Ethics for Humanitarian Innovation
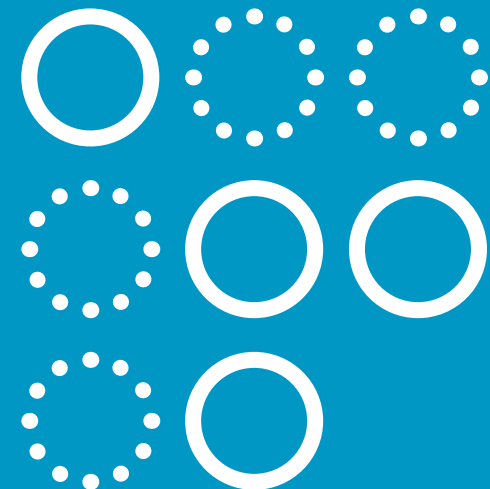
Case studies

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hhe humanitarian health ethics reflecting on ethical practice

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Introduction

These case studies are part of a suite of Ethics for Humanitarian Innovation resources, which also includes a practical toolkit and background paper.

Ethics case studies are widely used in ethics education and training to provide people with opportunities to explore, discuss and resolve ethical issues. Cases should be easy for people to relate to, hence we have developed a number of cases involving humanitarian innovation. Some were collected from humanitarian innovators reflecting on their lived experiences, and others were developed from published reports. Whenever possible, the factual details of the cases were confirmed with those directly involved. At times, hypothetical questions were added to the cases to promote discussion about particular ethical issues.

Ethics cases come in many different shapes and sizes, and can be used in a variety of ways. For example, the team that wrote the background paper that accompanies the toolkit used some of these cases to guide the development of other tools and training resources.

Descriptive cases provide primarily factual or event-related information and ask readers to identify ethical issues that are not explicitly described in the case. Such cases allow readers to use their own terminology in identifying the ethical issues. When facilitators are involved, they may provide ethics terminology to promote knowledge of key ethics terms and concepts. This can be facilitated by using the cases in conjunction with the other tools, particularly the Values Clarification and Foresighting.

Evaluative cases present the details of a scenario and also explicitly describe the ethical issues involved and various ethics concepts and principles that can be used to resolve dilemmas. Such cases promote ethical analysis and critical thinking by asking readers to examine which ethics concepts apply to the case. These cases can raise one or a number of ethical issues and readers may be asked to prioritise which issues should be addressed in which order. Such prioritisation can be part of the ethical analysis itself. For example, a reader could be instructed to consider features such as harm, urgency or economic cost in their analysis.

Decision-making cases add the element of requiring readers to make a decision. In addition to identifying the ethical issue, analysing ethical concepts, and evaluating options, these cases require ethical judgements to be made. Sometimes this requires predictions about what might happen if a certain course is chosen, and developing a plan for how to respond depending on the predicted outcome or possible outcomes. Cases leave readers to determine potential judgements and predictions, but readers should be able to provide the reasons and rationale for the decisions they reach. The goals of ethical decision-making include being able to provide well-thought-out and supported judgements, not just opinions based on hunches. These cases try to put readers into the shoes of decision-makers who must decide to act at a particular point. Philosophers may be able to reflect on dilemmas for centuries, but innovators must act, and therefore must practice making ethical decisions.
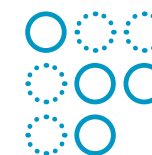
Situating the case studies

What: A set of case studies to promote reflection on a variety of ethical issues that may arise at various points during the innovation journey.

Why: Case studies are the tried and tested tool of ethics training and education. They provide a situation or case which should be relatively familiar to the audience so they can relate to the details. Through the challenges identified or questions raised in the case, the audience is given the opportunity to reflect on the ethical values, principles or virtues involved. This provides an opportunity to actively engage with the ethics of innovation, explore various approaches to ethics, and learn about ethical decision-making in a safe environment. Sometimes, cases can lead to reflection or discussion about one's own projects and situations, or this can be encouraged by facilitators if they are involved.

Who: The cases can be used by humanitarian innovation teams and their partners, and also to support engagement with members of communities affected by crisis.

When: The cases can be used at any point in the innovation process, or beforehand as part of team-building exercises. The cases can be used as part of training in ethical decision-making or to help when ethical challenges arise by allowing ethical reflection on related cases with similar ethical issues.

Best used in conjunction with the following tools from the Ethics for Humanitarian Innovation Toolkit: REACH; Ethics For Activities; Values Clarification; Foresighting; or independently.

How to use the case studies

Ethics case studies can be used in a variety of ways. They can be read by individuals or in groups. When **reading the cases alone**, it is important to regularly stop and reflect on the details. Each of the cases provided includes specific questions, but many additional ones could be asked. What is ethical about this situation? Why do people's views differ on this ethical issue? What would I do if I was in that situation? If I was a member of that community? If I was the manager of that team? When reading the cases individually, it is particularly important to keep asking yourself questions like these.

A limitation with all ethics cases is that the information and detail provided may be deemed by readers to be insufficient to allow definite conclusions. With written cases, this limitation may have to be accepted by the readers, perhaps leading to a conclusion that no decision can be reached until certain additional information or perspective is obtained. To compensate for this limitation, some of the case studies here are written in different parts. Once the first part is reflected on or discussed, readers can move to the next part, where additional information is provided. With some cases, the second part consists of additional questions to steer the discussion.

Group discussion of the cases can be done in more or less structured ways. Having read the case together, the included questions can be used to stimulate discussion, or raise additional questions. If a facilitator is involved, the different parts of the case can be held back and disclosed in sequence. This technique can also be used to give a more realistic feel to the discussion, as the facilitator reveals more information over time. Facilitators can also encourage all members
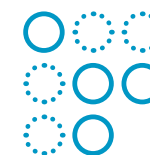
of the group to engage actively, and can help to ensure discussions remain focused and appropriate. At the same time, a facilitator is not required for these cases to lead to productive, reflective discussions.

It is important that everyone taking part – facilitators and participants – helps to foster a supportive environment for discussion. Ethics case studies can be fascinating, informative and productive ways to explore ethics in innovation. They allow us to explore real-life situations that promote active learning and connections between theory and practice. But they can also be challenging, perplexing and even disturbing, and facilitators should address the possible difficulties clearly.

People should be reminded of the importance of discussing ethics cases in respectful ways. Vigorous debate can be healthy, but must also be conducted in ways that respect people's dignity.
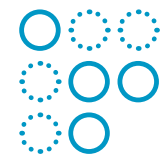
Some cases may also remind people of difficult, painful or even traumatic situations they have experienced. People should be encouraged to discuss issues openly, and be reminded of ways to care for themselves and how to access support if needed.

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Case studies

Case study 1

Risk to local innovators

Ethical issues
— Innovation in insecure settings
— Risk to local innovators

Related tools
Use the pilot questions in the **Ethics for Activities** tool to help structure your thinking.

Case study type
— Part 1: Descriptive
— Part 2: Evaluative and Decision-making

Linkage with the Humanitarian Innovation Guide
This case is primarily focused on the **Pilot** stage of an innovation (as laid out in the Humanitarian Innovation Guide) as it raises ethical issues about its timing and setting. You may wish to refer to the Ethics For Actions tool to help structure your thinking in response to this case.
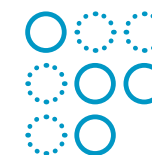
The case: Part 1

An innovation project was being conducted in an African country experiencing violent conflict between different rebel groups, frequent gun attacks and an infectious disease outbreak. The project involved a local non-governmental organisation (NGO) and a local higher learning institution, along with a non-local university team. The local partners were well established and had formal and informal connections to the police, military and rebel groups. Local partners worked in rebel-controlled territories near where the disease outbreak was occurring. A decision was made that people from the external (non-local) supervisory team would not enter the area as this would pose a threat not only to the team, but also to project participants and data collectors.

The innovation project focused on gender based violence (GBV). A search for innovative approaches to addressing GBV identified an intervention which was adapted for this context. Funding was obtained to collect data from participants who had used the intervention. Local data collectors went out in teams of four to six people (each team was half male, half female). Daily communication with the supervisory team was made through telephone and WhatsApp. The situation was tense: difficult encounters at roadblocks; unpleasant encounters with unknown individuals; difficult physical working circumstances (eg, travelling by motorcycle, challenging or inadequate food and accommodation); and psychologically demanding work (eg, listening to participants talk about their GBV experiences).

Specific ethical questions arose after two of the data collectors (a male and a female) found themselves in the middle of a gun attack in the lobby of their hotel. A 45-minute shootout ensued, with the data collectors hiding behind the hotel counter. The two data collectors were not physically harmed, and were evacuated the next day with the help of a local partner. All data collectors were recalled from the field to allow time to assess the situation and provide psychological support. It was determined that the innovation team members were not the target of the attack.

Discussion questions

1. Do you think this innovation should have been evaluated in an insecure setting at all? What ethical justifications could be provided for pursuing the evaluation in this way, and how might it be argued that this was not ethical?

2. In general, what ethical principles and other practical factors should be considered before deciding whether to pilot innovations in insecure settings?

3. If the data collectors who witnessed the gun attack in the hotel decide not to go back to work, what, if any, ethical responsibility does the project have to continue to support them? If the project *should* continue to support them, should this be primarily psychological support, or should they continue to receive their salary? Could there be unintended negative consequences of taking this approach?
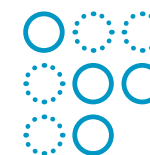
The case: Part 2

Some data collectors asked to return to the field; others did not want to return. The supervisory team met to decide what to do. Those wanting to continue the work reminded the team that the project had been identified and developed in consultation with several local partners to address a very important issue. Local participants and data collectors agreed that this work needed to be conducted to identify innovative ways to address GBV, which is widespread in the region but often not addressed. The need for effective, culturally appropriate interventions is high.

Discussion questions

1. What considerations should guide the supervisory team in determining whether or not it is ethical to continue with data collection in this same region?

2. If it is decided to allow the project to resume, let us assume that each local data collector is allowed to determine for themselves whether or not to return to the field. In these circumstances, some could question whether it is ethical to allow local data collectors to take risks in the field while the supervisory team remains in more secure settings. What ethical rationale would support each perspective on this issue?

3. Imagine you are the person in charge of this project. You have to make the final decision as to whether or not the project continues. What ethical arguments would you find most convincing? What would you finally decide to do?
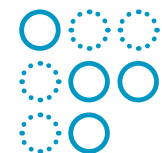
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Case study 1

Guidance notes

Guidance notes

After people discuss Part 2, Question 1, you could add this extra information to prompt further discussion:

> The data collecting work was an important source of income for many of the collectors, and some were keen to make sure the work was not cut off prematurely. Pausing the data collection after the attacks also created significant problems for data collectors' regular employment (some had requested leave in order to take part in the project, which would now need to be extended). How do considerations of payment, incomes and livelihoods affect the ethics of resuming or cancelling the project?

After people discuss Part 2, Question 2, you could add this extra piece of information and ask for further discussion:

> Some data collectors stated that gun violence is the daily reality for many people living in that area. For them, they are equally at risk going about their usual lives compared to being data collectors. Therefore, they want to continue working. They argue that it would be unethical to not continue the work to find ways to address the needs of the population and determine how well the intervention works. How would this impact your assessment of the ethical considerations?
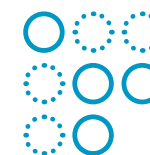
Case study 2

When success brings ethical dilemmas

Ethical issues
— Successful innovation that makes
confidentiality impossible
— Distributing unforeseen benefits

Related tools
You may wish to refer to the Ethics For Actions Tool
to help structure your thinking in response to this case.

Case study type
— Descriptive
— Evaluative

Linkage with the Humanitarian Innovation Guide
This case links to both the **Invention** and **Scaling** stages of an innovation
(as laid out in the Humanitarian Innovation Guide) as it raises questions
about the impact of the innovation on the community, questions
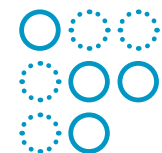of ownership, and potential risks and benefits.

The case

Healing in Harmony (HiH) is an innovative form of music therapy for survivors of sexual violence in post-conflict settings. It was recognised that large numbers of women in various regions of the world have experienced conflict, violence and sexual assault. On arrival at hospitals, survivors of sexual violence often do not have the emotional strength to withstand the rigours of treatment and recovery. Along with their physical injuries, women often experience high levels of anxiety, low self-worth and post-traumatic stress disorder (PTSD). Building women's psychological resources is critical to their holistic recovery.

Based on practices that have been used elsewhere, music therapy was proposed as a possible solution to help female survivors recover psychologically and increase their sense of self-worth and well-being. A variety of ways to combine music and therapy were adapted and piloted. Early trials found that women in music therapy were twice as likely to have a reduction in anxiety scores when compared to women who did not participate. Also, women in music therapy were 80% more likely to have a reduction in PTSD scores than women who did not participate. These trials led to the HiH approach.

The HiH method links women with a trained psychologist and a music producer (Ataman et al. 2019). Over four months, they work together to write, record and professionally produce songs about their emotions and experiences. The women are also involved in psycho-social group counselling, which runs alongside the music sessions. The women are carefully monitored and individual counselling provided as needed. Women are treated not as patients but as artists who use music as therapy and as a form of public advocacy against sexual violence and the stigmatising of survivors.

As the success of the music therapy programme developed, the songs were played on local radio stations, CDs were made and a concert planned. As the project was scaled and expanded, it became more difficult to keep the identity of the women confidential. Live performance of the songs would eliminate this possibility entirely, raising some ethical questions.

Discussion questions

1. How should the innovation team address the ethical issues around the victims of GBV being identified through their songs and public performances? These carry risks of rejection, stigmatisation and further violence, but at the same time could be empowering for the women and raise awareness of GBV in the community.

2. The growing popularity of these songs raises additional ethical issues such as ownership, intellectual property, royalties and potential profits. How should these questions be explored? By whom?

3. Let's assume that the songs become commercially successful and significant profits are generated. Disagreement develops over whether the profits should go to the individual singers or be put towards community resources to address GBV. What ethical rationale would support each perspective on this issue?
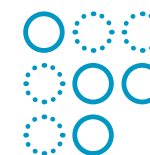
Guidance notes

After people discuss Question 1, you can add some further real-world detail from the project, to generate more discussion:

A further complication arose from this project — which could be seen as a consequence of its success. The women involved were excited to have the opportunity to produce their own music, and were enormously proud of their work. Men in the community became interested and wanted to become involved themselves. What ethical challenges does this present for the continuation of the project? What challenges does it raise for those who are already involved?

After people discuss Question 2 and 3, again you can add real-world detail to stimulate the group's thinking:

Questions over intellectual property and royalty payments have been partially resolved. A change in the by-laws there now allows royalties to be distributed to a cohort rather than individual performers.

References

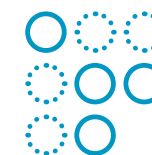Ataman D, Johnson S, Cikuru J, Cundy J. Music heals: a brief background of Healing in Harmony. *Humanitarian Exchange* 2019; 75: 20–23. https://odihpn.org/magazine/music-heals-brief-background-healing-harmony

Case study 3

Sensitive issues and power dynamics

Ethical issues

— Ethics in translating and discussing
culturally sensitive topics
— Power dynamics

Related tools

You may wish to refer to the Ethics For Actions Tool
to help structure your thinking in response to this case.

Case study type

— Part 1: Descriptive
— Part 2: Evaluative

Linkage with the Humanitarian Innovation Guide
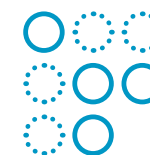
This case links into the **Recognition** stage of an innovation
(as laid out in the Humanitarian Innovation Guide) as it relates
to communication with the communities where innovative
approaches are being used, and to power relations in the community.

The case: Part 1

Menstrual health and hygiene (MHH) and its management have been identified as important but often overlooked issues for women and girls in humanitarian emergency contexts. While menstrual health management (MHM) has been identified in humanitarian minimum standards, it continues to be overlooked by many, including male leaders and international agencies. The lack of attention to MHH raises health, dignity and gender issues. Consultation with women experiencing displacement in emergency contexts points to this being an important issue that needs attention. Although humanitarian actors are increasingly addressing MHH needs, there is still a lack of rigorous evidence to help humanitarians select the best approach to their interventions.

To address MHH needs in refugee settlements, an innovative approach, integrating MHH support into existing humanitarian structures, was developed by the WoMena organisation in Uganda. The aim was to train humanitarian support staff and community facilitators to provide MHH education and support in selected communities, alongside the distribution of a sustainable MHH kit containing reusable menstrual products. The model had previously been piloted in schools in another refugee settlement. Plans were developed to deploy the intervention in two refugee settlements and collect data on its impact.

During the planning stage, it became clear that the tools previously used by the organisation for training and data collection were not suitable for this context. Not only was there greater diversity of languages than anticipated, but levels of literacy were also lower than expected. The approach to education, training and data collection needed to be adapted.

A language mapping exercise was conducted by the humanitarian partner organisation to identify all the languages used in the intervention areas. Five languages/dialects were identified as the primary languages for translation. It also became clear that in each language or dialect particular terms related to menstrual and sexual health were viewed as inappropriate. This raised additional challenges around which words should be used in training and data collection. Some words, even though technically correct, could cause offence, whereas some of the commonly used and understood terms, could potentially reinforce menstrual stigma.

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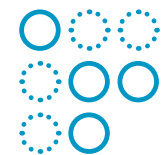
WoMena Uganda developed an exercise to identify the most acceptable and appropriate words to use for basic female anatomy and menstruation, in consultation with community facilitators representing the different linguistic groups. They were asked to map different terms in the local languages and dialects onto charts, after which the terms were discussed in the group. The exercises allowed the diversity of terms to be identified, the best ones selected, and appropriate terms agreed upon. It also allowed for acknowledging inappropriate terms and encouraged community facilitators to think about the language they themselves might use to talk about menstruation. The same exercise was done with local research assistants when piloting the data collection tools to ensure their understanding of the terms matched that of the community.

The training manual for community facilitators, originally written in English, was also adapted into a visual handheld tool, with simplified explanatory text (in English, Arabic and a third local language). It was piloted with community facilitators during a follow-up visit and an additional training session was to be held, in the use of the new handheld tool using the visual graphics only.

Discussion questions

1. Should translation be seen as an ethical issue in innovation? Give reasons for your views, and discuss how this would be practically implemented.

2. Conversations related to menstrual and sexual issues can be particularly challenging and raise various sensibilities. What ethical principles, concepts and approaches could be helpful in facilitating such conversations?
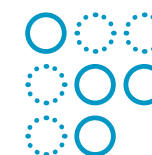
The case: Part 2

Before beginning the project, WoMena Uganda identified a local partner working in refugee settlements. The project secured support from local and national ministries and the UNHCR. According to the rules relating to conducting research in the country, an application for ethical approval was submitted to a local ethics committee. Particular attention was given to collecting outcome data among vulnerable participants.

Rules around ethical approval differ between countries. In Uganda, any project that is considered research, must obtain ethical approval from a local research ethics committee (at a university or research institute) and from a national council responsible for overseeing research conducted in the country.

The decision on the ethics application was first delayed and then rejected. The rejection appeared to be related to the local research ethics committee determining that the innovation should first be tested in the general population rather than in a humanitarian context. The committee also raised concerns about the use of innovative menstrual products in a refugee settlement, due to the perceived limited sanitation facilities available to participants.

Discussion questions

1. If local authorities believe a particular project is of low priority or not appropriate for a humanitarian context, how should the innovation team decide whether to continue pursuing the concept?

2. What other factors could have affected the ethical committee's decision? What other local voices should be listened to as the innovators make this decision?

3. Assuming it is decided to pursue the project further, what approaches should be considered in efforts to obtain ethics approval for this project?

4. In this example, various similar but smaller projects have been implemented in the country by humanitarian actors, with data collection related to monitoring and evaluation activities carried out. What is the difference between research and evaluation and when should ethical approval be considered?

5. How might this project be adapted so that ethical approval would not be required? What ethical (and practical) challenges might arise from taking this approach?

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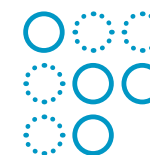
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Hauge R, WoMena. Meeting linguistic challenges with images: Innovative menstrual health education in humanitarian programming. Elrha. www.elrha.org/project-blog/meeting-linguistic-challenges-with-images

WoMena. 2018. Ndrelmba, Perotiyapa and Dora: Translating menstruation. Elrha. www.elrha.org/project-blog/ndrelmba-perotiyapa-and-dora-translating-menstruation
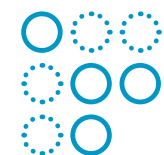
Hunt M, O'Brien S, Cadwell P, O'Mathúna DP. Ethics at the intersection of crisis translation and humanitarian innovation. *Journal of Humanitarian Affairs* 2019; 1 (3): 23–32. http://dx.doi.org/10.7227/JHA.022

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Case study 4

Balancing different goods and risks

Ethical issues
— Balancing different goods and risks
— Local ownership

Related tools
Please refer to the Ethics For Activities tool to help structure your thinking in response to this case.

Case study type
— Evaluative
— Decision-making

**Linkage with the Humanitarian Innovation Guide**
This case study is adapted from an innovation project instituted by a civil society organisation in Manila, the Philippines. The case links into the Search and Pilot stage of the humanitarian innovation process (as laid out in the Humanitarian Innovation Guide) as it involves looking for existing approaches to address a need. It raises issues related to the Pilot stage when unanticipated risks and benefits were identified.
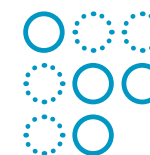
The case

A community-based organisation is very active within several communities located in riverside informal settlements that are exposed to annual flooding. Following a particularly heavy flood season, the organisation initiated a process of community consultation in order to improve the response to future floods and lessen their impact on the community. During this process, a participant expressed that what was needed were boats that could be used to rescue people when flooding occurred. This idea was endorsed by other participants.

Members of the organisation looked for a source of appropriately designed boats. Due to limited financial resources, they decided they could not purchase existing boats and would instead build their own. However, no one in the community had experience building boats. An innovative approach was developed by acquiring plans for a fibreglass boat. A community member with experience making fibreglass mudflaps for motorcycles trained others to work with fibreglass. The boat design was adapted by adding a keel and exterior ropes so that when the boat was full, swimmers could hold on to the sides of the boat during an evacuation.

Several rescue boats were built and used during the next flood cycle. A formal evaluation process was not implemented, but significant positive feedback was collected from members of the community. One unexpected issue was identified where the presence of the boats may have led some people to stay in their homes for longer periods, remaining on upper floors rather than evacuating to safety.

The boats are only required for rescue purposes during the flood season. Some members of the community argue that the boats should be reserved for rescue purposes only, with the costs for maintenance shared by the community. Others argue that they should be used for transport or fishing when they are not needed for rescue, which would provide further benefits for the community and generate income for maintenance.

After their initial success, the boat-building team has been invited to join a working group with a government ministry and a naval architect to create a larger boat that could be built locally. The team was asked to build boats for other municipalities and has been commissioned by a humanitarian NGO to teach boat-building techniques to other communities.

Discussion questions

1. Given the context, what level of evaluation do you think would be sufficient and appropriate after the flood cycle. How can the innovation best be evaluated at this point? What are the ethical responsibilities?

2. Is there an ethical responsibility to anticipate and mitigate against the possibility that some people will put themselves at higher risk by assuming they will be rescued rather than evacuating earlier. How might this concern be addressed?

3. Do you think the boats should be reserved for rescue purposes during the flood season, or whether other uses should be permitted? What ethical rationale could be developed to support both sides of this issue?