Humanitarian Exchange

In this issue

About HPN

The Humanitarian Practice Network at the Overseas Development Institute is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience. *The views and opinions expressed in HPN's publications do not necessarily state or reflect those of the Humanitarian Policy Group or the Overseas Development Institute.*

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Donors and agencies alike have long sought means of improving the performance, accountability and transparency of humanitarian action. Whilst a proliferation of NGO and agency initiatives followed the Rwanda genocide of 1994, it was not until 2003 that donor governments took the important step of agreeing a foundation for improved performance in their own humanitarian policy and practice.

At an international meeting in Stockholm in 2003, donors committed to a set of principles and good practice designed to make responses to humanitarian crises more effective, equitable and principled. In October 2004, a second international meeting was held in Ottawa to reaffirm and review progress on these commitments.

The 'Good Humanitarian Donorship' (GHD) initiative, as it has become known, seeks to address many of the weaknesses in the humanitarian system, including the need for better coordination, investment in prevention and preparedness and flexible, timely and predictable funding. This is an important agenda. It is also a challenging one. In the context of significant unmet humanitarian needs in ongoing crises in countries such as Chad, the Democratic Republic of Congo and Somalia, the massive donor response to the Indian Ocean tsunami in December 2004 is a stark reminder of the distance GHD still has to travel before its commitments to impartial and equitable funding, according to need and on the basis of needs assessments, are translated into practice.

Given the importance of good donorship and the potential of GHD to address many of the challenges that confront the humanitarian system, why has more not been said about the initiative by those involved in humanitarian action? Could NGOs and agencies use GHD more effectively as a platform for their advocacy towards donors? What is the scope and potential of this agenda to improve the humanitarian response in countries like the DRC and Burundi, where the principles and practices are being piloted? And what level of commitment have GHD donors demonstrated, individually, within the European Union or other fora, such as the OECD Development Assistance Committee?

The articles in the special feature of this issue of *Humanitarian Exchange* consider these and other dilemmas at the operational and policy level, from experiences of the GHD pilots in Burundi and the DRC, to efforts to improve needs assessments and strengthen the UN Consolidated Appeals Process, to donor policy in the EU and the US and efforts within fora such as the OECD-DAC to take the initiative forward.

This issue also includes articles on a range of other subjects of concern to policy-makers and practitioners in the humanitarian sector. We hope you find it interesting and, as always, we welcome your feedback.

Welcome to the club

Ian Smillie and Larry Minear, Humanitarianism and War Project, Tufts University

The Good Humanitarian Donor Initiative is extremely important – perhaps one of the most important initiatives in humanitarian action in a decade. And it is important, not least, because it came from the donors themselves. It answers the criticisms of twenty years in five pages of resolutions, and it is a credit to all of the donors involved, but especially the Netherlands, Sweden and Canada which have had the stamina and the courage to push the initiative forward and to give it life. It has the potential to make major differences in your ability to reach more people in need, more quickly, more effectively, and more equitably.

These were our observations in a statement to the final session of the Ottawa meeting on 22 October 2004. There had been a discernible loss of momentum between the launch of the GHD initiative in June 2003 and the review of progress at the Ottawa session 15 months later. We felt it necessary to bring the discussion back to first principles and inject some urgency and enthusiasm into the languishing process. This article restates the importance of the GHD initiative, examines how the Asian tsunami has confirmed the urgent need for it and suggests some issues for the future.

The relevance of GHD

As independent analysts, we have had reservations about becoming GHD advocates. Yet that is precisely where the conclusions of our research on the current state of the humanitarian enterprise lead us.[1] Our initial report, prepared for the Stockholm meeting, was entitled *The Quality of Money: Donor Behavior in Humanitarian Financing*.[2] It identified structural weaknesses in the existing humanitarian system, concluding that 'humanitarianism is not the main driver of donor behavior in financing humanitarian work', and that the whole of the humanitarian endeavour is less than the sum of its multiple moving parts. Our subsequent book, *The Charity of Nations*, geared more to the general public than to

policy-makers and practitioners, vividly illustrates the weaknesses – and the strengths – of the existing humanitarian apparatus.[3]

The weaknesses we identify are addressed by a number of the essential principles and good practices of humanitarian donorship. The GHD platform framed at Stockholm, and reaffirmed at Ottawa, stipulated that humanitarian action should be guided by the central principles of humanity, impartiality, neutrality and independence. Funding should be allocated 'in proportion to needs and on the basis of needs assessments', within a context of respect for and promotion of international law. Funds should be less conditional and more predictable. At a more programmatic level, good practice included improved reporting and a preference for implementation by civilian over military institutions. The GHD platform endorsed 'the central and unique role of the United Nations in providing leadership and co-ordination of international humanitarian action'. The fact that donors themselves were taking action to redress their own behaviour seemed to constitute a compelling claim for support. The thrust of their commitments squared with our sense of what is needed.

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the humanitarian endeavour is less than the sum of its multiple moving parts

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The tsunami experience

Set against the backdrop of donor government commitments to address the evident weaknesses in the global humanitarian apparatus, the 26 December tsunami lent its weighty imprimatur to GHD. In the aftermath of the disaster, the weaknesses in humanitarian action flagged up in Stockholm and Ottawa were on vivid display. Nor were they beyond the scope of what donors envisioned: the opening affirmation of GHD principles embraces not only man-made crises but also natural disasters. Moreover, the GHD framework encompasses not only life-saving interventions, but also strengthened prevention and preparedness strategies. Without doubt, the international response to the tsunami has provided dramatic confirmation of the costs associated with the failure in earlier years to implement 'GHD-esque' reforms.

Among the weaknesses in the existing humanitarian apparatus confirmed by the tsunami were the existence of

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1 Our research on the political economy of humanitarian action, which preceded the GHD initiative, was supported by the governments of Australia, Canada, Sweden and Switzerland; the UN Office for the Coordination of Humanitarian Affairs; NGOs CARE Canada, Oxfam America, Trocaire and World Vision Canada; and the Aga Khan Foundation Canada.
2 The report, along with two others on related topics, is available at www.relief.net.
3 Ian Smillie and Larry Minear, *The Charity of Nations: Humanitarian Action in a Calculating World* (Bloomfield, CT: Kumarian, 2004).

too many moving parts (e.g., multiple governments and myriad NGOs) each with its own agenda; a weak centre, raising questions about the capacity of the UN system to lead and the strategy of some donors to create a provisional coalition to mobilise and orchestrate action; the involvement of military forces, both from the affected countries and from donor governments, in relief and also in political capacities; and the abysmal track record in other headline emergencies in converting pledges to operational activities on the ground within realistic timeframes. The initial month's response to the Asian crisis highlighted both the need for GHD, and the distance that donors have yet to travel in improving the performance of the humanitarian sector.

membership in the GHD club seemed on offer at bargain-basement prices

The perils of inaction were also underscored. One of the missed opportunities that came to light was the effort by scientists to expand the existing early-warning network from the Pacific to include the Indian Ocean. Governments in the UN's International Coordination Group had rebuffed the suggestion, voting in 2003 instead to 'establish a sessional working group to prepare a recommendation to establish an intersessional working group that will study the establishment of a regional warning system for the southwest Pacific and Indian Ocean'.[4] As if disasters can be expected to respect 'the jurisdictions of scientific or political bodies, the schedule of the sessions into which they organize their work, or the fancy footwork of government representatives who attend such gatherings'.[5]

The tendency of governments to delay action in the area of natural disaster preparedness recalls the difficulties encountered at the Stockholm meeting in getting decisive action on GHD itself. Following an extended and diffuse discussion, a unanimous vote of the donors present 'endorsed the Principles and Good Practice outlined in this document [the Meeting Conclusions] as a common platform of understanding of good humanitarian donorship, to assist them in forming their response to humanitarian crises'. As is often the case in moving from broad affirmations to pesky particulars, the GHD plan itself was rather more vague, committing consenting donors, for example, only to 'explore the possibility of reducing, or enhancing the flexibility of, earmarking, and of introducing longer-term funding arrangements'. Membership in the club seemed on offer at bargain-basement prices.

4 Andrew Revken, 'How Scientists and Victims Watched Helplessly', *New York Times*, 31 December 2004, p. A15.
5 Peter Walker, Ben Wisner, Jennifer Leaning and Larry Minear, 'Smoke and Mirrors: The Illusionary Art of Disaster Funding', *British Medical Journal*, 22 January 2004.

These twin examples depict governments engaged in decision-making at fourth remove. The dilution of the action element at each successive remove hardly inspires confidence in fundamental changes in dysfunctional policies. The timidity of governments, however, underscores the importance of solidifying the positive elements in the GHD undertaking and holding donors to their pronouncements. The increase in the number of GHD participants, from 16 donors at Stockholm to 22 at Ottawa, is positive. Also encouraging are the references to GHD principles by some governments and UN officials during the Geneva donors' meeting on the tsunami on 11 January, and the willingness of several donors to offer their policies for scrutiny in the next round of peer reviews by the OECD-Development Assistance Committee (DAC).

A look to the future
The nascent GHD effort involves a number of areas of continuing concern. One relates to the voluntary nature of commitments to GHD principles. At Stockholm, some questioned whether membership in the GHD club should perhaps be limited to governments that had made a commitment to implement GHD principles. The consensus among governments, however, was that more inclusive membership represents a means to improve behaviour over time across a wider group. A non-binding GHD process, the reasoning goes, enables broader engagement and buy-in. There is thus a need to monitor developments in this area and keep the pressure on governments to adopt national humanitarian policies and approaches consistent with the GHD framework.

Questions have also been raised about the role of the DAC in encouraging improved donor behaviour. The DAC has reportedly played a positive role in the initial round of peer reviews, which examined humanitarian policies and practices in Australia and Norway. Discussions are proceeding which may well extend the pilot period for another two years, allowing for additional peer reviews to proceed beyond the ones currently under way. While the DAC's focus has been on development policies and programmes, there is no inherent reason why it cannot now direct more attention to humanitarian issues. However, the situation bears monitoring and the discussions need to be widened to include non-traditional donors and non-Western funding sources. At a time when the Western nature of the humanitarian apparatus is increasingly an issue, the DAC donors' club has its own limitations. The roadmap offered by the Chairman of the Ottawa sessions also identifies a number of other implementation vehicles to help spur forward movement.[6]

A third area of concern involves the disappointing role played by NGOs thus far. As it often does, the NGO community has lamented that it was not consulted adequately in the GHD process. While hand-wringing has become an NGO stock-in-trade ('the donors made me do it' is a frequent response to criticism), the lamentations

6 'Chair's Overview: Continued Commitment to Good Humanitarian Donorship and a Roadmap for the Way Forward', 2 November 2004.

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obscure the reality that GHD principles are ones that the NGOs themselves for years have been pressing on governments and the United Nations. It is time for NGOs to step up their involvement and throw their considerable weight behind GHD. In fact, many NGOs themselves, meeting at the time of the Ottawa conference, concluded that they 'cannot afford to stay out of the GHD process'.[7] Like it or not, they have a dog in this fight.

like it or not, NGOs have a dog in this fight

In the interest of strengthening their own effectiveness, NGOs can also take some necessary steps independently of the GHD process. One would be to establish in countries such as Canada and the United States a coordinating group of major NGOs for headline crises, comparable to the Disasters Emergency Committee in the UK.[8] Such

a vehicle would not only provide a common front for dealing with individual donors and governments on funding issues. It would also be an indication of NGO willingness to address the free-for-all image of the sector, donor government unease about NGO capacity and competence, and public concern about NGO accountability.

What if donor governments threw a GHD party and nobody came? The issues are too important not to rally round. Donors need to be applauded for their initiative, but also held to measurable results. NGOs should continue to be advocates of a truly needs-based humanitarian enterprise, but should themselves make a more disciplined contribution to such a regime. UN humanitarian personnel can play a more assertive role. Independent analysts will have their own challenges in continuing to monitor and evaluate the approaches adopted. In short, don't break open the champagne just yet, but at least keep it on ice.

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7 Minutes from PAGER-GHD Meeting, 20 October 2004, p. 2.
8 See Ian Smillie, 'The Way To Give Well', *The Globe and Mail*, 30 December 2004; and Ian Smillie and Larry Minear, 'A Better System for Funding Disaster Relief', AlertNet, 24 January 2005.

Good donorship: how serious are the donors?

Richard Blewitt, IFRC

Donor governments, like their NGO counterparts, have spent the 11 years since the Rwanda genocide in 1994 trying to strengthen the performance of humanitarian organisations and the humanitarian system. For both, the record is mixed. Overall, despite the increasing level of professionalism, performance systems and reporting, one still has to worry whether the lot of the humanitarian beneficiary has really improved. That said, donors have been right to press for greater accountability and transparency and improved performance. They have also been right, through the Good Humanitarian Donorship (GHD) initiative, to look at how their own behaviour affects humanitarian outcomes on the ground.

Signing up to the GHD principles, many of which have been borrowed from the Red Cross-Red Crescent INGO *Code of Conduct*, is a brave and important step. Donors' endorsement of GHD provides an opportunity for governments to codify their commitments to humanitarian principles either in domestic law or in their policies. Yet formal adherence to instruments like the Geneva Conventions or the Refugee Convention has not necessarily guided governments' humanitarian funding decisions. Will GHD fare any better? This article asks how serious donor governments are in their engagement with

GHD, and examines some of the obstacles and challenges that they face.

Why is GHD so difficult?
It is possible to identify a set of recurring factors that seem to make it difficult for donors to apply and give meaning to the principles and good practice of GHD. Some are internal to donors themselves, others stem from the nature of the 'system' itself:

1. Donors are highly susceptible to media and political interest. The pressure to act can override commitments to principles such as impartiality; donors' reactions to the Indian Ocean tsunami are but the latest example of a lack of rationality and needs-based planning in donor decision-making. Despite commitments to GHD, the trend seems to be towards ever-increasing distortions in humanitarian funding.
2. Overall, available resources do not match humanitarian needs across the world. One only has to look at Chad, the DRC or Somalia to see the gulf that exists between good intentions and principles and the actual levels of funding and response.
3. There is a lack of strong advocates of GHD within government ministries, able to withstand competing

policy and political pressures. In general terms, the people who work in the humanitarian sections of aid ministries or in foreign ministries are often under stress, with small teams handling huge resource flows and making decisions with limited information. These pressures clearly militate against the kind of work that would be required to turn rhetorical commitments into real programmatic change.

4. The short-termism inherent in donors' humanitarian decision-making makes rational, needs-based planning difficult. Time-frames are often artificially short – typically a year – even in humanitarian crises that have lasted for years, and look like lasting for years more. It is not by accident that GHD identifies the introduction of longer-term funding arrangements, along with predictability and flexibility of funding, as part of its good practice agenda.

5. There is confused thinking within donor governments around the distinctiveness of humanitarian organisations and humanitarian work, as against activities like conflict mitigation and conflict reduction. This has obvious implications for the principle of independence, which states that humanitarian action should be autonomous from the political, economic, military or other objectives a donor might have. It may also compromise GHD's commitment to the primacy of civilian organisations in the delivery of aid.

6. Holding the purse strings is no guarantee of systemic change. This could be viewed as a good thing: the fact that the humanitarian system is not donor-driven is seen as an important characteristic. However, it is also testimony to how challenging it is to bring about positive change and improvements in humanitarian organisations or the humanitarian system. Donors may have reached a consensus on the need to strengthen the humanitarian system, but the actual impact of donors' intentions on that system has been limited.

7. Trust between donors and recipients is in many cases limited. Yet good donorship requires good receiver-ship. Increased and effective communication between all stakeholders in the GHD process is likely to be central in this regard.

signing up to the GHD principles is a brave and important step

Displaced Sudanese, Farchana refugee camp, Chad, July 2004. Emergencies like Sudan's highlight the gulf between good intentions and principles and actual levels of funding and response

The politics of donor action and its implications for Good Donorship

To start with the obvious, and this may seem a strange statement coming from a Red Cross worker, politics is a good thing, or at least it can be a good thing. Serious political engagement in humanitarian settings can help tackle the underlying causes of disasters. Donors exerted successful pressure for peace between the Sudanese government and rebels in the south in January 2005. Conversely, there was a distinct lack of political engagement with Rwanda during the 100 days of genocide in 1994, despite evidence of a massive humanitarian disaster. Afghanistan under the Taliban is another instance of damaging neglect, where the level of resources – up to $200 million a year – was totally inadequate in terms of needs. Times, of course, can change, and the country has received a significantly larger amount of assistance since 9/11 and the Taliban's fall. Clearly, there are first division and second (and third) division contexts. Depending on the context, donors are affected by their own predispositions and political interests: the French in Côte d'Ivoire, the British in Sierra Leone, the Americans in Liberia. In circumstances where a donor may be particularly engaged, for instance because of previous colonial links, decisions may be especially vulnerable to foreign policy or other concerns apart from the needs of the population in question.

Political engagement can have perverse effects for humanitarian aid programmers. The mixing of mandates can erode humanitarian space and affect the security of humanitarian aid workers. The Provincial Reconstruction Teams (PRTs) in Afghanistan, though in some instances successful on the ground, may well have blurred the distinction between military, security and 'hearts and

minds' activities and humanitarian and rehabilitation support to affected people. In the long term, this can pose a challenge to independent, neutral humanitarian action. Donors' increasing operationality also has obvious implications for humanitarian action. In some circumstances, such as the immediate response to the aftermath of the Indian Ocean tsunami, operationality through the deployment of military assets can save lives. However, such interventions need to take place within a set of guidelines and rules of engagement. They must not be linked to other objectives, or be perceived as such, beyond the imperative to save lives. Mixing donor and operational roles must remain an option of last resort.

holding the purse strings is no guarantee of systemic change

Donors and accountability

The growing pubic scrutiny of donors has resulted in increasing levels of transparency and evaluation of humanitarian action; this is a good thing. However, the current system has some fundamental accountability weaknesses that limit the utility of the Good Donorship initative:

- There is still no open accountability to, and room for redress for, humanitarian claimants.
- Mistakes made by humanitarian agencies, which can sometimes have serious consequences for affected populations, are rarely censured.
- Despite efforts to increase learning, the system finds it hard to address its weaknesses in an effective and meaningful way.
- There is limited public scrutiny of the effectiveness of humanitarian aid programming. Recent moves by GHD donors towards peer reviewing their humanitarian aid programming through the OECD-DAC are a positive development.

All donors are different

Like NGOs, all donors are different. Broad generalisations risk missing some very positive donor practice and some very good donors. Some examples of good practice include:

1. ECHO has, in the past eight years, moved from being a donor heavily influenced by political interests and considerations to being a donor that has positioned itself as responding mainly to forgotten contexts.

2. The US remains strongly committed to supporting organisations like the ICRC in a way that protects their neutrality and independence.
3. DFID has been developing long-term partnerships with major international aid organisations working in humanitarian settings. These partnerships encourage predictability and enable humanitarian agencies to strengthen their core work.
4. The Dutch government has been working to win a commitment from international NGOs to strong country-based common humanitarian action plans. It has done this by linking funding decisions to evidence of participation in joint planning exercises in the field.
5. Although currently outside the GHD 'club', new actors are emerging, who will bring fresh and different thinking to the humanitarian enterprise.

The final frontier: some breakthrough thinking

Solid progress has been made in Good Donorship. The race has started, but there is a long way to go. We have just passed the first mile of the marathon. Further steps might include:

1. Donors need to work hard to get GHD into their legislation and policy-making agendas. They must ensure that their commitments are turned into predictable and defensible positions.
2. Donors should find more dynamic ways to share best practice; moving towards more good donorship and less operationality would be a positive development, albeit the trend is currently in the opposite direction.
3. Donors should follow through on their commitments to make much greater investment in disaster preparedness and support to local capacities in humanitarian settings. The dependence on international humanitarian actors should be reduced.
4. Although not part of GHD, donors should aim to fund 100% of humanitarian needs by 2010. A global humanitarian index should be used to inform funding decisions.
5. Donors should continue to press for reform across the humanitarian system, pushing for principled, efficient and well-coordinated humanitarian response and higher levels of accountability to affected populations. This may well involve some rationalisation in the humanitarian system.

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Principles and Good Practice of Humanitarian Donorship

Endorsed in Stockholm, 17 June 2003

Objectives and definition of humanitarian action

1. The objectives of humanitarian action are to save lives, alleviate suffering and maintain human dignity during and in the aftermath of man-made crises and natural disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations.
2. Humanitarian action should be guided by the humanitarian principles of *humanity*, meaning the centrality of saving human lives and alleviating suffering wherever it is found; *impartiality*, meaning the implementation of actions solely on the basis of need, without discrimination between or within affected populations; *neutrality*, meaning that humanitarian action must not favour any side in an armed conflict or other dispute where such action is carried out; and *independence*, meaning the autonomy of humanitarian objectives from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.
3. Humanitarian action includes the protection of civilians and those no longer taking part in hostilities, and the provision of food, water and sanitation, shelter, health services and other items of assistance, undertaken for the benefit of affected people and to facilitate the return to normal lives and livelihoods.

General principles

4. Respect and promote the implementation of international humanitarian law, refugee law and human rights.
5. While reaffirming the primary responsibility of states for the victims of humanitarian emergencies within their own borders, strive to ensure flexible and timely funding, on the basis of the collective obligation of striving to meet humanitarian needs.
6. Allocate humanitarian funding in proportion to needs and on the basis of needs assessments.
7. Request implementing humanitarian organisations to ensure, to the greatest possible extent, adequate involvement of beneficiaries in the design, implementation, monitoring and evaluation of humanitarian response.
8. Strengthen the capacity of affected countries and local communities to prevent, prepare for, mitigate and respond to humanitarian crises, with the goal of ensuring that governments and local communities are better able to meet their responsibilities and co-ordinate effectively with humanitarian partners.
9. Provide humanitarian assistance in ways that are supportive of recovery and long-term development, striving to ensure support, where appropriate, to the maintenance and return of sustainable livelihoods and transitions from humanitarian relief to recovery and development activities.
10. Support and promote the central and unique role of the United Nations in providing leadership and co-ordination of international humanitarian action, the special role of the International Committee of the Red Cross, and the vital role of the United Nations, the International Red Cross and Red Crescent Movement and non-governmental organisations in implementing humanitarian action.

Good practices in donor financing, management and accountability

(a) Funding

11. Strive to ensure that funding of humanitarian action in new crises does not adversely affect the meeting of needs in ongoing crises.
12. Recognising the necessity of dynamic and flexible response to changing needs in humanitarian crises, strive to ensure predictability and flexibility in funding to United Nations agencies, funds and programmes and to other key humanitarian organisations.
13. While stressing the importance of transparent and strategic priority-setting and financial planning by implementing organisations, explore the possibility of reducing, or enhancing the flexibility of, earmarking, and of introducing longer-term funding arrangements.
14. Contribute responsibly, and on the basis of burden-sharing, to United Nations Consolidated Inter-Agency Appeals and to International Red Cross and Red Crescent Movement appeals, and actively support the formulation of Common Humanitarian Action Plans (CHAP) as the primary instrument for strategic planning, prioritisation and co-ordination in complex emergencies.

(b) Promoting standards and enhancing implementation

15. Request that implementing humanitarian organisations fully adhere to good practice and are committed to promoting accountability, efficiency and effectiveness in implementing humanitarian action.
16. Promote the use of Inter-Agency Standing Committee guidelines and principles on humanitarian activities, the Guiding Principles on Internal Displacement and the 1994 Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief.
17. Maintain readiness to offer support to the implementation of humanitarian action, including the facilitation of safe humanitarian access.
18. Support mechanisms for contingency planning by humanitarian organisations, including, as appropriate, allocation of funding, to strengthen capacities for response.
19. Affirm the primary position of civilian organisations in implementing humanitarian action, particularly in areas affected by armed conflict. In situations where military capacity and assets are used to support the implementation of humanitarian action, ensure that such use is in conformity with international humanitarian law and humanitarian principles, and recognises the leading role of humanitarian organisations.
20. Support the implementation of the 1994 Guidelines on the Use of Military and Civil Defence Assets in Disaster Relief and the 2003 Guidelines on the Use of Military and Civil Defence Assets to Support United Nations Humanitarian Activities in Complex Emergencies.

(c) Learning and accountability

21. Support learning and accountability initiatives for the effective and efficient implementation of humanitarian action.
22. Encourage regular evaluations of international responses to humanitarian crises, including assessments of donor performance.
23. Ensure a high degree of accuracy, timeliness, and transparency in donor reporting on official humanitarian assistance spending, and encourage the development of standardised formats for such reporting.

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Too good to be true? US engagement in the GHD initiative

Abby Stoddard, Center on International Cooperation, New York University

For many observers, a particularly promising aspect of the Good Humanitarian Donorship (GHD) initiative has been the supportive and active role played by the United States in its drafting and adoption. No small matter, considering that the US accounts for over a third of the total humanitarian funding provided by the OECD-DAC donors. The GHD has gained the endorsement and support of the senior leadership of the two main humanitarian arms of the US government, the State Department's Bureau for Population, Refugees and Migration (PRM) and USAID's Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA). This engagement ostensibly signals to their bureaus and the rest of the government the seriousness with which the US

USAID relief supplies being loaded aboard a US Navy helicopter in Aceh, Sumatra, January 2005

©Tyler J. Clements, US Navy

has entered into this initiative. Moreover, for all the administration's emphasis on its prerogative to act unilaterally, the US under GHD has committed to a multilateral process that aims to harmonise its policies and practice with those of its counterparts, potentially subject them to peer review and ground them more firmly in objective humanitarian principles, regardless of national interests.

Reactions among humanitarian practitioners at the prospect of the US fulfilling the commitments of the GHD range from the hopeful to the highly sceptical. How 'good', by the criteria defined at Stockholm, is the US truly prepared to be as a humanitarian donor? Might this all seem too good to be true? In fact, comparing US participation in the GHD process with recent developments in US aid policy reveals some stark contradictions. Unless resolved, these threaten to derail US engagement in the GHD process, or render it meaningless.

Contradiction 1:
GHD aims to reinforce the principles of neutrality and independence, but the US is linking humanitarianism with its political agenda as never before

An informal European Union (EU) conference on GHD in March 2003 reinforced the core principles that underpin the initiative: 'assistance should be provided impartially, on the basis of, and in proportion to, humanitarian need alone. The independence and the neutrality of humanitarian agencies to deliver humanitarian assistance should be respected unconditionally'. Despite committing to these ideals in the GHD process, the US has increasingly

stated in policy documents the idea that foreign aid, including emergency aid, must be seen as integral to the nation's broader political and security interests.

A year ago, the State Department and USAID issued the first ever 'Joint Strategic Plan', which laid out the goals of US foreign policy and assistance for 2004–2009. The stated purpose of the plan is to ensure that US foreign policy and development programmes will be 'fully aligned to advance the National Security Strategy of the United States'. Development aid has long been presented as in service to US interests. However, the new strategic plan undeniably ratchets up the relief aid-politics linkage, particularly in the context of failed states, where, it notes, most US humanitarian efforts take place, and from which arise the 'most significant security threats' to the US.

The line between development aid based on national interests and emergency aid based only on need, never clearly drawn in official US policy, now seems much less visible. Even while the GHD initiative was being launched, complaints were intensifying about the US military co-opting humanitarian roles in Afghanistan, and NGOs being pressured to display the USA logo. USAID, like some other major donors, has also become more deeply involved in programming, second-guessing needs assessments and earmarking within projects. When interviewed, US officials did not allow that these inconsistencies represent serious impediments to implementing GHD. Some were frankly dismissive of the possibility of disinterested donor giving. No bilateral donor is neutral, said one. On the contrary, the funding differentials for emergencies across

how 'good', by the criteria defined at Stockholm, is the US truly prepared to be as a humanitarian donor?

regions render donor neutrality 'a ridiculous concept ... you take care of your own backyard'.

The discussion of humanitarian principles in US donor structures is still embryonic, albeit the term has now entered the official lexicon. The US traditionally prefers to speak of humanitarian aid as an expression of 'American values', which does not distinguish between government and non-governmental provision of aid. Even so, to some in USAID the principles component of GHD 'raises a number of interesting issues'. In particular, the withdrawal of Médecins Sans Frontières (MSF) from Afghanistan in June 2004, on grounds of insecurity due to compromised neutrality, caught the attention of some senior government officials, and spurred new cross-donor efforts to raise awareness of humanitarian principles among the military and other parts of the government.

Contradiction 2:
GHD calls for more predictable and flexible funding based on needs, while the US is touting the 'privatisation of aid'

Despite contributing the greatest amount of official foreign aid in real terms ($16.3 billion in 2003), the US ranks last in terms of official aid as a percentage of national income. Stung by accusations of stinginess (accusations levelled well before UN Emergency Relief Coordinator Jan Egeland's comments after the Asian tsunami), the US government responded by enlisting Carol Adelman of the Hudson Institute (a conservative think-tank) to reassess the 'totality of US foreign assistance'. Adelman's group emerged with a figure of $44.5 billion for US foreign aid in 2000, and $57.7 billion in 2003. Using official US reporting to the OECD-DAC as a starting-point, the Hudson Institute added billions in 'other government assistance' (including State Department buildings and operations); private contributions (based on loose estimates and including flows to industrialised nations); and – most controversially – an estimated $18 billion in remittances sent by foreign workers in the US to their families back home. The Center for Global Development has publicly disputed this new accounting. Although the Center and many other economists acknowledge that remittances are an important and neglected phenomenon in global development economics, they do not agree that this can be counted as US aid.

These higher figures have nonetheless been publicised by USAID and Adelman in public documents and the US media, purporting to show the 'true measure of US generosity'. Furthermore, they stress that their estimates for private giving, through churches, private charities and other channels, are on the low side. The message has been that the privatisation of foreign aid is both a fact,

and something to be actively encouraged. Smaller government and market solutions are bedrock principles of conservative politics, but the Bush administration has gone further than its Republican predecessors in stressing individual and faith-based charity as key to US foreign assistance.

Private aid can certainly be staggeringly generous. The *New York Times* reports that Americans gave $342 million in private contributions for tsunami victims in the two weeks after the waves hit in December 2004. Save the Children US reported receiving $10 million over the internet alone. However, even using the most generous estimates of private giving, the US still ranks towards the bottom of the 22 major donor nations in terms of aid as a percentage of income. Moreover, beginning under the Clinton administration USAID has been progressively weakened and trimmed down. A number of missions have closed and the agency has been stripped of its autonomous status. While the Bush government has pledged new aid money through its Millennium Challenge Account and the African HIV/AIDS initiative, neither programme has yet received its planned allocations. A minority in Congress has loudly criticised these shortfalls, as well as the general trend towards lower levels of funding.

The government's emphasis on leveraging private money with public funds runs directly counter to the predictability and even-handedness in funding across emergencies that is stressed in the GHD initiative. As agencies and donors alike have noted, private money tends to follow public money to the higher-profile emergencies. Greater reliance on private-sector funding for humanitarian aid will lead to more, not less, inequity and unpredictability in response.

US perceptions and performance in the GHD process to date

In the run-up to the Stockholm meeting, the US delegation helped to refine the language of the agreement to produce a document they were comfortable with. Most officials involved in the process believed that, for the most part, the US donor mechanisms already adhere to this good practice, but need to become more consistent, systematic and policy-driven. Unlike some other GHD participants, by the end of year one of GHD neither USAID/DCHA nor PRM had incorporated GHD into any formal policy or operational guidelines for officers. Beyond attending the Stockholm meeting and expressions of support, senior staff have not been directly involved in or seized of implementation activities, and to the extent that general staff are aware of the initiative, it is seen as primarily a Geneva-based exercise. This lack of substantive high-level engagement in the US was discernible by observers at the Ottawa meeting at the end of year one. On the peer reviews and other areas, the US government remains cautious. Concrete US action on GHD in year one was mostly limited to work on the launch of the GHD pilot in the DRC. The US government's priority going forward is using the agreement to push for greater accountability and transparency, especially among its UN agency grantees.

the message has been that the privatisation of foreign aid is both a fact, and something to be actively encouraged

OFDA's humanitarian action, notwithstanding

Any cognitive dissonance created by the contradictions between GHD principles and trends in US assistance policy cannot be altogether new to US humanitarian officials. DCHA/OFDA, the frontline entity of US humanitarian donorship, has over the years managed to carve out an independent operational space that its personnel perceive as neutral humanitarianism in practice, or its closest approximation. When an emergency occurs, OFDA decides whether to respond, based on needs, without direction from the White House, the State Department or Congress. Although their resources wax and wane with Congressional decisions on supplemental funding, an initial OFDA response has been seen to focus government attention and create momentum for further US policy responses. The 'notwithstanding clause' that applies to OFDA grants in many cases frees its implementing partners from adhering to the US government's restrictive and cumbersome grant regulations and procurement policies, such as the 'Buy America' regulations, which promote the purchase of US-made vehicles and pharmaceuticals in US-funded aid programmes. (The 'notwithstanding' clause of the Foreign Assistance Act of 1961, Section 491, states that no statutory or regulatory requirements shall restrict USAID/OFDA's ability to respond to the needs of disaster victims in a timely fashion.)

OFDA has tried to be faithful to its mission, and realistic in regard to US policy goals. It is possible that, by steering clear of political issues and focusing on operations, the humanitarian wing of USAID has safeguarded its autonomy, and by extension the integrity of its humanitarian action. OFDA staff, including those working on GHD, acknowledge the distance between principle and practice, and adopt a pragmatic approach; the agency, after all, can do little if its legislature decides it wants to contribute vast sums of money to a particular country or emergency. It must simply endeavour to deliver the aid in a neutral and impartial way.

The bifurcation and compartmentalisation of US humanitarian assistance has been cited as the reason for the US refusal to exercise decisive leadership in the global humanitarian system proportionate to its influence. Yet at the same time, it may be that the autonomy of the US humanitarian response vitally depends on this configuration, in order to preserve to the greatest extent possible a sphere of apolitical humanitarianism within the US donor machinery. The GHD progress review found that European humanitarian bodies see GHD as a useful tool to educate their governments on humanitarian principles, and to advocate for them. Their US counterparts are likely to feel ambivalence at the prospect, or are hoping to achieve the same thing in a much quieter, indirect way.

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The EU: Good Humanitarian Donorship and the world's biggest humanitarian donor

Barnaby Willitts-King, independent consultant

If the European Union (EU) were a country, it would be the world's biggest humanitarian donor. Despite claims to the contrary, the EU is not (yet) a single superstate. Nonetheless, EU donors, including the European Commission Humanitarian Aid Office (ECHO), together provide almost half of the world's official humanitarian assistance. Clearly, any analysis of Good Humanitarian Donorship (GHD) needs to look at the individual and collective effort of the EU's 25

member states and ECHO. During its presidency of the EU in the first half of 2004, Ireland therefore proposed a study for publication at the Ottawa meeting in October 2004 to look at how EU donors were doing in implementing GHD, and to share lessons in good donor practice across the EU and beyond.

Interviews for the study were conducted during 2004 with most of the EU's 25 member states, including the new entrants. These suggested that there is evidence of good practice in GHD in the EU, but a lot more can and should be done to make further progress. This finding confirmed what could reasonably be expected a year into GHD. Furthermore, EU donors are generally interested in improving the quality of their humanitarian action, and the study provided many examples of good practice which could be adopted more widely. This article uses the study as a starting point to focus on three particular challenges – coordination, needs assessment and policy transparency. It also reflects on how EU and other donors should address these challenges, in the light of both the outcomes of the Ottawa meeting and the recent response to the Indian Ocean tsunami.

Challenge 1: Better donor coordination

Better coordination among humanitarian donors lies at the heart of GHD. A good humanitarian donor will work with other donors to improve the quality of response, avoid duplication and ensure that gaps in need are filled. EU donors do not necessarily coordinate any better with each other than with non-EU donors, and it is apparent that they individually take quite different approaches to disbursing aid. Some donors focus on multilateral channels, others favour their own national NGOs, and others have significant operational capacity. Nevertheless, the study highlighted the potential benefits of a more 'joined-up' EU approach, and the special role played by ECHO in acting apolitically as a collective expression of the EU's humanitarian values. There are common EU values, and the EU acting in concert can exert significant leverage on other donors. In addition, the advantage of diverse approaches within the EU is that ideas can be tested and successful lessons shared more widely.

There are both 'indirect' forms of coordination – such as contributing via the UN Consolidated Appeals Process (CAP) – and direct collaborations, such as joint evaluations. At the policy level, donors are coming together through GHD to coordinate on reporting requirements. But donor coordination – or lack of it – is still a major issue, seen most recently in the tsunami response, and the Ottawa meeting suggests that donors' ambitions in this area are quite limited. Many donors seem reluctant to make the extra effort to coordinate. This may reflect inertia within administrations, or genuine constraints based on capacity or domestic politics – incremental improvement may be the only feasible way forward. However, if little progress is made on improving coordination, the aspirations of GHD are in danger of remaining just that, while exasperating other stakeholders and undermining their support for GHD.

> **there are common EU values, and the EU acting in concert can exert significant leverage**

EU donors could come together more on issues such as strengthening the CAP, but this has a long way to go before it fulfils its aim to act as a tool of coordination, rather than just fundraising. Informal groupings of like-minded donors can make progress on specific issues – for example joint evaluations – and donor collaboration might bear fruit in the design of tools to analyse the impact of interventions, rather than looking solely at outputs, as is common now. However, to effect greater change EU donors could work together, with ECHO support, to take common approaches in both programming and advocacy. Deeper engagement by all EU members in the Humanitarian Assistance Committee (HAC) and in ECHO decision-making would also be beneficial.

Challenge 2: Funding according to need

If the tsunami response revealed a lack of donor coordination, it also raised major questions about donors' adherence to the core humanitarian principle of impartiality – funding on the basis of, and in proportion to, need. It is clearly important to show solidarity with those affected, and for donor governments to demonstrate to their publics that they are responding. However, in the first days of a disaster such as this it is impossible to contribute 'on the basis of need and in proportion to need', given the lack of information about needs. Some donors would argue that the level of need was clearly so great that a huge response was necessary, and no contribution would be too much. There is some truth in this, but the danger of early pledging is that it leads to perverse pressures within donor administrations to disburse these funds quickly, pressures which are often driven by financial-year budgeting considerations. A good humanitarian donor might pledge, but be clear that its pledges are subject to detailed assessments of need on the ground. These assessments would be carried out according to the same criteria as in humanitarian crises elsewhere in the world, in terms of indicators such as mortality rates, levels of malnutrition, numbers in need of shelter and so on. Rather than going back on pledges, it should also be possible to roll over humanitarian pledges into longer-term development responses if the assessments and level of other donor contributions argued for this. For many administrations this would be bureaucratically tortuous and politically unpalatable.

The tsunami response demonstrates the challenges that remain in operationalising the principle of impartiality in the real world. Funding decisions after the immediate response were presumably beginning to be made on the basis of rough estimates of death tolls, numbers affected, local capacity to respond and suchlike. In the detail, though, comparing the need in Sri Lanka – with better infrastructure and capacity – with Aceh, or for that matter the Democratic Republic of Congo (DRC), depends on

detailed assessments that were still emerging some weeks after the wave struck. There are methodologies for using these, but it is not clear how much these are really applied in donor decision-making.

Overall, needs assessment emerged in the study as an area that EU donors are challenged by, but where they are not necessarily making as much practical progress as would be desirable. There is consensus that better needs assessment is required, and some donors see the Inter-Agency Standing Committee (IASC) Needs Assessment Framework and Matrix as a step in the right direction, but few specific initiatives are in evidence. In particular, donors could do more to support the principle of impartiality by funding the development of needs assessment methodologies, and looking at ways to fund independent needs assessments for specific crises. They could also do more to develop clear criteria for allocating resources according to need. In addition, while beneficiary involvement is widely cited as a priority, few donors have examined existing tools or developed new approaches to ensure that this occurs.

Challenge 3: Policy transparency

Good practice ought to be defined by good policy, yet few donors have articulated precisely how they will provide humanitarian assistance. The study found that donors are realising the importance of formalising humanitarian aid approaches through policy statements: Spain and Ireland, for example, are developing new policy frameworks.

A transparent policy process goes hand in hand with other forms of accountability. EU donors are advocating for humanitarian action and communicating their policies among stakeholders – parliament, other areas of government, the public, NGOs and beneficiaries – both to build support and as a means of providing accountability. Denmark's Humanitarian Contact Group is an interesting example of an informal body for planning and coordinating Danish assistance. It includes representatives of government departments and Danish NGOs.

the first challenge in looking at good practice is in defining it

The first challenge in looking at good practice is in defining it. The humanitarian field has a number of reference points – not least the Stockholm GHD document. There are also operational guides such as Sphere, specific guidance such as the IASC's on HIV/AIDS in emergencies, and the guidelines on the use of military and civil defence assets to support UN humanitarian activities in natural disasters/complex emergencies (the Oslo and MCDA guidelines). However, there is certainly no consensus on a range of issues such as the relationship between relief and development, or between civil and military functions of government in humanitarian action. In some cases, there is a lot of practice without donors necessarily analysing whether it is

good practice. The study was also not able to look in detail at what donor *practice* looked like, as compared to policy: anecdotally, there is sometimes a gulf between the two. Donors need a clearer articulation of how policy and practice are guided by humanitarian principles, as well as being clear about what exactly they mean by humanitarian action. Further discussion and research is called for on what constitutes good practice in its detailed implementation, rather than just broad principles.

Beyond debating good practice and being transparent about policy, donors need to show examples of good practice in performance monitoring and evaluation, both of themselves and of implementing agencies. The inclusion of humanitarian action in the OECD-DAC's donor peer review process is important, as are steps by donors such as the UK's Department for International Development (DFID) in setting specific targets in line with GHD, for example in reducing earmarking (through the government-wide programme of Public Service Agreements). However, these are complex systems to put in place, are limited in their scope, and may not suit all donors.

NGOs also have an important part to play in improving donor behaviour. The study found that donors were surprised at how little NGOs were using the language of GHD in their lobbying and engagement on thematic and policy issues. This would be a natural extension of the firmer strategic relationships that donors are forming with some agencies, for example ECHO's Framework Partnership Agreement with NGOs and its new thematic funding for the UN, or DFID's institutional strategy papers with UN agencies and the Red Cross.

GHD is clearly a big agenda. Despite the many different shapes and sizes of humanitarian donor in the EU, from Luxembourg's one-person team to ECHO's army of experts, many donors share the same areas of progress and of challenge. A consistent message from almost all donors, large and small, is that they feel they have insufficient capacity to implement GHD in its entirety immediately, however much they aspire to do so, while still responding to the inevitable stream of humanitarian crises.

The challenge for donors will be in prioritising which elements of GHD to take forward and developing detailed strategies, with appropriate resourcing, to do so. Donors which can prioritise the parts of GHD that are most important to them, and that are achievable within their capacity, will probably make more substantive progress. Despite, or perhaps because of, the breadth of the GHD agenda, the study found that very few donor governments have developed their own frameworks for implementing GHD in terms of how different aspects will be prioritised, and how progress against these will be measured. This could be a first step in providing a guide for good practice.

Conclusion

The EU is a strange animal, a union of diverse countries with sometimes arcane bureaucracy and complex procedures. Although for many humanitarian donors their European identity is not necessarily the most important

one, better humanitarian donorship in the EU could mean a greater level of coordination among like-minded donors and greater global influence. It also provides a valuable forum for sharing ideas and good practice, particularly with the new member states.

Looking beyond the EU to GHD as a whole, the priority for all donors needs to be to make demonstrable, practical progress in GHD. There is a risk that the momentum built up between Stockholm and Ottawa could now wane as donors balk at the costs of coordination: donors need to seize this opportunity to show that GHD is more than just rhetorical.

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is available at www.reliefweb.int/ghd/EU_GHD_study_final_report.pdf. The views expressed in this article are the author's own, and do not necessarily reflect those of Development Cooperation Ireland.

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ECHO, Global Needs Assessment and Forgotten Crises, europa.eu.int/comm/echo/information/strategy/index_en.htm.

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Promoting Good Humanitarian Donorship: a task for the OECD-DAC?

Henrik Hammargren, OECD

Good Humanitarian Donorship (GHD) addresses the first set of challenges in providing effective humanitarian response, namely how donors' policies and procedures relate to meeting humanitarian needs, providing timely and flexible funding, and respecting International Humanitarian Law and humanitarian principles. The Objectives and Principles of Good Humanitarian Donorship define commonly recognised benchmarks and identify preferred donor practice. They therefore provide a basis for harmonising donor practice, making humanitarian donorship measurable.

Although GHD depends mainly on commitments at national level, the initiative provides common ground for collective efforts to improve donor performance. Since it is a donor-initiated process, it makes sense that its implementation should be followed up through existing systems for donor coordination. As such, the Development Assistance Committee (DAC) of the OECD has in principle agreed to take on an active role in promoting GHD.

The role and limitations of the DAC

The DAC holds a unique position in monitoring Official Development Assistance (ODA) and donor performance, and fostering harmonisation and alignment among donors. While the DAC has not taken a leading role in the implementation of GHD, since policy-related work and methodological issues in relation to humanitarian action are pursued within the UN system and elsewhere, the DAC is well-suited to playing a constructive role in promoting

GHD through some areas of its work, specifically donor Peer Reviews and efforts to improve the collection of data on humanitarian action.

There are also limits to what the DAC can achieve. It is a membership forum of 22 OECD states, and it operates by consensus. This means that one or more members could delay or even block attempts to move the GHD agenda forward. Since neither the DAC nor its Secretariat has in-depth experience in the area of humanitarian action, it will need to develop relevant expertise and adjust some of its working methods if GHD is to be properly addressed. The DAC will need to establish new, informal relationships with key multilateral and international agencies, and it will have to improve its statistical reporting directives. The DAC statistics on Emergency and Distress Relief cover a narrower category of assistance than humanitarian action is commonly understood to encompass. Data includes three broad items, 'emergency assistance', 'relief food aid' and 'other emergency and distress relief'. The data does not provide information on sectoral allocations, does not distinguish natural disasters from complex emergencies and is not comparable with other data on humanitarian action. The existing reporting directives make it difficult to monitor donor performance and validate observations, measure trends and make comparisons among donors. The present system for data collection on humanitarian action is not sufficient for the needs of comprehensive statistical analysis. Work has started on improving DAC reporting directives, but this has yet to be agreed by the members.

G O O D   H U M A N I T A R I A N   D O N O R S H I P

It should also be recognised that GHD does not primarily focus on challenges related to the implementation or delivery of humanitarian action: this is the domain, not of donors, but of the UN, international organisations and NGOs. Implementation is regarded as a separate discipline, and evaluation will remain the key tool in efforts to improve delivery in the humanitarian system.[1] The DAC will explore the possibilities of so-called 'Joint Country Assessments' to address implementation questions. However, for some issues related to the delivery of humanitarian action, such as military and civilian cooperation and the involvement of beneficiaries, donor policies have significant impact, and can be included in assessments of donor performance.

Covering GHD in DAC Peer Reviews

One condition for acquiring DAC membership is that members agree to have their development programme scrutinised by members on a regular basis (presently every four years). Two members are selected to review another member, and the process is managed by the DAC Secretariat. The goals of the Peer Reviews are to: (1) monitor the member's development cooperation policies and programmes, and analyse their effectiveness, inputs, outputs and results; (2) assist in improving individual and collective aid performance in both qualitative and quantitative terms; (3) provide comparative reporting and credible analysis for the wider public in OECD countries and the international community; and (4) foster coordination among members. The comparative advantage of DAC Peer Reviews rests on the policy level, and the strengths of the Peer Review procedure come from its collective learning methodology and systematic approach, which builds on commonly recognised principles.

Although GHD covers a complex set of issues, the 23 principles are structured and distinct, which allows the principles to be translated into sets of questions that can be used to monitor performance. For this purpose, the DAC Secretariat developed a GHD assessment framework to be used in the Peer Reviews. The advantage of using such an assessment framework is three-fold. First, it ensures coverage of the 23 GHD principles. These principles should be read as a whole, while recognising that some can be immediately acted upon, while others may take more time and investment. Second, it ensures that humanitarian action is covered in an equal way in all Peer Reviews, avoiding an arbitrary approach. Third, it provides guidance for the DAC and the Peer Review team members.

Analysis of members' humanitarian action has not to date been an area of priority for the DAC. Although part of a common system, humanitarian action constitutes a distinct dimension of ODA separate from development cooperation by virtue of its context (natural or human-made emergencies) and its systems of delivery (often outside the framework of a recipient state). Whereas the purpose of development cooperation is to eradicate poverty, the objective of humanitarian assistance is, first and foremost, to save lives. While humanitarian action is included within ODA and has been referred to occasionally in Peer Reviews, the scope of this coverage has differed widely and there has been no systematic approach.

Nonetheless, there are obvious advantages in linking the monitoring of GHD with existing and well-established procedures, rather than setting up a separate structure for humanitarian Peer Reviews. The role of the DAC and the Secretariat in conducting Peer Reviews is well recognised, and procedures are respected by members. Furthermore, the DAC is able to address GHD perspectives on both an individual donor level and a collective system level. The objectives of DAC Peer Reviews have equal relevance for the promotion of GHD and for advancing development cooperation. A methodical inclusion of humanitarian action also contributes to a more complete overview of all dimensions of a DAC member's ODA. It would also promote dialogue on the relationship between humanitarian action and development cooperation, and link with other issues of relevance to the DAC, such as conflict prevention and peace-building, donor engagement in failing states and transition situations.

the lack of policy-relevant DAC data on humanitarian action is a serious concern

Improving data collection on humanitarian action – moving towards a common definition

The lack of policy-relevant DAC data on humanitarian action is a serious concern. Accurate data is a prerequisite to monitor that funding is allocated according to need, to follow up pledges and commitments and to improve burden-sharing. The main value of DAC statistics is as a comprehensive long-term record of aid flows, which could provide a useful ex-post check on the UN-OCHA Financial Tracking System (FTS) and pledged funding. But DAC statistical reporting directives on emergency and distress relief need to be improved. Creating a new category of humanitarian action within the current system could serve this purpose. For this to work effectively, donors would need to agree on a common definition to be used when reporting on actions relating to humanitarian response. The need for such a definition is well recognised, and was identified early on in the process of improving humanitarian donorship.[2] The purpose of establishing a common donor definition would be to ensure accountability, transparency and comparability in reporting, which is in turn essential to efforts to harmonise donor policies.

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1 In order to improve the methodology of evaluations in complex emergencies, the DAC carried out a comprehensive study. This resulted in *Guidance for Evaluating Humanitarian Assistance in Complex Emergencies*, published in 1999.

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2 *Global Humanitarian Assistance 2003*, Development Initiatives, 2003.

GHD contains a definition of the objectives of humanitarian action:

The objectives of humanitarian action are to save lives, alleviate suffering and maintain human dignity during and in the aftermath of man-made crises and natural disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations.

However, this definition is not completely operational for reporting purposes. It does not provide an indication of when a situation becomes an emergency, nor is it clear what is to be included under the concept of 'prevention' and 'transition' – ideas which figure in the GHD goals and in DAC work. The GHD definition will need to be adjusted to suit the purposes of DAC statistical reporting. Any definition of humanitarian action will be subjective and include limitations. No one definition can embrace the demands of all humanitarian actors, implementing agencies, donors and the UN system, nor can it be expected to cover all aspects of humanitarian action. A common definition will have to build on a combination of an accepted compromise of practices and the inclusion of the basic humanitarian principles. In order to be inclusive, a definition should cover the following criteria: it should define the situation and specify the objective of aid according to that situation; it should identify beneficiaries and activities; and it should provide guidance on delivery in line with international law and agreed principles.

A common definition would allow donors to report humanitarian action as a separate type of ODA, and then use the DAC codes which better correspond to UN or ECHO reporting structures. It would also contribute to improved transparency and provide an important tool for monitoring and evaluation. But DAC statistics will never be better than the data reported by individual donors. Again, national commitments to advance GHD are essential.

national commitments to advance GHD are essential

Ways forward
In 2004 the GHD assessment framework was applied in two DAC Peer Reviews (of Australia and Norway).[3] The benefits of doing so, in terms of advancing GHD, were identified in four areas:

3 DAC Peer Reviews are available on www.oecd.org.

- *Policy:* Identifying strengths and weaknesses in policy frameworks. Aligning donor policies with GHD and monitoring the implementation of existing policies. Assessment of coherence with development cooperation and other non-aid policies.
- *Management:* Assessing procedures regarding decision-making in relation to humanitarian principles, management of transition situations, humanitarian coordination.
- *Funding levels and systems:* Addressing issues such as contributing to international burden-sharing of funding humanitarian action, providing timely and flexible funding, donor 'earmarking' of funds, allocating funds to multilaterals and NGOs.
- *Identification of good practice and identifying emerging issues:* For example, regarding prevention and preparedness for natural disasters, creating and preserving humanitarian space, civil and military cooperation, and transition support.

The DAC has agreed to apply the GHD assessment framework in all forthcoming DAC Peer Reviews. At the same time, however, the limitations of this approach need to be recognised, and goals must be realistic. It might be useful to reflect on where the DAC could take GHD in the next five years. By 2010, all DAC donor policy could be harmonised around GHD principles, and all DAC members Peer Reviewed under a GHD framework. The DAC might have improved reporting structures providing data on humanitarian action. The much-debated relationship between humanitarian action and development cooperation may have been further explored, and GHD promoted in the DAC's engagement with emerging donors.

GHD is a multipurpose tool – a humanitarian Swiss army knife, with principles and practice guidelines covering most of the controversial issues related to how donors finance humanitarian action. But like all multi-purpose tools, its comprehensiveness may well be a source of weakness. But it is the best – indeed the only – tool there is to address donor performance in this field. It should be put to use, and its performance monitored. The DAC can contribute to advancing GHD, but it will be just as important that implementing agencies and researchers refer to the principles and good practice in their interactions with donors.

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GOOD HUMANITARIAN DONORSHIP

Good Humanitarian Donorship and the CAP

Andrew Lawday, communications and policy consultant

Humanitarians should expect much from the Good Humanitarian Donorship (GHD) initiative and the Consolidated Appeals Process (CAP). Both could significantly strengthen the world's response to emergencies and natural disasters, thereby reducing mortality and suffering. Yet both are poorly understood in the wider humanitarian community, and largely unknown beyond it. Leading donors and agencies share a duty and an interest in developing communications to support these processes.

High hopes

Many within the humanitarian community misunderstand and mistrust the CAP and GHD. Hopes for both are nonetheless high among those involved. Humanitarian agencies hope that GHD will create a government donor funding system that works, so they can respond to crises more effectively. They long for reform to an arrangement that Ian Smillie and Larry Minear have called 'dysfunctional' and 'hit-or-miss' – akin to 'trying to run a fire brigade in a big city on nothing but voluntary contributions'.[1] Donor governments, meanwhile, hope that the CAP will bring United Nations, Red Cross and NGO agencies together to provide the best available humanitarian action in crises, consigning to history chaotic responses like those for the Iraqi Kurds in 1991, and for Rwandans in 1994.

Some humanitarians also expect GHD and the CAP to work together. After all, they have much in common: both are complex institutional processes with dozens of powerful and independent-minded stakeholders; both are designed to improve accountability among them; and both are already forging new consensus and dialogue. Yet neither wants to be too closely associated with the other.

The CAP, for example, has an interest in GHD to support its funding appeals. If the CAP reflects humanitarian needs, it offers a good opportunity for donors to fulfil their GHD pledges. Through GHD, all the main donor governments have committed to providing needs-led funding, through Consolidated Appeals (article 14); stressed the need to 'allocate humanitarian funding in proportion to needs' (article 6); and emphasised the need to 'contribute responsibly, and on the basis of burden sharing' (article 14). GHD also offers a useful definition of humanitarian action (article 1).

Wariness and mistrust

The Humanitarian Appeal for 2005, however, made scant mention of GHD. The Appeal, which summarised the year's Consolidated Appeals, said: 'Agencies ... are working with donors to apply Good Humanitarian

Donorship principles and good practices'.[2] GHD was also invoked to remind donors of their commitments to meeting needs in crises like Burundi, the Central African Republic and the Democratic Republic of Congo, where only 31%, 38% and 51% of funding requirements were met.[3] However, with GHD barely formalised or articulated by high-level officials, the Geneva Conventions and the CAP-focused commitments made by donors at the annual Montreux meetings are still just as useful as advocacy tools.[4]

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the Humanitarian Appeal for 2005 scarcely mentioned GHD

GHD donors are also wary of standing too close to the CAP. As the review of GHD notes,[5] at field level the initiative faces 'the challenge of ensuring that it has a life outside of the UN framework', and highlights 'the risks involved in pinning its fate entirely on the success or otherwise of the CAP/CHAP'. The recent pilot study of GHD in Burundi was misunderstood as a bid to bolster the CAP as a funding mechanism 'with little reference to the wider programming environment or, more broadly, to whether donors were being guided by humanitarian principles'. As the Burundi study noted, 'no consensus exists that funding by the CAP is the best route to principled and effective humanitarian response, and many NGOs are in any case reluctant to come under one consolidated appeal'.

Mistrust evidently lingers in the humanitarian community. Research in 2003, involving hundreds of interviews with donor and agency officials,[6] found a 'climate of mistrust' and 'lack of transparency' in humanitarian financing. Donors doubted the capacities and bona fides of UN humanitarian agencies and NGOs, and perceived UN agencies as exaggerating needs and funding require-

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1 *The Quality Of Money: Donor Behavior In Humanitarian Financing, An Independent Study*, by Ian Smillie and Larry Minear, Tufts University, April 2003, http://www.reliefweb.int/ghd/index.html.

2 See Overview, Humanitarian Appeal 2005, http://ochaonline.un.org/cap2005/webpage.asp?Page=1176.

3 Financial Tracking Service (website): Major donors in 2004 to CAP and globally, as of 10 August 2004, compiled by OCHA on the basis of information provided by the respective appealing agency http://ocha.unog.ch/fts/index.aspx.

4 Common Observations from Donors' Retreat on the Consolidated Appeals Process and Coordination in Humanitarian Emergencies, 26 and 27 February 2004, Montreux, Switzerland, http://www.reliefweb.int/cap/Policy/CAP_PolicyDoc.html.

5 Adele Harmer, Lin Cotterrell and Abby Stoddard, *From Stockholm to Ottawa: A Progress Review of the Good Humanitarian Donorship Initiative*, October 2004, http://www.odi.org.uk/hpg/Good_humanitarian_donorship.htm.

6 *The Quality Of Money*.

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Rwandan refugees cross into Tanzania in May 1994. Donor governments hope the CAP will help avoid chaotic responses like Rwanda

the GHD donors' meeting in Ottawa in October 2004 emphasised the need to 'increase communication at all levels and with all stakeholders'.[11] Indeed, GHD lacks any recognisable spokesperson, publications that outline the Stockholm 'conclusions' and Ottawa 'roadmap', or a website of its own.[12] There appears to have been no mention of the Ottawa conference in global or even humanitarian media. Consensus-building processes like GHD and the CAP can be introverted at first, but their managers have a duty and interest in developing proper communications.

ments, and lacking accountability.[7] At the same time as humanitarian agencies were working to improve coordination, need assessments[8] and prioritisation,[9] overall aid dropped following the GHD commitments. Donors also continued to favour emergencies like Afghanistan in 2002, Iraq in 2003, Darfur in 2004 and the Indian Ocean tsunami, and 'forget' other crises in Africa.

Lack of trust is partly a sign of our more critical times. The quality, impact and professionalism of humanitarian action have rightly become of increasing concern among humanitarians. And few of these humanitarian 'issues' appear to be resolved: policy confusion, politicised decisions, dissatisfaction with UN agencies, NGO swarming, inadequate needs assessments, military ambivalence, flawed linkages between relief and development and insufficient capacity-building appear to persist, despite much discussion. Some donors, in particular, are frustrated with agencies' inability to show how their projects meet objectively defined needs.

The need for communication

Mistrust will only deepen without good communication. While humanitarians lack knowledge about GHD and the CAP, the Burundi pilot study points out that neither process has developed a clear 'marketing strategy' for all stakeholders.[10] With the Canadian government as chair,

Donors, taxpayers, humanitarian actors and beneficiaries need to know how GHD and the CAP affect them. Processes undertaken by publicly-funded institutions must provide information and advice about stakeholders' rights, responsibilities, entitlements and opportunities, announcing significant new developments. The UN Office for the Coordination of Humanitarian Affairs (OCHA), which organises the CAP, understands its obligation to report on humanitarian needs identified through the process, explain collective plans to meet them and advise donors about what is required of them. Those committed to GHD, which itself partly reflects donors' willingness to improve accountability and transparency, should recognise the value of clearly explaining to stakeholders GHD's objectives, expected outcomes and progress.

Both processes also have an interest in communicating effectively to achieve policy goals. CAP planners, for certain, require donors to provide more adequate contributions (sufficient, timely and equitable funding across and within emergencies) and to seek greater agency participation in an 'inclusive' CAP. GHD implementers, meanwhile, require agencies to analyse needs better, collect baseline data, set out priorities, report funding, assess impact, show results and implement evaluation findings. By communicating well, the CAP and GHD will increase the likelihood that these goals are achieved.

Acknowledging this, OCHA took a strategic approach to communicating its Humanitarian Appeal (CAP) for 2005.

7 Mark Dalton, Karin von Hippel, Randolph Kent and Ralf Maurer, *Changes in Humanitarian Financing: Implications for the United Nations*, 11 October 2003, http://www.reliefweb.int/ghd/index.html.
8 Assessment Framework and Matrix, Inter-Agency Standing Committee (IASC) CAP Sub-Working Group, 2004, http://www.reliefweb.int/cap/Policy/CAP_PolicyDoc.html.
9 [Internal note] Guidance for CAP Project Selection and Prioritisation, OCHA, 2004]
10 Burundi GHD Pilot external baseline evaluation – Subur Consulting S.L., May 2004 (Bijojote, Bugnion – Subur), http://www.reliefweb.int/ghd/index.html.

11 Chair's Overview: Continued Commitment To Good Humanitarian Donorship And A Roadmap For The Way Forward; 2nd International Meeting On Good Humanitarian Donorship; Ottawa, Canada October 21–22, 2004.
12 GHD documents are currently published on Relief Web, see http://www.reliefweb.int/ghd.

GOOD HUMANITARIAN DONORSHIP

The Appeal was based on an analysis of donor decision-making behaviour, when previously it had lacked a clearly-defined purpose and objectives.[13] By setting out to 'help major donors to contribute adequately'[14] to appeals, it sought to provide useful information to the key decision-makers through appropriate communication activities. The Appeal aimed to reinforce positive aspects of donor behaviour, recognising that it would not change their behaviour. Responding to a survey,[15] donor decision-makers said the Appeal communication activities had been 'helpful' and that the publication was 'professional'. An Appeal letter sent from the UN Secretary-General, Kofi Annan, also drew supportive responses from donor ministers.

Both GHD and CAP planners would be wise to develop strategic communication plans for the immediate and longer term. Using professional communications help, they should ensure that communications plans support GHD and CAP policy priorities and take account of target audiences, before developing strategies and messages accordingly, and allocating responsibilities and resources. Research into audience behaviour, attitudes and knowledge will provide a basis for communication. Communications must also support planners' international responsibilities, be objective and explanatory in tone, and cost-effective.

Communication must be understood as more than information provision. Good communication means getting appropriate information to relevant people in an effective way; it depends on understanding what they do, think and feel. Like traditional marketing, communication is a two-way process that should build trust. Both GHD and the CAP should develop proper and professional communication strategies to support their policy objectives, on the basis of information about audiences targeted. This will surely mean providing transparent information about humanitarian action and outlining how stakeholders can benefit, without exaggeration, cheerleading or propaganda. Good

ways to reach most humanitarian actors will probably be by email, the web, direct mail and official channels. Mass media can reach segments of public opinion.

New audiences?

Some donors and agencies talk enthusiastically about reaching new audiences. Those who want to take humanitarian messages to the general public will be encouraged that many thousands of ordinary citizens worldwide responded to the tsunami appeals, and must wonder how to identify and develop that constituency. Available public opinion studies on humanitarian aid suggest poor overall knowledge among donor citizens, who must be all the more confused by 'humanitarian' actions in Iraq, Afghanistan and Kosovo, by doubts about aid's effectiveness, and by general feelings of removal or powerlessness. Many, however, seem to respond generously when presented with a clear case of need, empathetic TV coverage and credible channels through which to respond.

Once GHD and CAP have communication strategies in place for main audiences, they can reach out to new ones. A joint campaign by donors and agencies could help them achieve collective humanitarian policy goals. For example, a campaign could expect to increase global public understanding and individual responsibility for impartial humanitarian action, stimulate dialogue about humanitarian principles, and mobilise humanitarians behind the common goal of meeting needs. Umbrella campaigns, using creative marketing and TV advertising, can over time change behaviour, raise awareness, and bring stakeholders together. A common banner concept might be 'impartial action to meet needs'. However, until GHD and the CAP communicate effectively with key stakeholders, reaching out to new audiences should remain an aspirational goal. The priority must be to develop communications that support policy objectives and fulfil obligations to primary stakeholders.

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13 Wendy Riches, *Consolidated Appeal Process Launch Review*, 2004.
14 Humanitarian Appeal Plan; Launch Strategy, Consolidated Appeals Process, developed by Andrew Lawday for CAP Section, OCHA, August 2004.
15 Andrew Lawday and Delphine Pastorel, *Review of Humanitarian Appeal 2005: Review of Launch, Consolidated Appeals Process 2005*, December 2004.

GHD and funding according to need

Andre Griekspoor, WHO

The Good Humanitarian Donorship (GHD) initiative can be seen as the donors' equivalent of agency initiatives such as the Red Cross/NGO Code of Conduct, which aims to improve the quality and accountability of humanitarian responses. In the GHD, donors have committed themselves to a set of principles and good practice for humanitarian action, including the provision of flexible and timely funding

in proportion to need.[1] This article looks at one aspect of GHD: allocating humanitarian funding 'in proportion to needs and on the basis of needs assessments'.

1 Principles and Good Practice of Humanitarian Donorship. Endorsed in Stockholm, 17 June 2003. International Meeting on Good Humanitarian Donorship, Stockholm, 16–17 June 2003.

Needs assessment in the CAP

In 2003, the Inter-Agency Standing Committee sub-Working Group (IASC sWG) for the Consolidated Appeals Process (CAP) started work on improving the needs assessment aspects of the CAP, with a view to establishing a stronger foundation for the Common Humanitarian Action Plan (CHAP).

The starting-points for strengthening the assessment process in the CAP were:

- to bring together existing needs assessment information;
- to organise the information in a systematic and transparent way; and
- to provide a platform for colleagues in the field to discuss needs, severity and risks.

This, combined with an analysis of who is most vulnerable, where they are and what capacities are available, will assist in setting priorities and in joint programming. If done well, the process and its findings will increase confidence in the priority-setting process for both donors and agencies, and enable more evidence-based resource allocation. A needs assessment framework and matrix (NAFM) was designed to structure the description of the humanitarian situation. It soon became clear that the GHD initiative needed such an objective overview of needs if it was to make progress on its commitment to funding according to need.

Supporting Burundi and DRC in the assessment process

The NAFM was piloted in support of the assessment process for the 2005 CHAPs for Burundi and the Democratic Republic of Congo (DRC). This was a logical choice given that these countries were also the pilot countries for the GHD. In Burundi, the NAFM was considered useful; in DRC, however, it was generally rejected as being too complex and not user-friendly. Most criticism focused on technical aspects like what the measuring units should be (populations, or specific vulnerable groups or geographic areas?), or on levels of aggregation. While demonstrating the potential value of the process, the piloting exercise also showed the constraints. Donors were supportive, but special funds were not made available.

Substantial progress was made only in sectors where additional staff had been deployed (despite the fact that they also found the matrix unhelpful). Staff visited all relevant partners in capitals and in the field, to ask for their analysis and to discuss findings. Time was required to gain trust and confidence, for people to understand what they were contributing to, and to convince people of the added value of the exercise for the entire sector, including their own organisation. A wide variety of sources needed to be covered, and it took time to put things together in a systematic way and to synthesise findings. One of the conclusions of a quick lessons-learned exercise by OCHA was that to do

this well, funding and staff time need to be dedicated to the process. It needs to be properly planned, and agencies need to include a specific reference to this process in CAP programmes, so that donors understand the resources required. This confirmed the finding of HPG's work on needs assessment, namely that assessment has to be recognised as a key activity in its own right.[2]

In general, the results in terms of describing needs fell short of expectations. Perhaps the NAFM document got too much attention. Rejecting the tool meant mostly that nothing else was done. It may have been misinterpreted as being an assessment tool, while the essence was that it would merely structure the process to bring the available information together.

Nonetheless, our experiences in Burundi and the DRC were constructive in indicating how to plan the assessment process better, and how the NAFM tools can be made more user-friendly. Through the IASC sWG for the CAP, an improved version was expected to be ready by the end of February 2005, and preparations are being made to extend support to five or six countries in preparing the CHAP for 2006. Once the process is more firmly established, it is expected that it will be less labour-intensive, and assessment overviews will help to improve monitoring and review processes.

More challenges ahead

The experience of piloting the NAFM highlighted how difficult it is to arrive at an objective overview of a humanitarian situation in a way that would be useful for overall strategic decision-making. Assessing needs, and developing estimates of the resources required to meet them, is a complex problem. It involves many judgments at every stage, and is not a straightforward, rational process. Depending on the principles one uses to make these judgments, different outcomes will result.

Interpreting findings

The findings of an assessment are often compared to benchmarks such as the situation prior to the crisis, or trends over time. In practice, these benchmarks and the subsequent interpretation of needs differ depending on the context. Needs may be understood very differently in Burundi and Kosovo, for example. Others argue for a rights-based approach, and an interpretation of needs based on a comparison with a universal desired minimal level, like the Sphere standards.

Mortality rates are one example of this problem. It seems logical to compare rates to the situation prior to the crisis, or the average in the region. But this is meaningless in crises that have lasted for 20 years. There is also something fundamentally unethical, from a humanitarian

2 James Darcy and Charles-Antoine Hofmann, *According to Need? Needs Assessment and Decision-making in the Humanitarian Sector*, HPG Report 15, September 2003, http://www.odi.org.uk/hpg/papers/hpgreport15.pdf.

perspective, in talking about mortality rates reaching emergency thresholds when they are more than double the baseline rate. Average mortality rates in Sub-Saharan Africa are already more than double what they are in other parts of the world; to declare an emergency in Sub-Saharan Africa, they have to double again! If different absolute emergency rates are applied between contexts, resulting in inequitable aid responses, what does this say about the universal value of human life?[3]

We also need to make predictions for the future, and anticipate future needs. Defining needs and comparing severity within and between humanitarian crises is thus a complex process. Assessment findings do, however, make it possible to establish priorities within a sector. If a health assessment tells us that the majority of excess deaths are due to malaria, malaria control programmes will logically be among the top priorities. Moreover, even priorities within a particular sector, such as malaria control, may require work across sectors – in this case health, water and sanitation and shelter. At the end, the point is not whether water is more or less important than food or health, but how to achieve the optimal balance of sectoral inputs to achieve the priority goals. No practical models exist to make these decisions for us.

Developing programme approaches

There are usually different approaches to addressing needs. Where there is food insecurity one can give food aid, and also seeds or tools. Reconstructing a road may improve access to markets, and may have a longer-lasting effect on malnutrition than a selective feeding programme. Choices are determined by such things as the context, the degree of urgency, the balance between short- and long-term effects and the obligation to strengthen local capacities. The mandates of implementing agencies are also important.

3 Personal communication, Nick Stockton.

Estimating how much funding is required

The choice of interventions and the approach to implementation has consequences for costs. Here again, there is no quick-fix formula. Some benchmarks exist, like costs per capita for medicines, or per metric ton for a specific food item. While there are some agreed levels for overheads, little is known about what would constitute an acceptable cost for coordination or quality assurance. There could be more transparency in the unit costs of common programmes, which could be adapted to the particular circumstances, for instance if goods need to be delivered to isolated areas by air.

Donors' funding decisions

All the factors described above would need to be weighed against each other. To make rational funding decisions, cost-effectiveness analyses would need to be made. Work has been done on this for health interventions,[4] but it has not yet been applied in complex emergencies as there are too many variables affecting both costs and effects. Moreover, cost considerations should never be the only criterion of choice. There are also continued problems in securing approval for programmes to reduce vulnerability, such as disaster preparedness and prevention work.

cost considerations can never be the only criterion of choice

Even if such rational methods existed, donors' funding decisions are also influenced by other factors: their confidence in the ability of an agency to deliver; the size of their budgets from the previous year; how budgets have been divided between sectors in the past; and official

4 World Health Organisation, *Choosing Interventions That Are Cost Effective*, http://www3.who.int/whosis/menu.cfm?path=evidence, cea&language=english, accessed 8 February 2005.

Table 1: Baseline reference mortality data by region

Region	CMR (deaths/10,000/day)	CMR emergency threshold	U5MR (deaths/10,000 U5s/day)	U5MR emergency threshold
Sub-Saharan Africa	0.44	0.9	1.14	2.3
Middle East and North Africa	0.16	0.3	0.36	0.7
South Asia	0.25	0.5	0.59	1.2
East Asia and Pacific	0.19	0.4	0.24	0.5
Latin America and Caribbean	0.16	0.3	0.19	0.4
Central and Eastern Europe/ CIS and Baltic States	0.30	0.6	0.20	0.4
Industrialised countries	0.25	0.5	0.04	0.1
Developing countries	0.25	0.5	0.53	1.1
Least developed countries	0.38	0.8	1.03	2.1
World	0.25	0.5	0.48	1.0
Source: Sphere project, *Humanitarian Charter and Minimum Standards in Disaster Response*, 2004 edition, p. 261.				

foreign aid policy. Available budgets are finite and almost always inadequate. The result is a second round of prioritisation, in which coverage and/or quality is reduced, or important activities have to be cut.

Funding based on needs: remaining challenges for GHD

If we really want to make progress towards needs-based programming and funding, all of the above will need to be considered. In the case of the pilots in Burundi and DRC, the starting point for donors was that funding would not be increased over the previous year; the intention was to see how available funds could be used more effectively. This constitutes resource-based planning rather than needs-based planning. In addition, the pilots in the two countries did not allow discussions on budget allocations between crisis-affected countries. We are still far from being able to compare DRC and Burundi, let alone all humanitarian contexts. To do this, we would need a ranking system for humanitarian crises based on multiple indicators, like the Human Development Index. Such rankings already exist; ECHO's Global Humanitarian Needs Assessment (GNA), for example, ranks DRC and Burundi first and second.[5] The GHD group could be used to bring the different ranking methods together, as a first step towards an agreed reference against which to develop resource allocation decisions.

To get to that next step, we also need more objectivity in how costs are estimated in response to needs. Only when we have such overall objective estimates will it start making sense to compare funds received to funds requested. OCHA's Financial Tracking System has very limited value in determining whether funding needs are being met.

Adequate funding is needed if we are to make progress, and donor countries are encouraged to achieve the Monterrey target, which says that donors should allocate 0.7% of GDP to development aid to the poorest countries. New ways must be found to coordinate and invest humanitarian and development funds in fragile states, so that communities at risk can receive adequate support.[6] At the World Conference on Disaster Reduction in Kobe, Japan, in January 2005 it was proposed that 10% of funds for responding to disasters be invested in strengthening preparedness.[7]

Conclusions

With the GHD initiative, the role of donors is now also included in discussions around improving the effectiveness and accountability of humanitarian interventions. The Consolidated Appeals Process is the only mechanism for common programming, so that the whole can become more than the sum of the parts. It also has the potential to ensure that the limited funds available are used where they are needed most: that funds are allocated according to an evidence-based analysis of needs and priorities. It is not there yet on either, but both from the interagency and the donor side, commitments have been made to strengthen these processes. More work is called for to increase transparency and rationality in the complex process of assessing needs, and programming and allocating resources. The fact that the various stakeholders are finding ways to work together on these is promising.

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5 'ECHO Strategy 2005: *Global humanitarian Needs Assessment (GNA)* and *Forgotten Crisis Assessment (FCA)*, Methodological Note', ECHO, 2004, http://europa.eu.int/comm/echo/pdf_files/strategic_methodologies/methodology_2005.pdf

6 'Achieving the Millennium Development Goals in Fragile States. High Level Forum on the MDGs', Abuja, Nigeria, 2–3 December 2004, http://www.hlfhealthmdgs.org/December2004Mtg.asp.
7 Jan Egeland, UN Undersecretary General for Humanitarian Affairs, Speech at the World Conference on Disaster Reduction, Kobe, Japan, 18–22 January 2005, http://www.unisdr.org/wcdr/.

Good donorship in practice: the case of Burundi

Mit Philips, Inma Vazquez and Armand Sprecher, MSF Brussels

At the end of 2003, a countrywide population survey by Médecins Sans Frontières (MSF) revealed that almost a million people in Burundi – a fifth of the rural population – were excluded from healthcare as a direct consequence of the government's policy of cost-recovery.[1] The survey revealed crude mortality rates and mortality rates for children under five well above the emergency threshold. Poverty was shown to be generalised, with 85% of the population living on less than $1 per person per week (the international line of extreme poverty is $1 per person per day). In such an environment, the Good Humanitarian Donorship (GHD) initiative – which was piloted in Burundi in 2004 – is unlikely to be effective if its application does not involve a fundamentally different approach to essential and lifesaving healthcare for a large part of the Burundian population.

1 MSF, *Access to Health Care in Burundi: Three Epidemiological Surveys*, www.msf.be, 2004.

Access to healthcare in Burundi

Burundi's cost-recovery system requires patients to pay for medicines and medical services before receiving care. Some 17% of people did not seek care even when they felt themselves to be very sick. People tended to wait too long before seeking help, or did not seek help at all, mainly due to lack of money. The average price for a simple consultation corresponded to five to 12 days of income, and was out of reach for many; the fact that mortality rates for malaria were twice as high among people who depended on health centres applying cost recovery, compared to those applying a low flat fee, seems to confirm delays in appropriate care. Eighty-two percent of patients consulting health centres take on debt or sell a possession (harvest, land, livestock) in order to pay for care. As for secondary care, reports from hospitals indicated prices for lifesaving treatment that were completely out of reach of most people (a lifesaving Caesarean section, for example, costs $150). Patients have even been held in the health structure until the family was able to pay the bill. In theory, a waiver system should protect those unable to pay, but in practice less than 1% of patients obtained care free of charge. No link could be detected between partial waiving of the fee and vulnerability criteria, such as returnee or displaced status. Price reductions mainly benefit the holders of the health insurance card for state employees.

GHD is unlikely to be effective if it does not involve a fundamentally different approach to essential and lifesaving healthcare for a large part of the Burundian population

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Donor policies in Burundi

Since the MSF survey was carried out, there has been little improvement in access to care, nor has donor policy changed with regard to user fees. There has been no updated population-based assessment after the MSF survey, and it is not possible to state if mortality has now dropped below emergency levels. Donors provide technical assistance for the further implementation of cost recovery, without any specific efforts to monitor financial accessibility and affordability. WHO and other UN agencies do not challenge the cost-recovery system, and NGOs, despite their large input in terms of in-kind and cash resources, have not succeeded in persuading the Ministry of Health to lower fees or offer free care, even in NGO-supported health structures.

Burundi's annual health budget is equivalent to $5 per capita, well below the average $34 per capita that WHO

estimates is required to provide a basic package of care.[2] Donors are reluctant to finance recurrent costs, particularly salaries. The new CAP approved for Burundi within the framework of the GHD requests $21 million to finance health projects. With a population of around seven million, this corresponds to about $3 per capita. Even when these extra funds are added to the current national health budget, the level of financing is still well short of what is needed to provide a decent basic package of essential care. Project funds will be spent on infrastructure and equipment, essential drugs and other material, but staff remuneration is not mentioned in the CAP. The average salary of a nurse in Burundi is equal to $23 a month.

The perverse effect this can have is illustrated by an example from Karuzi province. As part of a WHO programme to reduce maternal mortality, an ambulance was purchased and posted in Karuzi province. The ambulance was intended to transport women to the referral hospital in cases where there were labour complications, or a lifesaving Caesarean section or transfusion was required. The running costs and maintenance of the ambulance had to be covered by the health authorities. The authorities' first reaction was to propose raising the level of user fees in the health centres to meet these costs. This might indeed fit with cost-recovery logic, but it does not accord with the principle of assured access to essential and lifesaving care. Donors prefer to leave the burden of running costs to local coping mechanisms, even when this means excluding a substantial number of people from the intervention they are funding.

Regarding access criteria, the GHD Needs Assessment Framework used for the preparation of the CAP and the CHAP in Burundi does not explicitly address financial obstacles to access, though it does mention other access problems, such as social and cultural hindrances. That financial access was mentioned in the needs assessment report was due to chance rather than intent. If funding were guided by the assessment matrix, the problem of financial access to healthcare would have to go begging elsewhere. But even though the final version of the 2005 CAP does acknowledge that cost recovery is causing serious access constraints, no concrete measures are proposed in the CHAP to correct the situation. Project descriptions talk of access to basic services for returnees, vulnerable groups and the poor, but there is no indication of how this will be realised through existing health services. MSF's population survey showed that the waiver system does not protect vulnerable groups, even when formally within the eligibility criteria. Without much closer control, waivers for returnees or other vulnerable groups (such as female-headed households or the poor) will remain theoretical only.

Similarly, no explicit reference has been found to the need to suspend user fees in cases of epidemic outbreak, renewed fighting or other crisis situations requiring effective and urgent coverage of people's needs. During a cholera outbreak in a refugee camp in June 2004, the health authorities resisted the lifting of user fees in the adjacent health centre. At the end of 2004, WFP pointed

2 *Macro-economics and Health: Investing in Health for Economic Development: Report of the Commission on Macroeconomics and Health*, chaired by Jeffrey Sachs (Geneva: WHO, 2001).

The health centre in Bwiza, in the cost-recovery zone

also a cause for concern. In practice, 'community participation' does not necessarily refer to people taking part in decisions, but rather to financial contributions. In the majority of cases, this translates into user fees. Without any protection for the poor and without any subsidy from the central level (this means government), local solidarity mechanisms will fail to raise sufficient money and will fail to assure cross-subsidy between poorer and richer communities.

It is extremely worrying that the CHAP is supposed to 'facilitate the transition to longer term rehabilitation strategies and resource mobilisation mechanisms attached to them'.[6] As the current 'resource mobilisation mechanism' for health involves charging patients fees they cannot afford, this seems highly inappropriate, and at variance with the objectives of the GHD initiative. Effectiveness and equity of aid rank high in the ambitious GHD agenda, and should remain core principles.

to the difficulties people were experiencing in accessing basic health services amid food shortages in Kirundu province.[3] Yet no action was taken to abolish or reduce user fees, even temporarily.

The need for an unambiguous donor position
During the GHD pilot in Burundi, NGOs were consulted at different stages, and MSF provided data from its population survey. But the only explicit reference made to the data is in the WHO and UNICEF humanitarian health and nutrition strategy for 2005.[4] Reference is made to MSF's survey and to a survey carried out by Save the Children, and it is explained that both studies recommend a more equitable system by increasing public funding to the health sector, making healthcare affordable.[5] However, the following paragraph states that 'while somebody has to pay for health provision, the debate over health financing for the most vulnerable and in complex emergencies is ongoing'. The same document also states that 'cost recovery or cost sharing have not shown to be effective in countries in crisis'. The clarity of this statement contrasts with the ambiguous indicator retained in the logical framework: 'curative services provided at a cost commensurate with the beneficiary community's revenues (reduced to a minimum or if necessary suspended), all preventive services for free'.

The regular use of terms like 'community participation' in the CAP for Burundi (or in the GHD principles, which speak of the 'adequate involvement of beneficiaries') is

> **in practice, 'community participation' refers, not to people taking part in decisions, but rather to financial contributions**

Recommendations
It is our view that donors should include a *formal* rejection of user fees in any health intervention in humanitarian crises. User fees are rendering health interventions less effective because they reduce coverage and equity; targeting vulnerable groups is virtually impossible through health structures that charge patients fees.

The case against user fees in complex emergencies has been made in previous issues of *Humanitarian Exchange*.[7] But outside emergency contexts, it is now increasingly recognised that user fees are excluding a significant proportion of patients, are a source of impoverishment and are anti-poor.[8] User fees will never be able to fill the existing health financing gap in poor countries. From other post-conflict contexts we know that mortality can

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3 WFP, *Communication du programme alimentaire mondial: situation alimentaire à Kirundo, décembre 2004*.
4 *Summary Report of the Interagency Health and Nutrition Needs Assessment*, facilitated by WHO and UNICEF, Burundi, May 2004; *Humanitarian Health and Nutrition Strategy for 2005*, September 2004.
5 Save the Children Fund, *Survey in 3 Provinces in Burundi*, 2003.

6 Burundi Good Humanitarian Donorship Pilot: Terms of Reference, External Baseline Assessment, submitted by DFID, 2003, p. 3.
7 See Timothy Poletti, 'Cost-Recovery in the Health Sector: An Inappropriate Policy in Complex Emergencies', *Humanitarian Exchange*, 26, March 2004.
8 D. Arhin-Tenkorang, *Mobilising Resources for Health Care: The Case for User Fees Revisited*, Working Group of the Commission for Macroeconomics and Health, Geneva, November 2000.

remain well above emergency thresholds many months after the end of the conflict.[9] The same factors of vulnerability remain: overall, people are still destitute, and their living conditions precarious.

Informally, most health actors in poor countries acknowledge that cost recovery is not a solution, even in countries where there is no prevailing humanitarian crisis. Where user fees have been abolished at national level, attendance rates have increased, particularly among the poor.[10] Recent recommendations to reach the Millennium Development Goals (MDGs) state that user fees should disappear at the latest by the end of 2006.[11] If a moratorium on fees is desirable in development contexts, the case to abolish them in humanitarian interventions seems self-evident.

We also recommend that donors overcome their reluctance to finance recurrent costs. The main reason cited for not doing this is that it creates difficulties once the humanitarian crisis is over. But this should not take precedence over the humanitarian responsibility to respond adequately, effectively and urgently to the assessed needs of people, as in Burundi today.

9 M. Van Herp et al., 'Mortality, Violence and Lack of Access to Health in the DRC', *Disasters*, vol. 27, no. 2, 2003.
10 G. Burnham et al., 'Discontinuation of Cost Sharing in Uganda', *Bulletin of the World Health Organisation*, 2004, 82, pp. 187-95; Wilkinson et al., 'Effect of Removing User Fees on Attendance for Curative and Preventive Primary Health Care Services in Rural South Africa', *Bulletin of the World Health Organisation*, 2001, 79, p. 665.
11 UNDP, *Millennium Project: 10 Key Recommendations*, www.unmp. forumone.com. Priority 5 is ending user fees for primary schools and essential health services no later than the end of 2006.

The targeting and financial protection of vulnerable people should be monitored closely, and adequate measures of financial exclusion to essential care should be part of evaluation criteria. In order to measure exclusion correctly, population surveys should be carried out since this is the only method that will provide information on the people excluded. The WHO and UNICEF common strategy for 2005 show some openness to monitoring as they foresee 'mini-population health surveys', which could include financial access criteria.

Under the current cost-recovery scheme in Burundi, one in five people will not receive health services because of lack of money; three in five will put themselves at risk of further impoverishment in order to obtain money for health fees and drugs. At the beginning of 2004, MSF calculated that about €10 million would be enough to replace revenues from patient fees, based on an average attendance rate of around 0.6 consultations per capita per year. At least part of the funds planned for the health sector in Burundi should go towards relieving the burden patients face in paying for essential care.

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No magic answers: Good Humanitarian Donorship in the Democratic Republic of Congo

Wendy Cue, Humanitarian Affairs Officer, OCHA

There are no magic answers, no miraculous methods to overcome the problems we face, just the familiar ones: honest search for understanding ... and the kind of commitment that will persist despite the temptations of disillusionment, despite many failures and only limited successes, inspired by the hope of a brighter future.

Noam Chomsky

The objective of piloting the Good Humanitarian Donorship (GHD) principles and good practice in the Democratic Republic of Congo (DRC) is to test them in a complex emergency. Given that GHD encompasses issues to do with international humanitarian law, needs-based funding, strategic planning and the promotion of standards in humanitarian practice, the pilot would seem to represent an opportunity for more coherent and effective

action to save lives and alleviate the suffering of the DRC's most vulnerable people. This opportunity has not, however, been grasped, and there has been little discernible impact on the ground. Why?

Since it was conceived in 2003, the DRC pilot has been hampered by the lack of a clear vision statement and communications strategy. Different stakeholders have different perceptions of what a GHD pilot is – and what the outcomes should be. How to reach these outcomes is also not clear. There is a lack of common understanding as to the process and methodology to be used to implement the pilot. Lead donors have focused on technical improvements, such as needs assessment, thereby avoiding some of the difficult larger questions, such as whether the funding available is in proportion to need. The lack of a common needs assessment format is cited as an impedi-

Displaced people in Bunia, Eastern DRC, 2003

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OCHA commissioned a baseline survey on the status of donor funding and behaviour in 2004.[1] Impact would then be measured by collecting the same data at the end of 2005. The survey team found a lack of information about the GHD pilot among humanitarian actors in the DRC, and difficulty in gathering measurable data against the indicators selected by donors because the indicators were not specific enough, and not linked to concrete goals or objectives. The survey report identifies constraints, and recommends priority actions for improvement. Some of these constraints and recommendations are discussed below.

Challenges and constraints

First, lack of clarity about the purpose of GHD in the DRC, and the lack of information about it in the field, led partners to wonder what was expected of them, what collective actions were needed and how the outcomes would be measured.

Second, GHD is a voluntary initiative. As such, it resembles humanitarian agencies' use of IASC policy as 'soft law', which OCHA attempts to disseminate in the field. As OCHA knows only too well, coordination works best when there is either the authority or the incentive to coordinate. GHD donors in the DRC are grappling with the same issue – the lead donors, the US and Belgium, must find a common incentive around which to motivate other donors to dedicate both financial and human resources to GHD. At present, this incentive is missing.

> **as OCHA knows only too well, coordination works best when there is either the authority or the incentive to coordinate**

Third, there is a need for an agreed framework or methodology to develop, articulate, respond to and monitor a common humanitarian strategy around which GHD participants can coordinate. At the GHD meeting in Kinshasa in July 2004, the pilot sub-group encouraged participants to attend the forthcoming OCHA-led common humanitarian strategy workshop, the results of which formed the basis

ment to decision-making, but on the other hand the humanitarian priorities in DRC are generally well known. While improvements in effectiveness, efficiency and accountability can still be made, the time and energy it takes to gather comprehensive up-to-date information in a constantly changing situation should be measured against whether enough information for decision-making already exists. Are we debating the size of the bandage while the patient is losing blood? Are we missing the primary goal – increasing humanitarian financing and action in the DRC?

Origins and development

The origins of the GHD pilot in the DRC lie in efforts to strengthen the Consolidated Appeals Process (CAP), as first called for by the 2003 Montreux donor retreat on coordination. DRC was selected as a pilot country because it met GHD implementation group criteria: it had a CAP, a strong UN presence and a large donor presence, and it is a 'forgotten' crisis. As the period of application is 2005, 2004 was about helping to shape the pilot, with meetings of the pilot sub-group in Geneva in December 2003, and in Kinshasa in July 2004. Representatives of the lead donors, the US and Belgium, visited the DRC in December 2003.

Fourteen impact indicators were developed to measure changes in donor behaviour in the DRC as a result of the pilot, covering issues such as the flexibility, timeliness and appropriateness of funding, the promotion of good practice, advocacy for safe humanitarian access and measures to strengthen local capacities. The country visit provided recommendations on how to implement the pilots in the field. These included assessing needs in terms of vulnerability, ensuring a comprehensive common strategy and communicating clear directions from headquarters to local donor counterparts.

1 The survey is Charles Kinkela, Lene Poulsen and Julie Thompson, 'Baseline Survey Good Humanitarian Donorship Pilot DRC', commissioned by OCHA/ESU, 2004.

of the 2005 CAP for DRC. However, despite its unique role as an inter-agency strategic planning tool, the CAP has not been considered a credible enough framework for GHD because it was seen as too UN-focused. Moreover, while the strategy reflected in the 2005 CAP document attempts to communicate priorities, key information, such as vulnerability indicators, is still missing. Many humanitarian projects are not included in the appeal, limiting its value as an overview of needs, activities and impact. Without a framework to enable information to be gathered together in one place, it is difficult, if not impossible, to answer the question of whether we are meeting priority needs.

A fourth challenge is developing a shared analysis of needs to support the elaboration of a common strategy. A fundamental principle of GHD and of the DRC pilot is that funding decisions must be based on a solid assessment of need. In 2004, little progress was made in using common needs assessment. While the DRC was to pilot the IASC-endorsed Needs Assessment Framework and Matrix (NAFM), only the health sector (with WHO consultants) produced a draft report.

The complexity and volatility of the DRC crisis, and the wider international context, pose additional constraints and challenges. For example, increased humanitarian access tends to reflect the state of the peace process, rather than changes in donor behaviour. The principle of ensuring that funding of new crises will not adversely affect ongoing ones was put to the test by the Indian Ocean tsunami of December 2004. It remains to be seen whether funding for the DRC in 2005 will be maintained at similar levels to previous years.

Recommendations for 2005

First, selecting an agreed objective and communicating this objective to partners in the DRC will help to foster a stronger commitment to action and clarity of purpose. In-country briefings and the dissemination of progress updates may help to keep partners motivated and on-track.

Second, the scope of the pilot should be focused on a smaller area of action. This can be done either by selecting a small number of key GHD impact indicators, or limiting the pilot's geographic scope. During the initial phases of the pilot, the practicality and viability of covering the complete territory of DRC were already being questioned. Limiting the number of variables would allow indicators to better reflect impact.

Third, incentives to adhere to the pilot would help to hold GHD participants to the agreed objective. Both donors and agencies need to dedicate financial and human resources at the field level to follow the pilot and reach targets. Saving lives and alleviating suffering should be incentive enough to foster more active engagement, but there is a need to demonstrate how adhering to the GHD pilot contributes to this end. While donors lead the pilot, the opportunity to make a difference requires commitment by OCHA, UN agencies, members of the Steering

Committee for Humanitarian Response (SCHR) and other partners on the ground.

Fourth, the pilot group needs to send a clear message on the use of the Common Humanitarian Action Plan (CHAP)/CAP as *the* strategic planning process. This was agreed right at the outset of the GHD. The 2005 CAP mid-year review will be an opportunity to strengthen the 2005 CAP. If donors send a clear message to get partners on board, analysis and ownership will be strengthened. Financial incentives may encourage the participation of implementing agencies. A more accurate picture of who is doing what, as well as a map of implementation, will help to guide the allocation of additional resources.

Better reporting to OCHA's Financial Tracking System (FTS) will facilitate the monitoring of financial response against estimated needs. One way to do this would be to use the CAP as a reference document that represents total humanitarian needs and, ideally, includes all humanitarian requirements in-country. The FTS would monitor contributions against these requirements, and the monitoring and reporting of programme implementation would be done through the CAP programme cycle. An alternative, for those agencies who appeal or receive funding outside of the CAP, would be to share information on requirements, contributions and implementation, so that CAP requirements can be adjusted downwards where needs are being met through a different channel.

Finally, OCHA, in its coordination role, needs to work harder to bring coherent analysis to different needs assessment information, and compile this information into a needs assessment matrix. Donors can support this effort by instructing partners to share assessment information and participate in the development of the assessment matrix. OCHA should also serve as a central repository for assessment mission reports and baseline data.

All those involved in humanitarian response in the DRC agree that there are enormous needs, that resources are inadequate, and that there are too few operational actors on the ground with response capacity. A significant increase in funding would arguably make more of an impact than technical improvements to programming. Is not the fundamental goal of the GHD to fund according to need? Improvements can still be made in assessments and information flows, and programmes can be made more effective. But if the international community responded to the crisis in the DRC truly on the basis of humanitarian need, much more of an impact would be made.

The GHD principles represent a donor code of conduct, encouraging coherent donor behaviour in response to humanitarian needs in the DRC. However, GHD's potential remains poorly understood among partners on the ground, and its outcomes are hard to identify. What it actually means, in terms of improving the lives of Congolese displaced by war, without adequate shelter, health care, schools, is as yet hard to measure.

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Cash relief in a contested area: lessons from Somalia

Degan Ali, Fanta Toure, Tilleke Kiewied

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Commodities, rather than cash, remain the predominant form of emergency relief: relief agencies typically distribute food aid, seeds, tools and shelter materials; they rarely give people the cash with which to buy these things themselves. Supporters of cash responses in emergencies argue that they can be more cost-effective and timely than commodity distribution, give the recipients greater choice and dignity and benefit the economies into which they are injected. Sceptics argue that cash responses are often not practical, particularly in complex emergencies, where security risks and the risk of corruption are deemed unacceptable. Even where cash responses may be feasible, there are concerns that women may be excluded, and that the cash may be spent in unwelcome or anti-social ways. A sudden access of cash may increase inflation and depress local markets, and may encourage conflict in areas of instability.

This paper seeks to contribute to this debate by describing one example of an emergency cash response, namely the Emergency Cash Relief Program (ECRP) in the Sool Plateau in Somalia in 2003–2004. The programme, implemented by Horn Relief and Norwegian People's Aid (NPA), distributed a total of $691,500 to 13,830 drought-affected households, making it the largest cash response ever mounted in Somalia.

The paper argues that cash relief is a valid option in Somalia. In emergencies in the developed world, governments provide cash grants because doing so is recognised as the most flexible and efficient way of helping affected people. If the preconditions are right, why should people in Africa or Asia be ineligible for similar help? Why is emergency aid so commonly restricted to food and other limiting resources? If we can recognise that the answer lies in fear and paternalism, then we have eliminated the core barrier to the acceptance of cash relief as a viable intervention in Somalia and other parts of the developing world.

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GOOD HUMANITARIAN DONORSHIP

Civilian deaths: a murky issue in the war in Iraq

Les Roberts, Johns Hopkins Bloomberg School of Public Health

In September 2004, a study was undertaken by Al Mustansaryia University in Baghdad to estimate the number of civilian deaths during the war in Iraq. The researchers visited 33 randomly-selected neighbourhoods in Iraq, interviewing 30 households in each location. Security constraints were extreme, and the sample was not stratified or enlarged above the standard minimum, in order to limit the risk to the interviewers. Interviewers asked about the age and gender of the people who lived in the home, the composition of that home on 1 January 2002, and deaths or departures up until the date of the interview. Eighty-one percent of reported deaths were confirmed by death certificates.

The study found that violence was up 58-fold after the US-led invasion in March 2003, that violence had become the major cause of death, and that airstrikes by coalition forces were responsible for most reported violent deaths. The number of deaths was less clear. In one neighbourhood, in the city of Falluja in Anbar Province, almost a quarter of residents had died, implying perhaps 200,000 deaths in the province as a whole. In most neighbourhoods, less than one percent of residents had died as a consequence of the invasion and occupation. The cluster death rate in Falluja was so high that it was set aside when the death toll was calculated. Results from the other 32 neighbourhoods surveyed suggested that some 100,000 deaths had occurred.

Public perceptions of the study

The study was published by the *Lancet*, and was put online on 29 October 2004. The results received a great deal of attention in the world's press, though not in the United States, where coverage was very limited. Most major US papers picked it up as a wire-service story. The *New York Times* covered it on page 8, the *Washington Post* on page 12. Both stories attempted to paint the report as controversial. In particular, the *Post* quoted Marc Garlasco of Human Rights Watch, a weapons analyst and author of a respected report on the relative lethality of various coalition weapons used in Iraq, as saying that the 100,000-death estimate seemed too high. What the *Post* did not report is that Garlasco also said that he had not seen the report, and that since that time he has stated (see http://chronicle.com/free/2005/01/2005012701n.htm) that he wished he had not aired his initial doubts.

By 30 October, two discussions had appeared on the internet which helped to defuse the politically volatile results of the survey. One was an online critique by a long-time US Defense Department official, Anthony Cordesman; the other, in the online magazine *Slate*, was by the reporter Fred Kaplan. Both were complimentary

about the researchers, both discussed the difficulty of this kind of work, and both focused on imprecision in the results. They ignored the Anbar Province data, ignored the 58-fold increase in violence and ignored the interpretation of the data by the authors and the *Lancet*'s reviewers. Instead, they focused on the results from the safest 32 neighbourhoods. In these 32 neighbourhoods, the study reported that 98,000 people had died, with a 95% confidence interval from 8,000 to 194,000. This means that, if the study was repeated 100 times with the exact same method but choosing different sampling locations, it is expected that 95 of the repeats would estimate the death toll to be between 8,000 and 194,000.

> the study found that violence was up 58-fold; that violence had become the major cause of death; and that airstrikes by coalition forces were responsible for most reported violent deaths

Both writers concluded that this result added little new information since the range included the most widely-quoted estimate at the time, which was about 15,000 violent deaths. Kaplan said of the *Lancet* study: 'This isn't an estimate. It's a dart board' (http://slate.msn.com/id/2108887/). Both authors implied that the 95% confidence interval for the 32 neighbourhoods indicated that the true result was somewhere – anywhere – between 8,000 and 194,000. In fact, the most likely number is the estimate of the study. The further from that number in either direction one moves, the more unlikely it is that that result will be found. The reported distribution implied that there was a 2.5% chance that the true number was below 8,000, and only a 10% chance that the number was below 44,000. When the extremely high outlier cluster of Falluja is included, there appears to be little chance that the death toll had been below 100,000 at the time of publication.

This spin of the story spread through the US with astonishing speed. Talk show radio hosts and ministers all passed the word that the true number might only be 8,000. By US election day on 2 November, my next-door neighbour had not heard the actual *Lancet* estimate, but she had heard on talk radio that the *Lancet* study estimating only 8,000 deaths was flawed.

What does this mean?

The *Lancet* study raises two issues for humanitarian workers who document hardships in politically volatile settings:

1) How do we articulate the complexity of imprecise results in language that will be understood or reported by the press?
2) Are we responsible for the digestion of our information by the public once it is released?

Most of us have been exposed to the idea of a normal distribution, but few of us really understand the related nuances. In particular, the probability that a specific number is the 'true measure' declines the further from the mid-point of the distribution one moves. In the 32 neighbourhoods of our study excluding the Anbar Province cluster, there was only a 7.5% chance that the true number of related deaths was between 8,000 and 44,000, but about a 42% chance that the true number was between 44,000 and 98,000. Scientists use 95% confidence intervals as a default criterion to avoid allowing the subjective judgement of the individual researchers to influence their conclusions. The use of this default is somewhat arbitrary. When dealing with the press, providing an 80% confidence interval would probably be a more effective way of communicating imprecision than the 95% confidence interval because the small and unlikely outcomes covered by the tails of the distribution would not be included. In the case of the 32 neighbourhoods discussed above, we could state that there is an 80% chance that the true number of deaths was between 44,000 and 152,000, instead of a 95% chance that the true number was between 8,000 and 194,000. The former implies that researchers were 80% sure that the commonly-quoted estimate at the time was at least three times too low. The latter, according to Cordesman and Kaplan, implied that the researchers were not sure if the results differed from the existing 15,000-death estimate.

A separate issue concerns judgment. The Falluja data was set aside because it statistically did not belong with the 32 other neighbourhoods when describing the range. Many lay-people felt that this meant the data was discarded. Anyone watching the news during the summer of 2004 would have reason to believe that a death rate in Falluja 25 times higher then the average elsewhere was very plausible. In keeping with sampling theory, the Falluja cluster implied that about 200,000 deaths had occurred in Anbar Province, although the precision of this estimate was essentially unquantifiable. Thus, when looking at the dramatic increase in violence and the evidence of far more deaths in Anbar Province, the investigators were confident that the death toll was far more likely to be over 100,000 than under 100,000. In the *Lancet* article, the abstract concludes that 'Making conservative assumptions, we think that about 100,000 excess deaths, or more have happened since the 2003 invasion of Iraq'. The 'or more' part was discussed extensively in the European press, but almost never mentioned in the limited US coverage.

The question arises, when the public interpretation of science is either done deceptively or incompetently: what is the role of the investigators in responding to the misunderstanding? In this case, the investigators were hampered by several factors. The timing of the study's publication, five days before the US election, was unfortunate. Investigators planned to conduct the study in April 2004, but videotaped beheadings convinced them to delay until June. In June, security was worse. The lead investigator had five months of teaching obligations beginning in the last week of October. Thus, the final preparations were conducted in August and the survey began in early September, ending in Falluja on 20 September. The data were entered and an initial analysis completed on 24 September. The manuscript was submitted to the *Lancet* on 1 October. The timing may have made some members of the press wary, especially given a scandal in the weeks before, when documents alleging that President Bush had shirked his National Guard duties during the Vietnam War appeared to have been faked. Had the *Lancet* article appeared a week or two earlier, it may have received more attention in the US.

It was also a mistake for the lead investigator, faced with repeated questioning by an Associated Press reporter, to admit that he had been opposed to the invasion of Iraq. This was not a very controversial position, given that most people on the planet had been opposed to the invasion. The reporter included this in her piece, not mentioning that other investigators had been in favour of the invasion, and not mentioning the first response to this question, which was that this was primarily a study of the occupation, which all of the investigators wanted to go well and peacefully. Cordesman cited this AP-reported 'bias' as another reason for disregarding the study findings. This blunder highlights how poorly equipped most relief workers and scientists are at managing messages.

Time favours truth

Time will reveal a more precise estimate of the death toll from the war in Iraq. According to a July 2004 *New England Journal of Medicine* article, 12% of returning army ground forces and 24% of returning marine ground forces report that they were responsible for the death of an Iraqi non-combatant. The NGO Coordinating Committee of Iraq (NCCI) has been recording twice as many Iraqi deaths as the most widely cited website, Iraqbodycount.net. It is not important that the *Lancet* study's 100,000 figure will almost certainly be shown to be an underestimate. It is important that the recording of tens of thousands of Iraqi deaths at the hands of the country's occupiers did not produce a meaningful response, either to limit civilian deaths in Iraq or to bolster the human rights community so that it might convince the world that pre-emptive war should be viewed as incompatible with civil society.

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PRACTICE AND POLICY NOTES

The Darfur crisis: simple needs, complex response

Max Glaser

The crisis in Darfur has left some 80,000 people dead, displaced over 1.6 million (nearly 30% of Darfur's estimated six million people), and created 300,000 refugees.[1] What makes this crisis particularly shocking is the structural character of the violence: villages have been torched, and civilians have been deliberately targeted by (aerial) bombing, summary executions, massacres and systematic rape as part of a strategy of fear instigated by the Sudanese military and the so-called *Janjaweed*, armed and supported by the government of Sudan.[2] The crisis in Darfur has therefore demanded both a humanitarian and a political response. The political response has consisted of increased pressure on the Sudanese government to disarm the *Janjaweed*, ensure security and allow aid agencies into Darfur to provide humanitarian aid. Humanitarian needs include food, shelter, water, health, sanitation and nutrition. But more than that, the structural violence against civilians means that there is an urgent need for protection, as systematic abuse, rape and displacement continue unabated.

At least in the eyes of displaced Sudanese, the protection gap has a simple and straightforward solution: the presence of *khawajas* (foreigners), the only people they trust. Indeed, in many locations where humanitarian presence has been established, targeted abuse, attacks and rape have diminished dramatically. Local authorities became more cautious and more sensitive to protection issues. Protection by presence therefore may be an effective mechanism to reduce the vulnerability of civilians. Yet it also carries inherent risks, and requires some fundamental preconditions.[3]

The humanitarian presence in Darfur

As international pressure on the Sudanese government led to improved access conditions during 2004, the humanitarian presence in Darfur increased significantly. By December 2004, approximately 55 international humanitarian organisations deploying an estimated 8,400 aid workers, nearly 900 of them internationals, were active in Darfur.[4] Compare this with the position in April 2004, when just 11 agencies and 202 staff (36 international) were operating. However, of the 55 agencies in Darfur at the end of 2004, just ten accounted for 90% of expatriate staff.[5] The other 45 organisations employed on average fewer than two expatriates each. Some UN agencies, including ones crucial to protection like UNHCR and UNICEF, employed only limited numbers of internationals (21 and 26 for UNHCR and UNICEF respectively in November 2004).[6] Arguably, rather than there being too few agencies in Darfur there are in fact too many (small) ones. Competition over scarce resources, including human resources, has fragmented the overall response, and professional capacity is thin on the ground in many agencies. Heads of agencies confirm that many positions remain vacant for extended periods, and that staff turnover is high.

> **protection by presence may reduce the vulnerability of civilians, but it also carries risks**

This dearth of international staff has obvious implications for protection by presence, which relies for its force precisely on the foreignness of the presence. Protection efforts are also hampered by the tendency of many agencies to limit their presence to the three state capitals, El Fasher in North Darfur, Nyala in South Darfur and El Geneina in West Darfur; only a minority of agencies have ventured out to remote areas. UN agencies – with the exception of WFP, which has opened several field stations – also confine themselves to the state capitals, as do the International Organisation for Migration (IOM) and the African Union Cease Fire Commission (AU-CFC). Insecurity is one reason for this, as well as issues of administration and logistics.[7] But again, a lack of human (and financial) resources is also to blame.

Given Darfur's size, effective protection by presence is badly under-resourced. In remote areas that are visited only intermittently, where there is no permanent international humanitarian presence, protection remains a severe problem. Conversely, where an international presence is established protection can significantly improve. In eastern West Darfur, for example, increased international presence after August 2004 saw a dramatic and acute drop in rape cases, some-

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1 See UN-OCHA Humanitarian Profile, December 2004, http://unsudanig.org/emergencies/darfur/profile/data/2004/December/DHP_narrative_DEC_21Dec.pdf. The precise number of violence-related deaths is unknown and heavily debated. See Eric Reeves, 'Current Data for Total Mortality from Violence, Malnutrition and Disease', *Sudan Tribune*, 12 December 2004, www.sudantribune.com/article.php3?id_article=6984. The Humanitarian Profile estimates the total war-affected population at 2.19 million.
2 See Human Rights Watch, 'Darfur Documents Confirm Government Policy of Militia Support', 20 July 2004, http://hrw.org/english/docs/2004/07/19/darfur9096.htm.
3 Protection by presence is the UN's official strategy, accepted in October 2004. See *Protection of Civilians – A Strategy for Darfur*, October 2004.
4 This includes the Red Cross and Red Crescent and UN agencies. The Humanitarian Profile for December 2004 puts the number of registered international NGOs at 67.

5 The ten were Action Contre la Faim, CARE, Concern, Goal, the ICRC, Médecins Sans Frontières (all sections counted as one), Save the Children-UK and US, Oxfam and World Vision. Humanitarian Profile, 1 December 2004, p. 10.
6 Humanitarian Profile, November 2004.
7 It should be stated that operations in remote areas require additional resources such as above-standard all-weather 4x4 vehicles and extensive communication systems.

A woman takes shelter at the edge of an IDP camp in Darfur

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needs. However, as soon as the staff left the security authorities arrested the members of the committee.

IDP committees are an attempt to mobilise a community in defence of its (human) rights. IDPs are certainly entitled to basic human rights, such as the right to association and assembly. But the current situation in Darfur does not yet allow for the promotion of rights. In fact, as the example shows, doing so risks harming the very people meant to be protected. These conditions imply a need for professional and experienced leadership, to enable informed decisions to be taken on appropriate approaches to the integration of protection in humanitarian action. The same approach will not work in all locations – protection *is* context-sensitive. Although the IASC definition appears to include fulfilling human rights obligations as an objective, the primary objective of 'protection by presence' in Darfur is to reduce the vulnerability of civilians and *prevent* abuse.

the humanitarian response in Darfur is increasingly perceived as biased

A related concern is that the humanitarian response is increasingly perceived as biased. Arab nomad leaders have stated that they see Western organisations, UN and NGOs alike, as being anti-Arab, and claim that they have not received any assistance. It is true that, currently, most if not all assistance goes to Fur IDPs.[9] Given that these populations are in greatest need, this seems to be in accordance with the principle of impartiality. While the principle must be upheld, it is also important that humanitarian strategies take into account the opinions or concerns of 'the other side', or at least listen to them, if only to avoid the appearance of favouritism. The fate of Arab nomads is a case in point. Some may have been, or perhaps are, involved in atrocities and violence against civilians. Many, and probably most, nomads may have had little or nothing to do with abuses, but suffer equally from the consequences of a collapsed agricultural sector, failing markets and food shortages. The principal difference between them and the displaced population is, of course, that the Fur have been exposed to systematic violence, rape and displacement. But Arab representa-

times by as much as ten-fold, according to organisations on the ground. This shows that presence can in itself make a real difference, even if it cannot address the underlying causes of abuse.

In other areas, mainly on the front lines between Sudanese government and rebel forces, humanitarian presence has brought stability and tranquillity as long as it has coincided with the disengagement of the warring parties. In Jebel Marra, for instance, the deployment of aid agencies was connected to guarantees from rebel forces to stay away from IDP locations and access roads, to avoid potential counter-attacks from government troops (ironically, but unintentionally, also serving the interests of government forces). However, as soon as fighting resumed insecurity prohibited humanitarian access once more. Incidents of insecurity included the Sudanese military shooting into towns (literally over the heads of aid workers), and the arrest, abuse and apparently targeted killing of international aid staff.

Rights, politics and protection

The UN Inter-Agency Standing Committee (IASC) defines protection as 'all activities aimed at ensuring full respect for the rights of the individual in accordance with ... human rights law, international humanitarian law and refugee law'.[8] In this definition, fulfilling human rights obligations would seem to be included as an objective of protection. But in Darfur the conflation of 'rights-based action', 'humanitarian protection' and 'human rights' is a recurrent problem. The organisation of IDP committees is one example of the dangers inherent in this conflation. In one instance, in West Darfur, international NGO staff promoted IDP committees to represent IDP concerns and

8 See also Sylvie Caverzasio (ed.), *Strengthening Protection in War* (Geneva: IFRC, 2001).

9 'Fur' is used as a collective term for the Darfur population, not as an ethnic or tribal appellation.

tives also cite cases of violence and abuse which they or their families have been exposed to. The fundamental point is that Arab nomads constitute part of the conflict environment, and so their concerns must at least be properly understood to ensure an even-handed, impartial and non-biased humanitarian response.

The way that the word *Janjaweed* is used illustrates these Arab concerns. For many of Darfur's people, *Janjaweed* has become synonymous with 'bandit' or even more generally 'bad person'. Any Arab camel rider or Arab-looking individual is referred to as *Janjaweed*, as are all perpetrators of violence and crime. Given the scale of the violence and abuse in Darfur, this is to a degree understandable, however inaccurate. But the distorted use of the label has also taken root among aid workers. Subsequently, the term has lost its distinctive meaning of 'armed horseman' or 'Arab militia'. For example, on one occasion an aid worker referred to Arab nomad children as *Janjaweed*, meaning that they were not entitled to aid. Equally, many attacks and robberies are instinctively attributed to '*Janjaweed*'. Not all aid workers hold this view. But labelling like this amounts to taking sides in the conflict. Appropriate contextual knowledge is therefore essential, especially in the context of protection by presence. It is important to understand that there is more than one loser, more than one victim.

On various occasions, Sudanese government officials have referred to the international humanitarian presence as an 'intervention'. International humanitarian agencies are viewed as 'agents' of an anti-Arab, anti-Sudanese international agenda. In the officials' view, the *khawajas* are the cause of all Darfur's current problems, and stand in the way of (their) solutions. In an ironic way this is true, in that it is precisely for this reason that displaced people insist on the presence of *khawajas* – to prevent abuse and intervene when it occurs. Caught between the displaced and the government, international organisations, given their protective capacity, thus risk becoming actively involved in the conflict.

However, protection should not be mistaken for conflict resolution or the restoration of civil rights. The most pressing priority in Darfur is to prevent the ongoing violence and abuse against civilians. The fact that the perpetrators of these violations include Sudanese government proxies (the *Janjaweed*), as well as members of the police forces and military, certainly complicates the *response* to these violations, but it does not compromise the potential of 'protection by presence' as such. To achieve a successful 'protection by presence' strategy, however, UN agencies such as the High Commissioner for Human Rights (UNHCHR) and UNHCR, along with bodies such as the IOM and the AU-

CFC, must be effectively deployed. To ensure and preserve the neutrality of humanitarian actors on the ground, a clear division of labour is essential between organisations providing aid (and protecting by presence), and organisations preventing abuse and/or placing pressure on the government over rights violations. But again, it is of paramount importance that all these actors – aid organisations, UN agencies, the IOM and the AU-CFC – are present as close as possible to the locations where violations and abuses are committed.

Conclusion

In December 2004, UN Secretary-General Kofi Annan stated that the UN's approach in Darfur was not working.[10] Annan was undoubtedly indicating that international pressure on the government of Sudan was not yielding the results expected in terms of the disarmament of the *Janjaweed* and the effective protection of civilians. Annan called on the UN Security Council to speed up the deployment of African Union (AU) troops, adding that 'it should be investigated what other measures can be taken to hold individuals who are responsible [for war crimes] in order to move forward'. The dispatch of more AU troops to Darfur is appropriate and essential. The protection afforded by humanitarian presence can only be effective if it is accompanied by credible force.

The objective of protection by presence is not the prosecution of individuals guilty of, or responsible for, abuse and alleged crimes. The main purpose is to *prevent* the abuse of civilians. To this end, it would perhaps be more effective to have fewer organisations with a larger response capability and capacity, rather than a multitude of small (and weakly-resourced) agencies, fragmenting the response. But humanitarian actors are not the sole providers of protection. A successful approach requires a collaborative and parallel response by various actors, and simultaneous action at various levels. However, such a response can only be effective if it is supported by actual presence on the ground.

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Predatory governance in the DRC: civilian impact and humanitarian response

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Since 1996, conflict in the Democratic Republic of Congo (DRC) has claimed between 2.5 million and 3.5 million civilian lives, making the Congolese war the deadliest in the world. According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), a further 3.25 million refugees and internally displaced people are in need of assistance. Regular violence has decimated the population and finished off what remained of the national health, judicial, education and transport systems after three decades of misrule under President Mobutu Sese Seko. Physical violence, coercion and deprivation are common experiences for the country's 53 million people, 31 million of whom OCHA classifies as 'vulnerable'.

Armed men on the streets of Bunia, DRC, May 2003

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Corrupt and brutal governance – 'predatory governance' – has exacerbated the DRC's humanitarian crisis: civilians perish not from gunfire or mortar shells, but from infectious diseases and food insecurity, sexual violence and gross human rights violations. Impunity, corruption and civilian-directed violence are rife, despite the presence of over 15,000 UN peacekeepers, a transitional government anticipating national elections in June 2005 and well-funded efforts to disarm, demobilise and reintegrate ex-combatants into civilian life. In such an environment, humanitarian agencies cannot remain inactive in the face of predatory governance and its disastrous consequences for human health and safety.

'Your gun is your salary'

What distinguishes predatory governance in the DRC from the crime and brutality of other corrupt states? State corruption is typically associated with illegal financial manoeuvring, such as embezzlement, which bends or breaks the law to favour the few or the one. Corruption *à la congolaise* combines the acquisitive impulses of a felonious state with the incapacity to pay or control the public forces of order. Civil servants, soldiers and police officials rarely receive their monthly salary of $10. Unable to meet the economic needs of their soldiers, military commanders inform them 'Your gun is your salary'. Physical assault, armed robbery, rape and murder are common, particularly in the eastern provinces, where tens of thousands of unpaid soldiers extract their salaries and 'benefits' from civilians. Predation – the exploitation, armed extortion and physical abuse of ordinary civilians – has become the default mode of governance. Congolese often joke of a constitutional amendment, Article XV, imploring the population to 'fend for yourselves' (*'debrouillez-vous'*).

High mortality and morbidity are the direct effects of predatory governance. Yet the gravest consequence for humanitarian operations and vulnerable groups is physical inaccessibility. Although this is a particular problem in the eastern provinces, where conflict is ongoing, access difficulties are countrywide. Roads, bridges and waterways are unmaintained and dilapidated, and air transport is expensive and unsustainable.

Confronting the impacts of predation

Humanitarian agencies are responding to the consequences of predatory governance in the following areas.

Corruption, economic paralysis and food insecurity

While qualitative overviews of Congolese kleptocracy exist, concrete analyses of institutionalised corruption and its consequences for human development are rare. One exception is a recent study by the US organisation Innovative Resources Management (IRM) of illegal taxation of river traders in Western Congo, where 80% of commercial produce travels by water. Results showed that 92% of traders' operating costs are accounted for by illegal taxes and fees imposed by unauthorised civil servants for trumped-up or fictional services ('loading rights', 'docking permission', etc.). Only 8% of fees are authorised; even less accrues to the state. A crippled rural economy and urban food scarcity are the results. River traders, subject to illegal taxation by unsalaried civil servants stationed at ports throughout the interior, are forced to raise prices in Kinshasa to compensate for the high costs of corruption upriver. The Congo River Basin, once the breadbasket for 10 million Kinshasans, is now devoid of commercial traffic.

In the volatile eastern provinces, food insecurity stems primarily from unruly, unsalaried military personnel. In the Walikale area of North Kivu, for example, mobile armed groups, including government soldiers, terrorise rural farmers, steal livestock and pillage local plantations. Local authorities follow in the wake of the armed attackers, picking over the remains and delivering leftovers to their families. As a result, all forms of small livestock (chickens, ducks, goats) have disappeared from rural communities. World Relief, an agency operating out of Goma, has reported that rural farmers now request guinea pigs as livestock donations because they are more easily hidden from military thieves and are easily transported when families are forced to flee fighting.

Sexual violence and reproductive health

The impunity enabled by predatory governance creates a 'no-risk environment' for perpetrators of sexual violence, particularly in the eastern provinces. In the town of Baraka, South Kivu, Médecins Sans Frontières (MSF) has reported 620 rapes by men in uniform between July 2003 and April 2004. Three-quarters of these violations were committed by groups of two to five men. While the vast majority of perpetrators are not held accountable, in one exception a military court in Equateur Province sentenced a soldier from the Congolese armed forces to 36 months' imprisonment for raping a five-year-old girl. The highly publicised scandal over UN peacekeepers and child prostitution in Bunia in 2004 has added another layer to the crisis. In January 2005, a UN inquiry upheld allegations of sexual exploitation against seven UN staff in DRC, six of them peacekeepers.[1]

Besides monitoring, documenting and advocacy, humanitarian agencies concerned with sexual violence in eastern Congo focus on responsive support mechanisms, as

preventive efforts are deemed to have little impact. Four basic forms of direct assistance are available: (1) medical exams and treatment (including HIV testing); (2) psychosocial care; (3) helping with community or family reinsertion (as rape survivors are blamed/rejected); and (4) legal assistance, if desired. Demand for services far exceeds supply, and the scarcity of medical services means that most cases go untreated. Psychosocial services are non-existent except in the few large centres where international humanitarian agencies operate.

Children associated with armed groups

Child soldiers have been a persistent feature of Congolese conflict since 1996. Humanitarian agencies involved in protecting and assisting children associated with armed groups use monitoring, documentation, sensitisation and advocacy as their primary protection tools, but admit to seeing little impact on the problem.

In North Kivu, there are three 'orientation and transit centres' to receive and process children recovered from armed groups. After a three-week stay in the centres, families are traced and children begin the process of reinsertion into their communities of origin. Approximately 2,000 have been reintegrated into civilian life. In Ituri, UNICEF cites a working figure of 6,000 children associated with militias, but cannot confirm this as militia leaders under-report the numbers of minors in their ranks.

Lack of protection for minors also stems from the breakdown of traditional support mechanisms for vulnerable children and child soldiers at the community level. According to UNICEF, the militarisation of society and the severe destitution caused by the war have created a situation where the 'family is now a primary violator of children's rights'. The abuse of children is also enabled by separation, be it forced or accidental (e.g. the banishment of children accused of sorcery ('enfants sorciers'), child soldiers, orphans, children separated by displacement). This makes family tracing, accompaniment and physical security essential components of child protection in the DRC.

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in the DRC, legal judgments are bought and sold

Impunity, accountability and the judicial system

Confronting the 'judiciary void' is essential. In a functioning state, civilians have recourse to institutions that provide for the legal settlement of disputes, such as courts and tribunals. This is not a widespread or reliable option in the DRC, where judicial corruption is pervasive. Legal judgments are bought and sold, and the 'business' of impunity is highly lucrative and countrywide. While humanitarians cannot physically reanimate an entire legal system, they can document abuses, monitor developments and report to international donors, human rights groups and relevant national officials. Important efforts are underway to combat impunity and revitalise the beleaguered judiciary system, specifically in the East. For

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1 'DR Congo Sex Abuse Claims Upheld', *BBC News*, 8 January 2005, http://news.bbc.co.uk/1/hi/world/africa/4156819.stm.

example, the European Commission and the French government's development agency Cooperation Française are engaged in a joint effort to restore the local criminal justice system in Bunia. Results from this initiative, begun in January 2004, will help to frame a strategy for the planned reconstruction of the national justice system.

The International Committee of the Red Cross (ICRC) works with regional military commanders to improve troop control and curb civilian abuses, but concedes its impact is minimal. Military discipline is unlikely to be maintained when the authorities fail to provide soldiers with salaries or benefits. As one ICRC delegate in Goma complains: 'Even if you punished every soldier in this town by cutting off their right hand, they would still have to find a way to feed themselves'.

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over 50,000 people are thought to have died in ethnic violence in Ituri since 1999

UN officials in Ituri advocate regularly for troop restraint and accountability for civilian killings, mass rapes, livestock theft and crop destruction. While conceding that this has minimal impact on military predation, aid officials in Ituri maintain that documenting and investigating abuses nonetheless serves to record the civilian costs of the war – an important task in a largely oral society. Similarly, documenting violations and demonstrating the links between the lack of civilian safety (forced displacement, for example) and increased mortality and morbidity are important strategies for bearing witness to civilian devastation. The International Rescue Committee (IRC) and MSF have conducted numerous mortality and morbidity studies across the country allowing them to advocate more forcefully and to evaluate the impact of their rural health programmes.

The ICC began an investigation into alleged war crimes in Ituri in September 2004, where over 50,000 people are thought to have died in ethnically motivated violence since 1999. Humanitarian agencies with protection components have contributed evidence and documentation to the UN's civil affairs division, and this material was taken into account in the ICC's decision to begin work in the DRC.

Disarmament, demobilisation and security sector reform
Ending impunity is an urgent priority in Eastern Congo, but a comprehensive solution must recognise that violence against civilians is largely motivated by economic necessity, and that troop control is first and foremost an economic question. International donors and the diplomatic community are in the best position to demand greater government control over Congolese troops. The current disarmament, demobilisation and reintegration (DDR) process began in September 2004 in Ituri. It is producing mixed results. Militia groups are so far unimpressed with DDR, and recent executions by militia

leaders of child soldiers preparing to enter a reorientation site indicate a deep-seated opposition to the process.

International support for the process of disarming, demobilising and reintegrating the tens of thousands of ex-combatants, many of them child soldiers, stands at around $200 million. South Africa and Belgium, Congo's former colonial occupier, have signed a memorandum of understanding for the training, reinforcement and modernisation of Congo's forces of law and order, but the initiative is still-born for lack of funds. Even in the event of a successful DDR programme, this is no substitute for wider security sector reform. The national military and police require a complete overhaul, new equipment, training and civilian oversight. Without this, the national army will remain an unaccountable, undisciplined gang of armed child-men. Particularly for civilians, the consequences will remain dire.

Conclusion
Congolese civilians face extreme violence and insecurity, largely at the hands of armed groups. Third-party efforts to protect civilians seem to be having a negligible impact. Impunity and unaccountability have normalised predation as the principal *modus operandi* of the Congolese military, various militia groups and self-defence forces across the east. International peacekeepers have done little to halt this practice. Nonetheless, there is a role for humanitarian agencies to play in communicating to international donors the scope and scale of predatory governance, particularly its grave consequences for human health and civilian protection. As eyewitnesses, agencies are ideally suited to argue the important link between effective emergency response and the improved security and safety of civilian populations.

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A crisis turning inwards: refugee and IDP militarisation in Uganda

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Uganda's displacement crisis has been called the 'forgotten humanitarian emergency'. One particularly devastating feature of this crisis is the lack of physical protection of refugees and internally displaced people (IDPs). Surveillance data reveals that injury rates in settlements and camps are disproportionately high. A considerable number of refugees and IDPs are injured as a result of intentional violence, and a significant proportion of these can be attributed to gunshot wounds. Sexual violence is also common, and is regularly perpetrated at gunpoint. Displaced people are the target of direct military attacks, coercion, intimidation, forced conscription into formal and militia forces, informal taxation, abduction and arbitrary arrest.

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Military escorts en route to Bobbi IDP Camp, Gulu, Uganda, August 2004

This article explores the issue of the militarisation of refugee settlements and IDP camps in Uganda. It argues that, while technical and humanitarian interventions are no substitute for the political solutions the problem ultimately requires, specific measures aimed at demilitarising communities and displaced populations could improve their protection.

Displacement in Uganda

Uganda has hosted refugees from over a dozen countries since the 1950s, from Europeans fleeing after the Second World War to former combatants from neighbouring countries. Hundreds of thousands of Ugandans have also been violently internally displaced since the late 1960s as a result of internal conflicts in the West Nile and Gulu/Kitgum districts. The country's 210,000 refugees and 1.6 million-plus IDPs are geographically and ethnically differentiated. The majority of Sudanese, Congolese and Rwandan refugees are concentrated in relatively small 'settlements' throughout the north-west, west and south-west. Many of these populations share ethnic affiliations with communities in neighbouring states. Between five and twenty per cent of the overall population of Uganda's western districts are refugees. IDPs are concentrated in large 'camps' predominantly in the north-west, north-east and central districts of the country; they are primarily from the Acholi ethnic group. Between 60% and 90% of the total aggregate population of north-eastern Uganda are considered to be internally displaced.

The militarisation of refugees and IDPs in Uganda

'Militarisation' in the context of refugees and IDPs is often described as a combination of military or armed attacks on people within camps, the storage and diffusion of weapons, military training and recruitment, infiltration and the presence of armed elements, political activism and criminal violence within camps. In Uganda's case, camps and settlements are exposed to escalating levels of armed violence by Lord's Resistance Army (LRA) combatants, Karamoja pastoralists and criminals. The motivation for attacks appears to be a combination of forced recruitment, the pursuit of assets including food and non-perishable goods, and politically-motivated violence. Arms caches, usually of assault rifles, grenades and ammunition, are occasionally uncovered outside of refugee settlements, though most are believed to be on the other side of the border in Sudan or the Democratic Republic of Congo (DRC).

Virtually all IDP camps are fortified with barracks, and have a military presence with increasingly heavy deployments of army forces and militia groups. The current policy of the Ugandan army is to increase overall militarisation in order to pursue LRA combatants and to 'protect' refugee settlements and IDP camps. Although the majority of IDPs are not 'militarised', a considerable number of young men have been recruited into self-defence units. These are trained by the army, with some members redeployed to other parts of the country or even abroad. In the central and north-eastern districts, Acholi leaders and displaced people are increasingly reluctant to volunteer for 'militia' service or civil defence activities without guarantees against redeployment to other districts. The widespread presence of militias, with relatively ambiguous controls, potentially constitutes a long-term threat to the protection of refugees, IDPs and civilians more generally.

Moving forward: humanitarian and political aspects

Concern over refugee militarisation – particularly in protracted refugee situations – has increased. According to one estimate, over 15% of all refugee crises involve militarised refugees. UNHCR has recognised the importance of enhancing security – and controlling the spread of small arms – to achieve its basic protection mandate. 'Goal 4' of UNHCR's *Agenda for Protection* highlights a variety of small arms-related concerns, and UNHCR's Executive Committee (EXCOM) 94 explicitly called for measures to disarm combatants during refugee emergencies. In 2002 the agency recommended that measures 'for the disarmament of armed elements and the identification, separation and internment of combatants should be taken as early as possible, preferably at the point of entry or at the first reception/transit centres for new arrivals'.

concern over refugee militarisation has increased

While technical and humanitarian interventions are no substitute for political solutions, specific measures are available that could improve the 'protection' of refugees and internally displaced people in Uganda. Increased attention to the monitoring and reinforcement of borders could assist with the screening of potential armed elements crossing into Uganda from the DRC and Sudan, which could in turn reduce the frequency of attacks on settlements and camps. Border control thus needs to be assigned a high priority. Regional approaches will be required – with the possible involvement of a peace-keeping force in the DRC, as well as increased joint operations with Kenyan authorities and the army along the Sudanese border. Uganda has played a pivotal role in the establishment and enforcement of the 2000 Nairobi Declaration on the proliferation of small arms in the Great Lakes and the Horn of Africa, indicating that a degree of political will currently exists here.

Non-violent efforts to deal with LRA combatants and other armed elements should also be encouraged. The government declared an amnesty in 2000, and there have been other pro-peace initiatives via radio programmes and an Acholi Religious Leaders Peace Initiative (ARLPI). Programmes have also been established to demobilise and reintegrate child soldiers via the army's Child Protection Unit, UNICEF and local NGOs like the Gulu Support the Children Organisation (GUSCO). The surge in respondents and defectors from the LRA indicates that non-violent approaches to demilitarisation can yield positive results. Every effort should be made by international actors to support these locally-developed programmes.

Procedures for screening settlements and camps of 'armed elements', as well as interning combatants, need to be strengthened. UNHCR has elaborated screening procedures for settlements, and OCHA could also establish protocols, together with UNHCR, the UN Department for Peace-keeping Operations (DPKO) and the Ugandan government. Practical, appropriate and transparent procedures for the identification, internment and demobilisation of 'armed elements' in camps need to be developed together with the Ugandan army. The current policy of demobilising and subsequently redeploying former LRA combatants in the north is an extremely dangerous precedent.

The Ugandan army must also articulate a clear strategy for dismantling the militia. At present, the process appears *ad hoc* and confused. Although internal processes of disarmament, demobilisation and reintegration (DDR) were undertaken in 2002, and the Ugandan government has submitted a proposal for a 'security package' to UNHCR in order to reinforce the army and police presence in settlements, there do not appear to be any coherent, integrated and medium-term strategies to disarm, demobilise, return or resettle ex-combatants. Moreover, the UNHCR favours 'policing' approaches rather than 'military' solutions. The disarmament, demobilisation and reintegration of militia, paramilitary and rebel forces is a priority and should be included in a long-term strategy for security sector reform.

The Ugandan government, the army and the national police must develop a responsive and proactive approach to the protection of refugee settlements and IDP camps. Concerns were frequently expressed by refugees and IDPs about the lax and in some cases predatory behaviour of the army and militia. There are clear normative safeguards in refugee law and via EXCOM 94 resolutions concerning the protection of refugees. In the case of IDPs, Guiding Principles 11 and 21 guarantee protection against rape, mutilation, torture and inhuman and degrading treatment, as well as the protection of property against pillage and direct or indiscriminate attacks. These should be enforced, and humanitarian agencies should monitor whether protection is being ensured. Particular attention should be paid to 'self-settled' refugees and IDPs in 'un-gazetted' (unofficial) camps, and OCHA's work with the District-level Disaster Management Committees should be maintained.

Clear rules and regulations are needed governing army functions and mandates in relation to protection and settlement/camp management. At present, there appears to be confusion over the role and mandate of the army and its auxiliaries (e.g. local defence units and militia) with respect to protection. Although perimeters are established around settlements and camps at nightfall, these are often inadequate to defend refugees and IDPs from attack. This is especially the case with 'non-recognised' or 'spontaneously settled' refugees and IDPs in un-gazetted camps, many of whom are forced to search for food away from the protection of army forces due to limited access to international assistance. Moreover, refugees and IDPs appear to have little influence over the shape and character of their own protection, despite clear norms that call for their informed consent and participation. Consultations with IDP representatives could facilitate the elaboration of appropriate benchmarks and mechanisms for strengthening security and protection.

Minimum benchmarks and standards of protection and care for refugees and IDPs must be adopted by all stakeholders. In particular, donors and international agencies should apply pressure to ensure that minimum standards are devised for IDP camps and the 'spontaneously settled'. Such standards may be achievable, at least with regard to IDPs, who are entitled to basic human rights under the Ugandan constitution. The establishment and deployment of 'protection monitors' to ensure that protection and the management of settlements and camps are of a minimum standard could be considered.

Preventing forced 'encampment' and exploring concrete options for the 'decongestion' of refugee settlements and IDP camps in situations of safety and security is a priority. The movement towards permanent settlement cannot wait for the final neutralisation and disbanding of the LRA. UNHCR is preparing the messaging, logistics and financing for voluntary repatriations from refugee settlements from 2005. Although the contexts are different, there do not appear to be similar strategies for IDP camps. While many IDPs would no doubt prefer to stay in camps until they are sure that security in their home areas has improved, a small minority wish to return.

Security sector reform (SSR) must be front and centre in any strategy to demilitarise refugee settlements and IDP camps. This should include strengthening the accountability of militia groups to the army and civilian jurisdiction, improved training and accommodation and transparent procurement and budgeting procedures for the army and its auxiliaries, as well as appropriate disarmament, demobilisation and reintegration activities for army and LRA combatants. The police force also needs strengthening, particularly in relation to community policing in rural areas, improved communications infrastructure and coordination across districts, tighter regulatory controls for illegal weapons, and better storage, maintenance and destruction procedures for small arms.

Finally, international agencies must establish clear policies on the use of armed escorts. A sizeable proportion of relief agencies hold that military escorts are necessary for access to refugee settlements and IDP camps. This is particularly the case for food convoys in high-risk areas. However, this sends out contradictory signals to the populations agencies purport to assist. Greater emphasis on negotiated access and alternative approaches to service delivery should perhaps be considered.

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PRACTICE AND POLICY NOTES

Schooling in refugee camps

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Refugee relief is typically thought about in the acute stages of a crisis, when water, sanitation, housing, security and disease threaten lives. Because assistance in such circumstances focuses on keeping people alive, relief is often described as an apolitical humanitarian project. But refugees by their very nature are the products of a struggle over power and authority – that is, a product of politics. Nowhere is this more evident in relief programmes than in the provision of schools. Basic schooling has emerged as a humanitarian 'right', just like water, sanitation, food, security and shelter. Yet education programmes for refugee children have longer-term political significance, as well as immediate humanitarian consequences. Education pushes humanitarian action beyond a medicalised endeavour to 'save lives' to a project that also shapes futures.

Unimagined past, unimaginable future

Political theorist Benedict Anderson famously called the modern nation an 'imagined community'. By this he meant that, while the members of even the smallest nation will never know, meet or hear about their fellow-members, 'yet in the minds of each lives the image of their communion'. This communion takes place in large part because vast numbers of people are exposed to common schooling. In modern societies, education's core function is the creation of citizens able to imagine themselves as having both a past, and a plausible future as part of a wider national community.

> basic schooling has emerged as a humanitarian 'right', just like water, sanitation, food, security and shelter

Refugees do not have a common past or a future; there is only a 'present' as a refugee in a camp full of people with the same problem of homelessness. One consequence of this is that, in refugee camps around the world, education programmes are often confronted with questions largely resolved in peaceful settings. What language should be used? Who is qualified to teach? What is a respectful relationship between teacher and student? Are rote learning or group-centred activities best? These are big questions, often going to the root of seemingly intractable political problems. Whose history, language, music or literature is taught in primary school – Israeli or Palestinian; Catholic or Protestant; Hindu, Sikh or Muslim; *mujahedin* or Royalist; Hutu or Tutsi – has much to do with expressions of power.

Faced with these difficult questions, humanitarian relief agencies often reduce schooling for refugees to a logistic problem. The result is that education packages for refugee camps, like food reserves, are 'borrowed' from a stockpile in the host country or elsewhere, and little attention is paid to broader questions to do with the kind of future children will have. In refugee camps, the core function of schools – the creation of citizens – is often ignored. It is perhaps not surprising that, as a result, refugee camps often have confusing mixes of curriculum, which leads to inconsistencies in educational policies. Such inconsistencies stem from the political compromises that both internal and external actors must make in refugee situations. Some examples are:

- In Indochinese refugee camps in Thailand in the 1980s and 1990s, instruction was in a general Thai curriculum, even though the government's policy was that no refugees would stay in Thailand. Chinese, English and French curricula were also offered at different times and places. Despite explicit policies for repatriation, few refugees in fact ever went home, and hundreds of thousands resettled abroad, or stayed in Thailand illegally.
- Mozambican camps in Malawi in the 1980s offered a Malawian curriculum in English to facilitate integration. However, in the 1990s repatriation came to be seen as more important, and the Malawian curriculum was replaced with a Portuguese Mozambican one.
- Camps for Burundians in Tanzania in the 1970s and 1980s focused on a Tanzanian Swahili curriculum, and many Burundians remain in Tanzania today. However, refugees from Burundi in the late 1990s were educated by the international community in a mix of French and Kirundi, under an official 'repatriation only' policy. Meanwhile, refugees established their own schools, with teaching in Swahili and English.
- In camps for Afghan refugees in the 1980s, the international donor community funded conservative Islamist political parties to establish schools which promoted political ideologies, including an insistence that females be excluded from schooling. In the meantime, the UN and Western NGOs developed their own programmes promoting gender equity.
- Perhaps most notoriously, schools in Palestinian refugee camps in Jordan, Lebanon, the West Bank and Gaza promote a distinctly Palestinian identity. Palestinian children have been taught that they are both dispossessed, and foreigners in the Arab lands to which they fled. As a consequence, today's Palestinian curriculum, which teaches that Jewish people unjustly seized Palestinian land, is a focus for the on-going Israeli–Palestinian conflict.

A classroom for displaced children in Burundi

©Susan Nicolai

The role of schools in refugee populations

In administering schools, humanitarian organisations make decisions which have consequences for how power is distributed. Teachers are identified and promoted, a language of instruction is chosen and specific norms of deference and respect are enforced. The question that educators in refugee camps should ask is: what will such policies mean for a refugee population in one, five, ten or 20 years? This is a question that technicians focused on food rations, curative medical care or water systems can ignore, and still do a good job by keeping daily mortality rates under control. The questions that educators must ask, by contrast, are inherently political. Educational administrators in refugee camps ignore such political questions at their peril. This is because, in their decision-making in seemingly technical areas to do with curriculum, pedagogy and school administration, they plant the seeds of a future. This future may see repatriation, resettlement, the end of an old identity, or the beginning of a new one. But the identity cultivated may also be the basis for continued armed struggle.

> humanitarian relief agencies
> often reduce schooling for
> refugees to a logistic problem

Education choices may also reveal something about the priorities of donors. In Afghan refugee camps in the late 1980s, for example, the US provided textbooks as part of what became known as the 'Cross-border Humanitarian Program'. By the time educational support was wound down in 1994, over $50 million had been spent by the US and UNICEF. The goal of the programme was to give political legitimacy to the *mujahedin* commanders fighting the Soviet-led Afghan armed forces. The textbooks were also intended to promote powerful political messages. These are two quotes from a textbook prepared for the programme:

1. The Mujahedin laid 260 anti-tank mines for Russian tanks. Out of that 180 mines exploded. Now find out how many mines are remaining.

2. 15 Mujahedin attacked 100 Communists from one side. 17 Mujahedin attacked from the other side. Out of 100 Communists, 14 were arrested and 72 were killed. Find out: a) how many Mujahedin were involved in the attack and b) how many infidels fled.

This attempt to deliver political statements through the medium of numeracy is an important example of how and why national identity becomes embedded in a curriculum, even a seemingly benign subject like basic mathematics. By funding these militarised anti-communist textbooks, Western donors made a statement that opposition to communism was more important than humanitarian principles. When Thailand insisted that Indochinese refugees must be repatriated, rather than settle in Thailand, while at the same time insisting on a Thai curriculum, the decision made short-term political sense, even though the long-term consequences meant that many refugees in fact did not repatriate. Today in Chad, choices are being made by donors and the Chadian government about the future identity of refugees fleeing Darfur. Decisions are being taken about who will be schooled, and what the curriculum will be about. In northern Uganda, where children are housed in separate villages away from their parents to protect them from kidnapping, new relations are being established. A new 'us' is being created, and a new future imagined.

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Saudi Arabia's humanitarian aid: a political takeover?

Leo Barasi

Saudi Arabia has one of the largest humanitarian aid budgets in the world. This assistance is delivered through a range of public and private mechanisms. While the government has always had a close relationship with Saudi charities, most have generally been free to pursue their own aid priorities. However, recent developments may limit their independence. This article discusses the possible implications for the future of Saudi humanitarian aid of closer government involvement in the work of the country's charities.

The attacks of 11 September and the ensuing 'war on terror' have prompted the Western media and policy-makers to examine the international activities of ostensibly humanitarian Saudi charities. Following accusations that these charities supported terrorist groups, the Saudi Ministry of Information announced in July 2003 that it had banned them from sending any funds abroad. Seven months later, it declared the establishment of a National Commission for Relief and Charity Work Abroad. Precise details of how the National Commission will function have yet to be published; some of the Ministry's announcements suggest that it may take over all aspects of private aid operations, while others indicate that private Saudi charities will continue to function. Whatever the scope of the National Commission's activities, it is clear that it will facilitate greater government involvement in overseas charity. Given the scale and scope of the work of Saudi charities like the International Islamic Relief Organisation (IIRO), any such change will have important consequences for humanitarian relief in the Islamic world.

This is not the first time the ruling al Saud dynasty has been involved in overseas humanitarian work. The Soviet invasion of Afghanistan in 1979 prompted many Islamic NGOs to begin relief work in the region, particularly with refugees in northern Pakistan. Within a year of the Soviet invasion, a General Donation Committee for Afghanistan had been established in Saudi Arabia, with Prince Salman – the governor of Riyadh Province and a full brother of King Fahd – as its head. This seems to have been the first close royal involvement with overseas humanitarian work. Since then, this association has continued to the extent that it is now unusual to find any instance of Saudi aid that is not in some way connected to senior members of the al Saud family.

> **it is unusual to find any instance of Saudi aid that is not in some way connected to senior members of the al Saud family**

The three most prominent Saudi charities, the Saudi Red Crescent (SRC), the IIRO and al Haramain, are closely linked to the royal family. In some ways, the SRC appears to function as a branch of the Ministry of Health: it is financed by the government, runs the kingdom's main ambulance network and is responsible for the welfare of pilgrims on *hajj*. When it carries out overseas relief work, senior royals including King Fahd are frequently credited with funding or calling for such assistance.

Other charities have greater financial independence, but still remain associated with the royal family. Although much of the funding for the IIRO and al Haramain comes from *zakat* (compulsory Islamic charity) donations, collected by their regional branches, both the IIRO and al Haramain have often collaborated with the royal family in carrying out overseas work. This collaboration is frequently conducted through Relief Committees, which focus on Afghanistan, Chechnya, Kosovo and the Palestinians. The General Supervisor of each of these committees is Prince Naif, the

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Interior Minister and another full brother of King Fahd. Even when a Relief Committee is not involved, the King himself is often credited with providing the humanitarian supplies distributed by these charities.

This level of cooperation is not surprising given the structure of the Saudi economy. Since oil revenues flow directly to the royal family, its senior members control the national distribution of wealth and privileges. Any Saudi enterprise on the scale of international humanitarian aid relies on the support of a member of the royal family. There is no reason why a Saudi charity would want to demonstrate its independence from the al Sauds when a close association would be a sign of important influence. Nevertheless, from the scope of their activities it is clear that, until the closure of overseas charity work in July 2003, the largest Saudi charities remained capable of acting according to their own priorities.

The scope and distribution of Saudi aid

The full scope of the work of Saudi charities is difficult to trace accurately since they do not have a tradition of formally reporting their activities. However, anecdotal evidence indicates that both IIRO and al Haramain were active throughout Africa and Asia until 2003. At least until the mid-1990s, the IIRO was seeking to be impartial in its aid provision. More recently, it has worked principally in Muslim-dominated countries, although it continued to provide aid in places with relatively small Muslim communities, such as Cameroon and Sri Lanka. In 2001, the charity claimed to be working in some 95 countries. Al Haramain also appears to have generally focused its activities on Muslim countries, although like the IIRO it has not restricted itself to working in Arab states. It reports that it has delivered food to Somalia, Indonesia and Burma among others, and was heavily involved in working with Afghan refugees in Pakistan.

The SRC has an annual budget of around $8m and a staff of around 3,000. While its priority is domestic healthcare, it is also reported to have contributed around $1.6bn to international humanitarian projects. When the SRC has worked outside the kingdom, it has been most active in the Middle East and North Africa, where its humanitarian aid seems to have largely been limited to Muslims. Its overseas activities have not been stopped by the royal decree against the international transfer of charitable funds: it recently dispensed $10.7m of basic humanitarian aid to Sudan and has provided relief aid following the Indian Ocean tsunami.

From the destinations of the official humanitarian aid given by the Saudi government and recorded by the UN, it is clear that the royal family and Saudi charities have differing aid priorities.[1] Saudi Arabia gives substantial quantities of humanitarian aid in multilateral UN contributions, which can be partially traced through the UN's monitoring systems. It annually donates several million dollars to the World Food Programme, and hosts an office of the UN High Commissioner for Refugees in Riyadh, to which it also

provides substantial donations each year. The largest Saudi humanitarian donations, however, are bilateral provisions reported to the UN Office for the Coordination of Humanitarian Affairs. In the last four years, the kingdom has given $504m in 149 recorded humanitarian donations, sent to a total of 44 different countries. Of those, 92% went to countries where the Muslim populations accounted for more than 75% of the total, and 97% went to countries in the Middle East, North Africa or Central and South Asia. A single country or territory has generally been assigned as the aid priority for each year. In 2001, this was the Occupied Palestinian Territory. In 2002 it was Afghanistan, in 2003 Iraq and in 2004 Darfur.

At the base of the strong links between the Saudi state and charity lies Wahhabism, the national interpretation of Islam. This has been central to al Saud rule since the mid-eighteenth century. The ruling family relies on the support of the religious establishment, and so is constantly reminded of its religious duty to provide aid for those in need. Yet this alone does not explain why the al Sauds should be so determined to provide aid to crises involving Muslims in the Middle East and Central Asia at the expense of those in Sub-Saharan Africa. After all, the guidance on *zakat* does not indicate that geographical or political factors should influence the distribution of aid.

Some state aid reflects external security concerns: the peaks in Saudi donations to the UNHCR, for example, correspond with regional crises which created large numbers of refugees in neighbouring countries, notably the Iran–Iraq war during the 1980s and the Iraqi invasion of Kuwait in 1990. However, the bilateral aid recorded by OCHA cannot be explained in the same way. While it is possible that concerns about an influx of refugees may have encouraged the al Sauds to provide aid to the Palestinians, Afghans and Iraqis, this was not the only motivation; internal security was also a factor.

The other factor which may influence where the Saudi state directs its humanitarian aid is the build-up of pressure for social and political reform in the kingdom since 1979. During the 1980s, this pressure was limited and was largely dealt with by the state security apparatus. The 1990–91 Gulf war, however, prompted a new wave of discontent with the existing political structure. It has generally been possible to divide these discontents into two groups, liberals and Islamists, and the al Sauds' responses have reflected the broad nature of the criticisms they have faced. The liberals came to be marginalised within the kingdom, and by the mid-1990s any remaining public criticism was largely Islamist. It is plausible that the government's prioritising of aid to popular causes – Palestinians, Afghans and Iraqis – demonstrates a desire by the al Sauds to associate themselves with these causes. The publicity surrounding some donations is striking. A government-sponsored reply to one Islamist criticism detailed the state's spending on foreign aid, while in April 2002 Prince Naif organised a telethon to raise money for the Palestinians; he personally donated nearly $1m. A similar telethon for Iraq in April 2003 raised around $12m, of which the al Sauds donated around $6m.

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1 Whilst some financing data is available it is not comprehensive, so the figures given here are illustrative only.

Possible futures for Saudi aid

If the National Commission does provide the al Sauds with complete control over previously independent charities, they may come to follow the rulers' aid priorities. This would lead to a redistribution of humanitarian aid from the countries previously prioritised by Saudi charities to those prioritised by the national aid programmes. Sub-Saharan Africa and South-East Asia would be adversely affected, as indeed they have already been by the closure of Saudi charities. However, the functions of the commission remain obscure, and responsibility for it remains unknown. The priorities and support bases of the senior princes vary considerably and their likely demands on private charities vary accordingly.

In addition to this uncertainty about the future priorities of Saudi charities, there are a number of other factors that may limit Saudi humanitarian aid within the next decade. A jump in oil prices at the end of the 1990s averted an economic crisis in Saudi Arabia that would have forced a cut in the foreign aid budget. Should oil prices return to the level of the late 1980s and 1990s, it is likely that Saudi humanitarian aid would decline. Further regional political instability may also encourage the government to prioritise security spending ahead of providing foreign aid. Equally, with rising unemployment and a young population (40% are under 15 years of age), domestic social spending is likely to capture a growing part of the budget. Should these developments occur, Saudi Arabia's humanitarian aid will undergo profound changes.

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Is cultural proximity the answer to gaining access in Muslim contexts?

Nouria Brikci, independent

In the context of the US 'global war on terror' (GWOT), the issue of cultural proximity has become an increasingly pressing question for humanitarians. In countries such as Afghanistan and Iraq, Western NGOs employing large numbers of expatriate staff have been assessing whether their Western 'face' acts as a barrier to humanitarian intervention. The solutions considered have been either to send Muslim expatriates to Muslim contexts, or to form more partnerships with Muslim NGOs (sometimes local, sometimes international). Agencies have certainly been encouraged in both approaches by Muslim NGOs in the UK, which argue that Muslims are best at conveying certain values, and that they are generally more acceptable to Muslim populations than Western aid workers.

While many factors will dictate whether Western NGOs should rely on culturally proximate workers, this article concentrates on the religious validity of the cultural proximity argument. There is a sense that, through the pursuit of the GWOT, Islam is being framed as an insurmountable obstacle to Western NGOs' ability to work in some Muslim contexts. The question considered in this article is whether there is enough common ground between Western humanitarian principles and Islam to enable *any* humanitarian worker, wherever they are from, to work in Muslim environments.

Humanitarianism and Islam

Islam places paramount importance on charity and almsgiving. Of particular importance is *zakat*, the religious duty to give up a fixed proportion of one's wealth (about 2.5% of savings annually) for specified causes. Another form of giving is called *sadaqa*. These are non-obligatory alms given over and above *zakat*. As the third pillar of Islam, *zakat* is crucial to all Muslims. There are eight permitted classes of beneficiaries, including the poor, prisoners of war and 'sons of the road' (travellers, displaced people and refugees). The desire to help the most vulnerable is thus at the core of both Western and Islamic charitable traditions. At first sight, then, a Western humanitarian worker should not find any difficulty in operating in a Muslim setting.

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Values

Most Western NGOs claim to rely, in their operations, on the values of impartiality, independence and neutrality. By contrast, there is a clear perception that the religious basis of Muslim NGOs does not allow similar space for such values. Could this perceived difference be the basis for a justification for relying on Muslims in Muslim contexts? If indeed humanitarianism in Muslim minds precludes such values, then Muslims would find the Western framework difficult to accept. But is this true?

The impartiality debate centres on whether charitable funds should be available only to Muslims, or whether they can be allocated indiscriminately to all. In other words, can Muslim aid be impartial? Some argue that funds should be given based solely on need: poor people should be helped whatever their religion. Others contend that, while zakat can only be disbursed to Muslims, *sadaqa* can be given to anyone in need.

*Iraqi women wait for humanitarian aid,
Baghdad, April 2003*

©Reuters/Gleb Garanich, courtesy www.alertnet.org

In principle, Islam allows for impartial giving, and all Muslim NGOs in the UK claim impartiality. While in practice it might be difficult for Muslim NGOs to convince their donors to abide by an impartial interpretation of *zakat*, this is an operational difficulty, rather than a fundamental religious impossibility. If there is no intrinsic reason why Muslims should be unable to support impartiality, then there should be no religious reason not to accept non-Muslim NGOs or NGO workers in a Muslim context.

Is Muslim charitable aid independent? Can Muslims and Muslim NGOs give *zakat* or *sadaqa* independently from political affiliations? Answering this question entails looking into the division between the political, the religious and the civil in Islam. It is commonly believed that, because the Prophet Mohammed was not only a spiritual leader but also the supreme ruler of Medina, there is no distinction between these different spheres. Indeed, some Muslim states, such as Mauritania, Saudi Arabia and Iran, partly base their legitimacy on their role as protectors of the faith. However, processes of modernisation throughout the Muslim world have brought a higher degree of separation between state and religion in countries like Algeria, Turkey and Tunisia, as well as increased secularisation. This suggests that, while the origins of Islam as a religion were intertwined with politics and state formation, this has not always remained the case. Muslim charitable giving will not therefore necessarily be linked to the state or to the clerical establishment.

This would imply that, in principle, non-Muslim humanitarian workers should be able to present their organisation as independent from state imperatives, provided of course that this independence is genuine. In some parts of the Muslim world, the Gulf for instance, most NGOs are far from independent from their government. But this does not imply that independence is impossible.

Finally, can Muslim charitable giving be neutral? The Islamic concept of a united *ummah* or community of believers precludes any neutral stance: in the event of conflict between a Muslim and a non-Muslim population, Muslim should stand alongside Muslim. The reality, of course, is much more complex.

The war on terror has deepened the perception that Muslims are being attacked by the West. Humanitarian workers associated with Western NGOs therefore are seen as part of this struggle, and lose their neutrality as a consequence. This is a very serious problem, but it is a *political* problem, not a religious one. Nor has the concept of the *ummah* won universal acceptance within the Muslim world as no one group can lay claim to theological hegemony. There is therefore no basis upon which to claim that solidarity between Muslims would necessarily come before solidarity with humanity as a whole. There seem to be no grounds to argue that Muslims should not recognise or accept others as neutral actors.

The legal basis of Western humanitarianism

Western humanitarianism relies on a framework of international law, particularly international humanitarian law, refugee law and human rights law, in order to operate. Is this legal framework compatible with Islamic law?

International law and Islamic law share a common history, and have influenced each other since at least the middle of the nineteenth century. US academic Sohail Hashmi notes that 'some Muslim writers even argue that the antecedents for the western just war tradition's concerns

with proportionality and discrimination in war, which in turn contributed to the rise of humanitarian law, lie in Islamic conceptions of Jihad'.

Within the legal tradition of Islam, many parallels can be drawn with international humanitarian law. The status of non-combatant, for example, is fully recognised, and combatants have to obey a set of mandatory rules in war, including injunctions prohibiting the destruction of civilian objects and the appropriation of civilian property. Life is sacred within Islam, and the enormity of taking innocent life is expressed in many verses of the Koran. Refugees, or 'sons of the road', are given a preferential status within the Islamic tradition. This stems from the Prophet's flight from Mecca to Medina and the protection offered to him there. Islamic law affirms the practice of providing refuge to persecuted people and that asylum should be provided without discriminating between free persons and those who are enslaved, rich and poor, men and women, or Muslims and non-Muslims. The medieval theologian Ibn al Arab suggests that states are obliged to offer asylum 'where there is injustice, intolerance, physical persecution, disease and financial insecurity'. There is, in other words, clear compatibility between the legal framework upon which Western humanitarianism is based, and Muslim legal tradition.

Why has this common ground not kept aid workers safe?

Islam and the principles and laws underpinning Western humanitarianism share numerous common features. There should therefore be enough common ground between the two traditions to enable any humanitarian worker, whatever their origin, to operate in a Muslim context.

However, the view of Islam presented here is not necessarily shared by all Muslims, and particularly by those extremist groups for whom the *ummah* is a reality, and for whom concepts of neutrality or independence ring hollow. For such groups, these ideas are in profound opposition to their understanding of their religion. This stems from the fact that, within Islam itself, there are many different schools and interpretations. To believe that Muslims constitute one homogenous family, and hence to believe that sending Muslims to Muslim contexts or relying solely on Muslim NGOs (whether local or international) will ensure the safety of aid workers, is profoundly simplistic. In Afghanistan, for example, over 30 aid workers have been

killed since March 2003. The majority were Afghans. In Iraq, many of the aid workers kidnapped are Iraqis. Political gain, not religion, is the driving factor. Being alike, by supposedly sharing similar values, does not necessarily keep one safe.

'Cultural proximity' is not the answer to the problems of access and insecurity that Western NGOs currently face in countries like Afghanistan and Iraq. What is needed instead is investment in training to infuse in humanitarian workers an interest in learning about frameworks other than their own. This would go some way towards ensuring that anyone could work anywhere. It would not, however, overcome the other barriers that might render the work of Western humanitarians difficult in some Muslim countries, such as a colonial past or current politics.

The inability of NGOs to negotiate access with armed non-state actors is not new; Maoist guerrillas have refused access to humanitarian workers in Nepal for many years. Today, however, the focus seems to be on those armed non-state actors who are fighting a supposedly Muslim fight. Muslim aid workers are not necessarily able to negotiate with these fighters any better than their non-Muslim counterparts.

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Disaster preparedness programmes in India: a cost benefit analysis
Courtenay Cabot Venton and Paul Venton
Network Paper 49, November 2004

This Network Paper is intended to inform the growing discussion on risk reduction in a number of ways. First, it aims to provide evidence-based research to confirm that investment in mitigation and preparedness (DMP) initiatives is money well spent from an economic point of view. Second, it intends to show how cost benefit analysis can be used as an analytical tool to choose between different types of DMP intervention. Third, it aims to provide evidence of the potential for using DMP as a significant element in both humanitarian relief and development programming. Such evidence can also be used to advocate for increasing the resources allocated to specific DMP interventions.

For a copy of this Network Paper, contact a.prescott@odi.org.uk. The paper is available for download at the HPN website: www.odihpn.org/documents/networkpaper049.pdf.

Dead or alive? Ten years of the Code of Conduct for Disaster Relief

Dorothea Hilhorst, Wageningen University

The year 2004 marked the tenth anniversary of the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. Given today's intense discussions of humanitarianism, not least as a result of the Afghanistan and Iraq crises, the Code of Conduct, with its 300-plus signatories, is still of great potential value in articulating a set of shared principles for humanitarian organisations. In recent years, interest in the Code of Conduct has increased; in 2001, for example, it was used as the terms of reference in an evaluation of the Gujarat earthquake response carried out by the UK's Disasters Emergency Committee (DEC). As one of the evaluators, Tony Vaux, notes: 'in using the code evaluators found it a more effective and challenging tool than they had expected'.[1] Since then, the DEC has used the Code in a similar way in several other evaluations.

In September 2004, 130 humanitarian practitioners and policy-makers from across the world gathered in The Hague for a conference to discuss the Code of Conduct's value, and its possible future.[2] In preparation for the conference, Disaster Studies Wageningen conducted research on opinions of the Code, and how it was used in practice. This article is based on the conference discussions, interviews and the results of a survey of 115 representatives of signatory organisations.

The value of the Code

Our research revealed that there is little explicit use made of the Code in humanitarian practice. Instead, it is used mainly as part of agencies' training processes, in induction courses, for example. As the DEC example shows, the Code is also increasingly used for purposes of evaluation. Otherwise, for programming, negotiating access and other field purposes, the general opinion is that little actual reference is made to the Code in the field. On the other hand, there was a sense that the Code and its principles were *implicitly* incorporated into humanitarian work. One interviewee said: 'in many cases, the Code coincides with people's experience. Many colleagues are living illustrations of the principles, they don't quote the principles, the principles are part of them'.

Despite the fact that little explicit reference is made to the Code of Conduct in the field, people hold it dear, and it was strongly appreciated. Reasons given as to why the Code of Conduct is considered important include:

- It constitutes a body of commonly shared principles.
- It defines humanitarians as against governments and the military.
- It provides a common reference point for discussions between NGOs and with stakeholders.
- It is a reference for discussions between humanitarian and development divisions, and between programme staff and marketers.
- It is relatively concise and simple; there is no need for elaborate training.
- Ten years on, and with 304 signatories, the Code has gained broad recognition within humanitarian and donor communities.

The Code of Conduct does not provide a blueprint for humanitarian aid. It sets parameters for that aid. There is broad agreement that using aid to support warlords, for example, to distribute Bibles or to promote racist attitudes is outside the scope of acceptable humanitarian behaviour. The Code does not, however, provide clear regulations as to how humanitarian aid should be done.

The Code is not regulatory. It uses cautious language, such as 'we shall endeavour to', instead of 'we will', and the different articles can impose contradictory demands. The cautious language makes the Code comprehensive. But it also makes it less useful for NGOs seeking guidance for their actions, and for purposes of accountability.

The Code accommodates different approaches to humanitarian aid. The first four articles concern the fundamental humanitarian principles of humanity, impartiality, neutrality and independence, albeit in a weaker form than the original Red Cross principles. The other six principles give directions on how aid should be given, and are inspired by more development-oriented perspectives. They concern respecting local culture, accountability, the long-term reduction of vulnerability, collaboration with local partners, participation and the representation of disaster-affected people in the media.

Some take the position that the Code is weak in that it makes the fundamental humanitarian principles contingent.[3] According to this position, to be useful in the future the Code should strengthen the fundamental principles, in particularly neutrality, which is ill-defined in the present text. The Code should define more clearly what humanitarian aid is, and should prioritise the fundamental principles over the other six articles.

On the basis of our research, I would argue instead that the contingent wording and the broad nature of the Code is in

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1 Tony Vaux, *The DEC and the Red Cross Code – a policy proposal*.
2 The conference, entitled 'Ten Years of the Code of Conduct: Principles in Practice', took place on 23 September 2004. It was organised by the Netherlands Red Cross, PSO and Novib/Oxfam Netherlands, in cooperation with IFRC, Cordaid, World Vision Netherlands and other Dutch NGOs. See http://www.pso.nl/knowledgecenter/nieuwsitem.asp?nieuws=50.

3 This position is most eloquently propagated by Nick Stockton; see, for example, *Humanitarian Values: Under Siege from Geopolitics*, unpublished paper, 2003.

fact a strength. In 1999, Stephen Jackson and Peter Walker cautioned against entrenching the division between humanitarian and development-oriented approaches to aid, and argued for looking at humanitarian aid in a more contextual way, which acknowledged that some situations will allow for development-oriented assistance, whereas in others assistance should be limited to relief.[4] Working in the midst of an ethnic conflict requires a different approach to working in the relative calm of a refugee camp, or in a post-conflict situation. Some situations require strict neutrality; others do not. Some situations allow for a developmental approach; other emergencies require a strict concentration on life-saving activities. In extremely tense situations, local organisations may not be reliable; in others, it might be highly unethical and inefficient not to rely on local groups. In these circumstances, there can be no blueprints for humanitarian aid, and humanitarian policy needs to be attuned to the context. The Code of Conduct provides an instrument to help humanitarian decision-making in a differentiated and contextual way.

The future of the Code

The revived interest in the Code of Conduct, its high value in the eyes of signatories and its potential utility in humanitarian decision-making suggest that it is worth keeping the Code alive. To fulfil its potential, the Code should become more institutionalised. There are many ways by which signatories could incorporate the Code into their internal and external affairs. Based on our research, here are some examples:

- Announce on the agency's website that the agency had signed up to the Code, and insert the text of the Code on the website.
- Incorporate the Code into the organisation's reports.
- Produce internal guidelines or a policy paper making clear how the principles of the Code relate to the organisation's principles or other standards adopted by the organisation.
- Make compliance of, or respect for, the Code part of contracts, and ensure that staff sign up to this when they join the organisation.
- Make the Code part of training curricula.
- Make the Code a standard part of the terms of reference for evaluations.
- Refer to the Code in general policies.
- Provide a complaint mechanism for people served by the organisation.
- Ensure self-assessment or peer reviews of the organisation's accordance with the Code.

There is significant scope for initiatives within and between signatories to promote the Code. The DEC has used the Code in its evaluations. The International Council of Voluntary Agencies (ICVA) and the Steering Committee for Humanitarian Response (SCHR) have initiated a project to write a commentary to the Code, and the group of Dutch NGOs that organised the Hague conference plays

an active role in follow-up activities. Other organisations could develop projects to promote the Code.

This is, however, not enough. To become valuable for the future, a mechanism should be put in place to manage the Code of Conduct. This should have three aims. In the first place, it should act as a regulator of the signatories. Presently, the International Federation of the Red Cross and Red Crescent (IFRC) is 'caretaker' of the Code, but the IFRC has no mandate to remove signatories, and there are no minimal requirements for signatories. This is problematic because there is a status attached to the Code. The EC's Humanitarian Aid Office ECHO, for example, makes being a signatory to the Code one of its conditions for funding.

Second, the mechanism should be a platform where issues pertaining to the Code in practice can be discussed. Such a discussion should include questions about complaint mechanisms and (self-) monitoring procedures. The Code presently contains no sections about monitoring or complaint procedures. This is consistent with its intention, expressed in the preamble, to be a 'voluntary code, enforced by the will of organisations accepting it to maintain the standards laid down in the Code'. Our research showed broad agreement that the articles should be binding, and that beneficiaries should be able to use the Code to complain about poor aid provision. There is also agreement that self-reporting should be a requirement. There thus appears to be a constituency in support of discussing possibilities for complaints and monitoring, or self-monitoring. This accords with a trend among the many local codes – in Somalia, Liberia and Afghanistan, for example – to introduce mechanisms for complaints and monitoring. Introducing complaint procedures would additionally result in an ongoing dialogue around what is acceptable humanitarian behaviour.

Thirdly, the mechanism should consider amendments to the wording of the Code. To retain its relevance, three problems deserve priority:

- Articles 3 and 4 on neutrality and independence should be strengthened and clarified.
- Article 5 on respect for local culture should be elaborated.
- The wording of the entire Code must be adjusted to remove its bias towards international NGOs, and make it equally relevant for local NGOs.

These amendments can be made without changing the spirit of the articles or the scope of the Code of Conduct.

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4 Stephen Jackson and Peter Walker, 'Depolarising the Broadened and Back-to-Basics Relief Models', *Disasters*, 23(2), 1999, pp. 93–114.

The Kobe conference: a review

Peter Walker, Feinstein International Famine Center

Kobe, Japan, was the venue for the World Conference on Disaster Reduction between 18 and 22 January 2005. Ten years ago, the city suffered one of the most devastating earthquakes in modern history. Today, all has been rebuilt. A few of the older buildings still have cracks, and not everyone has yet recovered from the trauma and the loss of homes and livelihoods. But the real impact of Kobe is how it has transformed itself. Science, civil society, local government, the corporate sector and national government came together ten years ago and have worked together since to create an impressive rebirth. The lesson – that recovery after disaster has to be driven by the survivors of the disaster – has been well learned in Kobe.

Some 4,000 people came to Kobe to attend the World Conference on Disaster Reduction. The real business of these international conferences is always in the drafting committee, hidden away, like the baby at the middle of a Russian doll, behind layers and layers of other seemingly important processes. On the outside there were the public NGO meetings, great sessions on listening to the voice of victims, bio-diversity and disasters and protecting cultural heritage from the effects of disasters. Most sessions, though, had a distinctly urban/earthquake theme to them. Then there was the exhibition hall, with just about every gadget manufacturer showing their wares, from freshly run-up tsunami beach-warning signs in Sinhalese to survival rations and hi-tech search and rescue equipment. More sobering were the photo exhibitions of the great Kobe earthquake. In the middle of the week, ReliefWeb launched its new website in the exhibition (www.reliefweb.net).

The new UN early-warning system website (www.hewsweb.org) was also launched. This site brings together in one place all of the geological and weather-related warning systems of the UN in a 'global multi-hazard watch site to support humanitarian preparedness', to quote from the front page. The conference saw states and UN agencies pledging to create a tsunami warning system for the Indian Ocean, to be operational within one year (see www.unisdr.org/wcdr/media/pressrelease/PR200505-IEWP.pdf).

Next were the thematic clusters: five parallel sets of workshops throughout the week on just about every possible subject. For me, the sessions on climate change and disasters were the most interesting, with a fascinating study presented by Columbia University on using climate change data to help plan agricultural development in Kenya and Somalia (see http://iri.columbia.edu/africa/index.html). At the other end of the spectrum, the Swiss canton Valais presented a review of its planning and implementation process for flood, avalanche and mudslide control, a process that, like the rebuilding of Kobe, involves local village groups, municipal authorities and researchers from local universities.

Government delegations spent most of their time at the plenary and high-level roundtable discussions, which featured formal presentations and discussions.

Finally, at the heart of the Russian doll, there was the drafting committee. This was the real political battlefield. It was here that the Hyogo Declaration (named after Kobe's prefecture) was negotiated (www.unisdr.org/wcdr/official-doc/Draft-Hyogo-Declaration.pdf). The declaration sets out the approach of the community gathered at Kobe:

We recognize the intrinsic relationship between disaster reduction, sustainable development and poverty eradication, among others, and the importance of involving all stakeholders, including governments, regional and international organizations and financial institutions, civil society, including Non-governmental organizations and volunteers, the private sector and the scientific community.

This is important. Disasters, at this conference and hopefully from now on, will be seen essentially as an expression of development failure, and their reduction as a matter of good governance, risk reduction and livelihood focus.

It is to this committee that the draft programme outcome document was brought, fought over and finally agreed upon (www.unisdr.org/wcdr/official-doc/programme-outcome.pdf). There were three key battles:

1) Would climate change be mentioned or not? The US delegation was adamantly opposed to the use of the phrase (global change and weather pattern change were fine, but not climate change). In the end, after heavy lobbying led by the Swedish, British and Swiss delegations, acknowledgement of climate change stayed in. A small victory.

2) Would specific targets be set for disaster reduction? The UK NGOs TearFund and ActionAid led the battle to persuade delegations to set meaningful targets for disaster reduction, but in the end the fight was lost, despite support from many country delegations. The outcome document is full of those weasel-words 'should', 'endeavour', 'support', 'cooperate'.

3) The third battle was won. Although the text contains no specific targets, it does include a commitment to a mechanism to set them up. States have pledged to 'publish national baseline assessments of the status of disaster risk reduction', 'Publish and periodically update a summary of national programmes for disaster risk reduction', and 'Promote the integration of risk reduction associated with existing climate variability and future climate change'.

NGOs, both Northern and Southern, would have liked more. Some 45 groups came together to publish their own version of the declaration, calling for 'people-centered disaster risk reduction and disaster preparedness'. The statement urged that the WCDR Framework of Action:

- Integrates disaster risk reduction into development policy.
- Delineates realistic targets and timeframes.
- Calls for financial commitments.
- Outlines an accountable process for mainstreaming disaster risk reduction.

The civil society initiative, thought up on day two and presented on day four of the conference, captured the concern of many that, following the Indian Ocean tsunami, it would be immoral to let the conference proceed with no changed commitment, no tangible targets and no measurable goals on disaster reduction.

The final outcome document was a hard-fought compromise, but credit should be given to civil society groups for their vociferous lobbying, and to those governments that seized the moment and pushed for disaster reduction to be taken seriously, as part of development and not as an afterthought.

Will it all make any difference? At times, international diplomacy and negotiation feel like a geological process. One sees so little change on a day-to-day basis, but over the years the small changes add up. If we look back to the beginning of the International Decade for Natural Disaster Reduction in 1990, then the outcome document of this conference is a great step forward. Disasters as development failures, not geo-metrological hazards; mitigation through integrated approaches, not just technology; rebuilding through the leadership of civil society, not central planning. We have come a long way in the rhetoric. Let us hope it translates into action.

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Tsunamis, accountability and the humanitarian circus

David Rieff, writer and policy analyst

The debate over humanitarian responsibility and accountability dates back at least to the 1994 Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, and the 1996 Danish government-sponsored Joint Evaluation of the International Response to the Genocide in Rwanda. Since then, the production of new statements of humanitarian principles, standards and codes of conduct has been a growth industry within the growth industry that the relief world became in the 1990s. The Sphere Humanitarian Charter and Minimum Standards in Disaster Response, the Humanitarian Accountability Project International and the Plate-forme Qualité are just three among a plethora of examples.

Boxes of humanitarian aid at a camp near Galle, Sri Lanka, January 2005

©Reuters/Yves Herman, courtesy www.alertnet.org

Alongside these guidelines and codes, there are institutions like the Active Learning Network for Accountability and Performance (ALNAP), whose raison d'être has been to foster the diffusion and acceptance of what has been presented as a new, more responsive, more beneficiary-respecting approach to relief work. More recently, 21 governments have tried to develop improved guidelines for so-called Good Humanitarian Donorship (GHD).

Confronted with all this hard work, thought and scruple, it might be reasonable to assume that the most egregious errors of the recent humanitarian past – what Nicholas Stockton once called 'the deterioration of humanitarian space, with a proliferation of agencies and a high degree of amateurism' – would have become a thing of the past. After all, by the end of the 1990s the need to reject the old image of the aid worker as a Western freebooter, bringing in expertise and monopolising authority in zones of need and conflict, was an article of faith among mainline Western aid agencies (though it has continued to mark the conduct of many SRSGs – Special Representatives of the UN Secretary-General – whose style has become markedly more 'colonial', while NGO conduct has become more egalitarian). Much internal debate and many reform initiatives within mainstream NGOs such as Oxfam, CARE and Médecins Sans Frontières (MSF) were meant to institutionalise this new approach.

Few serious relief workers would ever claim that institutionalising accountability, whether to donors or beneficiaries, was simple. On the contrary, much good work was done trying to think through why it was so difficult. But it was generally agreed that progress had been made, and

that, to the extent that the NGO world and the UN specialised agencies were experiencing difficulties, this was because they were being instrumentalised by states, the most egregious offender being the United States, and the most obvious examples of co-option being the attempt to turn relief NGOs into subcontractors of the war effort in Afghanistan and Iraq. The general assumption among humanitarian agencies was that they had changed for the better, even if the world, unfortunately, had not. There would be no more humanitarian circuses à la Goma; no rush to be present, no matter what the actual needs of the beneficiaries or the competencies of the agencies, à la Kosovo; and no more misleading advertising campaigns implying – as MSF had done in the 1980s with its claim that 'we have two billion people in our waiting room' – a direct correlation between how much money an NGO received and how much (presumably limitless) good it could do; no more disaster pornography of 'before and after' photos; in short, no more humanitarian presumption. Nor, said the Code of Conduct, would agencies allow themselves to be used as instruments of foreign policy by their donor governments (a commitment that was comprehensively abandoned in Afghanistan and Iraq).

Accountability and the Indian Ocean tsunami response

The response of NGOs to the tsunami in late December 2004 suggests to this author that this is one more case of let the buyer beware; or, as they say in my home town of New York City, if you believe that I have a bridge I'd like to sell you. From Action Against Hunger (UK) to World Emergency Relief (UK and US), from well-known actors such as Baptist World Aid, Cafod, MSF, Oxfam and Save

the Children to less familiar names like Operation USA and Clear Path International, the list of relief agencies on the ground in the countries and areas affected by the tsunami is a who's who of the mainstream relief world. Practically every relief NGO capable of deploying personnel and getting supplies over long distances is there, not to mention UN specialised agencies, Western government institutions (such as USAID, the US military and the French ministries of Cooperation and Health), let alone local government authorities and local NGOs.

Given the staggering amounts of grant money available from Western governments and regional states, and the unprecedented level of private interest, it is not surprising that so many NGOs are able to fund programmes in the tsunami zones. But how much of this programming is actually, really needed? How much is duplication? Some of the material supplied – and there has been the usual influx of relief kits, blankets, tents, food, water purification supplies, shelter construction and medical and public health expertise – has without doubt been useful. But the public health emergency predicted by the World Health Organisation and UNICEF did not take place. Even leaving aside such ill-advised claims as the one made by the French Health Minister that dead bodies would cause epidemics (an assertion icily described by Rony Brauman as pre-Pasteurian), OCHA's repeated insistence that a post-tsunami humanitarian disaster was possible, one that could take as many lives as the tsunami itself, proved unfounded. NGOs with expertise in building refugee camps deployed throughout the affected zones, but there was virtually no need for NGO-built refugee camps because survivors were taken in by family and friends. Nor was food security a major issue in most (though not all) stricken areas. In fact, there were very few food shortages, hardly surprising in a region of such natural abundance, and the local health authorities actually coped very well, all things considered. In short, the massive deployments of foreign relief workers were to a very considerable extent an exercise in superfluity. As MSF-Belgium's assessment report, written one month after the tsunami, puts it, in affected areas of Aceh the agency found 'a population in generally good health. No wave of epidemics has been detected … even though the risk remains real'.

Yet donations to MSF-Belgium equalled the group's entire budget for its operations in Angola, Afghanistan, Liberia, Sudan and the Democratic Republic of Congo (DRC) combined. This pattern of giving has been repeated across the relief world. But to my knowledge no NGO has said to DFID or USAID or ECHO, 'sorry, we don't really have a role to play in the relief effort, and, actually, the money you've earmarked for Aceh would actually be much better spent in Darfur or Angola'. On the contrary, what the tsunami has demonstrated is that, for all the conferences, internal reviews, pledges of accountability and transparency, codes of conduct and the like, the humanitarian circus is alive and well and performing in Aceh. Goma rules – or more to the point Kosovo rules, since after all the cholera epidemic in Goma was real – still apply. For all the talk of coordination and accountability, the need to maintain market share continues to trump sound humanitarian practice – at least in

crises like the tsunami, where the Western public and Western donor governments are attentive and engaged.

On its website, Oxfam has a lot of sensible things to say about the need for debt relief for tsunami-affected countries, and the need to pursue long-term development not only in the affected areas but throughout the poor world. But in advertisements in the US in January, headed 'Help the Tsunami Victims', Oxfam America claimed that 'immediate food, shelter, and clean water are needed for victims of the Asian earthquake. Oxfam America, one of the world's largest humanitarian agencies, is working tirelessly to provide aid to the survivors and prevent the death toll from rising needlessly. In Sri Lanka, one of the areas hardest hit by the tsunamis, Oxfam is already assembling 25,000 food kits and shelter for 10,000 families. The survivors need your help'. And of course they do, just not in the way that this advert claims. Oxfam is not alone in using this kind of language, but this is, I would argue, a misdescription of the situation. In particular, it was always extremely unlikely that the death toll among survivors would rise very much – in a tsunami one generally either dies or survives.

Obviously, to say this is not to claim that there was not a great deal of human need in Banda Aceh and the rest of northern Sumatra, in Sri Lanka, or in Thailand. Nor is it to minimise the task of reconstruction and redevelopment that will be necessary if these regions are to recover (obviously for the families and friends of those who have perished, recovery will be a matter of generations; being made whole materially, even assuming that this is possible, will only be one, subordinate part of the story). But it is to insist, as MSF-France's president, Jean-Hervé Bradol, has put it, that 'the reconstruction of a region, [or] of a country is what we call public aid for development. It's the domain of states, of the World Bank, and the G-8. [So] if one asks individual donors [in Western countries], people who already finance this aid through their taxes, to do it through their donations as well, one must be very precise, very clear about what and how the money one is asking them for is going to be used'.

Plus ca change?

MSF-France was the first mainline relief NGO to break from the apparent NGO consensus that there is virtually no limit on the role relief groups can play, and consequently no logical reason not to keep on soliciting for and accepting contributions for programmes in the tsunami zone. Since then other groups, including Oxfam, have followed suit. But when it made the announcement, in early January, MSF's decision was greeted with consternation by other mainline groups, who either denounced it (ACF), or demanded that it be explained very carefully, lest the public misunderstand (Médecins du Monde). I would argue that this in itself demonstrates how little change there has been in the practice of humanitarian fundraising, and in how mainline NGOs construe their role. If one assumes that relief NGOs do not, ipso facto, need to be involved in every crisis and are limited in what they can accomplish, the controversy that followed MSF's announcement that it was no longer soliciting funds for relief efforts in the tsunami zone seems not just

misplaced, but incomprehensible. A medical emergency relief organisation was asserting that it had contributed what it could, both in resources and expertise, and that no matter how much more money it received, there was nothing else it could do – at least, nothing of any significant value to the survivors. Interestingly, MSF has contacted its supporters inviting them to 'de-restrict' their tsunami donations to allow them to be spent elsewhere; alternatively, the agency is offering to refund donations.

MSF's decision was not meant to preclude international development aid reaching affected areas. On the contrary, MSF's position was that a crisis of the depth and breadth of the one engendered by the tsunamis was such that it was fundamentally beyond the remit of emergency relief NGOs. It was, in effect, a call for humanitarian humility – something that has not been much in evidence over the course of the tsunami response. A serious reading of accountability towards donors would involve not just the familiar demands for more coordination, higher standards of performance for the agencies involved (a key point made by Oxfam in its post-tsunami assessment), let alone more benefit concerts. Rather, it would demand that NGOs say clearly how little they, as opposed to Western and regional governments, can actually do in the aftermath of the tsunami. Accountability to donors would demand candour about where the limits lie to how much money can be spent usefully and responsibly. What it would not do is predict an apocalyptic outcome and then, when this does not occur, take credit for averting it, as Jan Egeland of OCHA has done (and he is not the only major relief official to do so).[1]

Eleven years after Goma, this remains the fall-back position for many NGOs and the UN system both as a crisis infolds, and in its aftermath: predict the worst, take even minor public health problems as indicative of a possible apocalypse to come, and continue in a fundraising mode that in effect says 'we're not quite sure what we'll do with the money, but we're good people with good intentions and we'll think of something'. This is neither responsible nor wise. Yes, in the short term the public is engaged. In the long term, however, such a strategy – the antithesis of accountability in any serious sense, and the antithesis of any code of conduct worthy of the name – can only breed cynicism.

David Rieff is a New York-based writer and policy analyst. His work on humanitarian action includes *A Bed for the Night: Humanitarianism in Crisis* (New York: Simon & Schuster, 2003) and, most recently, *At the Point of a Gun: Democratic Dreams and Armed Intervention* (New York: Simon & Schuster, forthcoming, 2005). See also Alexandra Frean and Ben Hoyle, 'Charities Struggle To Spend Cash for Tsunami', *The Times*, 14 February 2005, www.timesonline. co.uk/article/0,,18690-1483564,00.html.

1 At a press conference on 26 January 2005, Egeland claimed that 'tens of thousands' of lives had been saved 'against tremendous odds' by a 'remarkably, singularly effective, swift and muscular' international response. See 'One Month into Tsunami Relief Effort, UN Faces Even Bigger Rehabilitation Task', UN News Service, 26 January 2005, http://www.un.org/apps/news/story.asp?NewsID=13140.

Disaster risk reduction: mitigation and preparedness in aid programming

by John Twigg

Good Practice Review 9, March 2004

The Indian Ocean tsunami of December 2004 has shown yet again the loss of life and immense damage natural disasters can cause. It has also added weight to arguments in favour of mitigation and preparedness in aid programming. Ethical, humanitarian considerations oblige us to act to protect human life and prevent suffering. Many researchers and aid institutions have identified natural disasters as a major threat to sustainable development.

This Good Practice Review aims to help project planners and managers to:

- appreciate the significance of hazards (primarily natural hazards) and the risks associated with them;
- appreciate the need for risk management in project planning and implementation, and the value of such efforts;
- recognise the main issues that must be understood and addressed when carrying out risk reduction or disaster mitigation and preparedness initiatives; and
- understand – at least in broad terms – how to address these issues in practice, throughout the project cycle.

It is easy to be intimidated by the scale and extent of the problem, and the variety of counter-risk approaches that can be taken. But lasting protection against disasters will not be reached overnight. It is a long-term goal to be attained through a continuous process of improvement. Community resilience to hazards can be built up incrementally over time, as long as the basic approach is sound.

For a copy of this Good Practice Review, contact a.prescott@odi.org.uk. The Review is also available for download at the HPN website: www.odihpn.org.

ENDPIECE

Humanitarian Practice Network

The **Humanitarian Practice Network (HPN)** is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience.

HPN's aim is to improve the performance of humanitarian action by contributing to individual and institutional learning.

HPN's activities include:

- A series of specialist publications: *Humanitarian Exchange* magazine, Network Papers and Good Practice Reviews.
- A resource website at www.odihpn.org.
- Occasional seminars and workshops bringing together practitioners, policymakers and analysts.

HPN's members and audience comprise individuals and organisations engaged in humanitarian action. They are in 80 countries worldwide, working in northern and southern NGOs, the UN and other multilateral agencies, governments and donors, academic institutions and consultancies. HPN's publications are written by a similarly wide range of contributors.

HPN's institutional location is the Humanitarian Policy Group (HPG) at the Overseas Development Institute (ODI), an independent think tank on humanitarian and development policy. HPN's publications are researched and written by a wide range of individuals and organisations, and are published by HPN in order to encourage and facilitate knowledge-sharing within the sector. *The views and opinions expressed in HPN's publications do not necessarily state or reflect those of the Humanitarian Policy Group or the Overseas Development Institute.*