31 January 2014

DOCTORS OF THE WORLD (DOTW) submission to the IDC’s inquiry into DFID’s work in the Middle East.

1. Summary

1.1 DOTW (Médecins du Monde) is an international humanitarian health charity that delivers over 300 projects in more than 70 countries through 3,000 volunteers. Last year the organisation received £3.9million from DFID to deliver primary healthcare services to Syrian refugees and vulnerable host communities in Lebanon and Jordan; it is now in receipt of £6.7million over 2-years to deliver primary healthcare and mental health services, with an emphasis on strengthening local and national partners to deliver immediate and longer-term sustainable healthcare, including, for example, through the provision of training on sexual violence.

1.2 UK Aid will enable DOTW to reach 412,891 patients with essential primary healthcare. Over 85,000 women will receive sexual and reproductive health services, and 5,620 patients will receive specialist mental health support, like counselling for survivors of gender based violence.

1.3 DOTW welcomes the Committee’s inquiry and is pleased to submit evidence.

1.4 We commend the UK Government for its leadership in response to the Syria crisis, including through the swift provision of large-scale funding through DFID for the humanitarian response, its flexibility to changing needs, and its emphasis in Lebanon and Jordan on the need to build resilience through sustainable interventions in what is a complex humanitarian emergency in these countries. We urge DFID to include aid agencies in the preparation of plans to meet undoubted, significant humanitarian needs inside Syria as access to those in need improves, and in the rehabilitation and recovery of the country’s health system.

2. The UK’s humanitarian response to the Syrian civil war

2.1 Right and effective partners?

2.1.1 In Lebanon and Jordan DFID is right to emphasise the need for interventions which help build sustainable, resilient health systems which are accessible to all and not substitutes for mainstream provision. DFID’s support to DOTW enables us to work closely with the Ministries of Health and national civil society partners to work towards building the capacity of service providers. This work offers long-term, cost-effective benefits but takes time and is complex, e.g. private providers are often out of reach for the poorest; and the volume of refugee patients in some areas has pushed local public services to the limit.

2.1.2 The high volume of refugee flows into Lebanon and Jordan, coupled with the complexity of the contexts into which they arrive, has proved challenging for UNHCR as it seeks to both provide services and co-ordinate humanitarian actors. DOTW welcomes UNHCR’s efforts to improve co-ordination and supports strongly the appointment of a UN OCHA Resident Co-ordinator in Lebanon to lead co-ordination efforts, whose work we will assist.

2.1.3 In Jordan, UN humanitarian co-ordination mechanisms, like cluster groups and task forces, function poorly and need to be improved. We urge DFID to seek OCHA’s agreement that its existing Jordan team extend their remit to co-ordination efforts in Jordan (as well as working on region-wide matters).

2.1.4 In Jordan, UNHCR must take steps to assure greater protection for vulnerable refugee women and girls, e.g. through awareness-raising with partners and in the better management of referral pathways for women and girls who have been raped - UNHCR’s response to referrals from DOTW has been limited and frustrating at times.
2.2 Gaining access to all affected

2.2.1 DOTW supports 7 networks of Syrian medical professionals to deliver health services inside Syria. Through this, we know the needs on the ground and the constraints to humanitarian action.

2.2.2 The conflict in Syria is highly fragmented, kidnapping and criminality are endemic, health facilities and workers have been deliberately targeted, damaged or destroyed, and bureaucratic impediments (like the refusal to issue visas for humanitarian workers, and multiple roadside checkpoints), conspire to make access to all those affected woefully patchy.

2.2.3 In our experience, co-ordination of relief efforts for Syria is weak and ineffective, and lacks transparency; and Syrian INGOs/partners are not regarded as legitimate interlocutors. Given the reality of the crisis, our work would be facilitated better if the legitimacy of cross-border activities is acknowledged as a necessary, life-saving way of working and securing access to patients in need. We continue to urge all parties to uphold their obligations under International Humanitarian Law, including to facilitate access to the wounded and to respect medical personnel and facilities.

2.2.4 Lebanon’s Bekaa Valley is mired in the conflict - daily aerial bombardments and fighting make aid access precarious. Pre-positioned supplies enable our partners to continue their work in these hazardous conditions. Notwithstanding these challenges we maintain access to areas in need, and are known and respected as a neutral intermediary. DFID’s pragmatic approach to our use of the ‘UK Aid’ logo is helpful in this regard.

2.3 Indefinite support?

2.3.1 A complex humanitarian crisis has unfolded in Lebanon and Jordan. Refugees face uncertainty, frustration and fear for the future; and are likely to remain homeless for some years to come. Efforts should be made to increase their participation in livelihoods projects and/or community participation schemes that equip them for their hoped-for return to Syria.

2.3.2 We believe strongly that DFID should continue to emphasise the need for sustainable, cost-effective interventions in Lebanon and Jordan, whilst anticipating humanitarian needs and response plans inside Syria.

2.3.3 The needs of disabled refugees, and of survivors of sexual violence, are largely ignored and would benefit hugely from the provision of dedicated services. More broadly, national, harmonised health systems in Lebanon and Jordan that are accessible to all are needed, with an immediate emphasis in refugee communities on managing disease outbreaks (like polio) and chronic conditions, like cancer.

2.4 Other donors

2.4.1 DOTW welcomes the swift provision of large-scale funding through DFID for the humanitarian response and its flexibility to changing needs.

2.4.2 DOTW supports the UK Government is pressing other donors to follow its lead in turning financial pledges into action including making bilateral funding available to NGOs and local authorities, whilst recognising resources are finite. We are gravely concerned at the humanitarian situation inside Syria and that these needs are understood and anticipated through the preparation and resourcing of robust plans.

3. Contact

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