



# Model on integrating conflict sensitivity and social stability into services provision

This note summarises the Conflict-Sensitivity and Social Stability Model developed by International Alert and tailored in partnership with Amel Association International's (Amel) staff and programmes in Lebanon. The model was used to mainstream conflict sensitivity into the services provision of Amel's community-based centres providing medical, protection and social services in the country. Over a period of four years, Alert provided training, accompaniment, guidance and other support to Amel staff to integrate ways of working and activities to address tensions and support social stability in their work.

## Background on linkages between healthcare and social stability

Social stability is promoted by strengthening the ability of communities' systems and institutions "to mitigate tensions and prevent conflict, and ensuring early warning within the response".<sup>1</sup> Tensions between host communities and Syrian refugees remain high in Lebanon and a potential threat to the country's social stability, especially under a rapidly changing context, including increased pressure on services and resources, the October 2019 protests all over Lebanon and the coronavirus disease (COVID-19) outbreak in February 2020. According to a regular perception survey on social tensions, the most cited cause of tensions for both Lebanese and Syrians is competition over lower-skilled jobs or over services (such as healthcare) and utilities.

While it should be noted that a number of significant challenges to service provision predate the Syrian crisis, from 2011 onwards, the presence of refugees began to take its toll on different sectors in Lebanon, including health, education, water and infrastructure. The health sector is among the most important sectors that have been impacted by the increase in demand on services. In 2019, this demand rose further as more families became vulnerable due to the economic crisis and increased unemployment, with more Lebanese households falling below the poverty line. The recent crisis related to COVID-19 is putting even more strain on such services and further exacerbating tensions.

## What is the model?

The Conflict-Sensitivity and Social Stability Model involves five elements:



1 Government of Lebanon and United Nations, Lebanon Crisis Response Plan 2017–2020: Sector plans – Social stability, <https://www.un.org.lb/lcrp2017-2020>

1. **Analyse the context** including the different socio-economic, security and political conditions of the area of operation, and identify the sources of tensions among different communities; this will help with designing relevant activities to support social stability.
2. **Capacity development programmes** are tailored to front-liners and other staff working in the different departments (protection and social workers, as well as administrative and medical staff, such as nurses, doctors and drivers of mobile units, etc.), training topics with a focus on conflict-sensitive approaches to services provision, dealing with stress and problems inside the centre, communication skills and other staff care exercises.
3. **Apply an accompaniment capacity development model** working closely with staff through remote and/or in-person support and learning to put in practice the skills learned and tailoring activities on the ground.
4. **Conduct dialogue-based awareness sessions** and other activities that open the space for positive interaction between the different communities, such as health campaigns with social dimensions (i.e. family planning, early marriage, etc.). This requires using creative monitoring and evaluation (M&E) tools and applying adaptive approaches that are culturally sensitive and accepted by the different target groups.
5. **Regular monitoring of tensions** is needed to keep the programme updated and more impactful. This can be done through area meetings between the centres and coordination meetings with key stakeholders in the area to avoid duplication of services and share knowledge and lessons, as well as provide the needed referrals.

*Note: Learning events are essential to retain knowledge within the centres, such as internal workshops to share knowledge and exchange visits between the centres.*

## Why apply the model?

Service users, healthcare professionals and social workers have reported tensions related to access to services and medicines, as well as stress in the PHCs. The Conflict-Sensitivity and Social Stability Model has proved effective in addressing tensions, reducing stress, improving communication and changing perceptions and behaviours. For example, participants in the dialogue-based awareness sessions, who were from different backgrounds and nationalities, after attending six sessions (one session weekly), reported more acceptance towards each other and they started finding common ground and sharing views on different topics. This was reflected in an enhanced level of interaction, openness and self-expression. The social workers reported becoming more able to deal with stress inside the centres and having a space for innovation and 'feeling closer' to the centres' service users. Applying the model can therefore have a positive impact on the following:

### Service users

- Enhanced wellbeing of the centre's service users on different levels:
  - a. Physical level through medical consultations and medical awareness sessions.
  - b. Psycho-social level by allowing a space for positive interaction between communities from different backgrounds and nationalities, through dialogue sessions and medico-social campaigns.
- Enhanced relationships among the centre's service users as they open up to each other.

### Working environment

- Centres become more friendly and integrating for different communities and vulnerable groups by applying a friendly and participatory approach to services and interactive activities and by planning outreach activities to provide 'services for all'.

### Personnel in community centres

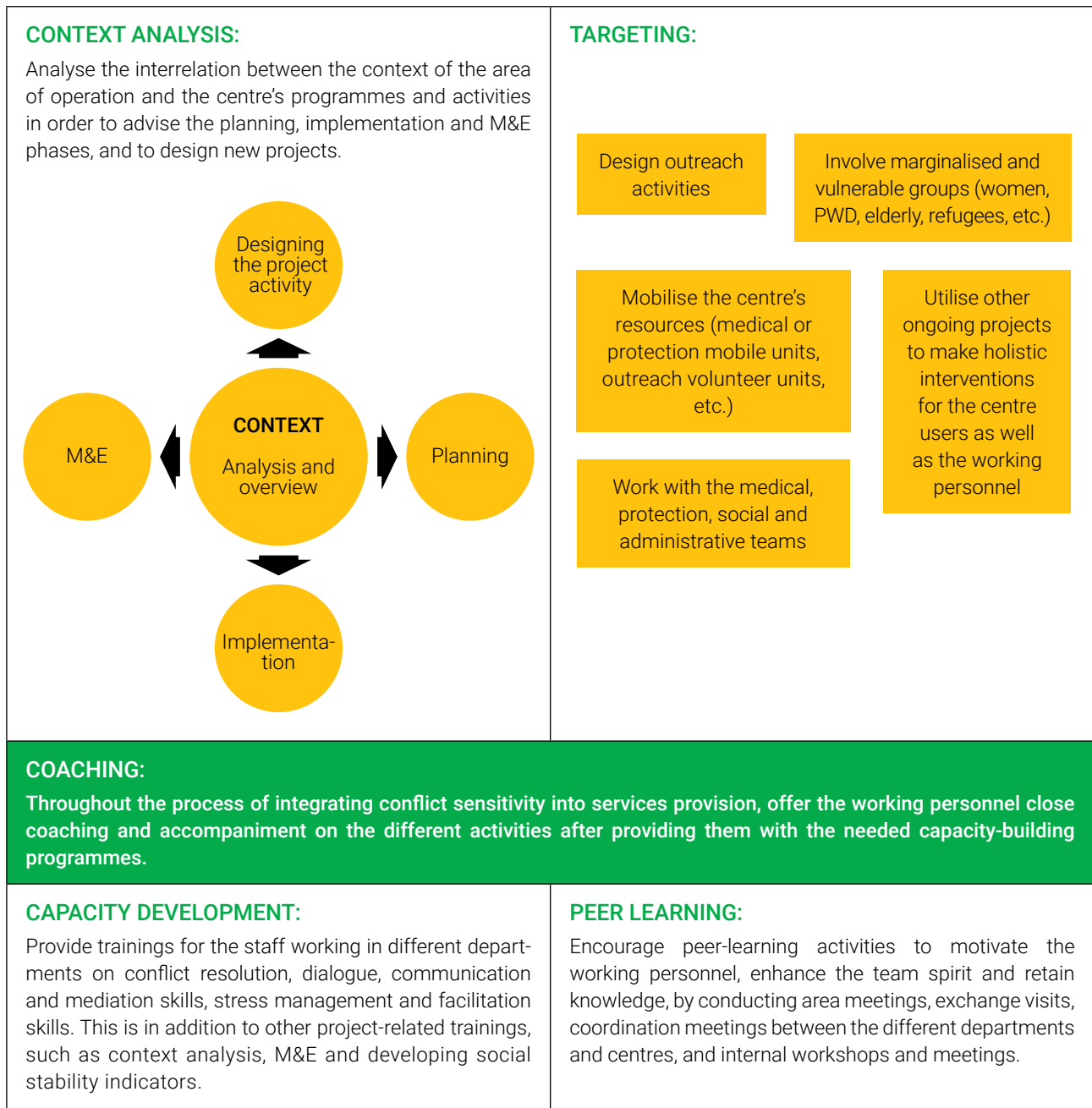
- Staff with improved knowledge, attitudes and practices on conflict-sensitive services provision.
- Staff more skilled and able to deal with stress, problems and conflicts that might occur inside the centre, thus less turnover.
- Volunteer Units are formed, supporting staff in different activities, such as recruitment and implementation.

### Institution

- Greater ability to respond to local needs.
- Continuous updates for the changing contexts and the sources of tensions and adapting the activities (area meetings and learning events).
- Greater ability to reach out to marginalised groups.
- Greater ability to coordinate, network and make referrals with other active local and national stakeholders.

## How to apply the model

The Conflict-Sensitivity and Social Stability Model involves a process of analysis, coaching, capacity development, monitoring, evaluation and learning (MEL), and dialogue-based awareness-raising sessions provided by experts and qualified staff experienced in designing and delivering approaches and activities to support conflict sensitivity and social stability.<sup>2</sup> The model was applied by taking into consideration the following:



2 In order to ensure that this type of model is effective, sensitive to the context and service users’ needs, and delivered to a high standard of quality and safety, it is important to work with organisations and experts who are experienced in conflict sensitivity and social cohesion, and to develop a tailored capacity development process.

**DESIGN NEW ACTIVITIES:**

Design and implement activities that open a space for guided positive interaction among users from different backgrounds and communities. Here are some suggested activities:

- **Dialogue-based awareness-raising sessions:**
  - a. Raise awareness about medical topics with social dimensions while facilitating discussions and applying interactive techniques.
  - b. Choose topics that are of interest for the centre users and raise common concerns for different target groups, such as family planning, early marriage, stress management, dealing with children and adolescents' behavioural problems, family relationships, etc.
  - c. Conduct structured dialogue sessions and monitor the change in the relationships among the same group of participants.
  - d. Incentivise participants to attend by distributing medical toolkits and providing free medical tests and referring them to other programmes inside the centre.
- **Complaints mechanisms:** Activate the complaints mechanisms inside the centres and encourage users to express themselves, and ensure confidentiality.
- **Health campaigns with social dimensions:**
  - a. Base campaign messages on the participants' needs and cultural backgrounds.
  - b. Conduct focus group discussions (FGDs), check the relevance/sensitivity of the topic chosen and formulate conflict-sensitive messages.
  - c. Follow up with beneficiaries by completing 'feedback surveys', collecting stories and providing referrals.
  - d. Meet with the staff involved, reflect on the best practices and set recommendations for future programming.
- **Coordination meetings with local stakeholders:** Bring together health, protection and social stability actors, as well as national actors, such as municipalities, to discuss local needs and sources of tensions between different communities and the role of service provision in reducing such tensions.

**ADAPT THE APPROACH:**

**Use interactive methods and a participatory approach. Involve the working personnel in the process of the current and the recently designed activities, and encourage creativity.**

**MONITOR, EVALUATE AND SHARE LEARNING:**

- **M&E:**
  - a. Remain results-oriented regarding social stability objectives by developing the needed monitoring tools to track changes in knowledge and in practices among participants.
  - b. Conduct FGDs and interviews with the centre's users to stay informed about their needs and feedback.
  - c. Come up with interactive scenario-based evaluation methods, such as games, to measure changes in perceptions and attitudes.
  - d. Encourage reflection sessions, baselines, endlines, and internal and external evaluations for the centre's projects in order to adjust the programme accordingly.
- **Learning:**
  - a. Develop toolboxes, guidelines, training manuals and lessons learned to retain knowledge and induct new staff members in the different departments.
  - b. Design posters with friendly messages on how to be conflict sensitive throughout the daily tasks for staff from the different departments, such as doctors, nurses, administrative staff, etc.