Conflict Sensitivity & Public Health Emergencies

Practical Programming Adaptation During COVID-19 and Beyond

CDA PRACTICAL LEARNING *for* INTERNATIONAL ACTION

The Do No Harm Framework and Other Tools for Practitioners Working in the Context of Public Health Emergencies

October 2020 (Pilot Version, Revised version expected February 2021)

Table of Contents

Acknowledgements

In Spring 2020, as the COVID-19 pandemic spread around the world, diverse colleagues expressed a rapidly growing need for guidance to perform conflict sensitive work during a public health crisis or to carry out public health work in a conflict setting. Community-based organizations responding to COVID-19 on the frontlines and multi-mandate international non-governmental organizations planning for significant program adaptations both contacted CDA Collaborative Learning for practical guidance as they worked in increasingly complex contexts. Sabina Robillard, CDA Associate for Accountability and Humanitarian Aid, is the primary author, with significant contributions from Seth Owusu-Mante, Brett Northfield, and Ruth Rhoads Allen.

A useful model for developing this resource was CDA resource, *"Do No Harm in Land Tenure and Property Rights: Designing and Implementing Conflict Sensitive Land Programs."*[1] Appreciation goes to its authors, Maureen Lempke and Nicole Goddard, for their original work.

CDA would also like to thank the following individuals and their organizations for contributing to the framing and review of this resource: Dr. Mamadou Kally Bah, Migration Health Project Manager at the International Organization on Migration, Burundi; Dr. Fernando Ona, Clinical Associate Professor at Tufts University School of Medicine, Public Health and Community Medicine; Dr. Kelsey Gleason, Assistant Professor at the University of Vermont Larner College of Medicine; and Britt Sloan, Program Manager in Conflict Management, Peace, and Stabilization Programs at Mercy Corps, Nigeria. Additional review for the pilot version included: Millicent Otieno, Founder and Director of Local Capacities for Peace; Liz Hume, Vice President of the Alliance for Peacebuiding; Angela Owen, Senior Program Officer, Strategic Response & Global Emergencies at Mercy Corps; Mark Ferdig, Vice President of Programs at Children's Cancer Association; Ted Holmquist, Peace and Conflict Advisor at Mercy Corps; Ada Ichoja Ohaba, Coordinator, Do No Harm Humanitarian Development Initiative, Nigeria; and Dr. Vicenzo Bollettino, Director of the Program on Resilient Communities, Harvard Humanitarian Initiative/T.H. Chan School of Public Health. Appreciations to Jennifer Haefeli, Independent Communications Consultant, for design and editing support. Special thanks to Humanity United, whose invaluable funding partnership helped make this resource possible.

CDA Citation: "Conflict Sensitivity & Public Health Emergencies: Practical programming adaptation during COVID-19 and beyond." Cambridge, MA: CDA Collaborative Learning Projects, October 2020.

Cover Photo: Shah Arafat Rahman. 2020. A Concern Worldwide-supported Nutrition Site in a Rohingya Refugee Camp, Bangladesh. Mothers and caregivers await nutritional supplementary rations while maintaining social distance.

This pilot version of *Conflict Sensitivity & Public Health Emergencies* will be revised in early 2021, following reflections on its application and the evolving needs of diverse organizations and their public and private sector partners. An updated version is anticipated for February 2021. We welcome your feedback and ideas! Please send comments to Sabina Robillard at feedback@cdacollaborative.org with the email subject line: *"Feedback for Conflict Sensitivity & Public Health Emergencies."*

[1] Nicole Goddard, and Maureen Lempke. "Do No Harm in Land Tenure and Property Rights: Designing and Implementing Conflict Sensitive Land Programs." Cambridge, MA: CDA Collaborative Learning Projects, 2013. https://www.cdacollaborative.org/publication/do-no-harm-in-land-tenure-and-property-rights-designing-and-implementing-conflict-sensitive-land-programs/

About CDA

CDA Collaborative Learning (CDA) is an action research and advisory organization passionate about **improving the effectiveness and accountability of peacebuilding, development, and humanitarian efforts wherever communities experience conflict.** For more than 25 years CDA has been dedicated to listening to global practitioners to identify the vexing questions within and across these sectors; questions such as *how the dynamics of international aid are different amidst conflict, how to understand collective impact of peacebuilding, how real people on the receiving end of aid evaluate the impacts, and how to promote constructive corporate-community relationships in contexts of conflict*. CDA tackles these and other questions through the unique collaborative learning methodology, engaging community members, organizations, institutions, and donors in rigorous evidence generation and analysis. Shared creation of actionable learning, tools, and guidance prove effective for practitioners and policymakers alike. Through these processes and products CDA equips partners and other direct actors to **advance positive, systematic, and lasting change for people and communities, and influences transformational policy and practice across the development and peacebuilding system.**

CDA is driven by two fundamental beliefs:

- **People belong at the center.** The knowledge, perspectives, and capacities of people and communities affected by conflict are essential for positive social change and constructive engagements by international actors.
- **Context matters.** Effectiveness depends on a deep understanding of, and willingness to act responsibly within, complex local dynamics.

Since the foundational work of *Do No Harm* that introduced principles, a framework, and practical guidance about local capacities for peace, CDA has been a leading voice advancing the global movement to shift power in international decision making closer to the people and communities most impacted by them. (See Section 2.2 for the *Do No Harm* principles relevant to public health emergencies.) The Listening Project, another global collaborative learning process, brought to light many practical ways this shift is happening in every region and in the global peace and aid system. It also revealed critical new dimensions of the philosophical and structural issues challenging the pace of localization.

Current collaborative learning partnerships such as Stopping As Success and From Where I Stand continue this theme, expanding understanding of what responsible international non-governmental organization (INGO) transitions actually take, and amplifying the analysis by local leaders innovating and asking the critical questions across the Triple Nexus – the interlinkages among the humanitarian, development, and peace sectors.[2]

Through advisory partnerships motivating responsible business, humanitarian accountability, and peacebuilding effectiveness, CDA also serves as a trusted, independent convener to address acute challenges and emerging opportunities for system-wide impact. Supplying this global network of practitioners, donors, and other direct actors with practical tools and resources that meet their urgent needs and emerging opportunities is CDA's passion. It is also an imperative for the COVID-19 context and beyond. This resource is a step.

[2] "The Triple Nexus in Practice: Toward a New Way of Working in Protracted and Repeated Crises." New York, Center on International Cooperation, 2019. https://cic.nyu.edu/sites/default/files/triple-nexus-in-practice-nwow-full-december-2019-web.pdf

Introduction: Audience & Objectives

Conflict Sensitivity & Public Health Emergencies is a response to practitioner requests for guidance in addressing public health emergencies and conflict dynamics simultaneously.

AUDIENCE

Conflict Sensitivity & Public Health Emergencies is designed for:

Humanitarian and peacebuilding practitioners planning for and implementing programming in the context of public health emergencies such as COVID-19.

Public health practitioners working to better understand conflict dynamics so that public health work does not exacerbate underlying social tensions and conflicts.

Private, government, and multilateral donors will also benefit as they design funding opportunities, support new initiatives, and adapt in coordination with existing grantees.

OBJECTIVES

The guiding questions for *Conflict Sensitivity & Public Health Emergencies* are:

1. *How can we better practice our commitments to conflict sensitivity in the context of public health emergencies?*
2. *How can we use a better understanding of local power dynamics to increase the effectiveness of our public health interventions while minimizing negative effects on existing conflicts?*
3. *What are the practical considerations and approaches for using the Do No Harm Framework in places experiencing disruptions from public health emergencies (such as COVID-19)?*
4. *Which broader principles of conflict-sensitive programming can be applied in the context of other disruptive forces and systems, such as climate change or regional/global economic crises?*

It has long been recognized that there is a significant overlap between public health, humanitarian, and peacebuilding concerns. Conflict is a significant factor in many determinants of public health and humanitarian outcomes, such as access to healthcare and food. In addition, public health emergencies significantly affect underlying conflict dynamics and the ability of practitioners to carry out programming in crisis zones, such as the effects of movement restrictions. However, far too often, efforts to address these concerns take place in siloes; it is far too rare to find strong and strategic integration between public health, humanitarian, and peacebuilding programming or training.

Conflict, in its active or latent forms, is everywhere. The COVID-19 pandemic has demonstrated that public health emergencies can strike any country at any time. Given the universality of and interconnections between conflict, humanitarian crises, and public health emergencies, practitioners trained in one sector or the other are being called upon to understand how to navigate all of these emergencies at once.

COVID-19's impact on social tensions continues to unfold on both a local and international scale. Many community-based and national organizations, as well as their international partners, are making rapid adaptations to development and humanitarian efforts in the COVID-19 context. Without conflict sensitivity, however, these groups, along with government actors working at all levels in these complex contexts, may inadvertently worsen or spark new social tensions. And, critically, they may miss opportunities to leverage and strengthen local capacities for peace that emerge through efforts to address the acute public health crisis.

Practitioners who helped inform this document looked beyond the specific relationship between COVID-19 and conflict to the broader context and systems in which these dynamics exist. ***Conflict Sensitivity & Public Health Emergencies*** **is inspired by the challenges the COVID-19 pandemic presents, but it is also designed to be used in any public health emergency context and systems-informed application.**

Given the focus on systems, the principles and processes outlined in this document may be relevant to other wide-scale systems disruptions, such as:

- increased natural hazards from climate change
- regional food security crises
- global economic disruptions

Public health crises in combination with any or all of these disruptions will inevitably impact peace and conflict dynamics.

HOW TO USE THIS RESOURCE		
Section	**Content**	**Most Useful For**
Section 1 Background & Context	• Presents a conceptual framing of the links between public health emergencies, humanitarian crises, and conflict	• *Public health practitioners* new to analyzing and programming around conflict systems • *Peacebuilding and development practitioners* new to working in public health emergencies
Section 2 Conflict Sensitivity for Public Health Practitioners	• Presents frameworks and guidance for conflict sensitive programming in public health emergencies	• *Public health practitioners* new to analyzing and programming around conflict systems
Section 3 Public Health Awareness for Peacebuilders and Humanitarians	• Discusses how to plan for peacebuilding and/ or development program adaptations in a public health emergency	• *Humanitarian and peacebuilding practitioners* new to analyzing and programming around public health issues
Section 4 Challenges to Putting Principles into Practice	• Touches on bigger-picture issues affecting the ability of actors to "do no harm" in emergencies • Provides practical looks at contingency planning and remote work	• *Public health, humanitarian, and peacebuilding practitioners* ready to engage with some of the broader challenges of operating in emergency contexts
Annex 1 Additional Resources	• Provides a detailed outline of other materials, tools, and articles that can provide further insight and guidance	• *Practitioners interested in a deeper dive* into some of the skillsets and topics touched on in this guide
Annex 2 Examples of DNH components in a Public Health Context	• Provides a detailed breakdown of the main elements of the Do No Harm Framework • Provides an example of each DNH element in a public health setting	• *Public health practitioners* looking for contextualized examples of conflict sensitivity tools • *Peacebuilding and humanitarian practitioners* interested in what conflict sensitivity looks like in terms of public health
Annex 3 Example of a Dividers/Connectors Analysis in the Context of COVID-19	• Provides a real-life example of how an organization used conflict sensitivity tools to adapt their programming during COVID-19	• *Public health practitioners* looking for contextualized examples of conflict sensitivity tools • *Peacebuilding and humanitarian practitioners* interested in what conflict sensitivity looks like in a public health emergency
Annex 4 Workbook	• A series of 11 worksheets designed to guide various types of analysis for conflict sensitive programming in public health emergencies	• *Practitioners looking for practical tools* to help with program implementation

1. Background & Context: Health and Conflict as Interconnected Systems

Conflict and public health are inextricably linked. Section 1 explores why public health programming needs to take peace and conflict dynamics into account and, likewise, why peacebuilding and other initiatives addressing conflict dynamics need to adapt to public health emergencies.

KEY TERMS

Given the interdisciplinary nature of this resource, it is important to clarify a few key terms. As there is no single definition for any of these terms, the following are functional descriptions of these concepts as they are used in this tool:

- **Conflict:** Conflict is a disagreement, fight, or struggle. It may be intra-personal (inside a person's consciousness), inter-personal (between two or more individuals), intra-group (within a group), and/or inter-group (between two or more groups). Conflict may be violent (such as war) or nonviolent (such as an opposition newspaper). Conflict may be active (visible fighting) or latent (unexpressed tensions that can emerge when triggered). Conflict may be physical, psychological, emotional, cultural, political, etc. Conflict is, therefore, everywhere at all times in one form or another.
- **Conflict sensitivity:** Conflict sensitivity is the recognition that any action (notably humanitarian or peacebuilding actions) taken in the context of a conflict will have an effect, directly or indirectly, on the dynamics of that conflict; it is therefore everyone's responsibility to understand and mitigate any negative effects.
- **Peacebuilding:** Peacebuilding is an umbrella term that encapsulates efforts aimed at directly addressing the dynamics of a conflict. This includes efforts to prevent, manage, mitigate, de-escalate, or reconcile after a conflict.
- **Public health:** Public health is the art and science of protecting the wellbeing of a population by promoting health, preventing disease, and prolonging life. Public health includes everything from epidemiology to vaccination campaigns to advocacy to reform laws and policies that affect a population's health status.
- **Public health emergency:** Different authorities have different definitions and thresholds for declaring a public health emergency, but it is typically when an illness, disease, or condition poses an imminent and substantial threat to a population that risks overwhelming existing health services capacities.

1.1. Overlapping Crises

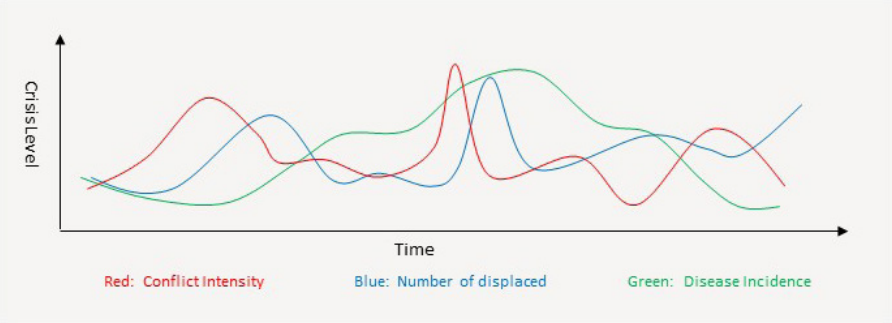
While many aid workers and organizations work on one type of emergency at a time (and often within one specific sector of that emergency response), the reality is that crisis-affected communities are often experiencing multiple emergencies at once. For example:

- Waves of displacement might occur after fighting intensifies during a long-running conflict, which can then contribute to a cholera outbreak.

- Efforts to respond to an Ebola outbreak may be interrupted by a spike in violence, which simultaneously jeopardizes livelihoods in the region.
- Frustrations with a government's inability to adequately respond to the COVID-19 pandemic and a subsequent increase in food insecurity may trigger a popular uprising against the ruling party.

In brief, crises tend to overlap, and **aid workers of all kinds need to be prepared to address the compounding effects of one emergency on their capacity to respond to another.** Figure 1 is a graphical representation of the first hypothetical situation listed above (displacement crisis), illustrating how crises can overlap, leaving everyone to cope with multiple emergencies at once.

Figure 1: Overlapping Crises



1.2. Overlapping Drivers

Public health emergencies and conflicts are interlinked, complex adaptive systems, so how do such overlapping crises affect each other?

The conceptual map in Figure 2 illustrates some of the many ways in which conflict, humanitarian crises and public health emergencies are related. It does not represent all possible factors and connections, as there are potentially thousands to consider in different contexts. Rather, the map uses select, major concepts from the public health, humanitarian, and peacebuilding disciplines to illustrate the interconnection among these three arenas. Priority was given to elements and connections that emerged during consultations for this resource and that are likely to emerge in the exercises outlined in the Workbook in Annex 4. Consequently, many factors and connections were simplified or not included for the sake of making it useful as an illustrative tool.

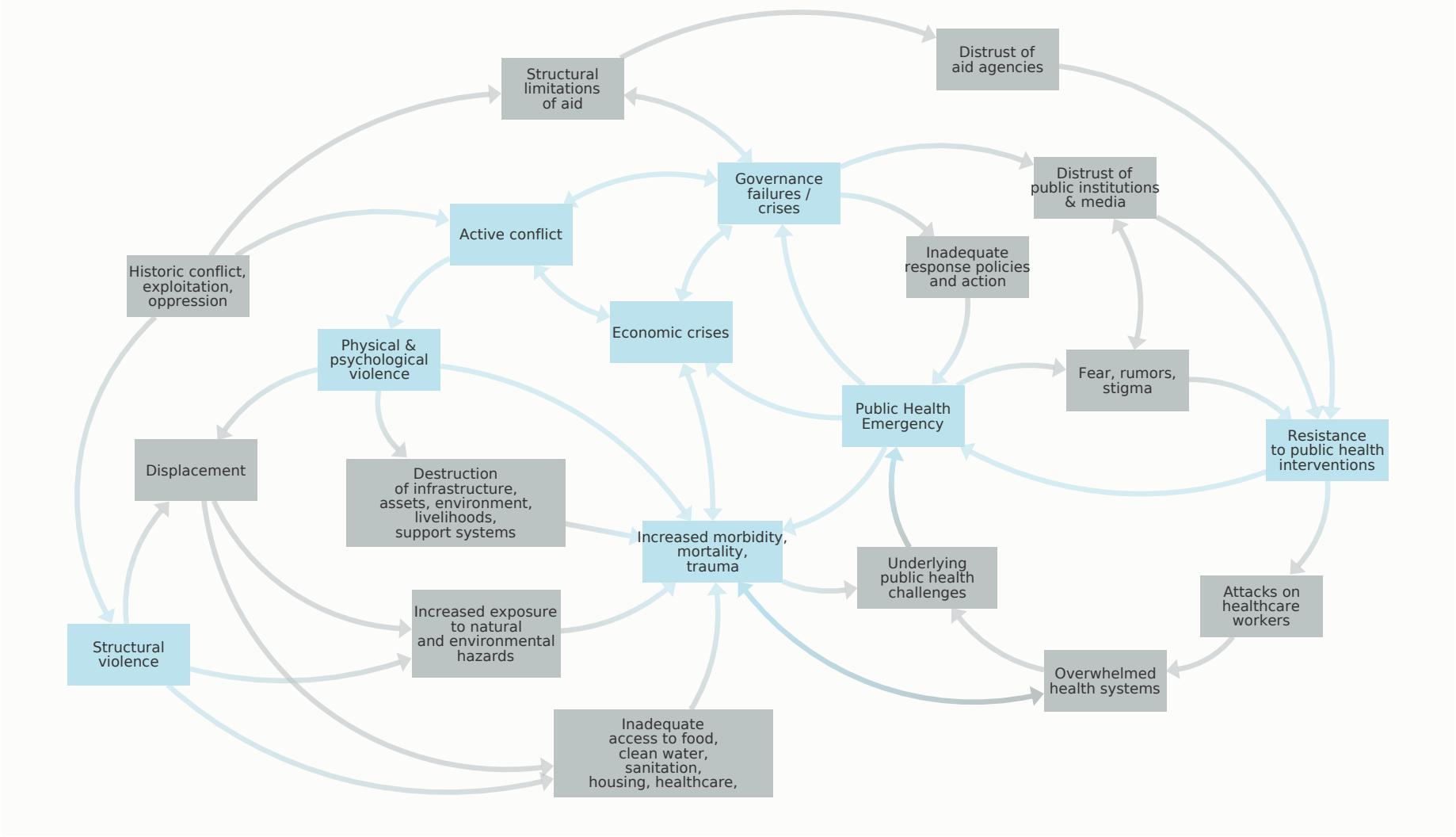
READING FIGURE 2: CONCEPTUAL MAP

Figure 2 uses arrows to demonstrate links between different factors in public health and peacebuilding. An arrow indicates that a factor can lead to, contribute to, or make an individual/group more vulnerable to another factor. Elements that touch on at least five arrows are considered "key factors" and are represented by blue boxes.

Several assumptions should be made explicit for understanding this conceptual map:

- Figure 2 highlights negative reinforcing relationships. If inverted, it would highlight constructive systems. (e.g., Instead of governance crises leading to distrust in government, good governance would lead to trust in government.)
- Figure 2 does not distinguish between formal and informal health systems; state, private, and traditional health systems; or urban and rural health systems.

Figure 2: Conceptual Map: Public Health Emergencies and Conflict



Unsurprisingly, the unprecedented COVID-19 pandemic touches on all of the factors and relationships in the conceptual map. Across the world, the pandemic has highlighted significant governance failures, deep distrust of public authorities and health actors, and the weaknesses of many policy responses. These factors, combined with rumors spread through social media, have led to resistance to public health policies, compounding the spread of the virus. The spread has overwhelmed many health systems, resulting in increased illness and death, particularly in populations that have been affected by decades of physical and structural violence rooted in oppressive power structures. The pandemic has led to global economic crises and has reinforced conflict dynamics.

1.3. Overlapping Spectrums of Response

Given the interrelated nature of conflict, humanitarian crises, and public health emergencies, it is important for practitioners to be aware of the basic elements of these different types of emergencies. **This does not mean that one has to be an expert in all domains to be effective!** However, awareness of basic frameworks and concepts in each of these sectors can help practitioners in one type of emergency response better orient their practice.

For instance, there is a widely recognized distinction between **peacebuilding, or working "on" conflict** (i.e., actively addressing key driving factors of conflict), and **conflict sensitivity, or working "in" conflict** (i.e., being aware of conflict dynamics in a given area). For instance, an organization running a vaccination campaign or a nutrition program in a conflict area can be more effective if they understand that the population has been targeted by the government and therefore does not trust public institutions. Not everyone needs to be a peacebuilder, but everyone can and should have basic knowledge of conflict sensitivity.

Likewise, not everyone needs to be a public health practitioner working to safeguard population-level health, but everyone can and should be aware of the **basic social determinants of health and how those are affected by crises and by other aid programs**. Finally, not everyone needs to be a humanitarian worker responding to emergency needs, but everyone can and should be aware of **how crises and programs affect people's coping and self-protection mechanisms**.

Figure 3 represents the types of responses to conflicts, humanitarian crises, and public health emergencies. While a simplified illustration, it shows how responses to different crises happen on a spectrum, depending on whether one is working "in" the context of a crisis or directly "on" the crisis dynamics. Because most crises have some combination of conflict, humanitarian, and public health dynamics, most practitioners are working "in" crises contexts for which they may not be specialized. Being aware of some of the crisis dynamics outside their expertise is critical to avoid harm and to advance positive outcomes.

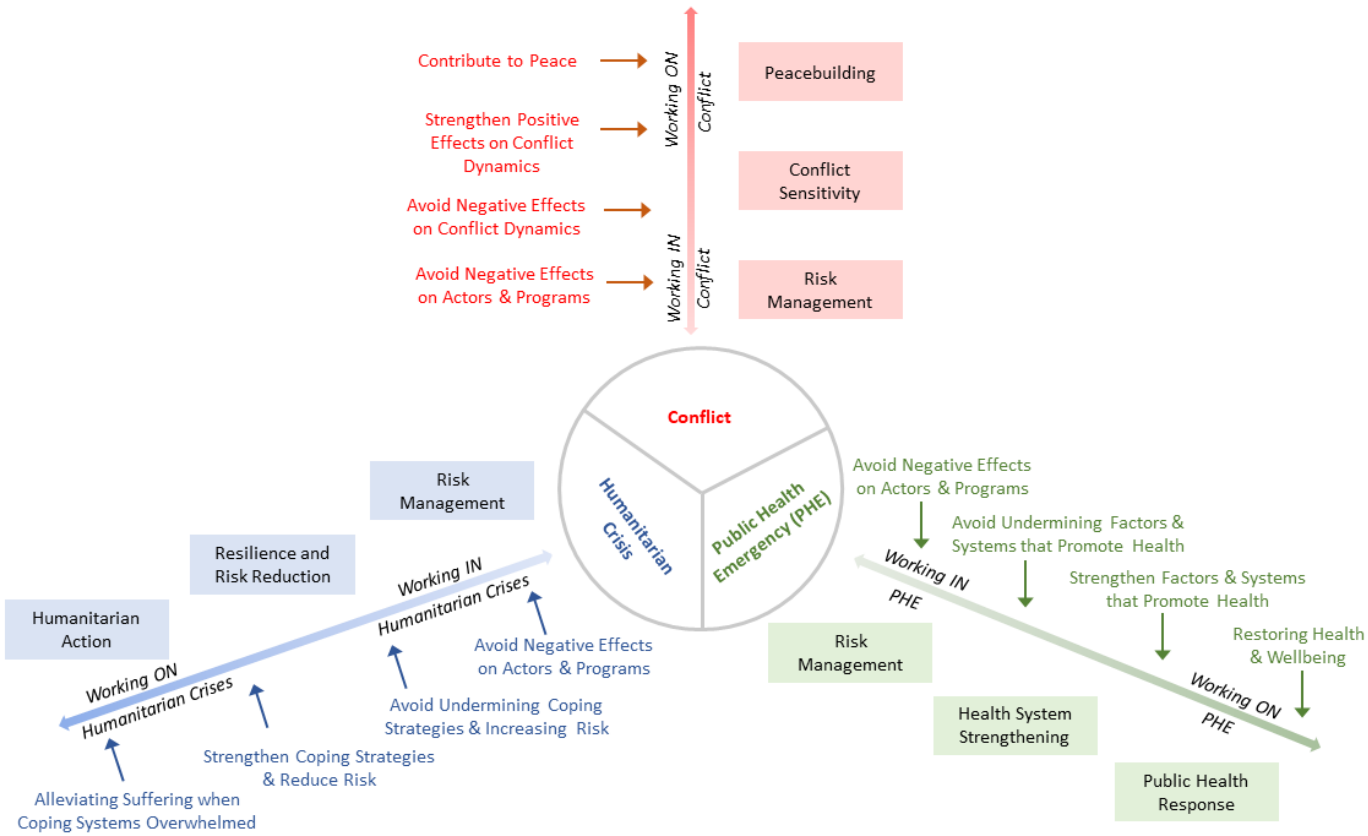
Four levels of awareness/engagement in different types of crises are included in Figure 3:

1. **Risk management** - At a minimum, all actors need to know enough to do basic risk management in relation to other crises. For instance, peacebuilders should know enough about public health to understand how the COVID-19 pandemic will affect their operations and staff safety.
2. **Avoid divisions** - It is also important to avoid undermining strengths and reinforcing vulnerabilities and divisions in crisis-affected societies. For instance, humanitarians should avoid implementing programs that could exacerbate tensions between displaced people and their host communities.

3. **Leverage capacities and strengths** - Ideally, actors can leverage their programs to reinforce capacities and strengths in other domains. For instance, public health practitioners can launch a handwashing awareness campaign that features someone respected by both sides of a conflict, building common ground.

4. **Intentionally addressing causes and effects** - At the far end of each spectrum are programs that work to directly address the causes and effects of conflicts, humanitarian crises, and public health emergencies. Some actors are multi-mandate and work on these three aims simultaneously, but not all have this three-pronged approach. Coordination with efforts on this level can lead to social change.

Figure 3: Working IN and ON different types of crises[3]



[3] Public health practitioners may also think about the spectrum of response in public health emergencies in terms of primary, secondary, and tertiary prevention. This technical language was not used in the graphic so it would be accessible to more readers.

2. Conflict Sensitivity for Public Health Practitioners

2.1. How Conflict Sensitivity is Relevant to Public Health Emergencies

Conflict is everywhere, not just in areas considered war zones. Every country, society, and community has conflict, whether it is active and violent (like a civil war) or latent and structural (like longstanding oppression of a minority group). Therefore, conflict dynamics are a major factor in public health emergencies, and understanding them is important for all public health programming.

Conflict in itself is a public health concern. In addition to the obvious physical and psychological harm caused by violent conflict, it destroys essential health infrastructure, disrupts public health services, and undermines informal social systems that are critical to the health and wellbeing of the most vulnerable.[4]

Conflict is everywhere and determines who is most vulnerable to public health hazards. Physical and structural violence, both current and historical, have direct impacts on health determinants. These include: food security and nutrition, ability to access health services, vulnerability to natural hazards, exposure to toxins and particulate matter, hygiene and sanitation, and toxic stress.[5] We cannot understand a population's underlying vulnerabilities to public health hazards without understanding physical and structural violence.

Conflicts can interrupt public health programming. Conflicts present practical obstacles for populations to access services and for practitioners to access populations. This includes both chronic, latent conflicts (e.g., gang territory "borders" that prevent people from one side accessing a hospital on the other) and acute, violent ones (e.g., a bombing campaign that destroys a road needed to deliver vaccines to a region). Conflicts also increase burdens on already strained health systems through increased displacement, disease burden, injury, and death. In addition, some combatants directly target health workers and infrastructure.

A lack of conflict sensitivity can and does undermine public health efforts. Just as humanitarian workers do not operate in a bubble of neutrality,[6] public health practitioners do not practice in a bubble of science. All international development and aid efforts are affected by politics, historical divisions, and conflicts. Both latent and active conflicts cause harm that can undermine trust between local populations and health service providers. Conflict fuels broader misperceptions and distrust (e.g., a host community that resents services targeted at refugees and may move to block or divert those services and resources). Not taking these aspects into consideration will ultimately limit the effectiveness of any public health effort.

TRUST AND LESSONS FROM EBOLA

The importance of conflict sensitivity was clear during the response to the 2015-2016 Ebola outbreak in West Africa. Many public health responders did not understand the depth of distrust between affected communities and external actors, a distrust that was underpinned by historical conflicts and systems of inequality that contributed to **communities actively resisting and at times attacking efforts to contain the virus**. It was not until concerted efforts were made to understand and mitigate underlying tensions and distrust that the Ebola response was able to make significant progress.

[4] See, for example, Levy, Barry S. and Victor W Sidel. War and Public Health. Oxford University Press, 2007.
[5] See, for example, "A Conceptual Framework for Action on the Social Determinants of Health." World Health Organization. Geneva, 2010. https://www.who.int/social_determinants/corner/SDHDP2.pdf?ua=1
[6] See, for example, the discussion among diverse experts in "The West's humanitarian reckoning." The New Humanitarian. 1 July 2020. https://www.thenewhumanitarian.org/opinion/2020/07/01/black-lives-matter-aid-power-rethinking-humanitarianism-takeaways

As with the Ebola response,[7] political, ideological, and historical fault lines have already undermined efforts to fight the COVID-19 pandemic. These include: geopolitical tensions, the effects of generations of inequality and oppression that leave certain populations significantly more exposed to the virus, and underlying socio-political tensions and distrust that fuel the "infodemic" of rumors and false information that have undermined the COVID-19 response worldwide.[8] Public health practitioners are not only fighting a virus, but they are contending with complex human systems that create a favorable environment for that virus to spread.

KEY TAKEAWAYS

Relevance of Conflict Sensitivity to a Public Health Emergency

1. Conflict is everywhere, and every community has points of division (and connection).
2. Conflict is a public health concern.
3. Public health science does not exempt public health actors from an obligation to understand, adapt to, and mitigate conflict and power dynamics.
4. Public health depends on the ability of actors to access and influence the behavior of people across a range of identities and experiences; therefore, not understanding conflict and power dynamics risks undermining the success of public health efforts.

[7] Richardson et al. "Ebola and the narrative of mistrust". BMJ Global Health, 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6936462/

[8] Mednick, Sam. "Conflict and coronavirus spark a hunger crisis in Burkina Faso". The New Humanitarian. August 2020, https://www.thenewhumanitarian.org/news-feature/2020/08/19/COVID-conflict-hunger-Burkina-Faso

2.2. Introduction to Conflict Sensitivity and Do No Harm

In the context of humanitarian action, the central principle of Do No Harm is that aid is never neutral. Aid – and how it is administered – can cause harm, and/or it can strengthen capacities for peace in the midst of conflict-affected communities.[9] This section looks at the Do No Harm Framework with a specific focus on conflict sensitivity in public health emergencies.

Simply put, "the how" matters. All aid initiatives involve the transfer of resources (e.g., food, shelter, water, health care, training, money) into a resource-scarce environment. Where people are in conflict, these resources represent power and wealth, and they often become an element of the conflict. Some people attempt to control and use aid resources to support their side of the conflict and/or to weaken the other side. If they are successful or if aid staff fails to recognize the impact of their programming decisions, aid can cause harm.

However, the transfer of resources and the manner in which staff carry out programs can also strengthen local capacities for peace, build on connectors that bring communities together, and reduce the divisions and sources of tensions that can lead to destructive conflict. The difference is analysis, planning, and adaptation that is intentional and evidence-driven.

Do No Harm (DNH) as a methodology and practice has been widely used by international organizations and local humanitarian and development groups. It has also been mainstreamed into public and private sector funding entities. Workshops, training of trainers, program assessments, and case studies of the framework's use have been undertaken worldwide.

ORIGINS OF THE DO NO HARM FRAMEWORK

Many people recognize the phrase "do no harm" as a key element of the Hippocratic Oath that doctors take before they begin to practice medicine. It is a recognition that, despite the fact that medical professionals are trained to save lives, they also have the power to cause harm, and it is their ethical duty to minimize that harm.

The phrase was adopted for the humanitarian sector as a synthesis of lessons learned through case-based, collaborative learning processes. **"Do No Harm" became a core humanitarian principle.** It recognizes that, like medical professionals, humanitarian professionals have the capacity to cause significant harm while carrying out activities designed to save lives.

Over time, and with significant input from those responding to and affected by crises, CDA Collaborative Learning formalized these observations into a practical resource: the Do No Harm Framework. DNH (see Figure 4) is designed to be an accessible and widely applicable tool for teams eager to learn and implement **conflict sensitivity**.

As a tool, DNH helps humanitarian workers understand the fundamental power and conflict dynamics of a crisis-affected area so they can make informed choices meant to minimize unintended negative consequences of their work and leverage local capacities for peace.

[9] CDA Collaborative Learning. "The Do No Harm Program," https://www.cdacollaborative.org/cdaproject/the-do-no-harm-project/

THE SIX LESSONS AND PRINCIPLES OF THE *DO NO HARM FRAMEWORK*

1. When an intervention of any kind enters a context, it becomes part of that **context.**
2. All contexts are characterized by **"Dividers"** and **"Connectors."**
3. All **interventions will interact** with both Dividers and Connectors, making them better or worse.
4. Interventions interact with Dividers and Connectors through their organizational **actions and the behavior** of staff.
5. The details of an intervention are the source of its **impacts**.
6. There are always **options** for mitigating those impacts.

How do the lessons and principles relate to each other?

DNH is designed primarily as a way for organizations to orient existing programming in context, or to consider how potential interventions might impact the context.

DNH invites questions and suggests pathways that link the lessons and principles.

For example:

- The fixed realities of an organization (e.g., where they are based, their mandate, their funding sources) impact who they work with, what issues they work on, etc.
- How programming is carried out can intensify or mitigate factors that create division (Dividers) or those that promote cohesion (Connectors).

Understanding these dynamics leads to options and the opportunity to adjust how programming is implemented.

Dividers and Connectors

Every community has Dividers (factors that create division or tension) and Connectors (factors that promote cohesion and coexistence). The first step for a public health practitioner working in a conflict setting is to identify Dividers and Connectors in the areas where they are working and try to understand how those may relate to public health services, programming, and policies. The *DNH Framework* identifies five categories of Dividers and Connectors to help practitioners think through the range of issues that can divide or unite societies:

1. **Systems and Institutions:** Formal or informal power structures in a society. These power structures may affect groups differently or represent a point of unity.
2. **Attitudes and Actions:** Everyday actions that people take and the beliefs that inform them. These may differ highly or be shared between groups.
3. **Values and Interests:** The practical and philosophical priorities of people in a society. These may differ highly or be shared between groups.
4. **Experiences:** Events that happened to a person or the group they belong to, whether in the distant or recent past or occurring in the present. Based on their identities or privilege, different groups may have very different experiences of the past, or there may be events that have a more "universal" appeal.
5. **Symbols and Occasions:** Ideas, events, places, objects, and people that represent something larger in a society. Based on the experiences of individuals and groups, these symbols may be seen as harmful or positive.

See Annex 2 for more details and examples of these categories in a public health context.

Organizational Actions

It is important to consider not just what actions we take, but also how those actions are taken. After collecting evidence from aid programs around the world, CDA identified several patterns in the actions of aid organizations that can reinforce conflict dynamics. These patterns include:

1. **Theft:** Resources diverted from aid projects can be used by armed combatants or other people undermining peace, health, and stability. Theft also undermines trust in the response.
2. **Market Effects:** The purchase and distribution of goods and services by aid organizations and other actors can distort local markets, suddenly lowering or raising prices. Public health policies that limit or close markets can damage local livelihoods and reinforce black markets.
3. **Distribution Effects:** Distributing goods or services can increase resentment or stigmatization of the people who receive them, reinforcing underlying tensions and divisions.
4. **Substitution Effects:** When non-governmental organizations are doing what should be the work of legitimate government authorities, it can undermine the confidence in and capacity of those authorities.
5. **Legitimization Effects:** When aid organizations work with actors with questionable legitimacy (e.g., corrupt government officials, non-state armed actors, etc.), they can end up reinforcing the legitimacy of those questionable actors.

See Annex 2 for more details and examples of these categories in a public health context.

Implicit Ethical Messages and Behaviors

Staff behavior sends **implicit ethical messages** about the values, intentions, and priorities of an organization, and this behavior can affect both underlying conflicts and the effectiveness of the intervention. This is particularly true in public health interventions. Since public health measures often involve asking a population to change its behavior, any problematic staff behaviors can easily undermine the credibility of the public health intervention. A program can be perfectly designed to be conflict- sensitive, but if staff behavior is problematic, it can undo all of that careful planning and undermine trust, effectiveness, and safety. While the behavior patterns listed below may seem noncontroversial, the aid organizations that CDA consulted for the *DNH Framework* identified them as critical for success.

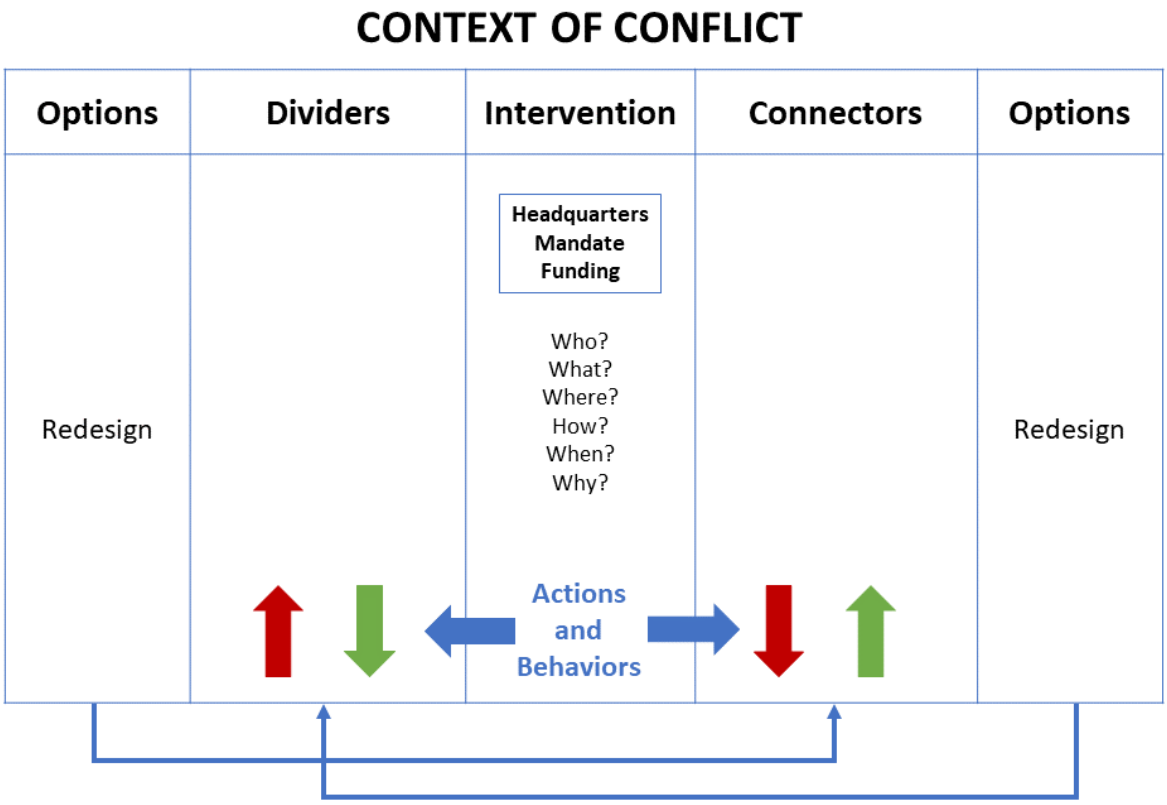
1. **Respect:** Even if not intended, staff behavior can often come across as disrespectful to affected populations. This may come from stress, different socio-cultural norms, communication barriers, pre-existing biases, power dynamics, and other factors.
2. **Accountability:** Systems need to be in place to collect program feedback from affected populations, but staff also need to show genuine interest in this feedback and practice accountability in their daily work.
3. **Fairness:** Perceptions of fairness are very subjective and context specific. Rightly or not, staff may be seen as favoring one group over others or not "practicing what they preach."
4. **Transparency:** Staff may be perceived, again rightly or not, to be hiding information from the affected population. It is important to counter this perception with active, open communication.

See Annex 2 for more details and examples of these categories in a public health context.

Figure 4 is the classic presentation of how the elements of the DNH Framework interact, with more explanation available in CDA orientation and training resources.[10]

[10] "From Principle to Practice: A users guide to Do No Harm." CDA Collaborative Learning, 2015. https://www.cdacollaborative.org/publication/from-principle-to-practice-a-users-guide-to-do-no-harm/

Figure 4: Elements of the Do No Harm Framework



2.3. Adapting Public Health Programming for Conflict Sensitivity

It is clear that many public health initiatives recognize the need to take conflict sensitivity into account. The question is: how? DNH is both a framework and a tool for navigating conflict dynamics. The following section outlines a process to take public health practitioners through the steps of a basic Do No Harm analysis. **It is important that this process involves stakeholders who have significant experience in and diverse perspectives on the communities at the heart of the analysis.** It is also important to remember that conflicts, public health emergencies, and humanitarian crises are dynamic and that there may be a need to revisit and adapt different steps of this process as the situation evolves.

1. **Map out conflicts in the areas where you are working.** This includes the gender and identity dynamics of the conflict. Remember that there is often more than one conflict happening at any given time. You can then map out the impacts of the conflict on public health, again paying attention to underlying gender and identity dynamics.

See Worksheets 1 - 4

2. **Develop a list of Dividers and Connectors in your intervention areas.** Be as specific as possible. You can use the categories listed above to provide a launching point for your evaluation, but you may also go beyond those categories, or omit any that are not relevant to your situation.

Start Worksheets 6 - 7

3. **Describe your programs, in-depth, as they are currently planned.** This includes: what you intend to do; how you intend to carry it out; who is involved in the process; who is receiving goods and services; when and where those goods and services are being organized; and a brief summary of the logic behind those decisions.

4. **For each Divider and Connector, assess whether and how your program (and the broader public health crisis) could affect it.** This process often involves thinking through both best-case and worst-case scenarios. It is therefore important to write down all the potential effects, even if unlikely. This is essentially a brainstorming phase; you can prioritize the most likely effects in the next step.

Finish Worksheets 6 - 7

5. **For each instance where your program or actions may weaken a Connector or strengthen a Divider, generate options that can prevent or mitigate that potential negative effect.** If there are a lot of Dividers and Connectors, it may be helpful to prioritize and focus on the Dividers or Connectors most likely to have a significant impact on the population and/or those over which the organization has greater control.

See Worksheets 8 - 9

6. **Assess whether and how organizational patterns and staff behavior may affect conflict and public health response dynamics.** Identify whether the program has any vulnerability to theft or the potential to affect markets and/or local authorities (whether formal or informal). Then identify the effects these circumstances might have on conflict dynamics and the public health response, and generate options to mitigate any negative impact. Think through how staff behavior might affect conflict dynamics, and generate checklists of behavior to prevent, reduce, or mitigate those risks.

See Worksheet 10

3. Public Health Awareness for Peacebuilders and Humanitarians

3.1 How Public Health Emergencies Affect Conflict Programming

Given the complex and intertwined links between public health and conflict, it is important for conflict-informed programming (whether direct peacebuilding or conflict-sensitive development work) to recognize the relevant effects of public health emergencies.

Public health emergencies can affect the underlying causes and driving factors of conflict. Public health emergencies often have serious impacts on economies and livelihoods. These impacts can be direct, such as the disruption of travel and trade, or indirect, such as excess mortality and morbidity that affects the ability of a family to feed itself. Public health emergencies also often expose serious governance failures, which further undermines trust in authorities. They are also often used as a pretext for imposing authoritarian measures and attempting power grabs.

Public health emergencies can deepen social dividers. Public health outcomes are heavily influenced by conflict dynamics; consequently, public health crises expose and exacerbate existing divisions in society. These social divisions lead to excess morbidity and mortality, particularly for marginalized groups. This may fuel resentment and frustration, sparking new active conflicts or intensifying existing ones. The uncertainty of fighting an "invisible enemy" often creates an ideal environment for rumors and misinformation that may be politically motivated and/or stigmatize certain groups, further reinforcing social and political divisions.

Public health emergencies can weaken social connectors. Public health emergencies often disrupt social support systems through impacts like livelihoods stress, widespread loss of family and community members, and restrictions on practices like social gatherings and religious observances. Restrictions on travel and the closing down of economic spaces (like markets) or social spaces (like schools) can also limit opportunities for interaction between and among groups, undermining systems of interdependence.

Public health emergencies affect the ability to carry out programming in conflict areas. During an acute public health emergency, restrictions on travel and gatherings, as well as concern for the safety of staff and communities, can significantly restrict all kinds of program activities. Attention and resources from affected governments and other partners or donors are often diverted toward managing the outbreak, which may stall or weaken support for programming perceived as unrelated.

The COVID-19 pandemic illustrates many of these features of the impact of a public health crisis. COVID-19 has exposed serious social inequities that have sparked or contributed to protest movements and political change. The pandemic has also fueled misinformation and politicized basic public health practices in ways that have led to physical violence[11] and constrained human rights.[12] Local and international travel restrictions have radically altered the way that many development, humanitarian, and peacebuilding initiatives are staffed and operated. Many types of programming, such as in-person dialogue or community mobilization, have been made more challenging (if not impossible) to carry out as originally designed and funded. Since conflict-sensitive programming is ultimately about people's wellbeing and agency, public health emergencies pose serious threats to any peacebuilding or conflict-informed humanitarian and development efforts.

[11] Allam, Hannah. "Researchers Say That The Debate Over The Coronavirus May Become More Violent". NPR, 2020. https://www.npr.org/2020/05/15/857105166/researchers-say-that-the-debate-over-the-coronavirus-may-become-more-violent

[12] Human Rights Watch. "Human Rights Dimensions of COVID-19 Response". 2020. https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-

KEY TAKEAWAYS

How Public Health Emergencies Affect Conflict Programming

1. Public health emergencies can directly and indirectly affect:
   - Conflict dynamics
   - Local capacities for peace
   - The ability of humanitarian and peacebuilding actors at all levels to carry out effective and timely programming
2. Peacebuilding and conflict-sensitive development programming needs to be able to plan for and adapt to the realities of public health emergencies and the implications for social cohesion and tension.

3.2. Introduction to Basic Principles of Public Health

According to the U.S. Centers for Disease Control (CDC), "(p)ublic health is the science of protecting and improving the health of people and their communities…**Overall, public health is concerned with protecting the health of entire populations** (emphasis added). These populations can be as small as a local neighborhood, or as big as an entire country or region of the world."[13] Given the scope and scale of this mandate, public health is an interdisciplinary and multidimensional field that encompasses a variety of initiatives, including: the provision of vaccines, health campaigns, managing epidemiological databases, contact tracing in emergencies, and advocating for safer drinking water, among so many others.

An important framework for public health practitioners is the **social-ecological model of health** (See Figure 5). It illustrates how health outcomes are determined by complex relationships between individual, interpersonal, organizational, community, national, and global factors. Therefore, responses to public health challenges and emergencies must take all of these levels and structures into account.

Another common framework for reviewing public health involves the **social determinants of health**. This framework also speaks to the "conditions where people live, learn, work, and play that affect… health and quality-of-life risks and outcomes."[14] It is important to note that the social determinants of health need to be viewed through a lens of intersectionality: these factors affect health outcomes differently depending on gender, race, ethnicity, class, caste, ability, sexuality, gender identity, etc. One illustration of the Social Determinants of Health from the Kaiser Family Foundation is shown in Figure 6.

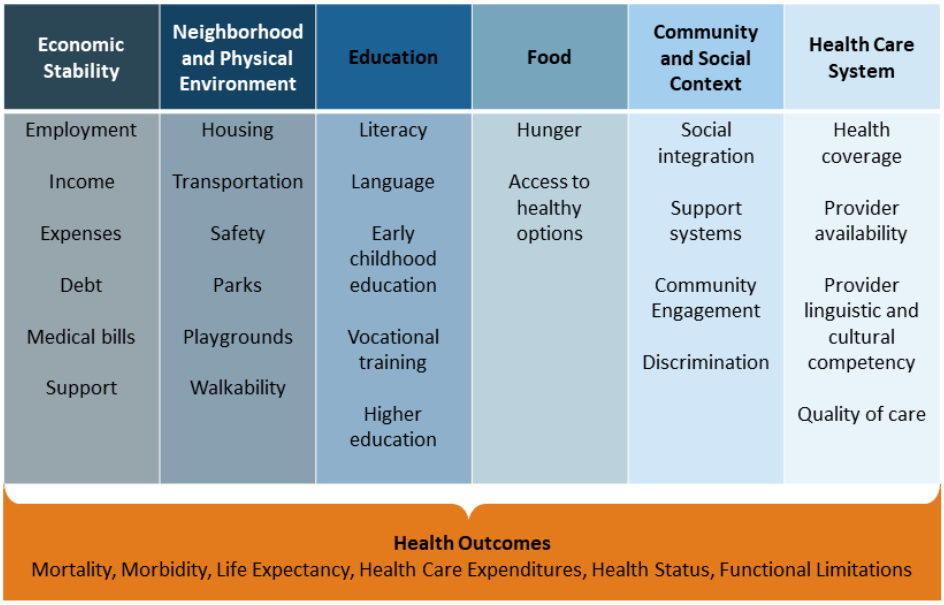
Figure 5: Social-Ecological Model of Health

Source: University of Washington. Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999) https://blogs.uw.edu/somehm/2017/08/12/social-ecological-model/

[13] "What is public health?" CDC Foundation. https://www.cdcfoundation.org/what-public-health

[14] Social Determinants of Health. Center for Disease Control. https://www.cdc.gov/socialdeterminants/index.htm

Figure 6: Social Determinants of Health



Source: Kaiser Family Foundation (https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/)

These two models provide important dimensions for understanding public health programming. Public health interventions may be organized "vertically," targeting one issue (such as malaria or hunger) at many intervention levels; "horizontally," providing integrated services at one level; or "diagonally," where the resources from vertical programs are used to broaden the dimensions of prevention and care.[15]

In a given community, many of the **social determinants of health overlap with the key factors driving conflicts and/or vulnerability in humanitarian crises.** For example, when economic stability and access to education are undermined, that can lead to pressures for migration, increased inter-group tension, or reduced resilience to shock, while potentially exacerbating underlying health disparities. Conflict and humanitarian crises, in turn, may affect social determinants of health and dynamics across the socio-ecological model. These connections are important to map out and monitor as a crisis evolves.

Humanitarians and peacebuilders also need to map out how **public health emergencies can impact their ability to carry out programming**. Public health emergencies typically lead to movement restrictions, increased health and safety risks for in-person interactions, greater programmatic and technical work restrictions, and over-burdened local authorities, all of which have the potential to impact programming.

At the same time, **a public health emergency causes significant changes in the lives of conflict- and crisis-affected people and to the underlying drivers of conflict and vulnerability**. In addition to the economic and logistical challenges of restrictions on movement and gathering, people may be faced with serious changes in their households as family members fall ill, pass away, or live with longer-term disabilities due to the illness. Public health emergencies also tend to create ideal environments for rumors and misinformation and often erode trust in public systems and authorities. These factors can have direct effects on humanitarian and peacebuilding dynamics and programs.

[15] Beyond vertical and horizontal programs: a diagonal approach to building national immunization programs through measles elimination. Walter A. Orenstein and Katherine Seib. Expert Review of Vaccines, Volume 15, 2016 - Issue 7.
https://www.tandfonline.com/doi/full/10.1586/14760584.2016.1165614

3.3. Adapting Conflict and Humanitarian Programming for Public Health Emergencies

While there is no clearly established tool for "public health sensitivity" in the same way that DNH exists for conflict sensitivity, a set of frameworks and tools do exist that can help practitioners working on peace, conflict, and humanitarian crises adapt to public health emergencies. Primarily, this is through **systems analysis**, **mapping**, and **contingency planning**. Systems thinking can help capture the complex and interconnected dynamics of conflict, humanitarian crises, and public health emergencies.

- *Peacebuilding practitioners* may be familiar with systems approaches for conflict mapping.
- *Public health practitioners* may be familiar with systems approaches for understanding social determinants of health.

Peacebuilding and humanitarian practitioners can better understand how a public health emergency might affect individual conflict dynamics by conducting a thorough DNH analysis and developing a comprehensive conflict systems map. **It is essential that this process be guided by participatory principles and have genuine engagement with stakeholders affected by the dynamics being analyzed.** When paired with tools to understand the potential effects of the health emergency on operational factors, these analyses can help peacebuilding and humanitarian practitioners adapt their approaches and programs.

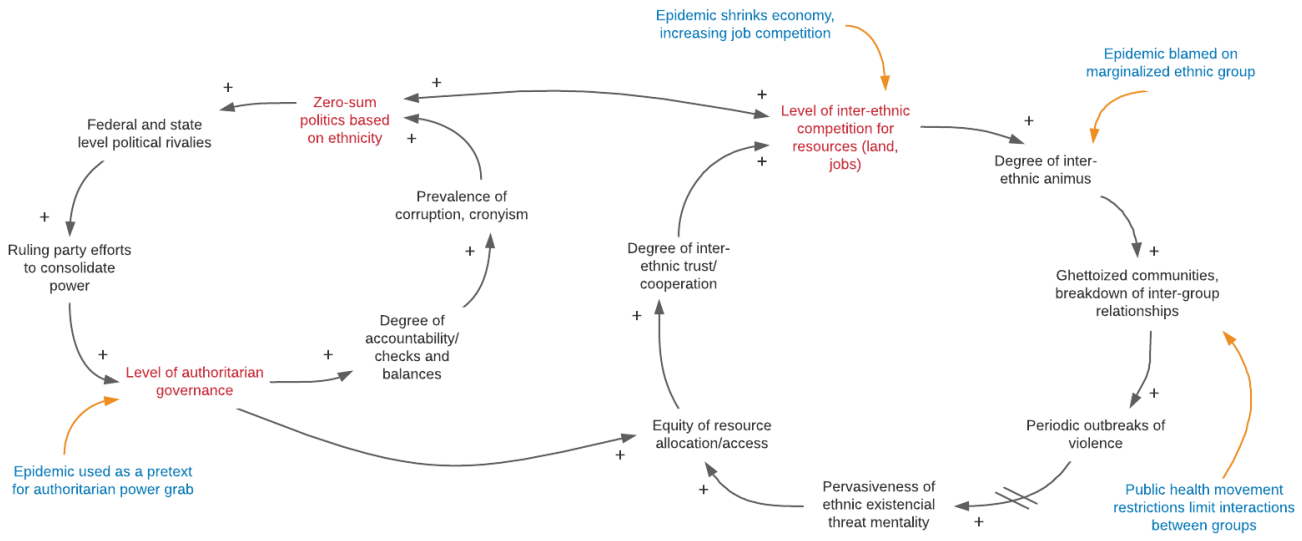
Guidance for Adapting Conflict Programming for Public Health Emergencies

1. **Work to understand basic underlying health disparities.** In particular, as they relate to different genders and identity groups. This will give you an important foundation for understanding how a public health emergency, which typically exacerbates existing health disparities, may affect different people and communities.

See Worksheet 3

2. **Create a systems map for conflict analysis to anticipate how public health emergencies may affect underlying conflict dynamics.** Use a tool accessible to your team, such as CDA's Systems Approach to Peacebuilding.[17] Once the systems map is complete, use a different color or shape to add in potential impacts of the public health emergency on elements of the conflict. For an example, see Figure 7. This conflict map is based on CDA's guide to conflict mapping, and public health elements are added in blue.

Figure 7: Example: Conflict and Public Health Systems Map



[17] Designing Strategic Initiatives to Impact Conflict Systems: Systems Approaches to Peacebuilding. A Resource Manual. Cambridge, MA: CDA Collaborative Learning Projects, 2016. https://www.cdacollaborative.org/wp-content/uploads/2016/12/Designing-Strategic-Initiatives-to-Impact-Conflict-Systems-Systems-Approaches-to-Peacebuilding-Final.pdf

Alternately or additionally, you can develop a matrix of a conflict's key driving factors and the potential impacts of public health emergencies on those driving factors. Here, it is important to consider the economic, social, and political impacts of a public health emergency along with its health and safety dimensions.

See Worksheet 5

3. **Carry out basic DNH and conflict analysis.** Use your organization's existing tools or the templates provided in this guide.

4. **Map out how a public health emergency might affect Dividers, Connectors, and local capacities for peace.** Use your analysis from the prior steps to predict and/or document the impacts of public health emergencies on Dividers and Connectors identified in your prior DNH analyses. Illustrative examples of variables include:

See Worksheets 6 - 7

   - The government uses the epidemic as a pretext for more authoritarian measures, reinforcing the divisions wrought by institutions like the federal police.
   - Travel restrictions further segregate communities, reducing interactions at public spaces like markets, which were previously connectors.

   Assess how this may change your strategies for conflict sensitivity and peacebuilding programming.

5. **Create a programming matrix to identify areas where public health emergencies may affect projects and operations.** This involves examining multiple dimensions of the impacts of public health emergencies on different components of operations. The impacts of public health emergencies will depend on the specifics of the context, but may include travel restrictions, gathering restrictions, increased standards for hygiene and sanitation, increased health and safety risks, and increased burden of care for families, among many others. These public health emergency impacts should be examined in terms of how they affect:

   - project staff and stakeholders (the "who"),
   - core project services and activities (the "what"), and
   - essential services and structures that make those activities possible (the "how").

See Worksheet 11

   Once the matrix is complete, you can highlight the potential impacts that seem most likely and most disruptive and generate options for how to mitigate them.

4. Challenges to Putting Principles into Practice

4.1. A Broader Perspective on Do No Harm

Previous sections have applied a relatively narrow interpretation of the DNH Framework in the context of public health emergencies to answer the question: *how can we use a better understanding of local power dynamics to increase the effectiveness of public health interventions while minimizing negative effects on existing conflicts?*

As the COVID-19 pandemic has shown, the issue of *Do No Harm* in the context of a pandemic can also be seen through a broader lens. This pandemic has confronted public health professionals with critical questions such as:

- *How do we balance the public health benefits of lockdowns with the public health risks of increased malnutrition?*
- *How do we balance the public health benefits of closed borders with the public health risks of stranded migrants or secondary displacement?*
- *Is it ethical for aid workers to travel to hard-hit areas if they may be spreading the virus?*
- *How do we balance funding priorities for pandemics like COVID-19 with funding other equally deadly but more localized threats like hunger or cholera?*
- *As the virus disproportionately affects marginalized people, are we promoting other problematic and politicized containment narratives by working to "contain the virus?"*

This resource does not try to answer these questions – but practitioners should be asking these questions, and more. It is important to look at *Do No Harm* not just as a conflict sensitivity tool but also as a framework for understanding the complexity of all crises and an endeavor to address the harm that interventions might cause.

4.2. Contingency Planning

One way to deal with unknowns and uncertainties is through contingency planning. Public health and humanitarian practitioners are keenly aware of contingency planning as a way to prepare for things that go differently than anticipated. (e.g., *Does the clinic have a generator in case of power loss?*)

Whether thinking ahead about likely events or being ready to adapt rapidly if there is a change in the midst of an emergency response, contingency planning is key to responding quickly and well. The same is true for designing and implementing effective peacebuilding work. (e.g., *Do our community partners have what they need to act on early warning data?*)[18] Conflict analysis helps identify how conflict dynamics might evolve, which

Contingency planning involves making decisions in advance about the management of human and financial resources, coordination and communications procedures, and being aware of a range of technical and logistical responses. It is an adaptive management tool, relevant to all sectors, which can help ensure timely and effective provision of aid to those most in need during a public health or any humanitarian crisis.

[18] Two effective contingency planning resources are: http://origin.searo.who.int/entity/emergencies/cpforwebsite.pdf and https://apps.who.int/iris/bitstream/handle/10665/260554/WHO-WHE-CPI-2018.13-eng.pdf?ua=1

contingencies are important to be ready for, and what information is needed to make decisions. The good news is that, as the lessons of *Do No Harm* tell us, "there are always options."

Time spent in contingency planning equals time saved when a disaster occurs. It also offers the chance to design responses that are conflict sensitive and to avoid inadvertently causing harm or missing opportunities to strengthen social cohesion.

The contingency planning process can essentially be broken down into three simple questions:

- **What is going to happen?**
  What might happen? What is the impact of the risk and what is the likelihood?
- **What are we going to do about it?**
  What is the most effective use of our resources? What are others planning or positioned to do?
- **What can we do ahead of time to get prepared?**
  How will we coordinate with others? What other information do we need to refine our planning?

Developing scenarios[19] can help teams think through the relationships between possible threats and impacts. In contexts of conflict, such scenarios can be extremely diverse, evolve quickly, and have hugely different implications. Catalysts for any given scenario can be hard to predict without conflict analysis.

Contingency plans based on scenarios help teams predict the scale of response and resources needed. Like conflict analysis, such planning is most effective when led by or inclusive of the likely affected populations and when collaboratively created and linked to the plans of others relevant in the context. This process of collaboration can establish important relationships and lines of communication, as well as a more objective and common basis for adapting to scenarios as they evolve. Both the relationships and the shared ownership of plans can be critical for diffusing tensions in public health emergencies.

4.3. Structural Limitations of Public Health, Humanitarian, and Peacebuilding Systems

There are also several more fundamental questions about the limitations of our current public health and humanitarian systems when responding to the charge of *Do No Harm*. These include:

- **Structure and history:** Most humanitarian, public health, and peacebuilding institutions and systems have neocolonial, racist, sexist, ableist, and/or heteronormative structures, biases and histories. This limits their ability to engage meaningfully and effectively with the people most affected by crises of any nature or to truly limit the secondary harms of their interventions. Some argue that it impossible to truly "do no harm" due to these power structures and histories.
- **Hierarchies and siloes:** Many humanitarian, public health, and peacebuilding institutions and coordination mechanisms tend to be hierarchical, highly controlled, and highly siloed. They are often ill-adapted to deal with the complex, adaptive systems dynamics of public health emergencies and conflicts. Increased flexibility, transparency, and community accountability is critical for responding in a meaningful way to existing and emerging threats.
- **Marketplaces and accountability:** A lot of aid systems are marketplaces, with organizations competing for funds from a limited number of donors. Therefore, there is typically greater accountability to the institutions providing funds than to the people the interventions are theoretically designed to help. There are often few accountability, feedback, or recourse mechanisms for the communities that bear the brunt of the disease burden and conflict, with even fewer opportunities for them to participate in designing or setting priorities for the response. Donors may favor experimental,

[19] A few of the many scenario planning resources relevant to conflict and public heath emergencies are included in Annex 1.

novel, or high-profile interventions for the current emergency, when affected communities are more interested in more fundamental concerns like access to clean water and basic health care, or even political rights. Some may even perceive interventions as part of socio-political or neocolonial control. This not only undermines trust in public health interventions but can exacerbate underlying societal tensions.

Again, this resource cannot fully address the deeply rooted, systemic issues in the public health, humanitarian, and peacebuilding fields that limit our ability to truly "do no harm" and help strengthen local capacities for peace. However, it is important for practitioners and policymakers to acknowledge and begin to reckon with these constraints. Practitioners still need to be as conflict sensitive as humanly possible given these systemic and structural limitations. It is useful to take time to reflect both as a practitioner and as an organization in terms of how you fit into existing power systems and what effects that might have on the organization's ability to carry out effective and conflict-sensitive programming.

See Worksheet 12

However, large-scale public health emergencies and conflicts may provide opportunities to understand and challenge some of the systems that have historically limited our ability to respond to crises in an ethical and accountable manner. For instance, the COVID-19 pandemic has radically shifted many important dynamics about humanitarian aid, some for the worse but some potentially for the better.[20] The pandemic may end up being an important catalyst for the further "localization" of humanitarian aid as movement restrictions have forced many international actors to watch and support locally led responses from afar.[21] The pandemic has also exposed serious governance challenges across the world, bringing increased attention to the fact that the lens of 'fragility', conflict, and crisis should also be applied to so-called 'developed' countries.[22]

4.4. Remote Support and Analysis

One of the challenges that public health emergencies, humanitarian crises, and conflicts can all pose to response operations is reduced access to the affected population. Public health emergencies may impose movement restrictions; natural disasters may damage infrastructure like roads or ports; and conflicts may make certain areas dangerous to enter or displace people to more remote areas. These issues of access are relevant to all aid actors across the spectrum of international, national, and local actors. Unless the aid group is based in the same physical and social space as the affected population, **any crisis may disrupt access and leave external actors in a position of offering remote support to those who are able to access the population**. The COVID-19 pandemic has made this very clear with global and national movement restrictions that have forced many organizations to rapidly switch to remote support models.

Even without the access issues described above, the **increased push for the localization and decentralization of aid** means that many organizations are moving toward putting themselves in a subsidiary position to actors who are physically and socially closer to the affected population. This also entails being in a position of remote support, as opposed to physically present in the affected areas.

Given this growing trend toward more localized responses, many practitioners and policymakers will find themselves in a position where they may have to **carry out conflict sensitivity and related analyses remotely**. While it is a bit beyond the scope of this paper to provide detailed support on remote analysis, a few considerations are outlined below:

[20] Aly, Heba. "This global pandemic could transform humanitarianism forever. Here's how". The New Humanitarian. June 2020. https://www.thenewhumanitarian.org/analysis/2020/06/08/coronavirus-transform-humanitarianism-aid

[21] Alexander, Jessica. "COVID-19 changed the world. Can it change aid, too?" The New Humanitarian. July 2020. https://www.thenewhumanitarian.org/special-report/2020/07/16/Rethinking-humanitarianism-will-coronavirus-change-aid

[22] Various contributors. "When the West falls into crisis" Webinar. The New Humanitarian. June 2020. https://www.thenewhumanitarian.org/video/2020/06/25/Rethinking-humanitarianism-black-lives-matter-coronavirus

- Virtual collaboration can open up opportunities for certain people to participate and lead, while reducing opportunities for others. Be aware of who is excluded and be intentional about working to ensure their perspectives are include.
- Use technology that works for everyone, not just your own organization. Ensure there is time for everyone to familiarize themselves with the technology and that IT support is in place.
- Ensure the people closest to the crisis are supported with the tools and resources they need to maintain connectivity and participate in conversations without undue burdens.
- Ensure the people closest to the crisis are recognized and compensated for their contributions to virtual processes. Just because work is not happening in-person, it does not make it less valuable.
- To minimize adding to the increased work burden of people closest to the crisis, ensure there are easy-to-use, open channels of communication so they can provide information and updates on when and how it is easiest and safest for them. It's important not to make assumptions about what is easiest and ask the actors themselves, being aware that there may be different preferences for different people and organizations. Reducing the work burden may involve building on the expertise of people who have strong connections to and experience with the affected area but are not dealing with the crisis on a daily basis.
- Data safety is critical with remote analysis. Sensitive information (on conflict dynamics, health information, vulnerable populations, etc.) must be kept securely and protected from leaks, hacks, or accidental sharing.

See Annex 2 for more resources on remote collaboration

Annex 1: Additional Resources

Topic Area	Resource Title	Source
Conflict Assessment	Systems Approaches for Peace Building	CDA Collaborative Learning
	Peace and Conflict Impact Assessment Handbook	Peace Building Center
	Conflict Assessment and Peacebuilding Planning	Lisa Schirch
Conflict Sensitivity	UN Online Conflict Sensitivity Course	United Nations System Staff College
	Conflict-Sensitive approaches to Development, Humanitarian Assistance and Peace building	Conflict Sensitivity
	Applying conflict sensitivity in emergency response	Humanitarian Practice Network
	Framework for conflict sensitive programming in Iraq	UNHCR
	Fact Sheet Conflict Sensitivity	KOFF
	Monitoring and evaluating conflict sensitivity - Methodological challenges and practical solutions	DFID & CDA Collaborative Learning
	Conflict Sensitivity and Peacebuilding in UNICEF - Technical Note	UNICEF
	Conflict Sensitive Education - Quick Reference Tool	Inter-agency Network for Education in Emergencies
***Do No Harm* Model**	Do No Harm: A brief introduction from CDA	CDA Collaborative Learning
	Do No Harm and Peacebuilding: Five Lessons	CDA Collaborative Learning
	Do No Harm Workshop: Trainer's Manual 2016	CDA Collaborative Learning
	How to guide to conflict sensitivity	Conflict Sensitivity Consortium
	The Do No Harm Handbook (the Framework for Analyzing the Impact of Assistance on Conflict)	CDA Collaborative Learning
Accountability to Affected Populations	How-To Guide on Collective Communication and Community Engagement in humanitarian action	CDAC Network
	Effective feedback in humanitarian context: a Practitioner Guide	CDA Collaborative Learning

Topic Area	Resource Title	Source
Contingency Planning	Guidance for contingency planning	WHO
	Contingency planning	IFRC
	Scenario building: How to build scenarios in preparation for or during humanitarian crises	ACAPS
	How do I know? Strategic planning, learning and evaluation for peacebuilding	FriEnt
	Scenario Planning to Surface Invisible Risks	Stanford Social Innovation Review
	Transformative Scenarios Process: How stories of the future help to transform conflict in the present	Berghof Foundation
Remote Analysis & Support	Remote Humanitarian Facilitation: Guidance Note	Humanitarian Advisory Group, Caritas Australia
	Physically distanced adaptive management	LearnAdapt
	Covid-19 and virtual inclusion: Who decides how the pandemic affects peacebuilding?	Life & Peace Institute
	Data Responsibility	Centre for Humanitarian Data
Public Health Fundamentals	Social Determinants of Health: Know What Affects Health	CDC
	A conceptual framework for action on the social determinants of health	World Health Organization
	Intersectionality and why it matters to public health	The Lancet
	Community Tool Box	University of Kansas
COVID-19 and Conflict Sensitivity	Responding to COVID-19: The Need for Conflict Sensitivity	NYU Center on International Cooperation
	Policy Brief: COVID-19 & Conflict Sensitivity	World Vision
	Conflict sensitivity in responses to COVID-19: Initial guidance and reflections	Saferworld
	Conflict Sensitivity Considerations for COVID-19 in Yemen (forthcoming 2020)	Yemen Conflict Sensitivity Platform
	Coping with COVID-19 and Conflict in Afghanistan	NYU Center on International Cooperation

Annex 2: Examples of Dividers, Connectors, and Implicit Ethical Messages in a Public Health Context

Dividers and Connectors

Every community has Dividers (factors that create division or tension) and Connectors (factors that promote cohesion and coexistence). The first step for a public health practitioner incorporating conflict sensitivity is to identify the Dividers and Connectors where they are operating, and then work to understand how these may relate to public health services, programming, and policies. Dividers and Connectors can take the following forms:

Systems & Institutions	
Societal systems and institutions are powerful forces that can unite or divide populations. These may be formal (such as government health agencies) or informal (such as networks of indigenous health practitioners).	
Examples: Institutions as Dividers	Examples: Institutions as Connectors
The UN stabilization mission in Haiti, MINUSTAH, introduced cholera into the country in 2010; this undermined the credibility of other UN agencies working in the country. As a result, the UN as an institution became a source of division among many Haitian communities in terms of whether or not to trust or work with broader cholera response efforts.[23]	During the Ebola outbreak in Guinea, religious institutions such as churches and mosques (once they were adequately engaged) were often the most effective advocates for the response effort as they had the trust and social capital to unify and mobilize their communities.[24]

Attitudes & Actions	
Societal beliefs and perceptions, and the actions they engender, are forces that shape people's everyday reality. While often overlooked because they are quotidian and ever-changing, these are important factors that underlie many divisions and connections in society.	
Examples: Actions as Dividers	Examples: Attitudes as Connectors
The actions taken by the Colombian government to prevent the spread of COVID-19 are having a disproportionate effect on indigenous communities, who have been affected by decades of neglect, persecution, and violence from both state and non-state actors.[25] Without adequate mitigation, these policies can lead to adverse health outcomes and increased tensions between indigenous people and the state.	Joint campaigns between communities, local governments, and NGOs have worked to reduce stigma around tuberculosis in the Philippines. By building on the trust people already had in local health workers, one program managed to effectively reduce stigma, increase treatment rates, and reinforce trust between the community and government.[26]

[20] https://www.nytimes.com/2016/08/18/world/americas/united-nations-haiti-cholera.html

[21] https://www.christianaid.org.uk/sites/default/files/2016-03/keeping-the-faith-research-report-jul-2015.pdf

[22] https://www.hrw.org/news/2020/08/13/colombia-indigenous-kids-risk-malnutrition-death , https://www.thenewhumanitarian.org/news-feature/2020/07/29/Colombian-Indigenous-people-protest-coronavirus

[26] https://www.stoppingassuccess.org/wp-content/uploads/2020/01/PD-Case-Study-Philippines-World-Vision-v4.pdf

Values & Interests	
Values and interests focus on what is important to any given group of people and strongly shape their beliefs and behavior.	
Examples: Interests as Dividers	Examples: Values as Connectors
Given the significant cultural and economic importance of the first Olympic games held in Brazil in 2016, as well as the annual Carnival, there were concerns that officials in Brazil were downplaying the potential threat of the Zika virus, which led to tensions between some public health officials and other government branches.[27]	In many indigenous communities in the United States, the elderly are valued as the keepers of threatened languages, histories, and cultures. This common value served as a unifying force that mobilized many tribes to fight COVID-19. [28]

Symbols & Occasions	
Symbols and occasions represent something larger about a society and also have the power to unite or divide people based on their respective histories and experiences.	
Examples: Symbols as Dividers	Examples: Occasions as Connectors
In many countries, the wearing of masks during COVID-19 has been politicized and turned into a symbol of political allegiance. This not only undermines efforts to curb the pandemic,[29] but has also introduced new conflict flashpoints among mask-wearing and non-mask-wearing citizens.[30]	The Muslim holiday Eid al-Fitr is often used as an occasion to broker and observe ceasefires during certain conflicts.[31] These ceasefires, depending on how well they are adhered to and how long they last, often present windows of opportunity for important humanitarian and public health interventions.

Experiences	
Experiences are strong factors of connection or division (and often explain the existence of all other categories of Dividers and Connectors). People may be affected by personal experiences and/or experiences of the group they belong to, historical and current.	
Examples: Experiences as Dividers	Examples: Experiences as Connectors
Historic experiences of distrust between marginalized populations and security forces often means that any involvement of security forces in public health campaigns can backfire. This has already been seen across the world, including in responses to militarized enforcement of COVID-19 restrictions across sub-Saharan Africa.[32]	The experience actors in the Democratic Republic of Congo gained from fighting a recent Ebola outbreak there provided lessons learned and an important foundation of collaboration for the fight against COVID-19, particularly in terms of how to organize themselves in areas of active conflict.[33]

[27] https://www.theguardian.com/world/2016/jan/19/brazil-downplays-threat-from-zika-virus-in-run-up-to-carnival-and-rio-olympics
[28] https://foreignpolicy.com/2020/08/06/coronavirus-pandemic-indigenous-nations-secure-borders-funds/
[29] https://www.voanews.com/COVID-19-pandemic/who-chief-says-politicization-pandemic-hurting-global-efforts
[30] https://www.bbc.com/news/world-us-canada-53477121
[31] https://www.aljazeera.com/news/2019/08/libya-warring-sides-agree-backed-temporary-eid-truce-190810160411100.html and https://news.un.org/en/story/2020/05/1064852
[32] https://www.aljazeera.com/opinions/2020/4/2/the-problem-with-army-enforced-lockdowns-in-the-time-of-covid-19/
[33] https://www.csmonitor.com/World/Africa/2020/0505/Ebola-experts-tips-to-fight-COVID-19-Listen.-Build-trust.-Show-respect

Once Dividers and Connectors have been identified, write out the details of your organization's planned program, service or policy. (Who, what, where, when, and how the work or policy will be carried out.) Then, examine each detail and determine whether it risks deepening a Divider and/or undermining a Connector. If so, the next step is to think about options to remove, reduce, or mitigate that risk. For instance:

- If there has been historic conflict between an ethnic minority and the police, is it appropriate to have police present at testing sites?
- If a school has been a unifying institution in a divided community, and COVID-19 policies have forced it to be closed, what are safe options for restoring some of the school's unifying functions?

After working to minimize unintended negative consequences, organizations should conduct a similar analysis to determine whether there is an opportunity for a program or policy to weaken a Divider and/or strengthen a Connector. While most public health programs may not have a peacebuilding mandate, given the linkages between conflict and health, it is in the longer-term interest of public health to increase local capacities for peace. For instance:

- If private hospitals have typically denied services to a certain caste, can the public health emergency be used as a chance to break that barrier and allow for equal treatment?
- If there is a historical figure who can have a unifying role in a society, can a new temporary treatment facility be named for that figure?

It is important to remember that, while we may not be able to completely eliminate a risk, there are always options to reduce or mitigate its impacts.

Change Actions among Organizations

It is important to consider not just what actions we take but also how those actions are taken. After collecting evidence from aid programs across the world, CDA identified several patterns in the actions of aid organizations that can reinforce conflict dynamics. These patterns include the following:

Theft	
Description	Example
Often, materials and funds for aid projects are diverted to people undermining the response. In addition, the very act of diversion often undermines trust in the response as people may see the response as a front for "laundering money" or resources for political or economic elites.	During the civil war in Sudan, food and medical supplies were often diverted by rival factions of the Sudan People's Liberation Army, which fueled resentment between the factions and undermined the perceived "neutrality" of humanitarian actors.

Market Effects	
Description	Example
Closing down of essential services and markets can damage local economies and reinforce black markets/ illicit economies. Free distribution of goods can hurt local sellers, which may force them into maladapted coping strategies. Likewise, increased purchases of materials can lead to cost spikes that can price people out of their own markets and reinforce powerful monopolists and/or provide opportunities to criminal networks.	During the COVID-19 pandemic, many countries experienced a spike in prices for items such as hand sanitizer, masks, and medicine, which were exploited by criminal networks. Europol released a report early in the pandemic documenting how trafficking enterprises were taking advantage of the surge in demand for these goods to sell price-inflated and counterfeit goods.[34] This not only fuels violent criminal groups but undermines trust in basic public health supply chains.

Distribution Effects	
Description	Example
Distributing goods or services can increase tensions and undermine trust if people perceive those distributions to be unfair, regardless of the data behind targeting decisions. Distributing goods or services may also stigmatize the populations that receive them and/or reinforce existing divisions and conflicts along racial, ethnic, or religious lines.	A lack of gender-sensitive practices in the distribution of humanitarian aid in Rohingya refugee camps in Bangladesh undermined many refugees' sense of dignity and obliged them to participate in activities that were not culturally appropriate.[35] This had the potential to undermine the shared socio-cultural background that was an important source of connection among Rohingya refugees.

Substitution Effects	
Description	Example
In some cases, non-governmental efforts to support a government response weaken the governments' ability to respond to future disasters and/or undermines trust in the government. Other times, it frees up resources that the government may divert to conflict, corruption, or other problematic areas.	Thousands of migrants and asylum-seekers have been stranded in camps close to Mexico's border with the US after the Trump Administration's "Remain in Mexico" program. Almost all healthcare in the camps is provided by NGOs, which is essential to meet a critical gap in services.[36] However, international agreements outline the responsibility of Mexican and US governments to ensure humane conditions for asylum-seekers. NGOs filling humanitarian gaps may end up obscuring those obligations and inadvertently allow government resources to be focused on policing of asylum-seekers.

[34] https://www.europol.europa.eu/publications-documents/pandemic-profiteering-how-criminals-exploit-covid-19-crisis
[35] https://www.odi.org/sites/odi.org.uk/files/resource-documents/12362.pdf
[36] https://www.vox.com/policy-and-politics/2019/12/20/20997299/asylum-border-mexico-us-iom-unhcr-usaid-migration-international-humanitarian-aid-matamoros-juarez

Legitimization Effects	
Description	Example
An organization can lend legitimacy to a government, leader, or institution by involving them in public health efforts. This may be problematic when that actor is seen as illegitimate, unjust, or responsible for harm. For instance, involving local authorities in the distribution of equipment can create distrust if those authorities are viewed as corrupt or dangerous.	In Haiti, the government and some aid actors have been accused of legitimizing local gangs by asking for their authorization for projects in their territories and even using them to determine project eligibility. This increases the gangs' sense of power and authority, which has in turn undermined local public health, humanitarian, and peacebuilding efforts.

Change Behaviors among Staff

Staff behavior sends **implicit ethical messages** about the values, intentions, and priorities of an organization and can affect both underlying conflicts and the effectiveness of an intervention. While these behaviors may seem obvious, aid organizations that CDA consulted for the DNH Framework identified the following attributes as critical for programs to be fully conflict sensitive:

Respect	
Description: Implicit message	Example: Implicit message
Staff need to show respect for people affected by crises. Given the elite/neocolonial nature of how many aid organizations are structured, many affected populations and local responders are often feel disrespected by aid agencies. This undermines trust and communication.	One medical doctor working on the 2019 Ebola response in the Democratic Republic of Congo observed international public health experts being flown into affected areas who did not listen to the expertise of local public health practitioners. This not only undermined the effectiveness of the response but also contributed to resentment and conflict.

Accountability	
Description: Implicit message	Example: Implicit message
Staff need to demonstrate genuine interest in feedback from the populations they are working with and be ready to take responsibility for their actions in order to build trust and strong communication channels with affected communities.	Experiences recounted by a practitioner in Kenya showed that the creation of dialogue spaces in displacement camps allowed for ongoing and systematic exchanges between humanitarians and the displaced communities. Those that had the dialogue spaces had little conflict over distribution of humanitarian and COVID-19 protection goods, whereas those without those spaces experienced tension and clashes over distributions.

Fairness	
Description: Implicit message	Example: Implicit message
There are power dynamics everywhere, and staff need to ensure their actions are not prioritizing those who already have the most voice, power, or influence. Different people also have different assumptions of what "fairness" means.	During the COVID-19 pandemic, there has been widespread frustration in many countries that testing was prioritized for the wealthy and well-connected, instead of being prioritized for the sick and the vulnerable. This increased resentment and anger in the populations most affected by the virus.

Transparency	
Description: Implicit message	Example: Implicit message
Being clear and open about an intervention and its aims is essential to building trust. Trying to shield an intervention from critique by hiding information will only lead to more serious challenges down the road.	Some polio campaigns have struggled to communicate effectively about the benefits and risks of the polio vaccine, particularly in countries where there have been instances of vaccine-derived polio outbreaks. This not only undermines trust in the campaigns but can contribute to clashes and attacks against health workers.[37]

[37] https://www.sciencemag.org/news/2020/07/polio-vaccination-campaigns-restart-after-modelers-warn-about-risk-explosive-outbreaks, https://www.japantimes.co.jp/news/2019/05/03/asia-pacific/science-health-asia-pacific/monstrous-rumors-stoke-hostility-pakistans-anti-polio-drive/

Annex 3: Example of a Dividers/Connectors Analysis in the Context of COVID-19

Ada Ichoja Ohaba is one of the many experts around the world helping civil society, government, and private sector groups feel equipped to carry out activities using the principles of conflict sensitivity. As the coordinator of the Do No Harm Humanitarian Development Initiative, a Nigerian NGO, Ada and her network train, monitor, and mentor the work of over 80 organizations, often partnering with INGOs.[38] CDA asked Ada to share her insights about how COVID-19 is impacting their work. Her analysis of some of the context factors and "Connectors and Dividers" in Nigeria as of October 2020 also reflect many of the reinforcing relationships depicted in the conceptual map in Figure 2.

Nigeria during COVID-19

Nigeria has seen a number of protests during the pandemic, shining a spotlight on some of the existing issues relevant to conflict sensitivity as well as new inequities and grievances that contribute to conflict in the country.

The **high rate of migration during conflict** is a critical dimension of public health emergencies in Nigeria. Clusters of individuals who find refuge in camps for internally displaced people (IDP) and in houses of their relatives are most often prone to suffer health challenges. At the same time, **unavailability of health care facilities**, as a result of poor governance, corruption, and/or mismanagement of funds, can result in conflict.

The recent outbreak of COVID-19 in Nigeria is an example, causing mixed feelings in the minds of citizens. Individuals and organizations sent a huge sum of money to Nigeria to help properly manage the treatment of victims who contracted the virus and to purchase palliatives for citizens. However, there is general perception that the funds were not used judiciously, reinforcing **deep rooted distrust** between Nigerian citizens and the government. Health care providers also have reason for distrust since they are not being paid hazard allowance. **Many health care workers contracted the virus**, and many exposed their families to the virus because protective equipment was not made available to them.

A level of conflict in emergency situations is inevitable and, since it cannot be averted, citizens expect those governing the affairs of Nigeria to make adequate provisions for their health and safety. Basic amenities that would mitigate harm include **safe spaces**, such as IDP camps with health clinics, and schools prepared in case of conflict and/or emergencies.

While Nigeria experiences frequent conflict, and has for many years, no standard camps exist to accommodate those affected by forced displacement as a result of conflict. Among the many challenges of displacement and living in hastily established camps, one of great concern is that women and girls are more **vulnerable to rape** and other forms of personal violence when they have to use toilet facilities that are not separated. This has been the case during the pandemic. In addition, a lack of proper planning and hygiene contributes to **outbreaks of cholera and malaria** and the **closure of schools**. These are all health and safety issues, and they further complicate and stretch the resources available to IDPs and surrounding communities.

This dynamic also widens the **inequality gap** in Nigeria since wealthy families generally do not live in the countryside and are therefore less likely to be displaced and to have schools closed and are more likely to have access to health care. Nigeria also lacks a good database of every individual in the country, including missing and incomplete records of those who were forcefully displaced and now stay in the IDP camps or shelters. This makes it **impossible for equitable distribution** of palliatives, proper preparation of medical insurance, and even food distribution, which often creates tensions and violence.

[38] Read more about Ada Ichoja Ohaba's work and her analysis of trust dynamics in partnering among Nigerian civil society and international organizations at https://www.cdacollaborative.org/blog/from-a-rectangle-to-a-circleits-time-to-turn-the-turn-tables-on-aid/.

Civil society members and medical emergency teams are said to be working hard in such contexts. However, because of **poor planning and coordination**, the ability to record impact is usually minimal. The inequality suffered by a vast majority of Nigerians is the reason why there are thousands of people on the **street protesting**, aiming to address police brutality, corruption, bad governance, the poor health care system, and related factors.

It is hoped that the government will create a safe environment for stakeholders to discuss how to **rethink strategies**. Such a process must be all-inclusive, representative of women, girls, youth, boys, traditional/religious leaders, people living with disabilities, and others. If the government were to take such actions, it would reduce the tensions seen in protests and, in turn, mitigate the escalation of conflict. In the absence of government action, many Nigerians are resorting to the Internet to share their experiences and feel connected to others, irrespective of tribe, religion, or ethnicity.

Dividers and Connectors: Analysis of Some Factors Relevant to the Popular Protests in Nigeria during COVID-19

Values and Interest	
Dividers	Connectors
• Systems and institutions: Those security personnel and government officials who are seen to benefit from the pandemic did not participate in the peaceful protests organized by citizens and this has brought division among groups at all levels.	• Systems and institutions: Other security personnel did join the protests, creating a platform to engage with Nigerian citizens.

Attitude and Actions	
Dividers	Connectors
• During the lockdown responding to the pandemic, law abiding citizens were in their houses and had to delay COVID-19 and other burials while many in the upper class were in public, not practicing social distancing. This has caused a lot of division between the rich and the masses. • The attitude of the government in speeches during the protest caused more division.	• Those who have experienced brutality of any kind from security personnel, about which the government was silent and did not assign punishment, found solidarity with protesters tired of this injustice. When they came out in mass to protest, citizens became more united as a result of shared interest at ending police brutality. • The shared experience of elections, still held amidst the COVID-19 lock down.

Systems and Institutions	
Dividers	Connectors
• Those who benefited from these health care funds have different experiences and that caused division.	• IDP camps as an institution is a connector since conflict experience in Nigeria is often irrespective of tribe, ethnicity, or religion. • NGOs as institutions were seen positively, having donated hand sanitizers, face mask and bowls with running water to help IDPs maintain good hygiene. • Citizens and government workers who are tired of the mismanagement of the healthcare funds organized and protested for a change.

Annex 4: Workbook

There is no single correct way to carry out conflict sensitive programming in the context of a public health emergency as essential details differ from place to place. This annex offers a series of worksheets as a starting point for answering the challenging questions raised when operating in a conflict setting. These worksheets are optional – you may use all, some, or none of them – and are designed as examples that can be adapted to the operating context.

Worksheet 1: Conflict Mapping

There are often multiple conflicts occurring in a given community, society, or country at any given point in time. It is important to identify as many of those conflicts as possible and understand their basic parameters. It is also important to note that conflicts are dynamic, and this mapping exercise should be revisited as often as necessary to keep up with the evolution of the conflicts.

CONFLICTS	Immediate Cause/ Trigger	Underlying Causes/ Drivers	Active/ Latent Conflict	Duration	Geographic Scope	Direct Participants	Indirect Participants/ Sponsors
Conflict 1 *Example*	• *Skirmish over attempt of border patrol to seize drugs being smuggled across border by demobilized soldiers*	• *Long-standing feeling that government neglects people of the border region* • *Poorly executed process of demobilizing rebel soldiers* • *Illicit economy that developed during civil war*	*Active*	*Active: 3 months*	*Western province with some cross-border spillover*	• *Demobilized rebel soldiers* • *Paramilitaries* • *Border patrol officers*	• *Cross-border criminal trafficking network* • *Federal Army* • *Governor and governor's business associates*
Conflict 2							
Conflict 3							
Conflict 4							
Conflict 5							

Worksheet 2: Gender Analysis of Conflict

Gender analysis is often misunderstood to be about understanding only how issues affect women. Gender analysis is about understanding how specific harms are done to specific groups. Gender is often the primary starting point of analysis, but as people are not just their gender, it is important to consider the intersection of gender, age, and other social identities. This worksheet should be used to specify what specific harms identified groups are vulnerable to and currently experiencing during the conflict, as well as the group responsible for the harm.

Use the specific operating context of your program to define the social groups outlined in this worksheet.

- The *Other Identity Category* boxes are provided so you can insert as many categories as are relevant for understanding patterns of harm in a conflict.
- These may include, but certainly are not limited to: *racial, ethnic, linguistic, class, and caste groups; livelihood groups; rural or urban populations; people with different abilities*.
- Define the age ranges of *Children & Youth, Adults*, and *Elderly* based on the socio-cultural context.
- If information about a category is not known, leave it blank.
- This analysis scan be adapted for each conflict identified in Worksheet 1.

Conflict	Women	Men	Other Genders and Gender Identities
Children & Youth (define age range)	*Young girls being increasingly married off to warlords as a self-protection mechanism*	*Adolescent men forced into illegal mining to compensate for household income lost when adult males were recruited into army*	*Non-gender conforming youth losing access to urban centers, which served as "safe spaces"*
Adults (define age range)			
Elderly (define age range)			
Other Identity Category 1			
Other Identity Category 2			
Other Identity Category 3			

Worksheet 3: Gender Analysis of Health Disparities and Vulnerabilities

In public health emergencies, it is important to understand the unequal access people have to health services and the health disparities they may have experienced prior to the current emergency.

For this worksheet, use each box to describe the health challenges and barriers to services that may disproportionally affect the identified group.

- The *Other Identity Category* boxes are left blank to allow users to insert as many categories as are relevant for understanding patterns of harm in a conflict. These may include but certainly are not limited to: *racial, ethnic, linguistic, class, or caste groups; livelihood groups; rural or urban populations; people with different abilities*. Define the age ranges of *Children & Youth*, *Adults*, and *Elderly* based on the socio-cultural context.

	Women	Men	Other Genders and Gender Identities
Children & Youth (define age range)			
Adults (define age range)			
Elderly (define age range)	*Women over the age of 60 came of age during a time when girls weren't allowed in school. Therefore, this group has low literacy rates and cannot read health-related information.*	*Elderly men from a certain caste were likely denied healthcare for most of their lives until anti-discrimination laws were enacted. They may have higher underlying chronic health problems.*	*Elderly people identifying as a third gender came of age during a time when colonial-era 'morality' laws were strictly enforced. They may have higher underlying psychological trauma from this oppression.*
Other Identity Category 1			
Other Identity Category 2			
Other Identity Category 3			

Worksheet 4: Impacts of Conflict on Public Health

Conflict, whether active or latent, has many direct impacts on public health, both before and during a public health emergency. When planning a public health intervention, it is important to understand how conflict may be affecting both health determinants and public health capacities. This worksheet is designed to analyze how conflicts may be affecting different dimensions of public health. Each entry should be as specific as possible about how the conflict may be affecting public health.

EXAMPLE. An active conflict in which the government is bombing a border area held by rebels:

CONFLICTS	Impacts on Health Infrastructure	Impacts on Health Services	Displacement and/or Movement Restrictions	Impacts on Livelihoods and Food Security	Mental and Physical Trauma	Other Dimensions of Impact
Conflict 1 *Example*	*Bombing campaigns have destroyed many hospitals and roads to other health centers*	*Healthcare workers are being targeted by combatants, which has reduced already thin healthcare workforce*	*Roadblocks are preventing access to the regional hospital with maternity wing*	*Bombs/fighting have made it impossible for farmers to reach fields or workers to reach shops --> increase in food insecurity*	*Bombs leading to death and injury* *Smoke and debris from bombs lead to lung injury* *Widespread PTSD*	*Government has closed borders, cutting off route for medical supplies*
Conflict 2						
Conflict 3						
Conflict 4						
Conflict 5						

Worksheet 5: Impacts of Public Health on Conflict

Public health emergencies may have impacts on many of the key driving factors (KDF) of conflict. This worksheet is to be used by peacebuilding professionals and those who have experience developing conflict systems maps and have already identified the relevant KDFs. Each KDF should be examined in the context of the major changes and dynamics of the public health emergency.

- *Example:* Sudden outbreak of infectious disease in an area with an oppressed religious minority:

Key Driving Factors of conflict	Impacts of movement restrictions	Impacts of social stigma and misinformation	Impacts of increased morbidity and mortality	Impacts of new livelihoods and economic challenges	Impacts of new governance challenges	Other Dimensions of Impact
KDF 1 *Long-standing political and economic repression of religious minority*	*Markets were one place where religious groups co-mingled peacefully; now that markets are closed, this may aggravate underlying inter-group tensions*	*Online misinformation campaigns are targeting religious minority, increasing tensions*	*Increased burden of morbidity/mortality on oppressed religious minority, increasing sense of grievance against government, whom they hold responsible*	*Oppressed religious minority more dependent on sectors impacted by lockdown, leading to increased frustrations with government*	*Government using the crisis as pretext for silencing dissent, particularly from party with religious minority leader*	*Some members of the political/economic elite benefitting from crisis through monopolies on PPE. Unifying resentment across religious groups.*
KDF 2						
KDF 3						
KDF 4						
KDF 5						

Worksheet 6: Divider Analysis in a Public Health Context

A Divider is a factor that increases tension or conflict in a society. However, given the links between conflict and public health, a Divider may not only increase conflict but can also have an impact on public health. This worksheet is designed to help chart the conflict and public health dimensions of a Divider, as well as the potential impacts of programming and policy on that Divider.

- *Example*: Installation of temporary testing and treatment sites during a pandemic in an area that has a significant indigenous population that has been subject to decades of neglect and oppression:

	Divider	How Public Health Emergency Could Affect Divider	How Program/Policy Could Strengthen Divider	How Program/Policy Could Weaken Divider
Systems & Institutions	*Systemic racism in policing*	*Increased militarized policing to enforce public health guidelines, particularly in indigenous communities, reaffirms experience of systemic racism*	*If police are present at testing or treatment sites, it could lead to perception that healthcare system is aligning with racist law enforcement systems.*	*N/A. No clear way for healthcare program to weaken this divider.*
	Systemic racism in health care	*Disproportionate burden of disease in indigenous population reinforces the perception that the healthcare system doesn't care about indigenous communities*	*If testing and treatment sites are located far from indigenous communities, it could reinforce perception/experience of neglect by healthcare system.*	*If testing and treatment sites prioritize indigenous communities and have visible local leadership, it could leverage crisis to build new narratives for health systems*
Attitudes & Actions				
Values & Interests				
Experiences				
Symbols & Occasions				
Other				

Worksheet 7: Connector Analysis in a Public Health Context

A Connector is a factor that unites and brings people together. Given the links between conflict and public health, a Connector can weaken conflict and may have an impact on public health. This worksheet is designed to explore the conflict and public health dimensions of a Connector, as well as the potential impacts of programming and policy on that Connector.

- *Example*: A program to distribute supplementary rations to food insecure households that are made more vulnerable by public health measures that have put a community into strict lockdown/quarantine:

	Connector	How Public Health Emergency Could Affect Connector	How Program/Policy Could Weaken Connector	How Program/Policy Could Strengthen Connector
Systems & Institutions	*The mosque provides a sense of community for people of all races*	*Restrictions on gatherings could prevent people from attending services, undermining this sense of connection and community*	*If the supplementary food program ignores faith leaders, it could sideline people who are key bridge-builders in normal times*	*If supplementary food program involves faith leaders, it will help these bridge-builders play a visible and important role outside of the physical space of the mosque*
Attitudes & Actions				
Values & Interests	*The elderly are seen as incredibly valued by all in community*	*Disease threatens the elderly and perceived "neglect" of the elderly by the state is leading to tensions*	*If supplementary food programs focus only on families with young children, it could reinforce perceptions of neglect by state*	*If supplementary food programs also prioritize the elderly, it can build goodwill towards the broader public health response and reinforce this connector.*
Experiences				
Symbols & Occasions				
Other				

Worksheet 8: Prioritizing Dividers and Connectors

It will be difficult, if not impossible, for an organization to try to manage every single potential impact they may have on a conflict, particularly as each Divider, Connector, and program interaction will change over time. Organizations may need to prioritize Dividers and Connectors in order to adequately understand, mitigate, and monitor them. There are different dimensions to consider when prioritizing a Divider or Connector, and each organization needs to be intentional about how they make these decisions.

This worksheet presents four options for prioritizing Dividers and Connectors:

1. How likely is a program to affect the divider or connector?
2. How significant might the impact be?
3. What groups may be affected?
4. How likely is it that the organization can address the impact?

Example: An organization may be relatively certain that its program could strengthen Divider A, but only by a small amount, which would affect a relatively privileged group (such as able-bodied men). On the other hand, the same program only has a small chance of strengthening Divider B, but if that happened, it could have a devastating effect on unaccompanied children.

- In this case, an organization might choose to prioritize mitigating Divider B.

Generally, impacts that strengthen a Divider or weaken a Connector should be prioritized over those that weaken a Divider or strengthen a Connector; the former is an imperative and the latter is a benefit. This worksheet offers a numerical ranking system that may be helpful for decision-making purposes if there are many Dividers or Connectors to consider. However, you can disregard ranking and apply a qualitative prioritization exercise if that is more appropriate.

EXAMPLE. The inauguration of a new clinic in an area significant affected by gangs that have specific geographic territories:

8a: Strengthened Divider/Weakened Connector Prioritization

Divider or Connector	Likelihood of Impact	Significance of Impact	Vulnerability of Impacted group	Likelihood of Mitigation	Total Score
Scale:	1 unlikely –5 certain	1 minor impact – 5 major impact	1 minimal vulnerability – 5 maximum vulnerability	1 org has little control – 5 org has total control	
The local mayor has very divisive policies and is allied with one local gang. If he is present at inauguration of new clinic, it may reinforce underlying mistrust from populations outside the territory of his allied gang.	*4 - Have already heard rumors confirming this frustration*	*3 - People will be frustrated but they understand not much NGO can do*	*3 - Population in other territories does not have easy access to other clinic with operating room*	*1 - Mayor legally has right to be present at inauguration. NGO can only discourage him from coming.*	*11 -*

8b: Weakened Divider/Strengthened Connector Prioritization

Divider or Connector	Likelihood of Impact	Significance of Impact	Vulnerability of Impacted group	Likelihood of Mitigation	Total Score
Scale:	1 unlikely – 5 certain	1 minor impact – 5 major impact	1 minimal vulnerability – 5 maximum vulnerability	1 org has little control – 5 org has total control	
The public plaza is one of the few neutral territories that no one gang has control over. If the clinic is built there, it will reinforce the power of this area as a public, common, neutral space.	*4 - Local groups have long spoken about this as a priority.*	*4 - While it won't end the conflict, neutral spaces are important for building peace*	*3 - Some vulnerable groups (young men) may avoid plaza as it is still closer to other gangs' territories*	*2 - The mayor has to approve clinic placement, and he will want it in the territory of his allied gangs.*	*13 -*

Worksheet 9: Option Generation & Mitigation Strategies

Once Dividers and Connectors have been prioritized, the next step is to understand how the organization can:

- Mitigate a program's impact in the case of strengthened Dividers and weakened Connectors.
- Reinforce the program's impact in the case of weakened Dividers and strengthened Connectors.

After the potential impact pathway is identified, options to mitigate or reinforce those impacts can be developed. It is also important to develop an approach for monitoring the effects of the new strategy, as there is always the possibility that even these mitigation/reinforcement strategies can end up doing more harm than good.

9a: Prioritization & Mitigation of Strengthened Dividers and Weakened Connectors

Divider/Connector	Potential Negative Impact of Program	Mitigation Options	Monitoring Strategy
A linguistic minority group was banned from teaching their language in schools during a dictatorship. This experience has created deep divisions and sensitivities around language.	*Your health education program was originally intended to rely on materials written in the capital, which are in the national language. This could lead to resentment by the linguistic minority.*	*Translate the documents into the minority language. Use audio-visual approaches in the minority language to reach older populations who may have lower literacy rates due to the oppression they experienced when they were school-aged.*	*Monitor for any signs that the different materials are somehow discouraging different groups from discussing this common public health challenge together.*

9b: Prioritization & Reinforcement of Weakened Dividers and Strengthened Connectors

Divider/Connector	Potential Positive Impact of Program	Reinforcement Options	Monitoring Strategy
A football player who has begun playing abroad has become a source of national pride across political, ethnic, and linguistic groups.	*Your health education program intended to use her as a spokesperson, leveraging and reinforcing her legitimacy.*	*Film a public service ad where people echo her message in different languages, reinforcing the implicit message of inter-group engagement.*	*Monitor for any signs that this will lead to a backlash or accusations of her being instrumentalized by outside interests.*

Worksheet 10: Implicit Ethical Messages

In addition to examining the explicit design of programs and policies, an organization needs to take into consideration the implicit ethical messages of the organization and its staff. This worksheet provides a basic framework for thinking through the effects of different organizational actions on the underlying conflict and the public health emergency. An organization should be able to identify these potential impacts and develop strategies to mitigate them.

EXAMPLE. A massive cholera outbreak in an area with significant organized crime:

10a: Mitigating Potential Negative Organizational Actions

	Potential Impact on Conflict	Mitigation Options	Potential Impact on Public Health Response	Mitigation Options
Theft Effects	*Increased demand for hygiene products creates a black market that mafia groups exploit to make more money, which they use to buy weapons*	*Widespread efforts to teach people how to make their own soap and disinfectants, undercutting the black market*	*This situation has led people to believe the government has created the crisis to launder money to the mafia, undermining their confidence in the public health response*	*Encourage government partners to do free mass distribution of hygiene kits to counter that narrative.*
Market Effects				
Distribution Effects				
Substitution Effects				

10b: Checklist for Staff Behavior

The checklist below specifically discusses dimensions of staff behavior that can have an impact on underlying conflict dynamics and the effectiveness of public health interventions. This is not an exhaustive list, but rather a set of initial considerations for exploring the dimensions of staff behavior that could impact the ability of a program to be fully conflict sensitive.

Respect:

- ☐ Is the program designed to recognize the dignity of the people involved?
- ☐ Are all staff trained to be sensitive to local social and cultural concerns?
- ☐ Is there a clear code of conduct against racist, sexist, ageist, ableist, etc. behavior?
- ☐ Are local organizations, leaders, activists, and experts being listened to and given respect?
- ☐ Are there protocols for respecting private health information and guarding against stigma?

Accountability:

- ☐ Are there strong community feedback mechanisms in place?
- ☐ Are there strong local partner/stakeholder feedback mechanisms in place?
- ☐ Are there internal feedback and accountability mechanisms?
- ☐ Are there strong safeguarding protocols in place?
- ☐ Is the program able to respond to other health priorities voiced by the community (beyond the original donor-funded priority)?

Fairness:

- ☐ Has the community been consulted about what "fair" and "equitable" mean to them?
- ☐ Are there policies for engaging marginalized groups in decision-making processes?
- ☐ Is program data disaggregated by age, gender, and other important demographic identifiers?
- ☐ Have existing health disparities been taken into account when making programming and resourcing decisions?

Transparency:

- ☐ Is there a socially and culturally appropriate communication strategy?
- ☐ Are there clear policies about what program and budget information is communicated to the community?
- ☐ Are frontline staff able to explain key program components and reasoning to communities?
- ☐ Are there policies about data sharing, particularly with respect to public health data?

Worksheet 11: Programmatic Impacts of Public Health Emergencies

This worksheet offers a rough guide for mapping out and anticipating how public health emergencies could impact existing programming.

- The potential impacts of public health emergencies are listed in the top row and should be adjusted based on the specific program context.
  - These categories should be examined in terms of how they impact project staff and stakeholders (the "who"), core project services and activities (the "what"), and essential services and structures that make those activities possible (the "how").
  - Add as many categories and rows as necessary to capture the full scope of your operation, including sub-dividing any categories.
    - *Example*: List communities that may experience the public health crisis differently.
    - *Example*: Divide "procurement processes" into "markets" and "transport sector."
  - Add a brief description in the Details column to be more specific.
    - *Examples*: Name specific communities; differentiate between frontline staff and office staff; specify a closed border that impacts procurement.
  - Feel free to leave squares blank if there is not enough information or limited potential relevance.
  - Once the worksheet is complete, highlight the potential impacts that seem most likely and most disruptive and generate options for how to mitigate them.

EXAMPLE. A large peacebuilding NGO during a public health emergency of an infectious disease:

		Potential Impacts of:					
WHO	Details	Travel Restrictions	Increased Health and Safety risks	Increased Burden of Care at Home	Social Stigma & Misinformation	Economic Challenges	Other
Organization staff	*100 staff are citizens/ residents, 63% women* *20 staff are foreign staff, 40% women*	*Staff working in lockdown areas cannot travel to HQ* *Most foreign staff evacuated by home governments*	*Staff over the age of 60 encouraged to stay home* *Staff with underlying health risks encouraged to stay home*	*Women experiencing increased social pressure to stay home and care for ill relatives*	*Staff from ethnic minority group (who are being blamed for outbreak) are increasingly threatened*	*With public transport shut down, staff spending more funds on moto-taxis to get to the office*	
Organization partners							
Affected communities							
Local authorities							
Other key stakeholders							

		Potential Impacts of:					
WHAT	Details	Travel Restrictions	Gathering Restrictions	Increased Hygiene and Sanitation Standards	Testing Requirements	Overburdened Authorities	Other
Key Service/ Activity 1	*Inter-religious group dialogue program*	*Cannot bring youth from different regions together*	*Cannot have in-person dialogues of more than 5 people*	*All dialogues need to be in spaces with handwashing facilities*	*All dialogue facilitators need to be tested once a week*	*Authorities slow to approve space for dialogues given other priorities*	
Key Service/ Activity 2							
Key Service/ Activity 3							
Other							

		Potential Impacts of:					
HOW	Details	Travel Restrictions	Gathering Restrictions	Increased Hygiene and Sanitation Standards	Testing Requirements	Overburdened Authorities	Other
International Travel	*Need to be able to procure goods to support projects agreed upon by youth peace platform*	*Border closure with country X means more expensive sourcing from country Y*	*Cannot go to normal marketplaces as gathering restrictions have shut them down*	*Price of necessary hygiene materials has skyrocketed*	*N/A*	*Customs authorities slow to approve goods that are not related to public health response*	
Regional Travel							
Local Travel							
Procurement Processes							
Banking and Financial Services							
Other Essential Services (water, electricity, etc.)							
Staff Safety							
Office Environment							
Permissions and Approvals							

Worksheet 12: Institutional Self-Analysis

The most important aspect of Do No Harm analysis is recognizing that, by responding to a crisis, we become part of the crisis context. It is important for organizations to analyze their own position in a crisis, including how different groups may perceive them. Both the perceptions and the realities of the power structures organizations represent and operate in affect their ability to respond to public health emergencies in effective and conflict-sensitive ways. This worksheet is designed to help practitioners think through some of these power structure issues, both perceived and real, and generate options for mitigating them.

12a. Institutional Reputation

Organizations have reputations based on people's prior experience with the organization or with people associated with the organization. Even if the organization has undergone significant transformation since those experiences or perceptions were established, distrust or fear may remain. As the saying goes, perception is reality, and it is important for organizations to understand and work around these perceptions.

EXAMPLE. An international NGO that is responsible for carrying out a vaccination campaign in an area with active conflict between the government and insurgent groups that has resulted in significant displacement:

Perceived Reputation (separate by group if necessary)	Potential Impact on Programming and Context	Options to Mitigate Negative Impacts
The NGO received protection from the military when carrying out vaccinations at IDP camp after the NGO received threatening messages. The IDPs now see the organization as allied with the government.	*The IDPs have begun to spread rumors that the vaccination campaign is a government plot to sterilize the ethnic minority who make up most of the camp. People may refuse to vaccinate their children and may attack health workers in the campaign.*	*Conduct dialogues with camp leaders to directly discuss the incident in question and commit to not having military protection in future campaigns.*

12b. Perceived Association with Colonial, Neocolonial, Occupation, Racist, or other Problematic Power Systems

Organizations may be associated with larger national or international power structures that the communities we aim to assist may see as threatening.

These associations may also apply to staff working for the organization. Whether or not the organization has any control over these associations, they may be very real to the people we are aiming to help and therefore must be understood.

Perceived Associations with Problematic Power Structures	Potential Impact on Programming and Context	Options to Mitigate Negative Impacts
The NGO has a lot of staff from the former colonial power, which had a legacy of conducting unethical medical experiments in their colonies.	*People may distrust the motivates of the vaccination campaign, seeing it as a modern campaign to experiment on their former colonies..*	*Engage in honest dialogue to address these fears and acknowledge the past harms. Still, to avoid bringing up trauma and disrupting programming, partner with local organizations so they are the ones engaging with the communities.*

12c. Institutional Limitations

Organizations are limited by the systems in which they work. As such, organizations often face significant obstacles when it comes to fulfilling their commitments to both conflict sensitivity and public health. It is important to identify these obstacles, understand how they may constrain an organization's choices, and be creative about how to mitigate these constraints.

Institutional and Systemic Limitations	Potential Impact on Programming	Options to Mitigate Negative Impacts
Anti-terrorism laws in home country prevent the NGO from conducting any vaccination campaigns in areas controlled by groups that are considered "terrorists." The NGO is only allowed to operate in government-controlled areas.	*In addition to not being able to reach important populations, certain populations may now see the NGO as no longer neutral and begins to question the motives behind the vaccination campaign.*	*Negotiate with home government and donors. If unsuccessful, advocate for greater resources to be given to groups that do not risk criminal prosecution by working in areas controlled by "terrorists."*

PRACTICAL LEARNING *for* INTERNATIONAL ACTION

HUMANITY UNITED

Special thanks to Humanity United, whose invaluable funding partnership helped make this resource possible.

This pilot version of *Conflict Sensitivity & Public Health Emergencies* will be revised in early 2021, following reflections on its application and the evolving needs of diverse organizations and their public and private sector partners. An updated version is anticipated for February 2021. We welcome your feedback and ideas! Please send comments to Sabina Robillard at feedback@cdacollaborative.org with the email subject line: *"Feedback for Conflict Sensitivity & Public Health Emergencies."*