gFS cluster – Protection Task Force (PQ working group)

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

1. 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, age, gender, and disability-related 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, Minimum Standards for Child Protection in Humanitarian Action 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.

2. OVERARCHING PRINCIPLES

- **Participation and Leadership –** Effectively include and ensure meaningful participation in the HNO/HRP process of local, national and regional organisations focusing on: child rights, disability inclusion, rights and inclusion of indigenous groups, older persons, women's rights (including those working to advance women, peace and security), LGBTI and other gender-progressive groups.

- **Projects Review –** for project-based plans, ensure projects submitted by partners are also scored against criteria of protection mainstreaming, Accountability to Affected Population (AAP), age and 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 and its Areas of Responsibility, Protection against Sexual Exploitation and Abuse (PSEA) Networks, Organisations of Persons with Disabilities (OPDs) and AAP/Communicating With Communities groups and other relevant focal points/experts at country-level to improve mainstreaming and inclusion into the HNO and HRP processes and documents.

3. 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 that do not increase the protection risks faced by the crisis-affected populations.

- Collect sex, age, and disability[2] disaggregated data whenever possible to inform context and FS sector specific age and gender analysis and use it at each stage of the HNO and 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 (e.g. drivers of food security linked to protection[1] risks, risks identified related to selected distribution sites, etc)

1 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 (IHRL), International Humanitarian Law, International Refugee law (IRL)). Protection risks include threats to life, safety and security, discrimination, and loss of access to basic services.
2 Guidance on Strengthening Disability Inclusion in Humanitarian Response Plans, which includes reference to the internationally-recognized tool of the Washington Group Questions.

- 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 with or without disabilities, 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 enhancing 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 such as households of children engaged in child labour or child marriage, unaccompanied and separated children including child headed households, survivors of GBV, persons with disability, households with high number of dependant members through livelihoods and employment interventions (including cash-based programmes) which are safe, appropriate and accessible and minimize risk to these at-risk persons.

- Promote modalities of response that are adapted to the needs and capacities of the different populations targeted (based on existing studies/assessments or other data collected by the FS cluster). For instance, a disability inclusive response should adopt a 'twin track' approach meaning that it should include both actions to improve accessibility of assistance, as well as actions targeted to persons with disabilities themselves, to enable access on an equal basis with others. Another example is considering how child headed households are able to access food distributions, and linking up with the CP AoR.

- Ensure that coordinated information management, consultations, and feedback processes and mechanisms adhere to Information Sharing and Data Protection protocols, are , child and gender sensitive and inclusive of people with disabilities, older persons, and indigenous populations.

4. HNO – PART 3: SECTORAL ANALYSIS

- 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...

- Include a age and gender analysis in the HNO FS sectoral analysis 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 both in terms of drivers of food insecurity (lack of ID or freedom of movement, intrahousehold inequality due to gender, age, disability etc.., or consequences of food insecurity on protection risks (SGBV, forced, labour, trafficking and increase in adoption of negative coping mechanisms such as child labour, recruitment into armed groups, early and/ or forced marriage, begging, etc..) and how these affect different persons based on their gender, age and disability situation.

- Recognise the importance of the IASC commitments on Accountability to Affected Populations/PSEA, the IASC Policy on Protection in Humanitarian Action (2016), the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, and the GEEWEG Policy.

- Community engagement: Ensure consultation with communities, including children, and at-risk groups in the HNO development and reflect how the results of the consultation have shaped it.

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

- Engage with the PSEA Network or Community Engagement Working Group if they are operational in the country, in particular local actors focusing on these issues.

5. PART 1: STRATEGIC RESPONSE PRIORITIES (PSEA AND AAP) AND PART 3: CLUSTER/SECTOR OBJECTIVES AND RESPONSE

- FS sector/cluster should actively engage and contribute to drafting the PSEA and AAP sections of the Strategic Response Priorities (Part 1) to ensure that PSEA and AAP aspects related with food security are effectively integrated into the HRP.

- 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...

- The FS sector/cluster target should be disaggregated by sex, age, and disability. Adequate space should be dedicated to preventing, mitigating and responding 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 disability inclusion.

- Highlighting linkages with initiatives such as the Call to Action on Protection from GBV in Emergencies and, if necessary, explaining how the FS sector will contribute to the Real-Time Accountability Partnership.

- Developing, utilizing and updating inter-cluster referral systems.

- Recognising the importance of the IASC commitments on Accountability to Affected Populations/PSEA, the IASC Policy on Protection in Humanitarian Action (2016), the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, and GEEWEG Policy.

- Community engagement: Ensure consultation with communities, including children, and at-risk groups in the HRP development and reflect how the results of the consultation have shaped it.

- Committing to raise awareness on the rights of beneficiaries (including data rights), humanitarian assistance entitlements, PSEA and efforts to obtain feedback from the local population (either existing/ to be set up through Feedback and Complaints Mechanisms).

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

5.1 PSEA

- FSC should discuss and integrate PSEA and associated activities in their narrative response plans as it is relevant to their contexts[3].

- Where processes around PSEA do not exist, the HRP can be used as an entry point to initiate safe, accessible, child sensitive PSEA reporting.

- Engage with the PSEA Network or Community Engagement Working Group if they are operational in the 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 provided by the Results Group 2 on Accountability and Inclusion for additional support.

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3 **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.

5.2 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 HRP can be used as an entry point to initiate them.

- Feedback and Complaint mechanism of FSC actors should link to interagency efforts, including inter-agency Feedback and Complaint mechanisms, 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 provided by the Results Group 2 on Accountability and Inclusion for additional support.

6. AVAILABLE RESOURCES

SUPPORT: global Food Security cluster Helpdesk: https://fscluster.org/page/request-support

LEARNING RESOURCES:

1. Protection in Food Security: https://fscluster.org/protection

2. Tips for Protection mainstreaming in the FS sector

3. WFP Protection and Accountability policy

4. 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

5. Accountability to Affected Populations: AAP Operational Framework

6. Mainstreaming AAP in the Humanitarian Programme Cycle (Food Security and Nutrition clusters)

7. WFP GBV Technical Manual

8. Protection and AAP in the Humanitarian Project Cycle

9. Tip sheet for monitoring a disability-inclusive response to COVID-19 in humanitarian settings

10. Tip Sheet: Integration of Disability in HNO

11. Tip Sheet: Integration of Disability in HRP

12. Minimum Standards for Child Protection in Humanitarian Action, Standard 21-22

FOOD SECURITY CLUSTER