

What do practitioners need from the academia?

The academia holds few significant characteristics, such as access to multidisciplinary sectors, and the privilege of criticizing and discussing approaches, using systematic methods and theoretical frameworks, in a distanced perspective. This distance enables to observe things and analyze processes, without the sensitivity and the complexities, which are apparent in the field.

Further capacity of the academia is the use of multiple sources of knowledge and funding. This capacity is often missed by the field practitioners and the HQ of humanitarian agencies, due to decreased accessibility to data and constant sense of emergency.

Alongside these capacities, academicians are not required to rule out or to make decisions, which can affect beneficiaries in a way that decisions in the field might affect. Therefore, the academicians do not hold any accountability to beneficiaries.

Following the question of '**What do Practitioners Really Need from Academicians?**' we can ask '**What can the academia contribute to the practical field work?**'

Considering four examples of collaborations and case studies, could offer a few channels for creating a synergy between academicians and humanitarian workers.

1. The struggle against Female Genital Mutilation/Cutting (FGM) was primarily started as part of medical and human rights' discourse by agencies such as **WHO, UNFPA** and **MSF**. The success in addressing the negative aspects of the phenomena was found through deep understanding of the anthropological role of that practice. Comprehension of such acts could be achieved through an access to interdisciplinary sectors. The privilege of accessibility could result in consultations and thinking tanks in order to develop long-term strategies for dealing with such issues.
2. Data on abortion services provided by humanitarian agencies in conflict and post disaster's zone is limited, probably due to security reasons, political agendas, cultural aspects and most importantly since it is not commonly collected. Reasons given by agencies including **MSF**, for not offering abortion services to women who are facing GBV or unwanted pregnancies, could be addressed through conceiving the coercive element in the humanitarian context as violent as a rape. In that sense, the academia could offer ethical and legal justifications for agencies to offer such services. Moreover, the academia could try to understand taboos and study how to overcome them, and by that expanding the term of "who is the most vulnerable". The Israeli School of Humanitarian Aid and Johns Hopkins University hold current research on this issue.
3. Pregnant women from the Sub Sahara in Israel were treated on a clinic managed by The Israeli Ministry of Health in accordance with local protocols. Such a setting could however create discomfort, and deficiency in the medical support due to cultural gaps. Developing validated protocols, which are using cultural competency elements

such as different terminologies, could improve the medical treatment and are examples for the academia's role in this context.

4. Survivors from torturing camps are treated in Israel by an NGO (**ASSAF**). Previously, the interventions they were going through as part of their rehabilitation focused on their stress and dysfunctional behavior. The intervention was based on the assumption, which saw the survivors as stressed and as dysfunctional. This assumption however was never measured quantitatively, with standardized tools. Questioning assumptions and measuring them through validated questionnaires with academic tools, and testing them compared to control groups, could improve our understanding and eventual intervention models used in the field. Currently, the measurement is being conducted by **Johns Hopkins University, The Israeli School of Humanitarian Aid and Tel Hai College**.

The way forward:

- a. The privilege of an access to interdisciplinary sectors, could results in consultations and think-tanks in order to develop long term strategies.
- b. Creating academic centers or researchers' groups for increasing accessibility to analyzed data.
- c. Addressing taboos.
- d. Developing and validating effective and relevant tools both for interventions and for assessment of the intervention effectiveness.
- e. Developing tools using cultural competency.
- f. Investing in Meta-analyses of lessons learned.
- g. Taking the data and translating it, mediating it and transforming it into the field terminology- through protocols.
- h. Inviting field workers into the academia and vice versa.
- i. Leadership, proactivity and assertiveness, which is initiating direct contact with agencies, requiring about blind spots and specific needs.
- j. Policy of accountability, long-term engagement and commitment of the academy.