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Viewpoint

Cultivating Resilience in Chaos: Localisation as a Mechanism for Sustainability and Inner Development in Syria's Humanitarian Crisis

Jo Rose * and Eslam Elbaaly

Health Sciences, University of York, York YO10 5DD, UK; eslam.elbaaly@york.ac.uk
* Correspondence: jo.rose@york.ac.uk; Tel.: +44-7837516781

Abstract: This article explores localisation in humanitarian settings as an example of sustainability and inner development. Through a case study from Syria, we discuss how localisation and remote management can lead to the mutual flourishing of individuals, communities and planetary health in the most challenging settings. Through localisation, we can rethink and reframe humanitarianism and integrate sustainability and personal development. Learning from these collaborations that highlight the importance of trust and interpersonal relations, the humanitarian and global health communities can reflect on how local individuals and communities can be further supported in their personal development and the sustainability of interventions that promote planetary health.

Keywords: localisation; humanitarian crisis; humanitarian aid; planetary health

Citation: Rose, J.; Elbaaly, E. Cultivating Resilience in Chaos: Localisation as a Mechanism for Sustainability and Inner Development in Syria's Humanitarian Crisis. *Challenges* **2024**, *15*, 11. https://doi.org/10.3390/challe15010011

Academic Editors: Kristian Stålne, Christine Wamsler, Susan Prescott, Kristofer Vernmark, Jonathan Reams, Vivianna Rodriguez Carreon, Kira Cooper, Stefani Greca and Lene Søvold

Received: 15 December 2023
Revised: 30 January 2024
Accepted: 21 February 2024
Published: 23 February 2024

1. The Localisation of International Humanitarian Aid

This article explores localisation in humanitarian crises as an example of planetary health and inner development. Through a case study from the Syrian humanitarian crisis, the article is a viewpoint that discusses how localisation can lead to mutual, personal flourishing for individuals, communities and planetary health, in the most challenging of settings throughout the world. The article analyses the challenges of localising humanitarian aid and then moves to examine how local actors in Syria have overcome such challenges to deliver locally designed and managed humanitarian interventions. The paper draws on the personal experience of the authors in Syria and the neighbouring refugee camps together with an in-depth structured conversation with the Chairman of the Syrian Civil Defence, commonly known as the White Helmets. The Syrian Civil Defence organisation, comprised of Syrian volunteers, emerged in response to the need to help Syrian civilians survive the conflict. The White Helmets were formed through courage, empathy and compassion for others founded on a philosophy adopted from the Quran—to save one life is to save all humanity [1].

According to the European Union, in the humanitarian sector, localisation means empowering local responders in affected countries to lead and deliver humanitarian aid. It aims at strengthening the capacity and resources of local organisations to respond to crises and promote long-term sustainability [2]. Local actors are immersed in the cultures, beliefs, knowledge systems, methods of communication, local politics and social norms. Furthermore, local communities are the first responders when a disaster or crisis erupts, henceforth, they are the most congruent to lead humanitarian interventions. The value of the localisation of aid is not new and has long been recognised and supported by the international community as evidenced in Table 1.

Localisation in humanitarian settings originated through an operational response to increasing insecurity in some countries whereby humanitarian organisations responded by withdrawing international staff in conflict zones, opting instead for remote management, and relying on local staff or partners to continue programming at reduced levels. One of

the first and largest examples occurred during the 1994 Rwandan genocide and others include Somalia, Sudan, South Sudan, Syria, Yemen and most recently the international withdrawal in Afghanistan (2021) and Gaza (2023). This list is not exhaustive, however, common across all cases of expulsion of the international community, the United Nations and international NGOs (INGOs) become intermediaries, channelling funds and resources to national staff and local organisations. They retain the power and control, however, of what, where and how these resources will be used and therefore, localisation occurred in its limited form and by necessity alone.

Localisation of humanitarian aid should aim to hand over control and resources directly to local/national organisations. It means increasing international investment and respect for local actors with the goal of increasing the effectiveness, reach and accountability of humanitarian action. Moreover, it transforms our viewpoint of humanitarian aid from the ground up whilst acknowledging that, the majority of aid is already provided by local actors [3]. The value of localising international humanitarian aid has been steadily gaining traction over the past two decades, but it became firmly embedded as the ideal in the 2016 World Humanitarian Summit (WHS). A humanitarian response should be "as local as possible, as international as necessary" [4].

Multi-layered arguments support and challenge the localisation agenda. On an operational level, it is recognised that only a less bureaucratic, decentralised humanitarian architecture could lead to a more effective humanitarian response and that local actors with their sustained presence also provide a bridge from humanitarian assistance to development. When a disaster or crisis unfolds, community members do not sit idle waiting for an international response, they act and help in any conceivable capacity. Locals can respond more rapidly to emerging needs, reducing time and resources to deliver critical aid. Channelling funds and resources directly to communities can then ensure a continuation of efforts with the knowledge of the type of interventions needed and where. At a governance level, localisation challenges the power dynamics governing the Western-led international humanitarian system in which partnerships are structured such that actors in the West hold power over local partners (this is discussed further in Section 2).

Concerns over the localisation of aid come from the capacity of local actors to scale up interventions, the political neutrality of local actors in times of conflict and risks to "local actors" including to their own lives. One could argue the above challenges also apply to international actors. The benefits of localisation, however, far outweigh the risks, even more so when combined with a moral consciousness. The value and importance of localisation in a humanitarian response are multifaceted. Localisation offers individuals and communities the ability to develop and flourish whilst finding a sustainable approach to planetary health. Localising aid delivery empowers communities to take an active role in shaping their own futures by actively participating in decision-making, planning, and execution. Localising aid further preserves cultural heritage, which is integral to inner development, helping people maintain their identity and a sense of belonging. Local actors are attuned to the specific needs and challenges within their context, and they have an inherent interest in ensuring the long-term viability of interventions. Local actors house indigenous knowledge and are intimately familiar with the environmental, social, and economic contexts of their communities, including the often complex nuances of their culture, enabling them to implement tailored responses to meet the specific needs of the crisis-affected population. This cultural competence fosters more respectful and effective engagement with individuals and communities, avoiding unintentional harm whilst promoting community acceptance.

Overall, localisation aligns with the humanitarian principles of humanity, impartiality, neutrality, and independence. It emphasises the importance of putting affected people at the centre of humanitarian action, prioritising their dignity, and respecting their rights. In summary, localisation not only improves the quality of assistance but also fosters stronger partnerships between local and international actors, creating a more inclusive, equal and collaborative humanitarian ecosystem.

Syria was a stable and wealthy country prior to the conflict, which erupted in 2011, yet today it is one of the longest ongoing nationwide civil wars in modern history. Localisation of humanitarian aid was forced upon the international humanitarian community early on, as the instability and conflict prevented external access. Remote management of the humanitarian crisis became a priority due to necessity. The case of Syria and the experience of the White Helmets and the authors provide unique insights into the challenges and opportunities for operationalising the localisation of aid over more than ten years.

Table 1. International organisation's views on the localisation of humanitarian aid.

Organisation/Agency	Statement on Localisation
International Agency Standing Committee—the highest-level and longest-standing humanitarian coordination forum (2022)	It is of utmost importance that local/national humanitarian actors lead, participate in and are adequately funded for humanitarian response as they are the ones who know the situation on the ground best and often have better access to people in need than international humanitarian organisations [5].
"Grand Bargain" 2.0 (2021) is an agreement between more than 50 of the biggest donors and aid providers worldwide.	It aims to get more aid into the hands of people in need. It is essentially a "Grand Bargain on efficiency" between donors and humanitarian organisations to reduce the costs and improve the effectiveness of humanitarian action. An important target of the localisation workstream is that 25% of global humanitarian funding is channelled as directly as possible to local and national responders by 2020. This is an important investment in the long-term institutional capacities of local actors, promotes more equal partnerships, and ensures better integration with local coordination mechanisms [6].
UNHCR (2023)	UNHCR, like other UN agencies, donors and civil society actors, made the commitment at the World Humanitarian Summit to "empower national and local humanitarian action" and thus, to work towards greater localisation. Under the Grand Bargain international organisations and key donors also committed themselves to increasing the amount of funding that is channelled as directly as possible to national and local organisations, supporting multi-year investment in their capacities, removing barriers to equal partnerships, and promoting local leadership and local voices in coordination and decision-making [7].
USAID (2022 LOCALIZATION PROGRESS REPORT)	USAID is committed to shifting funding and decision-making power to the people, organisations, and institutions that are driving change in their own countries and communities. Experience shows that local leadership over development and humanitarian goals and programming is important for equity, effectiveness, and sustainability [8].
EU (2021)	The EU's Civil Protection and Humanitarian Aid Operations department has been strengthening relations with local actors since the 2016 World Humanitarian Summit. The Commission will strive to step up EU support for localisation, taking into account country and context specificities, as well as leveraging different instruments in line with the humanitarian–development–peace nexus [2].
International Federation of the Red Cross and Red Crescent Movement (2023)	Local humanitarian actors are the first to respond when disasters strike and often have access to areas that international actors do not. Their presence within communities before, during, and after crises means they are generally best placed to link immediate response efforts to longer-term resilience-building, preparedness and recovery. Localisation has been at the core of the IFRC's working model since we were created in 1919 [9].

(Source: Author's own, 2023).

2. The Ground Realities: Fair Is Foul, and Foul Is Fair

Following the World Humanitarian Summit in 2016, the localisation agenda gathered great momentum and it was envisioned that local NGOs would soon be carrying the bulk of the aid work. Unfortunately, despite all the ink and paper spent on calls for localisation, the ground realities are a stark contrast [10]. Bilateral overseas development aid to low- and middle-income countries declined from 31 to 24% between 2011 and 2021 [11]. There was a significant growth in aid from international donors in 2022, however, there was no increase in the proportion of overall assistance directly provided to local and national actors—1.2% (USD 485 million). Contrastingly, public donors increasingly relied on UN agencies and international NGOs to deliver humanitarian programming with 60% (USD 22.8 billion) of total public funding channelled to multilateral organisations up from 52% in 2021 [11]. The

evidence is unequivocal that local actors should be leading humanitarian responses and the international community fully supports the approach, as evidenced through their continued commitments as visible in Table 1, then why has little shifted towards the localisation of aid on the ground? We identify five key reasons why the localisation agenda is failing.

2.1. Reliance on Intermediaries

Firstly, many donors claim they are unable to access local organisations and therefore, act through intermediaries such as the United Nations. Donors work with international organisations because of the intermediary capacity and mandates (IASC, 2022). Intermediaries aim to create accountable and equitable partnerships to channel aid toward local/national organisations. The use of such intermediaries, however, has revealed the opposite and often re-enforces the power imbalance between international and national organisations and any ability to mutually flourish. According to the Grand Bargain (2023), an initiative launched during the World Humanitarian Summit, the capacity of local actors needs to be better acknowledged and they must be given the space to deal with the challenges they face and lead the responses to the affected community in times of crises [6]. Enculturation of the international humanitarian aid industry is needed. This begins with full transparency of aid flows and the development of a transitional pathway that concludes with donors directly providing aid to local/national actors. It is understood this may be less possible for sudden onset disaster events such as a flash flood or earthquake, but it is possible in medium- to long-term humanitarian crises (which account for 74% of people in need of humanitarian assistance). In essence, intermediary organisations should be seeking to become redundant or transitional to longer-term development organisations. The World Humanitarian Summit was over eight years ago, and most intermediaries have completed too little to move towards localisation. Crisis-affected communities are those most vulnerable and they should be supported to promote their well-being and quality of life by those who share and understand their values, culture, tradition and environment, namely, the local actors.

2.2. A Lack of Investment in Disaster Risk Reduction

Collaborating and working with local organisations and communities prior to a disaster event is a prime opportunity to promote localisation and collaboration to co-create inclusive interventions whilst building trust. According to the United Nations Office for Disaster Risk Reduction (2023) every USD 1 invested in disaster risk reduction and prevention can save up to USD 15 in post-disaster recovery and every USD 1 invested in making infrastructure disaster-resilient saves USD 4 in reconstruction costs [12]. This is common knowledge amongst Western donors and international aid agencies, as is the occurrence of many large-scale disaster events. For example, from the 2015 major earthquake in Nepal to the 2023 Turkiye and Syria earthquake, it was acknowledged that these events were overdue and imminent according to the scientists with the United States Geological Survey who calculate when and where the next major earthquakes will occur [13]. Therefore, if donors understand where the next major disaster events will occur and the evidence for investing in advance is clear then why is more effort not focused on investing and developing collaborations with local organisations prior to the disaster? The answer lies within the Western political cycles, most of which are between four and five years. Long-term funding commitments in Disaster Risk Reduction (DRR) and prevention could be attributed to future successes by competing political powers. From an optics perspective, a fast and effective response to a global humanitarian crisis by the party in power can increase their popularity. The current political environment has inverted principles of humanity—a separatist worldview that values power, control and money over humanity, mutual flourishing and planetary health [14].

2.3. Avoidance of Risk

The corruption or theft of humanitarian aid means lives lost, not simply a loss of profits or growth. Humanitarian actors have a great obligation to ensure the utmost effort is taken to prevent fraud, corruption and the mismanagement of funding. In this field, corruption can also include waste and profligacy. Local actors may deem international actors profligate because they are paid much higher salaries and stay in higher-rate hotels [15]. Donors and international agencies often deem local actors as high risk, due to such different banking and accounting methods, lack of insurance, lack of anti-corruption measures and weak rule of law. The excuse of needing to avoid risk and lack of trust with local organisations ensures the power and ultimately the ability to set the agenda remains with the international humanitarian agencies and donors. Accountability is only provided upwards with little regard to those on the ground. Yet corruption and fraud have occurred at every level in the international humanitarian aid industry. In 2005, one of the UN's largest ever humanitarian undertakings—the Oil-for-Food programme in Iraq—became one of their biggest ever scandals when it was revealed that the former head of the programme had been corrupt and another was soliciting huge bribes [16]. In 2020, it was reported that the United Nations Development Programme had financial misstatements worth millions of dollars [17]. Risk is a possibility at any stage, and it is acknowledged that international aid organisations can be policed to a higher standard and held accountable for major incidents of fraud and corruption. However, much is to be completed in the areas of waste as we strive for equality and accountability for crisis-affected people. Non-western funding mechanisms and local policing systems are possible for example, the international community have been using the Hawala system in Somalia to deliver humanitarian aid for over twenty years. The Hawala financial system is active throughout the world and provides direct funds to people via a trust-based system [18]. International actors need to collaborate with local financing systems and actors to establish effective financing models in order to remove the "avoidance of risk" defence.

2.4. Business as Usual

The international humanitarian system traditionally consisted, principally, of four sets of actors: donor governments, including the European Commission Humanitarian Office (ECHO), the United Nations (UN), the International Red Cross and Red Crescent Movement, and international non-governmental organisations (INGOs) [10]. Media, specifically social media, should be added to this list, as we have seen the power of sharing unfolding humanitarian crises on social media, most recently for example, in Israel and Gaza. The White Helmets themselves gained great traction through their award-winning Netflix documentary. For the purpose of this paper, it is these actors we are referring to when discussing international humanitarian agencies. Local NGOs are playing an ever-increasingly important role in delivering aid and gaining access where international agencies are unable to due to levels of insecurity and risk in areas such as Afghanistan, Syria and Yemen. Unlike the others, however, local organisations have little voice in the system [19].

The architecture of the international aid industry has been in situ since the 1990s. The United Nations was established in 1945 with initially 50 members. These numbers soared following two key events, the global decolonisation around 1950–1960 and the regaining of independence of many former Soviet republics after 1989–1990 [20]. There have been some efforts since the 1990s that have attempted to improve international humanitarian responses, aiming to achieve more effective, efficient, appropriate and impactful interventions. They have at best, however, moved some furniture around in a building that is no longer fit for purpose. Our world and its humanitarian crises have changed radically since 1945 and our humanitarian aid system needs to reciprocate. Unfortunately, business as usual is the preferred option—when a crisis emerges, the UN and international NGOs find it easier to draw on their own people and increase their operations rather than put efforts into devolving power and resources towards local actors.

2.5. The Beneficiary

Beneficiary is a term often used in the international humanitarian sector to refer to the recipients of aid. The authors would argue otherwise. They should be correctly referred to as recipients of aid, as whether and to what extent they benefit is an imposed assumption. In South Sudan, for example, over the past two decades, many international organisations have provided latrines in rural communities. These go unused as they are not accepted culturally, and too few resources are channelled into supporting a cultural transformation. This case is not unique to South Sudan, as many Congolese refugees in Uganda believe latrine use leads to infertility and in some parts of Africa and Asia defecating outside in running water is believed the optimal option [21]. Unused latrines litter many rural communities across Africa and Asia, resources wasted through a lack of local engagement and collaboration.

During an international humanitarian response, vast amounts of cash flow through the intermediaries (United Nations agencies and international NGOs). Organisations collect images, stories and case studies to promote their work and increase funding. At an operational level, international staff gain experience, capacity and skills. International staff employed by the United Nations and INGOs receive extravagant salaries, greater annual leave, better security and multiple other benefits compared to their local counterparts, thus reinforcing the divide, inequality and power imbalance. International humanitarian agencies profit tremendously during a humanitarian crisis with many claiming exuberant overheads. USAID, for example, often pays a quarter of project costs as overheads [22]. International humanitarian aid is not given according to need but rather an uneasy mix of politics and philanthropy and as in the policy of USAID, unashamedly to provide aid through a national political agenda [23,24]. Ultimately, international humanitarian crises benefit and profit international actors and their international staff far more than that of any local actors or recipients of aid [25]. Hence, the conundrum presents itself, that whilst international agencies proclaim their aim is towards localisation, their agenda, which is set by the State, is in direct contrast, therefore, the localisation agenda is not translated from theory into practice on the ground.

3. The Emergence of Civil Conflict in Syria

A term or season to many that should infer the beginning of new life, however, anyone who witnessed the Arab Spring play out across Northern Africa and the Middle East beginning in 2010 knew the reality was a striking contrast. The wave of pro-democracy protests and uprisings began in Tunisia and then Egypt toppled their authoritarian regimes in relatively quick succession inspiring attempts in other countries. The turning point in Egypt came after several days of clashes when the Egyptian army announced it would refuse to use force against protestors calling for the removal of the then President. Other countries were not so fortunate. Yemen's uprising led to President Saleh agreeing to cede power to Vice President Hadi, however, he was unable to maintain stability and the rebellion later in 2014 led to civil war. In 2011, mass protests broke out in Bahrain, but these were violently repressed by the security forces supported by soldiers from Saudi Arabia and police officers from the United Arab Emirates. In the aftermath, hundreds of the protesters and supporters were killed, tortured and imprisoned in what an independent investigation commissioned by the Bahrain Government declared as, the use of excessive force and torture against protestors [26]. Protests broke out in Libya in 2011 against the Qaddafi regime and when the protestors were near defeat an international coalition led by NATO launched a campaign of air strikes that shifted the balance in favour of the opposition forces. A Transitional National Council was established by the protesters with international recognition however, similar to Yemen, the inability to regain authority over the country led to the outbreak of civil war in 2014. Syria followed suit in 2011, with uprisings against President Assad's regime. Assad responded with a brutal crackdown on protestors that received condemnation from human rights groups and international leaders. Assad retained power over critical military units, but it was the divisions in the

international community that meant his removal from power would be unlikely. Russia and China vetoed the UN Security Council resolutions meant to pressure Assad's regime [27]. The violence escalated, fed by funding and arms from other rival countries resulting in civil war and a vast refugee crisis.

Minor pro-democracy protests rose in Algeria, Jordan, Morocco and Oman where leaders were quick to make various concessions to prevent destabilisation of their countries. Protests re-emerged in Algeria in 2019 leading to the toppling of President Outeflika. Shortly after Sudan followed suit ending the 30-year rule of President Bashir [28]. Today, conflicts rage on inside Yemen, Syria, Algeria and Sudan, largely forgotten by the outside world with dwindling aid budgets despite the atrocities and daily killings of innocent children and civilians. These communities have suffered the searing loss of connectedness, empathy and humanity from most of the outside world.

The Syrian conflict has evolved into one of the most protracted and devastating crises of the 21st century. The conflict initially began with peaceful demonstrations demanding political reforms. However, the government's violent suppression under President Assad transformed the uprising into a full-scale civil war by 2012. The violence led to mass displacement, internally and externally, setting the stage for a severe humanitarian crisis [29]. The country is fractured by actors with apparently irreconcilable interests: in areas beyond the regime's control, extremists promoting a Sunni Muslim theocracy have eclipsed opposition forces fighting a democratic and pluralistic Syria while regional powers have backed various local forces to advance their geopolitical interests on Syria's battlefields [30].

Both Assad's regime and rebel forces have targeted civilians throughout the conflict. Humanitarian aid became politicised with Assad allowing international organisations to enter with aid in government-held areas but not others [29]. The Syrian healthcare system also quickly became a casualty of the conflict. Hospitals and clinics were systematically targeted, either damaged or destroyed, leaving the population without adequate medical care [31]. The deliberate destruction of health infrastructure significantly exacerbated the suffering of civilians, with a shortage of medical personnel compounding the crisis. As the conflict intensified, healthcare workers found themselves on the frontline, often facing targeted attacks. Physicians and nurses were forced to flee, and those who remained faced perilous conditions. This targeting not only resulted in the loss of skilled professionals but also created a climate of fear that hindered the provision of medical assistance to those in need.

The conflict's complexity deepened with international involvement [32]. The alleged use of chemical weapons in 2013 prompted international condemnation, and the subsequent intervention of Russia in 2015 further altered the dynamics of war. The rise of the Islamic State (ISIS) added another layer, as control over territories impacted the provision of essential services, including healthcare.

Syria remains entrenched in a political stalemate [32]. The conflict has created one of the largest humanitarian crises the world has ever witnessed with millions in need of assistance. Health services are strained, and access to basic necessities is limited [33]. The international community continues to grapple with how to address the multifarious challenges and provide meaningful support to the beleaguered Syrian population.

4. Lived Experiences and Life Stories

This paper provides a viewpoint by drawing on an in-depth structured conversation and the lived experiences of both authors. Dr Elbaaly worked as Senior Medical Projects Manager for Médecins Sans Frontières (MSF) for eight years and served in Syria from 2016 to 2019 both on the front line and then in the refugee camps in neighbouring countries (Lebanon and Turkey) when MSF was forced to withdraw due to insecurities. Dr Elbaaly specifically developed and supported the localisation process for MSF during this period. He is currently completing his DrPH on localisation and accountability in Syria. Dr Rose has been working with conflict-affected communities for over fifteen years. She has collaborated with the Aman Network, a local Syrian network that provides care and support for local communities. Dr Rose has worked with Syrian refugees in Jordan and

in 2020 co-founded a network with Syrian refugees and several organisations operational in the refugee camps aiming to better understand the needs and challenges of the refugee community. Raed Al Saleh, head of the Syrian Civil Defense Force, provided his experience and insights through a recorded structured conversation. A structured conversation was chosen as the most effective methodology for gaining Al Saleh's story and a thorough understanding of how the defence force has emerged and evolved. The authors utilise the structured conversation with Raed Al Saleh combined with their own experiences to understand the multifaceted challenges, opportunities, disadvantages, and benefits of localising international humanitarian aid.

The life history methodology adopted with Al Saleh enabled the research to focus on his story in-depth rather than a wider population at scale [34]. This method enabled the researchers to view the story both from the perspective of the individuals and the perspective of the researchers. Through this method, the researchers were able to gather a personal narrative, memories and reflections. The approach is also useful for exploring less tangible aspects of life such as values, beliefs, motivations, emotions, identities and the underlying meanings of actions. Moreover, bringing to light often more marginalised and silenced voices [33]. The structured conversation included themes of critical life events; major changes; helping civilians; humanitarian aid; challenges; opportunities; and localisation. This life story was a partial narrative, or what Bamberg [35] terms a small story, examining and reflecting on Al Saleh's life once he became a refugee [36].

The authors held five focused discussion sessions to analyse the structured conversation; share and reflect on their own lived experiences with Syrian communities; and the delivery of aid in Syria. The sessions focused on the key themes listed above allowing them to gain a greater collected knowledge and ensure consistency throughout the findings. Lived experience can be defined as personal knowledge of the world gained through direct participation and involvement in an event or phenomenon [37]. Lived experience refers to human activities that are immediate, situated and daily, which are lived without thinking about or paying attention to them [38]. The life history of Al Saleh supplemented with the lived experiences of the authors provided a comprehensive insight into the localisation of the aid phenomenon.

The following section provides the findings. The conversation with Raed Al Salah offers a first-hand account of how a local organisation emerged and evolved offering critical insights to the international community through demonstrating a practical model for localising international aid. The authors complement and triangulate the findings through their own experiences.

5. The Frontline Health Workers: A Candle in the Dark

When the conflict erupted in Syria, many people fled to neighbouring countries. Raed Al Saleh was amongst the Syrian refugees who sought refuge in Turkiye in 2011. He found employment as a driver and one of his earliest tasks involved delivering a group of 25 male Syrian volunteers to Istanbul for training in civil defence, which included search and rescue skills. Upon completion of the training, the group planned to return to Syria and utilise their new skills to help other civilians. Raed Al Saleh joined the group on the second day of training becoming the 26th member. The initial stage of training involved placing them in a large dark room with the aim of locating an exit. "We started panicking, to be in such a dark place, but then eventually someone found the exit and we got out. The trainer returned us to the room with the lights on and only then did we see the room was filled with rubble and so called bodies underneath. . .This is when they all realized that how can you find people and save lives in darkness, but you have to, and what a glory it would be to save such lives" (Raed Al Saleh, 2023) [39].

The training provided critical skills whilst instilling determination. Additional groups of Syrian volunteers also emerged to help the civilian population in cities, towns, and villages. In 2014, the various groups allied and signed a declaration forming the Syrian Civil Defence Force with the founding rule of equality in support of all civilians. In 2015,

Raed Al Saleh was selected as the head of the movement, which continues to operate and grow today [39]. Currently, the White Helmets have approximately 3000 members including 221 women trained in medical care, psycho-social skills, education and search and rescue. The White Helmets come from all walks of life and since 2013, 252 members have been killed and over 500 injured. Over half were killed in "double-tap" strikes whereby warplanes return post-bombing targeting rescue workers [1].

When the conflict arose, communities in Syria were closed off by the violence and across ethnic lines, which bred mistrust. The White Helmets understood this early and subsequently, prioritised working to build trust amongst all communities aiming to demonstrate their commitment to saving all lives and indiscriminate work ethic. They strategically decentralised their approach and recruited a lead representative from each village, town and city to lead interventions in their communities, which provided the foundation for building certitude and hope. The recruitment strategy also enabled the provision of real-time information on attacks, interventions and support needed. The White Helmets conducted a survey in 2015 where all local communities were asked whether they trusted the White Helmets to save their lives. Only 10% of people provided positive responses. The same survey was repeated in 2018 and 93% of the responses were positive [39]. The White Helmets' adherence to their motto, commitment to the Syrian people, cultural knowledge, and efforts to localise support and interventions for communities wherever possible, propelled trust in them and impassioned others to join their cause. The major challenge the White Helmets faced was securing enough funds and resources to deliver sufficient aid to the people.

> "The international community has failed to protect Syrian civilians during the conflict and has failed to deliver aid without politics in Syria" [39].

A town called Darayya near the capital Damascus suffered gross attacks early in the conflict. The first international aid arrived in the town after three years of bombings and attacks and it consisted of coffins and mosquito bed nets from the United Nations [39]. These interventions were grossly ineffective, and inefficient, and demonstrated the lack of capacity of the international community to deliver an adequate humanitarian response. The White Helmets slowly began collaborating with the United Nations and other international actors. These intermediaries took 7–9% in overheads and would consume between 30 and 50% of the initial funds donated, creating a huge loss of resources to the White Helmets [39]. In 2016, a major transition occurred, as the White Helmets were nominated for a Nobel Peace Prize and a documentary created by a Syrian filmmaker won the Oscar for the short documentary award. It was a powerful glimpse into war-torn Syria and followed the daily actions of the White Helmets showing, that when the bombs rained down, the White Helmets went in. Donations to the White Helmets rocketed and soon the donors followed suit, providing funding directly to the local organisation, which meant a transformation to an "international, local defense service". The model established by the White Helmets demonstrated a pathway for donors to collaborate and directly fund local organisations.

Today the White Helmets are widely known in the international community, but there are other less-known local actors in Syria and throughout the world that have also developed sophisticated responses and methods of supporting local communities, particularly in the health sector [40]. Access to functioning health facilities in Northwest Syria has been constrained by major challenges of safety and security, financing and coordination since the onslaught of the conflict. International humanitarian staff based in Turkiye were generally not able to visit projects inside Syria. However, Syrian staff regularly crossed into Syria, excluding a handful of border closures. In this context, "frontline health workers" become "undercover relief workers", putting personal relationships at the centre of professional partnerships. Trust was critical and ever-present with networks previously forged, or when introduced via a trusted intermediary. Interpersonal relationships became critical to facilitate the development of a coordinated health response. The role played by Syrian healthcare providers to coordinate health activities inside Syria evolved throughout the conflict. Syrian health professionals started to organise inside Syria, forming medical committees and health directorates. This progressively expanded as Syrian NGOs began to

have a more active stance in international coordination mechanisms and as coordination agencies began to recognise entities inside Syria (such as health directorates).

One compelling example of community flourishing lies in the establishment of community health centres facilitated by local organisations [41]. These centres, often run by committed and compassionate healthcare professionals from the affected communities, serve as a lifeline for primary healthcare services [42]. Organisations like the Syrian American Medical Society (SAMS) have played a pivotal role in supporting and operating such facilities across Syria. These centres provide a spectrum of healthcare services, from maternal care to vaccinations, ensuring that even in the midst of conflict, the health needs of communities are addressed at the most local level.

Community health workers, recruited from within the affected populations, embody the resilience, bravery and compassion of communities [43]. These individuals risk their lives to serve as frontline responders, delivering essential healthcare services and information. Their local knowledge and cultural sensitivity enable them to navigate the complexities of conflict and bridge the gap in healthcare delivery. This grassroots approach not only addresses immediate health concerns but also fosters trust, connectedness and solidarity within communities. Mental health, historically largely overlooked in humanitarian interventions, is a critical aspect of community well-being. Local organisations, recognising this need, have initiated community-based mental health programmes [44]. The International Medical Corps, through its Syria Bright Future program, trains local facilitators to provide psychological first aid and psychosocial support. By empowering local actors to address mental health challenges, this initiative contributes to the overall well-being of communities dealing with trauma and stress.

Health education programmes led by local educators further exemplify the impact of community-driven initiatives [45]. Organisations like Syria Relief and Development (SRD) have implemented programmes that empower individuals with knowledge of preventive measures, healthy practices, and early warning signs for various health issues. This transformative education not only improves health literacy at the community level but also instils a sense of agency, enabling individuals to actively participate in their own well-being and growth.

The adaptability of local interventions to the dynamic challenges of conflict is another testament to their efficacy. Mobile health clinics, operated by organisations like the Union of Medical Care and Relief Organizations (UOSSM), instantiate this adaptability. These mobile units bring healthcare services directly to conflict-affected and isolated areas, overcoming logistical challenges posed by violence. They provide a nimble response that ensures that communities receive timely and essential healthcare even in the face of adversity. This example is key to understanding the realities of building up coordination mechanisms in a humanitarian context reflecting that coordination cannot always be channelled down through vertical processes. The efficiency of local networks was in maintaining communication between different areas and quickly mobilising resources and responses to various emergencies. The grassroots approach described was the backbone of the mechanisms coordinating the response.

Syria has suffered over a decade of violence and conflict and similar to most of the chronic humanitarian crises throughout the world, the ending is far from near. People receiving long-term humanitarian assistance move between endemic food insecurity, chronic poverty and periodic acute crisis [46]. During the height of these acute emergencies, resources for relief are usually generous, however, once the acute emergency subsides, funding evaporates, with little investment having been made to create the necessary conditions for the populations to rebuild resources, reduce their vulnerabilities or become resilient against future shocks [47]. Humanitarian responses to chronic crises generally consist of a series of ad hoc emergency interventions with little attention given to either sustainability or the well-being of affected communities [48]. The local actors and organisations have evolved, grown and developed great capacities since the start of the conflict in Syria and they continue to do so despite the daily risks to their own lives.

6. Conclusions

The existing framework for the delivery of international humanitarian aid is ineffective and inefficient, as a consequence largely of the power imbalance between the local and international actors and a lack of understanding of the ground realities, cultures, needs and priorities amongst the international actors. Chronic humanitarian crises have an impoverishing effect as they continuously weaken individuals, households and communities. The combined effects of ongoing emergencies create much deeper and more complicated problems than one-off disaster events. Livelihoods are gradually destroyed as assets, coping mechanisms and supportive institutions are eventually eroded, devastating societies to generate extreme chronic vulnerability [49].

Localisation provides the opportunity to rethink how we frame humanitarianism. It presents an opportunity to address the prevalent issue of cultural insensitivity in humanitarian aid. Frequently, international actors bring preconceived notions and standardised solutions that rarely align with the cultural nuances and social structures of the affected communities. Through engendering a more localised approach, aid organisations can foster cultural competency, ensuring that interventions are respectful of local customs and traditions. This cultural sensitivity not only enhances the acceptance of aid but also promotes a sense of dignity and agency among the affected populations, fostering a more collaborative and empowering humanitarian process. Effective grassroots strategies to enhance cross-border coordination highlight the importance of trust and interpersonal relations in developing effective partnerships. Learning from these collaborations, the global humanitarian and health communities can reflect on how local individuals and communities can be further supported in their personal development, seeking the sustainability of interventions to promote planetary health. Through partnerships with local organisations, international actors can tap into this wealth of contextual knowledge, gaining insights that lead to more strategic, adaptive, and resilient humanitarian responses. In addition to cultural considerations, a localised approach to humanitarian aid allows for a more nuanced understanding of the complex dynamics within crisis-affected regions. Local actors possess an intimate knowledge of the socio-political landscape, enabling them to navigate intricate power structures and dynamics more effectively. This knowledge is invaluable in crafting interventions that not only address immediate needs but also contribute to inner development. Ultimately, embracing localisation is not just a shift in the delivery of aid; it is a step towards a more equitable, culturally sensitive, and strategically informed humanitarian paradigm that can better withstand the challenges posed by humanitarian crises.

By embracing the principles of localisation, prioritising community-led initiatives, acknowledging mental health as a core component of healthcare, fostering community engagement, and embracing adaptability, the humanitarian sector can enhance its effectiveness and better serve the diverse needs of populations facing crises worldwide. The international community must urge donors to develop timely transitional pathways to answer the need for localisation. A transformative agenda must be set that challenges state power and foreign policy influence on the provision of aid, driving localisation on a wide scale. Thus, enabling those crises-affected communities to gain control over decision-making and resources that will allow them to co-develop and co-create culturally informed and context-driven humanitarian interventions.

Author Contributions: Conceptualisation, J.R. and E.E.; writing and original draft preparation J.R. and E.E.; J.R. led the editing of the final version of the paper. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: Interview available.

Acknowledgments: The authors would like to thank Raed Al Saleh for his time and continued efforts in Syria with the White Helmets.

Conflicts of Interest: The authors declare no conflicts of interest.

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