
CHALLENGE BRIEF DRA CALL FOR PROPOSALS ON SAFETY AND PROTECTION

1. MAIN DETAILS

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2. PROBLEM STATEMENT

“How can we better facilitate communities to drive the design and implementation of the responses to their safety and protection challenges?”

3. CURRENT CHALLENGE

There are over 4 million Internally Displaced Persons (IDPs) in DRC, of whom over half are women. In Eastern DRC, the region faces an intensification of violence caused by militias and armed groups, a high risk of the electoral process impacting security condition and the deterioration of the protection situation. The region also faces increased socio-economic pressure and risk of increased tension between IDPs and refugees with host communities and a risk of epidemics. Additionally, the influx of internally displaced persons (IDPs) into host communities continues to overstretch the very limited resources and basic services available in the targeted area, in addition to worsening chronic vulnerabilities.

In this context, communities in DRC with high concentration of IDPs lack systems and mechanisms (especially community-wide coordinated ones) which allow them to adequately (and collectively) drive the design and implementation of responses to their own safety and protection challenges. This presents a missed opportunity to step up prevention of GBV and Child Protection, risk mitigation, informing humanitarian action and facilitating feedback regards the appropriateness of sector response. Specifically, communities lack user friendly and inclusive mechanisms to map risk factors that affect their safety and security in real time and throughout the humanitarian management cycle.

4. IMPACT GOAL

CARE aims to see an increase the ability of communities affected by emergencies to more effectively identify their own protection and security concerns through the use community based mechanisms and systems. The community structures would complement, not replace, interventions that hold duty-bearers to account for the protection of civilian populations. To be effective, the establishment of such mechanisms and respective approaches would need to be based on participatory and inclusive processes which engage directly with affected communities in the design process. The community based mechanisms would in principle facilitate a dual communication mechanism between humanitarian actors and communities which have structures in place to progressively and actively identify their own protection and security concerns, in addition to potential solutions. It is hoped to enhance accountability to affected populations and real time communication between communities and humanitarian actors. Facilitating real time information to guide ongoing response plans and alert of emerging risks or unintended negative consequences that affect safety and protection. This

implies improving existent monitoring and accountability mechanisms, strengthening the direct connection with inclusive community driven mechanisms.

CARE proposes to build from its own experiences working on community mechanisms which was successfully implemented for the health sector interventions in multiple provinces across the DRC. It also aims to gather from the learning of other humanitarian actors and partners that have implemented similar approaches or models with community mechanisms, gauging areas of improvement and innovation. There are few models and systems adapted for their use at community level in relation to prevention and risk mapping specially, in line with safety and protection. Nevertheless, if adapted and tailored for the sector, they could allow to work with communities in joint analysis of risks, informing the design of humanitarian interventions in real time, facilitating participatory risk versus benefit analysis for protection, monitoring and feedback.

Finding a solution for this challenge is vital when it comes to implementing long-term, community-appropriated and –driven mechanisms for addressing the serious and persistent protection and safety challenges which characterize the many vulnerable (especially conflict-affected communities). Such a system further acts as the base for communities to be more adaptable and responsive (and thus resilient, especially in the long-term, development sense of the word) when facing their wide-range of safety and protection challenges/needs.

5. ASSUMPTIONS MADE

[max 150 words]

The following assumptions have been made in determining this challenge:

Feasibility to adapt existing models from the health sector to safety and protection, and moving away from event based to participatory risk mapping and analysis;

There are existent community based models and structures implemented by other partners that can be improved and used as reference when co-designing and co-creating new innovative models with communities affected in target locations;

Other protection and safety concerns related to overarching armed group conflict, health, displacement, (S)GBV, and other social, cultural, and economic safety and protection challenges (and risks) will continue to persist;

Communication among community members, and between them and local authorities, is feasible, without placing people at further risk while upholding their rights and holding local decision makers and power holders to account.

6. RISKS IN PURSUING THIS CHALLENGE

[max 200 words]

The main risk that engaging with communities in community based mechanisms safety and protection could position women, girls, boys and men at risk if guiding principles and standards are not taken into account.

Shift in burden of responsibility and accountability to already affected populations.

Ensuring that communities do not conduct case management, for example if they come across GBV incidents.

Familiarity and awareness of referral mechanisms for protection, including specialized services for GBV and Child Protection, is crucial. Lack of referral mechanisms would pose a risk in pursuing this challenge.

Existent gendered norms and unequal power relations may in turn affect the inclusiveness of such community based mechanisms and approaches, if women face barriers for meaningfully participation. Understanding and addressing existent norms and unequal power relations would be important to tackle in parallel to the development of community based mechanisms. This is also includes engagement of men and boys.

7. NEXT STEPS

Connect with organizations that have implemented similar models in order to gather their learnings, and link with new partners that may facilitate further innovative thinking to improve existing models;

Leverage on the wide network of CARE with grass root community organizations and local partners, including women led organizations, to initiate a process of consultation;

Search for existing solutions before attempting to invent something new;

Applying/examining lessons learned for current CARE programming (and CARE International policies and frameworks) and other partner organizations working with community based mechanisms;

Finalizing target groups (number of beneficiaries and geographic reach) and initiate a process of co-design and co-creation;

Explore possibility to adapting current community based programming for application in the safety and protection sector (e.g. make it context and sector specific/appropriate); and

Implementing and following through with this new approach/mechanism to better facilitate communities to drive the design and implementation of the responses to their safety and protection challenges.