



Protecting Those Who Stay: Rethinking Duty of Care

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NP training with
STEEL partners.
Ukraine, February
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Duty of Care: More urgent than ever

Across conflict contexts, local and national actors, including civil society organisations, informal volunteer networks, and community protection mechanisms, have long delivered the frontline work of saving lives and upholding human dignity. Embedded within the communities they serve, they remain present as crises evolve and continue their work long after international attention, access, or funding has receded.

At the same time, the conditions under which local and national actors carry out their work are changing. In many contexts civic space is shrinking, humanitarian funding is contracting, and international actors are increasingly constrained in their ability to operate close to affected communities. As international presence contracts and response models adapt, local actors are not only sustaining frontline action but increasingly absorbing operational responsibility and risk, often without commensurate resources, protections or safeguards.

It is against this backdrop that what has come to be described as a “humanitarian reset” has emerged. In response to declining funding, constrained access, and widening gaps between needs and capacity, international humanitarian organisations and coordination bodies are rethinking how humanitarian action is organised and delivered. These debates have brought into sharper focus the extent to which humanitarian action relies on the leadership and operational capacity of local and national actors, as well as the sustained (and in some contexts growing) responsibility and risk they shoulder.

While often framed as an effort to reform or streamline international aid architecture, a more substantive reset would require envisioning a system in which locally driven responses are not peripheral to international structures, but foundational, especially in contexts where foreign aid funding declines or international agencies reposition.

The enabling conditions that allow local responders to carry out their work safely, including physical protection, psychosocial support, operational resources, and risk-sharing mechanisms, are therefore not secondary considerations. They are structural requirements for the continuity of humanitarian action.

If humanitarian response is to remain viable in a future where foreign aid funding may be reduced, reconfigured, or politically constrained, then Duty of Care must be understood not as optional or an add-on, but imperative for humanitarian action itself to continue.

It is within this context that Duty of Care becomes essential. A holistic Duty of Care framework responds directly to this reality by recognising who is delivering life-saving action and embedding practical, material, psychosocial, and operational safeguards into the design and delivery of that work. In doing so, Duty of Care enables local actors to operate more safely and with greater agency, while ensuring that system-level adaptation does not translate into unmanaged risk for those carrying the greatest burden.

WHAT IS DUTY OF CARE ?

Duty of Care is the ethical, legal, and organisational responsibility to anticipate, prevent, mitigate, and respond to risks to the physical and psychological wellbeing of those undertaking humanitarian action, through shared protection, equitable access to resources, and informed decision-making grounded in humanitarian principles and Do No Harm.

Primacy of Local Actors and Responsible Partnerships

NP's Duty of Care approach is grounded first and foremost in the principle of 'primacy of local actors'. This principle reflects a core belief that people and communities affected by violence are not only the primary stakeholders in humanitarian and peacebuilding action, but also the primary agents of response. Recognising the primacy of local actors does not displace the obligation of states, which bear the formal responsibility to protect civilians under international law. Rather, it reflects the operational reality that in many contexts local communities are the first to respond and remain central to sustaining protective action.

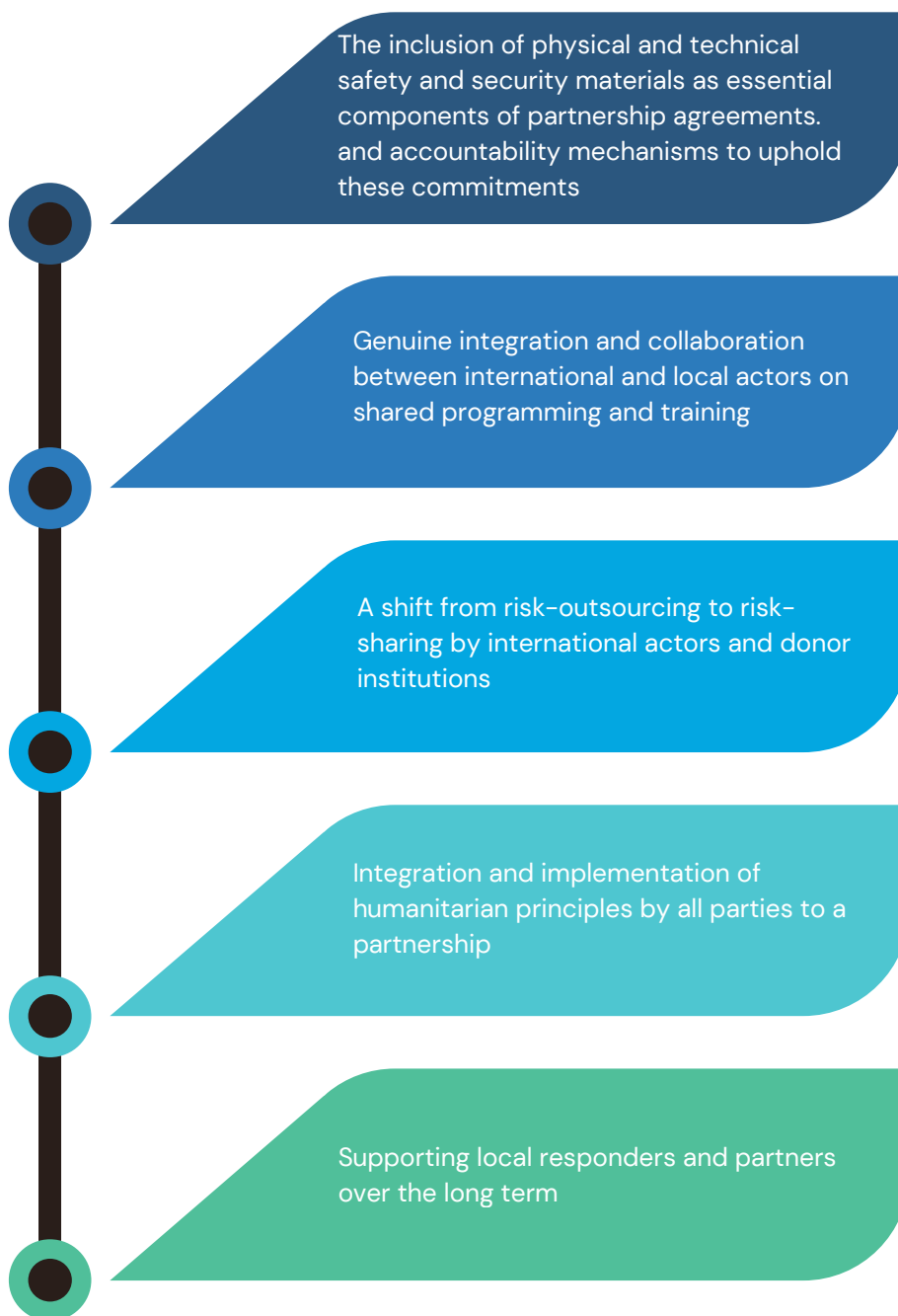
For NP, the primacy of local actors is not a rhetorical commitment. It is foundational in shaping how NP understands its own role. NP does not seek to replace, direct, or manage local responses, but to stand alongside local responses through civilian-to-civilian action that seeks to strengthen and amplify existing local capacities. When NP finds that its role no longer adds value beyond what local actors and initiatives can sustain independently, NP seeks to fully hand over and exit, leaving behind strengthened local capacity rather than dependency.

[Responsible partnerships](#) flow directly from this understanding. For NP, responsible partnerships are not defined by contractual arrangements or delivery roles, but by how power, decision-making, and risk operate in practice. They prioritise local leadership in defining needs, capacities and shaping responses, and move away from models that outsource risk to local actors. Responsible partnerships are designed to enable local actors to lead effectively, drawing on and reimagining useful lessons and resources from the international aid system while shedding unnecessary bureaucratic weight and unequal power dynamics.

In concrete terms, this means embedding physical, technical, psychosocial, and operational safety measures as integral components of partnership arrangements, supported by clear accountability mechanisms to ensure that international actors uphold these commitments in practice. Responsible partnerships also require sustained accompaniment rather than transactional collaboration, recognising that local actors continue to carry risk and responsibility well beyond individual project cycles.

Partnership, therefore, is not about positioning local actors as implementers of externally defined agendas, but about creating the conditions in which they retain leadership and determine the terms of engagement with international systems. Within this framework, Duty of Care is not an abstract ethical aspiration, but a set of concrete measures that operationalise this reorientation in practice. In doing so, Duty of Care reflects a deliberate shift in how power, risk, and responsibility are structured within humanitarian action – moving away from implicit risk transfer toward shared and accountable responsibility.

WHAT MAKES A RESPONSIBLE PARTNERSHIP?



Ukraine: How Practice Shaped the Duty of Care Model

NP's holistic Duty of Care approach has been most fully developed through NP's engagement in Ukraine since 2022. As international actors struggled to establish or sustain frontline presence, local NGOs, volunteer collectives, and informal networks became the backbone of the humanitarian response. These actors operated in high-risk environments characterised by shelling, mines, missile strikes, and, more recently, targeted attacks by improvised combat unmanned aerial vehicles (ICUAVs or drones).

Early assessments highlighted a stark imbalance – local responders were assuming extreme operational risks without being trained in first aid, nor having access to personal protective equipment (PPE), insurance, psychosocial support, or other adaptive security tools. At the same time, many international humanitarian actors evacuated, and when they returned found themselves constrained by security protocols, risk management frameworks, and administrative requirements that limited their ability to operate at the frontlines. Institutional discussions often centred on insurance coverage, legal liability and compliance thresholds, considerations that, while legitimate, were structurally different from the immediate life-and-death calculations being made daily by local responders.

In practice, this meant that risk was unevenly borne with local responders absorbing danger in real time, often without adequate support, protection, or shared responsibility. For many, risk was not only operational but existential – they were responding within their own communities, families, and neighbourhoods, where proximity meant both greater exposure and greater stake in the outcome. While international actors faced their own forms of institutional risk, including liability and security thresholds that shaped operational decisions, the nature and immediacy of risk were structurally different.

Rather than accepting this divergence in risk exposure as inevitable, NP worked to reframe partnership around shared responsibility. In response, and hand in hand with local responders, NP progressively developed a Duty of Care model that addressed risk from multiple angles, including physical safety, psychological

wellbeing, operational sustainability, and legal and ethical considerations, embedding these measures into the fabric of frontline action rather than treating them as add-ons.

This evolution began with practical measures such as PPE lending schemes and context-adapted first aid, psychological first aid training and volunteer insurance and, as the threat environment evolved, the introduction of armoured vehicles and Frequency Analysers to provide effective drone mitigation and protection measures. In parallel, NP piloted and scaled a psychosocial protection dimension within its Unarmed Civilian Protection (UCP) approach, later formalised as the Peer Welfare Programme (PWP). This shifted the emphasis from individualised clinical responses toward peer-based, community-led wellbeing and stress regulation practices that strengthen collective resilience.

Over time this integrated approach reshaped humanitarian practice in Ukraine by demonstrating that localisation without protection is questionable, if not unethical, as it transfers responsibility for emergency assistance from international to local actors without the protective measures that typically accompany such responsibilities.

In response, NP, with the support of the UK's Foreign, Commonwealth & Development Office and the Swiss Agency for Development and Cooperation, developed and piloted the first fully integrated and operationalised Duty of Care model of this kind for local first responders operating in active conflict in Ukraine – bringing together physical protection, digital safety, insurance mechanisms, early warning tools, legal safeguards, and peer-based psychosocial protection within a coherent framework. **To our knowledge, comparable models remain extremely rare in other contexts, if they exist at all.**

With several years of applied learning now behind it, NP is positioned not only to refine this approach further but to make it accessible and adaptable for local actors and partners operating in other high-risk contexts.

Core Components of NP's Holistic Duty of Care Package

NP's holistic approach is grounded in an understanding of risk and wellbeing across multi-layered, interacting levels – across individuals, teams, organisations, and communities simultaneously. An integrated protection framework that combines multilevel response with collective, contextualised care is essential: one that recognises no single intervention is sufficient, and that the most effective support is adapted to the specific conditions in which people are working.

Understood this way, Duty of Care is not a fixed checklist or a one-size-fits-all package. It is an organisational commitment – a promise to anticipate, mitigate, and share risk with those delivering frontline protection and humanitarian work. In practice, this commitment must remain alive and responsive, shifting as contexts evolve, threats change, and partner needs become clearer.

The components outlined below are therefore presented in a modular way, not as a rigid formula, but as a flexible framework to help unpack how Duty of Care can be applied in different environments. Not all elements will be relevant in every setting, and no configuration should be treated as static. Rather, these interlinked building blocks can be selected, combined, and adapted across contexts as realities on the ground shift, ensuring that Duty of Care remains responsive, people-centred, context-driven, and anchored in lived experience.

1. Physical Protection and Safety¹

Physical protection and safety form a foundational pillar of NP's work, including in Duty of Care. For local and national actors engaged in first responder work in contexts of violence, exposure to physical harm is a persistent and unacceptable reality. It cannot be normalised or treated as an inherent cost of frontline action. Yet in many contexts, frontline responders are not incidental victims of violence but are deliberately or predictably exposed to harm because of their proximity to communities, evacuation routes, and sites of active conflict.

¹ NP mitigates the risk that assets provided to enhance civilian protection, including PPE, Frequency Analysers, and armoured vehicles, could be misused through thorough due diligence prior to asset handover, training on humanitarian principles and correct use, and ongoing partner engagement. In Ukraine, misuse has been negligible.

The nature of this risk is also evolving. In Ukraine, Sudan and other contexts, the proliferation of drone warfare, indirect fire, and targeted strikes has fundamentally altered threat dynamics. Evacuation corridors are longer and more dangerous, attacks are more frequent and less discriminate, and frontline actors require expanded operational and technical support to move safely. A responsible Duty of Care approach therefore prioritises measures that actively reduce both the likelihood and severity of injury, while strengthening anticipatory risk analysis and informed decision-making in rapidly changing threat environments.

Personal Protective Equipment (PPE)

Access to appropriate, size-inclusive personal protective equipment (PPE) is a critical component of physical safety for frontline civilian responders. NP's PPE lending programme provides ballistic vests (with adjustable sizing), front and back ballistic plates, 360° soft armour with fragmentation-resistant protection for the neck, torso, and groin, ballistic helmets as well as Individual First Aid Kits (IFAKs) to local humanitarian actors operating in high-risk areas. These protective assets are intended exclusively for civilian humanitarian activities and are provided free of charge for defined operational periods, with the possibility of extension based on need and adherence to humanitarian principles and International Humanitarian Law.

NP's approach recognises that PPE must be accessible, usable, and adapted to the realities of those wearing it, including women, older responders, and volunteers operating for extended periods in difficult conditions. By structuring PPE provision through lending schemes rather than permanent transfer, equipment can be deployed flexibly across teams and frontline activities as risks shift. Accompanying training ensures that PPE is used correctly and understood as one element within a broader risk-management framework, reducing the likelihood and severity of injury without creating a false sense of invulnerability.

Frequency Analysers

In multiple conflict settings, the increased use of drones and other remote sensing technologies has significantly altered risk dynamics for civilians and first responders. For local and national actors operating close to frontlines or moving through contested areas, the presence of drones can signal heightened risk of surveillance, targeting, or imminent attack. Within NP's Duty of Care approach, Frequency Analysers are used to support situational awareness in environments where aerial threats are present.

Frequency Analysers are non-emitting devices that detect certain signal activity associated with nearby drones without transmitting, interfering, or drawing attention to the user. This enables first responders and community protection actors to gain early indication of potential aerial activity and supports informed judgement about movement, timing, and exposure, including decisions to pause activities, adapt routes, seek cover, or withdraw.

The lending of Frequency Analysers is accompanied by context-specific training on appropriate use, limitations, and integration into broader safety protocols. Training focuses on interpreting alerts, linking information to pre-agreed decision points, and reinforcing risk-aware behaviour rather than encouraging continued exposure. Embedded within wider security protocols and coordination frameworks, Frequency Analysers and associated training strengthen individual and collective capacity to assess risk and reduce harm as local actors carry out lifesaving and dignity-preserving work.



Armoured Vehicles

In high-intensity conflict environments, secure mobility is often the single most consequential protective measure available to frontline responders. While personal protective equipment and early warning tools reduce exposure, armoured vehicles fundamentally alter survival outcomes in contexts characterised by shelling, mines, missile strikes, and increasingly, drone surveillance and attack.

In Ukraine, repeated incidents have shown that vehicles without ballistic protection can be destroyed by drone strikes or munitions, resulting in severe injury or death. By contrast, armoured vehicles have absorbed blast impact and enabled safe evacuation under fire. Even when Frequency Analysers provide advance warning of aerial threats, responders must still move, withdraw, or seek cover. Armoured vehicles on the other hand significantly increase survivability once exposure occurs.

NP supports local volunteer teams and frontline responders to procure armoured vehicles through subgrants, making NP one of the first international organisations to negotiate and structure such arrangements for locally owned and co-managed evacuation assets. Once procured, vehicles become assets of the partner organisation. Partners retain responsibility for maintenance and compliance, with NP providing accompaniment and support to build the capacity to manage these responsibilities sustainably.

In contexts where access to armoured vehicles is typically limited to international organisations, this model shifts secure mobility toward those carrying out frontline work. Armoured vehicles are therefore not treated as prestige assets or convoy symbols, but as essential protective infrastructure enabling local responders to continue life-saving action with materially reduced exposure to harm.

Emergency Response Training

Given the high likelihood of injury in conflict settings, context-specific first aid, acute trauma response, evacuation, and other emergency response training are an essential component of physical protection. NP provides a range of training to equip responders with practical skills that can be applied under stress, including first aid training (FAT), psychological first aid training (PFAT), acute trauma response, evacuation, and preparedness workshops. Trainings are designed to equip responders with practical skills that can be applied under stress, including care for themselves, their peers, and affected civilians. Regular refresher sessions help counter the normalisation of risk that often emerges in protracted crises, reinforcing

safe practices and maintaining operational readiness over time. By embedding these capacities within local teams, Duty of Care strengthens both responder safety and the overall protective capacity of communities.

Across all three physical protection components (PPE, Frequency Analysers, and armoured vehicles) NP follows a consistent principle: training precedes asset provision. Participants complete relevant training before receiving protective equipment or assets, ensuring these are used safely, correctly, and within appropriate risk frameworks. Wherever possible, training is conducted using the specific materials and equipment participants will go on to use, so that skills are built in relation to the tools at hand.

Digital Safety and Security

Protection increasingly extends beyond the physical environment. In many contexts, digital surveillance, data interception, online harassment, and misuse of personal or operational information pose significant risks to first responders and community-based actors, particularly where civic space is restricted or humanitarian and protection work is monitored or criminalised. These risks are concrete and varied. State and non-state actors may monitor phones, track locations, or surveil social media activity, while device confiscation at checkpoints presents a distinct and common threat. Digital threats are also not experienced equally. Women, for example, are frequently targeted through coordinated online harassment, smear campaigns, or sexualised threats intended to undermine their credibility and discourage participation in humanitarian development, peacebuilding work.

A holistic Duty of Care approach includes support for digital safety alongside physical protection. This includes providing digital security training to strengthen digital literacy and risk awareness so responders understand how everyday digital practices can create vulnerabilities, as well as promoting basic digital hygiene such as safe communication practices, device security, data minimisation, and responsible handling of sensitive information. Simple preventive practices can significantly reduce exposure. For example, keeping only essential information on devices and using secure upload workflows to remove sensitive data before entering high-risk areas. In some contexts, NP also provides communication devices, SIM cards, and power banks where connectivity and reliable equipment cannot be assumed.

Where appropriate and contextually feasible, Duty of Care may also include access to digital hygiene package comprising of tools as such as virtual private networks (VPNs) to encrypt internet traffic, encrypted communication platforms, password

managers, and secure cloud storage for sensitive information. The approach is informed and sensitive to local realities as many responders rely on older smartphones, shared devices, or limited connectivity, prioritising practices that function in low-bandwidth environments with basic devices.

Finally, Duty of Care extends to the response dimension of digital incidents. This includes guidance on what local actors can do if accounts are compromised, such as where to seek technical support, how to initiate account recovery, and how to contain a breach, which is an important and often overlooked element of digital protection.

2. Psychosocial Protection and Peer Support

The other side of physical protection is the psychosocial wellbeing of local and national actors engaged in first responder work. A people-centred approach to Duty of Care must include the care of individuals' entire wellbeing, therefore addressing not only the physical, but also mental, emotional, and social spheres. Recognising the interconnection of these aspects, how they manifest, and understanding that, for first responders to carry on their work sustainably, feeling safer physically and psychosocially is an imperative. Those spheres are addressed through the following initiatives:

Peer Welfare Programme (PWP)

PWP recognises that communities affected by conflict often already rely on support structures such as family networks, peer groups, faith-based practices, community leaders, and collective coping strategies. The programme is intentionally designed to build on these existing mechanisms by introducing structured, accessible tools for stress regulation, psychosocial support, and mutual care that can be integrated into daily protective and first responder work.

Rather than positioning wellbeing as a clinical or specialist-led intervention, PWP focuses on peer-to-peer approaches and task-shifting that are suitable for non-specialists and adaptable to different cultural and social contexts. These strategies have been utilised and recommended by global health and mental health institutions to not only improve access to care, but leverage shared experiences, increase trust, reduce stigma and isolation, and have communities be actively engaged and take the lead in initiatives around their wellbeing.

Participants are equipped with practical skills in Psychological First Aid, psychoeducation, stress and somatic management, neuro-regulation practices, and

evidence-based early intervention techniques (EMDR and Sensorimotor Psychotherapies among other therapeutic methods recommended for humanitarian settings) aimed at addressing acute and recent traumatic stress. Trained peers received holistic and systematic supervision to conduct low-intensity interventions (brief and structured), focusing on practical skills to treat mild-to-moderate symptom-focused mental conditions rather than past exploration of trauma memories. Finally, these practices are designed to enhance mutual listening, existing coping strategies, improve collective problem-solving and resilience, and reduce the accumulation of stress and burnout over time, without displacing community-led ways of supporting wellbeing.

A central feature of PWP is its emphasis on integration rather than parallel systems. The programme supports the creation of peer practitioners and peer circles that operate within, and in coordination with, existing community protection mechanisms, volunteer groups, and partner organisations. This allows psychosocial protection and support to be embedded within established structures and relationships, reinforcing trust, accessibility, and continuity. In doing so, PWP strengthens the overall protective ecosystem by ensuring that psychosocial wellbeing is addressed as part of ongoing first responder and protection activities, contributing to the sustained ability of individuals and groups to carry out lifesaving and dignity-preserving work overtime.

PWP is deliberately designed to function both internally and externally as part of NP's Duty of Care approach. Internally, it supports NP teams through regular peer-based stress management and reflection practices that help mitigate cumulative stress and sustain teams working in high-pressure environments. Externally, PWP enables first responders, including community protection teams, volunteers, and local partners, to strengthen their own psychosocial wellbeing so they can continue carrying out lifesaving and dignity-preserving work overtime. At the same time, it equips these actors with practical, peer-based skills to provide peer support to others within their communities, extending the protective impact beyond individual responders and embedding psychosocial care within community-led protection and first responder efforts.

Coordination and Planning Hubs

Coordination spaces and hubs provide opportunities for local actors and NP teams to jointly analyse evolving risks, share information, and engage in scenario planning. Importantly, these coordination and planning discussions are conducted in local



NP partners and volunteers incorporate EMDR-based grounding technique into emotionally intense meetings. Kherson, Ukraine, February 2025. © [Dr. Sofiia Vecherok](#)

languages wherever possible, ensuring accessibility, inclusion, and full participation of frontline responders. They support anticipatory decision-making, help avoid duplication or unsafe practices, and strengthen collective capacity to adapt as contexts change. By embedding coordination and planning spaces within Duty of Care, NP reinforces a culture of shared responsibility, learning, and mutual support that underpins sustained first responder and protection efforts.

These hubs are also directly linked to the PWP. They provide the physical space through which peer welfare support services are delivered and where local mental health professionals can interact directly and regularly with first responders in an informal, non-clinical setting. Experience in Ukraine demonstrated that formal referrals to psychosocial or mental health services alone did not generate consistent uptake. However, where first responders had repeated, peer practices and informal interactions with mental health specialists within shared coordination spaces, stigma was reduced while trust increased, and engagement with more structured psychological support services rose significantly. The hub model therefore reduces barriers to access by normalising interaction, increasing familiarity, and creating multiple points of contact rather than relying on one-off referrals.

3. Insurance, Due Diligence and Legal Safeguards

Insurance and legal safeguards are a critical, and often under-addressed, component of Duty of Care for local and national actors engaged in first responder work in contexts of violence. While international staff are typically covered by comprehensive insurance and legal frameworks, local responders frequently operate without comparable protections. Duty of Care seeks to narrow this protection gap by ensuring that those carrying out frontline work are not left to absorb the consequences of injury, harm, or legal exposure alone.

Insurance Coverage

Provision of accident, injury, and, where feasible, life insurance for volunteers, community protection teams, and local partners engaged in high-risk activities is a central element of this approach. Insurance coverage recognises the reality that harm may occur despite preventive measure and provides a basic level of financial protection and dignity for responders and their families in the event of injury or death. Insurance arrangements must be designed with local contexts in mind, including accessibility, clarity of coverage, and administrative feasibility for volunteers and informal actors.

In practice, many local and community-based actors face significant barriers to accessing insurance independently, including cost, eligibility requirements, and complex administrative processes. As part of its Duty of Care approach, NP seeks to identify and facilitate insurance solutions that reduce these burdens for local actors, rather than transferring administrative responsibility onto them. Experience in Ukraine has demonstrated that without this facilitation, many volunteers would not be able to access either insurance coverage or associated psychological support. This includes exploring adapted coverage models and, where possible, engaging with donors and insurers to help improve longer-term access to appropriate insurance for local responders.

To the best of our knowledge, there are very few, if any, comparable operational models globally in which an international organisation systematically facilitates accident and life insurance coverage for non-affiliated local volunteers operating in high-risk environments.

Due Diligence

Duty of Care also requires attention to the administrative and compliance burdens placed on local partners. Standardised due diligence, reporting, and compliance requirements, often designed for large international organisations, can impose disproportionate strain on smaller, frontline actors. These processes consume time and limited organisational capacity that would otherwise be directed toward life-saving work, and in some cases create barriers that exclude local organisations from accessing funding altogether.

As part of its Duty of Care approach, NP works to mitigate these risks by providing mentorship and accompaniment to partners navigating donor compliance systems, supporting them to meet reporting requirements without replicating unnecessary bureaucratic burdens. In Ukraine, for example, NP has supported local partners engaging in certification processes linked to philanthropic and institutional funding streams, helping ensure that compliance requirements do not become a barrier to sustaining frontline volunteer protection efforts. By recognising administrative overload as a form of structural risk, Duty of Care extends beyond physical and psychosocial safety to include organisational sustainability and equitable access to resources.

Safeguarding and Legal Awareness

Legal and ethical safeguards form a complementary pillar of Duty of Care. Training on safeguarding, humanitarian principles and International Humanitarian Law (IHL) helps reduce the risk of harm to affected populations. For local actors operating in highly politicised or securitised environments, understanding the protective function of humanitarian principles can be critical to maintaining civilian status, legitimacy, and acceptance. For instance, in Ukraine many local responders were not active humanitarians before the full-scale invasion in 2022. As such, trainings on humanitarian principles have been key to support safer decision-making in complex situations where legal, ethical, and operational considerations intersect.

As part of its Duty of Care approach, NP supports partners to explore and, where appropriate, establish partnerships with organisations that provide specialised legal assistance to humanitarians, such as legal aid organisations experienced in defending civic and humanitarian actors. This is critical because local responders may face investigation, detention, asset freezes, or administrative sanctions as a result of their work. By facilitating access to legal advice and representation, NP helps reduce exposure to legal risk and ensures that local actors are not left to navigate complex and potentially hostile legal environments alone.

4. Operational Sustainability

Operational sustainability is an essential, yet often overlooked, dimension of Duty of Care. For local and national actors engaged in ongoing first responder work, the ability to operate safely and consistently over time depends not only on individual protection measures, but also on the reliability of basic operational support. Without attention to these practical foundations, protection efforts risk becoming episodic, unsafe, or unsustainable.

Transport and Fuel Support

Safe and reliable transport is integral to first responder work, including enabling evacuation, accompaniment, delivery of assistance, and access to affected communities. In many contexts, local actors rely on personal vehicles, informal transport arrangements, or unpaid labour to carry out these functions. Recognising transport and fuel support as part of Duty of Care acknowledges the risks associated with unsafe travel, vehicle breakdowns, and ad hoc movement in insecure environments. Support for fuel, vehicle maintenance, and safe transport planning helps reduce exposure to harm while enabling responders to carry out their work more effectively.

Equipment Maintenance and Replacement

Duty of Care also requires attention to the full lifecycle of protective and technical equipment. PPE, early warning tools, communication devices, and other safety-related equipment degrade over time, particularly in harsh operating environments. Planning for maintenance, repair, and replacement is therefore essential to prevent the gradual erosion of protection. Treating equipment provision as a one-off input risks creating a false sense of security and shifting risk back onto responders when tools fail or become unusable.

Adapting Duty of Care Across Contexts

While NP's Duty of Care approach has been shaped most clearly through experience in high-intensity conflict settings such as Ukraine, the principles underpinning the package are transferable across diverse operational environments. In Ukraine, the comprehensive nature of the model was not accidental – it was made possible through sustained operational engagement, deliberate advocacy, and strategic donor engagement that secured political, policy, and financial space for investment in local responder protection.

NP worked actively to influence international partners, donors and coordination actors to recognise that protecting local responders is not an optional budget line, but a structural requirement of responsible humanitarian response. Early funding for elements of the package required persistent engagement, yet over time key decision makers began to recognise the necessity of this approach. The Duty of Care model in Ukraine has since been funded by major bilateral donors and is now acknowledged as a legitimate and necessary component of frontline response, demonstrating that comprehensive protection for local actors is both feasible and fundable.

In other contexts, the enabling environment may be more constrained. However, the Ukraine experience shows that it is possible to build the political and financial case for integrated Duty of Care measures, and that doing so strengthens operational effectiveness rather than detracting from it. Adaptation across contexts therefore requires not only technical calibration to threat profiles and local realities, but also proactive engagement with key decision makers and donors to ensure that local responders have access to the same essential protections as a matter of standard practice.

Democratic Republic of Congo (DRC)

In eastern DRC, repeated cycles of escalation and evacuation have fundamentally reshaped who carries risk. During the 2025 crisis, most international actors withdrew from frontline areas at the moment protection risks peaked. Local NGOs, community protection groups, and civil society actors remained – absorbing heightened exposure to violence with limited safeguards or shared responsibility.

Since then, localisation has often meant delegating frontline presence to local actors while decision-making power and risk thresholds remain concentrated elsewhere. This has produced a growing asymmetry: local responders are expected to negotiate access, manage pressure from armed actors and de facto authorities, and sustain visibility, without the institutional buffers available to international organisations.

This risk displacement is concrete. Local partners are discouraged from formal engagement with de facto authorities for safety reasons yet frequently asked to provide documentation signed by those same authorities to meet donor or INGO requirements. In contested areas, such paperwork can become a tool of surveillance and coercion. A meaningful Duty of Care approach therefore requires joint risk analysis and adaptation of compliance practices, rather than reproducing systems that increase exposure.

Psychosocial strain is acute, with many responders themselves displaced or directly affected by violence, while wellbeing remains largely absent from partnership design. Digital risk is also significant. In an environment shaped by surveillance and information control, local actors have long been positioned as information providers without parallel investment in digital safety. Operational inequalities further compound risk, from movement constraints to the near absence of insurance coverage in “red zones.” Communities consistently stress that support must extend beyond funding. Priorities include psychosocial support, first aid capacity, safer transport, training on engagement with armed actors, and shared contingency planning.

Iraq

NP has worked alongside community-based protection mechanisms in the north of Iraq since 2021, and more recently has begun supporting a broader community of practice (spanning civil society networks, NGOs, activists, community peace teams, and informal collectives) operating at district, subdistrict, and national levels, with early-stage engagement also emerging in the south. These actors face layered and persistent risks: surveillance, harassment, legal pressure, and the chronic psychosocial strain of sustained engagement in environments shaped by political volatility, impunity, and, in some areas, the long shadow of conflict and displacement. Targeted digital surveillance, online harassment, and the threat of legal or physical reprisal are routine features of the work across this community.

The community of practice creates synergies and mutually reinforcing efforts that connect diverse experiences of UCP both horizontally and vertically, across divides.

Extending Duty of Care to this community is therefore both a practical and principled commitment: those who actively protect others without force, participate in decision-making processes, and work to nurture an ecosystem that interrupts cycles of violence must themselves be protected and supported.

A Duty of Care approach in Iraq therefore centres on two interconnected priorities. The first and most significant gap is peer-based psychosocial support, building on existing community networks and NP's established relationships to create sustained peer welfare mechanisms that helps community of practice members manage chronic stress, process exposure to harm, and support one another over the long term.

The second is digital security. Given the pervasive nature of surveillance, investment in digital literacy, secure communications, and protective digital practices is essential. Importantly, digital capacity is not only a protective measure. It can also serve as a vehicle for expanding peer-based psychosocial support beyond physical boundaries. Experience with community protection teams has shown that when members have both digital competency and peer support skills, they are able to reach and support others remotely including, for example, staying in contact with women experiencing self-harm thoughts and preventing further harm. The combination of digital reach and psychosocial capacity creates a multiplier effect, extending the protective impact of the community of practice well beyond its immediate membership.

Myanmar

In Myanmar, protracted conflict, surveillance, and fragmented authority structures have produced sustained and layered risk for frontline responders. International access remains inconsistent, while local civil society actors and volunteer networks continue operating under conditions heightened securitisation and fear of retaliation, including threats to family members. Arrest, harassment, digital surveillance, and forced displacement are lived realities. Psychosocial strain is acute, with responders managing chronic stress, exhaustion, and exposure to violence while often receiving limited structured support.

These pressures are compounded by operational gaps. Many frontline responders require first aid and trauma response training not only to assist civilians, but to protect themselves and their teams in volatile environments. Digital risk is pervasive in a context shaped by information control and surveillance, with responders sometimes serving as information conduits without parallel investment in secure communication tools or digital safety practices.

A meaningful Duty of Care approach in Myanmar therefore requires sustained investment in peer welfare to address psychosocial strain, first aid and trauma response capacity for frontline responders, secure digital tools and digital safety training and, where possible, coordination spaces conducted in local languages that enable both operational planning and psychosocial respite. Given movement constraints, these coordination mechanisms may be physical, digital, or hybrid, but their function remains the same – to create safer infrastructure around those carrying frontline responsibility. In some cases, part of this support extends to safer relocation, including transportation, housing, basic needs allowance, and protective accompaniment for safe passage.

South Sudan

Across South Sudan, Community Protection Teams (CPTs) are now a cornerstone of locally led peace and security. Over many years, NP has worked alongside CPTs to build their protection capacities, legitimacy, and operational resilience – supporting them to deepen and expand their work as trusted civilian actors leading violence prevention efforts, strengthening community cohesion, and maintaining protective presence in some of the most fragile environments in the country. This long-term investment has contributed to CPTs becoming among the most visible, consistent, accessible, and effective protection actors in many areas of South Sudan.

What is changing is not the centrality of CPTs, but the context in which they operate and the type of support required to sustain them. As political tensions intensify and international presence and attention contract, CPTs are expected to maintain protection functions in increasingly volatile environments marked by violence, political manipulation, and limited institutional support. While CPTs have long carried frontline responsibility, they are doing so with diminishing accompaniment and fewer structured supports. The strain is not abstract – it is operational, psychological, and cumulative.

Psychosocial pressure is deepening and often invisible. Many CPT members are themselves directly affected by violence, displacement, and economic hardship, yet continue to mediate disputes, respond to protection incidents, and build community trust. The support required now goes beyond physical protection. CPTs are increasingly articulating the need for psychological protection alongside practical resources that enable them to operate safely and consistently. A meaningful Duty of Care approach therefore integrates peer-based psychosocial support, stress regulation practices, trauma-informed skills such as psychological first aid, and reinforcement of culturally grounded coping mechanisms within CPT structures. By

positioning psychosocial protection and support as integral to civilian protection work, Duty of Care strengthens long-term sustainability and legitimacy.

Alongside psychosocial measures, CPTs are requesting the operational infrastructure necessary to sustain their work – communication tools, safe movement support, fuel, phone credit, basic seasonal equipment, and other modest but essential inputs that enable consistent volunteer engagement and safe response. These are not supplementary items, but are the practical conditions that allow community protection to continue.

Alongside CPT-focused work, NP is operationalising Duty of Care with human rights defenders (HRDs) and journalists through partnerships with South Sudan Human Rights Defenders Network (SSHRDN) and the Union of Journalists of South Sudan (UJOSS). NP is providing direct welfare support and facilitated peer-to-peer support mechanisms for HRDs and media actors operating under significant threat. This work aims to strengthen their wellbeing, reinforce collective care practices, and enable them to continue documenting, reporting, and advocating under pressure. Building on this foundation, there is now scope to deepen and expand this work into more structured psychosocial protection, strengthened peer networks, and clearer referral pathways. In an environment where civic space is narrowing and exposure is increasing, extending Duty of Care to HRDs and journalists is integral to sustaining accountability and nonviolent civic action.

NP is also adapting its model of engagement. Through its Adaptive Response Team, NP is shifting toward a more flexible and cost-effective approach that prioritises care and responsible partnership, while providing surge support, mentoring, and resilience strengthening as requested by CPTs and required by shifting risk environments. This model recognises that mature CPT networks require lighter touch but still responsive accompaniment and structured support as well as strategic investment in their capacity to endure and operate independently.

Sudan

Widespread violence, siege conditions, and severely constrained international access mean that community-based actors in Sudan are frequently the only responders able to reach affected populations. As international organisations evacuate or operate remotely, neighbourhood committees, volunteer networks, and local protection groups sustain frontline engagement under conditions of shelling, armed group fragmentation, and rapid territorial shifts.

Exposure is both immediate and cumulative. Local responders navigate active hostilities, negotiate access with multiple armed actors, and organise evacuations from besieged or cut-off areas while managing fuel scarcity, communications breakdowns, and targeted intimidation. Many are themselves displaced or directly affected by violence, blurring the line between “responder” and “affected person.”

Duty of Care in this context must therefore prioritise peer-based psychosocial support and stress regulation mechanisms; access to first aid and psychological first aid training so responders can protect both civilians and themselves; and strengthened awareness (particularly on drone security) and physical protection measures to support situational awareness in environments where drone threats are present.

Operational inequality further compounds risk. Without fuel, communications equipment, or safe transport, protection efforts become life-threatening undertakings. Duty of Care approach in Sudan therefore includes provision and maintenance of critical operational inputs including fuel support, communications tools, and transport solutions to facilitate safe operations of local protection partners.

Syria

More than a decade of conflict has produced a deeply fragmented civil society in Syria operating under layered trauma, depleted institutional structures, and a rapidly shifting political environment. Following the fall of the Assad government in late 2024, local organisations face a profoundly changed but no less complex landscape – one in which the transition from active conflict toward uncertain stabilisation carries its own distinct risks. Long-standing divisions between communities, between armed factions, and between geographic areas that were for years controlled by opposing forces are now colliding in spaces of forced re-engagement.

Rather than the acute physical risks associated with active frontline response, the primary strain in this context is psychosocial, relational, and structural. Local civil society leaders and organisations have described how re-engagement across the country, including interaction with communities and actors long positioned as adversaries, is generating significant strain, and a key blockage to forming alliances, building trust across divides, and progressing collective action effectively.

A Duty of Care approach in Syria would therefore firstly prioritise direct welfare and facilitated peer-to-peer support mechanisms – not only to sustain individual wellbeing, but to support the re-grouping of civil society across a country navigating re-integration after prolonged division.

Secondly, digital security is a significant and growing concern. Surveillance infrastructure, compromised communication networks, and the risks associated with new authorities monitoring civic actors require investment in digital safety, secure communications, and digital literacy. Thirdly, many coordination mechanisms are already established and led by local actors, and NP's role would be to accompany and strengthen these rather than replicate them. Where gaps remain, where spaces do not yet exist, or where existing mechanisms are perceived as partial or affiliated with particular actors, NP would seek to support the creation of partner spaces that are neutral and locally trusted. Together, these three elements would support local actors to sustain the difficult, slow, and essential work of rebuilding across long-hardened lines, and in doing so, contribute to the interruption of cycles of violence.

United States

A further application of the Duty of Care package is emerging in the United States, where NP is supporting movement organizers including rights activists, grassroots and mutual aid organisations and community mobilisers, engaged in nonviolent efforts to resist and respond to violence that disproportionately affects vulnerable communities including immigrants, black, indigenous and people of colour.

NP's role focuses on strengthening coordination, reinforcing networks, and supporting coalition-building so that collective action can be sustained over time. Many community organisers operate under conditions of sustained pressure, surveillance, public hostility, and, at times, violent confrontation. Our local partners identify rising tensions at legal clinics, faith spaces, food distribution sites, and large-scale actions. These dynamics contribute to elevated levels of trauma, stress, and burnout, which can erode individual wellbeing and weaken collective resilience. Under these pressures, community organizing, mutual aid, and advocacy continue and the need for them increases. Without deliberate support structures, such strain increases the risk of disengagement, fragmentation, or a shift away from nonviolent approaches.

Through a Duty of Care lens, NP is prioritising the wellbeing and sustainability of community organisers, activists and those supporting them as a prerequisite for continued nonviolent action. This includes integrating peer-based wellbeing mechanisms, stress regulation practices, and collective care approaches into organising and coalition-building efforts. By embedding psychosocial protection within movement infrastructure, the aim is to help activists sustain engagement, remain grounded in nonviolent principles, and support one another over the long term.