Saving Lives in the Humanitarian Development Nexus - Bangladesh

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Mission

• Medair is an impartial, independent and neutral humanitarian organization inspired by Christian faith to relieve human suffering in the world's most difficult to reach and devastated places.
What we do...

Focus on **basic life-saving activities and public health emergencies**...

And **resilience-building and disaster-risk management**
Where we work

Afghanistan, Bangladesh,
DR Congo, Iraq, Jordan,
Lebanon, Madagascar,
Myanmar, Nepal, Somalia,
South Sudan, Syria
Refugee Population Figure

Total Refugee Population
- 876,049 individuals
- 201,527 families

Registered Refugees
- 33,788 individuals (4%)
- 6,325 families

Counted Refugees*
- 842,261 individuals (96%)
- 195,202 families

* Some refugees living in host communities and in certain locations beyond the camp boundaries may not have been counted.

Demography

- 55% children
- 42% adult
- 3% elderly

- 48% Male
- 52% Female

Age Distribution:
- 0-4: 9%
- 5-11: 12%
- 12-17: 7%
- 18-59: 18%
- 60+: 2%
Medair’s Response in Bangladesh
Humanitarian – Development Partnership

• It's just not natural....
  – Different mandates – Save lives NOW vs. Save lives who will come in the future
  – Different philosophies – Give a fish vs. teach to fish
  – Different strengths, experiences, and skill sets – uphill sprint vs. a marathon
  – Different standards – core humanitarian standards, Sphere standards
  – Different risk appetites – financial risk, political risk
  – Different coordination systems – cluster system vs. government led coordination
  – Different language – acronym soup
Challenges as Humanitarians in Bangladesh

• Access and Registration were complicated and delayed the ability to rapidly scale up relief interventions

• Technical guidelines and standards were not available several months into the response
  – Essential Package of Primary Health Care Services defined but not adhered to by many organizations (integrated services vs. vertical)
  – IMNCI and Helping Babies Breathe
  – CMAM – adaptations for refugee response not completed – actors all using different admission and discharge criteria
  – Guidelines on salary scales and cadres of health work force not available for new agencies to adhere to local standards

• Historic actors were not forthcoming with lessons learned from past experiences
Way Forward

Humanitarians

• Promote local standards and guidelines – salary scales, packages of health care, country specific guidelines and drug policies

• Adapt our language and style to enable participation of other actors

• Recognize our strengths – don’t stay too long when the heavy work of systems building is not in our tool kits
Way Forward

Development Actors

- Seek to understand the strengths of the humanitarian system to save lives in the short-term and promote their effective use in new onset emergencies

- Communicate—seek to participate in humanitarian coordination mechanisms to share your experience and baseline knowledge, to provide standard country materials

- Prioritize efforts in emergencies – recognize your limitations and provide high quality smaller projects if needed rather than attempting to do too much with less effectiveness – make coverage with the highest quality your goal