

CCCM Case Studies

Participation

2020





CCCM CASE STUDIES 2020

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Foreword

The Global Camp Coordination and Camp Management (CCCM) Cluster is pleased to share with you the 2020 edition of the CCCM Case Studies.

In 2020, as we initiated the collection of case studies for this edition, the novel coronavirus (COVID-19) swept across the world and by early March, it was officially declared a pandemic by the World Health Organization (WHO). The pandemic continues to have an unprecedented and devastating global impact, with over 47 million cases and more than 1.2 million deaths worldwide by November 2020¹. The impact of the COVID-19 pandemic on global health and mobility has been unparalleled in size and scope. Governments globally responded by introducing travel and mobility restrictions to contain and reduce the spread of COVID-19². The emergence of COVID-19 and resulting restrictions have exacerbated the daily struggle of IDPs and refugees amidst the pervasive risks they face before, during and after displacement. Many camps and camp-like settings have insufficient or limited access to health services, increasing the risk of the transmission of the virus and of additional protection challenges faced by displaced populations.

Simultaneously, natural disasters, conflicts and emergencies continued to give rise to a number of large displacements that heightened the need for CCCM actors to adapt and innovate their working modalities within this increasingly complex and fluctuating setting. Collaboration and coordination with key stakeholders are more vital than ever to ensure the safety, dignity and protection of displaced populations, as well as to ensure that displaced populations are included in national pandemic preparedness and response plans. Meaningful participation and representation within this restrictive mobility environment have also become more pressing and challenging and have been at the forefront of our collective effort over the past year. Within the emerging COVID-19 situation, the Global Thematic Working Groups³ under the Global CCCM Cluster jointly hosted a series of webinars, “CCCM Tuesdays”, to strengthen and support our community of practitioners, focusing on preparedness and response to COVID-19 in CCCM. The weekly webinars provided a platform for CCCM partners to share operational examples and best practices for adaptation to the pandemic and to ensure the continued assistance and protection of displaced populations.

CCCM Case Studies 2020 provides a collection of experiences and lessons learned, with concrete examples of the delivery of efficient and timely responses and a focus on adaptation to challenges presented by the COVID-19 pandemic. This edition of the Case Studies looks at initiatives to harmonise activities and working tools among a large number of sites, develop mentorship programmes, establish remote camp management activities, promote community-led preparedness and response activities, include groups at risk as well as operationalise an area-based approach. This publication is part of our ongoing effort and global conversation to ensure coherent CCCM responses that promote accountability to affected populations, community ownership, durable solutions and strong partnerships with local partners and authorities.

CCCM Case Studies 2020 would not have been possible without close collaboration with the Working Groups of the Global CCCM Cluster, input and expertise of the CCCM Strategic Advisory Group (SAG) and Cluster Coordinators, CCCM practitioners and humanitarian partners who submitted case studies from Sub-Saharan Africa, Asia and the Middle East and North Africa Region. We sincerely thank them for their time and effort and hope that these examples contribute to further your discussions, planning and responses to displaced population in need of assistance.

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We would also like to acknowledge all CCCM and humanitarian colleagues and individuals around the globe who are working tirelessly to ensure equitable access to assistance, protection and services for displaced populations in order to improve their quality of life and dignity during displacement while seeking and advocating for durable solutions.

For comments, feedback or questions, please visit the website or contact:

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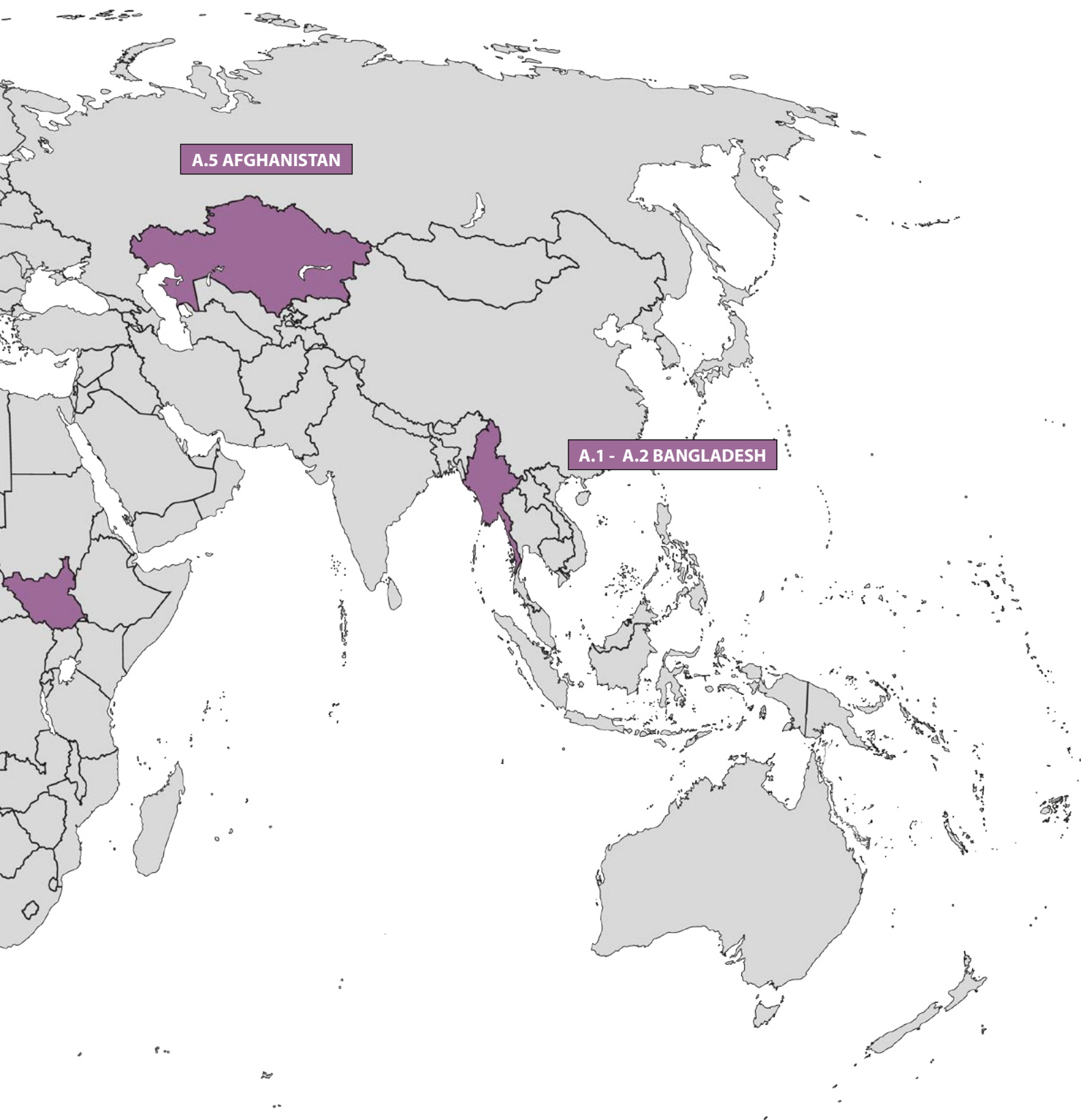
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World Map





Content

INTRODUCTION.....	3
Foreword.....	3
Acknowledgements.....	4
Keyword Matrix	10

CHAPTER A: PARTICIPATION..... 12

Introduction.....	13
Camp Management Standards Reference.....	14

BANGLADESH..... 16

Context & Protection Risks.....	17
---------------------------------	----

A.1 Women's Participation in Camp Management: Rohingya Refugee Response Experience	
Part 1: Formation of the Women's Comitee	18

A.2 Women's Participation in Camp Management: Rohingya Refugee Response Experience	
Part 2: Women's Comitee Response to Covid-19.....	22

SOUTH SUDAN..... 26

Context & Protection Risks	27
----------------------------------	----

A.3 Capacity Building, Communications with Communities (CwC) Inclusion of	
Person with Disabilities in Site Improvements.....	28

A.4 Communications with Communities (CwC)	32
---	----

AFGHANISTHAN..... 36

Context & Protection Risks	37
----------------------------------	----

A.5 Community Governance Capacity Building.....	38
---	----

CHAPTER B: LOCALISATION & CAPACITY DEVELOPMENT..... 42

Introduction.....	42
-------------------	----

Camp Management Standards Reference.....	43
--	----

SOMALIA..... 44

Context & Protection Risks	45
----------------------------------	----

B.1 Capacity Building with Key Stakeholders.....	46
--	----

YEMEN..... 50

Context & Protection Risks	51
----------------------------------	----

B.2 National Referral & Escalation System.....	52
--	----

INDONESIA..... 56

Context & Protection Risks	57
----------------------------------	----

B.3 Online CCCM Training.....	58
-------------------------------	----

BANGLADESH..... 74

Context & Protection Risks	75
----------------------------------	----

B.4 Light for Rohingya: Training, installation and maintenance of sustainable lighting installations.....	76
B.5 Joint Capacity Sharing Initiative (CSI) - A Multi-Sector and Inter-Agency Learning and Skills Transfer Platform.....	80
SOUTH SUDAN	84
Context & Protection Risks	85
B.6 Beyond Bentiu Response.....	86
CHAPTER C: CAMP MANAGEMENT & COORDINATION	90
Introduction.....	90
Camp Management Standards Reference.....	91
CHAD.....	92
Context & Protection Risks	93
C.1 Relocation of IDPs from Diamerom to Amma - Insecurity due to the war between Chadian defence force and Boko Haram rebel group operating in the Lake Chad Province	94
SOMALIA.....	98
Context & Protection Risks	99
C.2 The Barwaaqo Relocation Project	100
NIGERIA.....	104
Context & Protection Risks	105
C.3 Humanitarian-Development-Peace Nexus Initiative to build coordination in Mafa, North-east Nigeria Coordination.....	106
C.4 Strengthening the Protection of IDPs through Camp Coordination and Camp Management	110
YEMEN.....	114
Context & Protection Risks	115
C.5 Improving living conditions within IDP hosting sites in Yemen.....	116
CHAPTER D: ENVIRONMENT & SUSTAINABILITY.....	120
Introduction.....	120
Camp Management Standards Reference.....	121
UGANDA	122
Context & Protection Risks	123
D.1 “Refugee Reforestation Project”.....	124
ANNEX.....	128
Annex A: PARTICIPATION RESOURCES	128
Annex B: LOCALISATION & CAPACITY DEVELOPMENT RESOURCES	128
Annex C: CAMP MANAGEMENT & COORDINATION RESOURCES	129
Annex D: ENVIRONMENT & SUSTAINABILITY RESOURCES.....	129

Keyword Matrix

THEME / CHAPTER	COUNTRY	CASE STUDY	Displaced populations*				Location			Settlement options/ scenarios		Camp life-cycle				
			Refugees	Internally displaced	Returnees (refugees/IDPs)	Others of concern (e.g. migrants)	Rural	Peri-urban	Urban	Returnees	Relocation	Dispersed (rent/hosted/spontaneous)	Communal (collective centres/planned sites/settlements/unplanned sites)	Set-up/ improvement	Care & Maintenance	Site Closure
A. Participation	Introduction															
	Bangladesh	A.1 Women's Participation														
	Bangladesh	A.2 Response to COVID19														
	South Sudan	A.4 Inclusion of Persons with Disabilities														
	South Sudan	A. 5 Kondial FM														
	Afghanistan	A.3 COVID-19 Communications														
B. Localisation Capacity Building	Introduction															
	Somalia	B.1 Capacity Building to Key Stakeholders														
	Yemen	B.2 National-referral and escalation system														
	Indonesia	B.3 Online CCCM training														
	Bangladesh	B.4 Joint Capacity Sharing Initiative (CSI)														
	Bangladesh	B.5 Lighting installation														
	South Sudan	B.6 Beyond Bentiu Response														
C. Camp Management and Coordination	Introduction															
	Chad	C.1 Relocation of IDPs from Diamerom to Amma														
	Somalia	C.2 Barwaqo relocation project														
	Nigeria	C.3 Maffa Approach														
	Nigeria	C.4 Strengthening the Protection of IDPs through Camp Coordination and Camp Management (CCCM)														
	Yemen	C.5 Improving living conditions within IDP hosting sites in Yemen														
D. Envi- ronment	Introduction															
	Uganda	D.1 ReForest Project														





A. PARTICIPATION

Ensuring meaningful participation for all groups of displaced population in decision-making processes and in camp governance structures is an essential foundation of good camp management. Participation also helps in improving humanitarian response, disaster risk reduction activities, community engagement and support, contributes to Gender-Based Violence (GBV) mitigation and ultimately ensures accountability towards affected populations. Because participation is central to upholding the rights of displaced people, it is the basis of a section of the Minimum Standards for Camp Management that includes four standards. The standards for community participation and representation are: inclusive and representative governance mechanisms and structures, community participation in decision-making, information sharing with communities and access to safe and responsive feedback and complaint mechanisms.

In 2020, COVID-19 has become an unprecedented global emergency, with governments responding with restrictions and lockdowns to curb the spread of the virus. Displaced persons are particularly vulnerable to the pandemic living in high density, congested sites with limited access to information, WASH and health facilities. Since IDPs often rely on daily or informal markets for their survival, restrictions of movements have also limited their access to livelihoods opportunities and source of income. Limited land availability and infrastructures also made it challenging for camp managers to implement mitigation measures in many displacement settings. Restrictions imposed by Governments to protect public health also further restricted their movements within camps, exacerbating protection risks for women, girls, families, elderly persons and persons with disabilities.

Although women and children often form a large proportion of displaced populations living in camps or camp-like settings, their needs are not always well-represented in camp governance structures. Furthermore, persons with disabilities in displacement contexts still find themselves on the edge of society and are often stigmatized, marginalized or even live completely in hiding. Hence, camp management which has employed community engagement techniques with vulnerable groups within camp communities and built strong participation structures has an advantage in helping people to access the required resources when emergencies take unexpected turns.

When empowered and represented, displaced communities are best placed to identify risk, prioritised needs and address challenges as part of a tailored response. This chapter's case studies document how existing participation structures have responded and adapted, rising to the challenges of a global COVID-19 pandemic. In Bangladesh, Women's Committees help to reduce barriers and represent the interests and needs of women and girls, including providing critical public health messaging about COVID-19. In South Sudan, CCCM agencies used creative communication approaches to reach a broad audience with COVID-19 information, and a Community Disability Committee serves as a strong advocacy structure and communication mechanism. In Afghanistan, CCCM supported the community governance structure to communicate directly with camp management and service providers.

Participation in Displacement Working Group

Since its inception at the Global CCCM Cluster retreat in 2019, the Participation in Displacement Working Group¹ has focused to investigate participation of displaced women, girls and other groups at risk by sharing learning and best practices from various displacement contexts. Through a series of interactive webinars², topics have ranged from the role of women's committees in the refugee response in Cox's Bazar to community engagement and participation during COVID-19, presented by speakers from a variety of organizations and sectors.

Useful resources were developed by humanitarian organizations to build upon the special attention required to assist women, girls and groups at risk. Risk Communication and Community Engagement (RCCE), which is focused on getting community buy-in of critical public health information to prevent and control the spread of disease, became important to all activities during the COVID-19 pandemic.

Further information on specific resources, tools and guidance based on good practices and lessons learnt can be found in [Annex A](#)

¹ <https://ccmcluster.org/global/participation-in-Displacement-Working-Group>

² Recordings of webinars are available on the Global CCCM Cluster YouTube : <https://www.youtube.com/c/CCCMCluster/videos>



CAMP MANAGEMENT STANDARDS REFERENCE

STANDARD	INDICATOR	REMARKS	CASE STUDY REFERENCE
1.2 Site lifecycle planning Appropriate and inclusive planning ensures adequate protection and assistance are provided throughout the site lifecycle, from set up to closure.	1.2.1 Community workshops are used to develop and share contingency plans.	Given the rapid onset and scale of COVID restriction measures on IDP populations and humanitarian staff, the necessity of participation of the population from the very beginning of a response is essential and must include critical aspects of contingency planning. The covid-19 pandemic has highlighted that community engagement by an SM team cannot start after the population is already experiencing a complex emergency.	A.3 Bangladesh Women's Participation – COVID case study A.1 Afghanistan Community Governance Capacity Building case study
1.3 SMA and site management team capacity Site management teams have the operational and technical capacity to manage the site.	1.3.1 Ratio of staff (female: male) is proportional to that of the site population. 1.3.3 % of site management staff who have completed adequate training related to their role.	Size and makeup of the team must reflect the language and communication needs of the population and have a balance of skills and capacities.	A.2 Bangladesh Women's Participation – COVID case study
2.1 Governance Structures Inclusive and representative structures are accountable to and have the capacity to meet the needs of the population.	2.1.1 % of the population who feel they are represented by and through the site governance structure. 2.1.2 % of the site population who report that the site governance structures are inclusive, effective and reaching all of the displaced population.	Measuring this indicator cannot realistically be done during an emergency, however, if a site was set up well from the beginning, the governance structures are able to adapt to sudden emergencies such as the COVID-19 pandemic. During an emergency, the governance structures are then able to respond as they are designed to. The COVID-19 pandemic measures on RECC should provide some areas for critical reflection in this regard.	A.2 Bangladesh Women's Participation – COVID case study A.2 South Sudan Community Disability Committee case study A.2 Afghanistan Community Governance Capacity Building case study
2.2 Community Participation The site population is able to participate meaningfully in decision making related to the management of the site.	2.2.1 % of the site population who are satisfied with the opportunities they have to influence decisions 2.2.2 % of female committee members who feel their views are taken into account during decision making process	Inclusive governance structures include representation of and leadership by all members of the displaced community. This means that decisions are made with consideration of impacts on all members of the community.	A.2 Bangladesh Women's Participation – COVID case study A.2 South Sudan Community Disability Committee case study A.2 Afghanistan Community Governance Capacity Building case study

STANDARD	INDICATOR	REMARKS	CASE STUDY REFERENCE
2.3 Information sharing with communities Regular communication with the displaced community, host community and all other stakeholders is appropriate and relevant.	2.3.2 % of the site population who consider recent key messages appropriate. 2.3.3 Appropriate modes of dissemination are used to share key messages.	When information is regularly shared with communities, it is important to include diverse communication methods, not just written communication, to ensure that all can access key messages.	A.2 Bangladesh Women's Participation – COVID case study A.2 South Sudan Kondial FM case study
2.4 Feedback and Complaints Site populations, both displaced and host have access to safe and responsive mechanisms to handle feedback and complaints to services providers.	2.2.1 % of the site population aware of feedback and complaints mechanisms and how to access them. 2.2.2 % of complaints and feedback investigated, resolved and results fed back to the complaint within the targeted time frame.	Feedback and complaint mechanisms are critical ways that all members of the community can communicate directly with service providers and receive a response to their needs. The mechanisms must be accessible to all members of the community.	A.2 Bangladesh Women's Participation case study A.2 South Sudan Community Disability Committee case study
3.1 A safe and secure environment All residents and services providers live in a dignified environment that is safe and secure from violence and harm.	3.1.1 % of risk mitigation actions from safety audits directly integrated into site maintenance and improvements (or addressed with site maintenance activities).	Inclusive leadership and participation from all groups within the displaced community means that there are pathways to communicate with site management and/or service providers about risks or concerns in the environment.	A.2 South Sudan Community Disability Committee case study A.2 Afghanistan Community Governance Capacity Building case study

BANGLADESH



CONTEXT

The largest Rohingya influx into Bangladesh began on the 25th of August 2017, with a massive influx of more than 745,000¹ Rohingyas fleeing violence and serious human rights abuses from Rakhine State, Myanmar. However, multiple waves of Rohingyas have moved from Rakhine State to Cox's Bazar in Bangladesh. The earliest influx was recorded in 1942 with 20,000 Rohingyas who fled to Bengal (Bangladesh in pre-partition India)². Therefore, the refugees displaced in 2017 settled in Ukhiya and Teknaf sub-districts, where they live alongside host communities as well as Rohingyas who had been displaced years or decades ago. Including all of the different refugee flows, as of May 2020³ there were over 860,000 refugees in Cox's Bazar district.

Many of the displaced population are women and girls, who make up 52% of the population⁴. Prior to the August 2017 influx, an estimated 19% of families were believed to be living in female-headed households; it is most likely that this figure has only increased. An estimated 16% of the Rohingya are single mothers who have lost their husbands to violence in Myanmar or to migration in search of livelihoods for survival⁵. Gender-Based Violence (GBV) is prevalent in displacement, with women and girls targeted for a range of abuses linked to poverty and economic dependency. The reports of GBV incidents in Cox's Bazar have been high, with women and girls reporting weekly of being exposed to severe forms of sexual violence. Violence continues even after women and girls have fled their homes in Myanmar⁶, with high number of the GBV reports coming from survivors of rape in Myanmar⁷.

The high density of camps and poor living conditions expose families to numerous protection concerns. Moreover, security and cultural constraints limit access to life-saving assistance. The Rohingyas continue to face immense challenges in Bangladesh, where the lack of a clear legal and policy framework pertaining to refugee protection leaves them vulnerable to harm, abuse

and exploitation and protection risks. The Rohingyas are being hosted across 34 camp settlement types, including collective sites, collective sites with host communities, and informal sites. Leadership and governance structures among refugees have been ad hoc due to the chaotic influx in 2017 and they continue to face challenges with poor infrastructure and limited access to water, food, firewood, land, sanitation facilities, schools and labour opportunities⁸.

As populations did not arrive in the camps together, new geographically based leadership structures emerged with *Majhis*⁹, who are Rohingya leaders appointed by the Bangladesh Army to play key roles. The Government-appointed Camp in Charges (CiC), who are responsible for the camp administration, have increasingly exercised quasi-judicial authority in addressing civil documentation matters and disputes among the Rohingyas in the camps. With no gender and diversity representation in the system, in some cases the *Majhis* have been exerting their influence within the camp and with different actors and often do not reflect the needs from the population¹⁰. *Majhis* deal with the day-to-day issues of the inhabitants on their blocks and were charged with distributing aid to those living in their block. This system unfortunately has created an unnecessary divide between the refugee and humanitarian communities, with the *Majhis* in a 'buffer' role. This hinders the direct and meaningful participation of the population in decisions affecting their lives and impedes women's voices in decision-making on crucial issues affecting the Rohingyas¹¹. Results from a baseline assessment¹² revealed that the *Majhis* reported to be content in their leadership roles and did not face barriers in making decisions for the camp population. However, decisions were being 'made for women, as they see men as decision makers'. The baseline assessment found that *Majhis* in all locations specified that women could participate in camp life by 'forming groups to talk about their needs and by making small decisions'¹³.

PROTECTION RISKS

Women and girls have been exposed to protection risks due to a wide-range of contributing factors including: poor living conditions in the camps, limited basic resources, lack of income generating activities, insufficient lighting and gender segregated toilets and bathing facilities in the camps, distance to water points, absence of security patrolling during the night and restricted movement overall. Many of these risks have shown to lead to harmful coping mechanisms such as child marriage, survival sex, trafficking, and other forms of GBV¹⁴. Furthermore, women's movement in camps has been restricted due to multiple cultural and religious imperatives¹⁵: upholding of *purdah*¹⁶ (where women must be accompanied by a male family member), fear of getting lost, leaving their children

alone¹⁷, and feeling afraid of due to lack of signs and lighting¹⁸. As a result, women and girls are less likely to report their needs and access humanitarian assistance, have been underrepresented and excluded.

With the protection risks faced by Rohingyas and the barriers to women's participation, the case studies are focused on reducing the barriers faced by women and girls by creating a network of women's committees and support groups, representing the interest and needs of women and girls to ensure equitable access to life-saving services and information. In 2020, this included providing critical public health messaging about COVID-19.

¹ UN OCHA. Rohingya Refugee Crisis. Retrieved from: <https://www.unocha.org/rohingya-refugee-crisis>

² ACAPS Review: Rohingya Influx Since 1978. Accessible here: https://reliefweb.int/sites/reliefweb.int/files/resources/20171211_acaps_rohingya_historical_review_0.pdf

³ According to IOM's Needs and Population Monitoring

⁴ JRP Bangladesh.

⁵ JRP Bangladesh.

⁶ JRP Bangladesh.

⁷ Humanitarian Response Plan Bangladesh (HRP Bangladesh), IOM, Inter Sector Coordination Group, October 2017.

⁸ WPP Bangladesh Learning Report

⁹ The Majhi system is a system of Rohingya community leaders that existed before the community arrived in Cox's Bazar. However, the Majhi system does not reflect a participatory process being appointed by the Bangladesh army and in majority of cases and lacks representation and accountability to the Rohingyas.

¹⁰ Protection Sector Working Group: Protection Considerations on the Majhi System

¹¹ Protection Sector Working Group: Protection Considerations on the Majhi System

¹² As part of the Women's Participation Project rollout, a baseline study was conducted to identify numerous barriers to women's engagement in camp management, participation in community decision-making processes and role in the public sphere.

¹³ In group discussions with female leaders in Leda and Unchiprang, majhis were accused of being dishonest, 'keeping tokens for themselves', or 'asking for benefits from the people they help, not being neutral'. In Balukhali no such accusations were made, although one group of women declared to be 'afraid to go see the majhi at his house alone, as the community might think she would stay in bed with him', posing the question of this practice happening, where majhis exchange help for sexual favors.

¹⁴ WPP Pilot Learning Report

¹⁵ UNHCR 14/01/2010, MSF 03/2002

¹⁶ the practice of keeping women separate from and preventing contact or communication with men they are not related to

¹⁷ OXFAM 22/11/17

¹⁸ UNHCR 2011

BANGLADESH

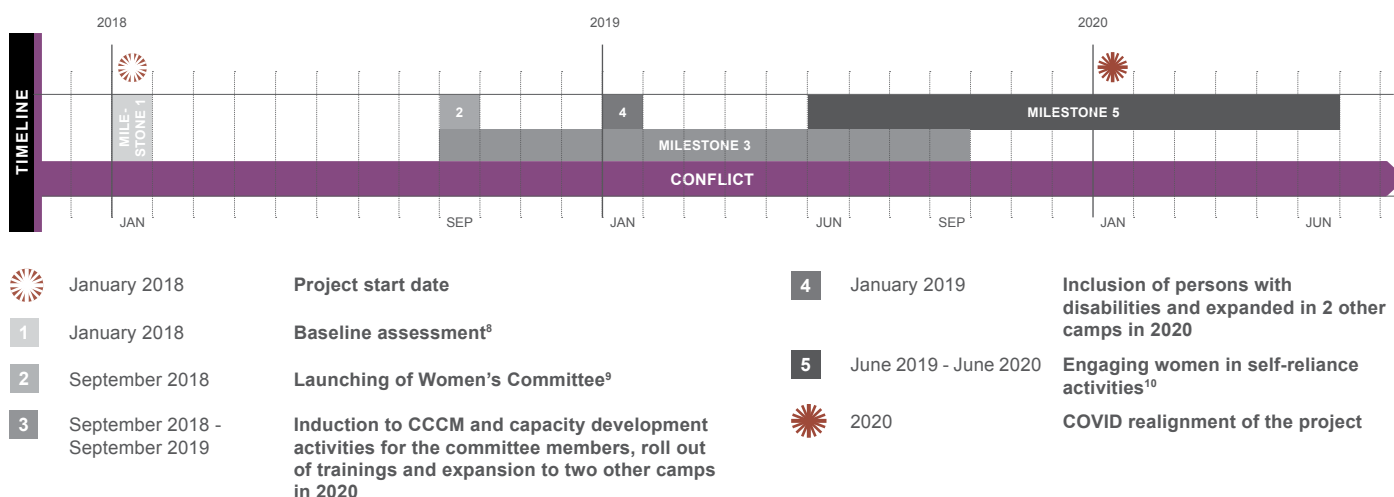
WOMEN'S PARTICIPATION IN CAMP MANAGEMENT: ROHINGYA REFUGEE RESPONSE EXPERIENCE PART 1: FORMATION OF THE WOMEN'S COMMITTEE

Project location	Leda and Alikhali (Camps 24 and 25) Teknaf, Cox's Bazar, Bangladesh
Project duration	January 2018 - September 2020 (33 months)
# Targeted by project	Total: 110 women (Rohingya and host communities) <ul style="list-style-type: none"> 97 Rohingya women (including 20 women with disabilities) 13 women from Host community
CCCM coordination mechanism	Site Management Site Development (SMSD) Sector



Summary

In 2018, the Women's Participation Project (WPP) was piloted in Leda camp, Cox's Bazar, Bangladesh. As part of the project rollout, a baseline study was conducted to identify the numerous barriers to women's engagement in camp management, level of participation in community decision-making processes and women's role in the public sphere. Based on the findings and the pilot phase, membership to the Women's Committee was expanded in 2019 to include women and adolescent girls with disabilities, promoting their engagement in daily activities in the camp, disaster preparedness and response as well as in livelihood programming.



WOMEN'S PARTICIPATION PROJECT OVERVIEW AND OBJECTIVES

The Women's Participation Project (WPP) was piloted in 2018 in Leda and Alikhali Camps, Nhila Union under the sub-district of Teknaf, Cox's Bazar. The objective of the project is to mitigate and reduce the risks of GBV through the promotion of women's participation and representation in governance structures in the camps. As part of the roll-out, a baseline assessment was conducted in Balukhali Makeshift, Leda Makeshift and Unchiprang.

The baseline assessment mapped existing governance structures in the camps and learned how groups at risk participate in camp life. It also examined the barriers and opportunities to increasing women's participation in camp life and explored strategies to facilitate this. The assessment found that women do not have direct access to information, were not represented in the recognised leadership structures and that important decisions were made by male leaders at locations where women do not have access or feel unsafe. To address this, SMSD held in-depth discussions and consultations with both male and female members of the community, particularly

with religious leaders. This dialogue on the barriers to participation identified in the assessment and how women can be engaged in a manner that respects cultural and religious practices. Through this, the community's perception began to shift, and it was agreed among themselves to organize a Women's Committee.

The Women's Committee was formally launched in September 2018 and was recognized by the community and the CiC. The primary objectives of the Women's Committee are to: increase representation of women and adolescent girls within the camp governance structures, strengthen representation of women and girls in daily decision-making activities, enable women and girls to share information about their needs and concerns, and to improve access to information about services and support available to them. The members of the committee are responsible for representing the interests of women and girls in a fair and impartial way, and their participation is completely voluntary.

SELECTION OF BENEFICIARIES AND GEOGRAPHICAL TARGETING

The profiles of the Leda and Alikhali camps have drawn interest due to their complexity. The population living in the camp is a mix of the Rohingyas who arrived between 1991 and 2016, those who arrived

during the 2017 influx and the host community. Teknaf is situated in an area associated with many risks and hazards like natural disasters, kidnappings and human trafficking¹.

SITE MANAGEMENT / CCCM ACTIVITIES

The IOM Site Management and Site Development (SMSD) teams have designed activities tailored to different age, gender and inclusion needs to encourage community participation to support the expression of women and girls' views, interests and collective action taken to contribute to solutions and reduce vulnerabilities faced by groups at risk. The Women's Participation Project (WPP) became the model to enhancing participation of women and adolescent girls, with the focus to allow women to identify and lead the activities that matters to them, which was integrated to the core activities of SMSD including coordination, operations, community engagement and communication with the communities. The committee developed project concepts like tree plantation and

homestead gardening, camp clean up, addressing the safety risks with the help of SMSD, developing systems for queueing at the water points with the support from WASH technical team, advocating for safe access for Persons with Disabilities (PwD), multi hazard emergency preparedness and engagement in COVID-19 awareness raising. Being the only formalized all women group, the Women's Committee receives many requests to participate in assessment exercises, conversation around improving services and programming as well as capacity building initiatives. This project has been supported through multi-layer capacity development, participatory mechanisms, and emerging leadership roles in the community.

KEY ACHIEVEMENTS

The implementing agency's Site Management and Site Development (SMSD) teams aim to encourage community participation to support the expression of women's and girls' views, to take collective action towards solutions and to reduce vulnerabilities faced by groups at risk. This project has been supported through multi-layer capacity development, participatory mechanisms, and emerging leadership roles in the community.

1. Formation of Women's Committee

To begin this process, SMSD and Protection teams mapped existing women's groups and initiated a call in the community for nominations to participate in the Women's Committee based on their neighbourhood (Para). Through consultations with the nominated women, the teams finalised the committee's Terms of Reference (TOR) structure. The Committee is organized in sectors to ensure each Para has a focal point as well as the overall camp level sector focal point. SMSD and Protection teams adapted the skills and capacity assessment tool from the Women's Participation Toolkit² to conduct interviews with women to assign sectoral roles.

The community is familiar with the sector approach, so they know who to contact.

The women on the committee made a specific request to establish a quota system to balance representation among three different groups³ that the community and stakeholders agreed on. Finally, 110 women leaders were selected from 10 Paras, including 97 Rohingya women and 13 women from the host community, of whom 20 were women with a disability.

2. Increased access to information

Through the Feedback and Information Centre (FIC), the community has direct and equal access to information. The Women's Committee shares information provides feedback and logs in the complaints they receive from their communities as well as the gaps they identify during service monitoring. Women's proactive role in visiting the FIC has been essential as it feeds into the Inter-Agency Complaints and Feedback Mechanism (IACFM) and systematically records any issues and concerns for referral and advocacy. This is also one of the entry points for Protection in dealing with reported GBV cases.

3. Capacity Development of Rohingya Women by Women

110 Women's Committee members completed the capacity development program in 2018 which included Induction to Site Management and an interactive training module on Women's Empowerment, Participation and Leadership. The aim of the training was to enhance women's leadership and decision-making skills at the individual, household and community levels with the long-term goal to enhance gender equality, equity and women's empowerment. The women have continued to be engaged in camp activities and are supported with thematic trainings on Protection concepts, Protection Mainstreaming and Community Engagement. The committee members have also been involved in trainings on emergency preparedness and response, cyclone preparedness, first aid and fire safety⁴. In 2020, the engagement and formation of the Women's Committee has been replicated in other camps and most of newly organized groups in the camps like the Disaster Management Unit (DMU), the Dead Body Management (DBM) now have female membership to encourage the participation of women and girls.



Access to Information - IdeasBox activity

4. Self-Reliance Building through Women's Income Generating Support (WINGS) Project

In 2019, the implementing agency partnered with an NGO on the Women's Income Generating Support (WINGS) Project, in which 110 women from Rohingya and host communities received skills training and livelihood assets in three phases. This activity aimed to promote social cohesion and establish connection between the Rohingya and host communities. During vocational training, the women learnt to prepare different kinds of snacks⁵ from trainers who were food service professionals from the host community. This was followed by a training on the basics of starting up businesses, with guidance on concepts such as profit, savings, investments and more. During the final phase, the women received a package of assets which included a double burner cooker, LPG gas, utensils, wooden table, glass display rack and ingredients to start their own business.

The WPP supported the women enrolled in WINGS with cash for training. Each participant received BDT350 (USD4.10) per day for five days of attendance to compensate for missing other income-generating activities. WPP also provided transportation and caregiver support, as this was one of the barriers to participation that surfaced during consultations. The 110 trained women became trainers to other women and girls' support groups, and they were provided with printed cookbooks and video materials from WINGS. The materials were designed to be accessible for persons with seeing and hearing impairments, allowing persons with disabilities to participate in the activities. In 2020, the WINGS project has expanded its support to two other camps using the same model, with 400 women from the Rohingya and host communities selected for participation.

WHAT IMPACT DID COORDINATION HAVE ON THIS PROJECT?

Women's participation is a shared responsibility, thus Site Management coordinated with other sectors to address the needs of the community, especially the needs of women and groups at risk. To achieve this objective, the close coordination between SMSD, Protection, Transition and Recovery and other key stakeholders⁶ was paramount. Additionally, the Women's Committee has contributed to improving the access to and quality of services in the camps due to collaboration, information sharing and inclusive programming.

The Women's Participation Project (WPP) became the model of enhancing participation of women and adolescent girls, with

the focus to allow women to identify and lead the activities that matter to them. This was integrated in the core activities of SMSD including *coordination, operations, community engagement and communication with communities*. The committee developed project concepts like: tree plantation and homestead gardening, camp clean up, addressing safety risks with the help of SMSD, developing systems for queueing at the water points with the support from the WASH technical team, advocating for safe access for Persons with Disabilities (PwD), multi-hazard emergency preparedness and engagement in COVID-19 awareness raising.

KEY ACHIEVEMENTS OF PROJECT

1. The Women's Committee was formally launched in September 2018, where 110 women leaders were recognized by the community and the CiC. The primary objective of the Women's Committee is to increase representation of women and adolescent girls within the camp governance structures.
2. The establishment of the Feedback and Information Centre (FIC), where the Women's Committee has been playing a proactive role in visiting and consulting with CCCM staff on the FIC.
3. 110 women on the Women's Committee have been trained on Site Management, Women's Leadership, Participation, Empowerment and core Protection concepts.
4. The Women's Committee has been on the forefront of cyclone and fire preparedness, including yearly training

and disseminating key messages through community engagement.

5. Through coordination between CCCM, Transition and Recovery and an NGO partner, the Women's Income Generating Support (WINGS) Project was supported. In this project, 110 women from Rohingya and host communities received skills training and livelihood assets and replicated this training with the community.
6. In 2020, WPP has expanded its support to two other camps using the same Women's Committee model with 400 women from the Rohingya and host communities selected. In addition, most newly organized groups now have female membership to encourage the participation of women and girls.

CHALLENGES

1. Due to the scale of the Rohingya Response, the basic needs of women, girls and groups at risk were sidelined during the onset of the emergency. Resources were overstretched and could not meet the overwhelming needs of the community, which resulted in poor programming.
2. With some Rohingya women still showing signs of stress and trauma during the first year of the project, the CCCM teams had to be sensitive to needs of the community by developing the project through participatory approach. This allowed women to voice their concerns and ensure they were heard as the projects evolved.
3. The Disability Inclusion Working Group was not very active in the camps where WPP was implemented, which limited the capacity of the team to engage with women with disabilities in 2018. The collaboration with Protection teams played an essential role in highlighting disability inclusion in the project, though it was a challenge to sustain the daily support needed by persons with disabilities. This challenge was addressed with a thorough assessment when planning interventions, done through engagement with a specialized agency to assist with the needs of persons with disabilities.
4. It was a challenge to recruit female staff who understood and believed in women's participation. Bangladeshi women have a similar conservative culture to the Rohingya community. To address this challenge, women's capacity was built through a series of trainings along with subsequent coaching and shadowing to equip the staff.

LESSONS LEARNED AND RECOMMENDATIONS

1. Promote community representation of women and girls as early as possible in the response

Organizing the Women's Committee as part of the community representation structure in Rohingya camps was challenging because the Office of the Refugee Relief and Repatriation Commissioner (RRRC) does not recognize any formal governance structure except the appointed male Majhis. The assessments and surveys completed at the beginning of WPP were designed to capture the broader needs of the population and found that women were underrepresented.

If a Women's Committee had been established in the early phase of the response to represent the needs of women and girls, this could have contributed meaningfully to the analysis and program design at the onset of the response⁷. There are still gaps in services in the camps which could contribute to insecurity and GBV, such as unsegregated latrines which women do not feel safe using. The Women's Committee works with the SMSD and Protection sectors in monitoring the gaps through safety audits and service monitoring, and this has helped humanitarian actors to address the gaps. The WPP framework has been instrumental in this process in creating an inclusive environment for men, women, boys, and girls, with activities designed to address barriers and understand opportunities in a holistic manner through an engaging and participatory process.

2. Access to information contributed to participation in decision-making

Female community members relied heavily on male family members to receive information on decisions that impacted

them. The lack of a formal mechanism to inform women affected all underrepresented groups, including adolescent girls and persons with disabilities. In 2017, the Complaints and Feedback Mechanism (CFM) was established to address this need.

The CFM encouraged participation, information sharing, and transparency. To ensure its success, the way the system was developed and designed was essential. It required consideration of the functional process, the physical structure and accessibility of the Feedback and Information Centre and how the received feedback is responded to, especially for urgent referrals from groups at risk. The platform offered an opportunity to women and girls to utilise the mechanism in raising their concerns. As more people become aware of the CFM, the number of protection-related concerns rose, resulting in SM and Protection staff located at the space to attend to the Protection concerns faster.

3. The capacity of women and girls to take on leadership roles increased through skill and confidence development

Due to social and religious norms, Rohingya women were not used to taking up leadership roles. For women, meaningful participation means understanding their rights, learning basic life skills and being aware of what they can do to support individual or family immediate needs and contribute to the entire community's wellbeing. Building the capacity of women and girls was crucial to develop leadership skills and build the confidence of women and girls to participate in the decision-making processes in the camp life.

¹ ACAPS Rohingya Crisis: Host Communities Review https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/180131_host_communities.pdf

² Accessible at <https://womenindisplacement.org>

³ Rohingya who arrived before 2017, Rohingya who arrived in or after 2017, and women from the host community

⁴ carried out by American Red Cross with Bangladesh Red Crescent Society (BDRCS), Bangladesh Fire Service and Civil Defence

⁵ The ingredients and utensils necessary for the learning process were provided to the group

⁶ Handicap International (HI), Christian Blind Mission (CBM), Centre for Disability in Development (CDD), Bangladesh Fire Service & Civil Defence (FSCD), Cyclone Preparedness Program (CPP), American Red Cross, ICCO Cooperation

⁷ <https://www2.unwomen.org/-/media/field%20office%20easia/docs/publications/2017/10/gender-advocacy-paper-for-rohingya-refugee-crisis-response-in-bangladesh-r10.pdf?la=en&vs=2521>

⁸ <https://womenindisplacement.org/index.php/bangladesh>

⁹ <https://www.iom.int/news/un-migration-agency-helps-rohingya-women-organize-bangladesh-camps>

¹⁰ <https://www.icco-cooperation.org/en/news/women-as-drivers-of-social-change/>

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BANGLADESH

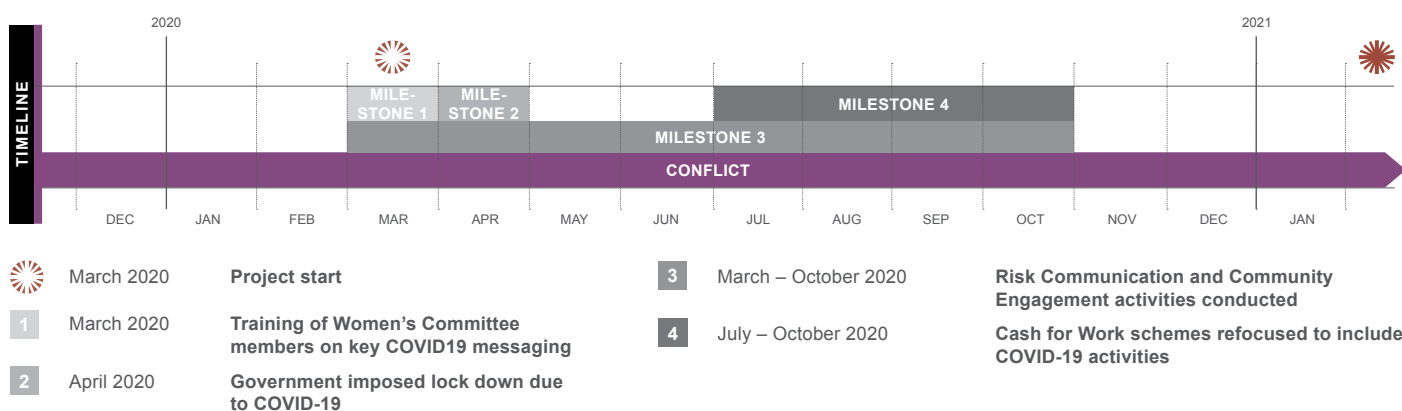
WOMEN'S PARTICIPATION IN CAMP MANAGEMENT: ROHINGYA REFUGEE RESPONSE EXPERIENCE PART 2: WOMEN'S COMITEE RESPONSE TO COVID-19

Project location	Leda and Alikhali (Camps 24 and 25) Teknaf, Cox's Bazar, Bangladesh
Project duration	January 2018 - September 2020 (33 months)
# Targeted by project	Total: 110 women (Rohingya and host communities) <ul style="list-style-type: none"> 97 Rohingya women (including 20 women with disabilities) 13 women from Host community
CCCM coordination mechanism	Site Management Site Development (SMSD) Sector



Summary

In 2020, the Women's Participation Project (WPP) continued to evolve with the Women's Committee members playing key roles in their community in relation to the current COVID-19 health response, along with their regular engagement in camp management activities.



Covid-19 awareness session

WOMEN'S PARTICIPATION PROJECT OVERVIEW AND OBJECTIVES

The main objective of the Women's Participation Project (WPP) is to mitigate and reduce the risks of GBV through promoting women's participation in representation and governance structures in the camps. At the peak of the COVID-19 pandemic in April 2020, the Government of Bangladesh imposed lockdown measures which

resulted in most humanitarian actors not having access to the camps. The Women's Committee supported Site Management and Site Development (SMSD) with remote management, service monitoring and referrals, taking the lead in COVID-19 response in four camps¹ in Teknaf.

SELECTION OF BENEFICIARIES AND GEOGRAPHICAL TARGETING

See Women's Participation in Camp Management Part 1: Formation of the Women's Committee for additional information

CCCM ACTIVITIES

Affected populations are central to Site Management and Site Development (SMSD) programming, especially the marginalized and at-risk groups. The WPP became the model of enhancing participation of women and adolescent girls with a focus on allowing women to identify and lead the activities that matter to them. In 2020, this included engaging in COVID-19 awareness raising. Recently, with most humanitarian actors unable to access the camps due to COVID-19, the Women's Committee supported SMSD in remote management, service monitoring and referrals.

The COVID-19 pandemic has impacted the living situation and personal circumstances of the displaced persons living in camps and camp-like settings, which made it difficult to implement mitigation measures. The need to adapt programming to these new realities was crucial, and the necessity of involving the affected population, particularly those with unique vulnerabilities, in the overall humanitarian response to the virus emerged as an overarching goal. The modalities and activities under the WPP were reoriented during this period to redirect efforts towards preparing and responding to the most urgent needs of the COVID-19 response. Additionally, the project has expanded its support to two other camps using the same model in 2020, and 200 Rohingya women and 200 host community women have been selected for the project.

Site Management (SM), Transition and Recovery Division (TRD) and Protection, with generous funding support from the Republic of Korea, worked together to mitigate the impact of COVID-19 in the community, especially with the drastic reduction of humanitarian programming and as a result of the pandemic. The four month restriction put in place by the Government of Bangladesh exacerbated the already vulnerable situation of the community. Health and Site Management teams worked together to provide Training of Trainers (ToT) to the Women's Committee on public health measures and key COVID-19 messaging, which they disseminated to their respective communities. The women

conducted sessions with small groups of women and girls, observing physical distancing and wearing cloth face masks. As of June 2020, the committee has reached out to over 700 women and girls. The Women's Committee also assisted women infected with COVID-19 by counselling them and ensuring they were aware of the services available to them.

The Women's Committee is at the forefront of the Risk Communication and Community Engagement (RCCE) activities in the camp during this period. 379 women across the four camps in Teknaf were trained and engaged in awareness raising on COVID-19, monsoon/cyclone preparedness and fire safety key messaging. Through their awareness raising, they reached a total of 85,000 people from March to October 2020.

SMSD launched the Interactive Voice Response (IVR), which allowed women and girls to receive information and ask questions through this platform. SMSD disseminated key messages through IVR, radio listening programs and multimedia communication to ensure wider reach of information. With COVID-19 restrictions on movement, it was crucial to ensure that women and girls still had access to public health information.

Cash-for-Work (CFW) activities focused on mobilising women and girls around service monitoring, social and COVID-19 related activities, monsoon season preparedness, enhancing the women's leadership and psychosocial support capacity. From July to October 2020, 1,565 Rohingya women benefitted from the CFW scheme, and 600 Bangladeshi women received unconditional cash grants. This shift of resources from regular programming to cash-based interventions aimed to help vulnerable families meet their immediate needs. It is important to note that Protection Sector highlighted an increase in reported criminal activities, intimate partner violence and gender-based violence due to absence of income. The need for CFW was validated by the Complaints and Feedback Mechanism (CFM) reports.



Women's Committee Training



Induction to SM

WHAT IMPACT DID COORDINATION HAVE ON THIS PROJECT?

Women's Participation is a shared responsibility; thus, Close coordination between Site Management, Protection, Transition and Recovery and other key stakeholders is paramount to achieving the

objectives. See *Women's Participation in Camp Management Part 1: Formation of the Women's Committee* for additional information

CHALLENGES

With a one year project duration and activity suspended for almost six months due to the pandemic, the initial project activities plan could not be implemented. The Site Management/CCCM team requested reprogramming from the donor, which allowed for the adjustment of the priorities of the project to the COVID-19 response to shift for more emphasis on Health and WASH.

Other challenges faced by the Women's Committee in their activities due to COVID-19 were:

1. Changing the mindset of the community not to stigmatize those that tested positive

At the initial stages, the community shunned individuals who had tested positive, sought treatment and finally tested negative, including one Women's Committee member who contracted the disease. It took many awareness sessions conducted by the committee members, community health workers and site management to convince the community that those who sought tested negative could not spread the virus or were not being punished by Allah due to a certain wrong they had done.

2. Debunking beliefs/myths/rumors related to COVID

There were a lot of beliefs, myths and rumours related to COVID-19 in the camps that had no scientific basis. For example, it was believed that those who contracted the disease were not religious and were being punished by God. Another rumour in the community was about the building of the Isolation and Treatment Centre (ITC). Community people thought that if one is affected by coronavirus, the patient will be buried there. To help address these rumours, SM teams with the Women Committee arranged ITC visits for members of the community and stakeholders.

It therefore took a lot of time and many awareness sessions to convince the community that washing hands, wearing masks and physical distancing were ways to control the spread of COVID-19.

3. Trainings were not able to quickly adapt to the changing context

The Women's Committee members received trainings from Health actors on general symptoms of COVID-19, home care, and Infection Prevention and Control (IPC) measures. However, these trainings were not able to quickly adapt to the changing environment and therefore the women had to improvise to tackle certain challenges, such as debunking myths, that were not part of the training.

4. WASH issue particularly on Water scarcity in the camps

Water is scarce at the camps and health measures like handwashing were challenging as oftentimes the available water was preserved for home consumption. Handwashing points installed by WASH did not cover the whole camp as they were installed in common areas like community centres, schools, and market areas.

5. Limited interaction while conducting awareness sessions

Due to social distancing, awareness session attendance was limited to about 4 - 7 individuals and the sessions were done door to door. The Women's Committee felt that they were not able to reach as many households as they would have wished.

6. Limited number of partners in the camps

When the pandemic broke out, some partners were not available in the camp and some services stopped. Registration was held off, therefore getting services became a challenge. Limited presence of camp actors like WASH and other service providers proved to be a challenge.

7. Difficulty in wearing face masks and maintaining physical distancing

The COVID-19 preventive measures of wearing a face mask and physical distancing were difficult as not everyone has a mask, and it is very hard to maintain physical distancing in the cramped spaces in the camp. Mask distribution came at a later stage and they were not available to cover everyone. Therefore, conducting the awareness sessions posed a risk to both the presenter and the community as sometimes not everyone wore a mask when coming to the sessions.

8. Restrictions on physical movement

Home quarantine has not worked efficiently, as WASH facilities are limited so those contacts under home quarantine will still share facilities with others in the community. This poses a challenge and increases the risk of the spread of the disease. During the initial stages, the CIC ordered for certain blocks that had individuals who were infected to be closed. This was a challenge as some could not access certain services or get the required assistance. Movement in and out of the camp was also restricted, especially during the festive season, yet there were rumours that those spreading the disease were from other areas outside the camp or even some were NGO workers.



Women's leadership training



WPP community centre



Women's Committee - Camp 24 Leda



Food production training

LESSONS LEARNED AND RECOMMENDATIONS

1. The suspension of activities during the lockdown measures imposed by the Government of Bangladesh made it difficult for humanitarian agencies to access the camp population. However, the Women's Committee displayed their resilience, and undertook activities in the absence of some humanitarian agencies to help keep the camps in order.
2. The pandemic showed that in the establishment of any governance structure, formal or informal, to promote participation, ownership is ultimately crucial. Having the Women's Committee established before the pandemic was a key factor. This appreciation will reinforce the advocacy to establish a Women's Committee as an interim solution until the government endorses the formal community representation.
3. The Women's Committee requested additional training on COVID-19 and Health to ensure that they can respond to the community's needs in a timely manner. Additionally, it was found that tailored awareness sessions were needed to address specific challenges such as debunking myths and encouraging the community to seek medical assistance when sick.
4. As the Women's Committee was on the forefront of the COVID-19 response in Teknaf, they felt they were at higher risk of exposure to the virus and requested that PPE materials be provided to them and other community first responders.
5. The Women's Participation Project should be a multi-year programme, to keep the momentum of the project and ensure sustainability. A phased approach to implementation is recommended to produce a meaningful impact.

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SOUTH SUDAN



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CONTEXT

South Sudan is a country affected by years of prolonged conflict, displacement, hunger, and other vulnerabilities, including a lack of basic infrastructure and essential services. The number of displaced stands at just under 4 million: 1.6 million people are displaced internally while 2.2 million people are refugees, primarily in the neighbouring countries of Sudan, Uganda, Ethiopia, Kenya and the Democratic Republic of the Congo. While there has been a lull in hostilities connected to the national conflict, localized violence has persisted throughout different parts of the country, and humanitarian needs remain critically high. During the conflict, thousands of displaced persons fled to the United Nations bases seeking safety and security; these bases transformed into Protection of Civilians (PoC) sites under the protection of the UN Mission in South Sudan (UNMISS). Formal IDP camps were constructed inside or adjacent to the bases and outfitted with emergency humanitarian shelter and infrastructure. Wau in Western Bahr el Ghazal has been the location of massive conflict-induced displacement since September 2016. The Wau PoC is a site for civilian IDPs from the national-level armed conflict, as well as a host site for IDPs displaced by localized violence in neighbouring areas. Residents of the Wau PoC, as well as the nearby site of Hai Masna, originate from areas in Wau, Raja, and Jur River counties.

Another PoC site is located in Bentiu in Unity State, which was established in December 2013 and is the largest PoC site in South Sudan. As of October 2020, approx. 131,000 individuals are active beneficiaries in the site. With the onset of COVID-19 and its accompanying measures and restrictions, the most significant impact has been reduced mobility. However, this has not been the case in the Bentiu PoC site. For several reasons there has continued to be regular movement into and from the site to surrounding

locations. Some reasons are the absence of lockdown restrictions on the Bentiu PoC residents and school closures, resulting in the increase in movement of children/youth exiting the site to support their families by performing livelihood tasks such as domestic activities and farming. Also, there has been cross-border movement of new arrivals, who are arriving mostly from neighbouring Sudan to join their families in the PoC site. In October 2020, an average of 12,000 individuals were recorded entering and approx. 12,600 individuals recorded exiting the site. There was also an increase in intended permanent exits between February and May 2020 to locations within Unity State, with many heading to Leer, Mayendit and Koch counties.

While national level political conflict has largely dissipated, IDPs in Bentiu PoC continue to rely on UNMISS protection due to the effects of ongoing intercommunal clashes and other incidences of insecurity, as well as the lack of basic infrastructure and access to core services in their areas of origin. However, in July 2020, UNMISS announced that it intended to start a process of handing over the PoC sites in the country. The sites will transition to IDP camps under the management of the national government and will continue to benefit from humanitarian assistance. In addition, the South Sudan National Police Service will assume responsibility for law and order in the IDP camps. UNMISS has withdrawn its troops and police from the PoC sites in Bor and Wau (which have successfully transitioned) and will gradually do the same in other sites, including Bentiu in 2021. This has, however, increased population mobility as people are concerned with potential insecurity following the withdrawal of the UN Police. Therefore, the need for shelter solutions in rural and urban areas receiving PoC residents is increasing.

PROTECTION RISKS

The protection risks identified in the Bentiu PoC in relation to COVID-19 are the reluctance of IDPs to be tested or isolated by the COVID-19 rapid response team (citing that the virus is not real) and cultural norms/customs that promote greetings involving handshakes, kisses and eating/drinking together, etc. Congestion in the PoC is also a major risk as it makes it difficult to practice the measures on preventing COVID-19, especially social distancing. Following the transition of the Wau PoC site, several protection concerns related to security, access to justice and rule of law emerged. COVID-19 restrictions have limited access to health facilities, leaving IDPs exposed to various infectious diseases; for example, measles outbreaks were recorded in Wau in 2020. In addition, some IDPs were evicted from the camp and their shelters were destroyed to discourage them from entering and staying in the camp over COVID-19 fears.

As a result of the COVID-19 pandemic, both Wau and Bentiu PoC sites present a worsened mental health situation for the population, and limited mental health services are available, in particular for persons with pre-existing mental health problems. Also, some families are relying on negative coping mechanisms such as child labour and early marriage to remediate the economic effects of the pandemic. Other risks include disruption to both commercial and humanitarian assistance supply chains, and finally worsened cases of food insecurity.

¹ Displacement Site Flow Monitoring (DSFM)

² <https://peacekeeping.un.org/en/un-protection-of-civilians-sites-begin-transitioning-to-conventional-displacement-camps>

³ South Sudan 2020 HRP and HNO



SOUTH SUDAN

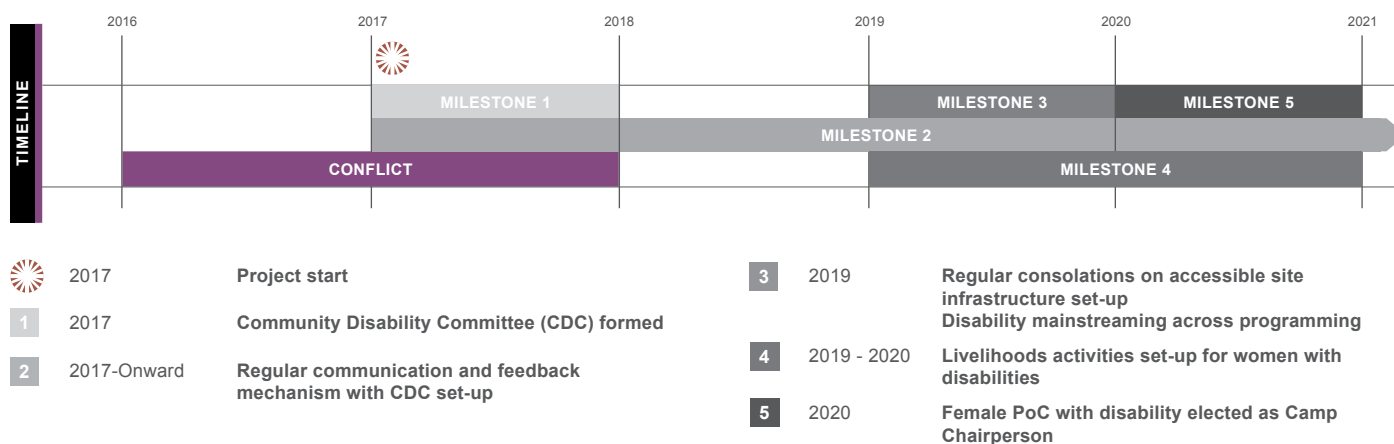
CAPACITY BUILDING, COMMUNICATIONS WITH COMMUNITIES (CWC) INCLUSION OF PERSON WITH DISABILITIES IN SITE IMPROVEMENTS

Cause of displacement	Conflict
Date of event causing displacement	25 August 2017 - Present
People displaced	8,939 individuals (as of December 2020. Source: IOM DTM) ¹ Countrywide: 1.6 million (Source: HRP 2020; COVID Addendum – June 2020) ²
Project location	Wau Protection of Civilians (PoC) Site (now renamed to Naivasha IDP camp), Wau County, Western Bahr el Ghazal
Project duration	2016 - Ongoing
# Targeted by project	N/A; IDPs with disabilities
CCCM coordination mechanism	Community Coordination Mechanism



Summary

The Community Disability Committee (CDC) is the primary governance and advocacy structure for IDPs with disabilities living in the Wau Protection of Civilians (PoC) site in South Sudan. Since arising as a community-based advocacy group for persons with disabilities in 2016-2017, CCCM has provided support to the committee in the form of consistent engagement, training for members, and facilitating regular elections to support changes in leadership. The CDC has become the most critical point for Camp Management and humanitarian partners to engage with IDPs with disabilities, serving as a forum for crucial information-sharing about the concerns and specific needs of persons with disabilities living in the site.



OVERVIEW OF THE COMMUNITY DISABILITY COMMITTEE

The Community Disability Committee (CDC) is a 13-person representative body inside the Wau Protection of Civilians (PoC) site and the key governance and advocacy structure through which persons with disabilities voice their concerns and communicate critical feedback to CCCM and other humanitarian partners. Emerging initially as a community-based advocacy and solidarity group founded by persons living with conflict-related physical disabilities, the committee has evolved to incorporate regular changes in leadership, the participation of women, and the inclusion of IDPs with a broader range of disabilities, including intellectual disabilities, through the engagement and support of Camp Management. The foundation of the committee came at the same time as the establishment of the PoC.

South Sudan was in the midst of a civil war in 2016/2017, and the violence left many with conflict-inflicted injuries and enduring disabilities from armed conflict, land mines, and disease. The founding members of the CDC saw that many of their fellow persons with disabilities were unable to access humanitarian services, had difficulty making a dignified livelihood, and suffered from stigmatisation and marginalisation. To respond to these challenges, they formed the advocacy group. Today, the 13 representatives are selected in a caucus-style election every six months, in which all IDPs who self-identify as persons with disabilities are encouraged to attend a town hall meeting. Once the selection is completed, one member is chosen to sit as the representative for persons with disabilities on the Community Leadership Committee (CLC), the primary governance body representing the entire IDP community across the site in Wau.

OVERVIEW AND OBJECTIVES OF THE CDC

The overall objective of the CDC is to forge a specific communication pathway to hear and address the concerns of IDPs with disabilities. The CDC collects feedback on the technical aspects of humanitarian programming and provides a forum for consulting persons with disabilities on decisions that may affect their lives and well-being. CCCM aimed to address the information-sharing gap between humanitarians and persons with disabilities through this recurrent

Communication with Communities (CwC) mechanism. Building the capacity of IDPs with disabilities through trainings and enhancing their participation in decision-making was also an overarching objective of this initiative. The CDC often supports CCCM in identifying beneficiaries using vulnerability criteria, which includes women, widows, single mothers, women with disabilities or with mobility issues, and older persons.

PROTECTION RISKS FACED BY PERSONS WITH DISABILITIES

Stigmatisation of persons with disabilities has been prominent in South Sudan, and varies in severity depending on the type of disability and the community. There are areas in South Sudan where the perception of persons with disabilities is heavily influenced by cultural beliefs that those with disabilities are cursed, or their parents sinned.

Some persons with disabilities have to rely heavily on the support of their caretakers to access humanitarian assistance. Most of the time that caretaker is a family member, however there are reports of family members taking rations for the persons with disabilities under their care, only giving them a small percentage of what they would be entitled to. Persons without family caretakers need to hire assistance to help them collect aid and guide them around the site, which would require payments in the form of reduced rations (for example, a cup of millet or half a bag of rice for assistance). These are some examples of the structural taxing that persons with disabilities can face in sites.

Beyond assistance, discrimination also impacts the access of persons with disabilities to humanitarian services available in the camp. For example, it has been reported that persons with disabilities were excluded from joining the community watch group. The CCCM team has been working to ensure that persons with disabilities willing to participate are included in the mobilisation and guard activities, while keeping in mind the Do No Harm principle and avoiding creating additional risks and further stigma and hinderance.

These attitudinal barriers are compounded with the environmental barriers persons with disabilities may experience in their daily life in Wau PoC. These barriers include access to basic infrastructure such as latrines and bathing facilities, which are not always adapted to their requirements, as well as the lack of specialized services and difficulties in accessing much needed assistive devices.

SELECTION OF BENEFICIARIES AND GEOGRAPHICAL TARGETING

The Wau PoC (now known as the Naivasha IDP camp) hosted civilian refugees from the national-level armed conflict and localized violence. The CCCM engineering team observed that Wau PoC was the most densely populated PoC in South Sudan, with shelters tightly packed together, extremely narrow roads, and drainage that overlapped the roads and foot pathways. Looking at the degree of

challenges and the fact that there was a strong community-based partner with the Community Disability Committee, it was evident that this initiative should be piloted in Wau. The CCCM team carried out additional work in Bentiu and Malakal PoC sites based on the successes and lessons learnt from the implementation in Wau.

CCCM ACTIVITIES

CCCM provides trainings to the committee members and holds a regular meeting every Tuesday, in which the CDC can raise issues of concern and provide feedback on ongoing programming. As a result of these standing meetings, CCCM and other humanitarian partners have been able to develop consultative processes to provide critical and much-needed interventions for persons with disabilities living in the site. For example, in response to concerns raised by the CDC about inaccessible infrastructure in the site, CCCM staff developed prototypes of upgraded bridges in consultation with CDC members. Persons with disabilities were invited to test out the prototype and provide direct feedback to the engineer responsible for the construction before making and implementing the final product.

The choice of locations of the accessible infrastructures, such as latrines, are also decided jointly between CCCM teams and CDC representatives. This process of engagement, consultation and testing was replicated in similar interventions and has been proven as a best practice for accessibility upgrades inside the PoC. Building on the experience working with persons with disabilities through the Committee over the past several years, CCCM staff have become more adept at integrating the specific needs and concerns of IDPs with disabilities into new programming.

In the most recent election cycle for PoC governance, a female IDP living with a disability stood for open election and was chosen as the Camp Chairperson, the highest PoC office. Having this person in office elevated many issues relating to persons with disabilities into mainstream discussions and the agenda of the leadership committee, especially physical accessibility challenges in the site. This demonstrated that supporting persons with disabilities to reach leadership positions beyond those provided in quotas and disability-specific committees is not only relevant but a necessary aim in ensuring an inclusive and representative structure.

Moreover, the Women's Participation Project (WPP) in Wau PoC has been a highlight in including persons with disabilities. The WPP is a livelihoods initiative for IDP women to develop small-scale businesses and enhance their leadership capabilities and business savvy through trainings and other skills-building activities. The inclusion of women with disabilities has been a key aspect of the initiative since its inception in 2019. With the onset of the COVID-19 pandemic, the initiative's focus shifted to reusable face mask production. A total of 29 women participated in the production of non-medical face masks, out of which eleven were women with disabilities. Participants received training and successfully produced thousands of masks to the benefit of other IDPs across the Wau PoC as well as a nearby site.

WHAT IMPACT DID COORDINATION HAVE ON THIS PROJECT?

CCCM's engagement with the CDC has improved overall disability and protection mainstreaming across programming and has contributed to the inclusion of women with disabilities in the Women's Participation Project. In recent round of elections within the CDC and the Community Leadership Committee, there has been more engagement from persons with disabilities in terms of their participation as block leaders, camp chair lady and the other advocacy and community governance positions. Persons with disabilities are becoming more active in those positions and are more accepted by the community, contributing to the reduction of stigma and discrimination in the PoC population.

There have been tangible benefits with the increased accessibility of facilities in the site, such as bridges that are easier to cross. This is due to the CCCM engineering team going through the process of prototyping, consultation with community and engagement. The infrastructure benefits not only persons with disabilities but the wider community.

There has been positive pressure on advocacy and camp management to engage more with protection actors and to do more service monitoring as it relates to persons with disabilities. Persons with disabilities assert their rights and entitlements more, have been more vocal in the leadership committee meetings and are active in ensuring that they are included and consulted in humanitarian activities.

KEY ACHIEVEMENTS OF PROJECT

1. Regularized communication with and feedback collection from IDPs with disabilities through the Community Disability Committee.
2. Development of consultative procedures for site infrastructure upgrades, including accessible bridges, latrines, shelter rehabilitation and site planning.
3. Prioritization of persons with disabilities during regular site activities, such as general food distribution.
4. Establishment of a standing forum for leaders with disabilities to meet and engage one other regularly and to share sensitive concerns.
5. Greater inclusion of women with disabilities, and inclusion of women in livelihoods activities.
6. Awareness and knowledge among CCCM and other humanitarian staff of the specific requirements of IDPs with disabilities, and improved disability mainstreaming across programming.



CHALLENGES

1. The emergence of the COVID-19 pandemic posed a challenge to the regular engagement of the committee. Their weekly meetings had to be moved to bi-weekly and a new location in order to accommodate social distancing requirements, and staff and humanitarian actors had limited access to the site.
2. Moreover, restrictions on land availability have ensured that congestion remains in Wau PoC, which significantly limits the capacity of CCCM and humanitarian partners to respond to the full range of accessibility and other needs communicated by the CDC.
3. Groups at risk, specifically persons with disabilities, have limited access to livelihoods opportunities, making it difficult for them to gain external livelihoods. To respond to this, the CCCM teams have been building upon women's empowerment programmes such as the Women's Participation Project to ensure inclusion of persons with disabilities in livelihood and income-generating activities.

LESSONS LEARNED AND RECOMMENDATIONS

1. Having a stand-alone group or coordination mechanism for CCCM to specifically to engage the needs of persons with disabilities is instrumental in ensuring inclusive programming and accountability to affected populations. It also prevents the concerns of persons with disabilities, or persons with disabilities themselves, from being excluded and discriminated against in the broader community.
2. From the CDC, it was necessary to facilitate integration with other governance mechanisms that hold decision-making power. For example, in the CDC in Wau PoC, one leader is selected to sit on the broader Community Leadership Committee for this purpose.
3. The need for persons with disabilities to have equal representation and communication with CCCM and humanitarian partners is necessary to address stigma and discrimination that persists within the broader IDP community.
4. The long-term efforts of the CDC and CCCM teams in sensitising the community for persons with disabilities to be accepted more in the site is important, and can be done through equal representation and inclusion in camp governance structures, such as the Community Disability Committee, Women's Committees and the Community Leadership Committee.



¹ <https://dtm.iom.int/reports/south-sudan-%E2%80%94-wau-poc-aa-and-masna-collective-centre-population-count-june-2020>

² https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/southsudan_covid19_hrp_addendum.pdf

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Acknowledgements

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SOUTH SUDAN

COMMUNICATIONS WITH COMMUNITIES (CWC)

Cause of displacement	Conflict
People displaced	111,766 individuals¹
Project location	Bentiu Protection of Civilians (PoC) Site, Rubkona County, Unity, South Sudan
Project duration	Ongoing
# Targeted by project	111,766 (IDPs)
CCCM coordination mechanism	CCCM Cluster



Summary

The CCCM program worked with the Kondial FM radio talk show and conducted weekly live radio talk shows covering COVID-19 prevention guidelines and responding and debunking rumours that were actively discussed among community members. The program acted as a tool to empower and encourage civic engagement among a diverse set of individuals inside Bentiu PoC, and also included weekly feedback and listening groups so that community members could give direct input and opinions through phone and SMS.



May 2020

Project start

1

May 21, 2020

Camp management team's COVID-19 talk show aired on Kondial FM

2

Immediately after during and after radio talk shows

Feedback provision during talk shows to debunk myths and rumours

3

Weekly/monthly

Regular COVID-19 rumour collection through talk show call ins

4

Thursday, every week

Weekly Camp management talk shows

5

Weekly

Awareness raising talk shows



PROJECT OVERVIEW AND OBJECTIVES

The COVID-19 pandemic has significantly impacted the humanitarian operations inside and outside the Protection of Civilians (PoC) sites in South Sudan, and has fuelled a surge in rumours, myths, and misinformation regarding the diagnosis, prevention, and cure of the virus. This spread of misinformation promoted practices that in fact increased the spread of the virus and contributed to increased protection risks in the PoC sites. In order to address these issues within the changed environment, the CCCM agency adjusted its traditional modalities of sharing information with IDPs to rely more heavily on loudspeaker and radio communications and less heavily on in-person communal gatherings. However, some in-person meetings continued at reduced numbers, respecting social distancing and hygiene guidelines.

The overall objective of CCCM during this crisis was to engage in communication about risk while maintaining safety for staff and IDPs. A series of Focus Group discussions (FGDs) on COVID-19 infection, prevention, and control were held to establish common platforms for collecting relevant information and disseminating verified public health information on COVID-19. One of the platforms which proved to be an effective and significant source of information for the population in Bentiu PoC were the talk shows on Kondial FM, a humanitarian radio station inside the Bentiu PoC². Kondial FM was able to reach community members who are unable

to read information, education and communication (IEC) materials and messages posted on notice boards, including populations with visual and mobility impairments. While more work is needed to ensure greater access to radios within Bentiu PoC, the radio programmes were a significant platform to establish two-way communication with community members.

Kondial 97.2 FM aired as a Communication and Community Engagement (CCE) program. The program acted as a tool to empower and encourage civic engagement among a diverse set of individuals inside Bentiu PoC. The shared feedback from listeners set the agenda for humanitarian actors and the government, covering all communities inside and outside camp. In addition, Kondial FM aired weekly feedback and listening groups, where community members³ could give direct input and opinions through phone and SMS.

Kondial FM was an effective tool to share approved health guidance and inform the community of best practices of preventing and slowing the spread of COVID-19 in South Sudan. It also was able to capture and debunk rumours, misinformation and misperceptions, as well as provide a platform for raising questions and providing feedback.

SELECTION OF BENEFICIARIES AND GEOGRAPHICAL TARGETING

Kondial FM is available throughout Bentiu PoC and its environs. It reaches the total population in and outside the PoC, which is 111,

766 individuals⁴. However, practical access is limited to those with radios and/or access to radios.

CCCM ACTIVITIES

The CCCM teams worked with the Kondial FM radio talk show and conducted weekly live radio talk shows, which were attended by two CCCM staff, one male and one female. The program aimed at sensitizing the PoC population on COVID-19 prevention guidelines, responding to and debunking rumours that were actively discussed among community members. Through these weekly shows, CCCM staff also attended to community inquiries related to COVID-19. For example, a radio talk show was organized and attended by CCCM on May 21, 2020⁵. Topics discussed during the talk show included COVID-19 preventive measures, the protection issue of children playing around WASH facilities, and the issue of vandalism.

The talk shows brought several observations into view:

- Most callers were aware of the COVID-19 virus and preventive measures but highlighted the challenges to change their cultural norms of greetings and eating traditions.
- Some community members believed the rumours that the virus only affects certain groups of people.
- Complaints were made about community members not adhering to the precautionary and preventive measures, such as still gathering in tea stalls and restaurants.

To clarify and debunk rumours, CCCM teams shared the below information with the callers and listeners:

- COVID-19 can infect everyone, regardless of gender, race, age, and whether or not one lives in a hot or cold place.
- Reminders on essential COVID-19 preventive measures, including frequent hand washing with water using soap, maintaining social/physical distancing at all times, avoiding crowded places or group eating during the pandemic, avoiding touching your eyes, nose, and mouth and cough/sneeze into your elbow or tissue.



WHAT IMPACT DID COORDINATION HAVE ON THIS PROJECT?

Close coordination among the CCCM cluster, CCCM implementing agencies and Kondial FM was essential and allowed Camp Management to broadcast clear and simple messages about COVID-19 prevention and answer feedback and questions. These

efforts were complemented by CCCM engagement with community leaders and through targeting gathering places such as religious spaces and markets for frequent and recurrent sensitization about COVID-19.

KEY ACHIEVEMENTS

1. The project utilised the well-known community radio station, Kondial 97.2 FM, to broadcast Camp Management radio talk shows, which allowed the community to call in to share thoughts and concerns.
2. Information shared during talk shows included topics selected by Camp Management, such as reminding community members to take ownership of facilities in the PoC and ensure that they are not vandalized, and ensuring that drainages are clean and children are not playing around water ponds as part of rainy season preparedness.
3. The CM agency was able to share information and reminders of COVID-19 preventive measures and debunk COVID-19 rumours, such as that the virus only infects people of a certain size or weight, and the virus cannot infect black people and/or only affects white people. Other variations on this rumour are that the virus only infects the wealthy, or those in government, or those who have the means to travel.

CHALLENGES

1. Limited access to radio sets by PoC community members

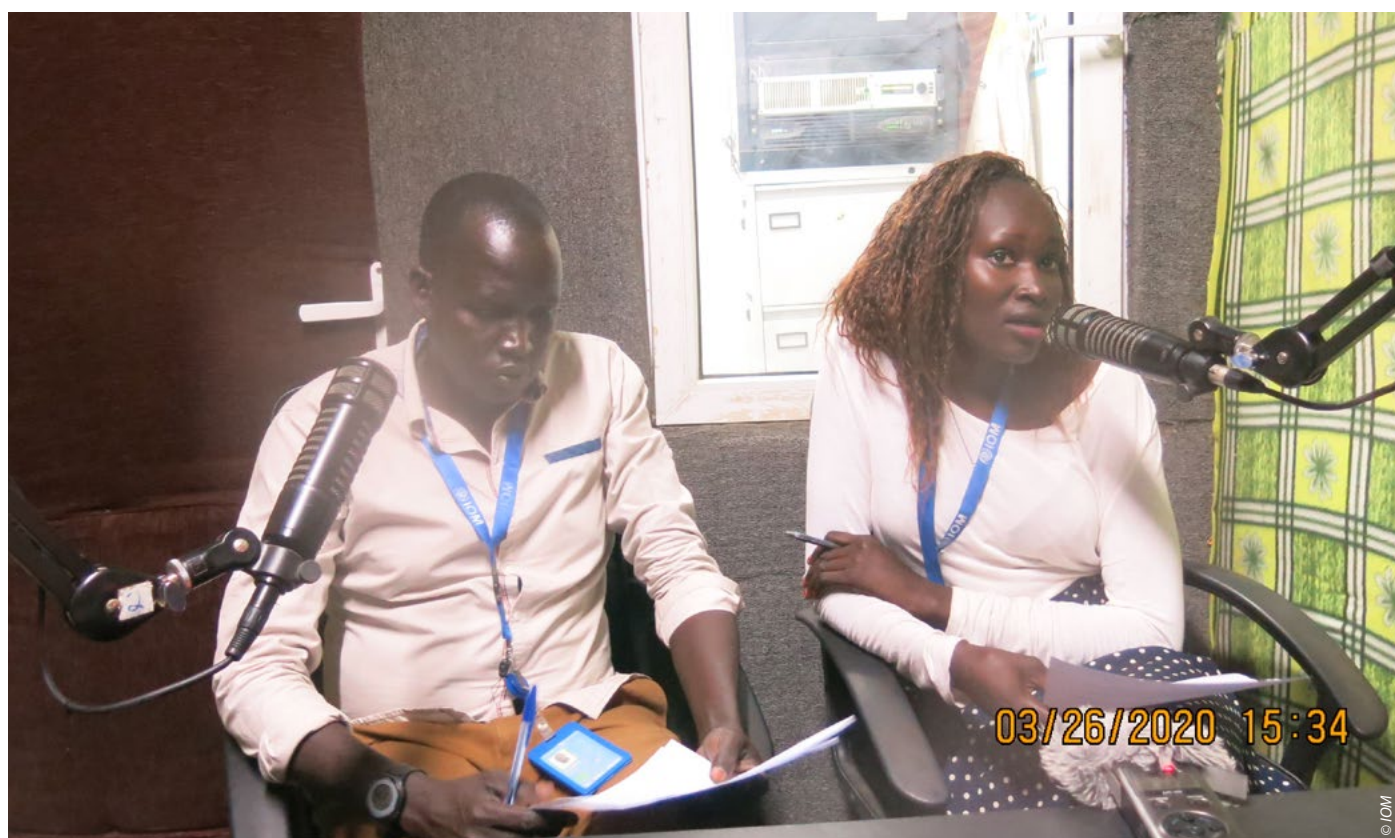
Most community members do not have access to personal radios and receive the information and news through their block leaders with access to radio. This communication method occasionally led to misinformation or misunderstandings.

2. Mobile network connectivity

The mobile network reception was unstable, preventing community members from calling in during the talk show to ask questions or share their views.

3. Inconsistency of talk-show and messaging scheme with PoC residents daily schedule

Talk shows and messaging coincided with IDPs' daily schedule, and messages were aired when most IDPs were engaged in livelihood activities or chores. This made them miss the opportunity to contribute and share their thoughts through calls during the talk show.





LESSONS LEARNED AND RECOMMENDATIONS

1. Focus group discussions showed that the use of radio to reach out to communities in a COVID-19 context was an effective communication method.
2. The majority of respondents⁶ indicated that radio was a major information source, and they preferred information to be shared on the radio in Nuer and Arabic in addition to door-to-door sensitization. Most of the community members trusted information coming from the radio.
3. Considering the level of illiteracy within PoC population, messaging through Kondial FM has proven efficient in delivering information to members of the population who may not be able to read IEC materials and messages posted on notice boards, and also to those with visual and mobility impairments. It is a crucial tool for expanding the accessibility of messaging.
4. Information-sharing and consulting with the community at all levels of the response is critical. Early sharing of information with IDPs helped them to make informed decisions. Common activities to support information sharing and the collection of feedback, such as radio programs, have been a major platform to reach out to community members within a short period.
5. There is a need to support households with portable radios in the PoC, which will enable CCCM and other service providers to increase their reach to community members on important issues in a short period of time through radio programming. One solution is to establish a Camp Management Radio/Podcast office/desk where Kondial FM can be aired all day, messaging and talk show schedules can be posted and IDPs can listen to messaging or make calls through mobiles stationed at this office/desk/point.

¹ PoC population count as of May 2020 provided by IOM DTM

² as cited by women and youth groups through the FGDs <https://southsudan.iom.int/sites/default/files/CCCM%20Q2%20Report.pdf>

³ https://internews.org/sites/default/files/2020-10/20200911_InternewsHIS_ebulletin.pdf

⁴ as above

⁵ https://internews.org/sites/default/files/2020-10/20200911_InternewsHIS_ebulletin.pdf

⁶ CCCM teams conducted a total of 11 FGDs with different age and gender groups in April 2020, where community members were asked on how they get their information about COVID-19

Acknowledgements

Internews, Kondial FM, IOM CCCM

AFGHANISTAN



CONTEXT

Plagued now by conflict for 40 years, Afghanistan has faced challenges with safety, security and natural disasters. Every one of the cross-cutting problems identified in the 2020 Global Humanitarian Overview¹ are currently affecting the people of Afghanistan. About 93 per cent of the population (35 million people) are living below the set international poverty line of 2 dollars per day. Out of this population, only 11.1 million people will receive humanitarian assistance, and many remain outside of the scope of the Humanitarian Response Plan. Ongoing conflict has led to displaced populations with rapidly increasing numbers of returnees and IDPs. 2020 recorded about 500,000 displaced people and 570,000 returnees. Around two-thirds of displaced households (65 per cent) reside in collective centres, open space, makeshift shelters, tents and poor transitional shelters that do not protect them².

High internal displacement, weak health, water and sanitation infrastructure, shrinking household incomes, and food insecurity are all challenges that Afghan people face on a daily basis, but now added to this are the overwhelming needs caused by COVID-19. About 2.8 million people have needs that are directly related to COVID-19 concerning their type of shelter and their inability to practice physical distancing and access sufficient priority household items and health and WASH facilities. The COVID-19 pandemic has not only exacerbated the existing humanitarian and development needs in the country, but has created new challenges that directly affect humanitarian response. The Afghan population consists

mainly of workers in the informal economy who are particularly vulnerable to the economic impacts of COVID-19, from lockdowns to physical distancing measures. COVID-19 compounds economic problems characterised by low productivity and spikes in food prices due to border closures and disruptions to supply chains.

Between January and May 2020, more than 39,000 people have been affected by floods, landslides, and other natural disasters. More than 75,000 individuals fled their homes due to conflict. In urban areas like Kabul, the impact is critical. The influx of thousands of people throughout the years into the city has caused the city infrastructure to be severely strained and not able to meet the rising needs. While displaced people continue to trickle into the city as a result of surrounding conflict, there has been a significant increase in the number of people who are being forcibly deported from various countries through flights into Kabul, a practice which has raised much concern and is currently the subject of government negotiations and dialogue. Nearly 16,000 people have been deported from Turkey, 25,000 returnees from Pakistan and 430,000 returnees from Iran driven by the country's declining economy as well as deportations from other European countries. These returns contribute to escalating the crisis in Kabul. While most of the returning population have found living conditions with the resident population, thousands of returnees and IDPs still live in makeshift shelters without hygienic conditions and limited water access.

PROTECTION RISKS

The protection risks identified are displacement, cross border movement and disruption in livelihoods and income generation. Inability to access services such as health, education, shelter and WASH facilities pose additional risk. Women and children are disproportionately affected by Afghanistan's humanitarian crisis. In 2020, children were affected by persistent violence and mental health problems with grave consequences for their development, as well as limited access to education and healthcare services. Women and girls are subjected to high rates of violence (whether sexual, physical or psychological), child marriage and forced domestic labour. IDPs are susceptible to the harsh weather conditions, limited household supplies, absence of centralised services and mental health or psychosocial issues.

Large numbers of people (including IDPs, returnees and host communities) are at heightened risk of widespread transmission of COVID-19. Returnees often reside in informal settlements with limited access to basic services and insecure land tenure. Moreover, Persons with Disabilities face negative stigma, discrimination and lack of access to services and livelihoods, which keeps them in a vicious cycle of isolation and poverty and makes it difficult for the person to compete in the job market. They are also exposed to increased risk of family separation, loss of assistive and mobility devices, and difficulties with accessing information.

¹ <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gho-2020.pdf>

² REACH Initiative, WOA Assessment, 2019



AFGHANISTAN

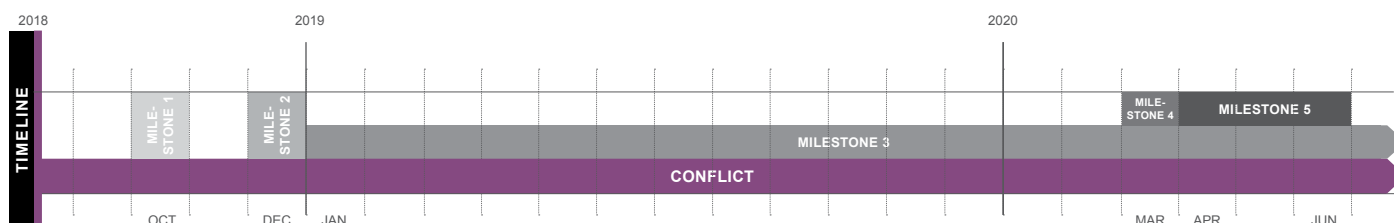
COMMUNITY GOVERNANCE CAPACITY BUILDING

Cause of displacement	Conflict
Date of event causing displacement	25 August 2017 - Present
People displaced	9,960 individuals
Project location	PD 22, Hussain khail, Kabul, Afghanistan
Project duration	12 months
# Targeted by project	2,225 individuals (90% IDPs, 10% HC)
CCCM coordination mechanism	<ul style="list-style-type: none"> Community Centers NRC CM Community representative structure Strategic partnership with service providers and clusters



Summary

Through this project, Camp Management supported the community in setting up a governance structure and established two-way communication and a referral pathway. The IDP committees communicated directly with the CM agency and service providers via coordination meetings that gave committee members the ability to discuss needs, gaps, and solutions. The governance structure prioritized women's participation through dedicated women committees.



- | | | | |
|--|---|--|---|
| <p>1 10, Oct 2018</p> <p>2 09, Dec, 2018
13, Dec, 2018
16, Dec, 2018</p> | <p>Community Centre set up consisted of a process of selection of location at a good distance from the settlements.</p> <p>Committee teams' election by community:</p> <ol style="list-style-type: none"> 1. CCCM Community Centre Information shared 2. Committee members' Roles & Responsibilities discussed 3. Election committees on different days. 4. On Election day community residents and candidates gathered. 5. Candidates were voted on, winners (male and female) announced. | <p>3 2019- onwards</p> <p>4 March, 2020</p> <p>5 April- June 2020</p> | <p>Localised coordination meetings set-up in the community centres.</p> <p>Covid-19 pandemic movement restrictions in Kabul.</p> <p>Localised coordination and referral continued over online platforms and mobile phones.</p> |
|--|---|--|---|

PROJECT OVERVIEW AND OBJECTIVES

The displaced population of the informal settlement of Hussein Khail already faced many challenges with access to potable water, education services and health clinics prior to the Covid-19 pandemic. These challenges were further increased by the pandemic, as residents had to walk miles to the public hospital, presenting many risks particularly to women and girls. A majority of the IDP families were unable to pay for transportation costs or afford to go to private clinic and hospitals.

With these gaps in lifesaving information and access to services, the CCCM agency worked with women, men, girls, and boys of the displacement-affected communities to address their concerns and build their capacity and enhance their participation in decision-making roles. This project supported the community in setting up a governance structure through an electoral process and established a two-way communication pathway for the identification and referral of vulnerable persons in need of assistance. In addition, the project's inclusive and participatory method supported community capacity building, coordination and referral mechanisms to health clinics and other essential services.

SELECTION OF BENEFICIARIES AND GEOGRAPHICAL TARGETING

Hussain Khail informal settlement is one of the Kabul Informal Settlements (KIS) located in PD22 in Kabul Province, Afghanistan. Since 2017, there are almost 1,200 households (9,960 individuals) living in the area, encompassing both Pashtun and Tajik ethnicities. Most of the population fled to Kabul due to conflict in their areas of origin. Due to their seasonal movement and the resource availability in the settlement the number of IDPs living in Hussain Khail fluctuated significantly.

The program used an area-based approach, due to its urban location and complex population consisting of IDPs/ returnees and vulnerable resident community. CCCM teams followed the Urban Displacement and Out of Camps (UDOC) approach in targeting by neighbourhoods according to:

- high numbers and density of returnees and/or IDPs in the area,
- significant gaps in humanitarian assistance in the neighbourhood,
- CCCM staff ability to access the area.

CCCM ACTIVITIES

Considering the out-of-camp context and complex character of displaced population, the programme included several interconnected interventions:

1. Provision of information and two-way communication

The displaced population received information on humanitarian assistance through CCCM outreach teams and information sessions at the Community Centre located in the neighbourhood. Additionally, service directories were regularly updated with current list of service providers.

The access to information was especially important with the emergence of the COVID-19 pandemic in March 2020 when restrictions on movements made it difficult for humanitarian actors to access the site. The Community Centre had to close for two weeks; however, it was equipped with all essential information. Two-way communication between the community, CCCM teams and service providers was established through mobile phones. The committee members monitored the COVID-19 situation and informed the CCCM teams of the communities needs. Committee members were coached by the CCCM outreach team on how to respond and address the fast-developing situation.

2. Community mobilisation and capacity-building for social cohesion

A community representative structure was established in the Hussain Khail settlement, encompassing both male and female members through an electoral, participatory, and consultative process. CCCM outreach teams trained the committee members on coordination, right to participation and accountability. The committee members were actively participating in CCCM activities and attend regular meetings in the Community Centre.

To respond to the gaps and protection risks identified by the community, a coordination meeting between a specialised NGO¹ and community committee members was facilitated by the CCCM

team. The committee members explained the challenges faced by the IDP community, particularly in terms of accessing health services. The NGO conducted an initial area assessment at Hussain Khail informal settlement and set-up a mobile health clinic services in the settlement to respond to the needs of the displaced population. With the emergence of the COVID-19 pandemic, the mobile health clinic reoriented their priorities to raising awareness on preventive measures and treatment centres and distributing hygiene kits to the most vulnerable families in the informal settlement.

3. Enhancing Women's Participation

Consultations with the community identified that women and girls' movements and awareness of lifesaving information and rights were significantly restricted due to cultural barriers and lack of representation of women in decision-making roles. In response, CCCM teams engaged with women and girls living in Hussain Khail neighbourhood to raise awareness of their rights and build trust within the female community. By using female community mobilizers, trusted relationships were established, and the Community Centre became a 'safe space' for women to express their needs, challenges and to feel listened to by the female committee members. These discussions allowed the CCCM teams to target specific protection risks identified by the resident women. To ensure that women felt safe at the Community Centre, male and female members of the committee met in separate meeting rooms. Additionally, on days when the female members met no male staff or community mobilisers were present at the centre. This allowed women to openly express themselves and to build close relationships with other female community members.

Once trust was established, women's participation in the Community Centre activities and committees increased. This was not without challenges due to perceived gender roles of women. However, through the continued CCCM agency's engagement, women's participation remained high and is a key achievement of this program.

4. Referrals and community-based protection

Prior to establishing a community referral system, the CCCM teams and IDP committees were trained on protection and how to identify problems and gaps in the community. The community teams received these trainings in the Community Centre and learnt from community-based case studies. With the participation of IDP committees, the CCCM teams were able to identify active organisations and service providers who had capacity to work in Hussain Khail site.

The CCCM team contacted the identified organisations to hold a coordination meeting with the participation of CCCM community teams and IDP committees. This gave the IDP committees the opportunity to voice their concerns directly to organisations that could help respond. Through this coordination meeting, the organisations agreed to accept referrals directly from the community. As a result of this process, an effective and safe referral pathway was established.

5. Inclusive and localised coordination and advocacy to improve quantity and quality of assistance and progress towards durable solutions

The CCCM agency issued introduction letters to other organisations explaining that the Community Representative Committee is a recognised and trained community structure. The coordination meetings with the service providers and committee members at the Community Centre continued on a regular basis in order to discuss needs, gaps and solutions. This helped to build trust between the committee and service providers, and further allowed the committee members to access services and make urgent referrals, such as referrals for medical and health issues.

The Community Centre fortunately reopened after a brief closure due to COVID-19 once it was equipped with hand sanitisers, face masks and cleaning materials. However, due to restrictions, the coordination meetings were adapted to online platforms, ensuring that the meetings could still take place between CCCM teams, service providers and the committee. Through these calls, modalities and referrals were discussed as well, which allowed for successful interventions by humanitarian actors. Once the transmission levels of the virus reduced, the CCCM agency was allowed back into the site and could support the community directly and ensure the Community Centre continued operating normally.

WHAT IMPACT DID COORDINATION HAVE ON THIS PROJECT?

The success of the project hinged on setting up a functional coordination mechanism between the CCCM agency, service providers and the community elected committee structure. Therefore, coordination and accountability to the affected population were key aspects of this project.

Once the committee was established, the next step taken by the CCCM teams was to coordinate with service providers, humanitarian actors, and the community, building relationships and trust to ensure that the community referral mechanism would be successful. This proved to be especially important during the COVID-19 pandemic in referring urgent cases and coordinating on services needed by the community.

The Community Centre and the committee were established prior to the pandemic, which enabled smooth coordination between the stakeholders and the committees to address urgent COVID-19 needs remotely. This could not have been done if these community mechanisms were not present. Through this community coordination mechanism, any emergency could be addressed through the information present in the Community Centre (emergency numbers, service providers contact list, contacts of CCCM teams). These structures allowed the community to address the challenges of the pandemic in a prompt manner. Moreover, through the coordination structures, the committees were trained on COVID-19, public health services and who to contact if there was a case identified in the community.



Case Registration



KEY ACHIEVEMENTS

1. Awareness about COVID-19 and service providers was disseminated to over 700 households.
2. 100 individuals were referred to various service providers for food assistance, health care, education, legal assistance, and livelihoods assistance.
3. 13 committees (6 females and 7 males) including 72 individuals received capacity building trainings.
4. Coordination meetings were successfully organised and conducted with different organisations and the community,

which were adapted to the online platform 'Zoom' to ensure continued engagement and coordination during the COVID-19 pandemic.

In these meetings, the agenda discussed included Introduction of IDP committee, organisations and their activities, community members' problem sharing and referral of urgent cases.

5. Enhancing women's participation in the site by ensuring that 50% of participants in the community committee structure are women.

CHALLENGES

- Limited resource availability compared to the level needs of the displaced communities.
- Rejection of some referrals and interventions, for example those concerning shelter, latrines, and water, due to land ownership by government².
- Influential people limiting women's participation in different project activities in the settlement.
- Lack of follow up by service providers on referred cases.
- Expensive transportation costs for community members who follow up on their needs with service providers.
- Lack of interest and participation by government entities.



Coordination Meeting

LESSONS LEARNED AND RECOMMENDATIONS

- **Allocation of more transportation funds** in terms of supporting community committee members, specifically in identifying and meeting local service providers.
- **Increase coordination interventions and activities with authorities** to ensure durable solutions.
- **Encourage government involvement.**
- It was essential **to have the community centre and committee established** prior the pandemic, as trust relationships were already established. This allowed the coordination efforts to continue through remote and online means.

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Acknowledgements

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 Mate Bagossy

¹ Organisation of Human Welfare (OHW) is a non for profit, non government organization established in 2007 and based in Kabul. http://www.ohw.org.af/who_we_are.html

² According to law Afghanistan does not allow NGOs to use the government land for their intervention.



Annex A

PARTICIPATION CHAPTER

The following are examples of useful resources on how to best conduct improved participation and Risk Communication and Community Engagement (RCCE):

1. The Community Engagement Hub hosted by the British Red Cross¹, offers a range of learning materials, tools and guidance to support humanitarian's mainstream community engagement and accountability. This hub has been updated with a Global Repository of COVID-19 IEC materials and RCCE training packages and webinars² to help equip community health workers, volunteers, partners and humanitarians around the world.
2. Through work during the Ebola and Zika outbreaks, OXFAM has learnt the best way to respond to virus outbreaks is to build trust, understand communities' perspectives and work with communities. OXFAM developed a set of resources³ for community engagement during the COVID-19 pandemic that captures good practices for community engagements when access may be restricted.
3. CARE published a policy brief, "Gender implications of COVID-19 outbreaks in development and humanitarian settings"⁴ and adapted its Rapid Gender Analysis toolkit to develop the Global Rapid Gender Analysis on COVID-19⁵ report, conducted in consultation with the International Rescue Committee (IRC). This report aims to deepen the current gender analysis available by encompassing learning from global gender data available for the COVID-19 public health emergency.
4. NRC conducted a desk review, "Engaging Communities during a Pandemic"⁶ to identify best practices and lessons learnt from community engagement efforts during COVID-19.
5. Capitalizing on previous research⁷, NRC developed the Community Coordination Toolbox⁸, a repository of tools to support displaced populations in creating systems for meaningful and inclusive participation with a particular focus on women and marginalized groups.

¹ <https://communityengagementhub.org/>

² <https://www.communityengagementhub.org/what-we-do/novel-coronavirus>

³ <https://oxfamilibrary.openrepository.com/handle/10546/620977>

⁴ <https://insights.careinternational.org.uk/publications/gender-implications-of-covid-19-outbreaks-in-development-and-humanitarian-settings#:~:text=The%20paper%20explores%20a%20range,likely%20to%20be%20engaged%20in>

⁵ <https://insights.careinternational.org.uk/publications/global-rapid-gender-analysis-for-covid-19>

⁶ <https://womenin displacement.org/node/305>

⁷ <https://womenin displacement.org/node/203>

⁸ <https://cct.nrc.no/chapter/1>

