HOW TO AVOID LOST GENERATIONS?

LRRD & RESILIENCE, A STUDY TO IMPROVE THE ADAPTIVE CAPACITY OF AFFECTED POPULATIONS

HealthNet TPO   Save the Children   WAR child

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EXECUTIVE SUMMARY

Looking ahead to the World Humanitarian Summit taking place in Istanbul next year, it is imperative that Dutch organisations respond to the questions that are being asked of emergency relief operations and endeavour to improve the capacity of the humanitarian system to help people affected by crises and avoid creating 'Lost Generations'. One framework traditionally employed in crisis response is 'Linking Relief, Rehabilitation and Development' (LRRD), but this has received widespread criticism, with stakeholders, who perceive it to be too linear in its approach. Emerging from these critiques is the more nuanced 'two-way LRRD', which advocates a more reciprocal, multidirectional relationship between relief and development. However, this too has its imperfections.

This paper focusses on the challenge of children and will discuss how strengthening local 'Resilience' has been proposed as an improved way of working that could strengthen the two-way LRRD approach. We argue that the effective engagement of Resilience involves initiating long-term activities as soon as possible during the emergency phase, in order to facilitate local ownership of the situation and avoid creating Lost Generations. Moreover, we believe the Resilience concept entails improving the socioeconomic situation of populations affected by humanitarian crises before (pre-emptively), during and after they occur. We also call for a stronger focus on education, psychosocial support and livelihoods, along with the incorporation of child protection indicators into Resilience markers. Below are the joint recommendations and declarations of War Child, Save the Children and HealthNet TPO for the World Humanitarian Summit:

Recommendations

1. Long-term interventions and flexibility should be planned and included from the start of a humanitarian intervention in order to make a sustainable and effective impact. Conversely, relief should be planned during development to strengthen the Resilience and adaptive capacity of affected populations.
2. A greater emphasis on initiating Resilience, child protection, psychosocial support, educational and livelihoods support during the relief phase.
3. A greater emphasis on meaningful local population participation during the relief phase that holistically considers power relations and inequities in line with humanitarian principles.
4. To broaden current Resilience markers to include child protection indicators.
5. Humanitarian & development actors should work together on a joint prioritisation of livelihood, food security, education and psychosocial support by humanitarian and development.
6. The Netherlands and the European Union (EU) need to take a leading role in adopting the concept of Resilience, including education and psychosocial support when providing humanitarian aid.

Declarations

• Dutch humanitarian organisations are committed to facilitating meaningful local population participation and utilising local resources in humanitarian aid programmes.
• Dutch humanitarian organisations are committed to initiating development activities as soon as possible during the relief phase.
• Dutch humanitarian organisations are committed to including the concepts of Resilience, child protection, psychosocial support, educational and livelihoods support as soon as possible during the relief phase.

CHAPTER 1 -
INTRODUCTION

'All around them, their dreams and opportunities for the future are being lost. And as they lose their childhoods...as their right to be children is denied...their views of their neighbours are coloured in ways that can create future generations of self-perpetuating violence.''
– Anthony Lake (Director of UNICEF)

DISCUSSION QUESTION: **What aspects of both LRRD and Resilience can be optimised to formulate an improved approach for delivering humanitarian aid?**

The 'Lost Generation' refers to the children and youth who have been impacted by crises and are at risk of its implications affecting both themselves and the future stability of the entire region. Due to the protracted and unrelenting emergency in Syria and the wider region, the systematic destruction of infrastructure and the trauma and human rights violations that many children there endure, we are approaching or may have even have surpassed the point of no return. Indeed, following a natural disaster, conflict or humanitarian emergency, children are disproportionately affected and tend to suffer most severely (War Child Holland 2012). For example, of the 4 million people whom the crisis in Syria has affected, almost half are children. Moreover, more than 50% of Syrian refugees in the region are under the age of 18. The consequence of this is that alongside the immediate dangers facing children, such as the myriad child protection risks (abuse, neglect, violence and exploitation), disease and lack of access to clean drinking water, there are also a number of 'hidden threats', such as threats to education and child psychosocial wellbeing. These hidden threats can trigger more severe consequences in the longer-term, both in Syria and in the surrounding countries.

This example demonstrates how a whole generation of children are in danger of becoming disenfranchised, delinked and marginalised in the long-term, which could theoretically provoke future crises (McEvoy-Levy 2006). However, the effectiveness of organisations like HealthNet TPO, Save the Children and War Child in this area is challenged by financial, structural, cultural and organisational processes. In many crisis contexts, education and psychosocial support ought to be considered fundamental aspects of Resilience-strengthening and for avoiding the creation of Lost Generations, and therefore they should be planned as part of a long-term strategy that is included from the very start of a humanitarian intervention in order to make an effective impact. It is worth noting that this paper is not an in-depth analysis of LRRD or Resilience. Instead, it aims to provoke discussion and to set the agenda regarding how Resilience and LRRD can be optimized for use in humanitarian and development policy.

Case Study – Liberia: Save the Children's experience with Ebola

The Ebola outbreak has proved to be a challenging crisis for the humanitarian community. When Ebola was first identified in West Africa in March 2014, it was perceived as a medical emergency, which is one of the reasons why the WHO had a prominent role in shaping the UN Ebola response. In April, Save the Children began their Ebola response, contributing to the medical response of the governments of Liberia, Sierra Leone and Guinea, and assisting in community awareness of Ebola. In August, a state of emergency was declared in Liberia and Sierra Leone, travel restrictions were imposed, schools closed, food prices increased and basic medical facilities had to shut down.

The far reaching consequences of the 'medical' Ebola crisis can be exemplified by Nina, a 9-year old Liberian girl, who had to stay at home when her school closed due to the crisis. As a teacher, Nina's father also lost his job due to the closures. The loss of income for the family, however, made it impossible for the family to pay upcoming school fees when the schools did reopen, making it unlikely that Nina could go back to school. Looking back, the scope of the Ebola outbreak quickly became clear in the field. Many funding mechanisms however, were still based on the initial assumption that the Ebola crisis was a medical crisis. For NGOs such as Save the Children, this meant that funding the health programme appeal for the Ebola region posed no problem, whereas it proved more difficult to find funding for longer term programmes such as education. The importance of Nina going to school, and not becoming part of a lost generation, is evident. However, the question is how can we create a system that supports such a response? Or in other words, how can we effectively employ LRRD in practice?

The following chapter will revisit LRRD, charting its initial advent onto the agenda and the subsequent critiques that stakeholders have raised regarding its potential to be operationalised, mainly in relation to its perceived 'linearity'. It has however, been remodelled and has sought to answer some of these critiques through the initiation of 'two-way LRRD', which aims to bridge the divergence between humanitarian and development aid objectives. Similarly, 'Resilience' will be outlined in chapter three, where we begin by defining the concept, before discussing why it has emerged onto the agenda, and how it can optimized with LRRD to improve the emergency response processes. Finally, in chapter four we will outline the joint policy recommendations and declarations of War Child, Save the Children and HealthNet/TPO for the World Humanitarian Summit and for various stakeholders.

CHAPTER 2 -
LINKING RELIEF, REHABILITATION AND DEVELOPMENT (LRRD)

Initial conceptualisations of LRRD can be traced back to the recurrent food security crises witnessed in many parts of Africa in the 1980s. Early debates incorporated elements of Disaster Risk Reduction (DRR) and were centred on how to effectively respond to natural disasters, and reduce the risks for those who were most vulnerable to their effects (Christoplos 2006). Acting as the foundation for these debates was the assumption that responses to humanitarian emergencies - whether they were protracted or intermittent crises - should be linear (or continuum) in process, in which aid organisations strategized how to fluidly make the transition from immediate life-saving humanitarian interventions to longer-term development strategies. The rationale behind these initial notions was that humanitarian crises were expensive, interrupted economic development, and required a lengthy response in order to recover from and restore the situation back to normality (Buchanan-Smith and Maxwell 1994).

Therefore, policymakers put forward the idea that improving the coordination between the stages of 'relief' and 'development', or 'linking' the two, would better respond to these issues. Furthermore, 'rehabilitation' was regarded as the 'bridge', facilitating the transitional stage between the two (EC 1996). The years following 9/11 witnessed a 'second generation' of LRRD policy approaches (Harmer and Macrae 2004). This period saw a closer relationship between humanitarian responses and political and security agendas, particularly in states that were deemed 'fragile' by donors. As the rhetoric behind interventions became more related to security, the discourse surrounding humanitarian interventions became more politicised, thus radically shifting the fundamental principles of how and why governments, NGOs and donors responded to emergencies.

The Fall and Rise of LRRD on the Agenda

There has been a multitude of critiques of the concept of LRRD, particularly since the late 1990s, causing LRRD to fall off the development agenda. As noted above, the predominant critiques concerned the linearity of thinking regarding the humanitarian response process, in which the concept was tacitly related to the movement from one stage to the other – 'relief' to 'development' (Longhurst 1994; Duffield 1994). Whilst there has been a proposed ideological shift from the 'continuum' discourse to 'contiguum', critics argue that the thought-process, and indeed the implementation of LRRD, remain rigidly unidirectional in practice (Buchanan-Smith and Fabbri 2005).

A second critique is related to the politicisation of humanitarian assistance. As alluded to above, the relationship between how, why and to what extent policymakers and governments respond to crises is in part informed by global security issues. The blurring of the distinction between security issues and humanitarian responses represents an almost militarisation of foreign aid (Novelli 2010), and has turned the focus towards the political motivations underlying international aid, thus adding an extra dimension of complexity to an already problematic approach.

Finally, another critique points to the difficulties in attempting to marry two approaches that are institutionally, culturally and structurally as divergent as 'humanitarian' and 'development' programmes (Macrae 2012). This division is especially evident when it comes to deciding how to work with governments following a crisis. Humanitarian institutions usually opt to work around uncooperative national governments, whereas development organisations commonly intend to work in collaboration with them (ibid.). In response to this, calls have been made to ensure that interventions are more context-specific, more practical and working in the genuine interests of those most affected by crises.

Recently however, LRRD has returned to the development agenda and there appears to be two reasons for this. The first is the arrival of the concept of Resilience, which will be discussed in greater detail in the following chapter. The second is the emergence of the concept of 'two-way LRRD' (Mosel and Levine 2014). The objective of 'two-way LRRD' is to find a resolution to the enduring challenge: 'how do we programme development assistance in contexts of recurrent or protracted crises in fragile and often also conflict-affected states, where needs are extreme and constantly shifting in a nonlinear way?' (ibid. page 6). 'Two-way LRRD' advocates a holistic approach where rather than focusing on exit strategies and the changeover between 'relief' and 'development', it instead acknowledges that there are myriad overlaps between humanitarianism and development and that transitions occur most effectively when they are in a reciprocal and mutually beneficial manner.

Case Study – Syria: Psychosocial Support in Emergencies: Critical for Syrian Children (War Child 2013)

The protracted conflict in Syria and subsequent lack of humanitarian assistance have disproportionately affected children. In addition, despite a growing body of evidence, the provision of support for both the psychological and social well-being and recovery of children – 'psychosocial support' – remains overlooked.

During the Child Rights Situational Analysis led by War Child in late-2013, the children surveyed frequently spoke about the risks and the lack of protection from conflict violence, their lack of access to education and recreation and also the changes in their parent's behaviour and support. The breakdown of stability can trigger emotional distress in children and young people, resulting in feelings of profound fear, panic attacks and other forms of anxiety, disobedience and nightmares. Further, if such distress is not addressed it can also have serious long-term effects on their mental health. Support is needed to prevent significant damage to these children's futures, resulting in a 'Lost Generation'.

Providing opportunities for children to interact socially with their peers and adults, building and developing their life-skills, and accessing education are critical aspects of ensuring and promoting children's psychosocial well-being. Psychosocial support activities provided in a safe environment re- install a sense of normalcy in the chaotic lives of children and young people affected by conflict, enhancing their ability to cope with their situations and fostering their long-term emotional and social well-being, which can mitigate long lasting psychological damage. Furthermore, boosting a child's self-esteem and psychosocial resilience is an effective way to link relief with development and visa-versa because children are better able to participate in wider society.

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War Child supports Syrian children, their families and the communities hosting them across Lebanon, filling a critical service gap in strengthening the psychosocial well-being of refugees and other vulnerable children. We work with parents, teachers and communities to ensure a safe and supportive environment for children. Together with local partners we provide structured catch-up education, psychosocial and recreational activities, delivered in Safe Spaces.

CHAPTER 3 –
RESILIENCE

Why resilience? Why now?

Element	Definition
Exposure	The severity of the problems that people face, and the likelihood that they will be hit by them.
Vulnerability	How badly they will suffer if they are affected by the problem.
Coping and Adapting	The different things that people do when hit by problems to mitigate difficulty or suffering – their ability to maintain an acceptable level of well-being in the face of problems.
Recovery	People's ability, over time, to return to their previous level of welfare, following a problem.

Table 1: Elements of Resilience (Definitions taken from Levine and Mosel 2014 – emphasis added)

Resilience frameworks have had a number of positive impacts, one of which has been their effect on the international aid bureaucracy (Levine and Mosel 2014). For example, the Humanitarian Emergency Response Review (Ashdown 2011) has synthesised policies aimed at understanding the factors which trigger a descent into crisis initially, and how people react when they do. Consequently, efforts have been made to identify who is at risk, in which regions at what time and significantly, why. To achieve this, there is a growing consensus that multi-sector cooperation is a fundamental requirement and that it is essential to target Resilience efforts towards those most in need of humanitarian support, but importantly, with the realisation of long-term strategies (Frankenberger et al. 2012). Furthermore, a recurrent discourse of the Resilience conversation is the call for more flexibility in both programming and aid funding. A commonly cited requisite by international aid organisations attempting to promote and strengthen Resilience where they work is the ability to be able to adapt to changing circumstances. Similarly, there is a need for greater flexibility and a longer-term perspective from donors (alongside a continued commitment to their short and mid-term needs), in order for programmes to be able to adjust to their changing requirements. However, further discussion still needs to take place regarding how to balance the competing demands for flexibility, evaluation and accountability.

But how is it possible to determine to assess the extent to which organisations have integrated Resilience into their operations in crises-affected contexts? One way to answer these questions requires utilising 'Resilience Markers', which attempt to increase the value of humanitarian processes (Table 2). Resilience Markers can be used as a benchmark to ensure that Resilience has been systematically considered during all project phases, and in a way that is context-sensitive (EC 2014: page 2).

Four steps are key to anchor Resilience in humanitarian programmes
- Conduct an analysis of hazards, threats, vulnerabilities and their causes
- Be risk-informed (i.e. ensure that activities do not aggravate risks or vulnerabilities and are prepared for likely hazards and threats)
- Contribute to building local capacities so that the most vulnerable can cope better with shocks
- Include a deliberate strategy to reduce future humanitarian needs

Four key steps help to promote Resilience in humanitarian programming	
1. An analysis of hazards, threats, vulnerabilities and their causes	2. Risk-informed programming
3. Local capacity building (directly or in cooperation)	4. Longer-term strategies

Table 2: Resilience Markers

Challenges

Despite the potential of Resilience for facilitating better engagement with donors, preventing individuals and communities from falling into crises and forging links between emergency and development aid, there are still a number of challenges hindering it at both the conceptual and practical level.

Conceptually, there appears to be a contradiction between the crisis-affected contexts in which organisations are attempting to stimulate greater Resilience and the actual conditions of those regions, which are deemed inhospitable for Resilience-strengthening . For instance, Bahadur et al. (2010) indicate that the ideal conditions for individuals or societies demonstrating Resilience are: diverse economic opportunities; a small degree of economic and social inequality; and communities that are permitted to have a say in issues that affect them, amongst others. In many contexts that are affected by crises, these requirements are so at odds with the realities on the ground, that it is debatable whether they can be used as a worthwhile guide for Resilience at all.

Secondly, in practical terms, the critiques of operationalizing Resilience in the field echo those that have hampered the effective implementation of LRRD throughout the years. For instance, questions have been raised regarding where the connection lies between humanitarian interventions and Resilience-strengthening? In addition, to what extent is an individual's or community's capacity to tolerate shocks connected to their capability to recover from them? Frankenberger et al. (2012) also question whether the aftermath of a crisis is an appropriate time to make these changes. They also go further in arguing that 'there will be certain situations – such as those where formal government remains fragile or absent and/or those experiencing ongoing violent conflict – where Resilience building may be impossible unless and until basic minimum conditions are present' (page 9). These are debates that remain essential to consider if we are to operationalize Resilience frameworks on a larger-scale.

Case Study – Burundi: HealthNet TPO - Resilience in the community: enabling people to take charge of their own health and well-being.

After years of ethnic violence the social fabric in Burundi is broken: families are scattered, people mistrust each other and political and legal systems malfunction or disappeared. This causes social tensions, damage to the (health) infrastructure and increased poverty. For the people in these communities it manifests in physical, psychological and social aspects and can be considered as collective trauma. Based on the Resilience approach, HealthNet TPO brings communities together to acknowledge and tackle these problems.

Madeleine Rurakengereza is a forty-seven year old woman living in Mubimbi (Burundi) tells her story. "I lost my father at a young age. My only brother and I lived with our mother. I got married to our neighbour and, three years later, my brother stabbed my mother to death. At the time, he was also making preparations for his wedding. I remember that, during this tragedy, my agonizing mother begged our neighbours to protect her offender from imprisonment, which I also did. Fortunately, he was released and got married before joining rebel groups during the war. His death on the battlefield deeply affected me as he did not bear a single child and I did not get a chance to bury his remains. Before joining group discussions with HealthNet, I had a difficult time coping with the successive losses of my mother and my brother triggering bizarre behaviour on my part. In addition, I was dealing with feelings of loneliness, which were exacerbated by my husband's extramarital affair with my brother's widow and the consequent birth of their son. I then decided to leave him, especially due to the fact that he became an alcoholic and regularly beat my children and me.

My husband has now also joined the group discussions and has totally changed as a result. The dialogue amongst my husband, my children and me has been restored. Now 15 years later, he buys us clothes, food, and engages in our discussions about future projects. I enjoyed the group discussions, particularly the exchange of experiences which allowed me to realize that there were women in worse predicament."

CHAPTER 4 –
CONCLUSION

To answer the discussion question stated in the introduction, the Resilience agenda can make a valuable contribution to LRRD before, during and after a humanitarian emergency and can play an important role in avoiding creating Lost Generations. It advocates for organisations to undertake a thorough assessment of how exposed and vulnerable local populations are to falling into crises and how their coping, adapting and recovery capacities can be strengthened if they do. One of the advantages of Resilience is that it demands closer interaction between humanitarian and development organisations so that efforts and resources are focused towards those most in need and with a long-term vision in mind. In this respect, it responds to one of the key critiques of LRRD, in that it circumvents the linear thinking and leans more towards a multidirectional and synergistic approach between humanitarian and development objectives.

Resilience markers are an effective way to monitor how organisations have integrated Resilience into their planning, programmes and assessments. Resilience markers ensure that a thorough deliberation and discussion takes place reflecting upon how Resilience is to be applied in different contexts. Through these markers, Resilience in the context of a humanitarian emergency has had a positive impact on the aid bureaucracy in ways that LRRD was unable. One example of this is through the growing calls for greater flexibility in both how programmes are expected to operate and also how they are funded. The ability to be adaptable to the changing circumstances in a crisis or post-crisis context is one of the chief requisites of the Resilience agenda, which calls for more flexible funding with a longer-term perspective. The discussion regarding Resilience is not complete however, and for this reason, we have synthesized a number of recommendations below, which we hope will fuel the discussion regarding how Resilience and LRRD can be better optimised together in practice to avoid losing generations following a crisis. First however, figure 1 reflects upon the frameworks and concepts discussed above. Proceeding that we have synthesized four recommendations that we believe Dutch organisations should present at the World Humanitarian Summit, next year:

LRRD	Two-way LRRD	Resilience
Early debates were centred on how to effectively respond to natural disasters, and reduce the risks for those who were most vulnerable to their effects. The foundation for these debates was the assumption that responses to humanitarian emergencies should be a linear process transitioning from one stage to the other – 'relief' to 'development'. The concept has been criticised for being to 'linear' and as such, had fallen off the agenda.	This approach operates through the notion that there is a need for a fundamentally different approach to crises, whereby engagement is planned in the longer-term, especially in situations where protracted or recurrent crises are normal. Instead of focusing on exit strategies and the changeover between 'relief' and 'development', two-way LRRD acknowledges the myriad overlaps between humanitarianism and development and that transitions occur most effectively when they are in a reciprocal and synergetic manner.	'Resilience' consists of four components: 1. Exposure - the severity and likelihood of crises; 2. Vulnerability - how badly people will suffer; 3. Coping & Adapting - how people mitigate difficulty and maintain wellbeing; 4. Recovery - people's ability to return to previous levels of welfare. Calls for better anticipation of crises and also to ensure coordination with long-term development objectives if and when they do. Resilience Markers have been developed in order to enhance the quality of humanitarian interventions.

CHAPTER 5 - RECOMMENDATIONS TO THE WORLD HUMANITARIAN SUMMIT

1. Long-term interventions and flexibility should be planned and included from the start of a humanitarian intervention in order to make a sustainable and effective impact. Conversely, relief should be planned during development to strengthen the Resilience and adaptive capacity of affected populations.

A vital aspect of the Resilience concept is to ensure that we reform the myopic, linear thinking of the traditional LRRD approach and ensure that any intervention following a crisis is developed immediately with a long-term strategy in mind. It is imperative to respond as quickly as possible because the longer an individual remains unsupported during a context of crisis, the further their Resilience is eroded and thus, the more difficult it is to restore. This can only be achieved if development policies also acknowledge relief strategies and in this sense, prioritise preventing men, women and children from falling into crisis initially and also decrease their overall vulnerability if they do, especially in regions deemed 'fragile'. Indeed, the notion that development strategies should be informed by the potential for crises has become a key aspect of the Resilience agenda and moreover, shares commonalities with the idea of 'Two-way LRRD' (Mosel and Levine 2014). In other words, strengthening Resilience advocates a dualism: that we should embed relief programmes in a longer-term vision of development whilst also seeking to continue implementing development agendas during crisis situations.

We suggest this as a key area where we can mitigate potential 'Lost Generations', because it demonstrates a synergy between the previously divergent objectives of humanitarian and development organisations in a manner that recognises both short and long-term aims. Whilst the complications in this respect tend to be bureaucratic, what Resilience requires from the delivery of aid is a greater impetus on the flexibility of operations. It is essential that organisations have the capability to adapt to unpredictable events with a long-term perspective and importantly, with flexible funding from donors that allows them to do so. In addition, it is important that development programmes work to strengthen people's 'adaptive capacities' – or in other words, an individual's capacity to make informed choices regarding their own future and ultimately, be able to carry out these decisions in reality (Levine and Mosel 2014).

2. A greater emphasis on initiating Resilience, child protection, psychosocial support, educational and livelihoods support during the relief phase.

A consequence of many humanitarian emergencies - be they natural disasters such as the earthquake in Haiti, or conflicts such as the contemporary Syrian crisis – is that children experience adverse events, and are often the victims of new or increased levels violence and abuse. Hence, it is fundamentally important that child protection, psychosocial support, education and livelihoods

programmes commence immediately during the relief phase in order to have maximum Resilience-strengthening impact. There are a number of strategies that can be employed as part of a psychosocial support intervention strategy. For instance, it can come in the form of direct support to children, through restoring the capacities of the various partners and community members that organisations work with, and also through advocacy – by refining our policies and operations to ensure that vulnerable children are protected during crises (War Child 2010).

Education too, is a fundamental aspect of Resilience strengthening. There are numerous benefits to education, notably, its power to facilitate participation and inclusion (War Child 2010), promote physical and psychological protection (Save the Children 2014) and also mitigate the effects of disasters (Winthrop and Matsui 2013). However, the recent Boko Haram attacks on schools in North-eastern Nigeria are the latest of a growing list of recent examples in which schools have been the target of attacks in conflict-affected contexts (GCPEA 2014). Therefore, it remains essential that we work to ensure the Safe Schools guidelines (ibid.) so that educational institutions remain safe spaces in which children can learn, enjoy themselves and receive psychosocial support. Finally, strengthening the Resilience of men and women's livelihoods is also key, as this will provide a stable foundation for other capabilities that contribute to their overall coping capacity. Ultimately, education, child protection, psychosocial support and livelihoods can be regarded as mutually beneficial components of restoring the Resilience of actors in certain crisis contexts.

Case Study - Sri Lanka: Using the Momentum of Political Will Generated during a Major Emergency by Mark Van Ommeren (WHO 2013).

Before the 2004 Asian tsunami, Sri Lanka's formal mental health resources were mainly invested in mental hospitals in and around the capital, Colombo. Despite numerous efforts and important initiatives, mental health advocates - often at odds with one other - faced insurmountable challenges in putting mental health and psychosocial support on the development agenda.

The political interest in and priorities related to mental health dramatically changed after the tsunami. A Presidential Committee was set-up immediately, providing high-level support for mental health and psychosocial support. During the following months, numerous aid agencies responded offering diverse short-term mental health and psychosocial support. Immediately after the emergency, with backing from the WHO, steps were taken to maintain the interest in mental health by initiating the development of policy. Ten months after the disaster, the Sri Lankan Government approved a new, consensus-based National Mental Health Policy after consulting a broad range of stakeholders.

The new policy guides have directed efforts towards strengthening the governance, management and administration of mental health services and to reconfiguring the organisation of mental health services so that care becomes locally available in all districts. Initial investments in the mental health system were funded from emergency and reconstruction funds. However, based on the momentum of early success, the development of services has continued to expand. Today, 20 of the country's 27 districts have at least one basic mental health service centre, compared with only 10 before the tsunami (Figure 2). This is a good example of how the relief effort following a crisis has been used as a trigger to foster longer-term development that addresses not just the long-term needs of those who were directly affected by the tsunami, but also other members of society.
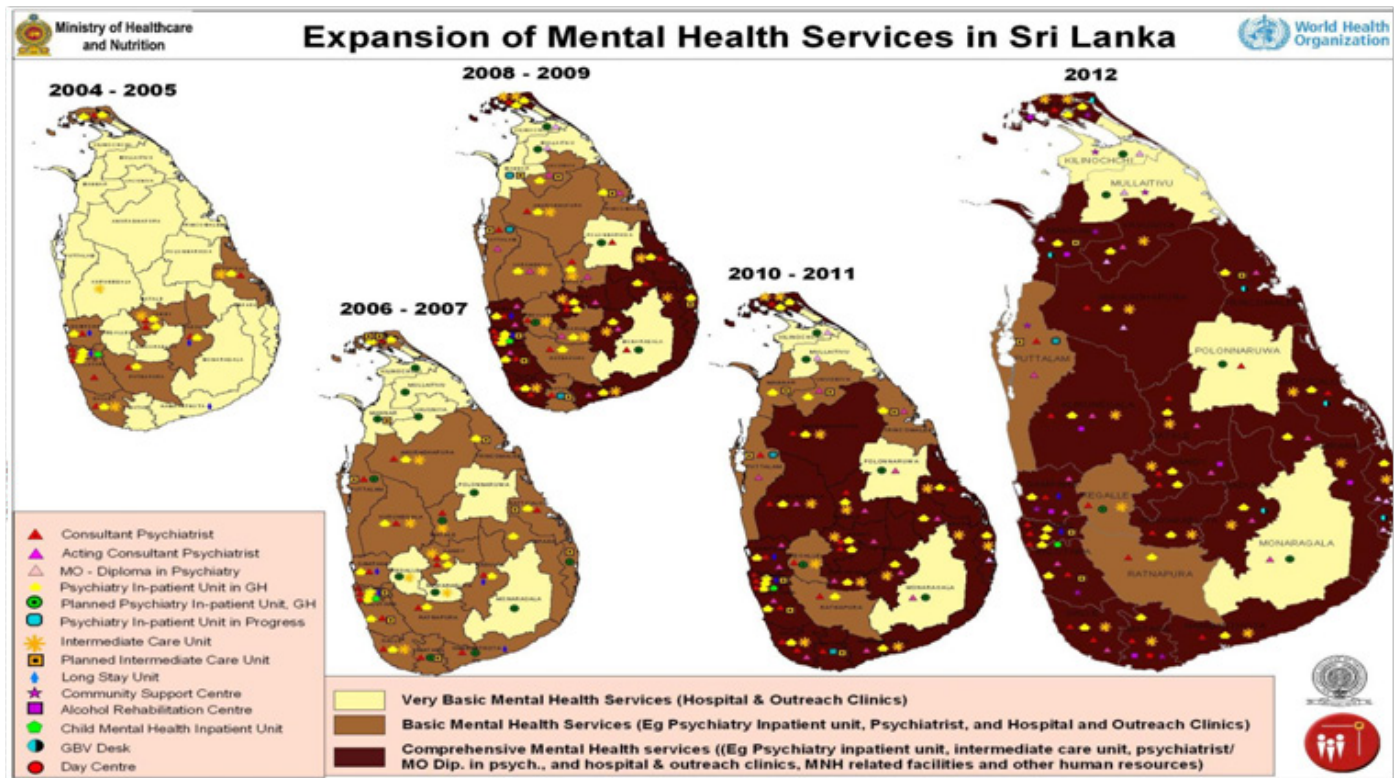
Figure 2- Expansion of Mental Health Services in Sri Lanka 2004-2012 (WHO 2013)

3.   A greater emphasis on meaningful local population participation during the relief phase that holistically considers power relations and inequities in line with humanitarian principles.

When intervening in a protracted emergency, in-depth knowledge of the actors that are locally significant and potentially valuable is critical. 'Connectedness' in programming is also critical (ALNAP 2006), with a particular emphasis on sustainable local partnerships which merge short and long-term perspectives. Local population participation therefore, becomes a valuable platform from which one can consider the relationship between relief and development and in turn, development and relief (Mosel and Levine 2014). Therefore, a sincere 'two-way LRRD' programme that incorporates Resilience-strengthening entails a thorough analysis of the political economy along with the multi-scalar power relations and inequalities that establish the vulnerabilities that inhibit Resilience. We therefore firmly believe that this is most effective when organisations incorporate Resilience-strengthening into humanitarian interventions.

Achieving this requires a willingness to work with local organisations and actors, as well as the ability to undertake holistic social and political analyses of the challenges facing individuals or communities within these settings and also a pragmatic understanding of what is required to strengthen their resilience (Christoplos 2006). This is much more easily done through connecting with local populations, who are far better equipped to comprehend the local context on the ground. One way to ensure this is through implementing joint analysis, planning and learning, which should involve a wide range of stakeholders including local government, academics and those impacted by the crisis (Steets 2011). With that being said, it remains important to ensure that humanitarian principles are not discarded and that all decisions are made in the interests of those most vulnerable in a practical and context-specific manner (Macrae 2012).

Case Study - DRC and Uganda: Community-based child protection mechanisms: Lessons Learnt (War Child UK 2010)

A study commissioned by War Child UK into family and community-based child protection mechanisms in Uganda and the Democratic Republic of Congo highlights how in contexts where the state struggles to function in providing basic child-protection services, and where poverty underlies a multitude of child protection issues, other actors at the local level play a key role. The study emphasised a number of recommendations on making future child protection projects more sustainable and their participants more resilient.

One such recommendation was that paying community members to engage in child protection work raises long-term challenges for sustained involvement, particularly once the payment stops. Furthermore, inconsistencies among NGOs regarding the amount of payment, or indeed whether to offer payment at all, undermines the programmes of those who choose not to (or do not pay as much). Additionally, experience in both Uganda and DRC has shown that imposing external structures presents serious challenges to effective community-based support and can prevent local communities from internalising and taking ownership of child protection priorities.

Another important recommendation stressed that it is essential to ensure that both children and young people are have a meaningful involvement in programmes, and that key community actors are sufficiently engaged. Such engagement is essential in efforts to change attitudes and behaviours, to reduce stigma, and to respond to and prevent further abuse and exploitation of children. The sustainability of this approach will come from working with structures that have always existed at the community level, and that will continue to exist with or without these organisations. These are just some examples of how knowledge of the local context is imperative and that local stakeholders should play an important role in both the relief and development phase.

4.   To broaden current Resilience markers to include child protection indicators.

Existing European Commission Resilience Markers do not yet include child protection indicators (EC 2012). We believe that child protection should be an integral aspect of Resilience Markers and should receive greater attention from both humanitarian and development policy instruments. Their integration could occur via two methods: the first is for an additional marker specifically related to child protection. Alternatively, the second option would be to incorporate child protection into the existing steps that promote Resilience. To return to our second recommendation, these markers would ensure that both education and psychosocial support are regarded as essential considerations when organisations are devising long-term strategies, analysing hazards or threats and when planning how to build capacity. Adding a child protection dimension to Resilience Markers would send a clear signal that humanitarian and development organisations are fully committed to ensuring that preventing Lost Generations is a reality on the ground and that we are dedicated to enhancing long-term Resilience before, during and after a crisis.

Recommendations to Other Stakeholders

Alongside the recommendations for the World Humanitarian Summit, we recommend the following to other stakeholders:

Humanitarian & development actors should work together on a joint prioritisation of livelihood, food security, education and psychosocial support by the humanitarian and development sectors. These are critical needs that have been identified and prioritised by the communities where many aid agencies operate and cannot be ignored. The sector needs to respond to these clear calls and bridge the gap between humanitarian and development aid to ensure consistent provision of integrated services.

The Netherlands and the European Union (EU) need to take a leading role in adopting the concept of Resilience, including education and psychosocial support when providing humanitarian aid.

Declarations

Finally, based on our recommendations and theoretical review, below can be found our joint declarations:

1. Humanitarian Aid is most effective if it is based on the meaningful local participation and involvement of those who receive the aid. Dutch humanitarian organisations are committed to facilitating meaningful local population participation and utilising local resources in humanitarian aid programmes.
2. It is important to activate long term activities as soon as possible during the emergency phase, in order to strengthen Resilience, support local ownership, and to improve the socioeconomic situation of the population affected by the disaster or conflict. Dutch humanitarian organisations are committed to initiating development activities as soon as possible during the relief phase.
3. The concepts of Resilience (including child protection, education, psychosocial support and livelihoods) enable the construction of a meaningful continuum for assistance. Dutch humanitarian organisations are committed to including the concepts of Resilience, child protection, psychosocial support, educational and livelihoods support as soon as possible during the relief phase.

CHAPTER 6 -
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