# Streamlined Protection Cluster Methodology for 2026 HPC

July 2025

## Introduction

With the shift toward a consolidated Protection Cluster structure[1], the proposed methodology aims to reflect the full breadth of protection risks, simplify needs / response analysis and PiN / Target calculations, reduce the workload on information management and field teams, facilitate the efficient use of IM and analysis resources while maintaining thematic visibility and support consolidated and credible submissions for the 2026 Humanitarian Needs and Response Plans (HNRP).

The Protection cluster will deliver one consolidated Severity of Needs map, PiN, Target and Funding request for the 2026 HNRP[2]. However, the proposed unified methodology also allows to extract the respective severity levels, PiN figures, targets, and funding needs of the Areas of Responsibility for independent analysis and advocacy purposes[3].

The three tools developed last year - household-level, area-level, and no-data scenario - will be applied as appropriate, depending on the specific context and data availability, as per the methodology developed in 2024.

## I. Needs Analysis

### A. Unified Indicator Framework

- Use the **6 - 10 core indicators**[4] across three protection pillars of need[5]. Indicators are integral to the whole protection sector and already include specific indicators for the GBV, CP, MA and HLP areas.
- Depending upon the scope and data availability, the indicators are applied at Admin 1 - 3 levels using a **severity scale threshold**.
- If core indicators are not available, context-specific or alternative indicators may be used. However, the total number of indicators used across all AoRs should remain limited to 6 to 10 maximum, distributed across the three protection pillars, to ensure consistency and manageability.

[1] In line with the decision of the IASC Principals on 17 June, based on the recommendations of the OPAG co-chairs.
[2] Please note that for the 2026 HNRP cycle, HLP will likely sit with the Protection Cluster before transitioning to the new cluster combining HLP, Shelter, and CCCM.
[3] However, it should also be kept in mind that the AoR specific PiN and Severity cannot go higher than the severity and PiN calculated for the cluster at the first stage.
[4] See Annex A
[5] The 3 pillars of needs are: 1. Ability to move and access public spaces; 2. Ability to participate in safe activities and practices; and 3: Access to rights and services.

## B. Severity Scoring

- Maintain the *Protection Risk Severity Score* as a control factor, as introduced in last year methodology. This unified approach is now **applied in all contexts**, ensuring consistency across operations.
- Apply severity thresholds with data inputs (from MSNA, KIIs, protection monitoring etc) [6].
- Severity scores are calculated for each of the three pillars of needs.
- Final severity is determined by combining:
    - 1 Protection Risks Severity score, assessing exposure to protection threats; and
    - 3 Pillar-specific severity scores, covering vulnerabilities, service access, and coping capacity.
- The use of **average or weighted scoring methods** is strongly recommended. Refrain to apply the **MAX rule**, when consolidating severity scores within each need pillar and for determining the overall severity.
- Maintain the **20% rule** as used in current severity methods to ascertain the final severity score for a given location (and for a given population group).

## C. People in Need (PiN) Estimation

- Affected population figures from OCHA will be used for the prediction of People Exposed to Risks (PeR)[7]. PeR figures, by population groups will be used as a baseline for the PiN calculations.
- Percentage of severity in each threshold (from 1 to 5) is applied to the Affected (PeR) population to calculate the PiN figures.
- Option of Acute and Moderate PiN: Count 100% of people in severity 4–5 as acute PiN; 100% of severity 3 as moderate PiN.
- PiN should be distributed by gender, age and disability.
- PiN can be distributed by AoRs using the specific indicators relevant to each AoR within the respective pillars of need. Severity by geographic area and population group is calculated using the same methodology applied at the overall cluster level. Similarly, applying the 20% rule determines the severity score for a given location and population group, enabling the distribution of the affected population across the five severity levels. Individuals falling within Severity 3 to 5 are considered People in Need (PiN) for the respective AoR.

[6] The GPC has coordinated with REACH, so the indicators are captured in current MSNA process. A communication has been sent to MSNA teams in July 2025, to ensure inclusion of the core indicators agreed in January 2025 and possibly include the additional area specific indicators defined in July. The GPC has supported several operations to start adapting Protection Monitoring, to include other core indicators.

[7] Coordination teams should share the affected / baseline population figures with the GPC at the earliest convenience.

# II. Response Planning, Targeting & Funding

## A. Target Setting

Target setting translates the PiN into an operationally realistic number of people that the Protection Cluster aims to assist, considering contextual and programmatic constraints.

### Step 1: Define the Total Target Caseload

- Use the **PiN estimate disaggregated by admin area and population group** as the starting point.
- Apply filters based on:
    - **Severity level**: Prioritize areas with severity 3, 4 and 5.
    - **Operational capacity**: Number and presence of protection actors.
    - **Access feasibility**: Areas where assistance can realistically be delivered.
    - **Absorptive capacity**: Number of people partners can meaningfully serve.
    - **Historical reach**: Adjust based on past trends and scale-up potential.

### Step 2: Apply a Coverage Ratio

- Based on the above factors, apply a **coverage ratio by** assigning scoring values (1 - 5) to the key operational filters. These scores can then be combined to derive an Area Response Capacity Index, which in turn determines the coverage percentage.
- **Severity Level:** Score based on the final severity score. For example, 1 = severity 1, 5 = severity 5 *(prioritize areas scoring 3 and above)*
- **Operational Capacity:** Score based on the **number and diversity** of active protection actors. For example, 1 = no partners present, 3 = 1–2 partners delivering limited services, 5 = multiple partners with diverse protection programs.
- **Access Feasibility:** Score based on physical and security access constraints: 1 = inaccessible, 3 = irregular or remote access, 5 = full and safe access for humanitarian actors.
- **Absorptive Capacity:** Score based on **local capacity to absorb services**: 1 = limited infrastructure or overstretched services, 3 = moderate facilities, need additional support; 5 = capable infrastructure with room to scale up.
- **Historical Reach:** Score based on trends in partner reach and effectiveness: 1 = no previous reach, 3 = partial reach in previous years, 5 = sustained and effective reach over past years
- Once scored, areas can be grouped as follows for **coverage ratio application**:

| Composite Score | Suggested Coverage |
|---|---|
| **20–25** | 70–80% |

| | |
|---|---|
| **15–19** | 50–60% |
| **< 15** | ≤ 40% |

- **Example:** Scoring-based coverage in Two locations

| **Location A (District X)** | **Location B (District Y)** |
|---|---|
| - Severity: 5<br>- Operational Capacity: 4 (3 partners)<br>- Access Feasibility: 5 (full access)<br>- Absorptive Capacity: 4 (moderate infrastructure)<br>- Historical Reach: 5 | - Severity: 4<br>- Operational Capacity: 2 (only 1 partner)<br>- Access Feasibility: 2 (access once a month)<br>- Absorptive Capacity: 2<br>- Historical Reach: 2 |
| **Total Score = 23 ⇒ Coverage ratio = 75%** | **Total Score = 12 ⇒ Coverage ratio = 35%** |

- We go further by breaking down target figures, within the population groups, by **Age** (children, adolescents, adults, older persons), **Gender** (men, women) and **Disability.**

This approach allows more **context-sensitive targeting** while maintaining transparency and consistency in the planning process.

## Step 3: Disaggregate by AoRs

- **Start with AoR-specific PiN:** Use the AoR-specific PiN figures by population group and geographic area (already derived using severity thresholds and the 20% rule).
- **Apply AoR-relevant filters and scoring:** For each AoR, apply the same **five filters** (severity, operational capacity, access, absorptive capacity, historical reach), but with **AoR-specific data**:
  - Use **partner presence** related to that AoR (e.g., only GBV actors for GBV targeting).
  - Use **access conditions** specific to services under that AoR.
  - Reflect **absorptive capacity** in terms of services relevant to that AoR (e.g., shelters for CP, legal aid for HLP).
- **Score each area (1–5) per filter:** Combine the scores to create an **Area Response Capacity Index**, just like for the overall cluster (example ranges: 20–25 = high coverage; <15 = low coverage).
- **Apply Coverage Ratio:** Use the index to apply an **appropriate coverage percentage** to the AoR-PiN in each area:
  - Example: CP PiN in District A = 12,000 people
  - Area Score = 22 → Coverage = 75%
  - **Target = 12,000 × 0.75 = 9,000 (CP target)**
- **Aggregate Across Areas:** Sum the target figures from each area to get **national-level targets** for each AoR.
- It should always be kept in mind that, like PiN, the AoR-specific target figures in any given location **must not exceed** the overall Protection Cluster target determined during the initial targeting step.

## B. Selection of Response Indicators for Log frame

### Step 1: Identify the partners programmatic approaches

- Use the common **Pillars, Programming Modalities** & **Activities**. These are integral to the whole Protection Sector and already include specific activities and indicators for the GBV, CP, MA and HLP areas.
- Revise existing activities and programs of partners against the **common activities** list.
- From the common **response framework** identify which **Programming Modalities** and corresponding **Pillars**, define a common Logical Framework.

### Step 2: Scope the capacity of response

- Share the common Logical Framework with the coordination team to engage partners and revise it according:
    - The **contribution of activities** to the needs, or as a minimum the contribution to the reduction of risks.
    - The **capacities** to implement, including access, expertise and presence.
    - How the **common indicators** suggested can measure success in responding to the needs.
- Revise the Logical Framework

### Step 3: Define the framework

- Use the **common indicators** associated with the final Logical Framework **common activities**.
- Use the common units of analyses, to define jointly with partners the best modality of reporting, including defining which indicators are better suited to show success.
- In the case that specialized partners (CP, GBV, MA) wants to use indicators according to their own frameworks, align them with the corresponding **common indicators** provided, and discuss monitoring modalities.
- Adapt the language of the **common indicators** if necessary, maintaining the units of analysis.

## C. Funding Request

- Funding should be estimated based on target population size per response type, standard unit costs, and projected operational costs.
- It is suggested to base the costing on **common activities** or **common programming modalities.** These methods can be helpful to harmonize costing (i.e. common activities) or avoid complex harmonization of activities (i.e. common modalities).
- Key protection services are identified, such as case management, psychosocial support, legal aid, mine risk education etc. These services are aligned with the needs identified during the severity analysis and inform the budget structure.
- Standard unit costs are applied to each service type. These are typically based on national averages and reflect the cost per individual, household, or activity.

- The total funding requirement is calculated by multiplying the number of targeted individuals by the respective unit cost for each service.
- Funding request is reviewed for coherence, feasibility, and alignment with the overall response strategy.
- Funding requests should be consolidated under a single protection cluster narrative, while still allowing visibility for GBV, CP, Mine Action or HLP.

# Conclusion

In the new consolidated cluster approach, all protection-related needs, severity scores, targets, and funding requirements should be integrated into a single, unified Protection Cluster Needs and Response Analysis chapter. This ensures a streamlined and coherent presentation within the HNRP, while maintaining thematic visibility through stratified data, disaggregated indicators, and narrative references. By embedding concerns related to specialized areas into a unified framework, the methodology supports inclusive, efficient, and analytically robust protection programming - without siloing or duplication- aligned with global efforts to simplify humanitarian planning and reporting.

# Annex A: *(Tentative)* List of Core Protection Indicators (relating to the 3 pillars of needs)

| | Areas | Indicators | Pillar of Need |
|---|---|---|---|
| **1** | ALL | % of households reporting difficulties in accessing services due to the presence of protection threats in the community in the last 3 months | Pillar 3 |
| **2** | HLP | % of households reporting difficulties in accessing justice, legal services or legal documents due to the presence of protection threats in the community in the last 3 months | Pillar 3 |
| **3** | ALL | % of households reporting difficulties in accessing resources, doing activities or making choices to meet their needs due to the presence of protection threats in the community in the last 3 months | Pillar 2 |
| **4** | ALL | % of households reporting difficulties in participating in social interactions, activities or decisions due to the presence of protection threats in the community in the last 3 months | Pillar 2 |
| **5** | ALL | % of households reporting changes on how they move around or access public spaces due to the presence of protection threats in the community in the last 3 months | Pillar 1 |
| **6** | ALL | MHPSS? | Pillar 2 |
| **7** | MA | Size and location of areas contaminated by explosive ordnance (defined as mines, cluster munitions, unexploded ordnance, abandoned ordnance, booby traps, improvised explosive devices and other devices).[8] | Pillar 1 |
| **8** | CP/GBV/Prot | % of HHs engaging in harmful coping mechanisms in the last 30 days | Pillar 2 |
| **9** | GBV / CP | Over the past 3 months, how often, if ever, women and girls of your household had to avoid areas of the community, such as markets and waterpoints, because of security concerns? What areas or places do they usually avoid due to security concerns? | Pillar 1 |

[8] Or Estimated contamination in [region/area], based on hazardous areas (m² or km²) identified through survey and clearance, or — where not feasible — the number of EO incidents and EO reports