GO/NO-GO DECISION CHECKLIST
PROTECTION STANDALONE PROGRAMMING IN HUMANITARIAN RESPONSE CONTEXTS

This tool aims to guide country programs in deciding whether to pursue a funding opportunity for stand-alone protection programming. It focuses on humanitarian response contexts, although many of the same factors are also relevant in development contexts.

Key Concepts

"Standalone protection" is a specific programming sector that aims to directly prevent or respond to acts of violence, coercion, discrimination or deliberate deprivation of services or resources. Examples of stand-alone protection activities include registration of refugees, GBV prevention and response, anti-trafficking, and child protection, among others.

Standalone protection programming is different from protection mainstreaming, which aims to ensure that all CRS programs are safe, dignified, and accessible to all, and especially to vulnerable groups. More information on the differences and relationships between stand-alone protection programming, protection integration, and protection mainstreaming are provided in the annex at the end of this document.

The potential for doing harm is particularly significant in standalone protection programming, if programs are poorly designed or are not implemented in accordance with international standards for ethics and safety. This is not only because of the sensitive nature of protection issues but also because these programs often target individuals or groups with additional vulnerabilities. For example, a program in GBV response could risk re-traumatizing survivors if case managers are not properly trained, supervised, or supported; or a child protection program working with unaccompanied or separated children may expose them to additional abuse if appropriate standards are not in place.

Currently, CRS has limited expertise in standalone protection programming in humanitarian settings. CRS does implement some protection standalone programs, but examples are limited to specific country or regional contexts. Building country level, regional, or agency-wide capacity to safely manage standalone protection programming requires thoughtful and consistent preparation over time.

Before proposing to implement standalone protection programming, CRS Country Programs should ensure that CRS is well-placed, and has the relevant foundations, capacities, skills, and resources in place to ensure the safety of staff, participants, and the communities where we work. This document provides a checklist for country programs and regions to review when considering the development of standalone protection programming.

When CPs/regions decide not to implement stand-alone protection programming but still wish to enhance protection of vulnerable groups, there is a lot CRS can do to strengthen protection mainstreaming in current programs, and to support and advocate for other credible protection actors.

We recommend reaching out to the Humanitarian Response Department's Protection Mainstreaming / PSEA / PSS team for support in applying this checklist and planning for protection mainstreaming, protection integration, and standalone protection programming. Contact amy.anderson@crs.org for further information.

THRESHOLD QUESTIONS

Below are the key questions teams should ask when considering pursuit of a protection standalone opportunity (or including a protection standalone component in a multisectoral program). This checklist assumes that we are pursuing a funding opportunity where the donor has prioritized protection standalone programming as a key priority. **You must be able to answer "yes" to all the following threshold questions to proceed**:

- ☐ **Gap analysis: Have we consulted with the protection cluster, GBV sub-cluster, or child protection sub-cluster (and/or other key protection actors and/or government ministries) to determine that there are key protection-related gaps that CRS is well-placed to fill?**
- ☐ **Protection mainstreaming:** *Is the country office mainstreaming protection across programs in all sectors, and have staff been trained in protection mainstreaming? A strong protection mainstreaming approach is the necessary foundation for safe and dignified standalone protection programming and to ensure do no harm.[1] Key areas to consider include (list not exhaustive):*
  - o **Referral pathways: Do field staff of current programs (in any sector) have up-to-date information readily available on referral pathways?** *In our work with communities, it is likely we will encounter protection issues such as gender-based violence, violence against children, and family separation, among others, or individual cases will be disclosed to us. When CRS does not have the capacity to respond directly, we need to know how to refer those in need to other actors that have the expertise and capacity to act.[2]*
  - o **Protection risk analysis:** *do we conduct (and regularly update) a protection risk analysis (or review the Protection Cluster's) and use it to inform our programming (e.g. who to target and/or prioritize, and adaptations or design considerations to mitigate risks)?*
  - o **Feedback, complaints, and response mechanisms:** *do we have mechanisms in place that provide opportunity for people to provide feedback and make complaints in a safe, dignified and confidential manner, and receive an appropriate response when they do so?*
  - o **Coordination and advocacy:** *does CRS participate in the Protection Cluster (and/or other coordination mechanism on protection) and elevate protection issues to the relevant duty-bearers?*
- ☐ **Capacity:**
  - o **Have we identified a specialist with technical expertise in the specific protection area (e.g. GBV, anti-trafficking, etc.)—and ideally, contextual experience—to assist with DESIGNING the project?** *In many cases, we do not already have technical advisors with expertise in these areas, which means we may need to hire a consultant to assist with the design process. When conducting assessments to inform program design, it will be particularly important that data collection efforts on sensitive protection issues are led by someone with the*

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[1] The Protection Mainstreaming Framework – available at https://efom.crs.org/efpm/protection/ - includes a tool to evaluate how well an organization (or country program) is implementing the key actions in protection mainstreaming.

[2] A survivor has the freedom and right to disclose and incident to anyone, and anyone the survivor tells has a responsibility to give honest and complete information about the services available, encourage him/her to seek help, and support her/him through the process if desired/possible. Staff must be equipped and trained to respond appropriately and ethically and make referrals if necessary. Clear protocols and guidance should be in place for how to make referrals for family separation, GBV, child abuse, and other types of protection issues. The IASC GBV Pocket Guide (in 4 languages) and WHO Psychological First Aid (PFA) Guide (in 29 languages) are essential resources to share with all staff. Staff should be trained in PFA. Where staff capacity in making referrals may be a concern, consider designating a staff focal point with protection, gender, social work, or OVC experience who can assist with referrals or directly guide/support staff on the process.

necessary expertise.[3] This data collection should never involve asking individuals about their own experiences of violence, and we should not seek out / identify individual cases.

- o **Will we hire staff with technical expertise in the specific protection area (e.g. GBV, child protection, etc.) to IMPLEMENT the project, at both prime and sub-recipient levels?** *Even if a partner with experience/expertise in these areas is a sub-recipient of the project, CRS must also ensure we hire to ensure program quality, manage risk, and implement MEAL systems. As a prime, we are ultimately accountable for the quality and safety of the program. Without adequate technical expertise and oversight from our own staff, we cannot meet this responsibility nor adequately understand/assess the safety and quality of any sub-recipients' programs.*
- o **Have we incorporated gender and protection trainings and supervision for project staff into the budget?** *This also includes the necessary training for any staff or volunteers collecting data during the design process to ensure safety and confidentiality and minimize risk to participants. We must also ensure that staff receive sufficient supervision for the length of the project.*
- o **When implementing with a partner organization, have we assessed the partner's capacity to jointly implement a protection standalone project?** *Partners should have the necessary protection expertise and project management capacity in the specific thematic area of the project (e.g. child protection, GBV, anti-trafficking, etc.), strong capacity in cross-cutting areas such as gender, protection mainstreaming, and safeguarding, as well as oversight and structures in place to support their implementation (e.g. lines of reporting, safeguarding standards and policies, feedback and complaints mechanisms, escalation procedures, etc.).*

- ☐ **Project timeframe and budget**: **Is the timeframe and budget of the opportunity sufficient to achieve quality protection outcomes?** *Many protection standalone programs work to change harmful norms, attitudes, and help-seeking behaviors which may be deeply entrenched; transformation takes time and is unlikely to be achieved in the short timeframe of many humanitarian funding opportunities.[4]*
- ☐ **Leadership buy-in: Is there buy-in by leadership of the country program and local partner to develop protection standalone projects/programs and invest in building this capacity?** *Given that protection standalone programs in humanitarian response are not prioritized in CRS' Vision 2030, pursuit of programs in these areas must be grounded in our country contextual analysis and identified as an area of commitment and investment.*
- ☐ **Community engagement: Do CRS and our partner(s) have a strong relationship of trust with the targeted community, and are key stakeholders (including the relevant community-based groups) on board and engaged?** *Protection standalone programs often broach sensitive topics and typically require a greater level of trust with, support of, and established relationship with the targeted community. We need to ensure that not only are community leaders on board but also that we are engaging with key groups (e.g. women's groups or community associations) to design approaches which are contextually grounded, culturally sensitive, mitigate 'do no harm' risk, and build on local capacities and lessons learned. In cases where a strong relationship is not already in place, we should build a plan and commitment to this process into the design.*

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[3] For example, with respect to collecting data on SGBV, we must be guided by WHO Ethical and Safety Recommendations for Researching, Monitoring, and Documenting Sexual Violence in Emergencies (2007).

[4] For example, the *SASA!* Program—an evidence-based model for GBV prevention—caveats that when implementing the *SASA!* model in humanitarian contexts, we should plan for a program timeframe of at least 18 months to achieve the desired change.

What do we do if we do not pursue protection standalone programming but still want to respond to some protection issues that may affect our program/project?

Even if we opt not to develop protection standalone programming, there still a lot we can do:

- **Protection mainstreaming:** Review CRS' protection mainstreaming framework (ref above) and seek ways to strengthen our approaches in all sectors. We should, for example, conduct a protection risk analysis to identify ways to mitigate key risks; strengthen our feedback and complaints mechanisms; or map/validate referral pathways for key protection issues. Consult industry guidance on mainstreaming specific protection considerations in other sectors, e.g. IASC Guidelines for Integrating GBV Interventions in Humanitarian Action

- **Advocate and work with relevant protection actors to enhance the protective environment, avoid duplication and prevent, mitigate and respond to protection risks.** Where safe to do so, we have a responsibility to raise unaddressed protection issues with the relevant duty bearers (e.g. local government or national/district ministries, UNHCR, protection lead actors, etc.), such as unsafe service provision, exclusion of specific groups, GBV, or forced relocation, among other issues. We can also consider inviting other organizations/agencies with proven protection standalone experience to implement programs in communities where we work, and/or in coordination with our own work. In many contexts, the protection cluster (or other relevant protection coordinating bodies) are open to the participation of organizations not implementing standalone protection programming, which may help us better understand and raise key protection issues.

We recommend reaching out to the Humanitarian Response Department's Protection Mainstreaming / PSEA / PSS team to assist in thinking through the above considerations. Contact amy.anderson@crs.org for further information.

Annex: Protection triangle

This triangle outlines the different levels of protection:
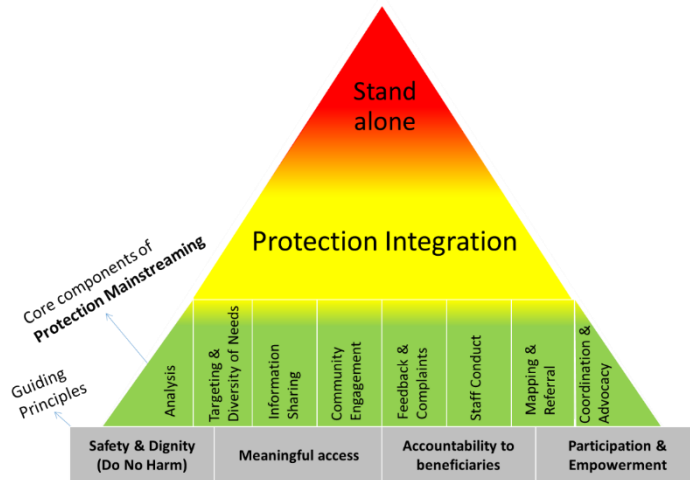
"Standalone protection" is a specific sector. It encompasses activities that directly prevent or respond to acts of violence, coercion, discrimination or deliberate deprivation of services or resources. It includes activities such as the registration of refugees, GBV prevention and response, anti-trafficking, and demobilization of child soldiers, among others. Only agencies with specialized expertise and capacity in these areas should carry out such activities (which is why this area of the triangle is red). These programs usually comprise a small percentage of the total number of humanitarian projects.

"**Protection Integration**" refers to assistance projects (such as WASH or shelter) that integrate specific protection activities. The overall objective would not usually be related to protection. Examples include monitoring and reporting on protection threats in a food distribution program, or providing training on human rights in a shelter project. Some specific protection knowledge and skills are required to undertake these activities which comprise a smaller percentage of humanitarian projects than at the protection mainstreaming level (yellow).

"Protection mainstreaming" relates to the approach we take in all our programs in every sector. It does not mean changing WHAT we do but means we should think about HOW assistance is provided. This is essentially about safe, dignified, and accessible programming. It is the responsibility of all humanitarian actors and should be applied to all projects (green). It forms the base of the triangle because it provides the foundation for all other protection work, i.e. integration and stand-alone projects should always incorporate the guiding principles and core components of protection mainstreaming. You can see a 4-minute video on CRS/Caritas' protection mainstreaming framework and core components here (also available in French, Spanish and Arabic) and further resources here.

Protection has been identified as central to all humanitarian approaches. The Inter-Agency Standing Committee Principals' statement on the Centrality of Protection in Humanitarian Action, endorsed December 2013, is part of a number of measures that have been adapted by the IASC to ensure more effective protection of people in humanitarian crises:

> *"Protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. It must be central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond. In practical terms, this means identifying who is at risk, how and why at the very outset of a crisis and thereafter, taking into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and groups such as internally displaced persons, older persons, persons with disabilities, and persons belonging to sexual and other minorities."*