and corruption
     + Are diverse groups in the community consulted on the choice of complaint channels, and the implementation and monitoring of the feedback and complaints mechanism?
     + Are there multiple and culturally appropriate ways for diverse groups to provide feedback e.g. help desk, hotline, WhatsApp groups, home visits?
     + Are there appropriate channels for the community and staff to make sensitive, and if necessary anonymous, complaints e.g. about sexual harassment, exploitation or abuse? Are there child friendly channels allowing children to safely and easily make complaints?
     + Is there monitoring in place to adapt the feedback and complaints systems and ensure they are appropriate?
  2. Diverse groups have access to, and are fully aware of how to use, complaints and feedback mechanisms, and understand how the complaint/feedback will be managed as well as when to expect a response.
     + Are specific complaints handling mechanism in place to receive and respond to complaints, particularly sensitive complaints related to safeguarding?
     + Is there clear information about what types of complaints the organisation can and can’t act on e.g. non-sensitive complaints related to other agencies.
     + Are communities using the feedback systems? If not, why?
     + Can speakers of marginalised languages give feedback in the language they use at home? Do they have the information on the feedback system in their language?
     + Have people and communities, including diverse groups, been made fully aware of;
* Their right to feedback and how to lodge feedback and complaints
* The expected behaviours of staff and volunteers
* Organisational commitment on protection from sexual exploitation, abuse and harassment
* The limitations of what the organisation can and cannot do
  + - Can people and communities contact the organisation directly with their complaint without going through a partner?
  1. Staff act on feedback and complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages.
     + Do people and communities receive timely acknowledgement, action, and updates (anonymised if necessary) on the resolution or management of the complaint.
     + Are feedback and complaints welcomed and accepted by staff members and taken seriously?
     + Does the feedback system include: obtaining informed consent, responding to the complaint (either directly to the complainant or visibly working in the community to resolve the issue)?
     + Is there a back-up mechanism for reporting complaints in case the initial channel does not result in adequate action?
     + Is there an established and functioning investigation process for feedback/complaints received?
     + Are programmes adapted in response to feedback and complaints received, and is feedback regularly reviewed to inform learning and improve quality?
     + Do those who handle sensitive and non-sensitive complaints know their obligations for reporting to donors or other government or statutory bodies.
  2. Staff understand the management system in place to support sensitive complaints handling, including the procedure to ensure access to necessary support for complainants particularly survivors of sexual exploitation and abuse (SEA)
     + Do staff understand the complaints handling policy and know how to report sensitive complaints?
     + Are complaints registered systematically, acted upon, and reported on in line with best practice/ policy?
     + Is there a key person assigned to manage complaints and have they been trained appropriately?
     + Do staff have access to and understand guidance on the provision of survivor assistance?
     + Is there a system and process in place to securely store and manage sensitive information received e.g. encryption of documents, locked filing cabinets, data protection policy?
  3. Staff refer complaints that do not fall within the scope of the organisation to a relevant party
     + Do staff know how to refer complaints that do not fall within the scope of their organisation to a relevant party?

**STAFF CONDUCT:** Staff and partners have appropriate knowledge and organisational support to conduct themselves and their work in a safe and appropriate way[[10]](#footnote-11)

* 1. Staff have signed and are trained on the organisation’s code of conduct and relevant safeguarding/protection policies and are aware of their rights and responsibilities
     + Have staff received a translated (if necessary) copy of relevant policies and received trainings and refreshers on their practical application?
     + Do staff understand what is acceptable behaviour, particularly in relation to the prevention of sexual exploitation, abuse and harassment?
     + Have staff received orientation on local etiquette/taboos so they understand culturally appropriate behaviour?
     + Are there safe and confidential ways to receive and respond to complaints about staff behaviour which are understood and used by staff when necessary e.g. whistleblowing policy?
     + Are staff meaningfully engaging with the code of conduct (and/or other relevant policy and international standards) to practically apply them e.g. signing them, attending trainings and orientations, and discussing them in one-to-one management meetings?
  2. There is diversity amongst field staff engaging with communities and they can be easily identified
     + Do staff working with communities represent diverse groups including women, people living with disabilities, different ethnic or religious groups in order to facilitate open and safe discussions with those groups?
     + Where safe and appropriate, are staff clearly identified as working for the organisation e.g. wearing ID badges or branded t-shirts so communities know who to contact?
  3. All staff have clear roles and responsibilities and are supervised
     + Do all staff and partners understand their organization’s mandate, their own roles and responsibilities and the limitations of their roles?
     + Is this information available to staff in writing including in job descriptions and terms of reference?
     + Is supervision provided on a regular basis?
     + Do all staff understand the consequences of breaches of the organisational code of conduct and policies.
  4. All aspects of staff wellbeing are considered and staff have access to additional support if required
     + Is the organisational environment conducive to staff wellbeing and adequately resourced e.g. living conditions, working hours, opportunities for leisure and relaxation?
     + Is there a person responsible for staff care within the organisation who proactively engages with and is available to staff members?
     + Are procedures in place to ensure that staff wellbeing is monitored and addressed at regular intervals e.g. within appraisal formats, one to ones, staff meetings?
     + Do staff have access to additional mental health services if necessary e.g. mentors and therapists?

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

* 1. Staff regularly map existing protection services and how to contact them
     + Has contact been made with the nearest duty bearer (agency responsible for protection services) for information on functioning and safe services e.g. family tracing and reunification, health, psychosocial support, legal services, safety and security, socio-economic support? Do these align with the context analysis/ protection risks analysis?
     + Is information on available sectoral services written down, regularly updated and shared across the staff in user-friendly and accessible ways e.g. 3Ws, 4Ws and GBV/MHPSS/ child protection referral mapping? Are staff feeding into these resources?
     + Do referral processes comply with local criminal and protection laws where any offence is committed?
  2. Staff share information on available services as appropriate
     + Have staff shared information on available services? With who?
     + Have staff shared information on gaps in services? With who?
  3. Staff are trained on when and how to refer cases and ensure there is follow-up to verify the needs of those referred have been addressed appropriately
     + If there are documented referral procedures issued by the protection cluster, are staff and partners using them to make referrals.
     + Do staff understand their roles and responsibilities in relation to referring people to more specialised services e.g. survivors of sexual exploitation or abuse and those at-risk of SGBV, unaccompanied and separated children, trafficked persons etc?
     + Do staff know how to manage and mitigate risks associated with reporting and referrals in response to protection incidents?
     + Do staff know how to respond in a sensitive and supportive manner if community members inform them of sensitive issues, including protection or safeguarding incidents? Are staff’s actions guided by respect for the choices, wishes, rights, and dignity of the survivor?

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

* 1. Staff coordinate internally across programmes to ensure protection mainstreaming is consistently included in all sectoral responses
* Is there a way to share experience and learning about safety, dignity and inclusion within the organisation?
* Have humanitarian programmes been informed by and built on existing ongoing development work to deepen understanding of the context e.g. gender programmes, child protection programmes?
  1. Staff collaborate with existing coordination fora and share information on protection / protection mainstreaming practices
* Do staff share their experiences and lessons learnt of safe, dignified, and inclusive programming with other organisations or coordinating bodies
  1. Staff raise unaddressed protection issues and risks with duty bearers (external stakeholders responsible for protection services)
* Drawing on community and local partner perspectives, and where safe to do so, do staff raise issues such as unsafe service provision, excluded groups, GBV, or forced relocations with responsible actors e.g. local government, protection cluster, and UNHCR?
* Have staff checked any current sensitivities around advocacy e.g. organisational risk, threat to org staff if certain issues are raised?

**ORGANISATIONAL SAFEGUARDING:** Safeguarding is recognised as a priority for the organisation, and supported in organisational systems

* 1. The organisation undertakes an organisation wide risk assessment to understand the level of risk and highlight any safeguarding gaps, which informs a risk management plan
* Has the organisation considered the context in which it works e.g. located in places where abuse/exploitation are common or where laws and authorities are weak in responding to abuse?
* Has the organisation considered the level of direct contact with children and vulnerable adults by staff from different departments such as funding, ICT, and programmes, as well as staff from partners? Has the potential impact and risks of this contact been considered?
* Has the organisation considered its internal structure, leadership commitments, power dynamics, approach to gender equality/equity, culture and other organisational processes and how they may influence the protection of staff, communities, children and vulnerable adults?
* Does the organization review, revise, and document safeguarding risks and preventative measures regularly?
* Is the organization communicating and consulting on the risks and preventative measures with a wider audience e.g. government, protection actors, peer organizations, and donors?
* Does the organisation use learning from programmes to inform future work?
  1. There is a safeguarding policy which includes the IASC six core principles that is known and used by staff
* Does the safeguarding policy include or make reference to a Code of Conduct document that clearly addresses expected behaviours and consequences of any breach?
* Does the policy meet the minimum standards outlined in the IASC[[11]](#footnote-12) Six Core Principles Relating to Sexual Exploitation and Abuse including:
  + A statement of zero tolerance of any form of exploitation or abuse by staff
  + The definition of a child / vulnerable adult
  + The definitions of abuse
  + Specific requirements / expected behaviours for working with children / vulnerable adults
  + The duty of staff to report suspicions or allegations, procedures for how to do so, and the consequences of failing to report
* Is there an outline of in-country reporting requirements, including to organisational leadership?
* Are safeguarding policies and practices reviewed at regular intervals and formally evaluated every 3 years? Do written reports exist of progress on safeguarding implementation?
* Are the organisations policies publicly available and easily accessible to staff?
  1. The organisation has clear lines of accountability and defined roles and responsibilities for safeguarding, including at governance level, that are known to staff, and specifies a designated focal person
* Does the safeguarding focal person have clearly defined responsibilities, and have they received relevant training?
* Are there documented different pathways (including a confidential route) to contact the focal person/s?
* Are there documented accountability mechanisms including Boards of Trustees or other committees holding the executive to account for safeguarding?
  1. The organisation practices safe recruitment and induction
* Are roles assessed for the level of safeguarding risk?
* Are safeguarding responsibilities reflected in job adverts and job descriptions (for relevant roles)?
* Are screening questions asked during selection/ interview processes?
* Are references requested from previous employers or others with knowledge of the candidates experience and suitability (aim for minimum of 2)?
* Does the organization have a defined protocol of responding to requests for job references for former staff, in cases of gross misconduct allegations or termination?
* Is there police vetting (as appropriate) of candidates?
* Is induction training to new staff and regular refresher training on safeguarding provided?
* Are training records stored systematically by the organisation?
* Does the organisation make use of probationary periods of employment to ensure suitability once in post?
* Are there clear policies on the consequences of breaching the Safeguarding Policy and/or code of conduct including termination etc.?
* Do supervision and performance appraisals include adherence to the Safeguarding (or other related) policy?
  1. The organisation has a comprehensive complaints mechanism to receive and manage sensitive complaints in a safe and confidential way
* Does the organisation have an agreed and functioning policy and system to receive, manage and investigate complaints in a confidential, timely and appropriate manner that prioritises the safety of the complainant and those affected at all stages?
* Does the organisation have a culture that ensures complaints are taken seriously and acted upon in a timely way?
* Do disciplinary and whistleblowing processes address procedural fairness, privacy for those involved, and appropriate levels of transparency about cases e.g. to local law enforcement, donors, other potential employees?
* Does the organisation have access to trained staff with the skills and capacity to undertake investigations of sensitive complaints within the organisation or via alternative external expertise e.g. CI support?
* Is gender considered in the selection of staff conducting investigations, particularly when interviewing witnesses?
* Does the organisations complaint mechanism clearly articulate reporting requirements and procedures to donors, police or other statutory bodies?
  1. The organisation supports complainants, particularly survivors of sexual exploitation and abuse, to access safe and relevant services (including medical, legal, and psychosocial support)
* Has the organization developed referral pathways and defined procedures for safe and dignified referral process for the immediate support to survivor?
* Are the needs, wishes, well-being, and safety of the survivor/complainant prioritised in the decision-making process in a non-directive and non-judgemental way (person/survivor centred)?
* Is access to medical psychosocial support provided to staff through an employee assistance programme or equivalent, and support provided on their return to work?
* Are community members supported to access local medical and psychosocial services?
* Is immediate material care provided to the survivor and support given to help them understand how to pursue claims, including legal, against the alleged perpetrator?

# **Annex 3: Template action plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CORE COMPONENT** |  | | | | | |
| **Indicator (s)** |  | | | | | |
| **Findings from rating of indicator(s)** |  | | | | | |
| **Planned action to align with indicators** | **Start date** | **End date** | **Responsible person** | **Resources required** | **Support available from partner/donor** | **Cost estimate** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# **Annex 4: Emergency checklist for protection mainstreaming**

This checklist includes the minimum actions that humanitarian teams should consider:

|  |  |
| --- | --- |
| **Key actions:** | **Y/N** |
| **Analysis** |  |
| Do programme/sector teams include questions in assessments about the different safety and dignity issues and barriers facing diverse groups? |  |
| Have staff analysed the potential protection and safeguarding threats, vulnerabilities and capacities, and power dynamics that exist or are likely to emerge and used it to inform programming? |  |
| Is disaggregated data (on sex, age, disability and diversity) used to inform programming e.g. whom to target, what type of assistance to provide, and how to provide it? |  |
| Do staff have systems in place to safeguard personal information collected from communities? |  |
| **Targeting and diversity of need** |  |
| Have a range of diverse groups participated in the selection of criteria for targeting e.g. different ethnic or religious groups, marginalised groups, persons with disabilities? |  |
| Has the programme been adapted in response to the protection and safeguarding analysis to minimise potential negative effects? |  |
| **Information sharing/Risk Communication** |  |
| Is information on programming shared in a culturally appropriate way, in different formats (visual, oral, aural, language etc.) so that it meets the needs of the community, especially people with disabilities, older people, children and women. |  |
| Do communities receive information on what is appropriate staff behaviour and what is inappropriate staff behaviour?  Do they know how to report inappropriate behaviour? |  |
| Do staff collecting photos and case studies ensure the full understanding, participation and permission of community members, including the most vulnerable? |  |
| **Community engagement** |  |
| Do staff use a range of techniques (mapping, calendars, problem trees, etc.) to capture the views of those with specific needs and at most risk of being excluded (e.g. children, persons with disabilities, older people, people who can’t read or write)? |  |
| Have staff identified local skills, resources, and structures (e.g. women’s groups, local government, youth groups, disabled persons organisations (DPOs), older people’s associations (OPAs), church groups,) in communities, designed programmes with their participation? |  |
| **Feedback and complaints** |  |
| Have diverse groups been consulted on how they would like to provide feedback, especially on allegations of abuse and exploitation? |  |
| Is there clear information about how staff should refer complaints that do not fall within the scope of their organisations? |  |
| Do staff and partners know how to respond or refer cases when they receive sensitive complaints? |  |
| **Staff conduct** |  |
| Have staff received a translated (if necessary) copy of relevant policies, been trained on, and signed them signed the document? E.g. code of conduct (which includes the IASC six core principles[[12]](#footnote-13)) and safeguarding policy. Do they understand the organisation’s zero tolerance of inaction on exploitation and abuse? |  |
| Is staff well-being being considered? |  |
| **Mapping and referral** |  |
| Do staff have up-to-date information on referral pathways (such as psychosocial services, women-friendly spaces, GBV services, child protection services, and support for people with disabilities and older people)? |  |
| Are staff able to recognise what cases can be referred and to whom (e.g. survivors and those at-risk of SGBV, unaccompanied and separated children, trafficked persons etc.)? |  |
| **Coordination and advocacy** |  |
| Are staff raising unaddressed protection issues and risks with duty bearers (external stakeholders responsible for protection services)? |  |

|  |  |
| --- | --- |
| **Organisational safeguarding** |  |
| Is there an identified focal person on safeguarding and is this known amongst staff? |  |
| Does the organisation have a comprehensive complaints mechanism to receive and manage sensitive complaints in a safe and confidential way that minimises face to face contact? |  |
| Does the organisation support complainants, particularly survivors of sexual exploitation and abuse, to access safe and relevant services (including medical, legal, and psychosocial support) in a way that does not expose them to further risk of COVID-19? |  |
| If recruitment is ongoing, does the organisation practice safe recruitment and induction (including safeguarding in job adverts and interviews, conducting interviews via video, providing online training or orientation by phone for new starters)? |  |

# **Annex 5: Links between the core components and safety, dignity and access**

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

**ANALYSIS:**

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

**TARGETING AND DIVERSITY OF NEED:**

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

**INFORMATION SHARING**

**Safety:** The right information at the right time, to the right people, in the right way, can be lifesaving, enabling affected populations to make well-informed decisions about where and how they access assistance.

**Dignity:** Receiving timely, accurate information about the availability of services can reduce the anxiety and stress of affected populations. It can also empower communities and individuals and is a crucial foundation for community ownership and reducing potential conflict between communities due to clarity in the selection criteria.

**Access**: Information must be shared in an appropriate manner to ensure that all members of a community (including those who may be marginalised) have equal access. Lack of information can be a significant barrier to certain groups accessing services.

**COMMUNITY ENGAGEMENT**

**Safety:** Affected populations know and understand what risks they face and how best to minimise those risks. Community-based protection mechanisms are vital for ensuring culturally appropriate, feasible and accepted measures of protection.

**Dignity:** Affected populations should be included in any decision-making processes that affect their own lives. Meaningful engagement gives back a sense of control which is vital for empowerment and restoring a sense of wellbeing.

**Access**: The community is best placed to identify its vulnerable members, any barriers that are preventing participation, and how these members can be supported to access assistance/services.

**FEEDBACK AND COMPLAINTS MECHANISMS**

**Safety:** Good feedback systems are needed to receive information about whether the programming is suitable and reaching the right people in the right way (i.e. those most in need). Receiving feedback throughout the entire project cycle, and not just at the mid and end reviews, means agencies can quickly resolve any issues cropping up before they escalate. Feedback systems may also capture information about any exploitation or abuse going on that might involve staff or programmes.

**Dignity:** Feedback processes can help promote two-way communication between organisations and affected populations and strengthen their influence in programmes.

**Access:** Feedback processes can help ensure that there is equal access for all to assistance and services by capturing the perspectives of diverse groups.

**STAFF CONDUCT**

**Safety**: The prevention of sexual abuse and exploitation is a key priority in the sector. Staff should have an understanding of how the assistance they provide can impact on the safety of programme participants (what power dynamics are involved, who it is provided to, how it is provided, etc.). It is also important for project staff and volunteers to be supervised to monitor, identify and resolve any issues that arise. Supervision is also vital to protect workers from unnecessary threats to their physical and emotional health.

**Dignity:** Affected populations should always be at the centre of any response. Staff act as an interface with communities and their behaviour will be seen to reflect organisational values so it is essential they set the tone with positive, respectful and empathetic behaviour. This also requires support to staff to enable them to care for themselves.

**Access**: An appropriately diverse team, which includes women and other staff from different religious and ethnic groups (if safe and appropriate), can help reduce the risk that marginalised groups are denied access to assistance.

**MAPPING/REFERRAL**

**Safety:** Where organisations are unable to provide services directly themselves it is crucial staff know where and how to refer people who have been exposed to harm so they are able to receive safe and appropriate medical, legal and psychological support from specialist providers.

**Dignity:** The process by which people are referred should be done in a way that respects the dignity of the person, without exposing them to further harm and stigma.

**Access:** Lack of knowledge on existing services or what help is required is one of the reasons why so few people access necessary help. Training on referral mechanisms and existing services will therefore increase the speed and ease of access. This is particularly important in cases of SGBV.

**COORDINATION/ADVOCACY**

Protection is a collective responsibility that is shared by individuals, communities, the State, and local and international actors.

**Safety**: Humanitarian workers have a responsibility to be aware of protection issues that arise. Internal coordination between teams within the organisations is important to ensure there is common understanding of the risks present in the context and a consistent approach is applied across the programmes. This also applies to external coordination, but in addition collective action between agencies can lead to more effective, timely and quality programming. It can also help prevent conflicts caused by competition between agencies and avoid overwhelming people with similar exercises that may be frustrating or painful.

**Dignity:** Where services are weak or unavailable, the agency may be able to advocate with duty bearers on behalf of the affected populations to ensure essential services are available and accessible to all.

**Access:** Advocacy can be used to highlight cases of unequal access to (or discrimination in accessing) services.

# **Annex 6: Glossary**

**Gender:** Gender refers to socially constructed differences between females, males, and others, and the relationships between and among them, throughout the life cycle. These differences are context- and time-specific and change over time within and across cultures. Gender, together with age, sexual orientation and gender identity, determines roles, responsibilities, power and access to resources.

**Age:** Age refers to socially and contextually defined stages in a person’s life cycle. A person’s capacities and requirements change as they age. Age can enhance or diminish a person’s capacity to exercise their rights. In order to develop responses that are appropriate for different age groups (children, young adults, mature adults, older persons), humanitarian actors must consider the different needs, barriers and threats that people face at different points in their life cycle

**Diverse Groups/ Diversity:** Diversity refers to differences in values, attitudes, cultural perspectives, beliefs, ethnic background, nationality, sexual orientation, gender identity, health, social status, impairments, and other specific personal characteristics. If they are to protect and assist all affected people and encourage their participation, humanitarian actors must recognize, understand and value these differences.

**Safety:** being free from danger or risk

**Access:** the right or opportunity to make useof resources

**Dignity:** the importance and value that a person has, that makes other people respect them or makes them respect themselves *(Cambridge Dictionary)*

**Other Useful definitions**

**Accountability:** the process of using power responsibly, taking account of, and being held accountable by, different stakeholders, and primarily those who are affected by the exercise of such power.[[13]](#footnote-14)

**Complaints:** specific grievances from anyone who has been negatively affected by an organisation’s action or who believes that an organisation has failed to meet a stated commitment. Complaints can alert agencies to serious misconduct or failures in the response. All complaints need to be reviewed and addressed.[[14]](#footnote-15)

**Feedback:** any information provided by programme participants (or other crisis-affected people) about their experience with an agency or the wider humanitarian system. It can be positive or negative, and posed as questions, an opinion, a suggestion or a complaint. Feedback can be used for different purposes, including to improve the response. Feedback can also be provided informally.[[15]](#footnote-16)

**Gender-based violence (GBV):** an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) difference between females and males. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many – but not all – forms of GBV are illegal and criminal acts in national laws and policies.

Around the world, GBV has a greater impact on women and girls than on men and boys. The term ‘gender-based violence’ is often used interchangeably with the term ‘violence against women’/ The term ‘gender-based violence’ highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.

The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include: sexual violence, including sexual exploitation, abuse and forced prostitution, domestic violence, trafficking, forces/ early marriage, harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, etc.[[16]](#footnote-17)

**Inclusion:** Inclusion is the process whereby every person (irrespective of age, disability, gender, religion, sexual preference, nationality, or ethnic, religious or social origin or identity) who wishes to, can access and participate fully in all aspects of programming. Inclusive action focuses on identifying and removing barriers so that those individuals and groups who are more vulnerable, marginalised and/or excluded can participate in decision-making and benefit from humanitarian action on an equal basis with others.[[17]](#footnote-18)

**Intersectionality:** the interaction of multiple factors, such as sex, age, disability, race, which can create multiple layers of discrimination, and, depending on the context, entail greater legal, social or cultural barriers. These can further hinder a person’s access to and participation in programmes, and more generally, in society.[[18]](#footnote-19)

**Protection:** all activities aimed at ensuring the full and equal respect for the rights of all individuals, regardless of age, gender, ethnic, social, religious or other background.

**Safeguarding:** the responsibility that organisations have to make sure their staff, operations, and programmes do no harm to children and vulnerable adults, and that they do not expose them to the risk of harm and abuse. Protection from sexual exploitation and abuse (PSEA) and child protection come under this umbrella term.[[19]](#footnote-20)

**Staff:** all staff, volunteers, consultants working with an organisation

1. This definition has been developed by the Global Protection Cluster. For further details please see: <http://www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html> [↑](#footnote-ref-2)
2. See The Centrality of Protection in Humanitarian Action, Statement by the Inter-agency Standing Committee (IASC) Principals, December 2013, available at: <http://www.interaction.org/document/centrality-protection-humanitarian-action-statement-iasc> [↑](#footnote-ref-3)
3. “Diverse groups” may refer, for example to: women, men, girls, boys, youth, and older persons, as well as persons with disabilities and specific minority or ethnic groups without any such distinction (CHS) [↑](#footnote-ref-4)
4. “Staff” are any designated representative of the organisation, including national, international, permanent or short-term employees, as well as volunteers and consultants (CHS). It includes directly hired staff, partners, personnel and associates who are engaged in providing or supporting the activities of the agency [↑](#footnote-ref-5)
5. For example, these could include safeguarding, PSEA and whistleblowing policies, etc. [↑](#footnote-ref-6)
6. This component is not intended as a comprehensive safeguarding guide. Instead it aims to highlight certain key actions that are important at the organisational level which will ensure programming enhances the safety, dignity and meaningful access of people and communities affected by crisis. For further information on safeguarding please see: <https://www.keepingchildrensafe.global/>; http://pseataskforce.org/ [↑](#footnote-ref-7)
7. “Organisation” refers to both funding or implementing organisations. Every organisation has a responsibility to put in place their own robust safeguarding systems and structures but in addition is responsible for “cascading” measures down to their partners and/or sub-partners. [↑](#footnote-ref-8)
8. https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse [↑](#footnote-ref-9)
9. “Complainant” refers to the person making the complaint, including the alleged survivor of the sexual exploitation and abuse or another person who becomes aware of the wrongdoing. Once a person’s claim has been substantiated that’s person’s status shifts from complainant to victim/survivor. “Survivor or victim” refers to the person who is, or has been, sexually exploited or abused. The term ‘survivor’ implies strength, resilience and the capacity to survive. Medical and legal professionals tend to use the term ‘victim’, to mean the victim of the alleged perpetrator’s actions. However, this is not intended to negate that person’s dignity and agency as an individual (CHS PSEA Handbook). [↑](#footnote-ref-10)
10. [↑](#footnote-ref-11)
11. Inter-Agency Standing Committee (The IASC is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving the key UN and non-UN humanitarian partners). [↑](#footnote-ref-12)
12. https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse [↑](#footnote-ref-13)
13. [Core Humanitarian Standard](https://corehumanitarianstandard.org/the-standard/language-versions) [↑](#footnote-ref-14)
14. CI complaints handling briefing [↑](#footnote-ref-15)
15. CI complaints handling briefing [↑](#footnote-ref-16)
16. IASC (2005), Guidelines for Gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies [↑](#footnote-ref-17)
17. Adapted from Australian Red Cross, ‘Disability Inclusion in Disaster Management’, ARC, 2016, p. 3 and Background Note for Global Partnership on Children with Disabilities, Inclusive Humanitarian Action. [↑](#footnote-ref-18)
18. Adapted from the Humanitarian Inclusion Standards [↑](#footnote-ref-19)
19. CHS PSEA Handbook [↑](#footnote-ref-20)