World Humanitarian Summit
Europe and Others Group consultation

Submission from Médecins du Monde: Serving the needs of people in conflict

Médecins du Monde is an international network which delivers over 300 projects in more than 70 countries through 3,000 volunteers.

Our vision is of a world in which vulnerable people affected by war, natural disasters, disease, hunger, poverty or exclusion get the healthcare they need regardless of income or status. Through our health programmes and advocacy we work to ensure excluded and vulnerable people overcome barriers to healthcare.

Ensuring basic health for all

Often, during armed conflict, care and health resources are primarily focused on the direct victims of the conflict – usually the fighters and persons on the front line. However, often, the principal victims are in fact the civilian population who are not necessarily stakeholders of the conflict – other than by virtue of where they live. In many instances, the standard provision of health care in a country is disrupted during conflict and the wider population find that they have little or no access to healthcare.

Médecins du Monde’s approach is targeted at people with increased vulnerability, often forgotten in conflicts. We focus our actions on the rebuilding of the local health system, working alongside national medical teams in Iraq, Syria and Somalia. This approach allows us to access to the poorest and most isolated people, working alongside the national health service, not in addition to it. Our actions are always based on the medical needs of populations and once these needs are identified, we work with communities to develop the appropriate responses.

Striving for impartiality in conflicts

Médecins du Monde is a humanitarian organisation independent from any power or political, religious or financial interests. We are independent in the choice of our programs and in our working methods. This independence allows us to respond quickly and to choose our partners wherever our interventions are implemented.

In all of our work, we emphasise the principal of social justice: denouncing injustices or violations of law are fundamental elements of our actions in ensuring that everyone has their basic health needs met. This focus extends the scope of intervention and expression of Médecins du Monde and takes us to a unique place amongst many humanitarian charities, namely sitting on the edge of the humanitarian system, which can enable us to take an outsider’s view.

Impartiality guides our actions. In conflict zones, we strive to have humanitarian access to all civilians. When access is limited and resources are insufficient, priority is always given to the most affected. This approach can be challenged by the needs to appear neutral within conflict situations.
For example, if one side of the conflict is suffering greater needs and vulnerabilities than the other (and should arguably therefore receive a greater level of humanitarian response) but the need to appear neutral can mean that both sides receive an equal level of support. It is therefore very important in the field to reinforce the neutrality of the humanitarian agenda – being free to assess humanitarian needs and delivering services to people as appropriate.

Local partnerships are critical to the effectiveness of Médecins du Monde’s operating model and true to our founding principles, we always work to develop a strategy of Alliances to move closer to populations in need. In seeking to always deliver balanced and interdependent humanitarian practice, we favor partnerships with representatives of stakeholders, local NGOs, civil society movements and institutions. These partnerships are designed as political alliances based on shared values and common goals and together we work to build appropriate responses to the local context.

A challenge in conflict situations can be finding delivery partners who are willing and able to accept the principle of neutrality and to work within this framework, and this can prove a barrier to meeting urgent needs. Advocacy has an important role to play in addressing any gap between the humanitarian agenda and the lack of neutrality of those who are tasked with upholding it – both in terms of local and international partners.

The particular needs of people affected by conflict

As previously mentioned, in a conflict situation, often the local state health service is unable to continue to operate effectively. For example, in Syria pregnant women no longer have access services to ensure safe delivery of their baby, or any pre and post natal support; in the Central African Republic children with malaria struggle to receive treatment; and in the Balkans it has been shown that the lack of access to treatment for chronic diseases has killed more than bullets.

In this situation, civilian populations often, unsurprisingly, organize themselves without waiting for international actors to build their own answer. Médecins du Monde always works alongside local health actors (health authorities, NGOs and local initiatives) to develop responsive programmes, ensuring that beneficiaries are involved in the design, implementation and evaluation of programmes to ensure that the specific needs of populations in conflict zones are met.

Understanding these specific needs can often be difficult for a range of reasons. One of these reasons is that concerns about the safety of humanitarian workers, as well as a lack of access, means that increasingly programmes are remotely managed – for example those in Somalia or Syria. This remote management of programmes is challenging for a number of reasons, but also this distance means that it can be particularly difficult to acquire a comprehensive understanding of the needs of the community being supported, and then to design a project to meet these needs.

This distance – and resulting convoluted communication channels - also means that it can be hard for beneficiary populations to get information about what practical help and support is available and how to access this support.

From our experience, people in conflict situations are often in specific need of psychosocial support as a result of trauma and mental health needs. As well as individuals, this need also extends to whole communities to prevent, or address, fragmentation caused by the conflict particularly where sides have been taken along ethnic or religious lines and communities have been artificially divided due to political conflict.
We therefore believe that much more focus should be given to psychosocial support for individuals and communities in conflict settings, including whilst the conflict is ongoing.

The shape of humanitarian action in conflict situations

Across all settings, Medecins du Monde seeks to be present and provide aid not only during a crisis but also in supporting the rebuilding of communities and infrastructure. As such, our response looks to not only meet immediate needs, but also to rebuild and maintain essential services that were present prior to the conflict. We know that long term needs do not disappear during a crisis – and it is critical that these are not forgotten or pushed aside in preference to short term requirements – particularly by funders.

There are a range of actors working in conflict situations and whilst the UN system can be helpful, it can also prove a hindrance. For example the length of time it took for the UN to pass the resolution on cross border aid to Syria left a key coordination gap for aid agencies trying to deliver a rapid response resulting in the inefficient delivery of aid whilst the UN went through its internal political processes.

As previously mentioned, it is important to recognise and work with the range of actors present, including governments, nations, local diaspora, and actors outside of the humanitarian system – although these actors may have specific agendas, many have a role to play and their expertise and resources need to be managed effectively to best use.

It is however also important to recognise the risks. One example of this is in relation to local delivery partners – vital in a crisis in terms of their ability to respond quickly, access vulnerable populations, and with good knowledge of a local situation. However, on occasion they can be challenging partners due to different perceptions of acceptable levels of corruption when doing business. As previously mentioned, remote management of projects is often necessary and in some of the worst conflicts is becoming virtually the only viable programme delivery model. For example, due to the increasing number of attacks on humanitarian workers in these situations - the current set of tools to protect them is less and less sufficient, and there are currently no effective sanctions on parties that break the law.

The Syria operating model – i.e. where the programme is remotely managed and local partners take the lead in running operations – should be further developed and explored to see how it can be improved to address concerns previously mentions and to develop applicability to other crisis.

It can be argued that the current model has succeeded in providing and coordinating resource mobilisation but has failed in widening the humanitarian space or in protecting humanitarian personnel. In order to best recognise the strengths and risks of different actors and their potential roles, Medecins du Monde believe that a strong way forward would be to develop a new operating model – incorporating a range of different actors with suggested roles, including the UN, INGOs, governments, diasporas, communities, national NGOs, military and private sector. This model could act as a ‘straw man’ for discussion and critique at the World Humanitarian Summit in 2016.

The European perspective

Médecins du Monde delivers projects worldwide, including within Europe. A significant proportion of our clients that we see in Europe have fled from countries which are experiencing conflict – 77 per cent of men and 42 per cent of women – highlighting that in an increasingly mobile world the effects
of conflict can be felt worldwide and that activities to meet the needs of people affected by conflict can spread far beyond the country itself.

A number of our clients have specifically fled their country of origin due to conflicts. Their experiences tell us that even once they arrive in Europe, they still find themselves living in extremely difficult circumstances. For example, of those who told us that they specifically left their country due to conflict, two thirds were living in temporary or precarious housing; almost a quarter were homeless or living in a squat or a hostel. Many are also struggling to meet their everyday needs, with almost 9 in 10 telling us that they don’t have sufficient money to live on every month. Of course these conditions have a knock-on impact on their health, with 4 in 10 reporting just average, bad or very bad general health, and over half reporting either bad or very bad psychological and mental health. Over half told us that they believed their housing was dangerous to their health.

This reality is being played out nowhere more starkly at present than in Calais, France. Médecins du Monde is working in Calais and the surrounding area to support the extremely vulnerable migrants, including women and children, who are living in appalling conditions. In some instances, children are living in ditches.

We are responding in a variety of ways to meet basic needs, including providing mobile health clinics, medical and social outreach patrols, and distributing of hygiene kits, blankets etc. In addition, we are also constructing some basic shelters, showers and latrines.

“I come from northern Sudan, Darfur. You know, I left hell, this is the war at home, they massacred everyone, there is famine. Here, it is still better. In the Sudan, I thought that the France was paradise. I thought that we could have a home easily, that could work, study...[but now] I realize that this is hard, this is not at all what I imagined.” Qin, 23 years.