

Call for Examples

Do you have experience with an integrated protection program?

We are looking for examples of integrated protection programs for an upcoming webinar series

Background: “Integrated protection programming” responds to a protection issue through multi-sectoral humanitarian response activities. In an integrated approach to protection other humanitarian sectors (such as shelter, WASH, health, etc.), actively contribute to the reduction of risk by reducing threats, by reducing an affected population’s vulnerability to threats, or by enhancing their capacity to cope with or address threats. Please see some examples of integrated protection programming below.

In this sense, integrated protection programming is distinct from meeting basic safety, accessibility and dignity standards to achieve sectoral outcomes in humanitarian response (such as a health program which is safely accessible to all populations in greatest need, with an outcome to reduce mortality).

Webinar Series: InterAction will convene a webinar series in 2015 to explore examples of integrated protection programming. It is not anticipated that you will have the approaches and lessons formally written up as case studies. Rather, we aim to identify people with specific program experiences that might be shared with colleagues in an informal webinar format. At the end of the series InterAction will write a summary report to capture key issues and recommendations.

Please fill out this form if you have a program which you can present during one of our webinars. Contact Elizabeth Bellardo (ebellardo@interaction.org) at InterAction with questions and submit this form by January 13th.

Presenter Details Name: Title: Email: Phone:	Program Details Organization: Country: Project Name:
Program Description <i>Please give a brief summary of how the program meets the criteria (see next page) for integrated protection:</i> <ul style="list-style-type: none"> ➤ <i>What was the identified protection risk to be addressed and when was it identified?</i> ➤ <i>What was the desired outcome of the response?</i> ➤ <i>What sectors were involved in the response? Were any other unique disciplines, technical competencies or expertise needed to implement the program?</i> ➤ <i>Was the protection risk being addressed monitored throughout program implementation to determine whether the program contributed to the reduction of the risk? Please describe.</i> 	

What do we mean by “integrated protection programming”?

The program examples selected for the webinar series should meet one or more of the following criteria.

1. The program specifically responds to a protection risk facing the affected population whereby multi-sectoral programming (e.g. WASH, Shelter, Health, etc) is essential to achieve the protective outcome.
 - *See example 1:* Logistics, food, water and health services were identified as essential components to carrying out an evacuation/facilitated population movement to reduce their risk of large scale targeted attack.
 - *See example 2:* Providing the night commuting children with shelter and other assistance reduced the risk of forced recruitment as well as the risk of exploitation.
2. A sectoral issue, when addressed, has an intended protective outcome of reduced risk.
 - *See example 3:* Economic pressures were contributing to risk factors for women and children, so protection was integrated into a cash transfer program resulting in families being able to remove their children from the workforce.

Example 1:

In March 2013, northern Seleka fighters took the CAR capital Bangui, ousting President Michel Bozizé. Seleka fighters were mostly Muslims, and unleashed a wave of killing and looting, targeting mostly non-Muslim communities. Many rural populations began reacting to Seleka violence, giving rise to the ‘antibalaka’ militias. By August 2013, the anti-balaka reaction had become a terror campaign against Muslims perceived as having collaborated with Seleka violence. As Seleka forces withdrew to the east of the country, Muslim communities fled their homes. Many of those who could not safely flee to Cameroon joined Muslim communities trapped in urban centers in western CAR. The humanitarian community planned, promoted and coordinated basic assistance for these trapped communities, including food, health, non-food items and shelter. Despite efforts to reduce tensions among communities through emergency mediation, the violence could not be stopped and a relocation strategy for the at-risk population was designed and implemented. The relocation to northern CAR of 1,200 individuals of the Muslim community from the PK12 neighborhood in Bangui, the most visible community at risk, was a messy affair. Protection, logistics and military aspects of the operation were not sufficiently integrated in planning. Important aspects of planning at the relocation site, such as impact on economic life and social cohesion, only started after the relocation had taken place. However, if the relocations had not taken place, the Muslim populations in these enclaves would have been at high risk of generalized massacres by anti-balaka militias.¹

Example 2:

The response to the "Night Commuting Phenomenon" in Northern Uganda during 2003 through 2005 illustrates an example of how multi-sectoral programming can support threat avoidance strategies and specific vulnerabilities identified and responded to by communities. Thousands of children fled into the town centers at night to escape abductions from the Lord's Resistance Army (LRA). In their escape from the risk of abduction, the children were sleeping under verandas of store fronts and within bus stations, where they were exposed to increasing protection risks including sexual violence and abuse. Community members and religious leaders were the first to identify and respond by opening up shelters within churches, mosques and other buildings to house the children at night. Through shelter, WASH and health assistance to the children, the humanitarian community was able to support the self-protection

¹ Josep Zapater. "Humanitarian Evacuations in the Central African Republic." Humanitarian Exchange Magazine, Issue 62 September 2014. <http://www.odihpn.org/humanitarian-exchange-magazine/issue-62/humanitarian-evacuations-in-the-central-african-republic>

strategy of the children and two protection outcomes: (i) avoid forced recruitment and (ii) minimize the risks of violence and abuse the children faced on the town streets at night.²

Example 3:

Having identified economic pressures as a significant risk factor to women and girls' protection in the Syrian refugee response, an NGO integrated a protection component into a cash transfer program. Direct beneficiaries (women and girls only) were identified through a household survey. They were provided with a prepaid ATM card and were given monthly installments of cash over the course of three months with the possibility of receiving additional winterization support and immediate short-term support, such as immediate cash injections. The only conditionality was participation in a series of group discussions. A survey completed in September 2013 revealed that the top three uses of cash provided through the program were rent (65%), food (12%) and health (10%). Moreover half the families reported eating bigger meal portions each day with better quality food. Families also reported carrying less debt as well as improved health conditions. As a protection outcome, a small percentage of families reported that, with the cash support, they were able to take their children out of the workforce.³

² Example shared during InterAction's Protection Mainstreaming Learning Event in January 2014.

<http://www.interaction.org/document/protection-mainstreaming-learning-event-meeting-note>

³ Example shared during InterAction's Humanitarian Practice Workshop on Cash Transfers in March 2014.