Institute for International Law of Peace and Armed Conflict (IFHV)
University of Bochum
NOHA Network on Humanitarian Action

European Master's Programme in Human Rights and Democratization
A.Y. 2019/2020

Effectiveness of Humanitarian Action in Protracted Crisis

Case of the Health Sector Response in Lebanon's Border Town of Arsal

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Abstract

An international response to a humanitarian crisis brings together a variety of actors. Different missions, agendas and capacities provide a breadth of potential, but encounter great risks when attempting to address people and societies affected by crisis in an effective way.

Because of the principle of impartiality - one of the core humanitarian principles - humanitarian action is always supposed to be based on prevailing needs. Especially in the context of a protracted crisis, a needs-based approach shapes how effective humanitarian agencies are in achieving appropriate and relevant humanitarian action and subsequently meet expected results. This study documents and analyzes the various ways health care providers are implementing a needs-based approach with the example of the international health response in Lebanon's border town of Arsal.

Due to the existing gaps and needs of health care services in Arsal, paired with decreasing donor support, the effectiveness of the provision of health care services is of significant concern. In order to understand how effective NGOs are when providing health care services in this area, the way in which humanitarian actors are implementing a needs-based approach is analyzed and under critical investigation.

This study aims to encourage organizations to critically reflect on their current approaches. Moreover, this work should be basis and incentive for the UN and NGOs to innovate and improve their mechanisms and processes in place to meet people's health needs more effectively.

List of acronyms

ACF	Action Against Hunger
AAAA	Addis Ababa Action Agenda
AUB	American University Beirut
CPT	Cash Transfer Programming
CHS	Core Humanitarian Standards on Quality and Accountability
DRC RRMP	Danish Refugee Council Rapid Response to Population Movements
ESU	Epidemiology Surveillance Unit
GBV	Gender based violence
GHI	Global Health Institute
GPEDC	Global Partnership for Effective Development Cooperation
GHD	Good Humanitarian Donorship
GoL	Government of Lebanon
HAP International	Humanitarian Accountability Partnership International
HCT	Humanitarian Country Team
ITS	Informal Tented Settlement
IfS	Instrument for Stability
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Crescent Movement
LAKM	Lebanese Association of the Knights of Malta
LCRP	Lebanese Crisis Response Plan
LRC	Lebanese Red Cross
MI	Malteser International
MSF	Médecins Sans Frontières
MENA	Middle East and North Africa
MMU	Mobile medical unit
M&E	Monitoring and evaluation
NOHA	Network on Humanitarian Action
NGO	Non-governmental organization
NSAG	Non-state armed groups
NRC	Norwegian Refugee Council
OECD-DAC	Organization for Economic Co-operation and Development Development Asstistance Committee
OV	Outreach Volunteer
ODI	Overseas Development Institute
PHC	Primary health care
PHCC	Primary health care center
SHC	Secondary health care

SHCC	Secondary health care center
SOP	Standard Operational Procedure
UN	United Nations
UNDP	United Nations Development Programme
UN ECOSOC	United Nations Economic and Social Council
UNHCR	United Nations High Commissioner for Refugees
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UHC	Universal Health Coverage
WG	Working Group
WHS	World Humanitarian Summit

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Preface

The initial idea for this Master's thesis came during my traineeship at the Lebanese Association of the Knights of Malta (LAKM) in 2019. From April to September, I was assigned to the project 2548-CGN "Mobile health assistance for Syrian refugees and the vulnerable Lebanese population in Akkar, Baalbek and Nabatieh" which is implemented in partnership with Malteser International (MI) and funded by the German Federal Foreign Office. In cooperation between a Lebanese non-governmental organization (NGO) and an international NGO with headquarters in Germany, projects – such as primary health care centers (PHCCs), mobile medical units (MMUs) - are run and implemented all over Lebanon.

It was during this working experience when I first observed the collaboration between an international NGO and its local implementing partner organization. Through the monitoring and evaluation (M&E) duties I was assigned to, I gained an understanding of the overall effectiveness of humanitarian operations – particularly regarding the "pillars" from which effective humanitarian action is based. I was also given insight into the many different kinds of coordination mechanisms (formal and informal) that exist between project staff, local community leaders, and religious leaders, and how these relationships contribute to successfully meeting the health needs of affected populations. I attended several UNHCR Working Group meetings in the Bekaa Valley, where I learned about the role of UNHCR as the coordinating instance of the health response in Lebanon, and acquired more insight into how a wide range of actors can challenge the response mechanisms and plans of organizations to address the health needs of the affected population, and their reasonings for doing so.

I first learned about the humanitarian principles and standards – internationally recognized criteria and standards of humanitarian action, such as good quality and quantity, effectiveness, efficiency, responsibility, cultural sensitivity, professionalism, and accountability – in my exchange semester at the Network on Humanitarian Action (NOHA) in Bochum. Having gained practical experience in the field beforehand, I understood that the "effectiveness" of humanitarian action is greatly

dependent on perspective, and that various stakeholders engaged in humanitarian response have different objectives towards any given humanitarian operation. Humanitarian standards and practices may provide a framework for transparent, accountable, and coordinated actions, however, my field experience taught me that a successful application of international recognized humanitarian standards in project implementation is, most of the time, very difficult to achieve.

During my five months in Lebanon, I saw first-hand the minimal effort aid agencies are making to circumvent the structural barriers of the deeply corrupt Lebanese system, and how this system creates many obstacles for the residing refugee communities, including negatively impacting the effectiveness of humanitarian operations in various ways. These circumstances have created a particularly unstable situation in Lebanon's border town of Arsal, where several traumatizing events in recent years have resulted in a highly vulnerable and volatile situation for Syrian refugees. The area of Arsal can be seen to be emblematic of Lebanon's many policy failures, while the decline in international donor support is making it increasingly difficult for organizations to address the needs of the population residing there. My previous involvement in the set-up of a new MMU run by LAKM in Arsal is what triggered my interest for a research study on how NGOs are implementing a needs-based approach to address the health needs of the affected population in this town. Thus, I decided to address this topic for my Master's thesis.

Chapter I – Introduction

1.1. Purpose of the research and objectives

The main purpose of this research is to understand:

From a service provider perspective, how do aid agencies that provide health care services to Syrian refugees and vulnerable Lebanese host communities implement a needs-based approach in Arsal?

Due to the existing gaps and needs of health care services in the town of Arsal, paired with decreasing donor support, the effectiveness of the provision of health care services is of significant concern. The way in which humanitarian actors are implementing a needs-based approach shapes how effective humanitarian actors are in achieving their goals. The realities found in the case study reflect indicators for effective humanitarian action, without evaluating or judging the humanitarian operations themselves.

Many reports on the access to health care for Syrian refugees in Lebanon exist already. However, research – which takes on a more systematic approach on how the implementation of a needs-based approach in humanitarian action can be improved, or on how processes to address health needs with joint efforts can be strengthened – is missing in the existing literature. Additionally, rather than considering different scenarios and situations, or the different kinds of capacities of various organizations and other actors involved in a collective humanitarian response, most scholars are researching aid effectiveness from a more standards-related perspective.

To fill in a gap in the existing literature, this study takes on an exploratory and descriptive approach and aims to provide time accurate research.

The main objectives of this research are:

I. Related to the Syrian refugee crisis, gaining understanding of the context in Lebanon with a focus on the living conditions of Syrian refugees residing in the Bekaa Valley

II. Providing an overview of the difficulties and barriers related to access to health care in Lebanon, with a focus on remote areas, such as the border town of Arsal

III. Establishment of an overview of existing literature on effective international humanitarian action

IV. From the perspective of UNHCR, national and international NGOs, local health facilities and the local authorities, gaining understanding on how aid agencies, which are providing health care services to Syrian refugees and the Lebanese host communities, are implementing a needs-based approach in Arsal

V. Establishment of ideas and recommendations to better address the health needs in Arsal

1.2. Methodology

The main research question is, from a service provider perspective, how do aid agencies that provide health care services to Syrian refugees and vulnerable Lebanese host communities implement a needs-based approach in Arsal. This query requires a qualitative response and exploratory research to describe how health care service providers, such as UNHCR and national and international NGOs, are implementing a needs-based approach in Arsal.

To provide the research with a scientific framework, intensive analysis of the existing literature on the effectiveness of international humanitarian action was conducted. Literature review on effectiveness in humanitarian action as a universal concept led, inter alia, to the analysis of the international humanitarian principles and humanitarian standards as a potential ground for the definition of aid effectiveness.

Because of the principle of impartiality, one of the core humanitarian principles, humanitarian action, is always supposed to be needs based. Thus, a needs-based approach to a humanitarian

crisis is an important pillar that shapes how effective humanitarian agencies are in achieving appropriate and relevant humanitarian action and subsequently meet expected results. This research paper documents and analyzes the various ways health care providers are implementing a needs-based approach with the example of the international health response in Lebanon's border town of Arsal.

In order to contextualize the case study, an in-depth review of existing literature on the Syrian refugee crisis in Lebanon, with a focus on the conditions of Syrian refugees residing in the Bekaa Valley, was carried out. Furthermore, literature review on the difficulties and challenges for Syrian refugees related to access to health care, especially in remote areas in Lebanon, such as the border town of Arsal, as well as on the approaches of health care providers to meet the needs of the affected population there, was conducted.

In accordance with the gaps found, and in order to be able to answer this research question, a catalogue of questions was developed in preparation for semi-structured interviews with representatives of the UN, and national and international NGOs providing health care services in Arsal. The general outline of the interview guide was slightly adjusted after the first interview. Clarifying and probing questions were used in each interview to allow each interviewee to reflect carefully about the issue at hand. To give voice to the local actors and local authorities, the Municipality of Arsal, and health staff from local health facilities, were addressed with the request to participate in the research. For the interviews with the representative of the Municipality of Arsal, local medical centers and UNHCR Lebanon, the interview guide was slightly adjusted. Except for one interview, which was conducted face-to-face in Arsal during a field visit, the conversations were carried out online.

Identified interviewees were representatives from the main actors providing health care services to Syrian refuges in Arsal, including the Health Care Coordinators from the UNHCR, national and international NGOs, a representative from the Municipality of Arsal, and health staff from local

health facilities. The interviews with the representative from the Municipality of Arsal and the ones with the health staff from local health facilities were facilitated by a Lebanese translator.

The findings obtained from the case study were analyzed according to categories based on a conceptual framework, in order to see how indicators of effective humanitarian action are reflected, however, was done so without evaluating or judging humanitarian operations.

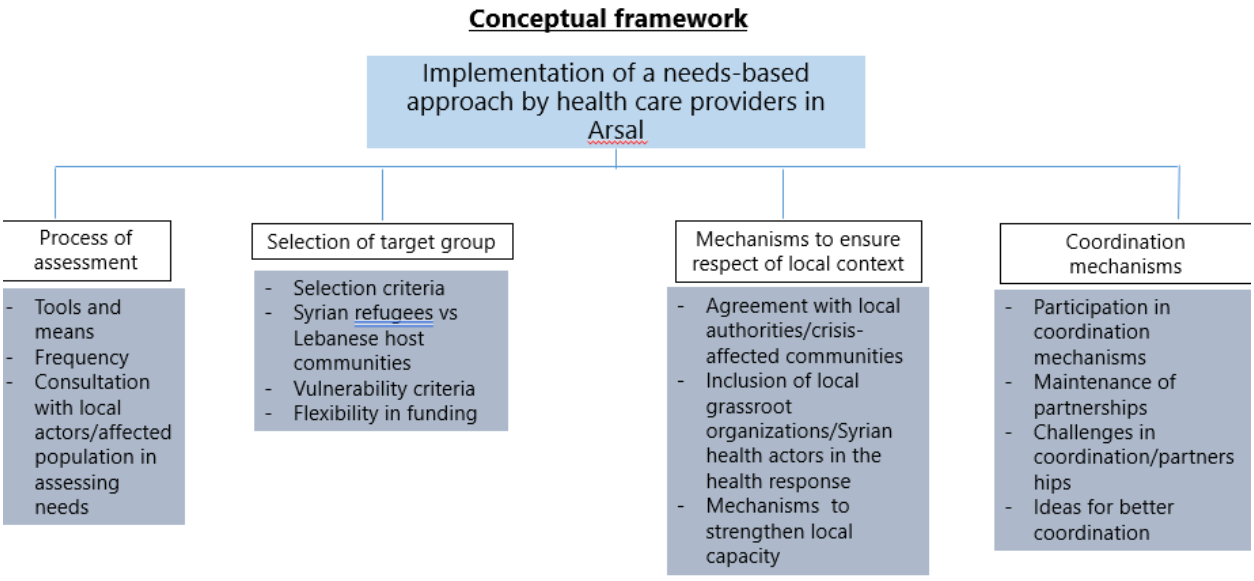


Figure 2: Conceptual framework

1.3. Difficulties and limitations

In terms of methodology, this research mostly draws on a desk-based review of existing literature and on interviews conducted via WhatsApp or Skype. Due to the outbreak of the pandemic Coronavirus disease (COVID-19), which reached seven confirmed cases in Lebanon on the day of my arrival in Beirut, personal interviews, observations and focus group discussion with beneficiaries had to be cancelled. After months of online study, the first and only field visit to Arsal

took place on 24 July 2020, where I conducted my last interview with a representative from a local medical center and met the Mayor of Arsal for a courtesy visit.

Another difficulty of the case study relates to the cross-language qualitative research, which occurred in the interviews with the Mayor of Arsal and the local health staff. However, the Arabic language barrier was circumvented by using a translator.

Lastly, the fact that there is no existing consensus on a clear and acknowledged definition of effectiveness in humanitarian action (Labbe, 2015, 19), and the fact that literature on needs-based approach as a concept is very limited, also adds complexity for this research topic.

Chapter II – Effectiveness in humanitarian action

An international response to a humanitarian crisis brings together a variety of actors. Different missions, agendas and capacities provide a breadth of potential, but encounter great risks when attempting to address people and societies affected by crisis in an effective way. While a mutually recognized framework of aid effectiveness would mean each actor is held accountable for contributing to mutually shared features of effectiveness, there is currently no universal concept of effectiveness in humanitarian action. One of the most striking problems in this regard is in the interplay between the various actors involved in humanitarian response, all of whom tend to hold different objectives regarding a humanitarian operation.

After setting the stage by introducing the term "humanitarian action", the main challenges and difficulties for a common concept of aid effectiveness will be analyzed, which will include a comparison between the development and the humanitarian systems. From here, a discourse on the multitude of different actors of a humanitarian response will highlight the many difficulties to establish a common shared definition of effectiveness in humanitarian action, while "aid effectiveness" as an evolving term will be elaborated. The debate on "humanitarian standards as a road to more effectiveness" shall analyze the necessity of humanitarian principles and standards for aid effectiveness. The final part sums up major arguments in a finishing conclusion.

2.1. Setting the stage: Meaning of "humanitarian action"

The term "humanitarian" has several different meanings, which is mainly a reflection of the differences of scope that these services may or may not include. Broadly speaking, one common definition is that it refers to actions, which are based on the incentive to help others. Another usage relates to the differentiation between humanitarian and development work, whereby the former is based on emergency assistance and the latter on actions providing long-term change (Bennett, 47, 2016). Humanitarian action is a distinct form of aid that requires urgent response and direct action to deliver immediate assistance to people in need, while development aid aims

for long-term results, such as the reduction of poverty and societal transformation (Bennett, 49, 2016). A broader definition of humanitarian action can be found in good humanitarian donorship principles in practice, as adopted by the Good Humanitarian Donorship (GHD). In 2003, these principles were agreed upon by 16 donor governments, the European Commission, the Organization for Economic Co-Operation and Development (OECD), the International Red Cross and Red Crescent Movement, various NGOs, as well as academics. The *24 Principles and Good Practice for Humanitarian Donorship* was defined with the aim to provide guidance for official humanitarian action and to ensure greater donor accountability. In this context, humanitarian action means "to save lives, alleviate suffering and maintain human dignity during and in the aftermath of man-made crises and natural disasters" (GHD, 2003), and now serves as a widely accepted interpretation of humanitarian action.

The term "humanitarian action" embodies several forms of action. It includes the protection of civilians, and the provision of food, water, sanitation, shelter, health services, and other forms of assistance (Addis, 2014, 8). In recent years, Cash Transfer Programming (CPT) has become an increasing modality for the delivery of humanitarian action, with recommendations from the Grand Bargain agreement explaining that the provision of cash should be considered equally and systematically to other modalities of humanitarian action (WHO, 2018, 3).

Humanitarian action should be based on the widely-recognized core humanitarian principles of *humanity*, *impartiality*, *neutrality*, and *independence*, which are derived from the *Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes* (IFRC, Red Crescent Societies, ICRC, 1994 3). The principle of humanity is based on the need to protect the health, well-being, and life of all human beings, and to therefore alleviate suffering wherever it is found. The principles of impartiality and neutrality mean that needs-based humanitarian actions give priority to the most urgent cases without making any distinction based on identity markers such as nationality, race, gender, and religion, while also not taking sides in hostilities or engaging in political, religious, or ideological disputes. Lastly, the principle of independence stipulates that humanitarian action must be carried out independently, and free

from any political, economic or military purpose (International Red Cross and Red Crescent Movement, 1986).

2.2. Aid effectiveness: Development System vs Humanitarian System

Because many flaws and gaps were observed in the development system, which challenged the desired impact of aid, urgency was recognized to address self-centered actions by some actors and to better coordinate among donors. When head of states agreed on the *Millennium Development Goals* to be achieved in 2015, which were commitments made to increase the quantity of aid to developing countries, a milestone had been set to increase aid effectiveness. At the core of these commitments was the premise that developing countries are developing themselves instead of being developed by their donors. To achieve this, equal partnerships have to be established between donors and developing countries with defined roles and shared responsibilities (Herfkens, Bains, 3-4). A high level forum in Rome in 2003, where the leadership of the international development community met, can be seen as the start of focused discussion on aid effectiveness, and for the development of principles to which all donors and involved partners, are required (Blampied, McKee, Mitchell, Rogerson, 2020, 10). Several initiatives with the same purpose followed, such as the Paris Declaration on Aid Effectiveness (2005), the Accra Agenda for Action (2008), the Busan Partnership for Effective Cooperation (2011), and the Global Partnership for Effective Development Cooperation (GPEDC) (2011). In addition, the Addis Ababa Action Agenda (AAAA) was signed in 2015 and the Universal Health Coverage (UHC) 2030 Global Compact was endorsed in 2017, which both support the principles of aid effectiveness (Ogbouji, Yamey, 2019, 184-186). The Paris Declaration on Aid Effectiveness shall be highlighted in this paper, as it serves as a practical example. Efforts for this declaration were based on first-hand experience of what actions and methodology are effective and feasible in delivering humanitarian aid. With the aim to improve quality of aid and its impact of development, it was framed around the pillars of *ownership*, *alignment*, *harmonization*, *managing for results*, and *mutual accountability*, and was designed as a practical tool. The declaration provides a range of implementation measures and establishes an international monitoring system to ensure that all

actors in a development or humanitarian response can be hold accountable (OECD, 2020). One of the very distinguishing qualities of this declaration was the specific commitment to implement its principles at the country level through a set of clearly defined indicators.

To address the shortcomings and gaps of the development system at the UN-level, a repositioning of the UN Development System was kicked off in 2018 as a way to make the operations of the organization more effective, improve service quality, and timeliness of services at global, regional, and national levels. Following the adoption of Resolution 72/279 by the UN General Assembly on 31 May 2019, a transition team was appointed by UN Secretary-General Antonio Guterres. The inability of the outdated UN model to respond adequately to needs was the motivation to create an updated, comprehensive UN system, and the reforms are focused on addressing the organization's field work with a specific attention on coordination among the many different UN agencies. The three core UN reforms are: a) creation of a system-wide strategic document in the form of an annual report to illustrate the collaborative work of the various UN agencies to gauge the contribution that the various UN organizations have made together; b) development of an overview of all regional UN agencies and country offices (6000 in number), and c) establishment of a global and transparent financing dialogue. Cross-border projects, more common working tools, less competition among the specialized agencies, and more transparency towards member states represent further priorities within this action plan (UN, 2018).

All of the above-mentioned efforts to achieve more effectiveness in delivering aid within the development system, can be criticized for lack of coordination. These single efforts may be important steps towards the right direction, however, in order to establish an agenda for improving effectiveness of aid internationally, there needs to be more attention paid to coordinating unified or cohesive action.

In addition, the efforts made on aid delivery and on in-country management of aid, which were made among different regional, institutional, and donor groups, are quite loose and contrasting. By not including all actors of the development system, a systematic approach is lacking. Furthermore, all the declarations being made to enforce aid effectiveness are lacking formal international status, and compliance mechanisms (ECOSOC, 2008, 3). Unfortunately, despite

highlighted positive accomplishments of aid effectiveness between 2005 and 2011, the promotion for development effectiveness has since stagnated, and the reasons for this include eroded donor peer pressure and the fact that leadership of countries, which are receiving assistance, is declining in its involvement (Keijzer, Lundsgaarde, 2016, 1).

The humanitarian system has no common shared definition on what humanitarian effectiveness really means, which makes it difficult to evaluate if objectives of humanitarian operations are being met (Scott, 2014, 1). Referring to the Good Humanitarian Donorship (GHD) initiative, for example, the objective of humanitarian action as stated in the first principle is "to save lives, alleviate suffering and maintain human dignity during and in the aftermath of man-made crises and natural disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations" (GHD Principle 1, 2003). In comparison to development aid, humanitarian assistance has historically been less subjected to monitoring and evaluation procedures. The lack of widely-accepted principles and standards has long been challenging the effectiveness of aid delivery in the international humanitarian system. Additionally, a vague legal framework – which is composed of a collection of legal provisions drawn from international law, human rights law, humanitarian law, and refugee law – serves more as a protective mechanism against security threats than it is an actual roadmap on how to effectively meet people's needs.

Bridging the gap when it comes to evaluate humanitarian action, the *Guidance for Evaluating Humanitarian Assistance in Complex Emergencies* was developed by the OECD Working Party on Aid Evaluation. This guidline was initially developed for evaluators of humanitarian assistance programmes from donor organizations, while also being relevant for UN agencies, NGOs, and other organizations involved in providing humanitarian assistance (Dabelstein, 1999, 2). Following this development, efforts to strengthen humanitarian programmes were made, which led to the development of the *Code of Conduct* for the International Red Cross and Red Crescent Movement and NGOs as well as to the development of the widely accepted SPHERE standards. The standards and practices that are enshrined in these frameworks, however, only provide general guidelines with very vague indicators, which makes their application in practice difficult. Though a positive

development, just like in the development system, there are no existing compliance mechanisms that would ensure that actors in humanitarian assistance programmes are adhering to these principles. A deeper analysis of the success and challenges of the humanitarian principles will be presented later in this chapter.

2.3. Defining and re-defining aid effectiveness

There are several reasons why it is very difficult to come up with a common, shared definition of effectiveness in humanitarian action. A major challenging point is that in a humanitarian project, many different actors are participating. Actors in a single relief project include, inter alia, the target group of the project, the project implementers and the donor(s) of the project, and all hold different perspectives and objectives about what is essential at different stages of the project cycle, such as planning, implementation, and in evaluating project effectiveness. Additionally, the different actors may all have different desired outcomes. The various perspectives, values, and interests result in contested aid objectives, which makes a universal and common agreement on such difficult to reach.

Another challenging factor to find a common definition is the fact that effectiveness in humanitarian action is an evolving concept. Interpretations on the effectiveness of a project evolve through the interaction between different actors and lessons learned. The evolution of effectiveness takes place as a result of negotiations and adaptions, which are made between different actors. This is particularly important in the beginning of a project, where agreements over a definition of effectiveness or relevant indicators are necessary for a project's success and should be reached by a group of actors and be acted upon within a particular project cycle. Nevertheless, as mentioned above, the definition on effectiveness may change through learning experiences, change of circumstances, or during negotiations between actors. Thus, especially in a project context with long-term relationships, defining and refining effectiveness should be a joint process (Cheney, Crawford & Willets, 2008, 52).

M&E mechanisms can be used as tools to define and redefine definitions of aid effectiveness. Because M&E includes precise processes of reflection on activities, effects, and impacts of a project, it enables learning and innovation for the different actors of a project and can thus result in more context appropriate interpretations of effectiveness. Accountability is a key pillar of M&E processes and important for defining effectiveness in humanitarian action. A very narrow and exclusive definition on aid effectiveness may mean that an evaluation is only meaningful to the specific actors involved in a particular project, whereas the formation and adoption of broader definitions would be more inclusionary of a wider array of actors. (Cheney, Crawford & Willets, 2008, 52)

2.1. Humanitarian principles and standards: The road to more effectiveness in humanitarian action?

In today's world, the number of crises as well as their chronicity has been consistently increasing. As a result, the humanitarian sector has expanded and the number of frameworks outlining humanitarian standards increased.

Initially, humanitarian standards and principles originate from International Humanitarian Law (IHL), which regulates the conduct of hostilities and aims to limit their effects. In order for humanitarian organizations to be able to protect and assist in an armed conflict, they need to be legitimate to negotiate access and to operate in contexts of conflict. To do so, humanitarian organizations need to respect the four main principles of humanitarian action – humanity, impartiality, neutrality and independence. Moreover, in order to be able to operate in a given crisis context, humanitarians must be accepted by the state and non-state armed groups (NSAGs), and by the affected population they want to assist (NRC&HI, 2016, 8).

Since they provide a common framework, internationally recognized principles and standards are necessary tools and provide benefits for, *inter alia,* the effective collaboration and coordination

between different actors in a humanitarian response. By setting common guidelines, and requiring transparency and effectiveness from all actors involved, standards are particularly relevant for young, local, and community-based organizations that are also involved in international humanitarian response. Standards can help them to adapt to internationally recognized practices and provide a common strategy of response for all, and, in countries where the humanitarian sector is characterized by the collaboration with actors of various religious denominations, for example, allows for transparency, which is a necessary factor to establish trust and understanding between them.

To better understand other organizations and to be able to align actions, standards may also help to understand an organization's own internal processes. Only by having a clear idea about one's own processes processes then be continually improved, along with the expected outcomes of a project achieved, and the quality of their outcomes ensured. Furthermore, to an increasing extent, the public and donors are seeking assurances and accountability that the provided resources are used in the best way. A clear definition and stringent application of agreed standards can therefore provide these assurances, support quality, and provide accountable humanitarian action (IASC, 2015, 8).

Another positive aspect of most of the internationally recognized frameworks is the simple language that is used to describe standards and guidelines how to implement them. In developing countries receiving international responses to refugee crisis', local and community-based organizations may all be working to provide humanitarian assistance to the people in need. One of the positive aspects of the simplicity of language, for example, can be seen in the overarching key reference framework for humanitarian standards – the *Core Humanitarian Standards on Quality and Accountability* (CHS) – where its clear nine commitments and respective performance indicators, make them easy to understand and, in turn, enhances their implementation (Baker, 2015).

With regards to the relationship to refugees themselves – many of whom are often disillusioned due to the long-term nature of the crisis, the discrimination they are exposed to in their host

country, and the exploitation and abuse they suffer from by their employers – following international acknowledged standards, and being known for doing so, can help aid agencies to earn trust and acceptance from affected refugee communities. Standards are thus enabling international and local humanitarian actors to operate in a structured and transparent manner with shared objectives, structured processes and a clear idea of inputs (Tellier, 2018, 258).

Next to their benefits, humanitarian standards also have relative shortcomings when it comes to addressing, *inter alia*, corruption in a given country, which poses challenges to the quality and efficiency of project implementation. Next to corrupt elites, many other actors such as NGOs, religious groups, private enterprises, and traditional leaders are using public power for private gain. Since the humanitarian system tends to see the interaction among different groups in a horizontal, top-down way, the influence corrupt actors may have, is often neglected or overlooked. Humanitarian standards are not helpful in terms of looking through people and understanding the nature of the interaction between group or knowing how to respond in specific situations. (Ferris, 2011, 195). In order to be able to understand settings and situations, it is therefore crucial to become familiar with the local context, rather than to rely on technocratic performance indicators (Baker, 2015).

Additionally, while humanitarian standards are often recognized as customary law, mechanisms to ensure compliance are absent. Humanitarian aid agencies may claim in their donor reports to comply with certain frameworks on humanitarian standards, such as the SPHERE Standards, the Humanitarian Accountability Partnership (HAP International), or People in Aid, in reality it is only the staff on the managerial level that is aware of them. It would particularly be helpful to train a project's field staff on humanitarian principles, such "impartiality", in order to avoid, for example, discrimination of certain groups. While a growing number of humanitarian actors adhere to humanitarian principles in practice, misinterpretation or politicized usage of principles threaten the scope and scale of humanitarian action. (Maurer, 2014). That the interpretation and implementation of humanitarian standards in humanitarian action remain difficult in practice in certain contexts is also outlined in a paper commissioned by the Norwegian Refugee Council

(NRC) and Handicap International (HI) from 2016. Findings of a case study conducted in Northern Syria show, *inter alia,* context specific challenges to principled action. In particular, the remote management system, which is used by INGOs in Syria, creates challenges to humanitarian assistance based on standards and principles. Third party monitoring, as it is often applied in the field in this system, poses a major constraint to principled programming, and may result in weak M&E (NRC&HI, 2016, 32). Furthermore, the politicization of humanitarian access poses challenges for the effective operationalization of the humanitarian principles of neutrality and impartiality. Humanitarian action as outlined in the annual report of the UN-Secretary-General on *Strengthening of the coordination of emergency humanitarian assistance of the UN* argues that the conflation of humanitarian aid with political, security, or counter-terrorism objectives, undermines the perception of humanitarian action as neutral (UN SG, 2019, 8). Neutrality and independence of humanitarian action are particularly contested when NSAGs are bargaining access in exchange for an official recognition of their authority in a given area (NRC&HI, 2016, 10).

Proper cooperation and coordination between humanitarian aid agencies are crucial for an effective humanitarian response. The humanitarian principles are insufficient in themselves though, to gain trust and acceptance between actors. Also, other pillars, including transparency, consistency, confidentiality, and discretion, cannot be achieved by only relying on technocratic performance indicators (Labbe, 2015, 26).

Humanitarian principles are essential in defining humanitarian action and draw a clear division to development activities. Proponents of the concept of humanitarian principles argue that developing and maintaining them is necessary to preserve the focus on humanitarian priorities and to help ensure a certain pace and effectiveness of response. Opponents, on the other hand, say that by adhering persistently to standards, makes Humanitarians narrow-minded (Bennett, 46, 2016).

To conclude, humanitarian standards and principles are enabling humanitarian actors to operate in an organized and transparent manner with shared objectives, structured processes, and a clear idea of inputs. Widely recognized frameworks, such as CHS, SPHERE Standards, HAP International,

or People in Aid, are created in a way where their relative lack of specificity allows for broader agreeance on them. The problem of this, however, is that, particularly in local and social contexts and with regards to the interaction of groups in these fields, humanitarian standards and principles appear overly vague and generic. As a humanitarian actor, you need to have special interpersonal and intercultural skills, which these frameworks do not provide, in order to understand the roles and interests of the many actors involved inside and outside of the aid chain. Their dynamics of interaction determine the impact of humanitarian action to a huge extent and thus are crucial to be aware of.

2.2. Needs-based approach for effective humanitarian action

Despite the many reforms that have been taking place within the last decades with the aim to improve the Humanitarian System, there are still significant shortfalls when it comes to addressing the needs of crisis-affected people in an effective way. While donors and NGOs from the West, particularly, along with the Red Cross Movement and the UN have centered themselves in the field of humanitarian action, reality shows that they are just a part of broad collection of many different stakeholders in humanitarian assistance. Understanding that there is not only one single response model towards a humanitarian crisis would be a considerable development to engage several actors. Accepting different kinds of humanitarianism would remove barriers that prevent skilled and capable responders in a humanitarian crisis and lead to more cohesion, skills and resources to meet peoples' needs. Thus, addressing peoples' needs effectively should be dominating operational tools and mechanisms (Bennett, 6, 2016).

Due to the humanitarian principle of impartiality, humanitarian action is always supposed to be based on existing needs alone, regardless of ethnicity, political conviction or religious beliefs of crisis affected people. Even though this objective sounds very logical, the principle of impartiality often faces logistical limitations. For example, the provision of funding, security setting for aid staff, and whether local rulers authorize the provision of aid, constitute components that may challenge the successful realization of impartiality in practice (Quack, 2018, 10).

Literature on the concept of needs-based approach is very limited, however, discussions about the situation of the poor, and usage of terms such as "basic needs", have long-standing history in the humanitarian field. Re-emphasis on the need for more study on needs-based approaches arose in relation to the Development System in the 1970s. The main distinction between the basic needs approach and the previous growth-oriented approach lies in concern. A basic needs-based approach is focused on the immediate needs rather than medium or long-term requirements and is more concerned about distribution of the benefits to the poorest or most affected people. In other words, compared to the "redistribution of growth" approach, it is more focused on the details of supply and demand and with re-organising the production processes in favor of the poorest, by providing them with income-earning opportunities and with the goods and services they need. Throughout the years, it has become increasingly common that target groups be included in the decision-making processes which affect them. The basic needs approach is less based on methods of analysis and constitutes a collection of immediate priority actions with no universal set of theory behind it (ODI, 1978, 2).

A reference to needs-based approaches can be found in one of the commitments of the widely acknowledged humanitarian standards framework *Core Humanitarian Standard on Quality and Accountability*. This framework is a set of nine commitments that organizations and individuals involved in a humanitarian response can use to improve the quality and effectiveness of their humanitarian operations. Moreover, CHS puts crisis affected people in the centre of a humanitarian operation and promotes respect for their fundamental human rights. The commitments are based on the right to life with dignity, and the right to protection and security anchored in international law and the International Bill of Human Rights (CHS, 2014, 2).

Key actions to achieve the CHS-commitment "communities and people affected by crisis receive assistance appropriate to their needs" emphasize the importance to conduct a systematic, objective, and ongoing analysis of the context and stakeholders. Additionally, assessments of needs and risks in a given context have to be carried out in order to be able to understand the vulnerabilities and capacities of different groups (CHS, 2014, 10). Since most of today's crises are

very complex, a collective approach to crisis management is important to achieve complementarity in humanitarian action and to be able to align different strategies and performances of responding NGOs to each other. A collective approach also implies that humanitarian actors develop a good mutual understanding of their respective approaches and mechanisms to address a crisis so that they can strengthen coordination at a country level. Joint needs and risks assessments, prioritization of activities, and monitoring of common country-level objectives are important elements of a collective approach (Bennett, 74, 2016).

Bennett argues that in order to be able to meet peoples' needs effectively, a crisis response requires differentiated approaches. A humanitarian response, which would allow various skilled and capable responders internationally, nationally, and locally, to be included, would lead to more cohesion and a would be more effective in utilizing the available capacity, skills, and resources (Bennett, 75, 2016).

An example, how a needs-based approach is pursued when providing humanitarian assistance, is the *Basic Needs Approach* by UNHCR. According to the UN Refugee Agency, a basic needs approach is a way "to enable refugees to meet their basic needs and achieve longer-term well-being through means to survive and services based on their socio-economic vulnerabilities and capacities" (UNHCR, 2016, 1). UNHCR's approach is rights-based and delivered in partnership. The poverty lens is utilized in the establishment of the processes of identity management, multi-sectoral needs assessment, response analysis, delivery of assistance and services, referrals, and accountability to affected people. Refugees are being identified on the basis of their needs and, in partnership with other actors, their economic vulnerability is analyzed based on a context-specific minimum level of expenditure that a refugee household needs to meet to be able to cover costs for food, basic household items, rent, and water each month. Based on this assessment, UNHCR designs the response to enable refugee households to meet their basic needs, while UN-organizations may add cash-based assistance to help address these needs, and work to find ways to connect refugees to different national service delivery systems. Due to the strong nexus between the main elements UNCHR's Basic Needs Approach, such as identity management, needs

assessment, response analysis, implementation, and M&E, all partners involved in a humanitarian response are supposed to closely coordinate with each other. As of today, UNHCR's Basic Needs Approach is applied in different forms in, inter alia, Jordan, Niger, Malaysia, Egypt, Lebanon, Iraq, and Chad, to assist refugees in need (UNHCR, 2016, 1-2).

2.2.1. Needs-based approach as a condition for appropriate and relevant humanitarian action

One of the quality criteria for humanitarian action is related to the appropriateness and relevance of a humanitarian intervention and can only be achieved if it is based on the prevailing needs (CHS, 2014, 10). According to the Oxford Dictionary, appropriateness is "the quality of being suitable, acceptable or correct for the particular circumstances" (Oxford Learner's Dictionaries, 2020). Related to the humanitarian context, assessing the suitability of criteria involves various factors, including an intervention's objective, the choice and scope of the project at hand, the targeted beneficiaries, and the cultural acceptability of an intervention (Abdelmagid et al., 2019, 1).

Needs-based humanitarian action is also a requirement for the evaluation of humanitarian interventions according to the OECD-Development Assistance Committee (DAC) approach. In this context, appropriateness is described as, "to tailor humanitarian activities to local needs, increasing ownership, accountability, and cost-effectiveness accordingly" (OECD, 1999, 31). On the one hand, relevance refers to the overall project goal and purpose of a project, while, on the other hand, appropriateness refers to the activities and inputs. The diversification of the criteria highlights the fact that even if the overall goal of a project may be relevant it is still important to make its purpose clear. For example, if a project goal states to improve nutritional status, food distributions may not be the best way to improve the situation. Alternative solutions, such as food-for-work or cash-for-work projects, or initiatives to improve local markets, may be more appropriate. In addition, even if food distribution is assessed to be the most appropriate option, it is still important to decide which food items should be distributed (OECD, 1999, 31).

2.2.2. Challenges in defining needs

In order to be able to deliver humanitarian aid according to existing needs, an understanding of what "need" means, and a consistent practice of measurement if needs are met, is necessary (Darcy&Hofmann, 2003, 12).

Measuring appropriateness in humanitarian action includes having a definition for what a necessary standard looks like, or should include, and it is widely recognized that such a standard should be based on the actual needs of the affected population. However, James Darcy argues how the current system operates, where the interpretation of need is very vague, undefined, and thus lacking on consensus, is insufficient. The fact that it remains unclear which needs are more important than others, and therefore which needs should be prioritized, leads to frustration and stagnation over what an 'appropriate' response really means. Next to the need, the nature of the crisis and the context it occurs in constitute further criteria, which affect the appropriateness of a response. These criteria do not only influence the choice of available interventions but the modality of delivery, even when a consensus on priority needs was made (Darcy, 2003, 10-12).

In response to an identified need, the impact of a response on local structures or coping strategies of the affected population may influence the decision over a humanitarian intervention. In a health response for instance, an identified need for primary health care services in a crisis could be answered through the establishment of mobile medical units, setting up community-based management, or supporting existing health structures. In this case, the appropriate choice will be affected by contextual factors, such as availability of local health workers, health-seeking behavior of the population, status quo of the existing health infrastructure, and accessibility to the affected population. The decision on the humanitarian intervention will be also influenced by the nature of the crisis, for example whether it is a protracted crisis or a rapid-onset natural disaster (Abdelmagid et al., 2019, 2).

Compounding these challenges related to measuring and planning humanitarian action are challenges with regards to evaluating and assessing this criterion. Multiple approaches to evaluate and assess humanitarian action do exist, however, there is uncertainty as on how many methods specifically scrutinize if humanitarian action is appropriate and how often or accurately, in practice, that it is based on needs. The fact that the definition of appropriateness varies from approach to approach, makes this evaluation very difficult (Abdelmagid et al., 2019, 2).

2.2.3. Ensuring respect of local context in humanitarian action

In order to be able to address needs in a given context effectively, it is important that projects are planned and implemented according to the local context. Due to the fact that local actors have the most nuanced and informed understanding of the local context, and are trusted by the local communities in need of humanitarian assistance, it is important to include them as much as possible in a humanitarian response (IASC, 2019).

The term "localization" emerged during the World Humanitarian Summit (WHS) in 2016, and, since then, the role of local and national actors in addressing needs of crisis affected people has been increasingly recognized as being necessary to include in humanitarian response. The Grand Bargain, which was launched during the WHS and constitutes an agreement between some of the largest donors and humanitarian organizations, confirmed a commitment to strengthen the involvement of national and local partners in decision-making processes in any humanitarian response. In 2020, the signatories of the Grand Bargain agreed to a set of six commitments related to localization. These commitments are related to investing in local and national institutional capacities, fostering partnerships between INGOs and donors with local and national actors, strengthening national coordination mechanisms, financially supporting of local and national actors, and strengthening the use of funding tools in order to increase the humanitarian assistance delivered by local and national actors (OCHA, 2020).

However, the inclusion of local and national NGOs in the humanitarian system is challenged by the fact that more established organizations fear that opening up the system to local NGOs, businesses, diaspora groups, national governments or others could imply a competition for funding (Bennett, 59, 2016). National, local, and community solutions by national and local organisastions are also often considered corrupt or incapable of meeting international standards. Donors are therefore often reluctant to provide funding, which makes the inclusion of local actors difficult (Bennett, 60, 2016).

2.2.4. Coordinated actions to respond to humanitarian needs

Today's emergencies are very complex. A single aid agency is not able to meet all needs on its own, which means response to a humanitarian crisis often involves interaction between multiple actors, such as national and international agencies, donors, and host-governments or authorities. "Non-traditional" actors – like from the private sector or military – are becoming increasingly involved as well. Based on their humanitarian involvement, they should all share common overarching goals and base their actions on the same norms and principles (Knox-Clarke&Saavedra, 2015, 7). Moreover, in order to be able to address a humanitarian crisis in a coordinated manner, all above mentioned actors must be strategically coordinated with one another.

In recent years, there have been many initiatives to improve mechanisms of coordination in the humanitarian field. One of these initiatives, the Humanitarian Reform Agenda (2005), began to establish the Cluster/Sector Approach for the purpose to enhance partnerships, and the predictability and accountability of international humanitarian action at country levels. In each of the main sectors of humanitarian action – including health, nutrition, and education – humanitarian aid agencies are grouped together to clusters and have defined responsibilities for coordination (Humanitarian Response, 2020).

With the earthquake in Pakistan, the Cluster Approach was applied for the first time. Since then, the first evaluation, which was focused on implementation, was conducted in 2007, and the second one, concentrated on adjusting the outcome of the cluster approach in improving humanitarian

assistance, took place in 2010 (Humanitarian Response, 2020). Usually, line ministries are part of the coordination on sectoral level, disaster units engage in the overall coordination, and local and regional governments are involved in the local-level coordination. In some cases, legislation would be put into place to formalize the distribution of roles in a sector coordinated humanitarian response. After tropical storm Stan in Guatemala, for example, a law was passed in 1996, which obliged all private and state institutions to collaborate with the central disaster management system "CONRED" (Picard, 2007, 9).

Another outcome of the Humanitarian Reform Agenda in 2005 was the establishment of Humanitarian Country Teams (HCTs) with the purpose to ensure that humanitarian action is well-coordinated, principled, timely, effective, and efficient at country-level. These HCTs are also employed to guarantee that adequate prevention, preparedness, and risk and security management measures are in place and functioning, while working in coordination with national and local authorities. The teams are composed of aid agencies, including UN agencies, OCHA, national and international NGOs, and actors of the International Red Cross and Red Crescent Movement. Together, they contribute to a humanitarian response in a country affected by crisis and commit to participate in coordination arrangements. The HTC's work is based on international humanitarian and human rights law, the humanitarian principles of humanity, neutrality, impartiality, and independence, and principles of partnership (IASC, 2017, 1-2).

To improve coordination in humanitarian action, NGO coordination bodies are introduced in countries where international humanitarian response is required. (Knox-Clarke&Saavedra, 2015, 8) In Lebanon, for example, the presence of NGOs is very high (more than 11.000). In order to better coordinate these many organizations operating in the country, an NGO coordination body was launched in 2019.
NGOi (Non-governmental organization initiative) was created as a joint effort between the Global Health Center and the American University Beirut. The aim of this initiative is to establish a platform for NGOs operating in the MENA region, to foster collaboration through knowledge exchange, and to provide capacity training through workshops, courses, and certificates (GHI,

AUB, 2019). While NGOi has a coordination role, it cannot be compared with the coordination efforts by the UN in Lebanon. The main objectives of NGOi are to strengthen the capacity of local actors by providing different courses on issues, such as project management or M&E, and through hosting workshop, trainings, and providing certifications to individuals and organizations. NGOi is not an actual coordination partner of the UN in Lebanon, however, there is some sort of coordination between the two entities, especially in the form of exchanging information between each other. The UN in Lebanon also shares information about NGOi-related events and distributes invitations for enrollment in workshops and training within its network (UN, interviewed by: Schaufler, 2020).

2.2.4.1. Benefits of working together

Based on the OECD-DAC criteria for the evaluation of humanitarian performance, the key criteria for measuring humanitarian response are coverage, effectiveness, efficiency, relevance, appropriateness, connectedness, and coherence. (Knox-Clarke&Saadreva, 2015, 9). In a humanitarian response, where coordination and collaboration between aid agencies are strong, the collective performance of these key criteria has a much more positive and significant impact than they do when performed by one organization alone.

The key criteria coverage, for example, addresses the necessity to reach all people in need, wherever they are. The collaboration of many organizations working in a specific sector, as required by a complex humanitarian response, guarantees that the needs of all people are addressed. Through the establishment of clusters and other coordination bodies, operations can be synchronized, and gaps and duplications of actions can be avoided. This paper will focus on collaboration with local NGOs, as this methodology enhances an international actor's ability to operate in areas that are difficult to access, (which may be due, for instance, to security issues), while also enabling them to obtain important and necessary information about the affected population. The criterion effectiveness refers to the extent to which an operation achieves its stated purpose, on time, and addresses an agency's capacity to adapt operations to changes in

context and evolution of needs. This criterion is also much more effective when implemented in coordination with others, as knowledge and learning experiences are vital to the adaption of project activities in a given context, collaboration between agencies is an important pillar to improve and widen this knowledge. There is the added benefit of sharing lessons learned, which helps organizations to know how to mitigate risks, avoid problems, and respond to similar amd challenging situations in the future. Coordination mechanisms as established in a Cluster/Sector Approach in a humanitarian response can therefore serve as a convenient platform to share best practices and knowledge with partners.

Efficiency measures financial, human, technical, and material resources and the way in which they are translated into outputs. Given the fact that in most crises resources are scarce, it is important to use them as efficiently as possible. Collaborating with other actors also involved in humanitarian response can help achieve these goals. Collaborations with local organizations is particularly beneficial for international actors since the access and knowledge they provide greatly helps to reduce costs while maximizing on the resources available (Knox-Clarke&Saadreva, 2015, 9-13). The criteria relevance, which assesses how humanitarian operations are adapted to local needs, and the criteria appropriateness, which focuses on elements like the degree of participation, gender analysis, and protection concerns, are better realized with united forces. A relevant argument for working together is that only coordination and collaboration with others can ensure that the wide range of needs of a particular crisis is being holistically addressed and operating appropriately according to the context. In particular, partnerships between international and national actors lead to better knowledge about local contexts and result in a better understanding of the needs and priorities of the affected population. It is not just about consulting local actors either, but engaging in meaningful collaboration, as local knowledge and access, when combined with professional expertise and knowledge of international recognized standards, and a foundation of a humanitarian intervention based on prevailing needs, can be particularly effective.

The key pillar connectedness in a humanitarian response refers to the extent to which a short-term emergency response considers longer-term issues such as poverty, vulnerability, and

development. Working with others, especially with the host government, or actors from the civil society and development organizations, can ensure that activities with long-term connotations are synergized. Lastly, coherence, which measures the degree to which activities of different participating actors in a humanitarian response are consistent and complementary by aiming to achieve the same objectives and following the same policies, can also only be best achieved in coordination with others (Knox-Clarke&Saadreva, 2015, 13).

Negotiating access to affected people and application of international humanitarian law or human rights law, when it comes to protect people, are additional examples where united forces are more impactful. In general, it can be said that joint advocacy of the humanitarian principles is proven to be more effective than a single organization operating alone (Knox-Clarke&Saadreva, 2015, 38).

2.2.4.2. Difficulties and challenges in coordination/partnerships

Challenges to achieve coordinated humanitarian action are mostly created by the large number of different actors that are involved in a humanitarian response. In particular, their diversity in mandates poses difficulties in aligning their actions. A particularly big challenge is to coordinate organizations in charge of responding to immediate sufferings, and who therefore have direct contact to the people in need (the so called "Dunantists"), with those organizations seeking long-term solutions, and therefore focus more attention on strengthening local capacity. Further complicating the coordination of international humanitarian assistance are "newly acknowledged" humanitarian actors (i.e. Islamic humanitarian organizations or diverse local NGOs) who are adding new approaches to more traditional philosophies, and non-humanitarian actors (i.e. the private sector), whose intention is not always to respond to humanitarian imperatives in the first place. However, while it is sometimes argued that it is difficult to achieve effective humanitarian actors when different NGOs are all involved, this can be challenged with the argument that a diversity of agencies is necessary to balance the strengths and weaknesses of every one individually (The Lancet, 2002, 2125).

Another factor that must be taken into consideration is that, in situations where a large number of humanitarian actors are entering the field with scarce resources, competition among them increases, which, in turn can create tensions. Another issue when it comes to coordination in humanitarian action is with regards to the bureaucratic burden that coordination mechanisms might require. While some organizations may be simply unwilling to take such responsibility on, others, whether it be because of factors like a general lack of capacity, time, or staff support, are simply unable to. Moreover, the difficulty to achieve a balance between actively engaging in coordination and responding to immediate needs is especially true for smaller NGOs with limited capacity (Knox-Clarke&Saadreva, 2015, 8).

An additional barrier to coordination and collaboration is the challenge of language in the coordination of an international humanitarian response. Often, national and local actors face difficulties in communicating with international staff and are not able to attend coordination meetings due to their insufficient knowledge of language. Cultural barriers, stereotypes, and differences in work culture can also create severe challenges to coordinate effectively (Knox-Clarke&Saadreva, 2016, 16). Coordination between humanitarian aid agencies can also face challenges due to existing power imbalances between organizations. The risk that a less powerful organization must compromise on its principles, especially is the case for NGOs in situations where country coordination structures are led by the UN or related actors, such as peacekeeping, political, and humanitarian groups. Examples of negative outcomes of these very problems can be seen in the main concerns of "reduced humanitarian access, subordination of humanitarian priorities, perceived loss of neutrality and increased insecurity", which were documented in case studies conducted in Afghanistan and Iraq (Donini et al., 2008, 20).

In general, the role of a state to respond to a crisis is clearly recognized. Referring to guiding principle 4 of the General Assembly Resolution 46/182 of 1991, "each State has the responsibility first and foremost to take care of the victims of natural disasters and other emergencies occurring on its territory". Hence, the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory" (OCHA, 2012, 2).

Although the leading role of the state is clearly stated, in practice, local capacities are often undermined. When aid agencies, for example, fail to participate in coordinated activities led by the host government or by local governmental structures, due to their commitment to the humanitarian principles of independence and neutrality, this can lead to dysfunctional relationships with host governments since they may perceive aid agencies as unaccountable, over-resourced or donor-driven (Harvey, 2010, 11). In order to avoid dysfunctional relations and to achieve effective coordination, local capacities need be more carefully and actively considered (Harvey, 2010, 5).

2.2.4.3. From informal to formal levels of coordination

Within the humanitarian field, there may be many ways of communicating, some of which are more visible and observable than the others. Depending on the type of a humanitarian response, and the unique circumstances of each location, approaches for coordination of communication can vary (Knox-Clarke&Saadreva, 2015, 18), while information can be exchanged in many ways. Humanitarian actors can, for example, exchange information between each other, without making any specific commitment and just consider this acquired knowledge when implementing their activities. This kind of information exchange is very informal. The exchange of information can become more formal, however, when aid agencies agree on the usage of common indicators when exchanging information.

In addition, the type of coordination within a humanitarian response can vary from crisis to crisis. Even the Cluster/Sector coordination structure, which is largely accepted and applied, entails a large variety of different coordination approaches. Some of these approaches are based on communication, while others depend on different levels of commitment and require more collaboration. Coordination can also become more cooperative, like when common standards are being followed within activities (such as the implementation of the same Standard Operational Procedures (SOPs) for projects by actors, which are part of the same larger humanitarian response (Knox-Clarke&Saadreva, 2015, 21).

The extent of a humanitarian crisis within a particular phase of a project cycle can also impact the amount of coordination and collaboration that may be necessary. The assessment phase for example (which takes place in the beginning of every project cycle) is, due to the complexity of humanitarian contexts and budget requirements, experiencing an increase in demands for joint actions by several actors of a humanitarian response. An example for assessing situations in a coordinated manner is the Multi-Cluster/Sector Initial Rapid Assessment, which is a process of collecting information through joint assessments led by the UN and the IASC Assessment Task Force and which has resulted in the development of a common methodology (Knox-Clarke&Saadreva, 2015, 22).

In addition, the assessments that are incorporated in the Danish Refugee Council Rapid Response to Population Movements (DRC RRMP) mechanism, made in response to multiple displacement needs, illustrates not only the need to assess situations in coordination with several actors, but to have aid agencies commit to certain procedures for these activities. These cooperations include the acceptance of decisions, shared strategies and aligned work plans, thus the relations between the different actors are turning into collaborations (Knox-Clarke&Saadreva, 2015, 23).

Chapter III Situation in the research area

This Chapter focuses on the situation in the research area. After the introduction of the context of the Syrian refugee crisis in Lebanon, especially the challenges for Syrian refugees residing in the Bekaa Valley are highlighted. The constraints to access health care in Lebanon's remote areas are illustrated, including the situation in Arsal – a remote border town in the Bekaa Valley.

3.1. Context of Lebanon: General overview

Following the outbreak of the armed conflict in Syria in 2011, difficult security and socio-economic conditions forced thousands of Syrians to flee to neighbouring countries, including Lebanon, which is currently providing refuge to 17.5% (910,256) of the total global registered Syrian refugees. Today, Lebanon has the highest refugee population per capita in the world, and its population increased by 25% in less than a year after the Syrian conflict began (UNHCR, 2020).

Lebanon's refugee crisis can be classified as a 'protracted crises' (Oxfam, 7, 2015), which can be defined as a situation "where extreme, widespread and unpredictable needs exist alongside long-term structural vulnerabilities and 'emergency' needs exist over multiple years (Bennett, 35, 2016). Prior to the war in Syria, Lebanon had an open border policy for Syrians, which was a result of the migration-for-employment agreements between the two countries, and these agreements led to unregulated immigration of Syrians into the country. Since the onset of the Syrian conflict in 2011, the massive influx of refugees has aggravated many problems this migration policy had initiated in Lebanon's labour market (Habib, 2019, 16).

To this end, in 2014, the GoL has adopted policies and laws in order to limit and control Syrian presence in the country and to protect employment for Lebanese. These conflicting policies on Syrian's legal employment means that a large number of Syrians are unable to renew their legal status, as their residency permit is a result of the bilateral agreement between the two countries, while the inability of the Lebanese Ministry of Labour to organize the market allowed for an

informal and un-regulated labour market to develop. From a legal point of view, Syrians are breaching the laws concerning legal employment in Lebanon by pursuing informal employment (Leaders for Sustainable Livelihoods, 2). However, since the Lebanese agricultural industry is greatly dependent on low-wage workers to reduce costs, despite the presence of a legal framework, employers in the Bekaa region are benefitting from the vulnerability of the Syrian refugees. Most refugees are living in the Bekaa governorate and in the North Lebanon governorate (UNHCR, 2020), which are deprived regions and characterized by modest infrastructure and limited economic opportunities. The large number of refugees, especially in the country's poorest regions, has led to competition among each other for limited resources, work opportunities, and scarce social infrastructure (World Bank, 2013, 28).

After Lebanon's Civil War (1975-1990), the socio-economic and infrastructural disparities between the capital of Lebanon, Beirut, and other regions of Lebanon has increased considerably. The reception of large numbers of refugees, first from Palestine, and later from Syria, resulted in a sudden change in demand for services. The sudden influx of Syrian refugees has posed particularly significant challenges on the Lebanese people, and further aggravated the socio-economic development of both the refugees and the host population. Dwindling resilience of Syrians and Lebanese alike is accompanied by an increase in marginalization, poverty, and gender inequality. With the support of almost USD 6 billion by the international community since 2011 (UNDP, 2020), the situation for both populations was improving. Today, donor fatigue is increasing (Atrache, 2020, 18) and, as a result, Syrian refugees are unable to meet their basic needs.

Statistics of the 2019 Vulnerability Assessment of Syrian Refugees, for example, show that the overall situation of Syrian refugees is precarious and vulnerable (UNHCR, UNICEF et al. 2019, 10). Due to the so-called "no-camp policy" in Lebanon, which states no formal refugee camps can be established, 34% of Syrian refugees are living in informal tented settlements or in improvised shelters. Alone in the governorates Baalbek-Hermel and Bekaa, 53% of Syrian households are living in substandard shelters, and 51% of Syrian refugee households have a per-capita income below the subsistence level and are thus living in extreme poverty. Their economic vulnerability

has forced them to take on debts to cover health care costs, buy food, and pay rent. According to Lebanese labour regulations, Syrians are only allowed to work in agriculture, construction, and cleaning, forcing Syrians to compete in low-skill jobs, while an estimated 30-35% of Syrian refugees are unemployed (Mikhael, 2018, 2). In addition to their vulnerable socio-economic situation, food insecurity, and lack of access to goods, Syrian refugees in Lebanon have a lower level of education, with illiteracy rates reaching up to 28% for female heads of households, and 12% for male heads of households (UNHCR, UNICEF et al., 2017, 12).

All challenges mentioned above also increase the health risks for the Syrian population and prevent them from accessing adequate health services. Despite improvements following the launch of the Lebanon Crisis Response Plan (LCRP) in 2017, the health sector continues to face major challenges, including the lack of health care services, which limits possibilities for referrals for further treatment. Figures show that in 2019, only 1,563,800 people out of the total number of people in need (2,473,800) were able to be targeted (UNHCR 2019, 1).

3.2. Lebanon's Bekaa Valley, home to the most deprived Syrian refugees

Due to geographic and economic factors, the Bekaa Valley gives home to the highest number of Syrian refugees in Lebanon (UNHCR, 2013, 28). The valley comprises two governorates, Baalbek-Hermel and Bekaa. The Bekaa governorate is composed of the administrative districts of Zahlé, West Bekaa, and Rachayya, and the Baalbek-Hermel governorate is divided into Baalbek and Hermel.

The Bekka Valley is 120 kilometers long and 16 kilometers wide and shares a long border with Syria, and, due to its proximity, the valley became a place of refuge for those who have fled the conflict in Syria. In addition to its proximity, 42% of the country's cultivated land is located in this region, providing work opportunities for the many Syrians that have settled in ITSs here. Prior to the war in Syria, the Bekaa Valley has been a place for Syrian migrant workers to participate in seasonal agricultural work. As a result, many Syrian families currently living in the region as

refugees in tents, had family members living there or work connections in these regions before the onset of the Syrian refugee crisis (Habib, 2019, 17).

Syrian refugees living in the Bekaa Valley are among the most vulnerable of the refugee population in Lebanon and are therefore exposed to many types of abuses and exploitations. Unable to pay rent, many of them are living in ITSs, which are basic collections of makeshift tents, which are insufficient to protect them from the harsh weather conditions – including floods and snowfall in winter and temperatures reaching up to 40 degrees in summer. Storm *Norma* proved that the shelter conditions are not able to withstand the heavy rains and high winds, which led to dozens of settlements being evacuated in the winter of 2019. (Champagne and Hariri, 2019; NRC 2019) Findings of the Vulnerability Assessment for Syrian refugees in Lebanon show that 50% of the total number of households of Syrian refugee families in the Baalbek-El Hermel governorate are living in non-permanent shelters, 44% in residential shelters, and 6% in non-residential shelters. (UNHCR, UNICEF, WFP, 2019, 46) These non-permanent shelters, which have been erected all over the Bekaa Valley, are either overcrowded, have conditions below humanitarian standards, and/or are in danger of collapse, with those households in the Baalbek-El Hermel governorate living in particularly substandard conditions (UNHCR, UNICEF, WFP, 2019, 46-48).

When it comes to school enrolment rates of Syrian refugee girls and boys, the percentage of children between three and five years of age who are attending an early childhood education programme has a very low rate of attendance, with only 13% in the Baalbek-El Hermel governorate. In addition, one of the lowest rates regarding enrolment in primary school (six to 14 years of age) were found in the Baalbek-El Hermel governorate, at only 57%, while the lowest rate for secondary school enrolment (15-17 years of age) was also found here, with attendance at only 14%. Regarding the schooling of youth aged 15-24 the rate of 7% in the Baalbek-El Hermel governorate is the lowest of all the eight governorates in Lebanon. The main reason for the youth not attending formal education is because they are married, with a second dominant factor being that they are obliged to work from an early age. Child labour in the Bekaa Valley is a major reason related to school dropouts (UNHCR, UNICEF, WFP, 2019, 63-68).

3.3. Access to health care: Complexity to meet health needs in Lebanon's remote areas

The health system in Lebanon is largely privatized and medical services of any kind are subject to charges. Possible social insurance for Lebanese or registration with UNHCR for Syrian refugees only cover a portion of the costs. Syrian refugees registered with UNHCR receive subsidized care through one of the 140 (private and public) contracting hospitals throughout the country (UNHCR, 2019, 2). As a response and to ease accessibility to health care, UNHCR covers up to 75% of the total hospitalization bill, while 25% is covered by the patient (this system is referred to as *patient share*). Rather than to cover 100% of the hospitalization costs, this method is used by the UNHCR to avoid creating a competitive health care system, and in favour of an equivalent.

The average cost for an appointment at a doctor is about 8,000 to 16,000 Lebanese pounds (€4 to €9) (PUI, 2017), but when considering that 70% of Syrian refugees are living below the poverty line, this constitutes a significant amount. (Hanna-Amodion, 2020) A research study by the Issam Fares Institute for Public Policy and International Affairs (IFI), presented on Monday, July 8th 2019 at the American University of Beirut (AUB) on "Adaptive Mechanisms in Seeking Hospital Care among Refugee, Stateless, and Host Communities in Lebanon", highlighted the fact that some of the Syrian refugees return to Syria for cheaper treatment (AUB, 2019).

Apart from the financial hurdle to access health care, the health infrastructure in Lebanon plays a major role. On the one hand, the supply network is inadequate, especially in the remote parts of the country, such as in the Bekaa Valley and the mountainous region surrounding it, and on the other hand, the increase in the population also increases the need for health care facilities. Uncertainty on where health services are offered combined with no existing system for public transportation in the country, pose additional logistical challenges, especially for those who are living in remote villages or in ITSs. Furthermore, many refugees are lacking valid residency papers or legal documentation, which makes it difficult for them to move due to the presence of military checkpoints all over the country. In view of the fact that many refugees are afraid of being

detained on their way to seek health care services, they are confined to pharmacies or health facilities that, since they are not able to access medical centers where services are partially or fully covered by humanitarian actors (NRC, 2014, 18). In an attempt to fill the gap and as a response to the economic and geographic barriers, today, approximately 25 MMUs are operated by NGOs all over Lebanon, which are providing consultations and medications free of charge (UNHCR, 2019, 2).

The main burden of health care provision in Lebanon lies with NGOs. The quality, range of care, continuity and financial coverage of the health services offered vary greatly, and the possibility of further treatment and referral is in some areas more difficult than in others. In order to provide a regional overview of the health care services offered, to connect the health care actors with each other in certain areas, and to obtain an overview of patient's statistics, the regional Health Working Groups were set up to serve as coordination mechanisms. For the Bekaa Valley region, for example, working group meetings on health care related issues between all humanitarian actors, which are providing health care services, and the attendance of a representative from the Ministry of Public Health (MoPH) and a representative from the Epidemiology Surveillance Unit (ESU), are taking place at the UNHCR Zahlé office once each month. The aim of this working group is to identify needs and gaps in health care related issues, to set common standards, to exchange information on the prevalence of various diseases in the region and to strengthen networking among health actors. The regional UNHCR's headquarters in Zahlé collaborates with over 50 operational partners, has agreements with 11 partners that implement projects, and counts a network of 232 refugee volunteers, who assist the refugee families residing in the Bekaa Valley (UNHCR, 2019). The UNHCR, in coordination with national and international health actors, contribute to the achievements of health outcomes prioritized under the Lebanese Crisis Response Plan (LCRP) to provide health care services to Syrian refugees and to the vulnerable Lebanese communities in the Bekaa region (GoL&UN, 2019, 8). In the Bekaa Valley, the dense distribution of refugees in a low-resource area makes accessing healthcare difficult due to distance and isolate

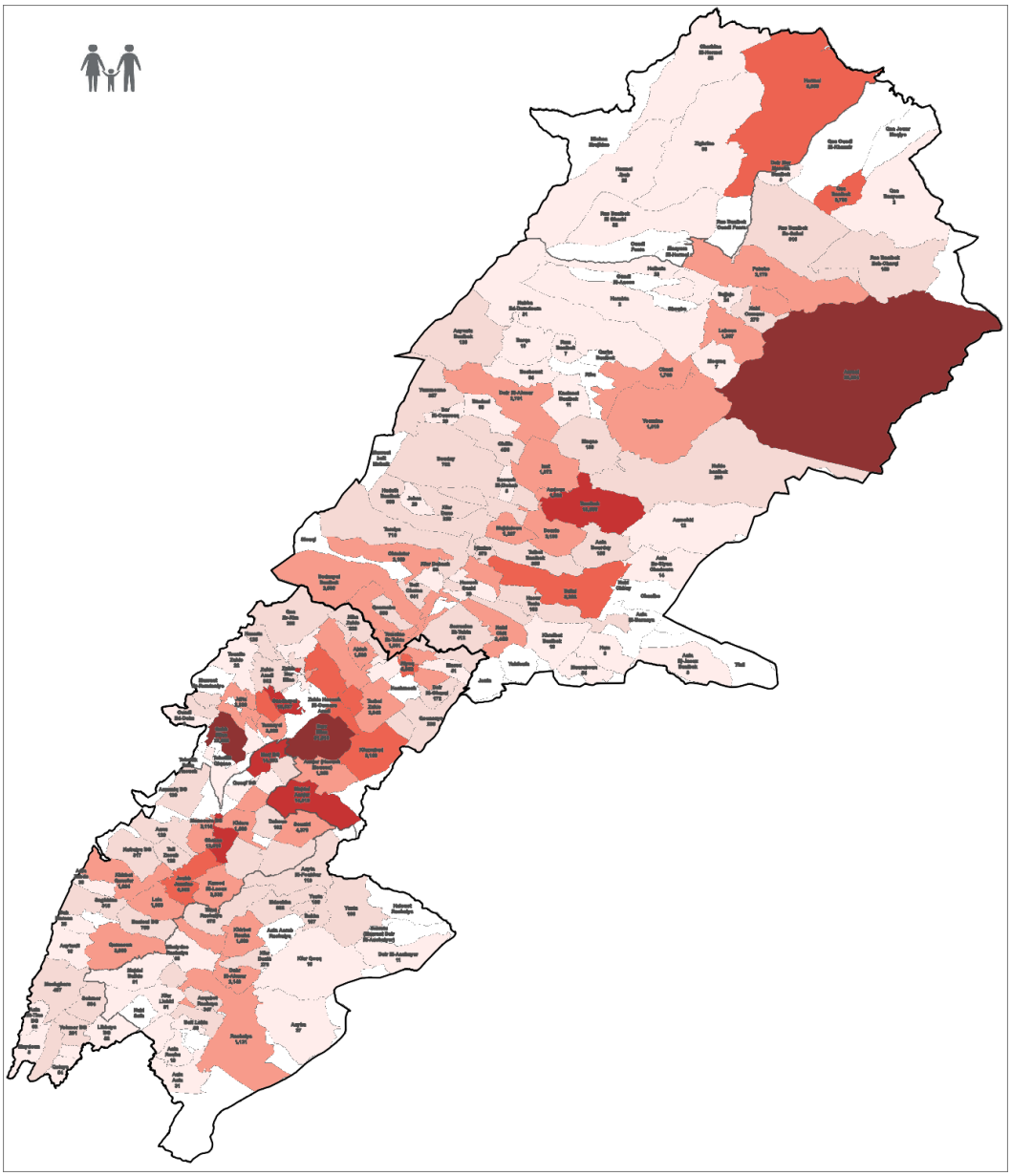
Figure 1: Distribution of the registered Syrian refugees at Cadastral Level / Source: UNHCR Data Portal

SYRIA REFUGEE RESPONSE

LEBANON, Bekaa & Baalbek-El Hermel Governorate

Distribution of the Registered Syrian Refugees at the Cadastral Level

As of 30 September 2016



Legend

No. of Refugees per Cadastral

0

1 - 100

100 - 1,000

1,000 - 5,000

5,000 - 10,000

10,000 - 20,000

20,000 - 43,000

Governorate Caza

3.4. Neglected and geographically isolated: The fate of the remote border town of Arsal

Arsal is a small border town in north-eastern Lebanon located in the Baalbek-El-Hermel governorate on the Syrian border. As of today, Arsal is home to around 65,000 Lebanese people and estimated 70,000 Syrian refugees (MUN_1, interviewed by: Schaufler, 2020), which, compared to other towns in Lebanon, constitutes the highest number of Syrian refugees. Due to the fact, that many of the Syrian refugees that are residing in Arsal are not registered with UNHCR, the exact number is not provided (UN_1, interviewed by: Schaufler, 2020). There is currently no trend of Syrian refugees returning to Syria, and only a small number of Syrian refugees have returned to their home country (MUN_1, interviewed by: Schaufler, 2020). Humanitarian actors have been on the ground since the beginning of the refugee influx, however, when the security situation deteriorated in the past, access for humanitarian workers was sometimes impossible for months. Arsal sets an example for Lebanon's economic erosion and poor governance. The remote border town, which is Sunni-dominated surrounded by the majority-Shiite governate of Baalbek-El-Hermel, is characterized by strong sectarianism. (Alami, 2017).

The Lebanese town of Arsal fell out of the control of the Lebanese state when 700 Islamic State (ISIS, also known as ISIL, or Daesh) and Jabhat al-Nusra militants briefly overran the town in 2014 (Alami, 2017). During this time, the Syrian War spilled over into Lebanon, as the town was turned into a base for regime fighters, who attacked and kidnapped members of the Lebanese army, and transformed the border town into a smuggling zone for explosive devices. The town became a threat to Lebanon's security apparatus and to Hizbollah, a former guerilla group and today's major political and military force in Lebanon, which has strong influence on the direction and stability of the government (Counter Extremisms Project, 2018, 2). As an attempt to control the town, it was isolated through the use of checkpoints, which were (and are still) controlled by the Lebanese armed forces, which made it difficult for Lebanese citizens and Syrian refugees living there, to travel outside or inside the town (International Crisis Group, 2020).

Eventually, in 2017, a violent confrontation pushed armed groups from the area and brought relative stability to the town, and in August 2017, Arsal was declared ISIL-free (NNA&Lebanon Ministry of Information, 2017). Today, the security situation is relatively stable, however, there are reasons to assume that the current economic crisis will have negative effects on the security status of Arsal (MUN_1, interviewed by: Schaufler, 2020). Despite the recovered security situation, the humanitarian situation has not improved at all, and access to health is under major constraints.

Due to the poor sanitary conditions, bad water quality, and the confined spaces of the ITSs, where Syrian refugees are living in close proximity to one other, virus and diseases spread quickly. In 2019, an outbreak of measles within the refugee community showed how much the Arsali community is dependent on the help of humanitarian actors, whose intervention required close coordination and collaboration in order to successfully address this health emergency. Another example that showed how important joint efforts by humanitarian actors in Arsal are, is an event from 2019. On 10 April of that year, the Lebanese Higher Defense Council announced a deadline to destroy all "semi-permanent structures" that were built by Syrian refugees that used cement and exceed the height of 1.5 meters. Orders were given to implement this decision in Arsal first. Syrian refugees were forced to destroy their homes themselves or to bring their homes into compliance, as non-compliant structures were said to be demolished. Eventually, on 1 July 2019, military units demolished at least 20 homes, resulting in a trauma-inflicting event that put Syrian refugees' lives at risk (Amnesty International, 2019, 1).

Fearing that the demolitions would continue, a joint statement by humanitarian actors, including Save the Children, Norwegian Refugee Council (NRC), Oxfam, Danish Refugee Council (DRC), World Vision, Terre des hommes Foundation, and Action Against Hunger (ACF), appealed to the Lebanese authorities to first, give alternatives to refugees and second, to follow through its commitments made at the Brussels Conference, and addressed donors to continue supporting the Lebanese government to host refugees with dignity (Save the Children, 2019).

As a response to this event, the operation "Lebanon Arsal Population Movement – MDRLB007" was conducted as a joint initiative by the ICRC and the International Federation of the Red Crescent Movement (IFRC). Different actors coordinated and assisted with the support they were

able to provide. Under this operation, for those who decided to dismantle their semi-permanent shelter, the Lebanese Red Cross (LRC) established tented temporary shelter, and supported 561 households, which, in addition to this emergency shelter, provided non-food items including water, sanitation, and other basic needs (IFRC, 2020).

Syrian refugees lost everything in the war in Syria, witnessing the demolition of their houses for a second time, a joint-response was initiated by MSF Switzerland, aimed to assist the affected population with mental health support (NGO_4, interviewed by: Schaufler, 2020).

Humanitarian actors in Arsal are providing health care services through PHCCs, dispensaries, field hospitals, and MMUs. Today, the main organizations, which are providing direct health care support in Arsal are Amel, Relief International, MSF Switzerland, URDA, ICRC, and Handicap International (UN_1, interviewed by: Schaufler, 2020).

The difficulties to address the health needs in Arsal include referrals of patients to advanced medical facilities, while medical services for newborns, patients with chronic diseases or persons with disabilities, remain unmet. Also, since the available health care centers only provide primary health care services, patients needing secondary health care must move outside of Arsal (MUN_1, interviewed by: Schaufler, 2020), which is difficult for those with limited legal status or those lacking legal documentation (MSF, 2018). In 2019, after many years of neglect by the GoL, the former Minister of Public Health announced the decision to build a hospital in Arsal. However, considering the political turmoil and the current economic crisis in Lebanon, it is difficult to predict when these plans will be executed (MUN_1, interviewed by: Schaufler, 2020).

Chapter IV Case study: Implementation of a needs-based approach in Arsal - A perspective from health care providers

This Chapter presents the main findings on how humanitarian actors who are providing health care services to Syrian refugees and the Lebanese host communities in Arsal, are implementing a needs-based approach within their humanitarian operations.

The findings obtained from interviews with representatives from the UN, national and international NGOs, the Municipality of Arsal, and staff from local health centers show the variety of mechanisms and processes used to meet the needs of the affected population in Arsal.

Based on literature related to needs-based humanitarian action, four main pillars were identified, which are decisive for the implementation of a needs-based approach. These four pillars include mechanisms to assess the health needs of the affected population in Arsal, to select target groups, to ensure respect of local context, and to coordinate with other health actors in Arsal. A conceptual framework was developed, and the answers obtained from the interviews were analyzed accordingly.

4.1. Process of assessments – Means and tools

In view of the long-term nature of the humanitarian crisis with constantly changing needs of the Arsali population, it is crucial to carry out a systematic and objective assessment before starting a humanitarian operation. Due to the complex context of Arsal, which cannot not be compared with any other area in Lebanon, it is not only important to carry out a needs assessment in the beginning of a humanitarian operation, but to repeat this exercise on a regular basis (NGO_1, interviewed by: Schaufler, 2020). Only on the grounds of a needs analysis, can clear objectives be set, and the vulnerabilites and capacities of different groups in a crisis affected area be understood (CHS, 2014, 10).

Addressing the many health needs in Arsal is very complex. More than 100,000 people depend on a small number of medical centers, which only offer basic health services, and the GoL does not provide any support (MUN_1, interviewed by: Schaufler, 2020), which means improvement of the humanitarian situation here is highly dependent on NGOs. In order to be able to navigate the challenges, a collective approach with other actors in the health response is therefore required. Good collaboration and coordination at all stages of a humanitarian operation not only enhance the effectiveness of work done, but avoids unnecessary duplication of actions.

According to literature, in order to gain a dependable, mutual understanding of a humanitarian situation, humanitarian actors should carry out joint needs and risks assessments (Bennett, 74, 2016). In the health response in Arsal however, carrying out a joint needs assessment does not seem to be a common practice, while the different modalities between local, national, and international NGOs was mentioned as one of the challenges posed to undertaking such a collaborative effort (NGO_1, interviewed by: Schaufler, 2020). The practice of sharing needs assessments between health actors is also uncommon, not due to a reluctance to do so, but rather due to the short-term validity of a needs assessment in this town, where needs are rapidly changing. Thus, when a NGO takes over a needs assessment, which was conducted by another orgnisation, the time frame needs to be considered (NGO_1, interviewed by: Schaufler, 2020).

UNHCR, the overarching coordination instance of the health response in Arsal, carried out joint needs assessments only in the beginning of the refugee crisis in Arsal. For the last three years, however, UNHCR changed from conducting formalized needs assessments to a more flexible approach. One of the striking reasons for this is a lack of funding to conduct comprehensive research. Today, information on the existing health needs of the Arsali population is mostly collected through a coordination platform, where needs and and gaps are found through reportings from the different health partners operating in Arsal, and a dedicated UNHCR-Field Officer, who are constantly observing the needs in coordination with other health actors. UNHCR also detects gaps and needs in local health facilities when trying to integrate MoPH standard procedures, while UNHCR Community Health Volunteers act as front liners in the field, where they

engage with the community directly and serve as an important method through which the actual needs of the population are understood. Regular visits by UNHCR representatives to ITSs serve as another pillar to understand the needs of the affected population, to learn about their expectations and frustrations towards projects, and to seek advice on how needs could better be addressed. Meetings with local partners are also important to assess the needs of the Arsali population (UN_1, interviewed by: Schaufler, July 2020).

One respondent mentioned that experience has shown that the application of needs assessments, which are conducted by UNHCR, were not very helpful, as the assessments tended to generalize and would not take regional particularities into account. Due to the very specific context of Arsal, which is very different from other areas in Lebanon, needs assessments must consider all details unique to their situation socially, economically, and geo-politically (NGO_1, interviewed by: Schaufler, 2020).

Despite the lack of joint needs assessments, all interviewed national and international NGOs responded to have mechanisms in place to carry out needs assessments on their own initiative, and, since every organsation has a different approach, the means and tools used vary from organization to organization. The following examples highlight how different the approaches can be:

The first is an organization that started its humanitarian intervention on the basis of an emergency response, when thousands of Syrian refugees were seeking refuge in Arsal. No assessment was carried out and no partner in the health sector questioned. Only now, many years into the crisis, has the organization started to assess the situation in Arsal in terms of what kind of health care services are provided. Other actors of the health response are now under scrutiny, including local partners. As part of the NGO's project cycle management, the plan of action is being reviewed every year, and subsequently, actions confirmed or modified (NGO_4, interviewed by: Schaufler, 2020).

The second organization initially based its projects on a needs assessment, which was carried out via phone calls and aimed to understand the challenges of accessing health care by the Arsali population. Today, its projects are tailored to the information on existing needs, the information for which is obtained through several methods. The primary method uses Outreach Volunteers (OVs) who conduct awareness sessions in the respective catchment areas on daily basis. These OVs are trained to identify needs through focus group discussions, and directly refer the cases to a social worker. The second method of needs assessment focuses on mental health, the process of which is carried out by a social worker who identifies the level of needs in mental health care. Moreover, with the support of the community itself, needs that are not related to health are identified and referred to the respective organization that may be able to provide the approrpiate assistance (NGO_2, interviewed by: Schaufler, 2020).

The third example is an NGO that decided to operate in Arsal based on a report by the UNHCR, which showed a very high number of vulnerable Syrian refugees residing in Arsal. Following this, in order to align its activities based on existing needs, the organization conducted a study on the access to health services, however, rather than base their study specifically on Arsal, examined the Bekaa region as a whole, in order to learn about the barriers to access health care and the existing health needs in general (NGO_3, interviewed by: Schaufler, 2020).

Despite the mentioned examples of needs assessmeents that are carried out during a humanitarian project, the conduction of proper assessment on the existing needs of the affected population in the beginning of an intervention was not mentioned by any of the interviewed health actors. According to a representative of a local health facility, not enough assessment is done by NGOs before projects are being implemented. The insufficient knowledge on pervailing health needs and the specific context of Arsal was the reason why all medical centers that are now operating in Arsal have the same medical equipment and offer similar health services. In addition to that, the respondent mentioned, that instead of conducting a systematic needs assessment, which would be decisive for the choice and scale for a humanitarian intervention, NGOs already

had clear and rigid project ideas before even going to Arsal (LMC_2, interviewed by: Schaufler, 2020).

Only one interviewee specifically mentioned that an assessment prior project implementation was conducted in collaboration with the municipality of Arsal, other health care actors, and the UNHCR. This assessment study, however, was primarily carried out in order to select the catchment areas and particularly focused on already existing health services. Thus, again, a focus on the prevailing health needs in this area, was lacking in this assessment.

4.2. Target communities

In a humanitarian crisis, refugees often enjoy better access to water, food, health care, and education than the host communities. This, and the negative economic impact caused by a large influx of refugees on a country, increases the potential for conflict between refugees and host communities (UNHCR Standing Committee, 1997). In Arsal, the sudden increase of the population had, and still has, significant negative impacts on the residing Lebanese host communities, including strains on electricity, educational institutions, waste management, environment, and, most notably, the labour market. Even though, Syrian refugees are legally not allowed to start businesses in Lebanon, this is a highly relied-upon method of income for this population, as, due to the lack of support by the GoL, Syrian refugees often have no choice but to open small businesses. As a response to the high competition Syrian shop owners created for their Lebanese peers, several clashes between the Lebanese host communities and Syrian refugees took place. While the security situation in Arsal has since calmed down, with the economic crisis pushing more than half of the population of Lebanon under the poverty line, conflicts between the two population groups are expected to spark again (MUN_1, interviewed by: Schaufler, 2020).
In order to address changing needs in a given area, NGOs and donors need to be flexible in their support and programmes and projects have to be developed that seek to balance assistance to both refugee and host communities (GSDRC, 1, 2012).

The economic crisis in Lebanon has led to a widespread loss of jobs, and closing of businesses. But Arsal was enduring its own financial crisis for years before the national economic crisis, and, as a result, most of the people are now struggling for survival. Due to the socio-economic crisis, Lebanese citizens, who were otherwise employed and able to cover their health care expenses, are now in need of support and are forced to seek subsidized health care by NGOs (MUN_1, interviewed by: Schaufler, 2020). As a result, in 2019, all NGOs operating in Arsal were officially requested by the Mayor of Arsal to allocate a 30% quota to Lebanese citizens, due to their increasing vulnerability. According to this request, all NGOs interviewed responded to have accepted this request and modified their target group accordingly.

While the UNHCR usually only supports refugeees, due to the financial crisis, it is now supporting Lebanese host communities as well. Despite providing direct financial support to Lebanese host communities though, the UNHCR helps the GoL through different instruments with the aim to strengthen the Lebanese health care system. Through the Instrument of Stability (IfS), for example, introduced in 2014 and funded by the European Union, the capacity of PHCCs got reinforced and therefore existing governmental primary health infrastructure strengthened. Through the IfS, the UNHCR donated medical equipment to PHCCs and carried out trainings for health staff at PHCC level. Through providing visible and sustainable support, the goal was to provide reassurance to both the host population and the refugee communities. Additionally, even before the onset of the socio-economic crisis, the occurrence of mental health disorders was increasing within the Lebanese population, which is why the UNHCR introduced a 10% quota to support Lebanese within its support for PHCCs. Through an international partner organization, these subsidized services also reached Lebanese patients in Arsal.
However, with the economic crisis pushing Lebanese and Syrian refugees alike, the UNHCR increased their support to a 30% quota of Lebanese in their target group, and, through this, is able to support Lebanese living in Arsal (UN_1, interviewed by: Schaufler, 2020).

When it comes to the general selection criteria of beneficiaries in Arsal, most of the representatives from national and international NGOs mentioned to provide subsidized health care to Syrian

refugees and Lebanese alike. However, while donors of NGOs are more flexible in supporting the Syrian refugee population and the Lebanese host communities, donors of the UNHCR prefer supporting the Syrian refugee population alone (UN_1, interviewed by: Schaufler, 2020). One NGO representative responded that, due to the health-seeking behavior in Lebanon, no vulnerability assessment was carried out for projects. For Lebanese and Syrians alike, paying for health care services means receiving better quality care. So, if a patient seeks free health care assistance, the individual is not doing so by choice, but because they lack the financial means to do so, which also makes them more vulnerable, which is why no differnce between Syrian refugees and Lebanese people was made (NGO_4, interviewed by: Schaufler, 2020).

Organizations that provide more specialized health care, such as rehabilitation services, often have long waitlists, which is why beneficiaries are selected based on certrain prioritization criteria. Examples for criteria include the number of family members, severity of a disability, or role of the patient in a household (i.e. the head of the household). One organization, that specializes in mental health care, provides support only to specific age groups. For diagnostic, laboratory and radiology tests it only supportes people under five years of age and above 60 years of age and pregnant women with subsidized care. Generally, no difference between Syrian refugees and Lebanese people was made, however, only patients who are living in Arsal would profit from their support (NGO_2, interviewed by: Schaufler, 2020).

4.3. Mechanisms to ensure respect of local context and to strengthen local capacity

According to literature, needs-based humanitarian action can only be achieved if activities are planned and implemented according to the local context and in partnership with local actors. As outlined in Chapter 2.5.3., local actors have the best understanding of the local context, and are trusted the most by the local communities in need of humanitarian assistance. Working together with local actors, especially if they are related to the government or the military, however, may challenge the humanitarian principles of independence and neutrality, which makes cooperation for NGOs sometimes difficult. In the context of Arsal, most of the organizations need to get an

official approval by the municipality of Arsal before a project can be implemented, which means that even before project implementation, all NGOs need to be in close contact with the local authorities (MUN_1, interviewed by: Schaufler, 2020).

Due to the fact that the GoL is not supporting to address the Syrian refugee crisis in Arsal, the Municipality of Arsal plays a central role in coordinating international assistance and meeting the needs of the many people residing there. According to all interviewees, due to the various health needs in this area, working closely with the Mayor is an important part prior project implementation and ensures that the provision of health services is in line with the needs of the community (MUN_1, interviewed by: Schaufler, 2020). Seeking advice by the municipality can be especially important when an organization is not focused on the implementation of a specific project, but can provide financial support. Especially in this case, consulting the Municipality of Arsal is important in order to ensure that money is invested in the most effective way (UN_1, interviewed by: Schaufler, 2020). Another benefit mentioned for engaging in close contact with the municipality prior project implementation was that it served as a stable platform, linked all relevant local and international actors, and helped create mutual trust with the local community (MUN_1, interviewed by: 2020).

For UNHCR, an important pillar of ensuring respect of local context is also working in close coordination with the GoL, especially before project implementation. In addition to asking for recommendations and advice by the MoPH, the UNHCR needs to obtain an approval by the GoL in order to be able to support any health facility with funds in Arsal. Also, in order to be able to provide a comprehensive package of health provision according to MoPH guidelines, it is also important for the UNHCR to seek advice by other systems in place (i.e. distribution of chronic medication) (UN_1, interviewed by: Schaufler, 2020).

For most of the aid agencies providing health care services in Arsal, ensuring respect of local context is characterized through strong partnerships with the local health infrastructure. A local health center, for example, is supported in the provision of comprehensive primary health care services, medical supplies, quality and technical improvement plans, and the payment of salaries

of nurses and data entry assistants (NGO_2, interviewed by: Schaufler, 2020, LMC_1, interviewed by: Schaufler, 2020). Another aspect of ensuring respect of local context in Arsal is based on the recruitment of local health care professionals from the Arsali community. All representatives responded that only local staff from Arsal should be used, with recruitment from outside only being utilized if local recruitment is not possible. In addition to the recruitment of medical staff in the health facilities, OVs are being recruited by various national and international NGOs, which are trained on different activities, including on the distribution of knowledge on health-related issues in their respective communities (NGO_1, interviewed by: Schaufler, 2020). According to a representative from a local medical center, peer-to-peer sessions headed by OVs were very successful, and the local population was able to receive and implement the acquired knowledge (LMC_2, interviewed by: Schaufler, 2020).

Direct communication with beneficiaries, in order to understand their position towards a project, and to learn about challenges faced in meeting their basic needs, was highlighted by many of the interviewees as another important pillar to ensure respect of local context. An employee of a local medical center, for instance, is frequently visiting ITSs, in order to directly talk to the people in need and to observe the situation there (LMC_2, interviewed by: Schaufler, 2020). In addition to field visits, UNHCR also established a hotline for refugees to file complaints or to tell their opinion about a certain project anonymously (UN_1, interviewed by: Schaufler), while some organizations also set up survey boxes in health facilities, so that opinions, recommendations, suggestions, and complaints can be anonymously filed.

For most of the NGOs operating in Arsal, respecting local context also means respecting different cultures. Especially in rural areas, as it is the case of Arsal, women are reluctant to be treated by male doctors or male midwives. Many times, a gender-based distribution of medical staff is in place as part of a gender based violence (GBV) risk mitigation for projects (UN_1, interviewed by: Schaufler). Additionally, due to the scarcity of health care services, which has been drained by the high number of people in need, an increasing number of organizations are now switching to a more inclusive approach – particularly projects on health promotion, are focusing on

strengthening the capacity of the local community through the empowerment of beneficiaries as active health actors (NGO_1, interviewed by: Schaufler, 2020; NGO_4, interviewed by: Schaufler, 2020). One example of initiatives being undertaken to help strengthen the local capacity of the affected population in Ansal is training on first aid skills, which is a highly needed skill in this area (NGO_1, interviewed by: Schaufler, 2020).

However, while there are many different initiatives being undertaken to strengthen local capacity, the sustainability of the approaches is still unclear. Contrary to the concept of sustainability, for example, is the implementation of stand-alone activities by international NGOs. One health facility in Arsal, for instance which is currently playing a huge role in the provision of health services for the population there, is run without any local partner. A hand-over to another health actor in the health response is yet unclear and the closure of this medical center is, despite its proven necessity for the Arsali community, is expected to occur at some point in the future (UN_1, interviewed by: Schaufler, 2020). A representative from a local health facility mentioned that, rather than contributing in improving the existing health centers, most NGOs in Ansal are offering health services directly to the patients instead. Also, due to the fact that humanitarian assistance is project-based, and organizations will eventually leave Arsal, none of the existing health facilites will be able to cover the high financing costs on its own. Thus, as a local health facility manager explained, a focus on the investment in equipment and the renovation of health facilitiess should be prioritized (LMC_1, interviewed by: Schaufler, 2020).

4.3.1. Agreement with local authorities/communities

Every organization that aims to implement a project of certrain scale in Arsal, needs to get the approval by the Municipality of Arsal. Especially for the health sector, close exchange with the local authorities in Arsal on existing needs and gaps prior project implementation is a condition (MUN_1, interviewed by: Schaufler, 2020). According to all interviewees, constant exchange between an NGO and the Municipality of Arsal is common practice. The local authorities are not very demanding and only require a transparent and clear work style by an organization. This

appears to contribute to the fact that these relationships have been generally uncomplicated and conflict-free (MUN_1, interviewed by: Schaufler, 2020). In order to be constantly updated on the exiting needs of the population, close communication with the Municipality of Arsal from the beginning until the end of a project was emphasized by all interviewees.

To obtain information on the perception of humanitarian projects from the beneficiaries, inter alia, satisfaction surveys or focus groups discussion are carried out (NGO_2, interviewed by: Schaufler, 2020; UN_1, interviewed by: Schaufler, 2020). All representatives from NGOs responded to be well perceived by the local authorities and the local community alike. One interviewee mentioned, however, despite the fact that the general perception was positive, beneficiaries were never completely satisfied and always had high expections of NGOs (NGO_4, interviewed by: Schaufler, 2020).

4.4. Coordination mechanisms: Responding to needs with joint efforts

The international health response in Arsal is coordinated by the UNHCR, and their main role is to strengthen the Lebanese health care system by supporting vulnerable refugees while simultaneously including them in the existing Lebanese health system. In Lebanon, all activities related to health care provision requires the approval by the GoL, therefore, close coordination, particularly between the UNHCR and the Lebanese Ministry of Public Health, is important in order to ensure that projects align with MoPH standards (UN_1, interviewed by: Schaufler, 2020).

All health-related issues in Arsal are discussed each month between all health actors operating there at the regional UNHCR-Health Working Group (WG) meeting in UNHCR's Headquarters in Zahlé. Chaired by UNHCR, the meeting takes place with representatives from a variety of health care NGOs operating in the Bekaa region in attendance of representatives from the GoL, and a representative from the Epidemiology Surveillance Unit. During the time that Arsal was facing major security constraints, caused by the precense of IS, and access for humanitarian actors was nearly impossible, dedicated coordination meetings took place to address the health needs of the

population residing there. Now that the situation has calmed, all health related concerns in Arsal are being discussed at the general monthly Health WG meetings as a specific item (UN_1, interviewed by: Schaufler, 2020). All of the interviewees emphasized the importance of the meetings to identify the needs and the gaps of health care services in Arsal, to set common standards, to exchange information on the prevalence of various diseases, and to strengthen the network among the actors.

In addition to the coordination led by UNHCR, since 2019, coordination meetings between NGOs of all sectors operating in Arsal are hosted by the Municipality of Arsal. In comparison to the meeting hosted by UNHCR, which is mostly attended by health coordinators of NGOs, this meeting serves more as a platform of exchange between local field staff. All of the interviewees responded that they frequently attend these meetings. Though, due to uncertainty about the meeting agenda or poor communication regarding the meeting date, some respondents mentioned that they are sometimes unable to attend. While there is reason to believe that the political nature of the meetings, which is in conflict with the principles of neutrality and independence, might deter NGOs from attending, it was not highlighted as a major concern for any of those interviewed.

In parallel to more "formal" coordination efforts, ad-hoc meetings between smaller groups of organizations take place in different settings, while bilateral coordination between health actors in Arsal was highlighted as an important factor in being able to align projects according to the needs (NGO_4, interviewed by: Schaufler, 2020).

4.4.1. Inclusion of Syrian/local Lebanese health actors in the international health response

According to literature, including a variety of actors in an international humanitarian response is required for its success. The case of the international health response in Arsal shows the particular importance of the integration of local actors in the humanitarian response, as it has shown to be

the best source for information regarding the existing needs and gaps, and allows for the development of trust with the local population. Taking into consideration the fact that the health needs currently by far exceed the provided health care services in Arsal, and that donor support is decreasing, the involvement of all health actors is important. And, even if some local actors only play a small role in the overall health response, their inclusion is still crucial, as the situation can benefit from every contribution. This is particularly important where the deterioration of security situations can greatly restrict humanitarian access, as in such circumstances local actors not only serve as an important asset but a vital factor for a successful humanitarian response.

At the time when the Syrian war spilled over into Lebanon, national and internatinoal health staff were forced to flee Arsal, forcing health projects to be highly dependent on local health staff. For this reason, the UNHCR and other NGOs established a policy to recruit health staff locally from Arsal (UN_1, interviewed by: Schaufler, 2020). Today, the security situation is calm, however, the economic crisis and the proximity to Syria pose incentives for further deterioration of the security situation in this area, making this recruitment policy a great necessity and priority for many of the NGOs. While local, national, and international actors are part of the health response in Arsal, not all of them are equally involved in coordination mechanisms, which makes it difficult to organize a common response to address health needs of the people there. Most of the respondents emphasized the important role Syrian medical staff play in the provision of health care services to the affected population in Arsal, and the importance of including them in the international health response, but explained that, in spite of this, their inclusion remains difficult.

First, according to Lebanese labour regulations, Syrian health staff are not legally allowed to work in the health sector in Lebanon. Their official recognition as active participants of the international health response in Arsal is therefore difficult. In spite of the fact that Syrian doctors and nurses do not have the official health care license allowing them to work in the medical field in Lebanon, they are still employed in several health facilities in Arsal. In order to cover their identity, many of them use names of Lebanese doctors which are working in other areas of Lebanon (LMC_2, interviewed by: Schaufler, 2020). However, due to the fact that health care services are scarce and

medical staff is highly needed in Arsal, and the Arsali population is highly depending on their services, the GoL rarely intervenes or stops them from working (UN_1, interviewed by: Schaufler, 2020). Moreover, one of the two existing field hospitals is operated and managed exclusively by Syrians and provides both Syrians and Lebanese with life-saving dialysis treatments. This health institution plays a big role in meeting the health needs for the population in Arsal, and, despite the lack of authorization from the Lebanese government, it obtains direct funding from the ICRC and the UN (UN_1, interviewed by: Schaufler, 2020).

Even though Syrian medical staff is highly needed, their lack of medical licensing challenges the inclusion into the Lebanese health system (MoPH-network) of those health facilities, that employ them. There is currently only one health center, which is managed by the Municipality of Arsal, and part of the MoPH-network and thus can rely on support from the state. Efforts to integrate other existing health centers in Arsal into the MoPH-network did not succeed so far. On the one hand, health centers are not fulfilling certain standards, and on the other hand, due to the fact that many Syrian doctors and nurses are "illegally" employed in health facilities, the Lebanese government is reluctant to provide them with necessary certificates.

Another logistical factor hindering the incorporation of Syrian health care workers is the language barrier between them and Lebanese grassroots organizations in the international health response. Syrian health actros and Lebanese grassroot organizations operating in Arsal are invited to UNHCR-Health WG meetings in Zahlé, which are conducted in English. Once the UNHCR realized that some local actors were reluctant to join the meetings due to a communication barrier, the meetings were held in both, English and Arabic. Today, the conversational language is mostly English, however, Arabic translation is provided upon request. According to a representative from the UNHCR, local health actors in Arsal are part of the UNHCR-mailing list, where health-related information in this area is circulated to all partners on a nearly daily basis, in English and Arabic (UN_1, interviewed by: Schaufler, 2020).

Despite the attempts to include local health actors from Arsal in the health coordination led by the UNHCR, many of the interviewees think that these efforts were not sufficient. Contrary to the claims that local health actors from Arsal were always invited to the UNHCR Health WG meetings, interviewees reported that the reason why local health actors were not attending the meetings was because they were not always receiving invitations. This, compounded with the fact that meetings were not consistently or regularly held in Arabic, kept local actors from attending them NGO_2, interviewed by: Schaufler, 2020; NGO_3, interviewed by: Schaufler, 2020).

One organization also mentioned that not all of the actors were included in the mapping of health services exercise, which is carried out every year by the UNHCR (NGO_2, interviewed by : Schaufler, 2020). The lack of knowledge on what kind of services are provided by certain local health actors makes collaboration with them difficult, and results in an incomplete and ill-informed health care system. This point was also raised by another interviewee who said it is difficult to refer people to to Syrian-led health centers not only because of their lack of knowledge regarding what health services each one provided, but because the quality of services was unclear (NGO_4, interviewed by: Schaufler, 2020).

A challenge for local health actors to attend the UNHCR Health WG meetings in Zahlé is the long distance from Arsal to the UNHCR HQ (a drive of approximately one and a half hours, without traffic), which is very time consuming, and particularly challenging for representatives from local initiatives that are understaffed. There are also logistical challenges of moving outside of Arsal, as many do not have valid residency papers and thus fear being detained at military checkpoints that surround the town. And, since the meetings are always attended by representatives from the GoL, Syrian health actors are reluctant to expose themselves and reveal their identity (UN_1, interviewed by: Schaufler, 2020). There is also a high level of frustration on the part of Syrian-run health facilities regarding the lack of support from the UNHCR, and, because of this, some actors refrain from attending the UNHCR Health WG meetings as a matter of boycott (UN_1, interviewed by: Schaufler, 2020). Taking all of this into consideration, one can see that the current situation related to the legal approval of Syrian professionals in Lebanon is in a grey zone. So, while today, the GoL is not interfering and stopping them from working in the medical field, tomorrow, entire

health facilities could be shut down. The incalculability about how the Lebanese government will further proceed in this matter further challenges the inclusion of these actors.

Challenges to include Syrian health actors and Lebanese local grassroot organizations are not only on coordinational levels, but also on operational ones as well. Due to the fact that many different kinds of actors with different approaches and modalities are part of the health response in Arsal, unified actions, especially actions which include local actors, are difficult to achieve (NGO_1, interviewed by: Schaufler, 2020). In particular, some of the international organizations have to abide by strict protocols, which makes the inclusion of local actors within their humanitarian operations difficult, resulting in a reliance on stand-alone activities. Moreover, the fact that all of the various kinds of actors are being held accountable to different donors means they have to abide to different rules and standards, which poses a challenge to include either all or some local actors in any given coordinated health response (UN_1, interviewed by: Schaufler, 2020).

Chapter V – Conclusions

5.1. Conclusions and perspectives

This paper aims to portray how the implementation of a needs-based approach shapes how effective humanitarian actors are in achieving their goals. Literature was analyzed on effectiveness in humanitarian action, and on what indicators need to be considered in order to achieve it. A focus on needs-based humanitarian action was later made and markers that are decisive for its successful implementation were detected.

To see how a needs-based approach is being implemented in practice, the health response in the Lebanese town of Arsal, located on the Syrian border, was chosen as a case study. Due to the protracted nature of the humanitarian crisis in this isolated area, particularly paired with decreasing donor support, the effectiveness of the provision of health care services is of significant concern. Interviews with various representatives form national and international NGOs, local medical centers, and the Municipality of Arsal should show how the case study reality reflects indicators for effective humanitarian action. In particular, it should portray how a needs-based approach is being implemented by NGOs, which are providing health care services to the Arsali population. The findings obtained through interviews with the various interlocutors make it clear that, first, the methods through which a needs-based approach is implemented varies from organization to organization, and, second, the tools and means applied to implement a needs-based approach are not always reflecting what is recommended in the literature.

An international response to a humanitarian crisis brings together a variety of actors. Different missions, agendas, and capacities provide a breadth of potential, but encounter great risks when attempting to address people and societies affected by crisis in an effective way. While a mutually recognized framework of aid effectiveness would mean each actor is held accountable for contributing to mutually shared features of effectiveness, there is currently no universal concept of effectiveness in humanitarian action.

Different missions, agendas, and capacities provide great potential, but encounter great risks when attempting to address the most vulnerable people in an effective way. Since they provide a common framework, internationally recognized principles and standards are necessary tools and provide benefits for, *inter alia,* the effective collaboration and coordination between different actors in a humanitarian response. Humanitarian standards and principles are enabling humanitarian actors to operate in an organized and transparent manner with shared objectives, structured processes, and a clear idea of inputs. However, particularly in local and social contexts and with regards to the interaction of groups in these fields, these humanitarian standards and principles appear overly vague and generic and thus fail to adequately address unique contexts effectively. The international health response in Arsal is emblematic for the interplay between all kinds of actors in a humanitarian response and portrays how the various mandates and objectives of these actors challenge the overall effectiveness in the provision of health care. Since every organization is adhering to different standards and rules, it is not only difficult to achieve effective humanitarian action, but to evaluate actions as well.

According to the humanitarian principle of impartiality, humanitarian action is supposed to be based on existing needs alone, regardless of ethnicity, political conviction, or religious beliefs of those affected by a crisis. However, the principle of impartiality faces various limitations. For example, the provision of funding, security setting for aid staff, and whether local rulers authorize the provision of aid, constitute components that may challenge the successful realization of impartiality in practice (Quack, 10). Even though many of the NGOs, which are operating in Lebanon's border town of Arsal, claim to adhere to the principle of impartiality, the reality is different. Humanitarian action there is still very political, which challenges the principle of impartiality and further hinders the operationality of the whole health response. Some NGOs providing health care services in Arsal, for example, only target specific groups and thus exclude others from accessing health care who may be even more in need.

Lebanon's socio-economic crisis has also meant that the Lebanese host communities of Arsal, who were previously able to cover their own health care expenses, are now in need of support by

NGOs. When it comes to the general selection criteria of beneficiaries in Arsal, most of the representatives from national and international NGOs mentioned they provide subsidized health care to Syrian refugees and Lebanese alike. This decision may be seen in NGO donor support, who are more flexible in offering aid to both the Syrian refugee population and the Lebanese host communities, compared to donors of the UNHCR, who favour supporting the Syrian refugee population only. In 2019, a step into more equal distribution of aid was made after the Mayor of Arsal requested all NGOs which are operating in Arsal to allocate a 30% quota to Lebanese citizens.

Key actions to achieve humanitarian action based on needs, emphasize the importance to conduct a systematic, objective, and ongoing analysis of the context and stakeholders (CHS, 2014, 10). Since most of today's crises are very complex, a collective approach to crisis management is particularly important to achieve complementary and effective humanitarian action. A collective approach implies that humanitarian actors need to develop a good mutual understanding of the humanitarian needs of a crisis-affected population, and an understanding of the various approaches that try to meet them. To this end, joint needs and risks assessments, prioritization of activities, and monitoring of common country-level objectives are important elements of a collective approach (Bennett, 74, 2016).

In view of the long-term nature of the humanitarian crisis in Arsal, including the constantly changing needs of the local population, it is crucial to carry out a systematic and objective assessment before starting any humanitarian operation. And, due to the complex context of Arsal, which cannot not be compared with any other area in Lebanon, it is not only important to carry out a needs assessment in the beginning of a humanitarian operation, but to repeat this exercise on a regular basis. While this practice is necessary, the health response in Arsal shows that carrying out joint needs assessments can be challenged by the different modalities held by local, national, and international NGOs. Moreover, the practice of sharing needs assessments between health actors, specifically is uncommon, which may reflect local humanitarian action more broadly. According to the findings from the interviews, the application of needs assessments, which are conducted by the UNHCR, are not very helpful, as the they tend to generalize and fail to take

regional particularities into account. Despite attempts at collaborative efforts, every NGO carries out its own assessments on its own initiative, resulting in a multitude of understandings of a given situation. Having multiple understandings is not a bad thing itsef, because it can provide more context to a situation, sometimes however, these multiple understandings are contradictive. Moreover, without the inclusion of the local actors in the assessment phase, the assessments lack considerable information about the specifics and dynamics of this area.

In order to be able to address needs in a given context effectively, it is important that projects are planned and implemented according to the local context. Since local actors have the most nuanced and informed understanding of the local context and are trusted by the local communities in need of humanitarian assistance, it is important to include them as much as possible in a humanitarian response (IASC, 2019). The case of Arsal shows that consultations with the local authorities, especially prior project implementation, are very important. Comprehensive knowledge exchange beforehand not only ensures that money is invested in the most effective way, but it enables a strong connection with relevant local actors, the local community, and stakeholders, which is necessary for the implementation of a project, and subsequently for its success. The understanding of what ensuring respect of local context means may vary from organization to organization. According to the findings from the case study, ensuring respect of local context is mostly characterized through strong partnerships with the local health infrastructure, recruitment of local health care professionals from the Arsali community, and direct communication with beneficiaries.

According to literature, including a variety of actors in an international humanitarian response is required for its success. The case of the international health response in Arsal proves the particular importance of the integration of local actors in the humanitarian response, as it has shown to be the most informative source regarding the existing needs and gaps, and allows for the development of trust with the local population. Inclusion of local actors in an international humanitarian response is also important where the deterioration of security situations can greatly restrict humanitarian access, as in such circumstances local actors are not simply an important

asset, but a vital factor, for a successful humanitarian response. A reality reflected during the time when the Syrian war spilled over into Lebanon and national and international health staff were forced to flee Arsal, resulting in a high level of dependence on local health staff to carry out local health projects. Compounding the complexity of humanitarian health coordination with local health staff can be seen in the utilization of local Syrian medical staff. However, due to the fact that they often lack legal documentation and medical licensing, face language barriers, and/or logistical constraints, makes their inclusion in the international health response difficult.

A single aid agency is not able to meet all needs on its own, which means response to a humanitarian crisis often involves interaction between multiple actors, such as national and international agencies, donors, host-governments, or host-authorities. To better coordinate them all, the Cluster/Sector Approach to enhance partnerships, and the predictability and accountability of international humanitarian action at country levels was developed. The international health response in Arsal is coordinated by the UNHCR, the coordinating agency for the health sector in Lebanon. The UNHCR's main role is to strengthen the Lebanese health care system by supporting vulnerable refugees while simultaneously including them in the existing Lebanese health system. All health-related issues in Arsal are discussed each month between all health actors operating in Arsal, at the regional UNHCR Health Working Group (WG) meeting at UNHCR's headquarters in Zahlé. These meetings are important to identify the needs and the gaps of health care services in Arsal, to set common standards, to exchange information on the prevalence of various diseases, and to strengthen the network among the actors. In addition to the coordination led by the UNHCR, since 2019, coordination meetings between NGOs from all sectors operating in Arsal are hosted by the Municipality of Arsal. In comparison to the meeting hosted by the UNHCR, which is mostly attended by health coordinators of NGOs, this meeting serves more as a platform of exchange between local field staff.

Within the humanitarian field, there may be many ways of communicating, some of which are more visible and observable than the others. Depending on the type of a humanitarian response, and the unique circumstances of each location, approaches for coordination of communication can vary. As for the health response in Arsal, the coordination mechanism for the health sector

led by the UNHCR is the key platform and involves many important health actors operating there, while the meetings hosted by the Municipality of Arsal serve as an important platform of exchange, particularly between local actors. In parallel to more "formal" coordination efforts, ad-hoc meetings between smaller groups of organizations take place in different settings, while bilateral coordination between health actors is an important factor to align projects according to particular needs.

5.2. Ideas and recommendations for health care providers in Arsal

The following recommendations are based on findings obtained from the interviews with various representatives from national and international NGOs, local medical centers, and the local authorities, and are linked with the starting concern of this research and theory.

Due to the existing gaps and needs of health care services in the city of Arsal, paired with decreasing donor support, the effectiveness of the provision of health care services is of significant concern. The way in which humanitarian actors are implementing a needs-based approach shapes how effective humanitarian actors are in achieving their goals. The following recommendations include practical ideas on how the implementation of a needs-based approach can be improved and on how processes to address health needs with joint efforts can be strengthened.

<u>Process of assessments – Means and Tools</u>

- **Recommendation 1: Conduction of an in-depth needs assessment and precise context analysis prior project implementation**

Representatives from local medical centers and from national NGOs highlighted the lack of in-depth assessments by NGOs prior project implementation, which has resulted in all existing health facilities being equipped with similar medical equipment, and providing similar services. In order to avoid further duplication and to achieve better complementary health actions and services, it is important to carry out precise and detailed assessments by involving all health actors.

- **Recommendation 2: More transparancy in the assessment phase by newly entering NGOs**

Many of the NGOs newly entering the context of Arsal, are only communicating with a select group of health actors. Communication and coordination with all relevant actors and organizations, especially prior to project implementation, is crucial in order to share knowledge and lessons-learned with these organizations.

- **Recommendation 3: Sharing of assessment results with all health actors in order to create a common understanding of the health needs of the affected population in Arsal**

Due to their short-term validity, it is difficult to take over a needs assessment already conducted from other NGOs. It would be more effective to share needs assessments between all relevant health actors in the form of regular briefings during a coordination meeting or through the online distribution of the main findings to all actors.

- **Recommendation 4: Better synchronization with the local authorities prior to the development of concrete project ideas**

Before the development of concrete project ideas, the Municipality of Arsal should be addressed to gain understanding on the existing gaps and needs. The Municipality should thus not only advise NGOs on the faciliation and implementation of concrete project ideas but be an active part of the development of project activities.

<u>Target communities</u>

- **Recommendation 5: More flexibility to address changes in the project environment – flexible targeting procedures**

In Arsal, where the host community is currently as vulnerable as the refugee community, NGOs should include the host communities equally within their target group.

- **Recommendation 6: Emphasis on the principle of impartiality**

To be in line with the principle of impartiality, NGOs need to ensure that its local partners and implementing partner (including field staff) are not discriminating against people based on religion, nationality, political affiliation, or any other marker. Workshops on this topic or training on the CHS in general shall be conducted with every staff member.

In many ITSs in Arsal, clan or tribe systems are prevailent, resulting in some people receiving better health acccess and care than others, due to affiliations and networks. Even in medical centers, some people are given preference because of their relation to a certain clan. In order to provide equal support to everyone, it is thus important for health actors to be aware of these dynamics within the refugee community, and to consciously counteract systems that are based on such favouritism.

<u>Mechanisms to ensure respect of local context and to strengthen local capacity</u>

- **Recommendation 7: Strengthening local capacity in a sustainable way**

Local medical centers need to be strengthened in a way that allows them to sustain themselves after a NGO leaves, while stand-alone activities need to be avoided if a hand-over to another NGO or local partner is uncertain.

- **Recommendation 8: Acquire strong knowledge on local context of Arsal and implement actions accordingly**

Even though projects of a certain kind have proven to be successful somewhere else (even in Lebanon), the context in Arsal is very specific and, as such, implementing appropriate humanitarian action requires nuanced knowledge and sensitivity to local context.

<u>Coordination mechanisms: Responding to needs with joint efforts</u>

- **Recommendation 9: Evaluation of the whole coordination process**

In order to be able to improve the international health response in Arsal, an evaluation of the coordination process led by the UNHCR should be undertaken. Local, national, and international health actors, as well as beneficiaries need to be engaged in this evaluation in order to gain a

comprehensive overview and to be able to detect what changes need to be made, and what actions need to be taken.

- **Recommendation 10: Transparent work style at all times**

In the course of the various interviews, many times contradictory information was obtained, which shows that the general work style needs to become more transparent and communication between health actors strengthened. Only if a strong network is created and common understanding of the situation in Arsal is prevailing, can impactful actions to improve the health care situation in Arsal be achieved.

- **Recommendation 11: Better coordination of health staff at an operational level**

Outreach volunteers from the various NGOs and local health staff from health centers should be better connected and coordinated, as they have the most nuanced knowledge on the prevailing needs. As frontliners of organizations, their strong network connections are beneficial for the whole health response, and provide important conduits for information sharing.

- **Recommendation 12: Stronger mitigation of language barrier**

Findings from the interviews show that the communication barriers between international and national and local staff is still posing a challenge to coordination and collaboration. In order to include all local actors, it is important to ensure that relevant information is always provided in Arabic and English, while the UNHCR Health WG meetings should always have simultaneously translation.

- **Recommendation 13: Joint advocacy and joint appeals to the GoL and the UN to support the local health infrastructure in Arsal**

Despite the fact that some NGOs already conduct single initiatives to advocate for certain matters to the UNHCR or the GoL, collaborative efforts have a faster, stronger, and more effective impact when addressing the complex situation in Arsal.

Inclusion of Syrian/local Lebanese health actors in the health response

- **Recommendation 14: Active outreach to local Syrian health actors and Lebanese grassroots organizations**

A significant number of local Syrian and Lebanese health actors in Arsal are left out of the general health coordination. It is therefore important to proactively reach out to these actors and to engage them in the international health response and the coordination mechanisms.

- **Recommendation 15: Establishment of a service tracking system**

The establishment of a tracking system would ensure that all health actors are aware of who received what services, in order to ensure equal distribution of heath care.

- **Recommendation 16 : More comprehensive mapping of services**

In order to better understand the distribution of services in Arsal, a mapping of services should be carried out specifically for the health provision in Arsal. This mapping system should focus on the precise listing of provided health services in Arsal (who, when, where), and include an outline of the programing and funding of NGOs. The service mapping is important to understand where the gaps are, and what projects are needed to fill these gaps, and can provide the Municipality of Arsal with important information when advising newly-entering NGOs.

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Annex – List of interviews

Interview code	Date	Place	Type of organisation	Role	Nationality	Gender	Privacy level
NGO_1	4-May-20	Beirut	NGO	Health Coordinatior	Lebanese	M	3
NGO_2	12-May-20	Beirut	NGO	Health Coordinator	Lebanese	F	3
NGO_3	13-May-20	Beirut	NGO	Health Coordinator	Lebanese	F	3
NGO_4	9-Jun-20	Beirut	NGO	Project Coordinator	Swiss	F	3
NGO_5	3-Jul	Beirut	NGO	Executive Manager	Lebanese	F	3
LMC_1	28-May-20	Beirut	PHC	PHC Manager	Lebanese	M	1
MUN_1	28-May-20	Beirut	Municapility of Arsal	Representative	Lebanese	M	1
LMC_2	24-Jul-20	Arsal	Local medical center	Head of Administration	Lebanese	F	3
UN_1	16-Jun-20	Batroun	UN	Health Coordinator	Lebanese	F	3