



DAHW strategy for inclusive humanitarian aid

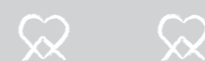


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1. Foreword and background on DAHW's inclusive humanitarian aid strategy

1.1. Basics principles

Humanitarian aid aims to save lives, alleviate suffering and preserve human dignity following the four humanitarian principles: humanity, impartiality, independence, and neutrality. DAHW has committed itself to these pillars by signing the “Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief”, which sets ethical standards and therefore facilitates acceptance by all relevant actors. Humanitarian aid differentiates itself from transitional aid and development aid. Transitional aid aims at restoring the situation as it existed before an emergency occurred. Development cooperation aims at achieving a sustainable improvement of the ecological, social, economic and political situation.

DAHW pursues the goal of combining humanitarian and development policy objectives by **linking relief, rehabilitation and development (LRRD)** and thus improving resilience to future crises. While implementing measures, humanitarian risks and immediate emergency needs are taken into account. As with all other projects DAHW always pursues the “**Do No Harm**” approach while providing emergency aid.

DAHW's humanitarian aid is based on the **principle of inclusion**. People with disabilities and other specific groups of people, such as people with stigmatising diseases, are exposed to higher risks in crisis situations than the general population. Research shows that the mortality rate of people with disabilities is two to four times higher than that of the population at large, as was the case for example with Hurricane Katrina in the USA in 2005 and the earthquake and tsunami in Japan in 2011. In addition, it is estimated that for every person who dies during a disaster, three people will suffer from an injury, often leading to long-term disability.

The direct physical impact is aggravated by the fact that the specific needs of **vulnerable groups**, such as people with disabilities, children, women or older people, are often not sufficiently taken into account in emergency measures and that access to humanitarian services is often restricted due to diverse barriers (e.g. physical and social). In crisis situations, these groups of people often don't have sufficient access to vital resources such as water, food, shelter, health care or needs specific services including assistive devices and rehabilitation measures. They are also at particular risk of becoming victims of violence, exclusion, and abuse.

Affected people possess knowledge and experience, which is often not utilized when developing suitable approaches and demand-oriented interventions. This can be due to **stigmatisation** based on social and cultural beliefs, among other things, which prevent that the needs, for instance of people with disabilities, are considered adequately. DAHW therefore involves the affected persons in all phases of disaster prevention and management, in the implementation of project measures, in ensuring accessibility in the physical and social environment, as well as in the field of information and communication.

¹ Disability-inclusive Humanitarian Action | United Nations Enable. (2019).
Link: <https://www.un.org/development/desa/disabilities/issues/whs.html>

1.2. Humanitarian Aid today: Climate change, migration, and increasing complexity of the international order

The number of people in need of humanitarian aid worldwide has steadily increased in recent years. The types of events and situations that lead to humanitarian needs are numerous and diverse: Natural disasters such as earthquakes and landslides, volcanic eruptions, floods, storms, droughts and periods of extreme temperatures, as well as epidemics, and man-made crises, for instance political disputes, (armed) conflicts and civil wars, as well as so-called continuous crises and fragile states, where the government doesn't exercise basic welfare functions. The severity of past or ongoing disasters, the resilience and extent of disaster preparedness, as well as the existing structures and capacities determine the ability of individuals, communities and authorities to help themselves and others, and the dependence on external assistance. This determines the extent of suffering for the local population.

Based recent evidence, it is assumed that the number and severity of extreme weather events with catastrophic effects due to **climate change** will tremendously increase. Over the past 20 years, observatory institutions have registered a rise from 200 to 400 annual natural disasters. These events affect particularly the poorest countries, where 70% of the population live from agriculture. In such settings, natural disasters can have dramatic consequences for the households, for instance, climate-induced crop failure leading to inadequate yields, which do not guarantee adequate nutrition. Climate change can adversely affect livelihoods in many ways.

Moreover, the large scale and complexity of **migration** issues give rise to great humanitarian needs - especially for refugees and internally displaced populations. The world currently experiences the largest waves of displacement in more than 50 years. In 2017, 68.5 million people worldwide were forcibly displaced from their homes from which 40 million people are internally displaced persons fleeing within their own country. 85% of affected people live in developing countries whose capacities to provide aid often cannot meet the enormous needs (see refugee projects in Uganda and Ethiopia). The resources of the global humanitarian system have already been exhausted and the United Nations regularly call on the international community to fill the existing financial and implementation gaps.

2. Goal and Role of DAHW's humanitarian aid

DAHW implements and supports solutions for humanitarian challenges that are tailored to the needs of the most affected during crises. Its **core competencies** are concentrated on socio-medical interventions based on community involvement and expand in the areas of WASH and food security as relevant cross-sectional areas to support vulnerable population groups and build-up long-term crisis resilience.

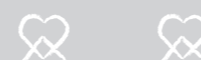
For this it is necessary to implement **disaster prevention measures** that can mitigate the consequences of future crises and reduce human suffering as well as material damage. The so-called „building back better” approach is applied, in addition to analyses, assessment and management of potential risks, early warning systems and rapid reaction through preparation.

² Number of recorded natural disaster events. (2019).

Link: <https://ourworldindata.org/grapher/number-of-natural-disaster-events>

³ United Nations High Commissioner for Refugees. (2018). UNHCR Global Trends 2017.

Link: <https://www.unhcr.org/statistics/unhcrstats/5b27be547/unhcr-global-trends-2017.html>



DAHW's primary objective in humanitarian aid is to alleviate the suffering of affected people and to ensure that all activities from planning to evaluation are inclusive.

As a result of the above mentioned and additional causes, the working environment of DAHW and the living situation of especially those individuals, living on the margins of society due to stigmatisation and discrimination, mental and physical disability, socio-economic status and/or educational background, are changed. In such a changing environment, vulnerable groups are often particularly affected by humanitarian emergencies. In regard to the growing challenges that must be faced, DAHW always puts them at the heart of its concerns by providing assistance based on the needs of the target population and following its mandate.

Through its diverse and long-standing activities in medical and social development cooperation, DAHW has built up structures, networks and competencies worldwide which serve as a valuable basis for the expansion of its humanitarian aid portfolio.

Oftentimes gaps between the available services and demands of marginalised groups exist. Maybe they don't have access to help at all. In order to prevent such gaps, DAHW strives to actively involve its beneficiaries in all steps of a project, from project planning to implementation over evaluation. This principle equally applies at the level of individuals as well as communities. The goal is to always match the content and activities of projects with the potentials, needs and priorities of the target group and communities, in order to achieve mainstreaming of the inclusive approach amongst the humanitarian community.

In addition to its field activities, DAHW will also conduct **research** on humanitarian aid in order to answer questions regarding adequate patient care and appropriate control and prevention approaches. This area of work aims to fill the gaps regarding the availability of valid data on disease prevalence and evidence-based approaches in order to fight neglected tropical diseases (NTDs) and tuberculosis. DAHW addresses application-oriented socio-medical research questions that are relevant for comprehensive health care and improve acceptance of target groups in the field of NTDs and tuberculosis.

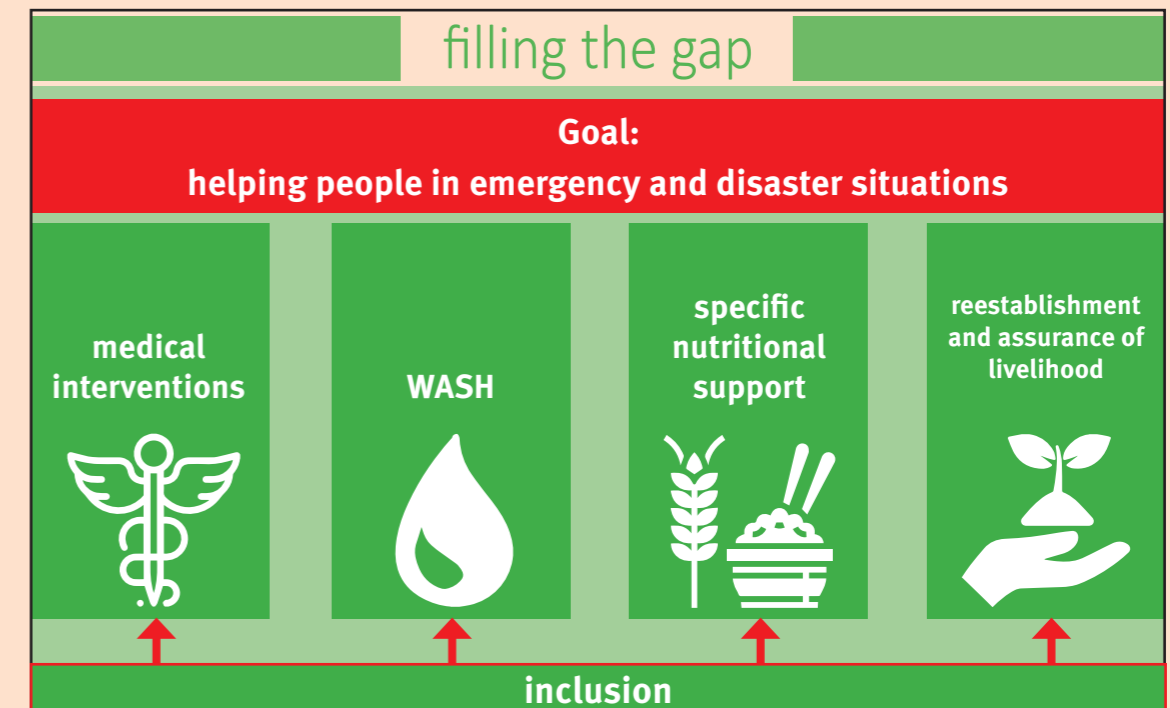


Food distribution to internally displaced persons in Afghanistan

The project offices of DAHW that exist in numerous countries represent an asset for the organisation by making it possible to optimally adapt the aid and development effort to the local context. Thus, the identification of needs and the development of the projects' contents can be carried out using **local knowledge**, taking into account the existing socio-cultural, infrastructural and political conditions. This regionalisation and the adaptive capacities of the staff allow an easy adaptation of already running projects according to needs, by supplementing additional emergency measures or by developing longer-term projects from the emer-

gency relief projects. This flexibility increases the efficiency and impact of the work. The connections to government structures and partners that have been established in many places over the years make it possible to coordinate activities with governmental and other non-state actors in order to avoid duplication of the relief effort and to fill the motto **"filling the gap"** with life.

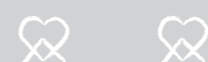
3. Operational Areas



3.1. Medical Interventions

Humanitarian crises can lead to the destruction of medical infrastructure, a lack of medical personnel and disruption of the medical supply chain. In addition to the inability to meet the medical needs that existed before the emergency, new challenges, such as outbreak of epidemics, may emerge from the unstable situation, increasing the pressure on an already fragile health care system.

As a relief organisation, DAHW identifies gaps in medical care during humanitarian crises and concentrates its activities particularly on the needs of people that are not covered by the larger effort of the humanitarian community. The focus lies on maintaining and strengthening **comprehensive health care** (preventive, curative, rehabilitative, etc.) during crises, in order to effectively tackle any obstacles that may interfere with the pursuit of "care for all" and to contain newly emerging disease risks (e.g. cholera, MDR-TB, etc.) as early as possible.





Health care for refugees in Afghanistan

For example, the work of DAHW may consist of maintaining and/or rebuilding health care facilities that have been damaged, providing medical supplies for the diagnosis of NTDs and tuberculosis and, providing appropriate training to medical staff. These actions are accomplished with the aim to strengthen the local health care system.

Such actions are of particular importance when dealing with certain diseases, such as tuberculosis, for which an interruption of the multi-drug combination therapy (e.g. if medication is not available) may lead to the development of drug resistance. DAHW is committed to ensuring uninterrupted drug treatment for all.

In the event of a disaster or emergency, people may lose their homes and for example, live in refugee camps in cramped housing conditions. This increases the risk of spreading infectious diseases. Inadequate hygiene conditions also favour the development and spread of infectious diseases.

People affected by humanitarian emergencies can suffer mental health impairments as a result of violence, death of loved ones, destruction of livelihoods and many other factors. Possible consequences include post-traumatic stress disorder, depression and anxiety. Vulnerable groups (e.g. people with disabilities, people affected by stigmatised diseases, as well as women and children) are at particular risk of developing such conditions in regard to the additional burden they often experience. In accordance with the comprehensive approach, DAHW offers psychological support to the affected population through trained professionals familiar with the socio-cultural context of the area of operation. The employed method is based on the development of their own coping mecha-

nisms. Here, too, it is important to help people out of a passive victim role and to strengthen their self-empowerment. The organisation draws on its decades of experience in working with people who experience stigmatisation and discrimination due to leprosy and other poverty-related illnesses and their associated psycho-social burdens.

Our goal is to ensure **primary health care**, which is critical to the prevention, detection and treatment of tuberculosis and NTDs.

3.2. WASH

The acronym WASH refers to **Water, Sanitation and Hygiene**. These three closely linked areas are essential prerequisites for a good state of health. Every year, 361,000 children worldwide die of diarrhoea due to inadequate WASH conditions⁴. The provision of clean water in sufficient quantities is a basic requirement for health in humanitarian emergencies, especially in the initial phase. This also includes basic sanitation and adequate hygiene behaviour promotion and management.

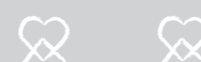
In conflict-related crises, WASH requirements may arise in situations of displacement or when water supply systems or sanitary facilities are damaged. In humanitarian emergencies, the adaptation of these existing systems or the creation of new facilities is often a crucial step to cope with the situation and prepare the population for future events. Because of the increasing population growth, urbanisation and number of climate change events, the needs in the field of the WASH programs are exponential. WASH approaches also have an impact on not disease-related aspects of life, which are essential for the development of individuals, communities and entire regions.

WASH is also a critical factor in the prevention and treatment of diseases. In particular as one of the five main interventions of the Global NTD Roadmap, the WHO's Action Plan to combat NTDs. WASH aspects are of importance regarding transmission and/or treatment of parasitic helminths, schistosomiasis, trachoma and lymphatic filariasis. The role of **WASH (measures) in combating NTDs** can be divided into the overarching areas of infection prevention, care and prevention of permanent damage and disability. Depending on the type of emergency, the epidemiological situation and the focus of its partners, DAHW will cover the most urgent needs in its humanitarian aid projects.



Access to clean drinking water after floods in India

⁴ World Health Organization (12.7.2017), 2.1 billion people lack safe drinking water at home, more than twice as many lack safe sanitation, Link: <https://www.who.int/news-room/detail/12-07-2017-2-1-billion-people-lack-safe-drinking-water-at-home-more-than-twice-as-many-lack-safe-sanitation>



3.3. Specific Nutritional Support

People suffering from TB or NTDs and other vulnerable groups often have difficult access to food and particularly suffer from the consequences of inadequate food supply, since their nutritional requirements are higher than the general population in order to strengthen their immune system. An adequate nutritional intake allows drug therapy to work more efficiently and can partially alleviate the sometimes-pronounced side effects. Especially for tuberculosis, an appropriate diet is an essential factor to increase chances for recovery.

Particularly infants, children, adolescents, women (especially pregnant and breastfeeding) and elderly people are sensitive to the consequences of inadequate food supplies due to their particular nutritional requirements. In addition, people who are weakened due to illness or persons with disabilities often have difficulty accessing food due to several barriers, such as physical inaccessibility of a distribution point. The nutritional situation has a major impact on the state of health and, if there is a deficit, it can lead to increased susceptibility to infectious diseases.

The aim of DAHW is to **identify** existing **food insecurities** and impending food shortages at an early stage as well as to **ensure** that the affected population has **access to food** that meets their specific needs. Access barriers for vulnerable population groups should also be identified and dismantled (e.g. short transport routes, no need to carry heavy bags, easy access to distribution points, etc.). This should lead to increased resistance to infectious diseases.

3.4. Re-establishment and assurance of livelihoods and provision of necessary relief supplies

Vulnerable groups of people are at greater risk of losing their livelihoods as a result of disasters. DAHW supports affected people in humanitarian crises to re-establish their **socio-economic situation** and, if necessary, to rebuild it sustainably. In addition to income and employment, this includes all means by which people are accessing food, shelter, health care, education, water and sanitation, security and protection.

The re-establishment of sustainable livelihoods is essential for crisis management and risk reduction in terms of resilience to subsequent conflicts and disasters. DAHW's approach comprises various interventions that react and respond to the different conditions and needs of those affected.



Additional food distribution to MDRTB patients for better drug response in Uganda

As part of its humanitarian activities, DAHW also provides **relief supplies** and distributes them according to needs. Due to conflicts or environmental events, items of daily use (so-called non-food items) may have been destroyed or lost and must be replaced.

4. Quality Assurance

In order to implement our help worldwide in the best possible and transparent way and to always adapt it to the latest challenges and surrounding conditions, we use recognized **tools and standards** to ensure comprehensive **quality management**.

The implementation of projects is continuously monitored based on pre-defined targets. For this purpose, on-site visits are carried out and reports are produced in order to monitor the progress as well as the administrative and financial procedures. Context-specific feedback mechanisms create communication channels to the target groups, enabling them to play an active role in quality assurance. Based on the feedback received, the project activities can be adapted when necessary.

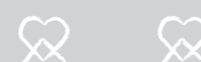
DAHW complies with and implements **international standards**. These include the practical recommendations of the Sphere Handbook and the integrated Core Humanitarian Standards (CHS) as internationally recognised references for the provision of high-quality humanitarian aid. The CHS places communities and people affected by the crisis at the centre of humanitarian action. They embody the principles of responsibility and high-quality humanitarian aid by setting minimum qualitative and quantitative standards for the four core areas of emergency humanitarian assistance (water, sanitation and hygiene standards, food security, shelter and livelihoods, and health care).

The **ADCAP** (Age and Disability Capacity Programme) standards are applied and implemented to ensure the inclusion of older people and people with disabilities.

Additionally, the development of **safeguarding documents** (e.g. the code of conduct, child protection policy and anti-



Distribution of livestock that have died as a result of a natural disaster in Ethiopia



corruption guidelines), which have primarily been written to protect vulnerable groups of people as well as to provide complaints mechanisms, also serve tools for quality assurance.

The strategy is based on the „Strategic Planning of DAHW 2015-2025“ and the „GLRA Medical and Social Operational Strategy“, including the vision of DAHW as well as its statutes.

5. Strategy implementation

The staff will receive regular **training and education** on humanitarian aid in order to develop and expand their expertise in areas such as WASH, food security and other health-related issues. These training measures serve to ensure that employees remain up-to-date and can meet the requirements of their demanding work environment. Experts and consultants can be called in to obtain **specialised expertise**. Through its active participation in networks and groups, DAHW can contribute with its institutional knowledge and experience to the international discussion and actively participate in the latest developments.

In order to implement the strategy, it must be ensured that both, the HQ, the responsible regional offices and the programme/project offices in the countries are equipped with the **necessary resources**.

Networking and lobby work shall be further promoted to raise public awareness of DAHW humanitarian aid. In Germany, for example, networking takes place via VENRO, the Federal Association of Development and Humanitarian Non-Governmental Organisations, and target-oriented with institutional donors such as the Federal Foreign Office and the institutions of the European Union. In addition, cooperations with other NGOs, e.g. from the „Bündnis Entwicklung Hilft“, should be advanced. The aim is, on

one hand, to treat resources sparingly by avoiding duplication and, on the other hand, to cover demand with a multidisciplinary approach.

A close **exchange** takes place abroad with UN sub-organisations, EU delegations, embassies and ministries. Direct local contact is for this purpose of particular importance. The establishment of close relationships with UN organisations and health ministries is a prerequisite for providing rapid and coordinated assistance in the event of a disaster. Especially the **cooperation**



Identification through finger prints and signatories during food distribution in Yemen

⁵ Sphere Standards | Humanitarian Charter and Minimum standards. (2019). Link: <https://www.spherestandards.org/>

with reliable local implementation partners is an essential requirement for implementing humanitarian aid that takes local conditions and needs into account. For this purpose, it is necessary for DAHW to maintain an up-to-date overview of the partner landscape.

Third-party funds (co-financing) are to be further increased in the area of humanitarian aid. In the long term, DAHW strives to receive funding for this purpose from the Federal Foreign Office in Germany and the EU. In addition, cooperation between the private sector and other organisations that share DAHW's values will be further expanded in the area of humanitarian aid. The aim is for DAHW to be able to carry out its humanitarian aid projects through third-party funds.

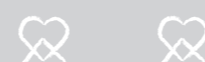
With the combination of all financial resources, DAHW has set up an emergency relief fund in order to react quickly to acute events.

To ensure **inclusion in humanitarian aid**, we reserve a lump sum (overhead) of 5-7% for all projects so that activities can be inclusive. It includes activities to facilitate access to measures (3-5%) and the provision of aid materials (2%).

6. Timeframe for DAHW's strategy implementation

Timeframe 04/2019 – 06/2020:

Aspect	Responsibility	
	HQ	Region
New cooperation partners for the implementation of projects in the subject areas will be identified and contacted through stakeholder mapping, and possible cooperation will be identified.		x
Networks will be extended and actively used	x	x
Capacity expansion requirements will be determined		x
Identified capacity expansion requirements will be covered during training courses	x	x
The emergency relief funds of DAHW is earmarked	x	
Third-party revenues (co-financing) will be increased	x	x
Curriculum for Sphere and CHS Training will be developed	x	
All teams will receive Sphere Trainings	x	x
Relevant authorities in the countries will be contacted to increase awareness (ministries such as Ministry of Health, UNHCR, embassies, Office of the Prime Minister, EU, OCHA)		x
Participation in training courses in the relevant subject areas	x	x
Examination (own organisation and possible partners) of the necessary permits to work in humanitarian aid and, if necessary, the pursuit of appropriate registrations.		x



Timeframe up to 2022

- DAHW is better known among relevant stakeholders and the general public.
- The awareness in the organisation for humanitarian aid has been sharpened.
- In all DAHW regions, the capacities and infrastructure of humanitarian aid has been expanded and can be deployed.
- Networks and lobbying will be expanded constantly (Federal Foreign Office, ECHO, VENRO, relevant clusters, etc.).
- Ensure enough resources to implement high quality humanitarian assistance.
- First steps towards linking emergency aid and development cooperation according to the LRRD approach (see above) have been taken.
- More specialisation of DAHW's expertise in humanitarian aid is taking place.
- DAHW has been actively requested as a cooperation partner.

Timeframe up to 2025

- Stable Networks exist.
- Active participation in working groups (Coordination Committee Humanitarian Aid of the Federal Foreign Office, Bündnis Entwicklung Hilft, VENRO, International Networks).
- The LRRD approach is successfully implemented in all humanitarian projects.
- Quality certifications are sought (e.g. CHS Alliance).
- Best practice and lessons learned in the field of humanitarian activities are essential components of the DAHW strategy.
- Humanitarian aid is an integral part of DAHW's activities.
- DAHW will be perceived as a competent partner for cooperation and networking in the humanitarian field in Germany, Europe and the regions.



Humanitarian aid in Yemen



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