

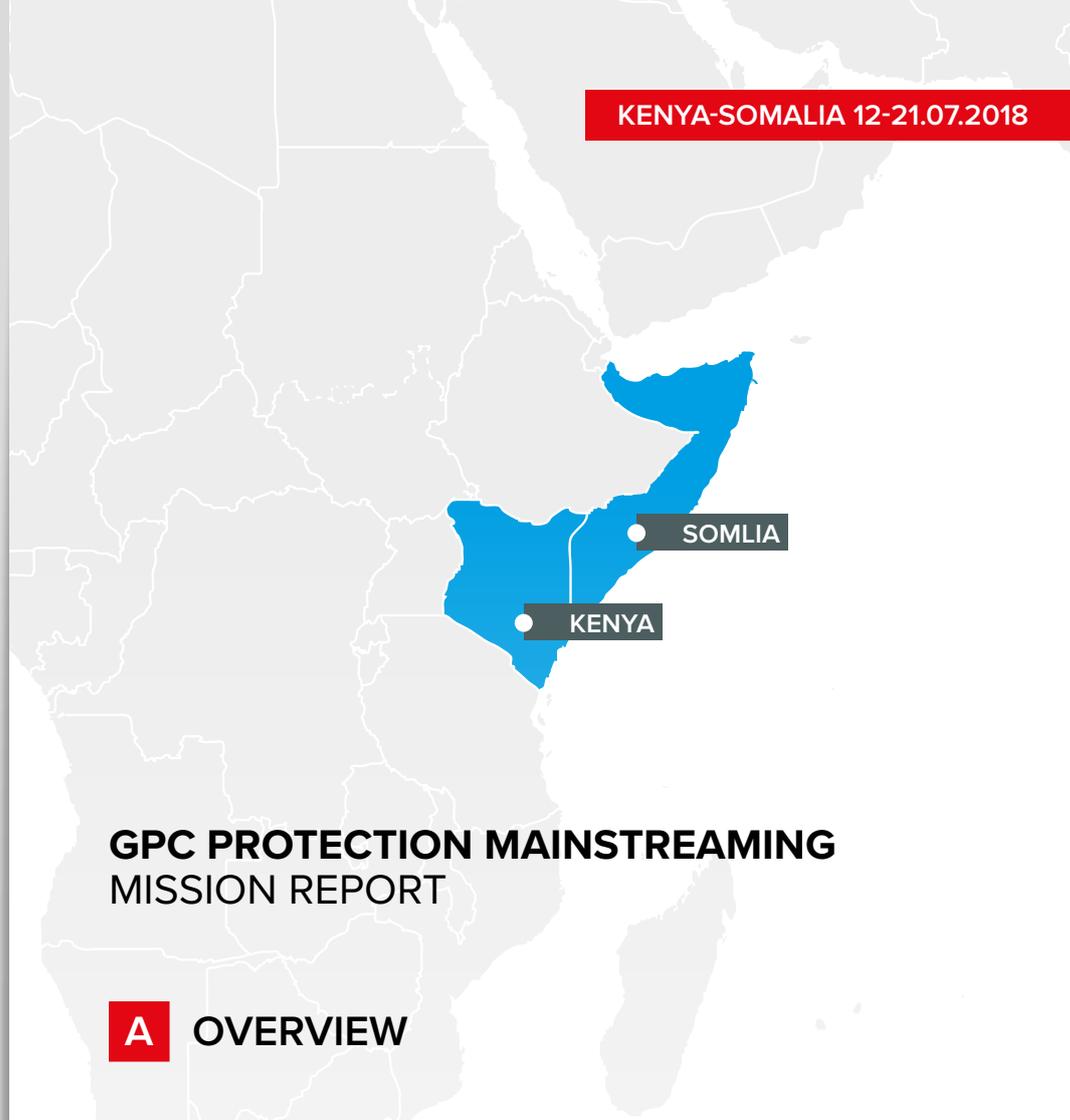


Global Protection Cluster

MISSION REPORT

KENYA - SOMALIA

KENYA-SOMALIA 12-21.07.2018



GPC PROTECTION MAINSTREAMING MISSION REPORT

A OVERVIEW

As part of the implementation of the Somalia HCT Centrality of Protection Strategy, the Somalia Protection Cluster expressed interest in a mission from the Global Protection Cluster focusing on the development of a Protection Mainstreaming Action Plan for the ICCG, each individual cluster, the Cash Working Group, and if time for key agencies/NGOs. This activity is called for in the Implementation Framework of the Somalia HCT Protection Strategy. It is considered crucial because the identified overarching protection concern is the risk of exclusion from assistance especially in the context of famine.

B MISSION OBJECTIVE AND OUTPUTS

The specific objectives of the workshops were:

1. Introduction to Protection Mainstreaming: Definition, Key Principles, and Roles & Responsibilities in line with the [IASC Protection Policy](#).
2. Support Cluster-Specific Efforts to Mainstream Protection in Somalia: identify Good Practices and Lessons Learnt.
3. Use the [Global Protection Cluster \(GPC\) Protection Mainstreaming Toolkit](#): Implementing and Monitoring Protection Mainstreaming.
4. Identify Protection Mainstreaming Process and Impact Indicators
5. Develop a Protection Mainstreaming Action Plan for 2018-2019 at the National and Sub-National Level.

Global Protection Cluster

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The training sessions with clusters and the ICCG over four days looked at how, through protection mainstreaming, the humanitarian response can be delivered in a manner that achieves the greatest protection for IDPs. Half-day meetings/trainings were held with each of the following clusters: Health, CCCM, Nutrition, Food Security, and Shelter. A brief session was held with the WASH Cluster members at a WASH retreat. The fourth day involved a meeting with the ICCG to share findings as well as discuss commitments that can be made to strengthen protection mainstreaming in the Somalia response, particularly given the upcoming Humanitarian Response Plan (HRP) process.

The following handouts were provided:

1. **A0 Tool** which provides a comprehensive list of Protection Mainstreaming process and impact indicators. The Tool includes impact indicators introduced by ECHO in Somalia. Cluster coordinators and members were asked to review the list with a view to adapting, adding, or adjusting their indicators. This action/activity is reflected in the action plan of both the ICCG and the Clusters;
2. **Guidance Tool** on how to conduct a Protection Risk Analysis for clusters (provided through a Dropbox Folder – Protection Risk Analysis)
3. **Somalia Protection Cluster Protection Risk Analysis** (Dropbox Folder- Somalia Protection Risk Analysis)

DELIVERABLES

The length of my mission was one week. Following discussion with the outgoing Protection Cluster Coordinator, deliverables included:

- Engagement with the Inter-Cluster Coordinator, the various Cluster Coordinators and members, relevant agencies and stakeholders in Mogadishu and development of a draft contextualised Protection Mainstreaming action plan for the ICCG and for individual clusters;
- Draft action plans to be circulated following my mission by the in-coming Protection Cluster Coordinator for feedback and validation.

Please note:

- A draft contextualised Protection Action Plan for the ICCG – 6 month timeline
- A draft action plan for the clusters – each with a 6 month timeline
- Additionally, given the size of cash-based interventions programming in Somalia (ca. \$600 million in 2017) we discussed and agreed that it was valuable to incorporate the element of Cash and Protection risk analyses, feedback mechanisms, and Protection Mainstreaming in cash-based interventions in the Protection Mainstreaming Action plan.

D FINDINGS

Exclusion /diversion of humanitarian assistance undermining access to those most in need.

This was a recurring protection concern voiced at the four day protection mainstreaming training sessions in Mogadishu. A discussion with the clusters and the ICCG on how to strengthen inclusion and enhance accountability, in line with **priority 1** of the Somalia HCT Protection Strategy highlighted the following key challenges:

- i. **Gatekeepers** govern IDP settlements often abusing and exploiting IDPs and treating them as commodities, use IDP settlements as an income generation activity, and act as barriers to durable solutions. On the other hand, while gatekeepers are associated with a range of violations, they remain to be one of the primary service providers for IDPs. The gatekeeper system continues to be major factor in prolonging vulnerability amongst IDPs and diminishes the impact of humanitarian interventions. **The question/challenge that remains is; how to ensure better meaningful access to the affected population through them?** Suggestions include training gate keepers on protection mainstreaming principles; empowering IDP committees; establishing representative community structures/committees - all three suggestions are linked to the Community-Based Targeting developed and piloted by the Food Security Cluster and are reflected in the PM ICCG action plan (see details below).
- ii. **Targeting criteria.** In Somalia certain population groups are significantly less able to cope with shocks than others, primarily because they have less social capital (e.g. fewer connections in the diaspora thus less remittances undermining the ability of some to cope with loss of income due to drought; fewer connections in places of displacement resulting in less protection/support). For some groups their precarious situation is coupled with al-Shabaab obstruction of humanitarian access and this results in higher rates of mortality amongst the most vulnerable groups. Discussions centred on the need to address and improve who is involved in targeting as way of mitigating the impact of the diversion of assistance, exclusion and access to those most in need. The key question is; how can we ensure meaningful access?
- iii. **The role of local authorities** in ensuring or obstructing access.
- iv. How to ensure **accountability without causing harm?** Ensuring a **comprehensive complaints and feedback/follow-up mechanism is a first step**. Some participants voiced challenges when it comes to following up on complaints as there is a perception that follow-up to complaints can undermine confidentiality and places certain individuals at risk. A key issues remains; how can we ensure we do not to expose individuals to further risks?
- v. **The need to link cash assistance with protection outcomes** (recommendation by the Protection Cluster Coordinator). This has been identified as a gap during the workshops and there is a need to document the protection outcomes of cash assistance across clusters: e.g. women are establishing businesses; women are forming safety nets; children are going to school etc.
- vi. **Land and property issues in the Somalia context has an impact on the effectiveness of programing.**

There was consensus that some of these concerns could be addressed through the development of a collective protection mainstreaming plan that includes:

- i. **Concerted advocacy efforts from the clusters, ICCG, and the HCT to enhance access and targeting.** In this regard, it was announced, at the ICCG meeting, that State Level HCTs will be introduced and this advocacy will be a priority for the area HCTs at the state level. (In Somalia, there are 20 Federal States – follow up is needed to understand the timeline for the State level HCTs and the number to be developed.

- ii. **UNHCR/Protection Cluster** establishing a protection monitoring system which will flag issues related to access to the affected population (based on discussions with both the Protection Cluster Coordinator and the UNHCR IMO).
- iii. An agreement that all actors/organisations will need to clearly articulate how they are dealing/addressing/mitigating against **exclusion**/lack of consistent access to the most vulnerable in their relevant strategies and HRP response chapters. In practical terms, this will require each cluster to undertake protection risk assessments, and further integrate these assessments within the online project system (OPS).

Note: Each cluster will need to include in its relevant HRP chapter an explanation on how its response is ensuring adherence to protection mainstreaming principles and whether its activities is involving direct engagement and consultations with communities; and all projects will include a PRA component in their project submissions. This recommendation is in line with the guidance issued by the Protection Cluster on how to incorporate HCT protection priorities in the 2018 HRP (Annex I)

- iv. **Targeting Criteria.** The Food Security Cluster (FSC) recently launched an initiative on their targeting methodology – also broaching the difficult topic of exclusion due to societal and political discrimination. The guidance is tied directly to the first priority in the HCT Protection Strategy on exclusion. The Protection Cluster Coordinator worked closely with the FSC to bring a protection lens to the guidance, building on the Somalia Protection Guidelines for CBIs and existing vulnerability analysis methodologies.

Action Point: Food Security Cluster to receive feedback from the protection cluster and other clusters on the pilot version.

- v. **Referrals** were identified as a gap at both the cluster and the ICCG sessions. In general there is a need to harmonise referral mechanisms across clusters. At the ICCG meeting, the Protection Cluster was asked to develop guidance and a training package to roll-out.

Action Point: Protection Cluster to follow up as in the draft ICCG Protection Mainstreaming action plan.

E KEY RECOMMENDATIONS BASED ON DISCUSSIONS WITH EACH CLUSTER AND THE ICCG

- i. **There is no need to create a new framework. To avoid additional workload** build on existing mechanisms and data collection systems and ensure linkages with existing work streams in Somalia like the:
 - a. Accountability to Affected Population Working Group;
 - b. the CCCMC DSA (Detailed site assessment);
 - c. CCCMC CSA (Comprehensive site assessment);
 - d. JMCNA

Action Point: Review existing big data sets (b,c,d above) with a view of adjusting or introducing new questions both at the assessment stage and at the monitoring stage. This is reflected in the draft ICCG Protection Mainstreaming Action Plan.

ii. Protection Risks analysis for each cluster/HRP

A **commitment** was made by each cluster to conduct a protection risks analysis in their relevant strategies, and HRP response chapters. **Clusters also made a commitment** to articulate in the Humanitarian Response Plan (HRP) narrative the protection risks that may arise during implementation of clusters' activities, and the mitigation measures they plan to undertake to reduce those risks.

Action Point: Clusters requested the support of the Protection Cluster with a half day training and a simple tool (A simple tool was discussed and shared at the cluster trainings and in the meeting with the ICCG – attached).

This point is reflected in the draft ICCG Protection Mainstreaming Action Plan. I have included a folder on Protection Analysis which includes the presentation on protection analysis, and relevant tools (guidance, checklists, tip sheets) that can be used to facilitate this process at the cluster level. This will of course need to be reviewed by the protection cluster coordinator before sharing with the ICCG and Cluster Coordinators.

iii. **Protection mainstreaming in the Somalia Humanitarian Fund (SHF) as well as at the OPS/SAG project review level.** It was agreed to incorporate the ECHO indicators (drop-box folder "ECHO indicators") at the SHF level. For the OPS review and/or SAG project review/approval stage, it was agreed that cluster leads would review the list of indicators distributed to them during the cluster training & incorporate/adjust their indicators (Tool#4 attached for ease of reference for substantive list of indicators – only one or two can be selected.)

The objective is to ensure each project proposal submitted for consideration for funding considers/identifies protection risks and how the project will mitigate these risks (PM principles). This point is reflected in the draft ICCG Protection Mainstreaming Action Plan.

iv. **Collective monitoring of Protection Mainstreaming** In order to improve how we measure the delivery of assistance according to the four key protection mainstreaming principles of Safety & Dignity, Meaningful Access, Accountability and Participation & Empowerment, there was an agreement to introduce new or adjust existing indicators to measure perceptions of IDPs, host and returnee populations regarding the delivery of humanitarian assistance, information needs related to humanitarian assistance, and accountability to the affected population.

There was tentative agreement to introduce indicators to monitor the process of protection mainstreaming. And there was tentative agreement to introduce indicators to monitor the impact of protection mainstreaming; asking what has been the impact on affected populations and the quality of our response?

Examples of monitoring indicators used by other operations to the impact of PM:

- % of communities reporting that humanitarian assistance meets their priority needs.
- % of communities reporting that they know how to access humanitarian assistance.
- % of communities reporting that they feel involved in the way humanitarian assistance is provided.
- % of communities reporting that the most vulnerable and in need population is receiving humanitarian assistance.

The above indicators are largely consistent with and reflect the ECHO PM indicators introduced in Somalia. Draft monitoring indicators, in line with ECHO indicators, as well as process indicators are reflected under Action 1, 3, 4 and 5 of the draft protection mainstreaming action plan at the ICCG level.

ANNEX I: DISCUSSION NOTES

Cluster level discussions

1. Provision of protection mainstreaming training at national and sub-national level:

Cluster members/ partners, with the support of the protection cluster, to receive protection mainstreaming training, with a practical focus on how this can be applied in their programmes. A number of options were discussed:

- ✓ Assign protection focal points from the protection cluster to deliver these trainings, and;
- ✓ Assign focal points from each cluster to carry out the coaching and training on a regular basis.

Outcome of these trainings would/should be:

- ✓ Each cluster to incorporate protection mainstreaming in their trainings to partners/government. For example, CCCM to incorporate protection mainstreaming when rolling out trainings to government and CCCM partners throughout Somalia;
- ✓ Assign PM focal points in each cluster

This point is reflected in each Cluster draft PM action plan.

2. Accountability to Affected Population Working Group:

Harmonise complaints/feedback mechanisms: The need to harmonise existing complaints mechanisms was identified as a gap that requires action by Cluster leads at the ICCG meeting as well as at the half day trainings with the various clusters. While there are different programmes that have a complaints mechanism, feedback received from members of the various clusters was that there is a need to have common platform on this. At the half day trainings, some of the clusters, such as CCCM, reported coming across incidents of protection violations as well as individuals who are excluded/at risk of exclusion from humanitarian assistance when conducting monitoring. In this regard, harmonising mechanisms to follow-up on complaints was also flagged as a need.

3. Responding to serious protection concerns/referral mechanisms:

In my meeting with CCCM and food security clusters, the referral of protection cases was flagged as a gap. I assume each cluster/organisation have in place a policy and/or procedures to ensure that beneficiaries are treated with respect, that confidentiality is upheld and that reporting of protection concerns to the protection cluster or to identified protection service providers is taking place. The establishment of a referral mechanism in accessible areas together with guidance on what to do and how to refer was requested. The GBV sub-cluster mentioned that they have a referral pathway in place. Perhaps it would help to build on to this and conduct a training on referral pathways for all clusters. (Action 2, ICCG draft PM action plan)

4. Targeting Criteria:

How to define vulnerability and how to improve access to communities continues to be a constant challenge in the Somalia context. The Food Security Cluster is currently field testing their newly developed Community Based Targeting guidelines to improve the targeting criteria for the FSC as well as across clusters when it comes to identifying individuals who are food insecure. The guidelines speak of protection mainstreaming and AAP, underlining the need to undertake assessments, mapping and contextual analysis, prior to interventions.

Action Point: At the half -day training with the FSC, there was a call to harmonise targeting approaches to the extent possible. Feedback from the protection cluster was requested.

ICCG level discussions

Discussions centred around four points;

1. How can the ICCG support and facilitate the integration of protection mainstreaming in joint assessments, joint analysis, planning and monitoring under the HPC?

- Protection Mainstreaming is a permanent agenda item at the ICCG meetings. This means that regular space for protection is provided in ICCG meetings agendas and protection mainstreaming issues are discussed during ICCG meetings (Action4 – ICCG draft PM action plan);
- This requires a common understanding of protection risks across all clusters, and in this regard there was a call to harmonise protection mainstreaming analysis across clusters (Action 1- ICCG draft PM action plan);

In line with the above, there was a call to harmonise protection mainstreaming approaches through developing a comprehensive protection mainstreaming guidance/checklists/tip sheets (The FSC to share their Protection Mainstreaming checklist developed for Somalia. I had a look at the checklist and it is comprehensive - more like a detailed guidance. As there were agreement at the ICCG that this is needed, perhaps each cluster can review the tip sheets within a required framework, preferably before protection mainstreaming trainings and the assigning of PM focal points take place)

- ICCG will ensure that protection mainstreaming indicators in relation to process and impact are introduced and piloted (Action 4-ICCG draft PM action plan).

2. How to ensure that Protection Analysis produced by the PC is shared with all Clusters?

Provide space on the ICCG agenda as well as on cluster agendas to share protection analyses & trends reports on a regular basis (suggestion by the Health Cluster also during the individual training sessions)

3. How to support Clusters' engagement in operationalising protection mainstreaming throughout the HPC?

- Support the roll-out of PM trainings in all Clusters
- Ensure HRPs are based on Protection Analysis
- Cluster Response strategies must aim at reducing risks of affected population as well as monitor the process and impact of PM;
- In this regard, clusters requested for guidance on Protection Risk Analyses/Assessments to be developed and updated by the Protection Cluster for the purpose of the 2019 HRP. The guidance can be rolled out through half-day training sessions to enhance protection analysis in the entire humanitarian response. The main aim of the PRA are two-fold: require all humanitarian actors to consider and integrate protection mainstreaming principles in their response, as well as ensure that organisations submitting HRP projects demonstrate evidence of how they reflected upon and integrated PM principles (Action 3 of the draft ICCG PM action plan).

4. Support the mainstreaming of protection in all pooled fund allocation paper. Advocate for PM to be a mandatory requirement for projects submitted at the OPS and SHF levels (Action 5- ICCG draft PM action plan).

ANNEX II: GUIDANCE ON INCORPORATING HCT PROTECTION STRATEGY PRIORITIES IN CLUSTER CHAPTERS OF THE HRP 2018

In the HNO chapters clusters have been successful in highlighting the overarching protection risks/threats that require joint action by the humanitarian system identified in the HCT Protection Strategy. These issues can now be addressed in the cluster response plans of the HRP.

The five relevant priorities are listed below, with guiding questions assisting in the strategy development.

Risk of exclusion & aiming for inclusion

How are services going to reach the most vulnerable? Will common vulnerability criteria be valuable in the current context? How does the plan take into account the need to respond to excluded groups? What are actions that can be taken to reach those who are socially discriminated or in hard to reach areas or are being blocked from reaching your services? Are there approaches identified on how to navigate complex clan-related power dynamics? Is the plan cognisant of the need to avoid reinforcing disparities in (political) power?

How is the plan including a wide range of non-traditional and community-based actors in the response? How is the cluster planning to engage with actors such as gatekeepers? How is the role of the diaspora taken into account? Can community-based organizations be further included in the response? (They could be instrumental actors in reaching the most excluded populations.)

Situation in IDP sites & the challenges for IDPs in achieving durable solutions

Is the response plan addressing some of the challenges IDPs face who are unable to find durable solutions (return, settlement elsewhere, local integration) – amongst others challenges include: commodification, forced evictions, lack of livelihoods, child labour, inability to pay rent, etc.? What would protection outcomes of activities be in relation to these concerns? Do activities lead to community empowerment? Are there activities that enable informed and voluntary durable solutions? Are there activities identified that can serve as points of entry for referral pathways?

Accessing populations in conflict zones & ways to address their protection concerns related to active conflict

Is the response plan addressing the challenges of accessing conflict affected populations in places of origin? Are factors influencing lives of affected populations in insecure and inaccessible areas identified (ie. taxation, forced recruitment, voluntary family separation as coping strategy)? And, does the plan take the impact of assistance on these dynamics into account?

How is the cluster able to contribute to monitoring and advocacy on protection of civilians regarding the situation of populations in conflict affected areas?

Joint data collection & information sharing, including on protection issues

Is data collected in the cluster relevant for protection informed analyses? Are analyses leading to protection informed targeting? Can the cluster include protection related indicators in assessments, post distribution monitoring, and feedback mechanisms? Can the cluster contribute to joint data analysis – also via the IMWG?

Protection mainstreaming & AAP

How is the cluster ensuring adherence to protection mainstreaming principles? Are cluster activities involving direct engagement and consultations with communities? How is the plan incorporating the system-wide AAP project

ANNEX III: SOMALIA GU FLOOD RESPONSE – MAY / JUNE 2018

Protection Mainstreaming Brief

Protection mainstreaming is a shared responsibility of all humanitarian actors to avoid creating or exacerbating protection threats. This note aims to highlight specific issues and provide guidance for the response to Gu 2018 floods.

Humanitarian principles

Assistance to flood affected families is to be distributed on a needs basis, adhering to the humanitarian principles of humanity, neutrality, impartiality, and independence. Factors such as insecurity, clan linkages, political agendas, among others, can influence prioritization processes for humanitarian assistance, compromising the ability of marginalized groups and individuals to access assistance and protection and for humanitarian partners to reach those with the highest needs. In this complex environment delivery of needs-based, principled humanitarian action is paramount to avoid doing harm and to ensure lives are saved.

Varying coping capacities – differences in impact of the flood – protection concerns

Humanitarian partners are urged to take adequate measures to guarantee access to assistance for population groups which might face barriers or are traditionally shown to be less able to cope with an acute emergency such as floods:

- children;
- women;
- older persons without support;
- persons with disabilities;
- unaccompanied minors;
- female- or child-headed households;
- pregnant women;
- mentally ill individuals;
- chronically ill individuals;
- and other individuals or groups at risk.

In situations of flooding the risk of family separation, severe distress for children due to the shock and loss of homes and disruption in daily life, as well as a potential increase in Gender Based Violence (GBV) due to a breakdown in community structures, law and order, and a lack of physical protection, may require protection specific responses.

It is to be noted that groups already impacted by drought, conflict, and resulting displacement (new and/or protracted) may be more severely affected by flooding and secondary displacement, as well as loss assets as their settlements are/were of a temporary nature and will have been destroyed.

Where possible humanitarian partners should respond to the needs of the various affected groups and/or individuals taking potential differences in coping capacity and resilience into account, as well as monitor the situation of affected communities and individuals and – when necessary – refer individuals to appropriate services (see annex 1).

Data disaggregation

All reports on affected persons, including of deaths and injuries, as well as on recipients of assistance should be disaggregated according to age, gender, and diversity. The assessment reports with the disaggregated data on affected persons should be shared with relevant actors who may have programmes targeting persons with specific needs. Inclusion of appropriately trained, as well as female staff in assessment teams, and the explicit targeting of female respondents, ensures a more comprehensive and gender balanced information gathering process. Appropriate monitoring will assist in ensuring all communities and individuals in needs are targeted with assistance.

Loss of documentation – mitigation of risk of community conflict

Humanitarian partners should be aware that in the floods documentation, including on property ownership and land registration as well as marriage certificates, birth certificates, academic certificates, and/or citizenship cards, may have been lost or destroyed. Loss of documentation may put groups at further risk – especially when destruction of property and opening of plots due to washing away of dwellings has resulted in land grabbing, potentially leading to inter-community conflict. Humanitarian partners should advocate towards – and work with – traditional leadership structures and local authorities to prevent and resolve potential conflicts, taking into account that communities' ability to return after displacement may be impacted while also being cognisant of this risk when developing longer term reconstruction programmes (which are to take DDR and resilience measures into account – physical as well as social).

Civil-Military Coordination

In the current flooding situation AMISOM and other military actors are playing a significant role in assisting affected populations, including through evacuations - coordination of the response is guided by the “*Somalia Country Specific Humanitarian Civil-Military Coordination Guidelines for Humanitarian Actors Engagement with the African Union Mission in Somalia (AMISOM)*”. To maintain humanitarian space, as per the Guidelines section on coordination in natural disasters, “*in situations where military and humanitarian actors are responding to natural disasters in the same geographical areas there is a need for effective humanitarian civil-military coordination that is guided by a strategy of coexistence.*”¹ The Civil-Military Coordination group remains the forum for liaison between AMISOM and the humanitarian community. At operational level, OCHA Humanitarian Affairs Officers are the designated focal points for the humanitarian interactions with AMISOM – in situations where Civil-Military Coordination is demanded humanitarian partners are to liaise with respective OCHA staff at national or sub-national level.

Protection Mainstreaming principles

While developing and implementing a humanitarian response, distribution or reconstruction programme at all phases in the programme cycle humanitarian partners should endeavour to (1) avoid causing harm through assistance activities and prioritize safety and dignity of the affected populations, (2) ensure meaningful access to assistance for persons in need through making separate arrangements for vulnerable individuals where so required, (3) be aware of the accountability to affected populations, placing them at the centre of humanitarian action, and (4) to promote participation and empowerment of these communities.

Protection Mainstreaming Checklist – Overarching Considerations

- Ensure targeting of humanitarian assistance is done in line with the humanitarian principles, identifying the most vulnerable and potentially invisible individuals and communities
- Communicate the reasons for any differences in distribution or services across community lines clearly with the flood-affected population, authorities, and all other stakeholders
- Take measures to identify potential humanitarian needs of individuals not living in IDP sites
- Identify and map potential risks related to interventions, related to community dynamics, individual vulnerabilities, and risks for humanitarian partners
- Involve appropriately trained (including Psychological First Aid) and female staff with skills and experience throughout the whole assessment and assistance delivery process

¹ The following criteria remain applicable for AMISOM appropriate and justified engagement in relief activities: “1) A life-threatening humanitarian need is identified and requires urgent response; 2) No humanitarian actor is able to respond to this need in a timely manner or with equivalent expertise; 3) The assistance must be provided based on need, without discrimination of any sort. 4) The provision of assistance must not be used for other purposes, such as gathering intelligence, which might put disaster-affected people at risk.”

- Engage directly with communities, through committees representational of gender, age and diversity
- Ensure that important information (e.g. about cash or voucher transfer explanations or distribution timings and locations) reaches and is understood by the people who need it, including the extra vulnerable – communicate clearly
- Choose distribution locations that are easily reachable for all those affected, away from security hazards as well as accessible for different social groups
- Design distribution locations so that all individuals can access them with safety and dignity, with specific arrangements for women and children, in line with cultural sensitivity
- Ensure measures are in place to distribute supplies to vulnerable individuals (prioritise) and those who are unable to travel to distribution points, such as older people or persons with disabilities
- Identify existing coping mechanisms and community based protection mechanisms and ensure any intervention is built on and/or reinforces these
- Train staff involved in assessments, assistance, distributions, and reconstruction activities on a Code of Conduct (fraud, PSEA, etc.) agreement and make sure all staff sign the agreement prior to implementing activities
- Ensure contact details of the PSEA focal point for each cluster are circulated widely
- Take note of the importance of ethical behaviour as reflected in the SPHERE Humanitarian Charter and the Child Protection Minimum Standards – ensure to treat the affected population with dignity and respect for norms
- Establish safe and confidential procedures for receiving, managing and responding to any feedback or complaints from the affected population and make sure there is awareness of the mechanism

CASH

- Ensure a proper (market) analysis is conducted of the impact of influxes of cash into the local economy prior to the implementation of the programme
- Cash-based transfers using the mobile phone modality should take the risk of a lack of network and electricity into account
- Ensure a proper understanding of the gender and social impacts of cash distributions prior to distributions
- Monitor the effects of cash transfers and consider complementing cash programming with additional programming designed to increase the protective effects and inclusiveness of cash transfers (e.g. livelihood/ skills training, financial management training, community sensitisation sessions)
- In the reconstruction phase, assess the capacity of families and individuals, especially the extra vulnerable, to procure construction materials and to effectively repair or reconstruct living spaces
- Develop a clear exit-strategy or transition plan and communicate this clearly to the cash recipients

FOOD

- Prior to distributions, identify individuals who will need assistance during food distributions and who will need help transporting their rations
- Adjust the timing and location of food distributions according to consultations with both genders, ensuring safety
- Ensure weight of distributed packages is suitable for transportation, including by women and children
- Ensure the food package is designed to meet the nutritional needs of the population, including for pregnant or lactating women, young children, or older people

HEALTH

- Ensure health facility staff is gender balanced and that all girls and women can be seen by a female staff member
- Ensure staff is adequately trained on the clinical management of rape and addressing the effects of GBV, including through provision of psychosocial support and in maintaining confidentiality, while referrals should take place with informed consent
- Ensure health facilities are appropriately stocked with PEP-kits to provide appropriate medical assistance to GBV survivor
- When placing (mobile) facilities for displaced/affected communities, consult them as well as host communities about health needs so as to avoid community tensions and ensure access for all

NFI / SHELTER

- Prior to distributions, identify individuals who will need assistance during NFI distributions or in shelter construction (e.g. in transporting materials, building activities, etc.)
- Ensure NFI-package contents is adapted to the cultural context and ensure water containers are of appropriate size to be handled by children
- Ensure distribution locations of hygiene and dignity kits take potential cultural sensitivities into account
- Identify physical hazards that could pose dangers in the NFI distribution locations or related to the construction of shelters and take mitigation measures
- Encourage and support extra vulnerable groups (e.g. female-headed households, etc.) to participate in (re) construction activities, stimulating community cooperation; and involve women and men equally
- Consider prioritising communities for shelter distribution who are located in communal structures such as schools, hospitals, etc.
- Consult the affected population, including women, on the most suitable type of emergency shelter or reconstruction assistance (e.g. materials, techniques, privacy arrangements, etc.), as well as in possible site planning
- Conclude an agreement with landowners before using or building on any land, in writing and deposited at the local authority
- Avoid any construction or site planning activities in a context of forced relocation or return, especially given the risk of powerful stakeholders taking the opportunity to appropriate land cleared from inhabitants and structures due to the flooding

WASH

- Consult with representatives from both genders and all age groups, as well as persons with disabilities, on the most accessible and safe location for the construction of water points and latrines
- Provide separate toilets/latrines and washing facilities for men, women, girls and boys
- Ensure latrines are lockable and well lit
- Design, build, or adapt a suitable number of facilities to be accessible to people who have physical disabilities (e.g. provide ramps and handrails, and ensure door width accommodates wheelchairs or crutches)
- Ensure all facilities and sites are child- and women safe
- Ensure water points, toilets, and bathing facilities have adequate lighting

- Provide appropriate gender sensitive hygiene materials to individuals and groups with unique needs based on consultations with women and girls in the affected population; ensure distribution is done in a culturally appropriate manner
- Strive to mitigate exposing children to hazardous or heavy labour, as well as protection violations, through the practice of water collection by limiting the size of containers and planning of water point locations

Useful resources

- [Global Protection Cluster Protection Mainstreaming Toolkit](#)
- [Global Protection Cluster – General Protection Mainstreaming Sector Checklists](#)
- [Child Protection Minimum Standards in Humanitarian Action \(including mainstreaming sections\)](#)
- [GBV Pocket Guide – How to support survivors of gender-based violence when a GBV actor is not available in your area](#)
- [Cash-Based Interventions - Protection and Risk Mitigation Guidance](#)
- [Somalia Country Specific Humanitarian Civil-Military Coordination Guidelines for Humanitarian Actors Engagement with the African Union Mission in Somalia \(AMISOM\)](#)
- [Somalia Humanitarian Country Team – Centrality of Protection Strategy 2018-2019 Annex III.i - Referrals](#)

Referral Form

If individuals in severe distress are identified, unaccompanied children are found, GBV survivors self-identify, or when explosive remnants of war are found/suspected, please refer the case/situation to specialised protection service providers in respective regions via usual referral pathways, or via below contact numbers. While referring a case, ensure confidential management of the case (for example: do not send personal details to a wide audience) and ensure the affected individual is informed of the referral and consents to actions taken. Do not probe for details of incidents or insist the affected individual recounts his/her story multiple times. Annex IV

	Children in distress	Unaccompanied minors	Explosive Remnants of War / Landmines	Gender-Based Violence survivors
Lower Juba Middle Juba			EOD Service +252 617129518	ARC (Kismayo) +252 619840899 WRRS (Dhobley) +254 616870951
Gedo			EOD Service +252 617129518	CEDA +252 616201100
Baidoa			EOD Service +252 615204785	INTERSOS +252 615800710 +252 612709647
Lower Shabelle			EOD Service +252 615204785	UNFPA +252 61259778
Mogadishu			EOD Service 888 / +252 61501147	UNFPA +252 61259778
Hiraan Middle Shabelle			EOD Service +252 616118511	WARDI +254 617220059
Mudug				IRC +252 907606862

ANNEX IV

Indicator: % of beneficiaries (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner”

1. Do you know of anyone in your community having been consulted by the NGO on what your needs are and how the NGO can best help?	Yes / No
2. Was the assistance appropriate to your needs or those of members of the community?	Yes / No / Partially / Don't know
3. How did you hear about this intervention?	1. NGO staff 2. Local committees 3. Community members 4. Other service providers 5. Other: specify
4. Did you know what kind of support you were entitled to receive?	Yes / No
5. Did you feel safe while going to receive assistance, waiting for assistance and coming back to your home after assistance?	Yes / No
6. Do you mind telling us why? Do not provide the answers directly.	1. Physical or verbal assault 2. Lack of respect/consideration 3. Coercion 4. Deprivation 5. Other: specify
7. Did you feel you were treated with respect by NGO staff during the intervention?	Yes / No
8. What could have been done by the organization to make you feel safe, ensure your wellbeing and make you feel treated with respect?	
9. If not, would you mind telling us why? Emphasize that it is ok if s/he does not want to?	
10. Did the assistance received deteriorated your relation with the community?	Yes / No
11. Did the assistance received deteriorated your relation with your family?	Yes / No
12. Have you received the assistance well in time to properly respond to your needs?	Yes / No
13. Have negative coping mechanism been adopted before/after the provision of the assistance?	Yes / No / If yes: explain
14. Do you think that the most needy people in your community received the assistance?	Yes / No / Partially
15. What if anything do you think the NGO should have done to make it easier for the most needy to receive assistance?	
16. What if any of the following measures have been put in place to ensure that the most need people in your community received the assistance?	1. Transport to reach the distribution point 2. Easy access to the distribution point 3. Easy access to established facilities/ services 4. Other:
17. Was anyone excluded from the assistance?	Yes / No

18. If YES, who was mainly excluded? (to be asked but not to be used to calculate the indicator)	<ol style="list-style-type: none"> 1. Men 2. Women 3. Boys 4. Girls 5. Elderly People 6. People with Disability 7. Other:
19. What would you do, who would you talk to, where would you go if you had a question or a problem with the assistance?	<ol style="list-style-type: none"> 1. Directly to NGO staff 2. Local authorities 3. Community leaders 4. Complaints box 4. Green line 5. Talk to family, friends, neighbor or other beneficiaries 6. Other:
20. Are you aware of the existence of the following options:	<ol style="list-style-type: none"> 1. Talk directly to NGO staff 2. Use the dedicated NGO desk 3. Use the complaints box
21. If yes to question 19, do you think anyone in your community would use such mechanism?	Yes / No
22. If no, why not?	
23. Have you or anyone you know in your community ever raised any concerns on the assistance you received to the NGO using one of the above mechanisms?	Yes / No
24. If yes, are you satisfied with the response you have received?	Yes / No / Partially / Response never received
25. Was any sensitive complaint/information collected separately?	Yes / No
26. If so, how was it collected?	<ol style="list-style-type: none"> 1. Directly to NGO staff 2. Community leaders 3. Complaints box 4. Green line 5. Other: