7th September 2020

Accountability, Inclusion and Protection HPC 2021

Overview of the webinar

- Why Cross-Cutting issues and UNICEF and UNICEF-led clusters/AoR's commitment to cross-cutting issues integration?

- How can we achieve the commitment?
  - Cross-cutting issues integration into HNO
  - Cross-cutting issues integration into HRP
  - Cross-cutting issues integration into Resource Mobilisation

- Q&A

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What is your current practices and interests in cross-cutting issues integration into HNO and HRP?

Focus of the webinar

- Cross-cutting issues focus on particular areas of concern in humanitarian response and address individual, group or general vulnerability issues.

- This webinar does not cover ALL cross-cutting issues.
- Main focus will be on AAP, Disability and Protection i.e. GBV risk mitigation.
- However this common approach was developed jointly with child safeguarding/child participation and localization specialists and based on years of collaboration with gender specialists.

- This presentation focuses on a common approach in HNO and HRP across cross-cutting issues mentioned above but does not replace specificities of each cross-cutting issue.

Why integrating cross-cutting issues are critical in COVID-19 context?

Secondary effect of COVID-19

- Increased burden of women and girls at home, community and at work
- Increased cases and risks of GBV i.e. DV/IPV
- Persons with disabilities have challenges receiving necessary services and modified services are not accessible.

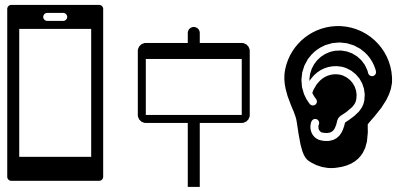
- GBV risks needs to be identified and mitigated in all sectors.
- Links to GBV services from non-traditional entry points.
- Needs of persons with disabilities have to be well integrated.

Restriction of movement globally and domestically

- UN and INGOs are not able to move as before.
- Primary data collection is limited.
- Information collection through ICT but there are digital divide i.e. children, women and persons with disabilities have less access to ICT.

- Partnership with local organizations are key to ensure participation of women, children and persons with disabilities.
- Local actors and community-based organizations play more critical roles in humanitarian response than before.

Integration of Cross-Cutting issue is for Good Programming/reach to your cluster's objective



Opinions of children, women and persons with disabilities are not included

Feedback mechanism is not accessible to all.

Children, women and person with disabilities were not consulted.

Not private/ not accessible (e.g. visual and/or physical disabilities).

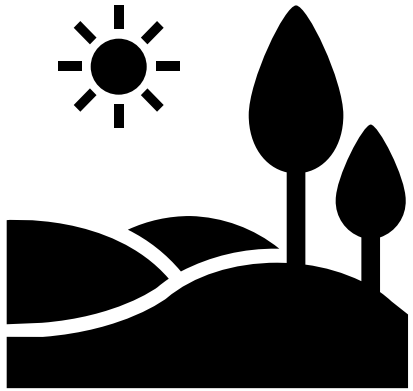
Girls are harassed while waiting for latrine

Not safe at night time

taboos

More private, closer to home BUT increases oral-faecal disease

Not safe at night time



UNICEF's Commitment to Accountability, Inclusion and Protection

- UNICEF ED Fore made a commitment at the Oslo SGBV conference to increase the visibility of GBV in UNICEF-led clusters' Humanitarian Needs Overviews (HNO) and Humanitarian Response Plans (HRPs); ***at least 10 HNO/HRPs for 2020 include GBV risk analysis and risk mitigation measures across all UNICEF-led clusters.***

- UNICEF leads the inter-agency commitment to ensure that by the end of 2020, ***at least 70% of HNO/HRP use a common recognized methodology and routinely disaggregate data on disability*** in order to make programming more responsive to the needs of people with disabilities.

- IASC Policy on Protection in Humanitarian Action and Centrality of Protection, UNDIS & UNSG's commitment to put GBV and Disability at the center of the GHRP.

- **UNICEF abides to IASC and Grand Bargain commitments in relation to AA**P (also strongly reflected in the CCCs).

UNICEF-led clusters' and AoR's commitment to Accountability, Inclusion and Protection

UNICEF-led Clusters and AoR will commit to:

- ✓ Place **affected people at the center** of humanitarian action so that they can inform the response.
- ✓ Support the localisation of humanitarian aid by encouraging and supporting local partner engagement and building their institutional capacity in humanitarian response.
- ✓ Identify and address **different needs, barriers, risks and capacities** of girls, boys, women including those with disabilities to make humanitarian response safe and accessible for all throughout the Humanitarian Programme Cycle.
- ✓ Make special efforts to support the affected population i.e. boys, girls, women including those with disabilities to **participate in decision making throughout the HPC** and ensure that **their views are considered in the HNO/HRP and its implementation**.

Common key principles for cross-cutting issues

Reduce risks and Do no harm: eliminate or minimize the risks of humanitarian interventions negatively impacting on **different population groups and sub-group of the affected population and to the overall protection and human rights situation**

Participation of affected populations i.e. children, women and persons with disabilities into the **decision-making processes throughout the HPC.**

Safe Access of different population groups and sub-groups to humanitarian response services/goods/information and feedback mechanisms

Summary of the analysis of HNOs/HRPs

APP

- 50% of 2019 HNOs had AAP covered in Overview (Part I). None in sector/cluster sections
- Only 22% of 2019 HRPs have AAP reflected in Part II and 67% in Part I

GBV

- GBV risk and barrier analysis in HNO and GBV risk mitigation measures in HRP in 2019 /2020 HPC.
- EC: 13 HNOs/9HNOs, 15 HRPs and 8 HRPs
- NC: 5HNOs/4HRPs, 4HNOs/3HRPs
- WC: 13 HNOs/9HNOs, 10HRPs/11HROs.

Disability

- Compared to the 2018 review, 2020 HNOs & HRPs showed substantial progress in disability inclusion, However in 2020:
- Only 31% of HNOs reflects consultation with the persons with disabilities / ODPs
- Only 56% of HRPs mentioned disability in the results framework, with indicators using data disaggregated & specific indicators
- Reference to disability in the sectors: Education 11, Protection 11, WASH 7, Nutrition 5

HNO 2020 - Strengths and Weakness

Barrier analysis is done in most of clusters but rarely disaggregated by age, gender and disabilities.

Children, women and persons with disabilities are listed as vulnerable population but little analysis is made on what factors make them vulnerable.

Recognition of coping mechanisms/ capacities by age, gender and disabilities.

Participation: Inclusive processes for consulting with women, girls and persons with disabilities

Increased recognition of AAP, Disabilities and Protection i.e. GBV

Data: Use of global disability prevalence estimates, 50/50 for women and men and not really reflect actual numbers.

HRP 2020 - Strengths and weakness

Discrepancy between identified risks/barriers/needs and response strategies and indicators.

Lack of engagement of local orgs e.g. youth, women, disabilities in HRP process

Lack of response that corresponding special needs of girls, women i.e. MHM and persons with disabilities. .

More and more HRPs consider specific needs of children, women and persons with disabilities.

Lack of strategies for inclusive Feedback and Complainants mechanisms -

Lack of strategies to address information gaps

How can we achieve UNICEF-led clusters/AoR's commitments to AAP, Inclusion and Protection?

HNOs/HRPs in the light of COVID-19: what to expect:

- Strong links to the GHRP that will be integrated into 2021 GHO
- Benefit from the GHRP analysis and monitoring conducted over last months to feed into the HPC 2021
- Increased focus on risk analysis and projections
- Anticipate increased focus on the use of secondary data and expert judgment
- Partnership with local women's organizations, organizations of persons with disabilities and other local actors to collect descriptive and qualitative data and design feasible response strategies
- Support efficient and comprehensive approach through more emphasis on:
  - Joint intersectoral analysis and
  - Multi-sectoral responses
  - Linkages with development plans and actors
  - Localization

Common approach – Needs Assessment and Analysis for HNO

- Work with local women's organizations, organizations of persons with disabilities and other local actors for needs assessment, needs analysis and validation of the findings to facilitate participation of boys, girls, women including those with disabilities.

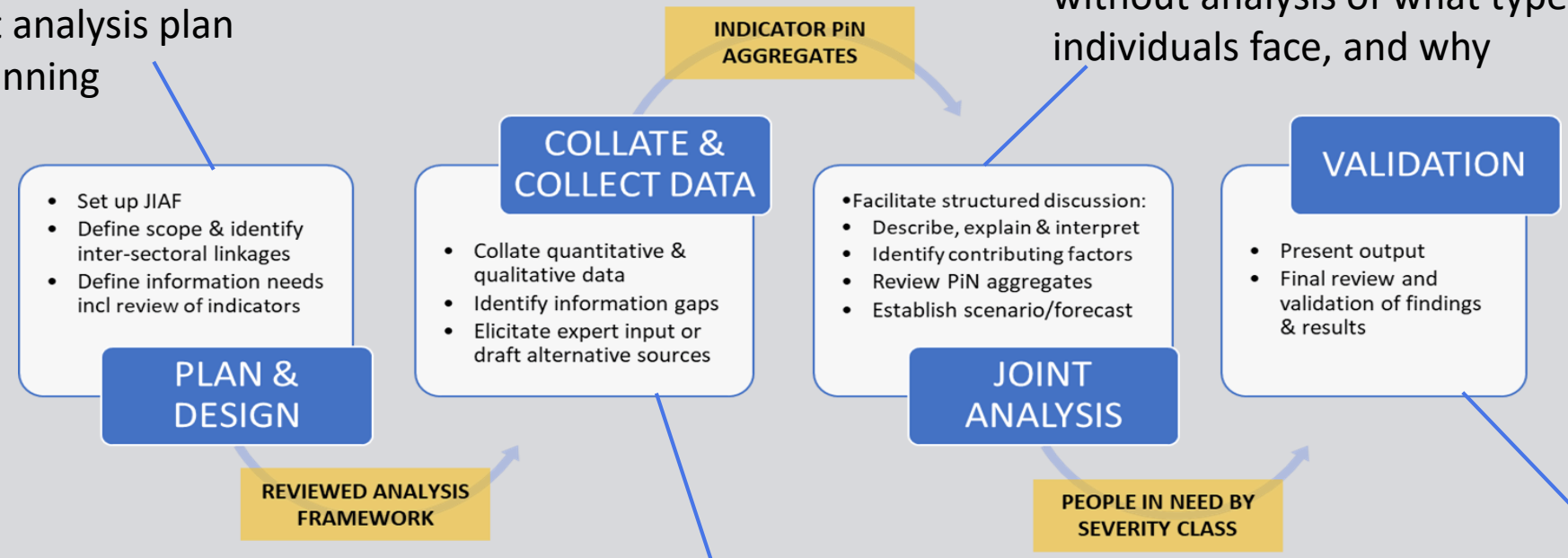
- Conduct a barrier analysis –identify key barriers that women, men, girls and boys of different age and disabilities face when they access/use services/goods and feedback mechanisms in consultation with affected populations.

- Identify risks and different coping mechanisms that women, men, girls and boys of different age and disabilities use to understand their different impact and capacity to cope with the shock.

Entry points in JIAF

Integrate questions related to GBV, disability and AAP into the joint analysis plan to inform planning decisions

- Involve disability, gender and GBV specialists for data interpretation.
- Intersectional analysis- understanding how aspects of diversity (age , gender, disability,…) intersect to impact risk
- avoid creating lists of 'vulnerable groups' without analysis of what types of risks these individuals face, and why



Invite local orgs for data validation.

Primary data collection include children, women and persons with disabilities.
At very least consult with local actors – youth orgs, org for persons with disabilities.
Make use of data available from protection sectors etc.

Examples: Working with local organizations in needs identification in Somalia

- In 2019, the Global CP AoR Needs Identification and Analysis Framework (NIAF) Team supported the Somalia CP AoR HNO needs analysis and prioritization.
- National partners actively participated in the HNO needs analysis, prioritization and validation
- Somalia CP AoR learnt to use existing operational and prevalence data to measure child protection indicators
- There were several sessions of joint analysis and interpretation sessions to prioritize the locations with the most severe child protection needs.

Barrier analysis – what data do you need?

Attitudes and Perceptions
Stigma, fear, medical or charity based approaches, discrimination

Physical Barriers
Inaccessible services, long distances to aid, damaged infrastructure

Institutional Barriers
Limited availability of services, limited technical capacity or training of service providers, legal status

Communication Barriers
Obstacles to access or conveying information, untrained staff

before, during and after accessing services.

Heightened Risks

- Exclusion from services
- Violence, including GBV
- Separation from family
- Invisibility
- Abuse
- Exploitation
- Injury & poor health
- Loss of livelihoods

Age | Gender | Disability | Poverty | Ethnicity or Religion

Examples of barriers and risks identified in HNO 2020

- Distance and location to facilities and services
- Lack of financial resources
- Lack of services targeting special needs of women and girls i.e. MHM, SRH, and those with disabilities, gender segregated latrines
- Violence at schools
- Cultural norms/social norms – lack of respect for girl's education, movement restriction of women and girls, husband approval
- Design of facilities (universal design /accessibility)
- Lack of information/ available information are not understandable among certain population groups .
- Negative attitudes and discrimination
- Affordability of the services extra cost

WASH: good examples from Syria

Specific Barriers of women and girls

" Assessment results in some of the IDP sites in northern Syria confirmed that protection issues including the lack of door locks and adequate lighting, lack of gender segregated facilities, long distances to the facilities as well as the lack of privacy and the fear of harassment on the way to WASH facilities are considerable concerns for women and girls…

Most vulnerable. Access to WASH items

In addition, IDP and returnee female headed households are more vulnerable in terms of access or affordability of WASH items, including sanitary napkins and other hygiene items traditionally provided by WASH actors and services.

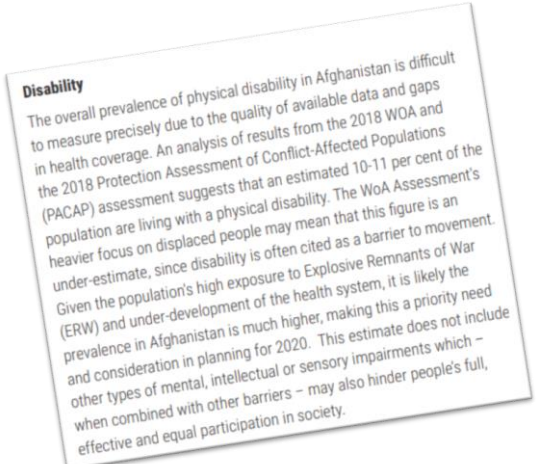
Capacity of WASH actors re. GBV risk mitigation

Continuous efforts are required for WASH staff to be trained on basic GBV concepts and referral pathways to properly refer GBV survivors" (WoS)

Examples of inclusion Good Practices 2020 HNOs

Afghanistan HNO 2020

- Included a specific sub-section on disability (and on mental health) under the section Critical Problems.
- A subsection provided specific, quantified analysis of factors contributing to risks for persons with disabilities (and their families)



Disability

The overall prevalence of physical disability in Afghanistan is difficult to measure precisely due to the quality of available data and gaps in health coverage. An analysis of results from the 2018 WOA and the 2018 Protection Assessment of Conflict-Affected Populations (PACAP) assessment suggests that an estimated 10-11 per cent of the population are living with a physical disability. The WoA Assessment's heavier focus on displaced people may mean that this figure is an under-estimate, since disability is often cited as a barrier to movement. Given the population's high exposure to Explosive Remnants of War (ERW) and under-development of the health system, it is likely the prevalence in Afghanistan is much higher, making this a priority need and consideration in planning for 2020. This estimate does not include other types of mental, intellectual or sensory impairments which – when combined with other barriers – may also hinder people's full, effective and equal participation in society.

Review and Analyze Data and Information

Analytical Insights	Secondary Data Source	Considerations
Women had significantly less access to WASH facilities if living in a household headed by someone with a disability	Afghanistan REACH Protection Assessment 2018	Survey data disaggregated by disability can give an indication of barriers to access
About half people with disabilities surveyed experience discrimination and barriers to accessing health services	CAR HI, Pilot Survey in Bambari 2019	Small-scale studies on disability by partners can give voice to the affected population

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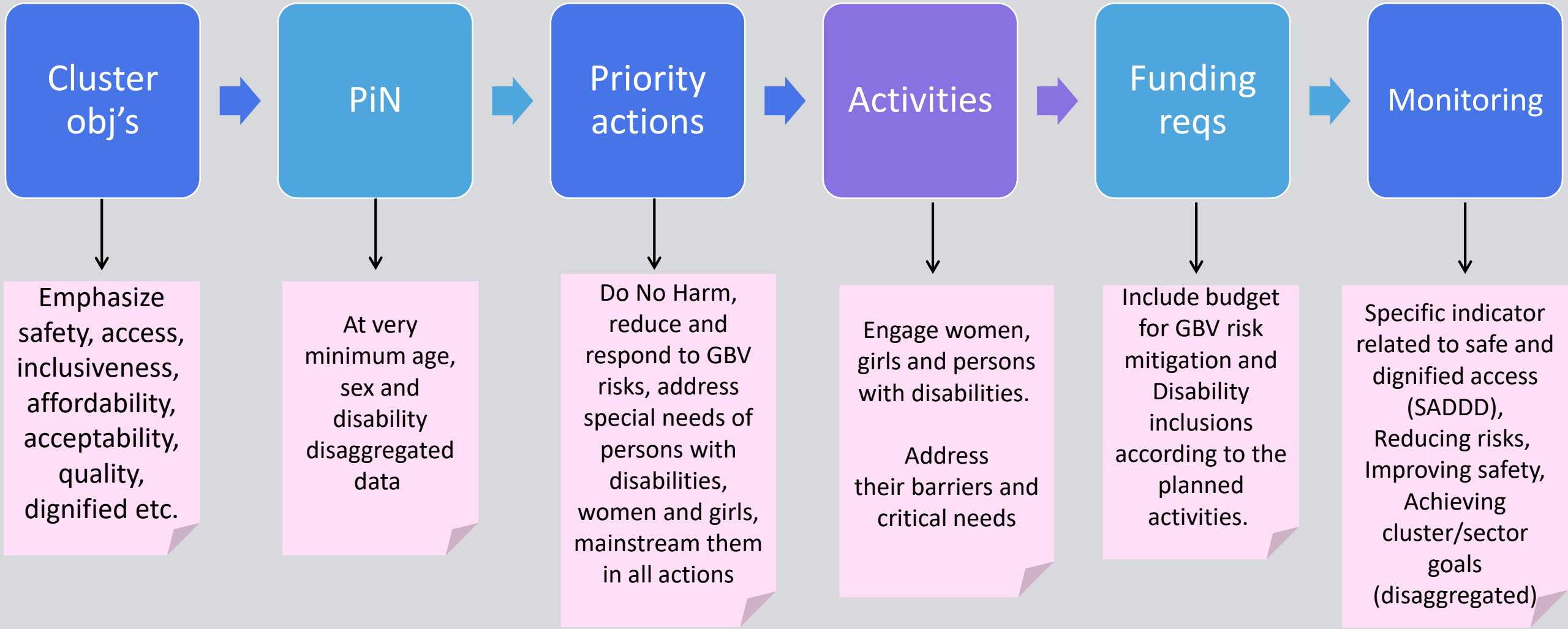
Are you with us?

Common approach – strategic planning

- Country-level planning is systematically participatory, including all affected community groups. This includes people's own expression of their prioritization and satisfaction in aid.
- Include response strategies which address identified barriers and protection risks incl. GBV to the services/facilities in consultation with boys, girls, women including those with disabilities. This could include a monitoring of safe access to and use of services/facilities/feedback mechanisms such as safety and inclusion audits.
- Include strategies for strengthening the institutional capacity local actors in the cluster response
- The indicators suggested use sex, age and disability disaggregated data (SADDD) and include at least one indicator related to access to services/facilities.

What are the qualities of a strong cluster/sector response plan?

Where and how can you integrate a *safety* lens & twin track?



Examples of identifying response options guided by a twin- track approach

Example critical problems (HNO)	*Example response options (HRP)*	
Women with disabilities face heightened risk of GBV due to information about GBV prevention and response being inaccessible	Development of GBV prevention and response information in multiple and accessible formats	Mainstreaming
Girls with disabilities are out of school due to limited capacity of teachers to meet their learning requirements	Training to teachers on inclusive education	Targeted
Persons with disabilities have limited access to WASH facilities due to physical barriers	Improve physical accessibility of WASH facilities, in consultation with persons with disabilities	Mainstreaming
Households of persons with disabilities have higher rates of poverty, including due to their lack of access to work opportunities	Conduct a detailed assessment of barriers and enablers to access to work for persons with disabilities and their households	Targeted

Example of response measures including AAP, Disability and Protection

- Highlights monitoring of GBV awareness and prevention activities; and promoting the dissemination of information on human rights and protection services available with the active participation of women and persons with disabilities.
- Accountability mechanisms to include persons with disabilities.
- Conducting safety audit (both sector specific and multisectoral)
- Training of frontline workers on GBV referrals
- Building capacity of persons with disabilities.

Sample indicators

Disaggregate other relevant indicators by gender, age & disability

Barriers and risks of services

- # of a safety audit/monitoring conducted./% of safety audit recommendations implemented
- # of people used/accessed (SADDD)
- % of gender segregated WASH facilities
- % of inclusive WASH facilities

Capacity of frontline workers

- % of female frontline workers in the sector.
- % of staff/frontline workers who have signed Code of Conduct
- % of frontline workers trained on AAP, GBV referrals, Disability

Participation/perception of services

- # or % of community members reporting improved safety and comfort accessing humanitarian services/facilities
- # or % of facilities established in consultation with children, women and persons with disabilities.
- % of sites with feedback mechanisms.
- # of women with disabilities recruited to participate in community leadership structures

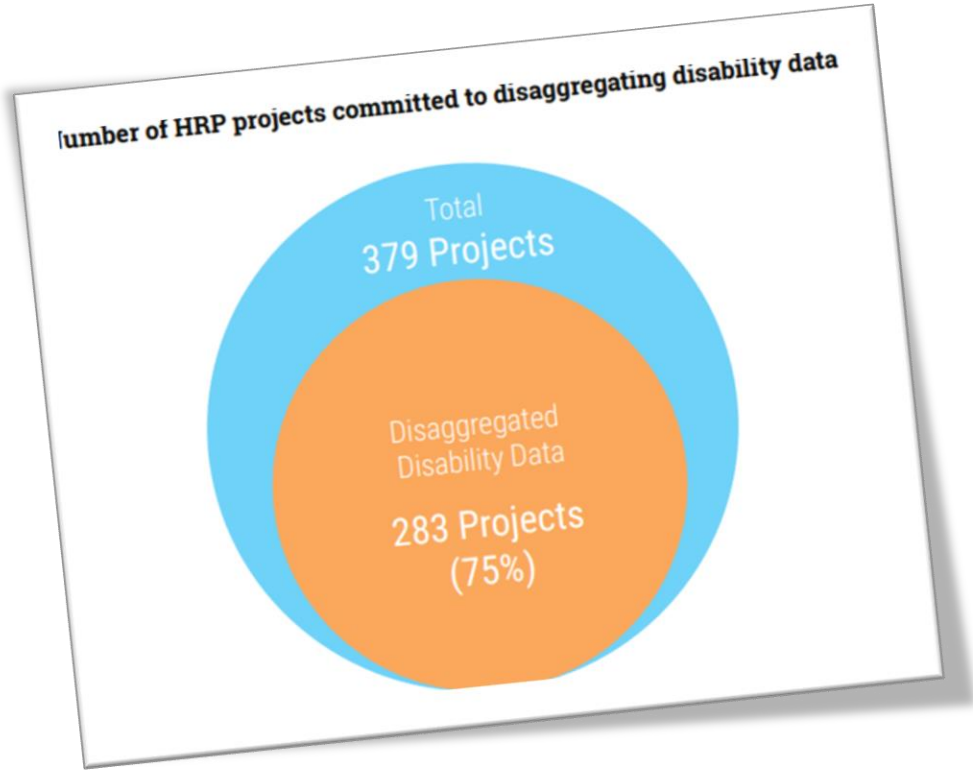
Good examples: South Sudan WASH

Specific Objective 2.2: Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors.				
Sectoral Objective 4: Mitigate WASH-related GBV	WASH specific activities for GBV mitigation in and outside PoC/settlement will be based on safety audits conducted by female staff with women, girls and children for WASH activities adequately planned with the community input.	Number of women and girls with safe water and access in secure location agreed after a GBV safety audit through focus group discussions with women and girls, conducted by female staff	2.5M	**1.1M**
		Number of women and girls with safe sanitation and hygiene facilities access in secure location agreed after a GBV safety audit through focus group discussions with women and girls, conducted by female staff	2.5M	**1.1M**

- Sector objective includes GBV risk mitigation in 2019 and 2020.
- Safety audit embedded in WASH planning and monitoring
- Two specific indicators related to GBV risk mitigation.

Good practices : Somalia HRP 2020

- Increase efforts to identify barriers, risks and enablers for people with disabilities
- Strengthen the inclusion of people with different types of disabilities:
  - Additional resources to be allocated
  - Data collection on disability
  - Build and strengthen partnerships and capacity building with organizations for persons with disabilities (OPDs)
  - Improve monitoring, reporting and learning.
- All projects under the HRP to have identified disability considerations (disaggregate data by disability; consult with people with disabilities; address additional risks; and address barriers)



Common approach – Resources Mobilization

Include **adequate budget** related to cross-cutting issues such as AAP, disability inclusion and GBV risk mitigation in sector-specific response plan.

Include Cross-cutting issues i.e. AAP, Disability Inclusion and GBV risk mitigation in the Cluster's **Fund Allocation Strategy** for pooled funding.

Prioritize local actors including women's, and youth organizations and organizations with persons with disabilities to receive funding and support their institutional capacity strengthening.

Examples of inclusion of cross-cutting issues in Project Vetting - 2019 Guidance & Project Vetting Criteria for the HRP, Shelter, Palestine

Cross-cutting issues

- **Gender mainstreaming and the Gender and Age Marker code**

Projects should include information on gender in their narrative on needs analysis, activities and indicators. Clusters have been provided with gender guidance documents, which partners should have consulted and adhered to. The guidance includes information on the Gender and Age Marker code, which partners will have self-assessed in their OPS project sheet application. Cluster Gender Focal Points will support the vetting panels, which will review the Gender and Age Marker coding. *The score range is:*

- **Protection mainstreaming**

Partners should demonstrate a commitment to mainstreaming protection in their programme delivery, and the project sheet should have evidence of protection mainstreaming, including in the narrative sections on needs analysis, activities and indicators, as appropriate. *The score range is:*

- **Community Engagement**

Projects that enhance Community Engagement (which includes the concepts of Accountability to Affected Populations (AAP) and Communication with Communities (CwC)) should be considered favourably by vetting panels. Community Engagement should be reflected in the project design, implementation, monitoring and evaluation phases of a project to the extent possible. Partners will answer a number of questions through drop-down options to identify their level of Community Engagement. *The score range is*

Local partnerships

- **Implementing partners / partnerships with local NGOs**

Wherever possible, projects shall include partnerships with local NGOs and other national partners as implementing partners. Projects submitted directly by local NGOs will receive the highest score in this field. *The score range is:*

Cross-cutting issues are included in the Prohect vetting sheet. It encouraging to integrate cross-cutting issues in project sheets.

South Sudan Humanitarian Funding 2018/2019

WASH Cluster
Water Sanitation Hygiene

SECTION B-1: - FRONTLINE RESPONSE PRIORITIES AND REQUIREMENTS

Priority response activities *List the top THREE activities, in order of priority*	Standard Output Indicators *For each activity list 2 most important SOIs that will measure success*	Estimated Nof beneficiaries	Beneficiary type	Priority locations	$ requirements			
	Mitigate WASH-related gender based violence.	# of women and girls with access to safe water in secure locations # of women and girls with access to safe sanitation and hygiene facilities in secure locations	52,023 women and girls	IDPs, Host Communities	8 former states: Central Equatoria (CE) Jonglei (J) Lakes (L) Northern Bahr el Ghazal (NBeG) Unity (U) Upper Nile (UN) Warrap (W) Western Bahr el	25 counties: U Leer U Mayendit J Canal/Pigi L Yirol East J Pibor UN Panyikang WBeG Wau U Rubkona J Fangak U Koch	$ 1,800,000.00 ($5.7M x 31.5%)
WASH interventions at household and community level for displaced population/host community in the areas with highest malnutrition rates (GAM)	# (%) of children admitted SAM provided with WAH minimum household and community lev to SAM, and safe access to saf center/community level to SA # (%) of functional OTP/SC with h workers/volunteers trained on th of activities	Provide timely	60,694 vulnerable	Pibor Uror Ayod Nyirol Longochuk				
WASH interventions at household-, schools- and community-level for displaced population/host community to mitigate risks of GBV.	# (%) of rehabilitated collective water points with secure location and access agreed after a GBV risk analysis through focus group discussions with women and girls, conducted by female staff, in the community or schools # (%) of vulnerable women/girls of menstrual age in schools, equipped with MHM kits and/or having access to rehabilitated latrines with locks (or equivalent device, depending on the context- inside for users) and design improvements (privacy/dignity/security) agreed after a GBV risk analysis through focus group discussions with women and girls, conducted by female staff			Activity 3* with geographical flexibility, in case of outbreak/humanitarian disaster				
WASH interventions in cholera hotspots type 1 and type 2 contexts, for displaced population/host community/health facilities	# (%) of vulnerable population provided with access to safe water at collective water point/Health facility as per agreed standards *(7.5-15 litres of water per person per day, CFR > 0.5mg/l if outbreak, such as bucket chlorination)*							

Questions?

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What is your priority now for the HPC 2021 and technical support?

Disability Related resources and guidance

- **Disability & HNOs/HRP**
- Guidance on strengthening disability inclusion in Humanitarian Response Plans
- Tip Sheet: Integration of Disability in HNO
- Tip Sheet: Integration of Disability in HRO
- Webcast: Disability inclusion in HNOs/HRPs 2021 training
- **Disability & humanitarian response**
- IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action
- UNICEF: Including children with disabilities in humanitarian action
- **Disability & COVID-19**
- Disability Inclusion: Tip sheet for GHRP update
- Note on applying the IASC Guidelines on Inclusion of Persons with Disabilities in the COVID-19 response

Resources for GBV risk mitigation

- IASC GBV guidelines thematic area guide and GBV guidelines website

https://gbvguidelines.org/en/

- GBV pocket guide

https://gbvguidelines.org/en/pocketguide/

- Inter-agency GBV integration tipsheet in COVID-19 context

https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

- GWC Quality Assurance and Accountability Initiative

GWC Guidance Document on QAA

GWC Analytical Framework for QAA

GWC Quality Assurance and Accountability TWG

- GEC Need Assessment and Identification
- Nutrition Draft Gender and GBV responsive Nutrition training, GBV risk mitigation measurement etc

Resources for AAP

- Core Humanitarian Standard on Quality and Accountability
- Accountability to Affected Populations: A handbook for UNICEF and Partners (forthcoming)
- IASC Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse
- Collective Communication and Community Engagement in Humanitarian Action
- Engaged and Heard! Guidelines on Adolescent Participation and Civic Engagement
- Guidelines for Children's Participation in Humanitarian Programming
- Feedback Starter Kit
- Child Friendly Feedback Mechanisms: Guide and Toolkit
- Protection from Sexual Exploitation and Abuse (PSEA): A Practical Guide and Toolkit for UNICEF and Partners

More information, questions and request for support: Contact helpdesks of each cluster/AoR

- CP AoR: https://www.cpaor.net/HelpDesk
- Global Education Cluster: https://www.educationcluster.net/Helpdesk
- Global WASH Cluster: globalwashcluster@gmail.com
- Global Nutrition Cluster: https://www.nutritioncluster.net/Ask_question

Thanks