Operationalising Accountability
to Affected Populations in the
Humanitarian and Development
Contexts — Lessons learned from
the Polish Medical Mission

9th April 2021



BUILDING AID





- Polish Medical Mission has been helping victims of wars, catastrophes and natural disasters for over 20 years.
- The activity of PMM is based on the work of medical volunteers.
- So far, we have provided medical assistance in over 30 countries on 5 continents.
- Over the past 5 years only, PMM has implemented projects with a budget of over 5 million Euro for humanitarian and development aid.
- Our activities contributed to the improvement of the quality and dignity of life of over million beneficiaries.

PMM'S AID PROGRAMMES C) PMM

MEDICAL ASSISTANCE FOR MOTHERS AND NEWBORNS

(e.g. Jordan, Iraq, Tanzania)

FIGHT AGAINST HUNGER AND MALNUTRITION

(e.g. Venezuela, Zambia, Senegal)

STRATEGIC AID PROGRAMMES

SPECIALIST MEDICAL CARE

(e.g. Myanma, Malawi, Zambia)

EMERGENCY RESPONSE

(e.g. Syria, Lebanon)



CORE PRINCIPLES



- Participation and inclusion
- Communication and transparency
- Feedback and response
- Organizational learning and adaptation



AAP MECHANISMS AT PMM

- PMM integrates AAP in the design of aid programmes;
- Avoids duplicating efforts;
- Ensures equal and non-discriminatory access to protection and assistance;
- Uses two-way and transparent communication channels;
- Collects and integrates feedback in a timely, confidential, and effective manner;
- Collaborates with partners in feedback referral and response processes;
- Adjusts communication channels and formats;
- Uses data protection policy;
- Applies organizational learning.

TANZANIA

Project: Support for the health safety and social PMM situation of women in the Lindi and Mtwara region in Tanzania (2021)

Beneficiaries: 45 local leaders; approx. **6,000** men and women in local communities in the Lindi region participating in, who will participate in 120 meetings in 2021.

AAP measures: integration of GBV and gender equality policy in PMM's aid programme of medical assistance for women and newborns.

IRAQI KURDISTAN

Project: Medical and dental assistance for refugees, PMM displaced persons and the local community in the Erbil governorate (2020)

Beneficiaries: 7,000 people, mainly women and children from the Baharka and Harsham camps, received medical care by the mobile clinic physicians, gynaecologist and paediatrician, and received free medication; 429 people performed diagnostic tests in the analytical laboratory; 3,425 received dental help; **2,650** had a follow-up examination; **50** trained health promoters; **2,000** residents learned more about avoiding illnesses caused by lack of hygiene, caring for pregnant women and babies, and about reproductive health.

AAP measures: Complaint box, involvement of local protection officer, social mobilisers, train the trainers sessions, additional services e.g. about protection against COVID-19. **7**/13

JORDAN|

Project: Medical care for women and children living in PMM underdeveloped areas of Zarka and Al-Mafrak provinces in Jordan (2019)

Beneficiaries: 2,220 people were provided with free medical care, including women, girls, men and boys; 1,217 received free access to basic medical care; 1,309 people in total (665 girls and 644 boys) girls and boys under 18 years of age from the local community and Syrian refugees living in hard-to-reach and underdeveloped areas received `free access to primary paediatric care; 155 people received free access to basic medical care and family planning consultations.

AAP measures: collaboration of PMM with the Soldiers' Family Welfare Society led by Suhad Ahmad Mustafa.

CONCLUSIONS

CALL TO ACTION



- **Joint collaboration** of humanitarian and development aid organisations to share findings, results or tools for effective operationalisation of AAP.
- **Liaise with clusters** to coordinate capacity building activities on quality programming, including AAP and core people related issues, and on joint mechanisms.
- **Exchange good practices -** ensure ongoing awareness raising and capacity building amongst partners through utilization of specialist and peer expertise in cluster forums and other means, on such issues as:
 - > AAP commitments, communicating with communities (CwC), gender, age, disability, diversity, protection
 - > Code of Conduct, PSEA, community rights and entitlements, safe
 - distribution
 https://www.ted.com/talks/esther_duflo_social_experim

 Building community pelationshipsethroughabe design and operation of programmes.