

# gFS cluster – Protection Task Force (PQ working group)

Tip Sheet on Integrating Protection Dimensions of Food Security in the HNO and HRP process

**Aim and audience:** provide guidance to:

- Food Security (FS) actors involved in the Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) process on concrete steps to be taken to improve adherence to protection and gender good practices and policies, with particular reference to the [IASC policy on gender equality and the empowerment of women and girls](#) (GEEWG), [IASC Protection policy](#) and the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action in the HNO and HRP development process.
- FS cluster teams, members and government actors working on food security in the development of the HNO/HRP documents

## 1. ANALYSIS, DESIGN AND IMPLEMENTATION

The aim is designing and carrying out coordinated food security activities that contribute to the safety, dignity, and integrity of at-risk individuals/groups and do not increase the protection risks faced by the crisis-affected populations.

- Collect sex, age and disability<sup>2</sup> disaggregated data whenever possible to inform context and FS sector specific gender analysis and use it at each stage of the HNO/HRP process.
- Ensure risks and protection analysis is included in the needs analysis to uncover the linkages between food insecurity and protection risks and identify protection issues that might affect the impact of food security interventions. Identified risks should inform design of responses (eg. drivers of food security linked to protection risks, risks identified related to selected distribution sites, etc)
- Engage with and include organizations focusing on specific target groups: children, girls, women, youth, older persons, persons with disabilities, indigenous people, refugees, migrants and IDPs (if present in country) to hear their views and opinions throughout the HNO/HRP process.
- Ensure that all assessments include protection, accountability and inclusion questions and that all projects include a protection risks assessment and mitigation plans as well as a community engagement strategy.
- HRP activities should be rights-based and gender transformative meeting the specific needs and priorities of women, girls, men and boys of all backgrounds, providing them with equitable and safe access to quality assistance and protection.
- HRP activities should strive to:
  - Reduce and redistribute the unpaid care and household responsibilities assigned to women and girls, safeguarding their dignity and enhance their access to innovative technologies (including information technology).
  - Support women's economic empowerment through livelihoods and employment interventions (including cash-based programmes) which are accessible and minimize risk to women and girls.
  - Support households with at-risk members: persons with disability, older persons through livelihoods and employment interventions (including cash-based programmes) which are safe, appropriate and accessible and minimize risk to these at-risks persons.
- Promote that modalities of response are adapted to the needs and capacities of the different population targeted (based on existing studies/assessments or other data collected by the FS cluster).
- Ensure coordinated information management, consultations, and feedback processes and mechanisms are child and gender sensitive and inclusive of people with disabilities, older persons and indigenous populations

<sup>1</sup> The IASC defines protection as: "... all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHL), International Humanitarian Law, International Refugee law (IRL)). Protection risks include threats to life, safety and security, discrimination, and loss of access to basic services.

<sup>2</sup> See e.g., the internationally-recognized tool of the [Washington Group Questions](#), the [Humanitarian Inclusion standards for older people and people with disabilities](#) and [Guidance on Strengthening Disability Inclusion in Humanitarian Response Plans](#).

## 2. DOCUMENT DEVELOPMENT:

- In the HNO/HRP narrative, CC / IMO should try to present data as much as possible in a disaggregated way. For instance, how food consumption score (FCS) differs in HHs with members with disabilities, or outlining the difference between Female Headed Households and Male Headed Households. If available, integrate information on Individual Dietary Diversity, on the Food and Nutrition Security status of women vs. men, boys vs girls, etc...
- a gender analysis in the HNO FS section describing on how men, women, boys and girls (but also older persons and persons with disabilities) face risks of food insecurity in a different way and have different coping capacities.
- Include information related to protection risks linked to food insecurity (eg drivers of food insecurity, or consequences).
- In the HRP the FS target should be disaggregated by sex, age and disability in the HRP narrative adequate space should be dedicated to prevent, mitigate and respond to GBV, Protection from Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP).
- This can be achieved by:
  - Underlining how the HRP contributes to supporting existing national policies on gender, child protection and disabilities;
  - Highlighting linkages with initiatives such as the [Call to Action on Protection from GBV in Emergencies](#) and if necessary explaining how FS sector will contribute to the Real-Time Accountability Partnership;
  - Development of inter-cluster referral systems;
  - Mention, refer and recognise the importance of the IASC commitments on Accountability to Affected Populations/PSEA, the IASC Policy on Protection in Humanitarian Action (2016), and GEEWEG Policy.
  - Community engagement: Ensure consultation with communities and at-risk groups in the HNO/HRP and reflect how the results of the consultation have shaped the HNO/HRP.
  - Highlight commitment to raise awareness of the rights of beneficiaries (including data rights), humanitarian assistance entitlements, PSEA and efforts to obtain

feedback from the local population (existing/ to be set up Complaint and Feedback Mechanisms).

- State how affected communities and in particular at-risk groups will be represented and partake in meaningful participation in programme design and implementation.

### 2.1 PSEA

- FSC should discuss and integrate PSEA and associated activities in their narrative response plans as it is relevant to their contexts<sup>3</sup>.
- Where processes around PSEA do not exist, the HNO and HRP processes and products may be used as an entry point to initiate to establish safe, accessible, child-sensitive PSEA reporting.
- Engage with the PSEA Network or Community Engagement Working Group if they are operational in country, in particular local actors focusing on these issues.
- If PSEA reporting and complaints mechanisms do not exist but you plan to establish them, explain the rationale and expected results and outcomes and the coordination sector/network that will carry out this work.
- Ensure the HRP monitoring framework includes inter-sector-level PSEA indicators, where relevant. Consult with the guidance and tools and provided by the [Results Group 2 on Accountability and Inclusion for additional support](#).

### 2.1 AAP

- FSC should discuss and integrate AAP and associated activities in their narrative and response plans as it is relevant to their contexts. Where processes around AAP do not exist, the HNO and HRP processes and products may be used as an entry point to initiate them.
- CFMs of FSC actors should link to inter-agency efforts, including inter-agency CFMs, referral systems, coordinated information provision and consultations.
- If feedback and complaints mechanisms do not exist but you plan to establish them, explain the rationale and expected results and outcomes and the coordination sector/network that will carry out this work.
- Identify and ensure dissemination among FSC partners of referral pathways for Protection, GBV and Child Protection, including medical care, psychosocial support, legal assistance, reintegration support.
- Ensure the HRP monitoring framework includes inter-sector-level AAP indicators, where relevant. Consult with the guidance and tools and provided by the [Results Group 2 on Accountability and Inclusion](#) for additional support.

<sup>3</sup> PSEA Prevention activities can include organizing PSEA trainings for managers and humanitarian workers, contractors and volunteers, ensuring sector specific SEA risks and integrating PSEA measures in programs and partners capacity assessments. PSEA Response activities can include: mapping existing community and feedback mechanisms; setting up new complaint and feedback mechanisms where there are gaps; establishing an inter-agency community based complaints mechanism, working with GBV and child protection sub clusters to include victim assistance referral pathways into relevant SOPs.

## 3. HNO/HRP PROCESS MANAGEMENT:

- **Participation and leadership** - Effectively include and ensure meaningful participation in the HNO/HRP process local, national and regional organisations focusing on: child rights, disabilities, indigenous issues and elderly people. women's rights (including those working to advance WPS), LGBTI and other gender-progressive groups
- **Human Resources** - Whenever possible, engage and collaborate with any existing gender, child, youth, disabilities, age, indigenous issues working group/expert/focal point available at country-level to improve mainstreaming of these issues into the HNO and HRP document.
- **Projects review** – for project-based plans, ensure projects submitted by partners are also scored against criteria of protection mainstreaming, AAP, gender considerations (see example attached, cells in green). Share in advance with partners “Tips for protection mainstreaming” (attached) as well as IASC global guidelines.
- **Coordination** – Engage with Protection Cluster, PSEA Network Organisations of Persons with Disabilities and AAP/CWC groups.

## 4. TO LEARN MORE

<https://fscluster.org/protection>

1. WFP Protection and Accountability manual  
<https://docs.wfp.org/api/documents/WFP-0000117563/download/>
2. Disability and Age technical minimum standards:  
[https://humanity-inclusion.org.uk/sn\\_uploads/document/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities-ADCAP.pdf](https://humanity-inclusion.org.uk/sn_uploads/document/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities-ADCAP.pdf)
3. [AAP Operational Framework](#)
4. [WFP AAP Technical Guidance](#)
5. [WFP GBV Technical Manual](#)
6. [Protection and AAP in the Humanitarian Project Cycle](#)