Humanitarian Exchange

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In this issue

About HPN

The Humanitarian Practice Network at the Overseas Development Institute is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience. The views and opinions expressed in HPN's publications do not necessarily state or reflect those of the Humanitarian Policy Group or the Overseas Development Institute.

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The special feature of this issue of *Humanitarian Exchange* focuses on humanitarian action in the Middle East. As Abdul Haq Amiri emphasises in the lead article, recent political unrest has highlighted the need for humanitarians to engage in new ways of thinking and working in the Middle East. Responding effectively to the needs generated by these largely urban crises requires much greater understanding of the context and culture, more respectful partnerships with local NGOs and civil society and much more substantive engagement with regional organisations. Other issues explored in this edition include the impact of movement restrictions in Gaza, analysed in a report by the Association of International Development Agencies (AIDA). Kate Washington reflects on the provision of assistance to Iraqi refugees in Jordan, and Géraldine Chatelard outlines the shortcomings of current urban refugee policies. Colin Lee discusses mental health provision in Lebanon, and the challenges involved in working with women-headed households in Iraq are analysed by Caroline Douillez. Finally, Caroline Abu-Sada describes how Médecins Sans Frontières (MSF) has adapted its approach to providing emergency medical care to different country contexts in the Middle East.

The practice and policy section of this issue contains articles exploring how the discourse around cash transfer programming exposes the biases of the international humanitarian community; the role of faith-based communities in responding to HIV in emergencies; ways in which the international community can support the expansion of humanitarian space for local NGOs in Myanmar; developing inter-agency Disaster Risk Reduction approaches and tools in Bolivia; providing cash to micro-entrepreneurs to meet post-conflict needs in Kyrgyzstan; using small-scale solar energy solutions to reduce the vulnerability of women and girls to sexual violence in Haiti; and integrating conflict mitigation into the INEE Minimum Standards for Education.

As always, we welcome any comments or feedback, which can be sent to hpn@odi.org.uk or to The Coordinator, Humanitarian Practice Network, 111 Westminster Bridge Road, London SE1 7JD, UK.

The humanitarian challenge in the Middle East

Abdul Haq Amiri, OCHA ROMENACA

The popular uprisings sweeping through North Africa and the Middle East, from Tunisia in the west to Syria in the east, and the generally violent response to them from state authorities, are challenging humanitarian organisations and policymakers in new ways. These are not 'classic' humanitarian emergencies, which are often associated with hunger, epidemics, displacement and a desperate daily struggle for survival. These crises are happening mainly in middle-income countries, in urban settings with functioning basic social services, and affecting a cross-section of the population. These crises have not developed into large-scale humanitarian emergencies – at least not yet. But they do demand new ways of thinking and working.

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Syrian protesters in front of the Syrian embassy in Cairo

A changing landscape

Events in Tunisia and Egypt constitute human rights crises triggered by these states' heavy-handed responses to protest. The situation is similar in Bahrain, though that country has received much less international scrutiny and media attention. At the other end of the spectrum is the humanitarian crisis in Yemen. Although this predates the current unrest and insecurity in the country, political upheaval and the recent escalation in associated violence have led to a dramatic deterioration in the humanitarian situation, with reduced access to people in need and the relocation of humanitarian workers. Already the poorest country in the Arab world, with more than half of its children chronically malnourished, Yemen is running out of water and fuel, food is increasingly scarce and the healthcare infrastructure is largely defunct. Meanwhile, the unresolved conflict in Libya is causing growing concern around the protection of civilians, internal and cross-border displacement, food security and economic collapse. Syria is another flashpoint. The situation there rapidly evolved from protest movements similar to the ones in Tunisia and Egypt and to a human rights crisis with increasing humanitarian consequences. A protection crisis is unfolding with reports of over 1,500 civilian deaths, widespread arbitrary detentions, impeded access to basic services, displacement and impeded access to medical assistance for the injured. Over 20,000 Syrians have crossed into Turkey and Lebanon seeking protection, but the numbers have been decreasing.

The humanitarian response

Impediments to access for humanitarian agencies have prevented us from assessing needs in areas of concern. This lack of accurate information – especially for the most vulnerable groups such as children, the elderly, the sick and disabled and female-headed households – is an issue across the region. A common problem in these countries is that social unrest has resulted in the national security apparatus taking charge, overriding the normal entry points for international humanitarian responders and diminishing their operational space. An effective humanitarian response is built on independently assessing needs, responding to them in accordance with humanitarian principles. But we have been unable to carry out the assessments we require to respond.

Humanitarian and human rights agencies and organisations have been unusually outspoken about events in the region. Both the UN and NGOs have repeatedly condemned the excessive and indiscriminate use of force and other human rights violations, and have called for humanitarian access. Highlighting these issues in public complements the bilateral humanitarian advocacy that agencies regularly carry out. The impact of this is difficult to gauge. However, the League of Arab States (LAS) took the unprecedented step of supporting the UN-sanctioned and NATO-led military operation in Libya (with Qatar's active military participation). The Gulf Cooperation Council (GCC) took a collective political stance and challenged Colonel Muammar Gaddafi's legitimacy to rule after international

denunciation of the regime's violent crackdown on protesters.

Where humanitarians have access they are providing relief, as is the case in Yemen, where the Consolidated Appeal is being revised to take the recent upheavals into account, and in Libya, which triggered a regional Flash Appeal for $409 million earlier in the year, mainly to provide assistance to the hundreds of thousands of people fleeing the country. Where there is as yet no access, as in Syria, organisations prepare, monitor the situation, advocate aggressively with the authorities for access and information and build partnerships for a potential response.

social unrest has resulted in the national security apparatus taking charge, overriding the normal entry points for international humanitarian responders

Many organisations are also thinking about the consequences of the uprisings in the medium term. There is an expectation that they will increase vulnerability for the poor and marginalised, and may result in 'creeping crises' that begin with generalised poverty and high vulnerability and then deteriorate into humanitarian emergencies and a need for relief. This is already happening in some countries, where uprisings have undermined the economy and strained basic services. Foreign investment has plummeted, revenues from tourism (for example in Egypt and Tunisia) have all but evaporated and domestic production has been hit.

As the crisis in the Arab world has unfolded, we have seen a multiplication of mainly national NGOs, providing a wide range of assistance including health, water, non-food items, food, shelter and sometimes cash. This has been especially evident in Tunisia and Egypt, in the response to the influx of people from Libya. However, these organisations often act in isolation from international humanitarian actors and coordination mechanisms. This is a challenge recognised both by national governments in countries affected by crisis and by the UN Office for the Coordination of Humanitarian Affairs (OCHA).

A Western enterprise?
Particularly in the Middle East, the international humanitarian community and the UN are perceived as Western-dominated and as having little experience of operating in the Arab and Islamic world, where the tradition of humanitarianism is based on Islamic values of philanthropy, charitable giving (*zakat*) and kinship obligations. Humanitarian principles and approaches resonate with many local actors in the Islamic world, who believe that providing such assistance is a religious and moral obligation that should be met regardless of race, gender or faith. This is reflected in the Code of Conduct for Muslim humanitarian organisations,

developed with the support of the Red Cross and Red Crescent Movement, the Turkish NGO IHH (the Foundation for Human Rights and Freedoms and Humanitarian Relief) and the Humanitarian Forum, for adoption by the Organisation of the Islamic Conference (OIC).

Perceptions of Western domination of humanitarian action should be taken seriously and countered in a respectful and self-critical manner. The majority of aid personnel come from the countries in which they work. They are also the most exposed: in 2009, 102 humanitarian workers were killed in the line of duty, 88 of whom were national staff. It is not a case of 'us' helping 'them', but rather of people helping themselves. The role of the international humanitarian community in general, and OCHA in particular, is to support this work with the tools and services we have available to improve response coordination, disaster preparedness, fund-raising, advocacy, information management and a range of other services.

One fundamental challenge – and opportunity – for the UN and other 'Western' humanitarian organisations is how to strengthen and incorporate national non-governmental humanitarian actors in the Middle East into the international humanitarian response system. The past months have shown that, when state authority is being contested and governments and rulers are being overturned, we need these partners even more. In the UN system we are increasingly aware of the huge potential that civil society has for humanitarian action in the region. The spontaneous formation and mobilisation of small national organisations and individuals in Egypt and Tunisia is just one striking example. Creatively building more partnerships and enhancing coordination with these fellow humanitarians – whether in small local organisations or big international institutions – are key lessons from this year's uprisings in the Arab Middle East. These organisations add enormous value to the humanitarian response as they are already on the ground and typically have better access to people in need.

particularly in the Middle East, the international humanitarian community and the UN are perceived as Western-dominated

To succeed in this, we should make an effort to meet these organisations on their own terms, listen attentively to their interpretation of humanitarian affairs and, importantly, speak their language. One recent example was a workshop in May hosted by the Qatar Red Crescent Society with facilitators from OCHA and the ICRC. Building on the lessons learned from this meeting in Qatar, a similar workshop was conducted for civil society in eastern Libya, led by the Qatar Red Crescent and Humanitarian Forum.

The objective of the May workshop was to build consensus among humanitarian organisations from the Gulf countries on

key aspects of emergency response and disaster management, such as the protection of civilians, humanitarian access, preparedness and humanitarian coordination and financing. The workshop was conducted in Arabic, which resulted in excellent participation from all and a frank exchange of views. However, contentious issues arose. Some participants perceived the UN as bureaucratic and the Western-based international NGOs as having a hidden political agenda. Another potential point of disagreement was that, while there was broad consensus that assistance should be provided on the basis of need, actors from the region – many of whom lack exposure to international standards in this area, such as they are – felt that needs assessment made humanitarian responses slower and more costly. While efficiency and cost-effectiveness are important, identifying the genuinely needy and distributing aid according to humanitarian principles of humanity, neutrality, impartiality and independence require time and resources. The NGOs involved in the workshop explicitly asked for more training on international coordination mechanisms, and were eager to participate in the Consolidated Appeal processes in the countries in which they work. But they also said that they felt left out and unwelcome, indicating that extra effort is needed to make the international humanitarian system more inclusive.

> the uprisings in the Arab world require new ways of thinking and working

The League of Arab States (LAS) and the OIC have significant leverage and convening power with their member states in the Arab and Islamic worlds. Both

institutions have recently entered the humanitarian arena in earnest, setting up departments dedicated to humanitarian activities. The OIC's Islamic Conference Humanitarian Assistance Department (ICHAD) was established in 2008, and has been working with NGOs from the Muslim world to improve coordination and relief delivery in the region. The ICHAD acts as a link between NGOs from member states and international coordination mechanisms. Likewise, the LAS' Health and Humanitarian Assistance Department has provided direct assistance to Libya. The UN is providing capacity-building to both the LAS and the OIC.

The way ahead

The uprisings in the Arab world require new ways of thinking and working, greater collaboration with NGOs and civil society from the region and support from regional organisations such as the OIC and LAS. This includes operational coordination, as well as steps to ensure that humanitarian experts in the region link up and form communities of practice to exchange information and mutual learning. To do this, key resources will need to be translated into Arabic. There is also a need for greater investment in understanding local contexts and cultures, and the ways in which humanitarian action is perceived and implemented by local actors. Advocacy on critical issues such as the protection of civilians and respect for humanitarian space would also be greatly enhanced through increased collaboration with local humanitarian organisations. Combined, such strengthened partnerships would significantly boost humanitarian capacity.

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Restricting aid: access and movement constraints in the occupied Palestinian territory

AIDA

The occupied Palestinian territory (oPt) is subject to a variety of access and movement restrictions imposed by the Israeli government, the most significant of which include the blockade of Gaza and the Wall in the West Bank. These restrictions increase the impoverishment and vulnerability of Palestinians within the oPt, and directly impede humanitarian and development programmes. According to the results of a recent study by the Association of International Development Agencies (AIDA), access and movement restrictions for INGOs are serious, widespread, costly and difficult to overcome. As a result, vulnerable communities are not being reached, the quality of programming is being compromised and the impact of humanitarian and development interventions is being reduced.

This article describes the access and movement restrictions imposed by the Israeli government and their impact on the Palestinian people, and outlines the findings of the AIDA research on how these restrictions have affected the humanitarian and development programming of international agencies operating in the oPt.[1]

Gaza restrictions

The Israeli blockade of Gaza has had severe consequences for the lives and livelihoods of Palestinians there. Freedom

1 The AIDA study was a compilation of three separate survey elements: a telephone survey of AIDA members on issues of movement and access, an annual AIDA online member survey and follow-up email questions. Between 20 January and 10 February 2011 representatives of 62 member organisations were interviewed out of a total of 86 member organisations.

of movement for Palestinians wishing to leave the Strip is severely limited, with exceptions only for some business travel and critical emergency medical cases. Movement of humanitarian personnel in and out of Gaza is also problematic. The AIDA study found that almost three-quarters of respondents to the survey had experienced problems obtaining permits for their international staff to access Gaza, with a quarter frequently having permits denied or put on hold. For national staff the challenges are even greater: permission to travel between the West Bank and Gaza is rarely granted to Palestinians, and when it is applicants usually have to travel within 24 hours of being notified, and their stay is limited to a specified number of days. Ninety-two percent of AIDA members who required permits for Gazan staff to enter the West Bank or East Jerusalem reported that these were often denied or significantly delayed. Frequently the event for which the permit was requested, such as a meeting or a training session, had ended while the application was still pending, making pending permit applications effectively denials. Another 88% of AIDA members said that the same applied for permits for West Bank staff to travel to Gaza.

Box 1: Access denials in Barta

In Barta, a herding community located between the Wall and the 1967 Green Line, three AIDA member organisations reported that they had been denied access to the village by the Israeli military. Two were refused permits outright and the third waited for six weeks for a permit to carry out a two-hour needs assessment.

Entry restrictions have also been imposed on a wide range of humanitarian goods and supplies, including food, water equipment, cement for construction and raw materials for private or commercial use. The blockade was eased in July 2010, and Israel increased the number of truckloads of imports entering Gaza by a monthly average of 66%. However, this still represents only 35% of imports before the blockade was imposed. The amount of non-food items allowed in – between 40% and 50% of all imports – remains disproportionately low; prior to the blockade, over 80% of imports were non-food items. The AIDA study showed that 90% of members faced difficulties moving goods and services into Gaza.

Disruption to the supply chain prevents long-term development work and channels efforts towards less sustainable short-term humanitarian projects. Restrictions on the types and quantities of goods allowed have also contributed to the stagnation of the Gazan economy, and have prevented core infrastructure from being repaired or built.[2] For example, of 2,795 houses severely damaged during Israel's military offensive *Operation Cast Lead* in 2008–2009, only 840 have been repaired and just 106 out of the 3,489 houses that were totally demolished have

been reconstructed.[3] Anecdotal evidence suggests that restrictions on the import of construction materials are fuelling the unregulated black market trade through the network of tunnels that runs along the southern border. As these goods are not entering Gaza via official channels, international agencies that rely on funding from donors with strict procurement guidelines are unable to purchase them, making it very difficult for these agencies to acquire the necessary raw materials for reconstruction projects.

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the Israeli blockade of Gaza has had severe consequences for Palestinians

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The Israeli government also restricts Palestinians' access to land and sea in areas designated as 'buffer zones' designed to prevent attacks on Israel by Palestinian armed groups. The total population affected by these restrictions is estimated at 178,000 (or 12% of Gaza's population).[4] The restrictions cover sea areas more than three nautical miles from shore and land as far as 1,500 metres into Gaza from Israel's security fence. The precise boundaries of these restricted areas and the rules of engagement that apply to them are unknown and are enforced in a highly arbitrary manner, often with live fire: according to OCHA, between January and June 2011 20 civilians were killed and a further 252 injured in Gaza's restricted areas. As a result of the restrictions, agricultural production is no longer economically viable and the once-thriving fishing industry has withered away.

The AIDA study showed that security and lack of access to the buffer zone was a major deterrent for agencies wishing to provide assistance to communities there. Forty-two percent of AIDA members who answered the question reported that they had decided not to work in the Gaza buffer zone due to access and security restrictions.

West Bank restrictions
In the West Bank, including East Jerusalem, a complex system of movement restrictions, including permits, roadblocks, checkpoints and the Wall, severely limits Palestinians' access to essential services and markets. The Wall is a series of fences, cement walls, patrol roads and guard towers that Israel began constructing in the West Bank in 2002. The International Court of Justice at The Hague ruled in a 2004 advisory opinion that the construction of the Wall was contrary to international law and that it should be dismantled. In East Jerusalem the Wall winds through Palestinian neighbourhoods, separating neighbour from neighbour and cutting large communities off from the city's essential services, including schools and hospitals. In general restrictions limit or cut off access to

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2 OCHA, *Easing the Blockade: Assessing the Humanitarian Impact on the Population of the Gaza Strip*, March 2011.

3 Shelter Sector Gaza – Unified Shelter Sector Database (USSD), http://www.sheltergaza.org.
4 OCHA and WFP, *Between the Fence and a Hard Place: Humanitarian Impact of Israeli Imposed Restrictions on Access to Land and Sea in the Gaza Strip*, August 2011.

towns and villages, to essential services and to agricultural land behind the Wall and in Area C, which comprises 61% of the West Bank.[5] Palestinians with land near Israeli settlements or military zones are either physically barred from accessing it or face an arduous permit regime. Lengthy permit request procedures and frequent delays, as well as the risk of demolition, mean that agencies and donors are reluctant to invest in essential infrastructure, despite the need. In the AIDA study 87% of respondents operating in Area C have modified their programmes due to access restrictions.

> **a complex system of movement restrictions in the West Bank severely limits Palestinians' access to essential services and markets**

Impact of restrictions

The survey results identify the permit system as the most important obstacle faced by international aid agencies. Those most affected are local staff, short-term staff, consultants undertaking monitoring and evaluation missions, auditors and trainers, who typically have only brief opportunities to visit, but are unable to acquire access permission in the short period of time available to them.

Organisations have developed various ways to deal with the restrictions – all of them costly. Many have duplicated roles: finance, administration, security and technical posts have been established in both Gaza and West Bank offices, where previously one would have sufficed. Role duplication alone accounts for $2.6 million per year in unnecessary costs. A third of agencies have taken on extra staff in order to cope with the workload associated with applying for permits and visas, at an estimated cost of $620,000 a year, and have created positions for extra international staff, given that they are less constrained in travelling between Gaza and the West Bank than their national counterparts. This is substantially more expensive and offers fewer employment opportunities for the local workforce. Some organisations have also relocated training and retreats to Egypt or Jordan, with obvious cost implications. In all, the total financial cost for INGOs of dealing with movement restrictions on staff and goods in the oPt is at least $4.5 million a year.

5 Area C is under full Israeli military control. It includes all of the Israeli settlements, most of the main roads in the West Bank and some 150 Palestinian villages. Area C also includes tens of thousands of hectares of agricultural land.

Box 2: The Kerem Shalom crossing

Since the beginning of 2010, the Kerem Shalom crossing has been the sole transfer point for commodities into Gaza. This follows the closure of the Nahal Oz fuel crossing in January 2010 and the almost total shut-down of the Karni crossing in June 2007, following the takeover of Gaza by Hamas. The transfer of operations to Kerem Shalom has had significant cost implications. The World Food Programme (WFP) estimates that using Kerem Shalom costs the agency $66 per metric tonne of goods, compared to $25 if the goods were transferred through Karni. Annually, WFP and the UN Relief and Works Agency (UNRWA) pay $4 million in additional costs for storage, handling, transport, palletisation and damage and losses incurred as a result of the transfer of operations to Kerem Shalom.

As well as the financial cost the study highlights the impact access restrictions have had on the quality, reach and sustainability of the programmes that agencies are trying to deliver. Sixty-seven percent of AIDA members said that access issues had affected their programming priorities, indicating that they were sometimes forced to select beneficiaries based on access criteria rather than needs or vulnerability. Almost three-quarters of respondents said that the quality of their programming had been affected by access issues.

Israel's obligations as an occupying power

Under international human rights law, as an occupying power in the Palestinian territory Israel's obligations are clear. Under Article 55 of the Fourth Geneva Convention Israel has a duty to use all available means to ensure 'the food and the medical supplies of the occupied population'. Israel has a responsibility to facilitate not only humanitarian relief but also development activities undertaken by international organisations and their national partners. As a result of Israel's failure to meet these obligations, international agencies have had to try to fill the gap in meeting humanitarian needs and supporting the development of the oPt, without waiving the obligations of Israel. However, the access restrictions and permit regime outlined above have severely impeded their ability to do this.

This article was written by members of the **Association of International Development Agencies (AIDA)**. It is based on the AIDA report *Restricting Aid: The Challenges of Delivering Assistance in the Occupied Palestinian Territory*. The full report can be viewed at www.aidajerusalem.org. AIDA is an umbrella association of over 80 international development agencies operating in the oPt with headquarters in 15 different countries.

Supporting women in a difficult security environment: the ICRC's programmes for women-headed households in Iraq

Caroline Douilliez-Sabouba, ICRC Iraq

The International Committee of the Red Cross (ICRC) delegation in Iraq created a 'Women and War' advisor position in 2008, responsible for assessing and integrating women's needs into ICRC programmes. Although no confirmed figures exist, there are estimates of over a million women-headed households (WHHs) in Iraq. Despite limitations on access imposed by insecurity, it was possible to meet Iraqi women from all walks of life in Jordan and in more secure areas in Iraq, to discuss the problems affecting them. Based on these initial consultations and working with contacts provided by local NGOs, the ICRC organised a field survey in partnership with an Iraqi NGO in Baghdad. Although the survey was limited in scope (30 structured questionnaires in one neighbourhood), the results confirmed the serious difficulties WHHs were facing.[1]

Women's specific needs

Iraq is a patriarchal society, which can make life difficult for women without a man. A woman is expected to take care of her family inside the home, while her husband earns a living and upholds his family reputation. A woman without a husband lacks economic, physical and social protection. She often has little or no professional experience, and faces a job market where opportunities are scarce and more favourable to men. Her close family often cannot help, as they are themselves in dire economic circumstances. She is without a regular income and struggles to pay for rent, food, clothing, medicine and education for her children. She depends on a network of charity but cannot cope with daily expenses. As a result she cuts down on essential spending, like health or education, and many send their young sons out to work. The survey also highlighted two additional points: women are overwhelmingly willing to work, especially in home-based activities, and only a tiny number have access to social support from the state, despite being entitled to it.

> ## Iraq is a patriarchal society, which can make life difficult for women without a man

The ICRC's response

Although distributions for displaced people were being scaled down, the ICRC decided to maintain them for displaced WHHs. In 2009–2010, the ICRC assisted around 4,000 displaced WHHs with food parcels and personal hygiene kits in Baghdad, Dyala and Ninewa governorates. The Economic Security department also initiated micro grants for women in Najaf, and later in Basra, Missan and Baghdad. Women have become involved in a wide range of mainly home-based activities, including mini-markets,

1 ICRC, *Situation of Women Headed Households in Baghdad*, 2008.

Box 1: Case example: Iman's experiences

Iman's husband disappeared on the road from Amara to Baghdad while he was looking for work with two friends. It was 2005 and the war in Iraq was turning into a sectarian conflict. There were ransom demands at the beginning, but then no news. He was the only breadwinner for his family of eight children. Since his disappearance, Iman has struggled to feed her children. She has never worked, and does not feel able to. Relatives and neighbours bring food from time to time, and paid for the family to move from their rundown shack to a brick house. Iman's eldest son, 13-year-old Sajad, has had to assume the role of breadwinner. He goes to the market every day with his wheelbarrow, hoping to find customers who will pay him to transport their vegetable and fruit boxes. The $1–3 he brings in daily is the family's only income apart from charity. Sajad has had to quit school, although he knows that, without an education, his future is bleak.

small-scale trading, food production, tailoring, tutoring and beauty salons. These enterprises have been more successful than expected: monitoring data suggests that women who have the skills and motivation can increase their income by 50% to 100%. Beyond the additional income, paid employment brings a sense of achievement and dignity and renewed hope in the future.

Advocating for state support

Despite the success of the programme, micro-grants are not a panacea for the problems facing WHHs. The state welfare system also has an important role to play. The ICRC recruited a female Field Officer in Baghdad to collect more information on why social benefits are so difficult to obtain for women without breadwinners. Two others were subsequently recruited in Anbar and Basra. The Iraqi social system provides a monthly allowance for women with no means of support of up to 175,000 IQD ($170) depending on the number of children. Since 2003, access to this allowance has been limited because of limited capacity within the administration. Despite commendable efforts to improve the system in recent years, many women still cannot register, or wait for months to get their payments. Many no longer trust the system.

It is very costly and time-consuming to obtain the documentation necessary to apply for benefits. Many women cannot afford to invest in the process, especially if there is no guarantee that their applications will be successful. In 2009, the ICRC launched a protection project to support and motivate women to apply for the welfare allowance. The ICRC provides reimbursement of $150–200, which covers the cost of travel to gather documents and other related expenses. It works in partnership with local NGOs that advise beneficiaries on

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Iraqi women in eastern Baghdad

the process. The ICRC also monitors how the administrative system functions and identifies bottlenecks. This information is discussed at central level with the administration at regular meetings. The project has helped to identify the need for higher-level advocacy in order to address structural shortcomings, one of which is the multiplicity of actors involved in the welfare allowance system: parliamentarians vote on the social affairs budget; the Ministry of Social Affairs decides which proportion goes to WHHs; the Directorate of Women registers beneficiaries; and the governorates (provincial councils) release the payments. The lack of coordination between actors involved and the lack of an overall budget dedicated to WHHs are serious impediments to efforts to meet the needs of these households. The ICRC uses high-level meetings with interlocutors in Iraq to raise these problems, and organised a national conference in June to discuss the issue with key stakeholders.

ICRC programmes for women in Iraq have been developed step by step, with a needs-based approach and in a cross-cutting manner, involving various departments together with the Women and War advisor within the ICRC delegation. Programme expansion has closely followed improvements in the security situation.

A chronic vulnerability

With increasing access to the field, in the second half of 2010 the ICRC decided to update its knowledge of the situation of WHHs. A new survey was carried out covering five governorates still directly affected by the conflict, Anbar, Baghdad, Dyala, Kirkuk and Mosul. Directly implemented by ICRC expatriate and national staff, more than 100 in-depth interviews with WHHs were conducted; discussions were also held with community leaders. The

results confirmed the extreme vulnerability of these women, the continuing relevance of ongoing projects and the need to increase support to the most vulnerable. Close to 80% are living in poor to very poor conditions, many in houses without insulation or basic furniture. Among them, 10% illegally occupy public premises like schools or abandoned administrative buildings and live with the constant threat of eviction. They struggle to pay for basic items. Food accounts for one-third of total expenditure, even though these women purchase only half of what they eat (the government Public Distribution System (PDS) and donations from charity and relatives provide the rest). Rent is another 20% of expenditure, and basic services (fuel, gas, electricity) 10%. Health is a big expense for more than a third of families where at least one member faces chronic problems. Thirty percent have no stable source of income and rely on support from relatives, charity, alms (*zakaat*), gifts and the PDS. A quarter receive no financial support from relatives.

Community leaders interviewed said that WHHs are seen as a priority for support, but admit that they are a burden for their relatives and need to become more independent. They agree that years of violence and economic difficulties have eased the traditional reluctance to let women work. Survey findings confirm this: 50% of women interviewed were working at the time of the survey. The majority started working after losing their husbands. Most were engaged in trading (small shops, selling food or non-food items) or small-scale service provision (baking bread, cleaning, sewing, metal collecting, shelling nuts). A fifth (22%) are daily labourers on farms, where they are paid substantially less than men for the same work. Women usually have low-skilled, poorly paid jobs, but women who set up their own businesses make almost 30% more money than

those on daily wages. Only 10% felt that it was culturally unacceptable for them to work. Only 19% received regular state support through a pension or welfare allowance.

Most worryingly, working or not working, supported or not supported, two-thirds spend more than they earn as their income is not sufficient to cover their basic needs. The result is that most of the WHHs interviewed use undesirable coping mechanisms to meet their expenses. Close to 70% are in debt with relatives or shops, to the tune, on average, of 900,000 IQD ($900). Some women sell their assets, furniture or livestock. Many families try to reduce expenditure by limiting spending on health or education. Fifty percent of children do not attend school because they cannot afford transportation costs and stationery items. Forty percent of families send at least one son (under the age of 16) to work outside the home for low daily wages. When asked about their future, an overwhelming 70% hoped for regular long-term financial support from the state.

making sure that women's needs are assessed is clearly important

Following this latest evaluation, the ICRC is working on a six-month cash assistance programme in governorates still affected by the conflict, on the condition that families complete their registration with the Iraqi social system. This cash will provide immediate assistance to families who are unable to make ends meet until the social system takes over. It will motivate families who have lost trust in the system to register, and will give them the financial means to do so. It combines an economic security and protection approach and integrates input from the existing welfare allowance project.

Making sure that women's needs are assessed is clearly important. Gender analysis (analysing the different roles and needs of women, men, boys and girls), an institutional requirement for all ICRC programmes, can help with this. In many contexts, women are less visible and humanitarian actors must make a special effort to ensure that they are heard. Although there are challenges to accessing women in such contexts, female local and expatriate staff can help to overcome these. The Iraqi context is particularly challenging because of the very high levels of insecurity in certain areas. With limited access to many parts of the country, it was difficult for ICRC and others to assess needs generally, let alone the needs of women.

In 2008, the ICRC delegation in Iraq requested dedicated resources to focus on the specific needs of women. The ICRC chose a step-by-step approach, involving regular assessments to ensure that projects really did meet needs, and expanding into new geographical areas as security and access improved. Integrating support for WHHs into existing ICRC projects and encouraging synergies between them also contributed to the success of the programme. Today, ICRC projects for WHHs include direct assistance, support for economic self-sufficiency and access to services, as well as advocacy/persuasion activities with the authorities. They are all based on needs as expressed by women themselves. Where possible, these programmes are implemented in cooperation with local NGOs working on supporting women-headed households. Through this partnership, Iraqi women themselves are active in humanitarian activities, and are not simply victims or beneficiaries.

Caroline Douilliez-Sabouba is Head of Project, Women & War, ICRC Iraq.

Iraqi refugees: making the urban refugee approach context-specific

Géraldine Chatelard, Institut français du Proche-Orient

In late 2006, the humanitarian community was alerted to the growing number of Iraqi refugees seeking assistance from NGOs in countries close to Iraq. The UN High Commissioner for Refugees (UNHCR) convened a donor conference in April 2007 to set up a humanitarian response in the countries receiving the largest numbers of refugees, namely Syria, Jordan, Lebanon and Egypt. It quickly became clear that the Iraqi refugee crisis was different from previous urban refugee situations, prompting UNHCR to revise its existing urban refugee policy in 2009. Over the last two years, UNHCR and its implementing partners have made considerable progress in refining their approach to Iraqi refugees, but additional work is needed to make their responses more context-specific.

UNHCR and the problem of urban refugees
UNHCR developed its first Policy Statement on Refugees in Urban Areas in 1997, to meet the protection and assistance needs of African refugees leaving rural camps and moving to urban areas. There they were frequently arrested,

mistreated and deported by the host state authorities or subject to attack from the host population or at the hands of other refugees. Host governments provided no assistance to them, and most lived in the poorest areas on the outskirts of cities, taking low-paid jobs in the informal sector in order to survive.

The situation for Iraqi refugees is quite different. Iraq is a middle-income, oil-producing country with what were at one time good social and education services, though these have progressively deteriorated in recent decades. Likewise, the states receiving Iraqi refugees are themselves middle-income countries with developed welfare systems. Refugees are overwhelmingly from the middle and upper classes, have urban backgrounds and middle to high levels of education and generally possess some financial capital when they arrive; they enjoy cultural and linguistic compatibility with host populations and there are pre-existing social, economic and political ties between them. Since 2003, economic investment by Iraqis in the private

sector of major host countries and cross-border trade have increased, benefiting the economies of host countries, and in Damascus and Amman, the two major urban centres where refugees have settled, Iraqis are highly visible, with community organisations and their own businesses. Host states generally do not detain or deport those without valid residence permits or who work in the informal sector. Syria and Jordan allow Iraqis to access public services, regardless of legal status. Finally, much of the international aid has gone to support host country nationals, who are often more vulnerable than the refugees.

programming and interventions have not been sufficiently tailored to the particular circumstances of Iraqi refugees

Some of this information was readily available to humanitarian actors when they started their operations in 2007, including the socioeconomic profile of the refugees and host state policies towards Iraqi migrants and refugees. UNHCR in particular should have been aware of this data given that it has maintained offices in the main host countries since the 1990s. However, from the outset programming and interventions have been based on experiences in other refugee contexts, and have not been sufficiently tailored to the particular circumstances of Iraqi refugees. While UNHCR and its implementing partners have made adjustments since 2009, the following erroneous assumptions still prevail.

There are vast numbers of unregistered Iraqi refugees, fearful and in hiding
Original estimates of the number of Iraqi refugees put forward by host countries at the 2007 donor conference were above 2 million. In 2009, the number of registrations with UNHCR peaked at just above 310,000 throughout the Middle East. When the expected number of refugees failed to register it was assumed that uncounted numbers of Iraqis were in hiding in the cities fearing arrest and deportation. UNHCR and NGOs undertook costly and time-consuming outreach programmes to try to locate these 'invisible' refugees and convince them to register. After a couple of years, concerned agencies admitted that, in Syria and Jordan, over 90% of those Iraqis in need of protection and/or assistance were already registered.

Refugees are a security risk
High refugee estimates by host governments have to be viewed in conjunction with initial claims by donors, particularly the US, and some host governments, that refugees were going to bring the sectarian conflict ravaging Iraq into host countries. The threat never materialised. Numerous news reports confirmed that it was the urban, educated, largely secular middle and upper classes who were leaving Iraq, not those likely to join armed groups. However, characterising Iraqi refugees as a security risk

provided a convenient excuse for the governments of Jordan, Lebanon, Egypt and, at least for a time, Syria to impose new entry requirements on Iraqis that favoured the better-off.

All Iraqis in neighbouring countries are refugees
Syria, Jordan and Lebanon hosted communities of Iraqis before the US invasion in 2003. The conflict; the lifting of exit restrictions imposed under Saddam Hussein; the search for high-quality medical care or tertiary education; the opening up of regional markets to investment; other familial and social factors: all of these made migration to these countries even more attractive after 2003. An increasing number of non-refugee Iraqis are living and investing in the same countries that host Iraqi refugees. This is particularly the case with a large part of the political and business class, and with professionals who have moved their families abroad while they commute between Iraq, Jordan or Syria.

Refugees are a burden on host states' resources
Host governments claim that refugees are a costly burden on their national resources, pushing inflation up and putting excessive pressure on public services and infrastructure. Yet independent studies provide compelling evidence that the socio-economic impact of the Iraqi presence has been positive.[1] This is in large part due to the high level of Iraqi spending and investment in host countries including in the productive sectors, and the volume of cross-border trade. Furthermore, given their experience with poor public services in Iraq, even those refugees with limited financial means strive to use private health and education facilities even when public sector options are available.

many Iraqi professionals have been able to find work legally where their skills are in demand

All refugees have the same vulnerabilities and needs
Between 2007 and 2009, assumptions regarding the vulnerabilities and needs of Iraqi refugees were based on experience in other very different contexts: the threat of arrest and detention, refoulement, harassment, exploitation, discrimination, vulnerability to sexual and gender-based violence, access to primary health care and basic education. Actual needs were quite different: secondary and tertiary healthcare, psychosocial programmes (particularly mental health for survivors of torture), remedial and higher education, skills maintenance and development. While programming has since been adjusted to better reflect these realities, much earlier and more accurate analysis of the context in Iraq, the reception policies of host states and the

1 For Jordan, see David DeBartolo and Ibrahim Saif, *The Iraq War's Impact on Growth and Inflation in Jordan*, Center for Strategic Studies, University of Jordan, 2008. For Syria, see Ashraf Al-Khalidi, Sophia Hoffman and Victor Tanner, *Iraqi Refugees in the Syrian Arab Republic: A Field-Based Snapshot*, The Brookings Institution, June 2007; and Chantal Berman, *An Uncommon Burden: Aid, Resettlement, and Refugee Policy in Syria*, Middle East Institute and Fondation pour la recherche stratégique, 2010.

socio-economic profile of Iraqi refugees would have resulted in more appropriate support for Iraqi refugees. It would also have saved the humanitarian community time and money.

Refugees are not allowed to work

This claim by humanitarian actors is based on the fact that registration with UNHCR does not give refugees the right to work. Iraqis, classed as 'migrants' by host governments, fall under domestic labour laws which generally prioritise the employment of nationals over foreigners. In all major host countries, many Iraqi professionals, regardless of their registration with UNHCR, have been able to find work legally where their skills are in demand. Many more refugees have found low-wage jobs in the informal sector. Levels of legal protection, albeit low, are similar to those for host country nationals. With the exception of Lebanon until recently, governments have been lenient towards refugees working without permits. It is also possible for Iraqis with some investment capital to open businesses, usually with a local partner. Nevertheless, the majority of Iraqi refugees still face several legal and economic challenges to self-sufficiency in each host country.

Refugees are isolated

Refugees are not necessarily isolated just because they live in cities. In the case of Iraqis, there are a number of factors which have enabled them to escape isolation: their linguistic and cultural compatibility with host populations; communities of Iraqis already present in host countries; access to Iraqi and non-Iraqi business and professional associations, social clubs and religious places; and the large number of Iraqi professionals and business people able and willing to extend support to less privileged fellow nationals. The humanitarian community, however, assumed that refugees were isolated, fragmented by sectarian and religious identities and rejected by the host population. These assumptions remained unchallenged until 2009, when UNHCR conducted an assessment of social capital among refugees in Jordan.[2] The survey revealed that the majority of Iraqis have some form of social capital which they use to access information, services, jobs and housing, and to borrow money.

Registration with UNHCR is the main guarantee of protection for Iraqi refugees

Syria and Jordan have not made registration a prerequisite to accessing social services or receiving assistance from the humanitarian community. In Jordan, Lebanon and Egypt registration does not give refugees the right to a residence permit. In Syria registration has recently made the application for residency more successful, but not automatic. Registration does not allow access to the formal labour market. The main reasons Iraqis seek registration is to access third-country resettlement and, in some cases, expensive healthcare.

Re-evaluating the approach

In 2009, UNHCR undertook an evaluation of its operations in Syria, Jordan and Lebanon.[3] The findings prompted the agency to finalise the long-overdue revision of its urban refugee policy.[4] The principles and guidelines in this document aim to provide for comprehensive protection involving a broad range of actors including refugees, NGOs and local authorities. The new policy acknowledges the need to adapt to the specific context and the circumstances, capacities and vulnerabilities of different groups and individuals within the refugee population. It also recommends UNHCR's '10 Point Plan of Action on Mixed Migratory Movements' in urban areas where refugees and asylum-seekers are arriving alongside other people also on the move. The document provides a checklist to assess protection risks and vulnerabilities, describing in detail what these risks can be in extreme circumstances. By contrast, very little guidance is given on how to identify and assess risks and vulnerabilities in situations where refugees are moving between middle-income countries, and where the protection environment is more favourable.

In the Iraqi refugee case, UNHCR has corrected most of its misconceptions and adapted its operations more closely to the context. The agency now bases planning on registration figures. It has abandoned the claim that refugees are systematically insecure because of host countries' reception policies. To promote self-sufficiency, it is introducing programmes to facilitate refugees' access to the job market, training and higher education, while continuing to provide cash assistance to the most economically vulnerable. UNHCR and its NGO implementing partners are also adopting a community-based protection approach building on the social capital of refugees.

Yet there remains a gap between what is being done on the ground and the public discourse on Iraqi refugees. In their communication and advocacy campaigns, most humanitarian actors and advocacy organisations still use the original inflated estimates of Iraqi refugee numbers, charac-terising them as people without resources who have been systematically deprived of access to care and livelihoods, and are at risk of mistreatment and deportation by host governments and populations. These arguments might be effective in mobilising donor support, but they have negative implications for the refugees themselves, who are unjustly portrayed as a burden on host states and communities. They are also unfair to host countries that, despite not being signatories to the 1951 Convention on Refugees, have provided safe havens for large numbers of Iraqis.

Displacement from Iraq is part of a complex migratory flow where many Iraqis, registered or not as refugees, possess significant capital and command leverage on host countries' governments because of their economic weight. How to ensure that these resources support humanitarian efforts towards durable solutions for the most vulnerable refugees should become a major objective for all actors concerned.

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2 Noel Calhoun, 'With a Little Help From Our Friends: A Participatory Assessment of Social Capital Among Refugees in Jordan', *New Issues in Refugee Research*, Research Paper No. 189, UNHCR, 2010.

3 *Surviving in the City: A Review of UNHCR's Operation for Iraqi Refugees in Urban Areas of Jordan, Lebanon and Syria*, July 2009.

4 *UNHCR Policy on Refugee Protection and Solutions in Urban Areas*, September 2009.

Working with local organisations in Jordan

Kate Washington, CARE Jordan

The influx of thousands of Iraqis into Jordan after the 2003 invasion of Iraq, and again after the escalation of sectarian tensions in 2006, has significantly increased demand on basic public services. The international community's response to this refugee crisis has focused on providing humanitarian assistance, including cash transfers, non-food items, medical care, psychological counselling and support, targeted psychosocial activities and vocational skills training. Under a Memorandum of Understanding (MoU) with the Jordanian government, the UN High Commissioner for Refugees (UNHCR) provides cash assistance to the most vulnerable Iraqi families and protection services, in addition to supporting medical and social services through local and international NGO partners.

Mapping community resources

©Katie Touchton-Leonard

This article explores the relationship between CARE International Jordan and local Jordanian charitable organisations in the provision of humanitarian assistance to Iraqi refugees in urban areas of Jordan. The specific focus is on the challenges that arose in providing emergency humanitarian assistance for Iraqis between 2008 and 2011, the strategies developed to address them and the implications for INGOs seeking to provide similar support in the region.

Targeting assistance to urban refugees

Providing assistance to an urban refugee population rather than a camp-based one poses particular challenges, and requires different targeting strategies, including extensive information campaigns and outreach work; the provision of services in multiple locations; the provision of services to both host and refugee populations; and the development of partnerships with local Jordanian community organisations. In development and humanitarian discourse 'community-based organisations' are understood to have an advantage in targeting the most vulnerable in a community. These organisations are assumed to have strong community outreach and awareness of local needs and coping strategies, an established relationship of trust with the community and a 'known' name and geographical proximity to vulnerable communities.

CARE began providing targeted humanitarian assistance to Iraqi refugees in 2007, primarily through partnerships with local Jordanian charities. CARE conducted a comprehensive mapping of over 30 Jordanian charities, from which 14 local partners were selected. A comprehensive assistance package was developed, including seconded social workers who conducted needs assessments and provided information on services and how and where to access them,

material assistance (including mattresses, heaters, hygiene kits and clothing coupons), vocational skills training and psychosocial and recreational activities. Small grants were also awarded for pilot projects and community initiatives.

Working through local partners

CARE field staff worked with local partners to train and assist them in conducting community needs assessments, developing project concepts and proposals, strengthening internal financial and administrative systems and distributing material assistance. Through working with local partners CARE increased the number of Iraqis able to access services, increased the proportion of women accessing services, considerably reduced the amount of money Iraqis had to spend on transport and created new links between Jordanians and Iraqis living in the same communities.

> by working with local partners CARE increased the number of Iraqis able to access services

Some of the difficulties encountered included an initial lack of outreach to Iraqis; local partners used the partnership and the funding it provided as an opportunity to improve their own facilities and extend services to their own communities, with Iraqis a secondary priority. There was also a lack of agreement between CARE and partner CBOs over the number of Iraqis to be assisted,[1] the nature of needs within communities and how best to address them

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1 In some cases CBO partners had agreed that 50–70% of project beneficiaries would be Iraqis. However, when they could not immediately find Iraqis who wanted to participate in training, for example, they expected to be able to include members of their own community or even CBO staff as beneficiaries.

These charities have a patriarchal/paternalistic role in their local communities; the communities' function in most of these relationships is as a passive beneficiary, and they are not engaged in identifying needs or solutions. The constituent bases of these groups have developed over time and are usually composed of people from the same ethnic, national (usually Palestinian or Jordanian), tribal or family groups. As such, newly arrived Iraqi refugees were not automatically included in outreach or activities and many local partners found it difficult, at least initially, to identify and access Iraqis within their communities.

many local partners found it difficult to identify and access Iraqis within their communities

In other cases local partners did successfully develop with CARE services that targeted Iraqis, but were then perceived as favouring Iraqis over Jordanians and Palestinians. The majority of INGOs directing humanitarian assistance to Iraqis are filling gaps where government services do not extend to Iraqis, but are assumed to cover the needs of Jordanians. Local community members were frustrated when they saw Iraqi neighbours being recommended for assistance when no such facility existed for them.

and the support expected from CARE. Many Jordanian charities are not community-based organisations as we would understand the term, but rather community-located organisations with a top-down/welfarist approach to assistance that does not allow for the participation and representation of the community. Many smaller organisations have very limited capacity. Their staff come from the communities they serve, and have many of the same vulnerabilities as local beneficiaries.

Interviews with both CARE and partner staff highlight instances of misunderstanding and frustration. These seem to have arisen mainly from differing expectations of partnership, varying understandings of project concepts and in some cases different views of the purpose of the work. Examples include partners who expected to be given funding and to decide, unilaterally, how to spend it; or the opposite, where partners expected CARE to arrange and organise an activity and simply use the partners' location as a service site. Another challenge CARE faced was that many of the terms commonly used by humanitarian actors are not understood by local partners in the same way (see Table 1).

All of the partners engage in charitable work, such as the provision of cash, food and material assistance to needy families and orphans, providing free medical days, after-school classes for children and running awareness-raising sessions on family health, women's rights and other topics.

There are four main reasons why targeting Iraqis proved so problematic. First, local communities are accustomed to being the prime beneficiaries of assistance from their local charity. Second, structured needs assessments and vulnerability criteria are not usually applied. The charitable giving of alms (*zakaat*) to the poor is an obligation under Islam and most local charities do this annually. Recipients are identified through personal contacts with the charity or after home visits made by members of the organisation's board. Third, there is often no clear difference between the level of hardship faced by local people and by Iraqis. Fourth, the majority of international funding has been delivered in local communities where Iraqis make up less than 5% of the population.

Solutions

To address these issues, CARE has designated specific staff members to ensure coordination and understanding

Table 1: Terminological confusion

Development/humanitarian terminology	Local understanding
Community-based organisations	Charitable/rehabilitation/improvement societies
Non-governmental organisations	Service-oriented organisations that provide services where government services are lacking/replacing government
Empowerment	Improvement in economic situation/train women to take over men's roles
Partnership	Service implementer/funding recipient
Needs assessments	Top-down analysis of welfare needs of a population
Monitoring and evaluation	Quality assessment/testing
Capacity-building	Attend training workshops/INGO staff seconded to CBO

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between CARE and local partner staff. There is ongoing dialogue through a committee of partners working with Iraqis, and a committee has been established that meets monthly and shares experiences, best practices and challenges and identifies the support needed from CARE. A CARE staff member attends the committee. CARE has also provided institutional capacity-building and mentoring support that focuses on developing the skills and knowledge of local partner staff in financial and administrative systems, developing assessment systems and vulnerability criteria, proposal development and funding and internal governance structures. Iraqi community mobilisers and outreach workers have been trained, and efforts have been made to ensure the more equitable provision of assistance to reflect the needs of the local community through more flexible funding agreements. Partnership agreements have been reviewed and revised in conjunction with local partners to reflect their concerns, and CARE regularly reviews its relationships and work with local partners.

CARE's experience of working with local charities to provide community-based humanitarian assistance to Iraqi refugees holds a number of important lessons for INGOs seeking to work in Jordan or the Middle East more widely.[3] In particular before entering into partnerships it is important that both parties are very clear about their expectations and discuss where and if there can be flexibility in funding agreements. Similarly, CARE's work has

3 Discussions with colleagues suggest that the structure of local organisations and their relationship to their local community is very similar in Lebanon, Syria, Palestine and Egypt.

highlighted the danger of making assumptions, especially around shared understandings of goals and priorities. In some cases this is exacerbated by translation issues and misunderstandings of core concepts and terms.

It is also important to understand – before formalising partnerships – the potential local partner's motivation for engagement, as well as its goals and capacities and the extent of its community outreach. While mapping and capacity assessments may help with this it is essential that potential partners are included in identifying, developing and planning projects. Regular, open dialogue is vital to maintaining any partnership, especially one between an international NGO and a local entity. Dialogue should take place outside of formal monitoring and evaluation processes, since local partners often feel they are being tested and assessed, and may believe that opportunities for further funding may depend on giving what they think are the 'right' answers.

Finally, institutional change and capacity-building require long-term engagement and investment, which may be difficult to achieve in a humanitarian context. Nonetheless, INGOs are far more likely to enter into successful partnerships with local organisations if they have pre-established and ongoing relationships with them, or if the local partner is assured that the relationship will extend beyond short-term emergency funding.

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Addressing mental health needs in Lebanon

Colin Lee, International Medical Corps

An estimated 17% of Lebanon's population suffers from mental health problems, yet almost 90% have no access to treatment. On the surface, Lebanon has made significant strides since the 2006 war, and is today a major financial and cultural centre in the Middle East. Economic growth for 2011 is forecast at 6%, a record 2 million tourists visited the country last year and Lebanon received $8.2 billion in remittances in 2010 from Lebanese nationals living abroad. At the same time, however, the country is gripped by political crises, threatening its financial and social fabric, and poverty levels in some parts of the country are stubbornly high. The health infrastructure is under severe strain, not least from the large numbers of Palestinian and Iraqi refugees living in this small country.

Mental health in Lebanon

Lebanon's first large-scale psychiatric epidemiological study, part of the World Health Organisation (WHO)'s World Mental Health Survey Initiative, revealed that a shocking 49% of the population sampled had experienced a war-related distressing event of some type – and the survey was compiled *before* the 2006 war. The precarious position of refugees in Lebanon leaves them especially

vulnerable to mental health issues. According to a study in December 2010, conducted by the American University of Beirut and the UN Relief and Works Agency (UNRWA), 21% of the 270,000 Palestinian refugees in Lebanon suffer from some form of mental illness.[1]

Lebanon has a predominantly private health care system, which relies heavily on the private sector and NGOs to provide mental health services. The country ranks high in the Middle East based on the number of mental health professionals, with 60 psychiatrists and 100 clinical psychologists for every four million Lebanese, and 274 general practitioners (GPs) per 100,000.[2] Although its mental health expertise is internationally renowned, like many countries in the Arab world Lebanon does not have a national policy on mental health, and very little long-term planning is being done at the ministerial level. Budget allocations from the health sector for mental

1 J. Chaaban et al., *Socio-Economic Survey of Palestinian Refugees in Lebanon*, American University of Beirut (AUB) and the United Nations Relief and Works Agency (UNRWA), 2010.
2 World Health Organisation, *WHO-AIMS Report on Mental Health System in Lebanon*, 2010. http://www.who.int/mental_health/who_aims_report_lebanon.pdf.

Refresher training for mid-level staff

from International Medical Corps-supported clinics in five of the country's eight provinces. Over the past two years, 79 GPs and 35 mid-level staff (including nurses and social workers) have been through the training programme. Four sessions have been held, with 12 days of theoretical training on topics including depression, anxiety, schizophrenia, substance abuse, domestic violence, mental health in the elderly and medication management. A further three on-the-job training sessions complemented the theoretical work, involving supervision by a psychiatrist to check whether training participants were properly applying to their patients what they learned in class.

health average just 5%, lower than most European states but higher than the global average of 3.2%.

Like other Arab cultures, the Lebanese express their emotional concerns through somatic or physical complaints, as these are more socially acceptable. As a result, people suffering from common mental disorders such as depression may manifest their condition through stomach aches or migraines, making them more likely to visit their family doctor to seek treatment rather than a mental health professional. Family doctors or GPs, being unaware of the actual cause of the individual's complaint, may resort to prescribing medication which does not address underlying mental health problems.

> like other Arab cultures, the Lebanese express their emotional concerns through somatic or physical complaints

International Medical Corps in Lebanon
International Medical Corps has carried out training for health care workers including GPs and mid-level health staff in conjunction with the Order of Physicians and the Lebanese Psychiatric Society in Beirut. This training enables health professionals to identify, manage and refer people with mental health problems. Designed to address Lebanon's specific needs, the training programme is pragmatic, and emphasises that psychotropic (mind-altering) medications should only be used as a last resort.

International Medical Corps trains GPs and nurses in the provision of mental health care because they are the frontline providers of general health services in Lebanon, and are therefore in a position to identify and address mental health problems. Participants were recruited

The International Medical Corps training manual was based on various sources, including 'Where there is no psychiatrist' by Vikram Patel, and adapted to the Lebanese context through the use of case studies. It was reviewed by several Lebanese psychologists and the head of the Lebanese Psychiatric Society. Having the buy-in of both groups and the Ministry of Health (MoH) ensured full attendance and high standards and encouraged greater participation. The Lebanese Order of Physicians provided Continuing Medical Education credits to the registered GPs. Involving the MoH has been instrumental in getting approval of training materials and certifying the training programme. The training programme also complies with Inter-Agency Standing Committee (IASC) guidelines on Mental Health and Psychosocial Support in Emergency Settings.

International Medical Corps emphasises a unified system of care within each clinic and centre, stressing the importance of referral both upwards and downwards. Staff were trained to detect symptoms of mental health disorders and establish where and to whom a patient should be referred. In addition, communication, building rapport and the importance of psychosocial interventions were all highlighted. Ideally, the patient would first be seen by either a nurse or a social worker, then referred to a GP trained in mental health. If the case was severe or out of the scope of the GP's training and qualifications, a mental health specialist would be consulted. However, all three would work together through collaboration and continuous communication in order to ensure the patient's wellbeing and recovery.

Refresher training for previous participants began in late 2010. These sessions are based on previous evaluations of training gaps and are tailored to staff specialisations. For mid-level staff, training centered on using psychosocial interventions to help patients suffering from mental disorders. GPs were trained in how to use psychosocial interventions that rely on not overprescribing psychotropic

medications. Further refresher training for gynaecologists took place in April, covering the detection, management and referral of cases of abuse. Pediatricians received in-depth instruction on child and adolescent mental health and signs of abuse and neglect that might be causal factors in children displaying somatic complaints that have no biological causes.

Iraqi refugees in Lebanon

Iraqi refugees arrive in Lebanon with all the problems that forced migration can inflict upon an individual, including loss of place, a profound sense of uncertainty and prevalent mental health issues.

International Medical Corps has worked closely with Iraqi refugees in Lebanon, Syria and Jordan as part of a regional initiative funded by the US Bureau of Population, Refugees and Migration since 2007. The agency has implemented a comprehensive health care programme throughout Lebanon targeting locations where Iraqi refugees reside, and serving them in addition to vulnerable Lebanese. The programme is divided into three main areas: support for eight primary health care centres; support for secondary and tertiary health care; and dissemination of health education. The programme also operates five mobile medical units, primarily serving new arrivals from Iraq and providing follow-up services. Since 2008, International Medical Corps' main initiative has been the integration of mental health into primary health centres to promote the idea of a community-based mental health system that provides accessible, affordable and less stigmatising services.

Challenges and lessons learned

Mental health care provision is often viewed as a complex issue. This perception originates from the fact that it is a relatively new element in the international development arena. Integrating mental health care within general health care provision makes mental health services more accessible and facilitates the detection of people with mental health problems, who might otherwise remain without appropriate care. Psychotropic medication should be used only where it is routinely available and accessible at the local level.

In Lebanon, as in many other countries, individuals are reluctant to visit mental health care services because they are wary of being stigmatised. The family doctor remains the key in diagnosing and treating mental disorders, which means that training GPs in the detection and treatment of mental disorders is a necessity.

International Medical Corps' programme involves form-ative research, continued programme modifications and close collaboration with the government and all other stakeholders. The agency will continue to focus on providing refresher training, strengthening referral systems and supporting the integration of mental health at the organisational level. It is vital that any form of training in mental health is followed up with on-the-job sessions. International Medical Corps is currently part of the technical committee set up by a WHO national consultant responsible for carrying out a national situation analysis on mental health, and producing a strategy with a three-year national mental health plan for the MoH. In this strategy, International Medical Corps' comprehensive training package will be cited as a successful programme that aims to integrate mental health into primary health care, which is one of the main objectives of the three-year plan.

Lebanon will continue to lurch from crisis to crisis, putting further pressure on existing resources and making long-term planning in this sector very difficult. Mental health care is likely to remain in the hands of the private sector and NGOs. Although the MoH in Lebanon does not have a policy on mental health, it is vital that both the private sector and NGOs fully engage with the ministry. The delivery of community-based mental health care services in a country like Lebanon is the responsibility of everyone involved.

Colin Lee is International Medical Corps Country Director, Lebanon.

Cash transfer programming in emergencies
Good Practice Review 11
June 2011
Paul Harvey and Sarah Bailey

This Good Practice Review synthesises existing cash transfer guidelines, centralises lessons from research and evaluations and adds practical examples drawn from cash-based interventions. It covers the provision of cash and vouchers to individuals and households in emergencies, protracted crises and recovery contexts. Separate chapters are devoted to vouchers and Cash for Work to cover the additional issues these forms of programming raise.

The GPR is written primarily for humanitarian practitioners who plan and implement emergency responses – both those who are already familiar with cash-based interventions and those who are not. The GPR will also be useful for senior managers in the field and in headquarters offices who are involved in approving operational responses and ensuring that their staff have the capacity and systems to implement projects using cash transfers. Humanitarian donors, government officials involved in disaster response, students of humanitarian assistance and aid agency staff engaged in policy issues will also find this GPR useful.

MSF in the Middle East: a challenging context

Caroline Abu-Sada, MSF Switzerland

The Middle East is an atypical context for Médecins Sans Frontières (MSF). The increasing complexity of humanitarian action, particularly the blurring of the lines between humanitarian and military actors and the increasing use of humanitarian language to justify wars, have made it even more difficult for MSF to negotiate independent operational space. This is especially so in some countries in the Middle East. Moreover, we are unaccustomed to working in middle-income countries where addressing non-communicable diseases is the priority. Although MSF is used to responding to acute crises, the Middle East suffers mostly from the chronic consequences of conflict.

In Iraq, for example, the health system – considered one of the best in the Middle East – started to deteriorate during the 1980–1988 war with Iran, and continued to decline following the 1991 Gulf war. Sanctions imposed in 1990 by the UN Security Council, followed by the 2003 invasion, disrupted the Iraqi medical system at all levels. Since 1990, a progressive loss of qualified and experienced health workers has led to a serious shortfall in the coverage and quality of healthcare services. Laboratory services are poor due to a lack of equipment and chemicals. Essential medical equipment has not been maintained, and health facilities are in poor condition. Medical care is not available in remote areas and there are problems in ensuring regular and adequate supplies of electricity and clean water.

Iraq, like other middle-income countries, is undergoing an epidemiological transition. Before 2003, communicable diseases such as malaria, respiratory tract infections and diarrhoeal diseases accounted for most deaths. Now, non-communicable diseases are more common. Meanwhile, two decades of conflict have created a third category of patients, namely war victims. Violence has been one of the leading causes of death in Iraq, reaching its peak in 2006, with more than 27,000 civilian deaths according to one estimate. Since 2003, the Ministry of Health has prioritised war victims, diverting resources from other parts of the health system to meet their needs. Although the number of war victims has declined in recent years, this category of patient remains the first priority, not only for the government but also for national and international NGOs.

Gaza is also experiencing a protracted political and socio-economic crisis. It has a population of 1.44 million, with the sixth-highest population density in the world. A fifth of the population (18%) are under five years of age, and 45% are under 15. Three-quarters of the population are registered as refugees, and supported by the United Nations Relief and Works Agency (UNRWA). Around 50% are unemployed, and the proportion of people living under the poverty line is increasing (48% in 2006; 79.4% in 2011). In 2009, four-fifths of the population were dependent on humanitarian aid. Morbidity and mortality patterns are similar to other middle- and high-income countries. Chronic diseases such as diabetes and hypertension are increasing, according to the World Health Organisation (WHO). Less than 5% of mortality is related to infections. In 2007 the leading causes of mortality were heart and cerebro-vascular diseases, accounting for 32% of all deaths in Gaza; the second-highest cause was trauma/accidents (17.8%), most of which were war-related. There are almost 4,000 physicians, 4,200 nurses and 24 hospitals in the Gaza Strip (12 Ministry of Health, ten NGO-run and two small private hospitals). In total there are 13.6 hospital beds per 10,000 people in Gaza. Of the 2,000 hospital beds available, only 164 are designated for specialised and intensive care. UNRWA runs 18 of the 130 Primary Health Care clinics, while NGOs and the Ministry of Health run 57 and 55, respectively.

> in the radically different health landscape of the Middle East MSF has concentrated on filling health gaps or niches

A change in approach?

MSF has been working in the Middle East for more than 20 years. Unlike Sub-Saharan Africa, where MSF has traditionally focused on emergency vaccination programmes, epidemic control, reducing malnutrition and support for primary healthcare centres, in the radically different health landscape of the Middle East MSF has concentrated on filling health gaps or niches, such as support for a dialysis unit in Iraq, reconstructive surgery in Jordan for Iraqi patients and innovative medical approaches in Lebanon, rather than providing basic healthcare. Changes in the health profiles of Iraq, Gaza and other countries in the Middle East suggest that the number of war victims in these countries is decreasing, and that addressing non-communicable diseases is becoming a greater priority. MSF's experience and expertise, however, lies in responding to emergency medical needs (traumatic injury and communicable diseases) arising from humanitarian crises. As such, MSF has had to change its approach to working in these areas.

In the occupied Palestinian territories, the MSF programme deals with three areas: mental health, post-operative care and physiotherapy. In Syria, MSF is providing primary healthcare and mental health services to Iraqi refugees. In Lebanon, which has a highly privatised health system and a very low number of psychologists, MSF is providing mental health support to Lebanese and Palestinian refugees. In Tunisia, Egypt and Yemen, MSF donated

medical equipment and supplies to healthcare facilities to enable health staff to treat people who were injured during the recent demonstrations in these countries. The teams also provided training to Tunisian and Egyptian medical staff on managing large caseloads of injured people and helped set up additional emergency preparedness systems (triage, medical kits, etc.). In Bahrain, MSF teams provided medical supplies and psychological support for medical staff. Importantly, it also spoke out (*temoignage*) regarding the government's use of medical facilities in Bahrain in its crackdown on protesters. This unacceptable practice made it impossible for people injured during clashes to seek treatment. MSF is also providing care to people fleeing Libya, as well as trying to gain better access to medical facilities inside the country itself.

Challenges in the Middle East

One of the main challenges for MSF is the requirement to engage in networking activities with all stakeholders, not only the most accessible, as a starting point for acceptance, acknowledgment and recognition of its humanitarian intervention. While MSF has not always prioritised this in contexts where it is already well-known, civil–military and security issues in the Middle East make investing time and effort in explaining its principles and approaches to stakeholders crucial to MSF's work.

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undertaking (and updating) good context analysis is extremely important

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Networking represents a key component in developing MSF's activities, making sure that all key stakeholders are aware of its activities and principles. In these conflict or post-conflict contexts, access to the most vulnerable people, security for MSF teams and networking are key challenges for the organisation. It requires the building of humanitarian space to enable medical teams to access those in need, as well as independent evaluations of needs and programming options. Developing and maintaining relationships also requires continuous follow-up work. This is challenging for MSF, which often engages in short-term programming, has correspondingly high staff turnover and lacks a continuous presence in some countries.

Undertaking (and updating) good context analysis is extremely important. For example, the Israeli occupation

in Palestine and the internal conflict between Fatah and Hamas have required MSF to improve and update its context analysis. MSF had a rather simplistic understanding of the context and dealt only with the Palestinian Authority (PA) and Israel, without realising the growing importance of Hamas as a political actor. MSF continued to sign operating agreements for Gaza with the Ramallah authorities almost two years after the Hamas takeover. Teams also found it very difficult to assist torture victims (especially Hamas militants tortured by Fatah security forces) in the West Bank because of MSF's longstanding bilateral relationship with Fatah. In Jordan and Iraq, non-state actors' strategies had to be understood in order to negotiate with them to gain access to vulnerable populations without compromising the security of MSF teams.

Engaging elites in the Middle East in a constructive debate on the impact that humanitarian medical action can have on their societies is also important. Humanitarian principles need to be explained and demonstrated operationally. However, it is also important to explain to the wider public the reasons behind operational and programming choices. For example, some have questioned MSF's neutrality because it does not have medical activities in Israel. The reality is that MSF does not need to intervene in Israel, where medical needs are already met by a sophisticated healthcare system. We must also improve our knowledge on how to intervene effectively in urban settings. Palestinian camps in Lebanon or in the Gaza Strip and IDPs in Northern Iraq are challenging contexts partly due to their urban settings.

In 2008, but published in 2011, MSF conducted research on perceptions of the agency in the region. From the research it was clear that, while MSF's identity as a health organisation is recognised and valued, most people were not aware of the high proportion of independent funding MSF has at its disposal. In the Middle East, several criteria are used to judge the effectiveness and coherence of an organisation: its public position towards the conflicts in the region, its sources of funding and its knowledge of the various contexts involved. This is where the neutrality and the financial independence of MSF play an important role in its acceptance. In Northern Iraq, people vividly remember MSF's 1991 intervention, as it was the only organisation working in the most remote areas at that time. Challenging as it may be, being in Iraq or in the occupied Palestinian territories resonates throughout the entire Arab world.

Caroline Abu-Sada is the Research Unit Coordinator for MSF Switzerland.

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HUMANITARIAN PRACTICE NETWORK

What cash transfers tell us about the international humanitarian community

Sarah Bailey, HPG

Cash transfers have often been described as a key recent innovation in humanitarian response. Providing cash or vouchers in the aftermath of a crisis can be an appropriate alternative or complement to in-kind assistance, such as food aid. Many aid agencies and donors highlight their use of cash transfers as evidence that they are providing flexible, and even potentially empowering, assistance. There is also an undertone of caution. What if cash transfers cause inflation? What if the money is not spent on the 'right' things? Many studies and guidelines have looked at what we know about cash transfers and how we should programme them, including walking practitioners and policy-makers through the potential risks, and how to address them.[1]

Instead of asking what the humanitarian community *knows* about cash, this article discusses what the debate on cash *says* about the humanitarian community. It argues that the way that humanitarians have discussed and debated cash transfers exposes many of our weaknesses and biases. The fact that one often sees 'cash transfers' and 'innovation' in the same sentence begs the question, 'what is so innovative about understanding markets and providing appropriate responses?'.

Cash: a potted history
Cash as a form of assistance is not new: Clara Barton, one of the founding figures of the American Red Cross, helped to organise cash relief following the Franco-Prussian War of 1870–71 and in response to the Galveston floods in Texas in 1900. In nineteenth century India, famine responses included what we would today call cash for work programmes. Following the Indian Ocean tsunami in 2004, there was an explosion of small-scale projects and pilots using cash transfers. Within a few years, the 'case' for cash was made through evaluations and research, and no less than seven guidelines were published. Now the question is no longer *whether* cash is an appropriate tool, but rather *how* aid agencies, donors and governments can best use cash and vouchers in disaster response. There is still more knowledge to be gleaned, but gaps in evidence are relatively small. Nonetheless, even though cash transfer programming continues to increase, it is still a small proportion of overall humanitarian aid.

Cash transfers are a source of pride in an industry dominated by supply-driven programming; they are evidence that we are innovating and learning, and increasing the range of ways to provide assistance to disaster-affected populations. However, the questions that have been asked along the way

1 For more about those issues, see *Cash Transfer Programming in Emergencies*, Good Practice Review 11 (London: HPN and the Cash Learning Partnership, June 2011).

also reveal some of contradictions and biases within the humanitarian enterprise. If an anthropologist based their knowledge of the international humanitarian community solely on the debates and discussions around cash transfer programming, a different picture would emerge – one that shows our weaknesses more than our strengths. Some of these weaknesses are sketched out below.

We aren't good at understanding markets
Cash transfers have raised the bar for market analysis – and revealed that it has been far too low for far too long. Determining the appropriateness of cash transfers requires understanding markets: distances to markets, goods available to people, supply chains and how the market will likely respond to an injection of cash. As cash transfers have become a more accepted tool, so too has understanding markets become a more pressing priority for the humanitarian community. Understanding markets, however, is not specific to cash transfers. Any injection of resources can affect markets. Moreover, understanding markets is central to understanding the livelihoods and coping strategies of affected populations; we should always know if and how they can access what they need.

> whether distributing cash leads to empowerment is up for debate

We are less comfortable with empowerment than we would like to believe
'Will people spend money responsibly?' has been a common refrain in discussions about cash transfers. The notion of empowering disaster-affected and vulnerable populations, and ensuring that they participate actively in determining how assistance is provided to them, has become an increasingly important objective in humanitarian assistance. Whether distributing cash in and of itself leads to empowerment is up for debate, but it does offer choice in a way that in-kind assistance often cannot. The fact that we continue to ask whether people will spend money responsibly is completely at odds with ambitions to empower people, and certainly implies distrust.

We use the term 'innovation' loosely
The use of cash transfers should be the result of clear, sound reasoning (which is the definition of 'logical'). By treating cash transfers as an innovation, we do two things. The first is provide an opportunity to be proud of what amounts to a better way of providing assistance in many contexts – a benefit that should not be easily written

off. The second is less beneficial: the 'innovation' label implies that cash is cutting-edge and exceptional, when in fact cash and vouchers should be considered as part of the standard set of tools available to aid agencies.

We can be self-centred

For all of the selflessness inherent in the humanitarian mission, we can be quite self-centred when it comes to learning: the vast majority of the research and evaluations that humanitarians commission and consult comes from our own peer group of international humanitarian aid agencies. A striking example is the commonly accepted belief that cash transfers have not been implemented on a large scale. In fact, they have been. The US government distributed $7 billion following Hurricanes Rita and Katrina. The Pakistan government has given cash to nearly two million households following flooding in 2010. Social protection mechanisms in numerous contexts, from Mexico to Brazil to Ethiopia, provide cash transfers on a large scale. The failure to learn from government initiatives is not specific to cash transfers, but we risk doing ourselves a disservice by not taking into account experiences from governments and other actors.

Personality matters

Within aid agencies, donors and field offices, the decision to support and programme cash transfers has largely been driven by individuals. This is hardly unique to cash transfers; personality has often been cited as an important trait for successful coordination and leadership, as well as a driving force behind innovation. Recognising the importance of personality and leadership is fundamental in the drive to deliver better-quality responses.

> Within aid agencies, donors and field offices, the decision to support and programme cash transfers has been driven by individuals

We are risk-averse

Humanitarian actors are generally perceived as risk-tolerant: we operate in settings characterised by physical insecurity, poor governance, weak rule of law and complex political and conflict dynamics. Yet debates on cash transfers have been dominated by the idea of risk aversion: the risk that cash will cause inflation, disadvantage women, be wasted, be prone to corruption and put people in danger. In many cases, agencies continue to opt for a 'better safe than sorry' approach and deliver in-kind assistance, in the belief that it is better to use in-kind aid modalities that are well understood rather than take a chance on cash assistance, even when cash is more appropriate. Agencies must understand that cash transfers present different – and not necessarily

lesser or greater – risks than in-kind assistance. Only by understanding the context, including gender relations in communities and households, can agencies truly understand risk and use this understanding to make informed decisions.

We don't think ahead

A common question asked about cash transfer programmes relates to systems: whether aid agency systems and local financial systems (e.g. banks) are appropriate for delivering cash or vouchers. This information could be obtained well in advance of a disaster. Cash transfer programming is often only considered once a disaster, such as a drought, hurricane or increase in conflict, has occurred or is well under way. Contingency planning and disaster preparedness remain woefully low on the humanitarian agenda.

We are territorial

Agencies often ask how cash transfers fit with their particular mandate and mission. This is understandable from the agency viewpoint, but risks undermining the very benefits of unconditional cash transfers, namely that they allow people to meet a variety of needs that inevitably cut across agency mandates. There is a very simple solution, particularly for the large UN aid agencies that are most affected by the constraints posed by mandates: work together. For example, UNICEF, WFP and FAO could get together to deliver unconditional transfers that enable people to meet food and non-food needs, access basic services and recover their livelihoods.

As Voltaire put it, 'with great power comes great responsibility'. The humanitarian community has a responsibility to look hard at the obstacles to better humanitarian programming, many of which are apparent in the ways that cash transfer programming has been debated and adopted. We need to understand tendencies towards risk aversion and replace these with ways to understand and manage risk. We need to think ahead, and embed within all major aid agencies and donors the capacity to make informed choices. This requires understanding markets, political economies and household and society dynamics, determining the most appropriate responses and delivering these responses. We must work together where mandates divide us. We need to be able to justify to donors where their money went, without undermining the flexibility that cash transfers offer by being overly prescriptive. We need to become more comfortable with transferring a small amount of our power to recipients, by giving them more choice. When it comes to cash transfers, there will always be room for more learning and evidence. Ultimately, however, we also need a change in mindset.

Sarah Bailey is a Research Officer in the Humanitarian Policy Group (HPG). She is the co-author of *Cash Transfer Programming in Emergencies*, Good Practice Review 11 (London: HPN and the Cash Learning Partnership, June 2011).

Local NGOs in Myanmar: vibrant but vulnerable

Kim Wallis and Carine Jaquet, Trócaire

Contrary to many assumptions, Myanmar is home to a determined and vibrant civil society. For more than 30 years after the final seizure of power by the military in 1962 no organisations independent from the state were authorised. Since the mid-1990s, however, the number of local NGOs (LNGOs) has been constantly increasing. Although these organisations have very diverse profiles, they can be categorised according to their ethnicity, religion, size and sectors of intervention. This article explores some of the dynamics, characteristics and working modalities of LNGOs in Myanmar, and puts forward recommendations for international actors working with or with an interest in supporting LNGOs. Findings are based on observations made by the authors and consultations with LNGOs over a number of years. Due to the sensitive nature of working in Myanmar the names of organisations are omitted and sources protected.

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civil society in Myanmar is diverse and hard to define

Civil society in Myanmar: characteristics and operational space

Civil society in Myanmar is diverse and hence hard to define. One Burmese stakeholder explained it as 'things apart from the military. In the context of Myanmar, it means ordinary people trying to improve things for their community'. For the purposes of this article we will refer to 'LNGOs' as groups operating independently from the government, delivering humanitarian and development projects reaching beneficiary numbers in the hundreds, managing budgets above €100,000 and having salaried professional staff.

Some of these organisations are officially registered with the government, though most are not. The registration process is long and complicated. While there are many operational advantages to being registered, a certain amount of independence must also be sacrificed, with regular submissions to the government on activities and finances. The majority of LNGOs therefore operate on the periphery of the central authorities, which means that there is no official data on the number of LNGOs in Myanmar. A directory produced by the Capacity Building Initiative (CBI) recorded 30 LNGOs in 2001, rising to 62 in 2004 and 86 in 2009.[1] The actual number is thought to be above 200.

Cyclone Nargis in 2008 was the catalyst for much of the growth of the last three years, with community and national organisations being set up to respond to the massive needs the cyclone created. Despite the fact that such a large-scale humanitarian disaster had never been experienced in Myanmar before, within three days LNGOs were delivering food and non-food items. Many of these organisations supported the recovery phase and have pushed the boundaries of humanitarian space in Myanmar further than ever before, with productive dialogue with the Ministry of Social Welfare and some increased support and funds from the international community.

1 Main criteria for an LNGO to be included in the directory are the following: being willing to be in the directory, having an office in Yangon, and being non-profit, independent and with a clear leadership. CBI is an LNGO that provides capacity-building for Myanmar NGOs.

Cyclone Nargis survivors taking refuge in a monastery

©UNHCR

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Although restrictions on LNGOs were eased in the wake of the cyclone and international aid was stepped up, humanitarian space in Myanmar remains fragile. In areas of active conflict or ceasefire areas (mainly in border regions) the government has limited access significantly due to 'security' concerns, and LNGOs are not systematically permitted to work in many areas despite dire humanitarian needs. In other areas, such as central Myanmar and the Delta, access has been easier to obtain. Many LNGOs working in eastern Myanmar operate clandestinely, with the support of host communities. Based in Thailand or in other third countries, these groups have been able to attract significant support from Western donors over the last 25 years, delivering quality 'cross-border' relief and high-profile advocacy work. Organisations working in non-conflict areas or areas administered by the government, while perhaps less visible to the international community, have also demonstrated their strength in carving out space to work and their ability to respond effectively to the needs of communities. A majority of the organisations working in these areas remain low-profile and work 'under the radar', though they are in a position to at least engage and negotiate their space with the authorities.

Now that a certain amount of space has been carved out by LNGOs, innovative strategies for maintaining it have been developed. These include managing field operations from mobile offices rather than setting up a permanent presence in areas where the organisation has no authorisation to carry out relief work. Smaller community organisations and LNGOs use larger national or international organisations as umbrella organisations to channel funds and provide a legal framework under which to work. Building relationships and trust with local authorities is key, including sharing information about project activities. Omitting information or choosing non-threatening vocabulary when talking about more sensitive work, such as 'peace-building' or 'empowerment', is another part of this strategy, as is giving credit for the work done to government officials where positive impact is visible. The crucial ingredient, however, is gaining the trust of communities, which provide access, cover and legitimacy for everything these LNGOs do.

Another distinctive feature of LNGOs in Myanmar is their ownership of projects. As noted by several researchers and interviewees, it seems that LNGOs are not being driven by donors or external agendas. This might be the legacy of the very limited presence of institutional donors in the country and the fact that funding comes mainly from religious groups and foundations, perhaps giving more flexibility and autonomy to LNGOs.

It would not be accurate to present all of these characteristics and strategies of LNGOs wholly as strengths. Many have a flip side. For example, the need to work in a clandestine way has meant that communications among different actors are very limited, and there is a reluctance to trust each other and share information between LNGOs based inside and outside the country. The fact that humanitarian space is so fragile makes it hard to plan long-term, and there is a lack of clarity around what is and is not possible. Securing institutional funding for LNGOs is also a problem. Myanmar receives one of the lowest levels of aid per person of any developing nation, despite the country's dire needs. While the lack of funding going to Myanmar is partly a political response to the regime, the lack of registered LNGOs and the sensitivities around sharing information on what they are doing also present major challenges.

Advocacy: using the space or threatening it?

Advocacy is not a welcome word in Myanmar. For the authorities it is automatically perceived as negative and viewed with great suspicion, and for this reason it is highly sensitive for LNGOs based in Myanmar. Terms like 'influencing' are more appropriate. For organisations based in Myanmar, advocacy activities take many shapes and forms. Most view their humanitarian advocacy activities as practical, local-level influencing on issues such as travel authorisation or permission to deliver aid supplies. However, organisations based inside Myanmar are increasing their engagement with both the government and the international community on focused issues such as forced labour, environmental concerns, land rights and health issues such as HIV. Many of these higher-level advocacy initiatives are backed by INGOs, the UN and international donors, and have been credited with significant successes, not least the work of the Association of Southeast Asian Nations (ASEAN) and LNGOs in the wake of Cyclone Nargis.

> ### advocacy is not a welcome word in Myanmar

Organisations based on the border tend to take a different approach to their advocacy, and tend to focus more on the international community and less on local-level influencing with the authorities. Much of their advocacy is high-level and public, including carrying out media interviews or releasing hard-hitting human rights reports denouncing the military. While the goals are broadly the same, several individuals based in Myanmar felt that outside advocacy on the human rights situation, while well-intentioned and potentially valuable if well-coordinated, could lead to reprisals within Myanmar. For them the simplistic picture presented to international audiences of Aung San Suu Kyi (Good) versus the military (Bad) is no longer helpful as it does not reflect the complexity of the context or necessarily lead to positive policy developments. Lastly it was felt that there is insufficient knowledge and understanding among organisations based in Myanmar on issues such as justice mechanisms or the impact of sanctions, to enable them to credibly and confidently contribute to the debate. The lack of trust among the different stakeholders involved and the risks involved in sharing information are currently the biggest stumbling blocks in addressing this challenge. Many organisations based inside Myanmar feel exposed to the consequences of international advocacy into which they have very little input and influence.

Ways forward

LNGOs in Myanmar are becoming stronger and the space in which they work is expanding. The international community should recognise this trend and support these organisations in a relevant and sensitive way that is consistent with the difficult working context. Financial support must be increased, alongside technical support to reinforce local capacity. The context also requires greater flexibility from donors to match the innovative and adaptable approach being shown by LNGOs. More reflection and research needs to be done on the impact of international advocacy on humanitarian space, looking at both the positive and negative implications and the gaps in knowledge among different groups. Useful insights could be gleaned from other contexts such as Zimbabwe and Sudan.

The different dynamics and characteristics of LNGOs and civil society organisations must be better understood, in particular between organisations operating in Myanmar itself and those operating from third countries, the different types of risk they face and the strategies they use to carry out their work. It is also important that increased efforts are made to ensure that these groups understand each others' work and create trusted spaces for exchanges to take place. The dichotomy between organisations working 'inside' and 'outside' needs to be broken down to ensure that strategies complement each other and protect what humanitarian space is available. Finally, the international community needs to be mindful that, as space inside the country opens up, LNGOs remain in the front line of government retaliation. The risks they face are real and great. It is LNGOs that know where and how to work, and international actors must respect and listen to them.

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Christian faith communities and HIV in humanitarian settings: the cases of South Sudan, DRC and Kenya

Fiona Perry, World Vision

Faith-Based Communities (FBCs) provide 40% to 50% of healthcare in developing countries and contribute greatly to HIV responses. One in five organisations working on HIV programmes are faith-based. Yet, during large-scale emergency responses, humanitarian actors have not realised the potential of FBCs to undertake HIV programming, nor have they utilised it by supporting or partnering with them. This may be due to humanitarian organisations' preconceived ideas about FBCs' capacity and their approaches to HIV services.

A collaborative study between ODI, World Vision and Tearfund in 2009 aimed at understanding the role of Christian FBCs in responses to HIV in humanitarian settings, and the nature of the collaboration between FBCs and humanitarian actors. This article is based on the findings of this work.[1]

HIV in emergencies

The growing number of disasters, often linked with displacement, food insecurity and poverty, increase vulnerability to HIV and negatively affect the lives of people with HIV. The spread of HIV in fragile states and humanitarian emergencies depends on many factors, including HIV prevalence and service availability, the main modes of transmission, the duration and nature of the emergency, the level of disruption to basic services and the coping strategies people use during the emergency.[2]

1 Fiona Samuels, Rena Geibel and Fiona Perry, *Collaboration Between Faith-based Communities and Humanitarian Actors When Responding to HIV in Emergencies*, ODI Project Briefing 41 (London: ODI, May 2010).
2 Fiona Samuels, *HIV and Emergencies: One Size Does Not Fit All* (London: ODI, 2009).

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Prayers at a church in Haiti after the earthquake

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Women and children are the most vulnerable to violence and HIV in these situations. Children are greatly affected by violence and crime in an environment without role models, moral leadership or understanding of social interactions and behaviours which could contribute to the prolific level of sexual and gender-based violence in post-conflict and fragile state settings.[3]

The study showed that violence against women increased during periods of insecurity. Many women use transactional sex (sex in exchange for basic necessities) to survive, both during and after a crisis. Respondents also spoke about increases in consensual sex in camps for internally displaced people: 'People were looking for a place to comfort themselves', according to a focus group discussion in Kenya. Meanwhile, stigma about HIV and AIDS is high and deters people from disclosing their HIV status and seeking treatment and support. 'Resources were scarce and families did not want to be burdened by a chronically ill family member', said a respondent in the Democratic Republic of Congo (DRC).

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violence against women increases during periods of insecurity

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Methodology

The study consisted of a review of literature from Liberia, Haiti and Zimbabwe followed by qualitative field studies in DRC, South Sudan and Kenya. Eighty-four in-depth interviews and 20 focus group discussions were conducted with participants selected using opportunistic and snowball sampling, and including people affected by the emergency, people living with HIV and members of FBCs.

Box 1: Faith-based communities: three levels

- Informal social groups or local faith communities, such as women's or youth groups.
- Formal religious communities with an organised hierarchy and leadership, such as Muslims, Hindus or Christians, and sub-divisions such as Sunni Islam, Theravada Buddhism and Catholic Christianity.
- Independent faith-influenced NGOs, such as Islamic Relief and Tearfund; networks such as the Ecumenical Advocacy Alliance, Caritas International, World Conference of Religions for Peace and the International Network of Religious Leaders Living with HIV (INERELA+).

Source: UNAIDS.

3 F. Perry, *Research Concept Note: Post-Conflict Sexual Violence – An Expected Cultural Norm in Fragile States? Can CoH Gender Training Change Attitudes and Behaviour of Youth and Make a Difference?* (Nairobi: World Vision, 2010).

Key findings

Faith communities' niche areas

Participants in all three countries expressed the view that churches are often the first port of call for the most vulnerable during emergencies. FBCs could use their structures and networks to obtain emergency funds and have the potential to provide good-quality and consistent HIV prevention and treatment services for rural or marginalised communities in emergencies.

FBCs can maintain projects during periods of insecurity because their staff tend to be local volunteers. There were reports in all three case studies of mission clinics and hospitals staying open when other facilities, including government hospitals, had shut.

The research showed that the continuous presence of churches during conflict builds trust amongst local communities. Churches acted as mediators between communities and aid organisations; helped to mobilise groups to implement activities; and negotiated safe passage for humanitarian actors. In Kenya, for instance, the local faith community mobilised youth, who were perpetrating many crimes at the height of the post-election emergency, by involving them as gatekeepers, security guards and relief distribution monitors.

Churches can provide spiritual care and refuge; they preach love and encourage kindness; and they can mobilise limited local resources to support vulnerable children, people with HIV and families. As one religious leader in South Sudan put it: 'The community has confidence in the church. More attend VCT (voluntary counselling and testing) managed by a faith organisation than the government. They trust we will stay confidential.'

Lack of HIV training and misconceptions about HIV

The study found no systematic HIV training for clergy, alongside a wide spectrum of faith-based approaches to HIV, ranging from denying its existence and condemning those infected to establishing home-based care, initiating associations of people with HIV and offering church premises for mobile HIV testing and HIV campaigns. According to study respondents, the opinions of religious leaders have changed substantially in the past five to ten years, though rural parishes lag behind as fewer HIV awareness campaigns and training reach these areas. There were reports from the DRC and Kenya that some leaders are misinforming congregations on HIV and encouraging members to stop taking anti-retroviral drugs (ARVs) and allow God to heal them.

Few pastors have been trained in HIV-related counselling or trauma recovery techniques. In addition, religious leaders may disapprove of family planning and the church often prohibits sex outside marriage, making it difficult to help young people who are already sexually active.

Planning and capacity to respond to HIV in emergencies

The study found insufficient preparedness for HIV responses during emergencies among FBCs. Few local

religious initiatives have contingency plans or enough funds for emergency responses. Churches are also reticent about traditional gender roles and harmful traditional practices. Addressing these issues is often overlooked. This could partly be due to the under-representation of women among Christian leaders. Many respondents felt that the church has a role to play in addressing gender discrimination, which leaves women and girls vulnerable in general, and particularly in emergencies. According to the religious leaders interviewed, gender is difficult to address within the church. However, as one religious leader in Nairobi said: 'We need to address gender, HIV challenges, and build our capacity to deal with early child marriage and female genital cutting'.

The potential advantages of inter-denominational collaboration such as sharing of funding and training was limited in all three countries; network umbrella organisations exist, but do not reach their full potential due to lack of resources.

> ## few local religious initiatives have contingency plans or enough funds for emergency responses

Collaboration with humanitarian actors
There are examples of collaboration between international humanitarian actors and local Christian communities. In DRC, for instance, the Catholic Church has developed an HIV national plan, and are planning to be supported directly by humanitarian actors (e.g. the World Food Programme) or through Catholic development agencies (e.g. Cordaid). However, churches rarely have the necessary human resources to build relationships with international agencies. Skilled church leaders may also be overstretched and humanitarian actors may see churches as obstacles to services such as condom distribution, sex education and measures addressing traditional practices. While humanitarian actors have some level of reporting against their accountabilities, churches tend to focus on activities rather than results, according to respondents, and lack project management, monitoring and documentation.

During the launch of the findings of this study in Nairobi on 1 December 2010, a panel was set up to facilitate a discussion on the lack of collaboration between humanitarian organisations and the Church when responding to HIV in emergencies. A number of possible causes were cited:

- Humanitarian actors often do not take the time to fully understand, gain common ground with and get to know potential partners before an emergency happens. During an emergency there is little time to build these relationships. In addition not all FBCs and churches are the same and humanitarian actors need to be prepared to take time to understand the different approaches between them.

- It seems that theological misunderstandings are the main obstacle to humanitarian actors working with the church. Gender inequality and lack of youth participation in programming were also cited as problems.
- Humanitarian organisations tend to have short-term programmes which are not conducive to the more developmental nature of FBCs. There is a need for long-term partnerships with FBCs to develop more sustainable programmes and sufficient skilled and well-equipped staff, and for FBCs to access adequate long-term funds.

Recommendations for humanitarian organisations
Long-term partnership
Humanitarian organisations should work with FBCs in their disaster management activities, from local emergency preparedness and capacity-building through emergency responses and beyond. The position FBCs have within the wider community and the resulting trust and relationships mean that they are uniquely placed to lead an HIV response, a capacity that humanitarian actors should recognise and build upon in humanitarian emergencies. Assistance can be given with proposal and report writing, funding and monitoring and assessment. These partnerships should extend beyond the initial stages of the emergency, so ensuring sustainable programming and increasing the skills and capacity of the organisation.

Initiate HIV emergency preparedness and disaster risk reduction initiatives
Humanitarian organisations could help to build the capacity of FBCs on disaster risk reduction. Training for FBCs should include disaster risk reduction, emergency preparedness and how to incorporate HIV and AIDS into humanitarian planning responses.

HIV, gender and GBSV training
Humanitarian actors and governments need to support more HIV training for Christian leaders, particularly in rural health zones. International faith-based organisations can help to build the capacity of local churches, using proven Christian-based facilitation tools to tackle misconceptions of HIV, address stigma and discrimination towards people living with HIV, enhance family dialogue and improve relationships with humanitarian actors. Donors and humanitarian actors need to advocate for longer-term social change, protection and skills-building programmes for women and girls.

Assist FBCs to initiate participation of youth and children in HIV and emergency programming
Humanitarian actors should work with FBCs to develop a comprehensive strategy for children and youth, focusing on their rights to survive, be safe, belong and develop. Components could include life skills training, peer education, mentorship, family dialogue, basic education, vocational training and adolescent-friendly reproductive health services.

Recommendations for FBCs
Unbiased and scientific HIV awareness for all staff
All staff of FBCs including the leadership need to have

adequate HIV knowledge that is theologically acceptable and does not allow for misconceptions or misunderstandings, so preventing stigma and discrimination in the community.

Mobilise FBCs to address stigma and detrimental cultural practices

FBCs and in particular the local church need stronger skills and resources to address gender dynamics, domestic violence, tribal reconciliation and the involvement of men in HIV testing and treatment.

Mobilise FBCs to tackle GBSV

Some FBCs provide medical and psychosocial support for women who have been raped. Yet prompt reporting for medical and legal purposes remains lacking and most funding for gender and sexual violence in crises focuses on short-term immediate response rather than prevention, social reintegration and female empowerment. Trusted members of the local faith-based community are well-placed to initiate dialogue on gender roles and social norms, work with households to promote rapid response to and report violence against women – and become a voice for women.

Invest in faith-based youth teams and community outreach

FBCs need to ensure that they provide HIV services that are closer to those that need them, reaching remote areas. Building local skills in HIV prevention, care and counselling is possible through religious networks. Faith-based youth outreach workers will create an interface between health facilities and communities, and local human resources to call upon during crisis.

In order to help FBCs follow the recommendations from the research findings, World Vision has developed an HIV in emergencies reference toolkit. The toolkit begins with a self-assessment flow chart that helps the reader to identify where the organisation may lack skills or knowledge. Specific areas that have been identified as issues for FBCs, such as gender, stigma, theological misunderstandings and preparedness, are included. The reader is then pointed to some tools as a way to address these issues. The tools are all field-tested and have been recommended by many different organisations. The toolkit can be found at www.wvi.org/health.

Fiona Perry is Global HIV advisor for emergencies, World Vision.

Developing interagency DRR tools at field level: World Vision's experience in Bolivia

Julian Srodecki, World Vision International

During 2010, a group of humanitarian agencies in Bolivia came together to work on Disaster Risk Reduction (DRR). Over the past year, these agencies have shared learning, built a common DRR/climate change approach and developed RAPP, a consolidated Capacity and Vulnerability Analysis (CVA) tool. Having a locally developed common approach to DRR and interagency tools provides a practical way for agencies to work together with communities on huge climate issues that are too big for any one organisation to tackle alone. Funding has also been received from ECHO to enable three agencies (Plan International, Save the Children and World Vision) to collaborate on an 18-month programme under the global Emergency Capacity Building (ECB) Project.[1] Oxfam is the lead agency for ECB in Bolivia, with World Vision Bolivia leading on DRR activities. Through this field-level collaboration a number of interesting lessons are emerging.

A common approach to DRR at field level

Successful collaboration focuses on issues that all the partnering agencies agree are important and where joint activity is more likely to yield tangible improvements. Climate change poses an increasingly dangerous threat to impoverished, minority and vulnerable populations in Bolivia. DRR was a good topic to choose for collaborative

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Agencies are coming together to help communities prepare for disasters like this 2008 flood

action because all agencies need to work together to tackle this big and complex issue.

World Vision, as lead of the DRR working group of the ECB Bolivia consortium, is working closely with other agencies[2] to pool expertise and facilitate the joint development of a common approach to DRR. This approach is building a shared language and terminology adapted for the Bolivian context. Common DRR competencies have also been

1 The Emergency Capacity Building Project is a global partnership between CARE, CRS, Oxfam, Mercy Corp and World Vision. For more see http://www.ecbproject.org.

2 During 2010 six agencies were working together on DRR, but in 2011 the number has grown and now includes ACF, CARE, CRS, HelpAge International, Oxfam, Plan, Save the Children and World Vision.

agreed, building on the experience and expertise of each agency (see Box 1). These agreed competencies have enabled staff from different agencies to strengthen local understanding and build a body of knowledge that fits well with local culture, conditions and approaches. They have been the foundation for the development of a shared Risk Analysis and Participatory Planning tool (RAPP) that combines the capacity, vulnerability and analysis tools used by CARE, Oxfam and World Vision globally. The development process has helped to generate greater staff understanding and acceptance, and has ensured that the tool is tailored to local conditions.

each of the three participating agencies brings its own particular areas of strength

Agencies active in various parts of the country are now able to use a common approach when working with communities, local partners and the government to identify issues around risks and vulnerability. This is enabling agencies to compare their results, pool expertise and communicate in a more coherent way with all stakeholders. Being able to talk the same technical language facilitates joint work with the government on initiatives to reduce or mitigate the impact of natural disasters such as forest fires, droughts, frosts and flooding, all of which are becoming more frequent and intense. Individual agencies may have different geographical areas of operation, but often the causes of both risks and disasters require approaches that cut across multiple areas or agency mandates.

Sharing information and expertise to tackle DRR
The 18-month ECHO-funded programme is an opportunity to test the value of this collaborative effort. The RAPP tool was used to gather and pool information for the proposal, and each of the three participating agencies brings its

own particular areas of strength. Plan International is providing expertise in community capacity-building and local responses to fighting forest fires, Save the Children is sharing community and schools-based early-warning systems and World Vision is contributing experience of community capacity-building in DRR. Although it is early days there are already indications that the approach is bearing fruit. According to Nancy Guiterrez, World Vision Bolivia Humanitarian and Emergency Affairs Manager: 'We are on an exciting journey with our partners and World Vision deeply values the levels of trust and understanding that we are building up with our colleagues on DRR. It can only be to everyone's benefit if we work closely together with shared tools and talk with the same language'. In future, WV Bolivia plans to work with other agencies in the consortium to advocate with the National Civil Defence Agency (VIDECI) to share experience and collaborative tools such as RAPP nationwide. A common approach will make it easier for communities and government counterparts to work with each of the agencies on the climate change issues that they face.

Building on local relationships
The development of a common DRR tool in Bolivia was based on good interagency relationships at the national level. Over the last five years of implementing collaborative projects in several countries, ECB has learnt that local relationships are essential to making collaboration work at a national level. ECB has supported the development of national-level relationships through the creation of field consortia in five countries and regions.[3] These bring together interested agencies in a multi-year process to strengthen collaborative relationships and jointly build disaster management capacity. Each consortium is led by a global ECB agency, with additional local partners participating in joint activities at national level. The ECB project supports each consortium with a planning process, some activity funding and the provision of technical advisors and facilitators to support the implementation of joint activities. In Bolivia, the ECB project consortium is led by Oxfam and brings together eight other NGO members from the ECB and the Consortium of British Humanitarian Agencies (ACH, CARE, Christian Aid, CRS, HelpAge, Plan International, Save the Children and World Vision). These partners also work closely with governments and other organisations, such as UNICEF, OCHA, Fundacion para el desarrollo participativo y comunitario (FUNDEPCO), CIPCA, CARITAS, PROCOSI and the Bolivian Vice Minister for Civil Defence (VIDECI). World Vision Bolivia is the lead agency for the Disaster Risk Reduction/Climate Change Adaptation (DRR/CCA) working group of the consortium. Other agencies lead working groups and activities around national staff capacity-building and accountability.

The importance of a well-managed process
In only a few months, the consortium in Bolivia moved through several stages of collaboration, from sharing information and learning to developing new tools and approaches. Good relations between the partners was a

3 The five countries/regions are Bangladesh, Bolivia, Indonesia, Niger and the Horn of Africa.

key enabling factor, whilst the ECB project supported the process with funding for a consultant and by providing technical specialists. These worked with the consortium over a period of several months on developing a shared DRR/CCA approach. The technical support for the RAPP tool provided by the ECB agencies' global DRR/CCA in-house advisors was also important. This involved global headquarters staff from two agencies providing technical expertise and advice on the ground. At the end of this process funding was secured from ECHO.

Collaborative working can be very time-consuming. The consultant's role was to lead the process and complete the development of the shared DRR approach outside of interagency meetings. The consortium benefited from a well-run process which drew on each agency's perspectives but did not require overwhelming time commitments.

When agencies talk about coming together to work on joint tools, the discussion often happens between agency heads in a national capital, miles from the field. During the third workshop, the Bolivia Consortium decided to do something different. Key staff from each agency spent two days in the field using each others' tools in work with communities. This helped to broaden their understanding of the strengths and shortcomings of each approach. It also provided a common team-building experience that strengthened the relationships that are vital to collaboration. After the field work, the final parts of the workshop focused on debriefs and action planning around the process to finalise a common tool. This drew on the most appropriate parts of CARE's Climate Vulnerability Capacity Assessment, Oxfam's Participatory Capacity and Vulnerability Analysis (PCVA) and World Vision's Community Owned Vulnerability and Capacity Assessment (COVACA) tool.

> the consortium benefited from a well-run process which drew on each agency's perspectives but did not require overwhelming time commitments

Should there be greater investment in collaborative approaches at field level?

The development of common DRR tools in Bolivia is in its early days, and it will be interesting to see how the process develops in the coming months and years. Could it be that large agencies such as World Vision may sometimes need to reconsider how they develop tools and approaches? Rather

Field testing with schoolchildren in Oruro

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than having globally developed tools and prescriptive approaches, should agencies provide broader guidance for field entities and give them the freedom to develop tools and approaches that facilitate greater interagency working at field level? Such an approach could enable agencies to develop a common language for joint working, make coordination and advocacy with local government more effective and enable common approaches to local-level capacity-building. This may well require greater investment in field-office capacity and higher levels of trust for field staff to make key decisions around technical issues. It might also require experts at headquarters or regional levels to take a less prescriptive approach to the development and application of tools and play more of a coaching role, supporting field staff to work with their peers to do what is most appropriate locally. The answers to these questions may not be clear at the moment, but initiatives like the development of the joint DRR approach in Bolivia and others across the ECB project's four other consortia may generate some interesting perspectives as they mature and bear fruit.

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A market-integrated response to an emergency in Kyrgyzstan

Robin Currey, Meghan Neumann and Patrick Eckford, Mercy Corps

Mercy Corps has been working in Kyrgyzstan since 1994, focusing on micro-entrepreneurship, food security, small-holder farming and livestock development and conflict mitigation. Established in 2004 through the consolidation of five Mercy Corps-affiliated micro-credit agencies, Kompanion, a community development financial institution specialising in group lending, now employs over 1,000 staff, has 94 offices and is Kyrgyzstan's largest micro-finance institution, per number of customers. In June 2010, conflict erupted in Osh and Jalal-Abad provinces of southern Kyrgyzstan. Thousands of households lost family members, homes and possessions, as well as business assets. When the conflict broke out, over 45,000 of Kompanion's 109,900 clients were in the affected areas. Many of these clients needed credit relief quickly and additional assistance to recapitalise their businesses.

This article focuses on the emergency assistance Kompanion provided for its clients and the mechanisms put in place to provide it. Kompanion and Mercy Corps implemented programming designed to spur livelihood recovery for micro-entrepreneurs in southern Kyrgyzstan. This is in line with the organisation's commitment to responding to short-term needs while remaining aware of and focused on long-term development processes and opportunities to 'build back better'. This was Kompanion's first emergency relief intervention, and its model of emergency response is applicable to other micro-finance institutions (MFIs) and development organisations working in post-conflict contexts.

Post-conflict interventions

Within two weeks of the outbreak of the conflict, Kompanion had made contact, via phone or in person, with the majority of its 45,000 clients in the affected areas. It determined that 4,000 borrowers and their families had suffered serious losses and were in need of assistance. Kompanion responded with two interventions to assist with the recapitalisation of micro-entrepreneurs: the Emergency Credit Committee and the Fund for Rebuilding Communities through Micro-Enterprise.

Emergency Credit Committee (ECC)

Kompanion established the Emergency Credit Committee (ECC) in July 2010. The ECC had the authority to recommend loan forgiveness, with the approval of the Board of Directors of Kompanion; forgive interest and penalties; and extend repayment periods and restructure loans. The ECC consisted of three members: a regional manager and/or a member of the executive management team (Chairperson); a branch manager or a credit manager at the branch; and a staff lawyer.

Loan officers presented individual clients' situations to the ECC and provided documentation of losses (photos, witness statements). Information was gathered when loan officers became aware that a client had been directly affected by violence, looting and business damage, or at the request of the client. The ECC considered each situation on a case-by-case basis, taking into consideration the level of loss, the role and importance of the micro-business in the family's household budget, alternative income sources and the likelihood that clients would be able to restart their businesses with recapitalisation funds. The main determinant of the type of credit relief offered was an examination of the burden on the client of repaying their loan, given the unique situation of each family.

> micro-entrepreneurs dominate the Kyrgyz economy, providing basic needs and services

Fund for Rebuilding Communities through Micro-Enterprise (FRCM)

Mercy Corps and Kompanion also designed an equity cash grant programme to assist affected micro-entrepreneurs to restore livelihood activities, the Fund for Rebuilding Communities through Micro-Enterprise (FRCM). Micro-entrepreneurs dominate the Kyrgyz economy, providing basic needs and services such as food production (livestock, agriculture), markets, clothing, hygiene supplies and transportation. To ensure the provision of critical products and services and ensure micro-entrepreneurs could support their households, their businesses needed to be recapitalised.

Mercy Corps secured grants for the FRCM from two private donors (Muslim Aid and an anonymous donor). By mid-July, substantial further funding from the Bill and Melinda Gates Foundation and USAID/OFDA had been secured to provide equity cash grants to hundreds of micro-entrepreneurs in affected areas. An agreement was signed between Mercy Corps and Kompanion to facilitate the cash grant disbursements from donor funds.

Qualifying micro-entrepreneurs were provided with $500 grants to restore their damaged businesses, and $750 if both their businesses and their homes had sustained damage. The grant size of $500 was determined by taking Kompanion's average loan size and increasing the amount by 50%, to account for additional immediate needs. Directly affected markets (bazaars) and business zones were identified, and all micro-businesses that were damaged, looted or destroyed in these areas were invited to apply for an equity grant. The grant was open to Kompanion clients and non-clients alike. Applicants completed a one-page application, staff photographed losses and damage and a grant committee made the final decision on grant eligibility. Each recipient was monitored up to four times over a period of 12–16 weeks. The monitoring regime

Thanks to a $500 grant this woman managed to revive her family's business making clay ovens

provided tracking data and reinforced to the recipients the importance of accountability.

Results

Emergency Credit Committee

All late repayment penalties were cancelled and a one-month grace period was put into effect for every Kompanion client affected by the conflict. Within two weeks of the establishment of the ECC nine sessions had been held, 76 loans forgiven, 41 loans partially written off and 229 restructured. Between 15 July and 31 December 2010 there were 34 sessions of the ECC, and Kompanion forgave 220 loans, partially wrote off 111 and restructured the remaining 2,140.

Although decisions about the type of credit relief to offer clients were made on a case-by-case basis, some trends emerged.

- Loan forgiveness (220 loans; $127,570). Loans were forgiven for nearly all clients whose homes were damaged or destroyed and who also incurred business losses, where the client and/or a family member was killed or suffered serious bodily harm, or where the affected business was the sole source of income for the family.
- Partial write-offs (111; $18,120). Loans were partially written off primarily at the client's request. The typical situation involved writing off interest for a client preparing to leave the country contacting their loan officer with a view to fulfilling what they felt was their loan obligation.
- Loan restructuring (2,140; $1,187,080). Loans were restructured at the request of the client and their loan officer. Most often clients' businesses had been disrupted due to the conflict, but did not sustain

severe direct damage, and there was a good prospect that business activities would be resumed.

To understand the appropriateness of the different credit relief mechanisms for Kompanion clients, we tracked the 2,198 clients who received credit relief from the Osh branch, which had the largest number of clients affected by conflict: 132 loans were forgiven, 96 partially written off and 1,970 restructured as of 31 December 2010. Within six months, of the 228 clients whose loans were fully or partially forgiven, 20% (45 clients) were taking loans from Kompanion for working capital. Almost all (97%) of the 1,970 clients whose loans were restructured remain Kompanion clients. On this basis, the intervention seems to have provided adequate credit relief. However, 3% of clients whose loans were restructured were not able to make repayments. More research is needed to see whether a different type of credit relief may have assisted these clients, or if there were other extenuating factors affecting their ability to repay their loans.

Fund for Rebuilding Communities through Micro-Enterprise

As of 31 December 2010, grants had been provided to 944 micro-entrepreneurs, 57% of whom were women. Kompanion mobilised staff as the implementers of FRCM: loan officers, tellers and key managers were responsible for verifying losses, distributing cash and monitoring the use of the cash by equity grant recipients. The first batch of FRCM grants was disbursed on 14 July 2010, less than a month after the violence ended. Mercy Corps determined that 13% of grant recipients were Kompanion clients, but it has not been possible to assess whether the other 87% of beneficiaries were loan clients of other MFIs working in the affected area.

More analysis is under way on the impact of equity grants on livelihoods; Mercy Corps' preliminary analysis indicates that affected micro-businesses have reestablished a majority of the nearly 2,000 jobs that were lost as a result of the conflict. These micro-enterprises support over 6,000 family members. While this tells us that micro-enterprises are running, it is not clear whether the equity grant amount was adequate. We know through assessments that, for the 944 micro-entrepreneurs who received equity grants, their average reported annual income pre-conflict was approximately $1,820 and their reported business losses due to the conflict averaged approximately $2,340. Thus, the $500 equity grants were equivalent to 27% of average annual income pre-conflict, or 21% of reported business losses due to the conflict.

Conclusion

Micro-finance institutions can be important partners for their clients and for humanitarian organisations in offering relief for families affected by conflict. Mission-driven MFIs recognise the obligation to share the burden that conflict places on the livelihoods of their clients. Within the context of market-integrated relief, MFIs have a vested interest in supporting the recovery of those in need while ensuring the health of their companies.

Kompanion incurred losses of $145,690 ($127,570 in principal and interest from loan write-offs and $18,120 in partial write-offs) in its effort to provide emergency relief for its clients. At the same time, it was the implementing partner for Mercy Corps' FRCM to help micro-entrepreneurs with livelihood recovery. Six months on, Kompanion began to see the return of clients whose loans had been forgiven. Kompanion's post-conflict support for its clients resulted in an initial economic loss, but ultimately engendered client loyalty.

Micro-finance institutions have a wealth of information, physical networks and strong client relationships that can be used in post-conflict and emergency situations. Kompanion was able to rapidly assess the scale and scope of needs in the aftermath of the conflict, working in coordination with Mercy Corps, share information in the weeks following the conflict and support affected households and clients. Micro-entrepreneurs in Kyrgyzstan are key providers of basic goods and services through thousands of small stalls in bazaars, in small neighborhood kiosks and shops and even out of homes. In a post-conflict setting, it is critical that these micro-businesses reopen, both to provide goods and services for communities impacted by conflict, and so that families can reestablish their own livelihoods.

Kompanion is further tracking its clients to understand the impact that different types of credit relief had on their ability to restart businesses and reestablish livelihoods. Ongoing analysis will assist in determining if equity grants are an appropriate intervention to recapitalise businesses post-conflict, specifically if the amount of the grant was adequate and if it contributes to asset generation. Debt relief can assist businesses by giving them a clean slate. After an emergency, inventory and raw materials must be purchased, salaries paid, tools replaced and shops repaired. This requires both credit relief and capital, such as equity grants, which are not repaid and do not further burden entrepreneurs with debt. Credit relief is essential for those affected by conflict, but not on its own sufficient.

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Operational Security Management in Violent Environments
Good Practice Review 8 (Revised Edition) December 2010

The first edition of *Operational Security Management in Violent Environments* (also known as GPR 8) was published in 2000. Since then it has become a seminal document in humanitarian operational security management, and is credited with increasing the understanding of good practice in this area throughout the community of operational agencies. It introduced core security management concepts and highlighted good policy and practice on the range of different approaches to operational security in humanitarian contexts. When it was published, the majority of aid agencies were only just beginning to consider the realities and challenges of operational insecurity. Few international or national organisations had designated security positions or policies and protocols on how to manage the risks of deliberate violence against their staff and operations. The GPR thus filled a significant gap in the policy and practice of security management.

Although a good deal of the original GPR 8 remains valid, the global security environment has changed significantly over the past decade. New conflict contexts have created new sources of threat to international humanitarian action. Increasing violence against aid workers and their operations, including more kidnappings and lethal attacks, has had serious implications for humanitarian relief work in insecure contexts. Meanwhile, agencies themselves have become much more conscious of the need to provide for the safety and security of their staff.

To reflect these changes, the Humanitarian Practice Network has published a new version of GPR 8. The new edition both updates the original material and introduces new topics, such as the security dimensions of 'remote management' programming, good practice in interagency security coordination and how to track, share and analyse security information. The new edition also provides a more comprehensive approach to managing critical incidents, in particular kidnapping and hostage-taking, and discusses issues relating to the threat of terrorism.

Ending isolation: solar solutions in Haiti

Jemima Jewell, ToughStuff

The Haitian earthquake in 2010 displaced thousands of people, forcing them into overcrowded spontaneous settlements. Women and girls in particular are at risk of violence in the camps, including sexual violence. This is a huge problem. In the first two months after the earthquake, the Commission of Women Victims for Victims (KOFAVIV)[1] logged 230 incidents of rape in just 15 camps in Port-au-Prince. Médecins Sans Frontières (MSF) reported 68 cases of rape in one month (April) at just one of its clinics in Port-au-Prince. The actual figures are likely to be substantially higher given significant under-reporting.

©HelpAge

Demonstrating a solar kit

A lack of adequate lighting is an important factor in the high rates of sexual violence women and girls face in Haiti's camps, and is consistently cited as a source of insecurity. In Delmas 14, for example, one of the calmer camps in Haiti, teenage girls surveyed by the UN Stabilisation Mission (MINUSTAH) said that they were afraid to use latrines at night because of the lack of lighting.

Light, security and safety

HelpAge International distributed 5,500 ToughStuff emergency kits in 12 districts. The kits included a solar panel to charge an LED lamp, which could be used both inside shelters and as a torch. Three months after the distribution, HelpAge conducted an evaluation with 499 (around 9%) of the beneficiaries.[2] The results were very encouraging, with three-quarters of respondents saying that having a light on at night made them feel more secure. Similar projects by other agencies support this finding. Elimene Dieujust, a recipient of a solar light provided by Concern, reported that 'Now that we have a light that will always work, in case there are any aggressive men in the area, I feel secure. It feels safer for me, my grandchildren and my daughter ... I can look after myself because I can see now'.[3] In cramped, flammable dwellings solar light is also much safer than traditional sources of light, such as kerosene and candles, and cheaper. HelpAge recipients reported a 91% reduction in spending on kerosene, and an 80% reduction in spending on candles.

1 The Commission of Women Victims for Victims (Komisyon Fanm Viktim pou Viktim, or KOFAVIV) was set up in late 2004 by a group of rape victims to empower poor women and advocate on their behalf.
2 Respondents were from the following earthquake-affected areas: Croix-des-Bouquets, Tabarre, Petion-Ville, Delmas, Carrefour and Cité Soleil in Port-au-Prince, and the provincial towns of Gressier, Léogane, Grand-Goâve, Petit-Goâve and Jacmel. Of the respondents 166 were male and 333 female.
3 'Haiti Emergency Response: Distribution of 2000 ToughStuff Solar Panels with Battery LED Light and Mobile Phone Connectors and Radio Connectors – Final Report', Concern Worldwide and Geneva Global, 2010.

Phones, radios and connectivity

The phenomenal power of mobile phones in connecting people and reducing isolation is familiar to everyone. Whether sharing information, keeping in touch with remote family or enabling individuals to access vital services such as mobile banking, the impact of mobiles is well-documented. Their specific potential in disaster relief situations is increasingly acknowledged. Yet without a way to charge them, phones can be rendered useless.

The solar panel in the kits distributed by HelpAge in Haiti was also able to charge common mobile phones via a set of phone connectors. As well as helping increase people's connectivity generally, this also supported a HelpAge cash transfer project via a mobile banking facility. Up to $3 of the $17 transferred to beneficiaries every month could be wasted on charging. Instead, beneficiaries were provided with a free means of phone charging, maximising the impact of the cash transfer.

> solar-powered products help to combat the intense isolation that people can feel in the aftermath of a disaster

Radios and radio connectors (to replace traditional batteries) powered by the same solar panel were another component of the HelpAge kit. Some 92% of recipients said that the radio helped them keep in touch with what was happening in the country and get some entertainment, especially during the evening – not least the dedicated radio show by HelpAge, broadcast in Creole on Radio Soleil. The programme included older people's stories and

reminiscences, as well as health information and advice on how to help and support older people. One recipient, Hurbain Julien said: 'We can use our radio whenever we want … and we don't have to buy batteries for it … The news on the radio, good or bad, is important. I like knowing about what is happening in the country'. The HelpAge impact survey found that 39% of the recipients who saved money by using the radio connectors reported a 77% reduction in the quantity of D-cell batteries bought.

The road to recovery

Solar-powered products help to combat the intense isolation that people can feel in the aftermath of a disaster. Lamps provide security and phones and radios connect people with vital services and information. But solar solutions are not just a short-term fix. The long-term benefits of access to clean energy are well-known and equally applicable in IDP camps. In addition to the health benefits (reduced respiratory illness because of smoke inhalation, and lower risk of burns) and the environmental benefits, their contribution to economic recovery should not be overlooked. Along with the direct savings on candles, kerosene and batteries, over a third of HelpAge recipients found a way to earn an income using their kit, often by renting out lamps or charging mobile phones for the local community. The additional productive hours at the end of the day, which lamp light made possible, were also important in helping informal businesses to prosper.

A valuable addition for non-food kits

A Concern Worldwide survey of solar kit recipients concludes that 'in a package that included a number of essential household and hygiene items … the solar kit was clearly perceived as the most valuable item'. The HelpAge impact survey found that, three months after receiving them, 95% of people still owned their solar set. Given the lack of cash people had, if they had not found the solar kits useful they would have already sold them, especially as 55% said that friends and neighbours were asking where they could buy the kits.

A clear overarching recommendation from the HelpAge assessment and a number of other studies is the need to consider solar energy kits as part of standard non-food item distributions. MINUSTAH's Joint Security Assessment report for Haiti from March 2010 recommended the distribution of radios and flashlights, and that every IDP camp with over 100 residents should have adequate lighting. Concern Worldwide's distribution team in Haiti recommended that, when possible, solar kits should be included in all NFI distributions.

More specifically, the HelpAge impact assessment team concluded that:

- Solar kits should ideally include a carrying case or other form of protection, so that people can take the kits with them when they leave their tents.
- Distributions of solar items should focus on areas where there are tents, as candles and kerosene lamps have caused several fires in tents, and it is evident that the use of a solar light has decreased the risk.
- The vast majority of respondents – 88% – reported receiving a connector able to charge their phone. In the future, all kits should include a variety of low-cost phone connectors, to maximise the chances of matching the beneficiaries' phone. If possible, beneficiaries should be asked to come to the distribution with their phones to ensure that connectors are compatible.
- Savings were not as high as anticipated as recipients who had been able to access a mains socket before continued to do so. In areas where electricity may be available for part of the day, it makes sense to include in the kit the means to charge solar items using mains electricity as well.

The livelihoods potential of solar energy is an interesting area for further study. Using solar kits to generate income could be supplemented with more formal entrepreneurial support, both as a means of increasing cash income and also to increase access to these products for people who may not benefit directly from a distribution programme. Programmes of this kind are well-established in stable environments, and their potential and applicability in post-disaster situations is surely worth exploring.

Jemima Jewell previously worked at ToughStuff, a privately funded social enterprise company.

Integrating conflict mitigation into the INEE Minimum Standards for Education

Kerstin Tebbe, INEE

The Inter-Agency Network for Education in Emergencies (INEE) is a global, open network working to ensure people's right to a quality education and a safe learning environment in emergencies and recovery situations. The INEE Minimum Standards, released in 2004, constitute the first global tool to define a minimum level of quality for humanitarian assistance in the education sector and complements the Sphere Project's Minimum Standards in Disaster Response. In 2009, INEE began updating the Minimum Standards to reflect developments in the field of education in emergencies, incorporate feedback received over the previous five years of implementation and mainstream 11 cross-cutting issues. Between mid-2009 and early 2010, over 1,000 people from more than

100 countries contributed to the update process. The new Minimum Standards handbook was launched in June 2010, and is currently being rolled out worldwide through launch events, translations and training.[1]

Conflict mitigation and the Minimum Standards

Conflict mitigation is one of the 11 cross-cutting themes mainstreamed in the updated Minimum Standards. The Standards define conflict mitigation as:

actions and processes that 1) are sensitive to conflict and do not increase tensions or sources of violence; and 2) aim to address causes of conflict and change the way that those involved act and perceive the issues. Humanitarian, recovery and development activities are reviewed for their effect on the conflict context in which they take place and their contribution to longer-term peace and stability. Conflict mitigation approaches can be used for conflict prevention and interventions in conflict and post-conflict situations.

The goal of mainstreaming conflict mitigation into the Minimum Standards was two-fold, focused on conflict sensitivity and 'do no harm' and conflict transformation to build sustainable peace. 'Do no harm' requires that actors implementing interventions assess and understand the divisions and tensions between people and the capacities for violent conflict within the society in which they work.[2] Conflict sensitivity obliges humanitarian actors to understand the conflict context in which they operate; understand the interaction between their operations and the conflict context; and act upon this understanding in order to avoid negative impacts and maximise positive ones.

Working towards conflict transformation and sustainable peace involves addressing the structural causes of violent conflict (i.e. pervasive factors that have become entrenched in the policies, structures and fabric of a society) as well as the proximate causes (i.e. factors that contribute to a climate conducive to violent conflict). Addressing the causes of conflict means helping local people to disengage from the conflict and establish alternative systems for dealing with the problems that underlie it.

Ensuring conflict sensitivity and contributing to conflict transformation in crisis and post-crisis education necessitate responses based on thorough conflict analysis, an understanding of the conflict context and an assessment of how responses may interact with that context. Education responses in crisis and post-crisis situations are often based on a thorough analysis of the destructive impacts of the crisis on education and resultant needs; analysing the links between education and the context in which it takes place is, however, a new focus in the education in emergencies community. As a result, designing the approach to integrating conflict mitigation in the Minimum Standards handbook required

1 INEE, *INEE Minimum Standards for Education: Preparedness, Response, Recovery*, 2010.
2 See Mary Anderson, *Do No Harm: How Aid Can Support Peace – Or War* (Boulder, CO: Lynne Rienner Publishers, 1999).

drawing on a growing, though still very thin, body of evidence demonstrating education's potential role in either exacerbating or mitigating conflict.

Recent activity and research has increasingly focused attention on the role of education in conflict, from conflict prevention to longer-term peace-building. Such activities and research reflect broader, longer-term trends in the field of education in emergencies over the last ten to 15 years. These trends represent a process of increasing self-reflection, from understanding the devastation that conflict has on education; to advocating for incorporating education into humanitarian response and rebuilding education post-crisis; to realising that education is not simply a neutral technical activity, but can either exacerbate or mitigate conflict; to more extensive and collaborative action around knowledge generation, policy and planning. The INEE Working Group on Education and Fragility, established in early 2008, has served as a catalyst and hub for collaborative action and knowledge generation on this topic, through its own research and events and by linking with other actors' initiatives. Incorporating conflict mitigation into the Minimum Standards handbook represents an internal effort by INEE to meld its hallmark tool with the new knowledge and practice being generated by the Working Group on Education and Fragility, and others.

> recent activity and research has focused attention on the role of education in conflict

Conflict analysis for the education sector

Extensive good practice for conflict mitigation in education was compiled during the update process. Recommendations touch on a range of issues including community participation and the use of community resources; non-discrimination and marginalisation; the role of government authorities; and the equitable distribution of programming, resources and benefits. However, the major change made to the INEE Minimum Standards as a result of the update process was the incorporation of conflict analysis as a critical component in planning and implementing education responses. The principle of placing context at the heart of all interventions is a core tenet of humanitarian and development work. However, while assessment of the educational needs instigated by an emergency is accepted and promoted as an integral part of response (e.g. in post-conflict or post-disaster needs assessment), sector-specific conflict analysis is an expansion in thinking regarding the range of necessary assessments to be undertaken during or post-crisis.

As a result of efforts to strengthen conflict mitigation, revisions were made in the handbook to the 'Analysis Standard 1: Initial Assessment'. Changes to the key indicators stated the need to broaden analysis from education needs assessments to include analysis of the context, specifically conflict dynamics. To support these

revisions, a guidance note was added to explicitly underline the need for conflict analysis to ensure that education responses are appropriate, relevant and sensitive to the potential for conflict (as well as disaster). An outline of the questions that generally comprise conflict analyses – about the actors who are directly or indirectly engaged in conflict, or are affected by conflict or at risk of being affected; about the causes of conflict and the factors that contribute to grievances; about the interactions between the actors, including education actors, and causes of conflict – is included in the guidance note. In addition, the point was made that education specialists should utilise existing analyses or assessments of the context wherever possible; in any given context numerous agencies are often undertaking and updating conflict assessments, the findings of which can and should be used.

> ## data on education needs must be supplemented by findings from analysis of the broader context

Additional points related to conflict analysis were included in other sections of the updated handbook, including regarding the transfer of resources, monitoring and using analysis as the basis for developing policy. A new guidance note under the 'Analysis Standard 2: Response Strategy' observes that:

> *emergency education responses involve the transfer of resources such as training, jobs, supplies and food into frequently resource-scarce environments. These resources often represent power and wealth. They can become an element of the conflict or exacerbate marginalisation or discrimination within communities. In a conflict situation, some people may attempt to control and use such resources to support their side, to weaken the other side or to gain personally. If this happens, education responses may cause harm. Efforts should be made to avoid this, based on an understanding of risk and conflict analysis.*

A related point was incorporated in the guidance note on 'Analysis Standard 3: Monitoring' to expand the scope of monitoring to include not just changing educational needs but also how programmes are responding to the evolving context, including in terms of conflict mitigation.

Finally, the critical need for solid and adequate analysis of the context was addressed via the addition of a guidance note under 'Education Policy and Coordination Standard 1: Policy Enactment and Formulation'. This states that all education policy and planning must be based on contextual analysis:

> *education laws and policies should reflect a thorough understanding of the social, economic, security, environmental and political dynamics in the emergency context. In this way, education planning and programming meet the needs and rights of learners and of wider society, and avoid aggravating social divisions or conflict … Education authorities and other education stakeholders should advocate for such analyses to be undertaken and included as part of regular education sector reviews and reform processes.*

Conclusion

The inclusion of conflict analysis in the INEE Minimum Standards marks a shift in thinking within the education in emergencies community about what must be done to ensure quality responses in crisis and post-crisis environments. The move highlights that data on education needs must be supplemented by findings from analysis of the broader context, specifically conflict dynamics. Without such an understanding, plans and responses put in place to fulfil education needs might not meet the benchmark of 'do no harm'. Meeting this criterion requires that linkages are made between post-conflict/disaster education needs assessments and broader contextual analyses including conflict analysis. While the field of education in emergencies has still to acquire the tools, methods and capacity to appropriately and adequately undertake this sort of analysis at the sector level, recognition of its importance is the first step towards systematic change in practice.

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Further reading

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PRACTICE AND POLICY NOTES

Humanitarian Practice Network

The **Humanitarian Practice Network (HPN)** is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience.

HPN's aim is to improve the performance of humanitarian action by contributing to individual and institutional learning.

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