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This edition of *Humanitarian Exchange* features articles on how the humanitarian system can more effectively address and respond to chronic vulnerability, with a focus on Malawi and Niger. Chronic vulnerability refers to an enduring susceptibility to the effects of external shocks on life and livelihoods – a susceptibility that is not acute or transient, but constant and cyclical. In Southern Africa and the Sahel, this vulnerability is shaped by a mixture of problems, including food insecurity, HIV/AIDS, climatic variability, weak governance systems and unremitting poverty. Combined, these factors mean that many households and individuals live permanently on the edge of crisis.

The articles in this issue illustrate how chronic vulnerability challenges the humanitarian system. In particular, it demands better information, so that appropriate responses are developed to mitigate and address the human consequences of emergencies. We have early-warning and vulnerability systems, but gaps need to be plugged if chronic vulnerability is not to lead to hidden crises. As one of our contributors argues, information and analysis are not a luxury, but a prerequisite.

One of the lessons that emerges from the articles published here is that understanding chronic vulnerability and preventing and responding to slow-onset emergencies requires humanitarian and development actors to work together more coherently and collaboratively. This means that agencies, donors and governments need to have a level of flexibility and responsiveness (as well as the political will) to adapt their long-term, developmental policies and interventions in a timely fashion to address immediate crises. At the same time, several authors point out that social protection entitlements and more sophisticated market interventions have a role to play in alleviating and preventing emergencies from occurring.

The first of this issue's policy and practice articles explores the implications of the international court in Sierra Leone for the relationship between humanitarians and human rights practitioners. Other contributors focus on issues of organisational learning and management; disarmament, demobilisation and reintegration programming within the context of the Comprehensive Peace Agreement in Sudan; the peer review process adopted by the Steering Committee for Humanitarian Response (SCHR); and the provision of post-disaster housing in Tamil Nadu. We hope you enjoy this issue, and as ever we welcome your feedback.

Chronic vulnerability to food insecurity: an overview from Southern Africa

Karen Tibbo, Oxfam-GB Southern Africa, and Scott Drimie, independent researcher

In 2001–2002, Southern Africa experienced its worst food crisis since 1992. Most assessments have understood this crisis to be as much a crisis of livelihoods, or of development in general, as a simple food shock. In the decade leading up to the crisis, increasing vulnerability to the changing political and socio-economic environment was not adequately understood or addressed. This meant that a modest external threat, such as erratic rainfall, was all that was required to trigger widespread suffering. Numerous studies have since revealed the complexity of the crisis, which is now recognised as having both acute and chronic dimensions. In addition, the emphasis of investigation has shifted from a focus on food availability to a broader understanding of risk and vulnerability, including the role of access and entitlements in food insecurity.

In February 2005, food security reports from the USAID-supported Famine Early Warning System Network (FEWSNET), Vulnerability Assessment Committees (VACs) and the Regional Inter-agency Co-ordination Support Office (RIACSO) indicated another acute food crisis, this time triggered by rainfall failure during the 2005 growing season. This is affecting areas of Malawi, Mozambique, Zambia and Zimbabwe. There is a consensus in some countries that what we are seeing is an acute phase of a chronic emergency. The question remains how to respond effectively.

How are we responding to chronic vulnerability?

Thinking around the implications of a chronic emergency has progressed from linear concepts such as the 'relief to development continuum'. Now there is a realisation that millions of people in Southern Africa are food insecure, even in good years. This shift in thinking is widespread, and there is agreement in the region that the issues can no longer be framed in terms of a 'classic' emergency. This shift is captured in strategy and policy documents.

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Despite a better understanding of the nature of chronic vulnerability in Southern Africa since 2001, agencies are still struggling with how to intervene given the difficulties poor people face in trying to cope with dynamic shifts in vulnerability. Some agencies have incorporated the lessons of 2001–2002 into their emergency responses during 2005/6; a recognition of the importance of food access has encouraged some agencies to develop cash programming, for example, and there have been successful efforts to integrate emergency programmes into development structures, particularly in terms of planning, staffing and the use of field offices.

However, there is little evidence that a better definition of the problem has translated into more effective work on the ground on the scale required. 'Food insecurity' is still being directly translated into 'food aid needs', and the response is mainly through emergency mechanisms. For instance, over 80% of the 2002–2003 UN CAP appeal was allocated to food aid, amounting to $500 million (for a million tonnes of food) for the emergency operation. In January 2005, the World Food Programme (WFP) launched a regional Protracted Relief and Recovery Operation (PRRO) for roughly the same amount of food aid, to meet developmental objectives over a two-year period. In 2005–2006, food aid has again accounted for the majority of the response, both to acute needs and beyond. Improvements in information have meant that humanitarian responses in 2005 were timely. However, to a large degree this was due to the fact that the food aid infrastructure was still in place. Agencies say that the emergency response has not actually scaled down since 2003.

Using emergency mechanisms to address chronic food insecurity is problematic for a variety of reasons. One problem is knowing when to intervene; a bigger one is knowing when to pull out. In addition, the methods used to conduct vulnerability assessments are unable to distinguish between households facing a transient problem, and households that are predictably food insecure, year on year, even when rains are plentiful. Further analysis could help here. The scale of the problem is difficult to define, and can be exaggerated. There are also enormous challenges around targeting. The poorest are not necessarily affected by poor rainfall, as their asset base is so low anyway. This would imply that the less poor, who are more likely to have suffered from crop failure/livestock loss, should be the primary recipients of humanitarian aid. However, it is often impossible for community workers to leave out the poorest when resources become available. This problem is compounded by emergency programming in areas of high HIV prevalence.

Why hasn't changed thinking translated into changes in action?

If the current mode of response to chronic vulnerability is inadequate, why has it not been changed? There are a number of reasons. First, emergency food aid can be a

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An Oxfam GB emergency cash distribution in Zambia, November 2005

©Ann Witteveen, Oxfam GB

As with donors, governments find humanitarian responses easier than investing in long-term development, which has a poor track record in many parts of Africa. Governments often view responding to shocks as a 'donor issue'. This raises questions of accountability, and underlines the need to work for more predictable resources to deal with predictable needs. However, government capacity is still weak, and national governments are rarely the target audience for advocacy messages by civil society.

The role of information

A further factor mitigating against change is the fact that we lack a robust evidence base on which to plan new approaches. The reputational risk of doing something different therefore remains too high for most agencies. In Southern Africa, the VACs constitute the main source of information around vulnerability. A recent assessment of the VACs found that they have had a number of positive effects. In each of the countries in which they have been established, they have provided a forum to promote better understanding of vulnerability issues, have encouraged the broad participation of a number of stakeholders, have provided a key information source for the humanitarian assistance community and have opened up space to influence policies related to emergency and poverty responses.

Yet despite some significant successes, the link between information systems and policy remains weak. According to the recent Five-Year Plan, the Southern African Development Community (SADC) Regional VAC is supposed to provide leadership in this area. However, the role of the RVAC is still unclear, and the results have been very mixed. The poor institutional framework for the VACs and the lack of fulltime staff and stable resources mean that they have struggled to engage comprehensively with the issues. Some VAC representatives feel that support will come from a longer-term focus that is more relevant for governments and external agencies. The over-riding emergency focus means that the VACs are only visible during crisis years. SADC member states have pledged to support the VACs, but only South Africa has provided significant budgetary backing to date.

Linking information to better responses

The rationale for emphasising improved information systems is that providing objective information will lead to more appropriate responses. Work in this area is slowly gaining momentum. A recent player is the Regional Hunger and Vulnerability Programme (RHVP), a major regional initiative by the UK's Department for International Development (DFID), which is also receiving support from AusAid for vulnerability assessment work across the region. Better responses to food insecurity are not just a technical issue. There is an array of institutional and agency agendas in Southern Africa. This complicates the task. In this context, as a new programme that seeks improvements in vulnerability assessment in order to inform more appropriate responses to hunger, the RHVP is perceived to have created tensions with other key players.

reliable instrument. WFP and many of its partners are highly experienced and have proven that they can get the job done at scale. It is easier to mobilise emergency food aid, which has an established delivery system in many countries, than it is to design and implement other interventions. Thus, there is reluctance to move away from it.

if the current mode of response to chronic vulnerability is inadequate, why has it not been changed?

Organisational blockages are a major limiting factor. For most agencies, the dichotomy between 'humanitarian' and 'development' affects how they operate, where and how they can access funds and the type of staff they are likely to employ. A shift to addressing chronic vulnerability directly challenges this split. Emergency responses in 2005 were designed to avoid acute malnutrition and protect asset bases. However, 'saving lives' has also been cited as an objective by some agencies. This is misleading: while it is true that severe acute malnutrition, if not addressed, will result in death, in terms of nutritional indicators the severity of food insecurity in Southern Africa is not as great as in other parts of the continent. However, some agencies need additional leverage to release funds for a situation that does not fit into traditional silos, and an emergency label is used to galvanise action.

For donors, saving starving babies is always going to win out over providing drip-irrigation equipment or building capacity within agricultural extension systems. Not all donors have the technical capacity to engage in the more complex issues around hunger, risk and vulnerability. For national governments, emergency food aid is often seen as a useful political tool, especially around election time. It is also a financial issue: how we view these shocks determines how they are funded (i.e. by short-term funding).

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It is generally recognised, including by national governments, that chronic food insecurity is not being adequately addressed. Recent thinking around social protection is providing an alternative to emergency food aid, particularly in the form of multi-annual safety nets. These are one instrument of social protection, and aim to provide regular transfers of cash and/or food to people facing chronic hunger through long-term financing from government budgets.

The rationale behind safety nets is that the majority of food insecurity in Africa is predictable, meaning that it is there year on year, even without a crisis. A predictable problem requires a predictable response, rather than a short-term emergency one. The key here is to bring national governments to the centre of efforts to tackle hunger, and increase their accountability. Some agencies are sceptical about this emphasis on social protection. For others, social protection is a move away from a failure of relief: humanitarian work saves lives, but it is not preventing livelihoods from being eroded over time. However, it may be more accurate to say that the problem is a failure in the way food aid has been used in place of longer-term investments. Building resilience requires a more predictable response mechanism. So it's as much a move away from something that is perceived to be failing, as a move towards something more appropriate.

> **the majority of food insecurity in Africa is predictable, meaning that it is there year on year, even without a crisis**

One of the most convincing arguments around multi-annual safety nets is cost-effectiveness for national governments. Currently, governments contribute to emergency appeals, but large food aid operations disrupt the national budget. Finance ministries are often uncomfortable with the distortions that huge relief operations cause. However, they are generally more interested in economic growth than in setting up social assistance programmes for the poorest. Donors are now emphasising the synergies between social protection and economic growth, rather than seeing the two as alternative policy choices. Building resilience to shocks also means enabling people to increase their productivity and engage more actively in the development process. However, this thinking still has not taken root in policy discussions in Southern Africa.

What instruments: the appropriateness of different responses

In addition to the debates around *how* we respond to chronic vulnerability (through emergency or longer-term mechanisms), there is the question of *what kind* of instruments (cash, inputs, food) or combination of instruments are used in these different programmes. The debate has largely become 'cash versus food', but this misses the point. Cash can be used for different purposes: as a tool of social welfare or as an instrument to alleviate acute suffering in a humanitarian intervention. Likewise, food aid has different objectives.

The key here is that the choice of instrument should be determined by a broader analysis, that incorporates market assessment, and not only by institutional and political factors. One of the current debates is around the role of the UN in cash-based responses. However, the important question is which agency has the comparative advantage to deliver different types of programmes. If NGOs are the implementing partners anyway, we need to carefully consider what added value would be gained by transferring funds through the UN.

Conclusion

There is an acknowledgement that the livelihoods crisis in Southern Africa is raising immense challenges for institutions in the region. There is now a better understanding of the problem, and a growing consensus that things need to be done differently. There is more debate about different instruments and the role of different institutions. However, there is still a lack of understanding and agreement around how to approach chronic vulnerability. The solutions are not just around the corner. Food insecurity is highly political and there will be trade-offs between different kinds of responses. It is as yet unclear how, in the current fast-changing environment, debates around appropriate responses will be translated into a reduction in hunger in Southern Africa.

Within five years, Southern Africa has experienced two major food crises. Given what we know about what needs to be done, we need to take stock and ask how governments, agencies and donors have responded, both in the short term and in terms of how policies are shifting. Although some organisations are further ahead than others, there remains a great deal to be done if we are going to make coherent progress in tackling this recurring problem.

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Information is a prerequisite, not a luxury

Jeremy Shoham, Emergency Nutrition Network and NutritionWorks

Efforts to address acute and chronic vulnerability must be underpinned by information from Food Security Information Systems (FSIS). However, despite significant investment in such systems, relatively little has been written about what does and does not work, and how FSIS can be strengthened.

A high-profile aspect of Save the Children UK (SC UK)'s work over the past 15 years has been supporting FSIS, primarily through staff secondments and the development and use of the Household Economy Approach (HEA) methodological toolkit. Working with partners such as the World Food Programme (WFP), the Food and Agriculture Organisation, FEWS-NET and national governments, SC UK has helped to integrate HEA into FSIS in Burundi, Darfur, Ethiopia, Somalia, south Sudan and Tanzania, as well as making FSIS a part of Vulnerability Assessment Committees (VACs) in Southern Africa. Although the entry point and focus for much of this work has been employing the HEA approach within an emergency context SC UK has gained wide experience of FSIS implementation beyond the emergency environment.

In light of this experience, SC UK commissioned a review in 2005 to extract key lessons for strengthening future FSIS activities, both within the agency and among other stakeholders. The review was based on internal reports by country staff from Ethiopia, East and Central Africa, Tanzania, Darfur and Southern Africa. Its main findings can be classified under four headings: factors that influence the use of FSIS data; the food aid bias of FSIS; the factors underpinning the sustainability of FSIS; and the challenges of linking FSIS with longer-term monitoring and analysis of chronic vulnerability and poverty.

> the two main factors that influence how information from FSIS is used by decision-makers are the credibility of the FSIS, and politics

Factors that influence how decision-makers use information

The two main factors that influence how information from FSIS is used by decision-makers are the credibility of the FSIS, and politics. Credibility appears to be strongest where there has been a process of multi-agency consultation over the development of the methodology used in the FSIS, as in southern Sudan and the national VACs in Southern Africa. Credibility can be further enhanced when external decision-makers perceive agencies and staff involved with the FSIS to be 'neutral' in the way they analyse information (seconding technical staff is one way to achieve this). A clear strategy is also needed to guide communication with decision-makers, so that they understand how the information is derived and the analysis undertaken.

For political reasons, governments may choose to ignore or suppress certain information. In such situations, the precise location of the FSIS within government may be critical. Early-warning units can easily be marginalised, whereas units with multi-ministerial representation are more likely to succeed in informing objective decision-making. Designers and implementers of FSIS need to understand the mandates, policies and politics of UN agencies, government departments and bilateral donors, and how these may affect decision-making. Only then will it be possible to tailor information management and alliance-building strategies to greatest effect.

The bias towards food aid

The FSIS supported by SC UK have rarely been used to promote or influence non-food aid responses in emergency contexts. There are a number of reasons for this, including shortcomings in available assessment tools and a lack of knowledge about how to apply available tools. There has, however, been much debate in the literature regarding the food aid bias in emergency response, and changes are happening.[1] Humanitarian organisations are increasingly likely to implement non-food responses, with agencies such as Oxfam, CARE, Action Contre la Faim (ACF) and SC UK taking a lead. Oxfam has published guidelines on cash-transfer programming during emergencies. WFP is beginning to make non-food recommendations in its assessments, and is piloting cash programming on a small scale. Several of the largest aid donors, including the European Commission, the UK and Canada, have replaced some of their food-only shipments with cash.

Sustainability

The SC UK review has also highlighted the type of analysis and planning that can help underpin the financial, technical and institutional sustainability of FSIS. Where demand for FSIS is high, for instance in emergencies and in geopolitically important regions, donors are likely to give consistent financial support. However, funding appears to be less reliable for systems located in areas where emergencies are more sporadic and/or where systems are more firmly embedded in – and partially funded by – national governments. There is a lack of publicly available data on the component and aggregate costs of FSIS, making financial planning for sustainability very difficult.

National capacity to implement FSIS can easily be degraded and lost. Although SC UK has consistently invested resources into building capacity within implementing bodies, through training, mentoring and secondment for instance, this capacity has been easily eroded. The SC UK experience has shown how vital it is to conduct a capacity analysis prior to implementing or supporting an

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1 See James Darcy and Charles-Antoine Hofmann, *According to Need? Needs Assessment and Decision-Making in the Humanitarian Sector*, HPG Report 15, September 2003; and Simon Levin and Claire Chastre, *Missing the Point: An Analysis of Food Security Interventions in the Great Lakes*, HPN Network Paper 47, July 2004.

FSIS, and to anticipate the likely need to develop an in-house training capacity. Strategies to build and sustain capacity in FSIS need to be developed on a country-by-country basis. Decisions about the type of approach and the complexity of the tools used within the FSIS need to take account of long-term capacity within a country.

It is also vital to consider how to achieve maximum institutional ownership, and to maintain support and influence within the institution where the FSIS is located. There is a major gap in the literature here, which could be addressed through more systematic institutional analysis of the many FSIS currently operating within or at the margins of national governments. Arguably, bilateral donors are best placed to undertake this type of analysis, as they are more likely to intuit understanding from their own experience of government.

Integrating FSIS with longer-term chronic vulnerability and poverty monitoring and analysis

SC UK has had some experience of linking or integrating emergency-focused FSIS with information systems that monitor and analyse chronic vulnerability and poverty. In a number of countries where SC UK has had a long-term and mainly emergency-oriented presence – in south Sudan, Tanzania and much of Southern Africa – acute emergencies have subsided or conflicts have been resolved, and there are lessons to be learned from these contexts.

Many responses meet acute needs, but do little to address chronic problems. Populations continue to teeter on the edge of crisis, and emergencies recur with predictable regularity. It is therefore essential that information systems provide not only sustainable early-warning capacity, but also a more detailed understanding of livelihoods, to inform longer-term sectoral policies and programmes to reduce vulnerability and enhance welfare, including national social protection programmes. Donors and governments must therefore maintain and increase their investment in national and regional food security and livelihood information systems. There is, however, a risk that, as emergency needs and public attention decline, there will be a corresponding decline in the perceived need for quality information systems relating to food security and livelihoods. There are many examples where emergency-focused FSIS or early-warning systems have withered away as emergencies have passed and donor interest has waned.

> ### donors and governments must maintain and increase their investment in national and regional food security and livelihood information systems

That said, there is mounting pressure on agencies and governments which have invested in emergency FSIS to find a way of maintaining these systems (including their institutional memory), and to link them more effectively with, or develop them into, new systems that monitor the chronically vulnerable. This is an explicit objective of the UK Department for International Development (DFID)'s Regional Hunger and Vulnerability Project in Southern Africa, for example.

Many countries already track chronic vulnerability as part of the monitoring requirements of their Poverty Reduction Strategy Programmes (PRSPs). However, this has developed as a separate system, funded by a different group of (non-humanitarian) stakeholders. There are therefore major issues about the compatibility of emergency-focused FSIS and longer-term PRSP monitoring systems in terms of survey procedures, sampling, institutional location and reporting. Furthermore, given the sensitivities of some governments, it is not clear how open they will be to the idea of incorporating or linking tools like HEA into PRSP monitoring systems. Methods such as HEA, which allow for detailed analysis of the underlying causes and processes of food insecurity, malnutrition and poverty, may be viewed as highly threatening. This tension will be intrinsic to any form of FSIS which monitors chronic vulnerability (PRSP or otherwise), as an understanding of livelihoods and vulnerability also requires a focus on the macro environment and on governance. Other, relatively new information systems, such as the VACs in Southern Africa and the Livelihoods Analysis Forum in southern Sudan, integrate emergency and chronic vulnerability surveillance. These systems may provide a template for other countries, but it is early days, and there is much still to learn.

> ### what we need is a model that addresses the methodological, institutional, political and funding challenges involved in straddling the divide between emergency needs and chronic vulnerability

Post-emergency FSIS will also require strengthened capacity to identify appropriate medium- and longer-term non-food interventions, and to assess the *impact* of these interventions. Work in these areas includes ODI's Tsunami Cash Learning Project, DFID's support for research on social protection programmes and WFP's work on Results Based Management. However, despite the increased attention impact assessment is attracting, there is still a dearth of published information on the impact of humanitarian interventions.[2] There are many reasons for this, not least the methodological and ethical difficulties involved in obtaining control groups in emer-

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2 See A. Duffield et al., *Review of the Published Literature for the Impact and Cost Effectiveness of Six Nutrition Related Interventions*, Emergency Nutrition Network (2004).

gency contexts, and the fact that no single agency is responsible for assessing the impact of different types of nutrition and food security intervention. Well-conceived FSIS could theoretically provide the vehicle for systematic impact assessment.

The ideal FSIS would possess integrated early-warning, chronic vulnerability/poverty monitoring and impact assessment capacity. The current pattern, whereby FSIS are separated financially and institutionally from systems that monitor chronic vulnerability and poverty, is not really working. Early-warning systems often come and go as emergencies ebb and flow, while linkages between acute and chronic vulnerability monitoring are poorly made. Intervention modalities are rarely tested, and are rolled out on the basis of agency mandate, established expertise and access to funding, rather than any empirical study of their effectiveness.

What we need is a model that addresses the methodological, institutional, political and funding challenges involved in straddling the divide between emergency needs and chronic vulnerability. One key constraint is the lack of public information on what FSIS costs. If rough costs of the component elements of an FSIS were available, it may prove easier to establish multi-stakeholder funding, and therefore longer-term sustainability. Donors

(bilaterals, UN agencies and international NGOs) could kick-start this process by collating and analysing this information, and putting it into the public domain. Further efforts are also needed to provide objective, generic guidelines on the appropriate set of methodological tools for FSIS in different circumstances.

A number of concurrent processes and initiatives in the humanitarian world indicate that there has probably never been a better time to make headway. Donors are increasingly attracted by 'safety net' programming to address chronic vulnerability and crises of development, and organisations like the EC are planning to include food security and livelihood programming as one of several themes for new budgetary mechanisms in 2007. At the same time, humanitarian agencies are giving greater consideration to non-food aid responses, and are beginning to look more systematically at the relative impact of different types of programming. Information to inform these initiatives is not a luxury but a prerequisite – programme success must be underpinned by more joined-up thinking around FSIS.

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'New variant famine' revisited: chronic vulnerability in rural Africa

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The 'new variant famine' (NVF) hypothesis was first published in *The Lancet* in 2003:[1]

Our hypothesis is that the generalised HIV/AIDS epidemic in Southern Africa, first, helps to explain why many households are facing food shortage, and second, explains the grim trajectory of limited recovery. Four factors are new:

1. *Household-level labour shortages due to adult morbidity and mortality, and the related increase in numbers of dependants.*
2. *Loss of assets and skills due to adult mortality.*
3. *The burden of care for sick adults and children orphaned by AIDS.*
4. *The vicious interactions between malnutrition and HIV.*

The NVF hypothesis did not discount existing contributors to food crisis – drought, poverty, macro-economic

disparities, poor agricultural policies and economic mismanagement – but noted that AIDS made these factors more severe and intractable. Hunger, we suggested, could become a structural feature of life for many people unless effective interventions were developed. This would have substantial implications for aid policy and programming, including a shift towards long-term social welfare for communities heavily impacted by AIDS, and the integration of AIDS and humanitarian activities.

Recent literature
New literature has allowed for a refinement and elaboration of elements of the NVF hypothesis. Recent work has shown the effect of adult illness and death on farm production among smallholder cotton farming households in Zambia,[2] and new evidence demonstrating the impact of AIDS on the agricultural sector was presented in April 2005 at a conference organised by the International Food Policy Research Institute

1 Alex de Waal and Alan Whiteside, 'New Variant Famine: AIDS and the Food Crisis in Southern Africa', *The Lancet*, vol. 362, no. 9,391, 11 October 2003, pp. 1,234–1,237.

2 B. Larson et al., *How Much Do Adult Illness and Death Affect Zambian Farm Production?*, Agricultural Policy Brief, Center for International Health and Development, Boston University, June 2004.

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(IFPRI).[3] In particular, the intersection of a high prevalence of HIV/AIDS and other concurrent shocks has been shown to be the cause of a serious production crisis in Makete district, Tanzania, while the absence of such additional stresses allowed Kagera Region to withstand such crisis.[4] This paper draws on published research and two recent studies in Malawi and Swaziland to reassess the new variant famine hypothesis.[5]

The evidence from Malawi and Swaziland

Both Malawi and Swaziland are predominantly agricultural, poor and vulnerable, and are suffering protracted high-prevalence epidemics of AIDS. Swaziland is a small country with a population of 1.1 million people, two-thirds of them rural. In 2003, GDP per capita was $1,350 per annum. Classified as a 'lower middle income country', 69% of the population live below the poverty line. Agriculture and agro-industry form the basis of the economy, and smallholder agriculture employs about two-thirds of the population. Malawi has a population of 12.5 million, and a 2003 GDP per capita of $160 per annum. More than three-quarters of the economically active population are engaged in smallholder agriculture. In both countries, farming is labour-intensive, reliant primarily on hoe-cultivated maize in a single farming season.

A school for orphans in Mlomba, Malawi; most have lost their parents to AIDS

> both Malawi and Swaziland are predominantly agricultural, poor and vulnerable, and are suffering protracted high-prevalence epidemics of AIDS

Food crisis, including chronic malnutrition and recurrent famine, is common to many parts of Malawi and Swaziland. In both countries, 2005 was unusually bad. In June, it was reported that drought in Malawi meant that more than 4.2 million people (34% of the population) were unable to meet their food requirements. The following August, the Food and Agriculture Organisation (FAO) stated that the country was facing its worst food crisis in more than a decade. In Swaziland, the Ministry of Agriculture reported that nearly one-third of the population, about 330,000 people, needed food aid.

Both countries also face a severe HIV/AIDS epidemic. Adult prevalence among ante-natal clinic (ANC) attendees in Swaziland – 42.6% – is the highest in the world. According to the most recent government estimates, in Malawi prevalence among ANC attendees is 14.4%. Mortality in Swaziland has almost tripled over the past ten years, from about eight deaths per 1,000 in 1994 to about 23/1,000 in 2004, and adult mortality has also risen sharply in Malawi. In both countries, these increases are almost entirely due to AIDS.

HIV/AIDS and loss of household labour, assets and skills

Results of household studies in both countries during the 2002–2003 food crisis clearly show that HIV/AIDS was one cause of declining agricultural production. Evidence from Swaziland found a reduction in maize production of 54.2% in households with an AIDS-related death.[6] Household data collected during emergency food security assessments in Malawi, Zambia and Zimbabwe in the second half of 2002 also show a severe impact on both crop production and income.[7] In Malawi, households without an 'active adult' suffered a 26% drop in tuber production, a 53% fall in cereal production and a 51% reduction in cash crop income compared to households with at least one 'active adult'.[8]

These data do not allow us to evaluate whether affected households can recover from these setbacks, and whether

3 'HIV/AIDS and Food and Nutrition Security: From Evidence to Action', Durban, South Africa, 14–16 April 2005. See also the meta-analysis by Stuart Gillespie and Suneetha Kadiyala, 'HIV/AIDS and Food and Nutrition Security: From Evidence to Action', IFPRI Food Policy Review, 2005.
4 Alex de Waal et al., 'Changing Vulnerability to Crisis in Tanzania: Implications for Children and UNICEF Activities', Dar es Salaam, September 2004.
5 The studies are Lisa Arrehag et al., 'Impact of HIV/AIDS on the Economy, Livelihoods and Poverty in Malawi', Swedish International Development Cooperation Agency (Sida), unpublished draft report, January 2006; and Alan Whiteside et al., 'Socio-Economic Impact Study of HIV/AIDS in Swaziland', unpublished draft report, December 2005.

6 Ministry of Agriculture and Co-operatives, Federation of Swaziland Employers (FSE) and the UN Theme Group on HIV/AIDS, 'Impact of HIV/AIDS on Agriculture and the Private Sector in Swaziland', 2002.
7 Southern African Development Community (SADC), 'Towards Identifying Impacts of HIV/AIDS on Food Insecurity in Southern Africa and Implications for Response Findings from Malawi, Zambia and Zimbabwe', 2003; Food, Agriculture and Natural Resources Vulnerability Assessment Committee (VAC), Harare, 7 May 2003.
8 'Active adult' was a proxy variable for measuring the impact of HIV/AIDS-related deaths on prime-age adults, as it did not allow the analysis to include natural old age and child death.

the impact of AIDS is equally harsh in the absence of concurrent drought. However, a panel survey between 1990 and 2002 in five countries (Kenya, Malawi, Mozambique, Rwanda and Zambia) addresses this.[9] It shows that, in AIDS-affected households, the mean crop income is lower following a prime-age adult death than in non-affected households across four of the investigated countries, including Malawi. In Malawi, the difference is even more pronounced in households experiencing the death of a household head; here, income was reduced by as much as 40% (from about $170 to $280).

There is also an important gender dimension to this impact. In Malawi, in households with a recent adult male death, the area planted is 32% lower than in households with a recent adult female death.[10] This gender effect is especially critical in tobacco- or sugar-growing family enterprises, perhaps because specialised knowledge has been lost with the death of a male adult.[11]

HIV/AIDS and rural livelihood coping strategies

The loss of adult labour gives rise to hard livelihood decisions. The nature of this decision varies, depending on the circumstances. Rural Malawians have often resorted to low-labour crops. The panel survey referred to above found that three-quarters of investigated households in Malawi changed their usual crop mix towards less labour-intensive crops in response to labour shortages and lack of resources. However, land is rarely left unutilised, reflecting its scarcity. In Swaziland, by contrast, decreasing the area under cultivation was a common response. According to one study, the area under cultivation has decreased by an average of 51% in households with an AIDS-related death, compared with 15.8% for households with a death that was not AIDS-related.[12]

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the loss of adult labour gives rise to hard livelihood decisions

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Selling or liquidating assets is another coping response. In Malawi, one household study found that some 40% of those affected by chronic illness sold a portion of their assets to buy food or to pay medical or funeral expenses.[13] This way, households are able to mitigate the short-term effects of adult mortality and other shocks. Over time, however, this can impoverish the household, increase its

vulnerability to income shocks and decrease its use of cash inputs in crop cultivation, resulting in lowered production.[14] Previous research has suggested that the AIDS epidemic may lead to a concentration in the ownership of cattle, as afflicted households sell off productive assets such as livestock to those with resources to accumulate them.[15] Findings from Malawi show that vulnerable groups (defined as households with a chronically ill member) own fewer cattle than the general sample population.[16] In Swaziland, households with an AIDS death experienced a 29.6% reduction in the number of cattle they owned.

HIV/AIDS and changing dependency patterns

In the worst-affected countries – such as Malawi and Swaziland – there is plentiful evidence of increasing numbers of AIDS orphans. In 2003, UNAIDS estimated that about 500,000 children (about 50% of the total number of orphans) in Malawi and 65,000 children (65% of the total number of orphans) in Swaziland below 17 years of age had lost one or both parents to AIDS. Caring for an increasingly large number of orphans is placing a tremendous burden on extended families and community networks. At the same time, however, kinship networks have proved resilient in providing at least a minimum level of care and socialisation for children orphaned by AIDS.[17] Part of the reason for this is that African societies had very high levels of fostering before AIDS, and fostering 'capacity' had been underestimated.[18]

HIV/AIDS and malnutrition

There is solid evidence that HIV/AIDS has changed the profile of child malnutrition in Southern Africa. Overviews of nutritional surveys during the 2002–2003 drought found clear signs that double orphans have a much higher prevalence of malnutrition compared with children with one or both parents living.[19] It also found that, although child malnutrition rates were higher in rural areas (which tended to have lower HIV prevalence), the *decline* in nutritional status was most marked closer to towns – areas which have traditionally enjoyed better food security, but

9 D. Mather et al., 'A Cross-Country Analysis of Household Responses to Adult Mortality in Rural Subsaharan Africa: Implications for HIV/AIDS Mitigation and Rural Development Policies', Michigan State University International Development Working Paper 82, 2004.
10 SADC, 'Towards Identifying Impacts of HIV/AIDS on Food Insecurity in Southern Africa'.
11 M. K. Shah et al., *Impact of HIV/AIDS on Agricultural Productivity and Rural Livelihoods in the Central Region of Malawi*, CARE International Malawi, 2002.
12 Ministry of Agriculture and Co-operatives, FSE and UN Theme Group, 'Impact of HIV/AIDS on Agriculture and the Private Sector in Swaziland'.
13 M. K. Shah, *Safety Net Programmes and HIV/AIDS Experience from the Central Region Infrastructure Maintenance Project (CRIMP)*, CARE International, Malawi, 2003.

14 Mather et al., 'A Cross-Country Analysis of Household Responses to Adult Mortality', 2004.
15 FAO and UNDP, 'African–Asian Agriculture against AIDS', Consultation on Agriculture, Development and HIV-vulnerability Reduction, Bangkok, 11–13 December 2002; T. Yamano and T. S. Jayne, 'Working-Age Adult Mortality and Primary School Attendance in Rural Kenya', Policy Synthesis No. 4, Tegemeo Institute for Agricultural Development and Policy, 2004.
16 C. Mbizule, 'Impact of the Amalinda Co-operative Housing Programme on Co-operative Members', 2004; S. Bota et al., The Impact of HIV/AIDS on Agricultural Extension Organisation and Field Operations in Selected Countries of sub-Saharan Africa, With Appropriate Institutional Response, UNDP, UNAIDS and FAO, 2001.
17 R. Bray, 'Predicting the Social Consequences of Orphanhood in South Africa', University of Cape Town, Centre for Social Science Research, Working Paper 29, 2003.
18 S. Madhavan, 'Fosterage Patterns in the Age of AIDS: Continuity and Change', *Social Science and Medicine*, 2003.
19 UNICEF Southern African Humanitarian Unit, 'Drought, AIDS and Child Malnutrition in Southern Africa: Preliminary Analysis of Nutritional Data on the Humanitarian Crisis', March 2003; J. Mason, A. Bailes and K. Mason, 'AIDS, Drought and Malnutrition in Southern Africa: Preliminary Analysis of Nutritional Data on the Humanitarian Crisis', *Population Health Nutrition*, 2005.

which are now affected by higher prevalences of HIV/AIDS. If this finding is correct and generalisable, it points to the emergence of a new category of the vulnerable: children in high-prevalence urban and peri-urban communities. Finally, the survey reported that, while drought and the presence of an HIV/AIDS epidemic were each independently associated with a decline in the nutritional status of children, this decline increased where both factors were present. There is also preliminary evidence that the rebound in nutritional status after the end of the drought in 2003 was less robust than expected.

Other aspects of the relationship between malnutrition and the HIV/AIDS epidemic remain speculative and under-researched. Little is known about the indirect impacts of the HIV/AIDS epidemic on the spread of childhood infectious diseases, and studies of adult nutrition and HIV infectivity and virulence are complex, contradictory and/or inconclusive.

> recent research supports our view that AIDS is challenging rural livelihoods, undermining resilience to other shocks and stresses and creating new patterns of malnutrition

Conclusion

Recent research supports our view that AIDS is challenging rural livelihoods, undermining resilience to other shocks and stresses and creating new patterns of malnutrition. Humanitarian and development agencies will need to consider this scenario carefully as they contemplate future activities in heavily AIDS-affected areas. Responses to losses of adult labour and the availability of additional resources are emerging as factors in households' resilience in the face of the epidemic. Specific data from the 2002–2003 crisis in Southern Africa indicate vicious interactions between HIV/AIDS and drought. Evidence from the current crises in Malawi and Zimbabwe tell a depressingly similar story.

However, the major probable impacts of the epidemic on food security remain in the future. AIDS is a long-wave event, and its secondary impacts unfold over an even longer timescale, often masked by the clearer effects of climatic, economic and political volatility. But in the hardest-hit areas, where HIV/AIDS coincides with drought, agricultural crisis and the decay of basic governance structures, the change is unmistakeable.

In many areas of Southern and Eastern Africa, each turn of the cultivating seasons is seeing a small, significant and usually negative change in rural livelihoods. While communities are resourceful and inventive in responding to the stresses they face, a significant proportion of the rural population is being ground down into chronic destitution. This is preventable, but it is not being stopped. Until it is, we face the prospect of major, ongoing interventions to support social welfare in affected communities.

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How dangerous are poor people's lives in Malawi? Moving towards measuring chronic vulnerability

Charles Rethman, Save the Children US

When we talk about vulnerability, we mean people's inability to meet their basic human needs. In Malawi, there is a broad agreement that the basic need that people are most visibly lacking is food – both in quantity and in quality. Transient or short-term vulnerability, if acute enough, can easily lead to disaster if action is not taken in time. Less obvious are the high levels of ongoing constant or cyclical vulnerability to hunger that people in Malawi *always* face, regardless of weather conditions or natural disasters. This chronic or predictable vulnerability is usually at a lower, less acute level, and is not as easy to detect and understand. Nonetheless, we know that the poor in Malawi have very low incomes and small asset bases, and live close to or slightly below their minimum food energy requirements. Coping is very difficult, even under mild hazards.

In order to improve the lot of the hungry in Malawi, we need information. Principally, the kinds of information we need are:

- Information about overall numbers, the symptoms of hunger and its causes.
- Information that provides guidelines for targeting and actual implementation on the ground.

This article describes and proposes mechanisms to measure vulnerability in Malawi, for use by the Malawi Vulnerability Assessment Committee (MVAC). The MVAC was set up in early 2002, following the 2001–2002 hunger crisis. It comprises government ministries and institutions, UN agencies and NGOs, together with a small secretariat to

provide technical and administrative support. The chair, the Ministry of Economic Planning and Development, has a broad cross-sectoral mandate, which enables it to tap into a wide range of skills and to facilitate technical collaboration and consensus on issues of vulnerability. The MVAC usually presents its findings and conclusions in reports and through presentations at national and regional levels. Over the last two years, the MVAC has produced timely information that has helped agencies to plan and deliver large quantities of food aid on time to vulnerable populations. More importantly, MVAC information has fed into the design of cash-based transfers to beneficiaries; in particular, the European Union (EU)-funded Public Works Programme has prioritised its activities among populations in need, and Oxfam has designed a direct cash transfer pilot. To evaluate this, a review of the MVAC's predictive ability is being planned.[1]

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to improve the lot of the hungry in Malawi, we need information

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Current systems for measuring acute vulnerability in Malawi

Systems for measuring acute vulnerability in Malawi draw on the Household Economy Approach (HEA) developed by Save the Children UK.[2] This recognises the two dimensions of vulnerability: people's exposure to hazards or shocks, and their ability to cope (their *resilience*). It does this by analysing two types of information: *baselines* (or references), which describe how different groups of people normally survive and what they can do to maximise their consumption; and *problem specifications*, which define the nature of change – usually for the worse.

Baselines are derived by asking people how they normally obtain their food and income, how they spent their money and what they can do to maximise their access to food. To make these enquiries manageable at a national level, geographical areas are grouped into *livelihood zones* (areas where people have similar options for obtaining food or income). Within these zones, households are grouped according to their resource holdings (these are called *wealth groups*). Baselines are published by the MVAC as baseline profiles.[3] Problem specifications are calculated by comparing production, consumption and price components for the period under analysis with the baseline. In the present system, baselines capture resilience, while problem specifications show exposure to hazard.

These two types of information are combined, and estimates are made of the shortfall in energy (or 'calories').[4] Because income and expenditure are combined in the analysis, it is also possible to express shortfalls in cash terms: that is, how much money people would need to meet their minimum calorie requirements.

The present system for measuring acute vulnerability in Malawi has some recognised shortcomings. There is a lack of precision in measuring shortfalls, and there are calls for more in-depth detail, with population breakdowns by various characteristics (age and gender, dependency ratios, health status) and describers within livelihood zones. The fault is not with the analysis; rather, it results from a strategic decision to find, for the output required, the best balance between scale, cost, speed of analysis and resolution or detail.

It has been suggested that vulnerability analysis in Malawi should make more use of data collected using a statistically valid methodology. However, to provide information that can really guide policy and programming, very large samples would be necessary to keep the levels of aggregation small. A single statistic for the country, while perhaps useful for making global comparisons, is not much help in designing a response, especially when resources are limited.

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One solution to this problem is to zoom in on specific 'vulnerable areas' and to carry out detailed studies using statistical data in place of key informants and semi-structured interviews. A methodological approach has been formulated by John Seaman and Celia Petty (the Individual Household Method or IHM).[5] This gives highly detailed and very accurate information, even if the geographical areas where it has been applied are quite small (typically one to three districts). This approach has the advantage that MVAC member organisations that only work in certain districts can focus on their areas of concern and use the data directly in their project designs. However, resource contributions to the MVAC are voluntary, and participating members will need to be enthusiastic about the work if they are to commit the necessary time and staff to the assessments. Extra support would still have to be provided by the MVAC for enumerators, travel, analysis seminars, write-ups and printing. A second solution may

1 The Malawi Vulnerability Assessment Committee, 'MVAC April Monitoring Report' and 'November Update Report', Ministry of Economic Planning and Development in the Government of Malawi, 2005.
2 For good descriptions of the Household Economy Approach, see J. Seaman et al., 'The Household Economy Approach: A Resource Manual for Practitioners', Save the Children UK, 2000; and T. Boudreau, 'The Food Economy Approach: A Framework for Understanding Rural Livelihoods, Relief and Rehabilitation', HPN Network Paper 26, 1998.
3 MVAC, 'Malawi Baseline Profiles: Version 1', FEWS-NET, Washington DC, 2005, available from the FEWS-NET website: http://www.fews.net/livelihoods.

4 M. Lawrence et al., 'Food Economy Scenario Analysis: A Guide for the Malawi VAC', FEWS-NET, Washington DC, 2004.
5 Examples of IHM papers that describe the methodology and approach include: J. Seaman, C. Petty and J. Acidri, 'Malawi Assessment: The Impact of HIV/AIDS on Household Economy in Two Villages in Salima District, Malawi', Save the Children UK, London, 2005; C. Petty, K. Sylvester, J. Seaman and J. Acidri, 'Mozambique Assessment: The Impact of HIV/AIDS on Household Economy', Save the Children UK, London, 2004; and J. Seaman, C. Petty and H. Narangui, 'HIV/AIDS and Household Economy in a Highveld Swaziland Community', Save the Children UK, London, 2004.

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be to combine existing national data sets with existing HEA baselines. This would avoid adding new surveys (saving both costs and time), although much work would still need to be done to improve the accuracy of the different data sets; they may also need to be redefined. This approach is discussed below.

A new idea for measuring chronic vulnerability on a national scale
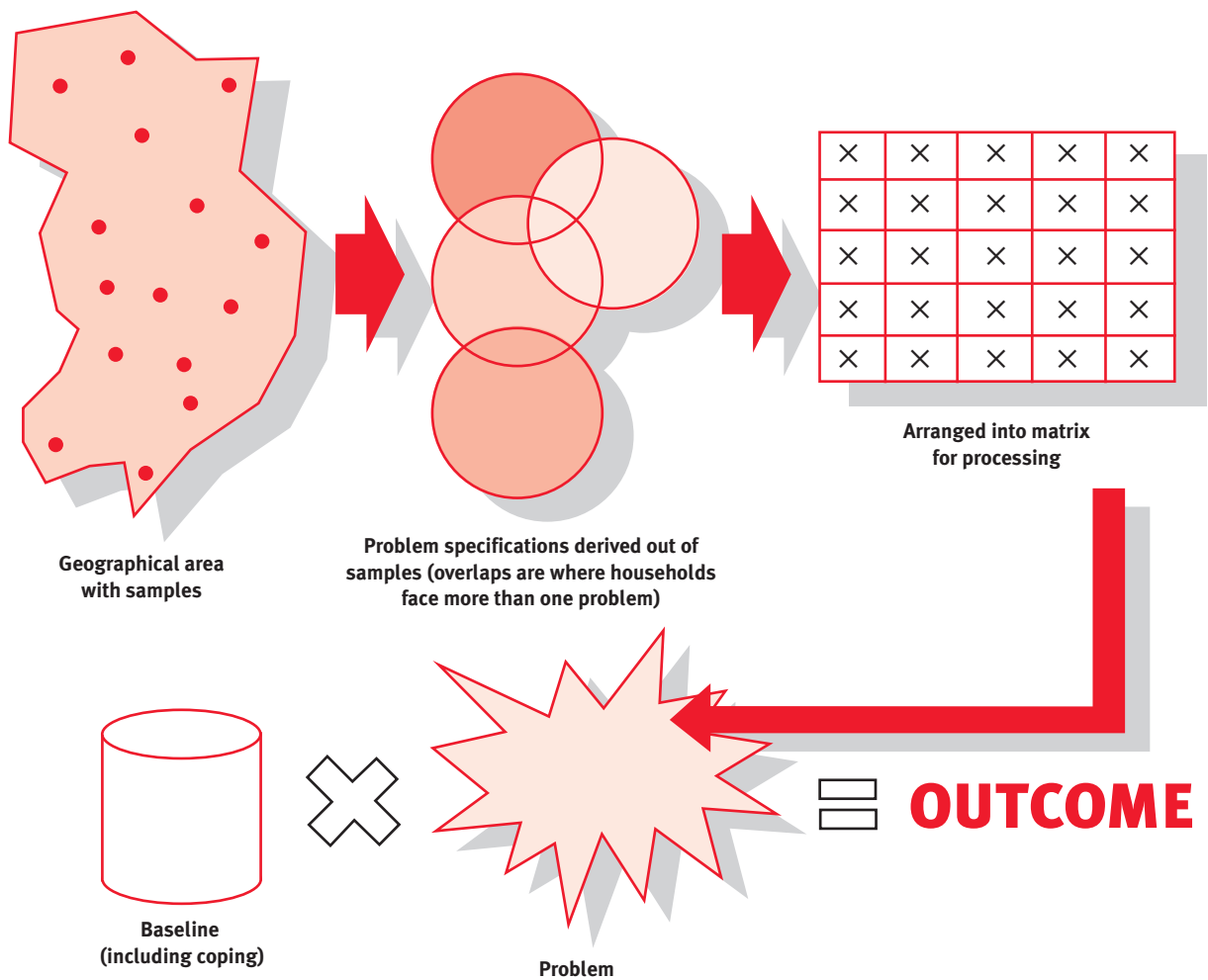
One suggestion for measuring resilience in an area is to start with thinking of livelihood zones as containing only *descriptors* of how people go about their economic activities. By descriptors, I mean thinking of the baselines for each of the livelihood zones as describing a series of activities and options for obtaining food and income, rather than as containing generalisations about how many people have what assets, and how many people there are in each household unit.

These latter data on household numbers are instead contained in a series of extra *problem specifications* for each livelihood zone. This is not much different from the approach used to measure transient vulnerability, except that 'problem specifications' are not temporal events affecting the whole population, but more permanent 'states' that affect different sections of the population. The baselines then become a kind of 'normal household' in a wealth group – reflecting the average or typical conditions in a 'normal situation'.

How could such an analysis be carried out? For a start, baseline descriptions and generalisations would need some fairly systematic testing. This would require careful mapping of all relevant entities (livelihood zones, administrative areas and enumeration areas for surveys), the output of which would be a table or system of tables relating each spatial entity to every other entity, and placing a defined proportion of each entity within each livelihood zone. This has already been done in Malawi. There may be a need to disaggregate some data down to smaller geographical units; although difficult, this can sometimes be done, as in the poverty mapping in Malawi's Social Atlas, for example.[6] The premise would be to identify the most important livelihood-defining characteristics of each sub-unit and compare them with its neighbours, testing to see whether similarities within and across zones are greater than differences.

Figure 1: An illustration of how problem specifications may be derived and used from sampled data

Geographical area with samples

Problem specifications derived out of samples (overlaps are where households face more than one problem)

Arranged into matrix for processing

Baseline (including coping)

Problem

OUTCOME

6 T. Benson, J. Kaphuka, S. Kanyanda and R. Chinula, 'Malawi – An Atlas of Social Statistics', National Statistics Office and International Food Policy Research Institute, Lilongwe, 2002.

The next step is to define the spatial 'problem specifications'. These can be derived from demographic data (for example, dependency ratios), health data (the obvious 'problem' that springs to mind is HIV/AIDS prevalence, but others may be included), social data (marginalised groups) or households with significant variations in their economic situation (debt burdens, very low asset holdings). Data sets that can be drawn on include:

- The National Census from the National Statistical Office (the last one was in 1998).
- The Integrated Household Survey (IHS) from the Ministry of Economic Planning and Development (1998 and 2003).
- The Demographic Health Survey (DHS) from the Ministry of Health (2000 and 2004)
- The Malawi Nutrition Survey from the Ministry of Health and UNICEF (2005).
- The Malawi Baseline Profiles and the important livelihood zoning reports.

The derivations of the problem specifications above will need to be made individually and in combinations. For example, some households may only suffer from one 'problem', such as a chronically ill member, while others may experience more than one problem, such as a debt burden and a chronically ill member. It is important, if we want to get the overall scale correct, to be able to say how many households in each economic category have each type of problem.

The actual analysis of all of this will be complex, but it can be automated. Sufficiently sophisticated software is under development by the MVAC and the government of Malawi.

Hazards should also be included in the analysis of predictable or chronic vulnerability, provided that these hazards are predictable as well. For example, regular destructive flooding or dry spells during the farming season could be a greater cause of vulnerability among people dependent on rain-fed cropping than poverty or low resilience. A measure of the frequency and intensity of shocks can be extracted from existing longitudinal data sets.

This analysis would not affect the early-warning analysis that may be carried out in the event of some acute hazard (such as the crop failure in 2005). In fact, it would greatly improve its accuracy, especially with regard to population numbers.

Finally, if enough in-depth IHM studies (even if only on a small scale) are also carried out, it may be possible to use them as controls to check the validity of the results obtained from the analysis using HEA and the national datasets. This will depend on having compatible surveys, which in turn will mean good coordination and goodwill among participating members and partners. It is hoped that the information generated in this way will provide a sound evidence base for designing wider social protection measures that are predictable in the medium and even long term, and which can go beyond meeting immediate humanitarian needs, and address chronic vulnerability.

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Tackling vulnerability to hunger in Malawi through market-based options contracts: implications for humanitarian agencies

Rachel Slater, ODI, and Julie Dana, World Bank

Malawi has faced repeated food crises since 2003, and vulnerability to food insecurity is increasing. Many households are unable to meet their food needs, and are highly susceptible to volatility in the price of staple foods, especially maize. In the 2005–2006 agricultural season, final food estimates indicated that Malawi would face a food gap of around 400,000 tonnes. In response, the government secured additional supplies of maize at a capped price from South Africa via an options contract based on the South Africa Futures Exchange (SAFEX) white maize prices. As a way of ensuring the availability of food at acceptable prices, this approach has significant implications for donors and humanitarian agencies, particularly those involved in food aid distribution.

How do options contracts work?
Commodity options contracts are typically used to hedge against price volatility. They operate in a similar way to insurance. Payment of a premium is exchanged for the right, but not the obligation, to either buy or sell a commodity at a predetermined price for a particular period of time into the future. The premium cost is determined by the difference between the current market price and the price protected, the length of time that the price protection is needed and the volatility of the market. There are two types of options contracts. *Put options* are options to sell at a specified price in the future, and are typically used by producers or exporters to protect against falling prices. *Call options* are options to buy at a specified price in the future, and are typically used by importers to protect against rising

prices. When combined with a physical delivery contract, options contracts can help importers manage costs, and mitigate the risk that prices will increase dramatically when there is a shortage in the market.

The goal of an options contract for maize, used in the context of food security, is to ensure that affordable maize is available on the local market. During food shortages, local maize prices tend to increase (see Figure 1 for prices in Malawi in 2005). This exacerbates the risk of hunger because higher prices mean that food becomes unafford-able to vulnerable households. Governments often respond to this risk by intervening in markets – for example by subsidising food staples like maize. However, this can discourage private sector commercial imports, thus exacer-bating the shortage and leading to an increase in prices. Humanitarian responses that seek to meet the needs of vulnerable people at an individual or household level, including through the distribution of food aid, can also have a negative impact on local and regional trade, and can increase the volatility of food prices.

Options contracts provide a contingent, or back-up, import strategy that can be used to prevent local prices rising to unaffordable levels on commercial markets, whilst at the same time avoiding disruption and disincentives to local markets by sending clear signals to the private sector about when the government will import, how much it will import, and at what price. In short, options contracts can address the key problems associ-ated with importing food in a shortage year (Box 1).
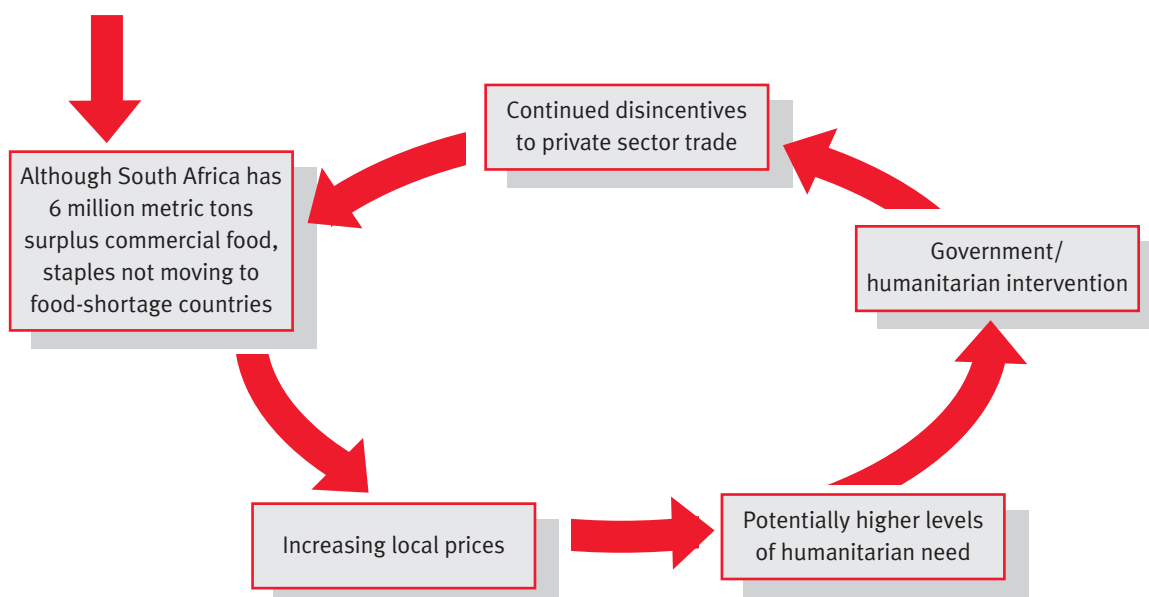
Call options in Malawi

In September 2005, the Malawian government signed an options contract with Standard Bank of South Africa giving it the right, but not the obligation, to buy additional maize at a price fixed at the time the contract was signed. The contract allowed for the purchase of a maximum of 60,000 tonnes of maize at a cost of approximately $18m – enough to meet the food gap if donor and private sector commercial imports did not reach anticipated levels. The UK Department for International Development (DFID) provided the financing to pay the options premium up-front, and the World Bank provided technical support. The options contract provided the government with a mecha-nism to trigger additional imports at short notice, put a price cap on the cost of maize from South Africa and

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Figure 1: Maize prices in selected markets in Malawi in 2005 (Kwacha per kg)
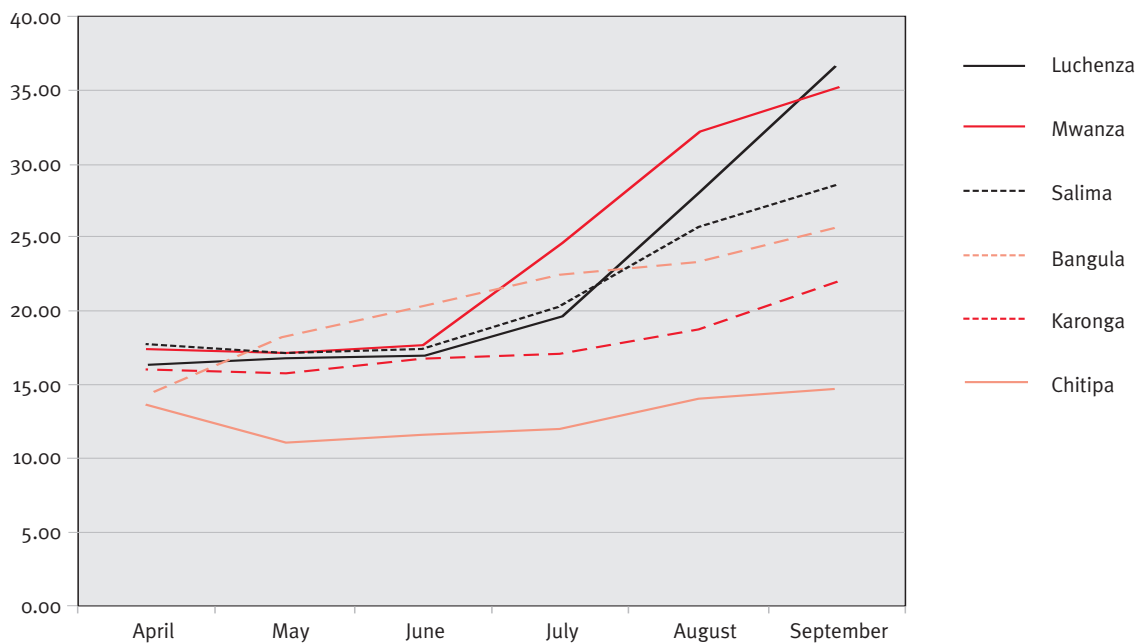
Source: Famine Early Warning Systems Network, www.fews.net.

Figure 2: The vicious cycle of grain supply in Southern Africa

- Although South Africa has 6 million metric tons surplus commercial food, staples not moving to food-shortage countries
- Continued disincentives to private sector trade
- Government/ humanitarian intervention
- Potentially higher levels of humanitarian need
- Increasing local prices

Box 2: Benefits of options contracts

Benefits to the government
- Provides a capped price for imports.
- Can be used to manage risk of local price increases.
- Is a planning tool.
- Sends signal to public and private sector about what government will do and at what price level, thus contributing to a better definition of the space between public and private sector responses.
- A market-based intervention that reduces distortion in markets.
- Is a contingent import strategy to respond to shortage in commercial markets.
- Can be used as a back-up for humanitarian supplies.
- Can be resold to local private sector once exercised, thus limiting government involvement to risk management function.

Benefits to the private sector
- Provides clear signal of government intent.
- Opportunity to participate commercially.
- Improved planning.
- Creates defined space for commercial imports whereby donor, government and World Food Programme responses operate only as contingent last resort.

Benefits to donors
- Provides ex ante response to deal with vulnerability to food price risks.
- Creates defined space for commercial sector to operate, so government, donors and WFP only take action if shortage persists and local prices become unaffordable to large sectors of the population.

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provided protection against the risk that prices would move higher. Finally, agreeing an 'over the counter' contract meant that the cost included delivery to Malawi, reducing uncertainty over transport prices. Previously, examination of the scope for using risk management tools such as futures and options to help manage price volatility in food-insecure countries was limited by a concern about basis risk: the risk that prices on the exchange would not move in a correlated way with prices at the local level, for example in a different country often geographically far away from the exchange. This risk was removed in the 'over the counter' call option contract used by the Malawi government since it was structured to include price protection on both the SAFEX white maize futures price, and for transport to Malawi.

In response to continued evidence of shortages in the market and concern about rising local prices, the government exercised the first tranche of the options contract on 7 October, buying 30,000 tonnes of maize. It exercised the second tranche on 15 November, when it bought the remaining 30,000 tonnes. Again, this was in response to continued shortages and concern about rising prices.

Malawi's early experience with options contracts was largely positive. The majority of maize purchased was used to meet humanitarian needs and did not reach the commercial market. It was thus not possible to test the effect of the options contract on retail prices. At the same time, the maize bought under the contract had the best delivery performance of all the maize imported into Malawi, and helped to avoid severe shortfalls in the humanitarian pipeline. Additionally, by the time of delivery in December/January, prices had risen by between $50 and $90 a tonne above the ceiling price of the contract. Without the options contract, Malawi would

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have paid significantly more to secure South African maize in late 2005 since both the SAFEX white maize price and transport costs had increased. It became clear that taking an 'over the counter' option was more cost-effective than a contract that did not include delivery.

The options contract approach is also a step towards ensuring that responses to food shortages and food insecurity do not jeopardise longer-term growth by distorting prices and incentives, and disrupting private sector activity. One of the key challenges that the private sector in Malawi faces is uncertainty about when the government will intervene in maize markets. To address this problem, the options agreement was made public via a government press release, to ensure the least possible disruption to commercial markets. This release of information eliminates uncertainty about government actions, since the private sector now knows when and at what price the government will bring in maize, and can make informed decisions about commercial imports. Private sector traders in Malawi and in the region are supportive of this approach, and look forward to an opportunity to be involved commercially.

In the future, the government (or donors) could resell maize purchased through the options contract to local traders, who would then manage distribution and commercial sales. In this way, the government or donor role is limited to risk management (a critical need in Malawi, where local traders' capacity to manage imports is weak). Over time, and as the capacity of local traders and the commercial market strengthens, this risk management function would naturally fall back to the private sector, as is evident in developed countries where traders and importers continuously hedge risk with futures and options.

Implications for humanitarian agencies

Options contracts can be a way of improving food aid responses. There are two main types of benefit: enabling more efficient and cost-effective operations; and enabling better responses to potential crises.

Efficient and cost-effective operations

Options contracts have the potential to enable a proactive, risk-management approach to the procurement of food by humanitarian agencies. They offer potential cost savings by allowing agencies to buy protection at lower market prices when these are available, and can potentially speed up response mechanisms since triggering pre-arranged options contracts can be quicker than tendering for supply contracts.

Local and regional trade are also supported through options contracts. More strategic procurement can prevent the price spikes that occur following WFP buying announcements, and clear signals about the size, timing and price of agency purchases prevent uncertainty in the market. Because donor procurement plays such a dominant role in markets like Malawi's, agencies should be encouraged to implement new approaches to avoid the risk of market collapse. Focusing on the risk-management function appears to be a natural, and valuable, role for agencies involved in food security, but positive impacts will be limited until organisational policies are re-evaluated with risk-management functions in mind. That is, WFP should think of itself as in the risk management business, not the food procurement business. Finally, agencies' contingency planning is improved because using guaranteed prices adds to the stability of operations and makes cash flow more predictable. Options contracts have the potential to maximise the value of every food aid dollar

Changing the approach of humanitarian agencies

Chronic vulnerability to food insecurity in Southern and Eastern Africa is an increasing problem, but the toolbox of responses that humanitarian agencies (and governments) draw on remain largely focused on *ex post* responses – as if chronic vulnerability and hunger are unexpected and unpredictable problems. Finding the tools and institutional structures that enable more *ex ante* responses to vulnerability is critical, and options contracts are, potentially, one such response. Enabling agencies like WFP to work with option contracts will, however, require some significant transformations in the way that funds are accessed and budgets managed.

Options contracts require long-term procurement plans if they are to be cost-effective. For those agencies that have significant core funding, this may not be a problem. However, where the procurement of food depends on contributions by donors to emergency appeals, the opportunities to agree at an early stage what food requirements will be in the future, and to ensure an early response, have been limited. Options contracts are a solution to this problem since they allow for contingent import contracting. As an example, donor agencies can begin purchasing options contracts at the first sign of a problem, then exercise or 'call' for deliveries only if needs become apparent. This is similar to the just-in-time supply chain management used by major corporations as a way of maximising efficiencies and reducing costs.

Budgeting processes within agencies also have implications for the use of options contracts. In many agencies, significantly less money is budgeted for disaster preparedness and prevention than is allocated to disaster response. The advantages of options contracts provide a strong argument for using spending on disaster prevention to reduce overall levels of humanitarian need by heading off crises before they emerge. But agencies do not have unlimited resources and there is inevitable competition between budget lines for disaster preparedness and prevention and for disaster response. Spending money on options contracts means that there is less money to spend later on emergency aid if the option does not enable a crisis to be averted. Most importantly, humanitarian agencies receive much less credit for their roles in preventing emergencies than they do for responding effectively when an emergency arises.

Conclusion

Options contracts are just one potential tool for improving food security strategies. Ensuring that poor people's *access* to food is strengthened remains critical, and the optimal role of governments, agricultural policy, social safety nets, international organisations, and donors will

continue to be heavily debated. Nonetheless, there is significant potential for options contracts to make humanitarian agencies more efficient (by improving the value of every food aid dollar), more effective (by mitigating price risks and thereby reducing overall levels of humanitarian need) and more supportive of local trade (by focusing on risk management roles instead of trading functions). In order to fully demonstrate the real (rather than potential) impacts of options contracts, continued testing of the approach is needed, alongside an in-depth analysis of the incentives and disincentives for humanitarian agencies to adopt such an approach.

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Niger 2005: not a famine, but something much worse

Gary Eilerts, USAID

About three years ago, the Famine Early Warning System Network (FEWS NET) looked for places where it could eliminate country coverage in order to reduce costs. We looked at the Sahel, and its successes in creating a regional West African/Sahelian market, and in substantially increasing regional grain production in response to new market incentives, and wondered if famine had been beaten there. Last year, pictures of stick-thin babies and claims of millions starving seemed a devastating response, proving that the problem of famine in the Sahel still exists.

On the surface, Niger's crisis of 2005 was no different from others in Africa: a drought, locusts, extremely poor people, a food crisis, malnutrition and disease, followed by visible community and regional famine. However, there were features of this crisis that led to a very public debate about whether it was a famine at all. For some, this may have been seen as an inappropriate debate about semantics. For others, though, it was indeed a semantic debate, but one which was trying to find the right words to describe and appropriately deal with a very different type of crisis.

Famine arrives, devastates the community, is (poorly) resolved and goes away. But Niger's deadly famine-like crisis is driven by decades of chronic, extreme poverty that has undermined the ability of individual households in the community to participate effectively in the economy that surrounds them. It is permanent, and insidiously attacks individual infants and children in a large and scattered number of households, all the time. Children are acutely malnourished and die in numbers that are far beyond emergency levels each year, irrespective of good or bad harvests, drought or good rains or food prices. This is not a famine, nor a chronic nutritional crisis. It is something much worse.

What happened in Niger?

Late in the main 2004 rainy season, locusts invaded the agro-pastoral and pastoral zones of Niger, causing substantial, but very localised, damage to grasslands and crops.

A boy pounds millet for his family's breakfast in a village just outside Niamey, Niger, June 2005

©Reuters/Finbarr O'Reilly/courtesy www.alertnet.org

Shortly afterwards, the rains came to an abrupt halt in many of these areas. Because this was before the millet and sorghum crops had finished filling their grains, there was considerable loss of yield (estimated at twice the losses caused by the locusts).[1] Early warnings were given, generally suggesting the likelihood of severe local food insecurity and a need for food aid.

Cereal prices began rising in January 2005, leaving millions unable to buy the quantities of grain they needed.[2] By June, as media stories and photos of malnourished and 'starving' children became more common, the food security crisis seemed to be clearly regarded internationally as a famine. Yet for many Nigeriens, and a good number of the food security community working there, the case for a famine remained remarkably difficult to accept.[3] Why?

1 FEWS NET/Niger monthly report, October 2004; and Special Report, FAO/WFP Crop and Food Supply Assessment Mission to Niger, 21 December 2004.
2 'Mali and Niger: Enough Locusts "To Bring Job to His Knees"', WFP, 22 March 2005.
3 FEWS NET Special Report, 'Niger, An Evidence Base for Understanding the Current Crisis', 29 July 2005.

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this is not a famine, nor a chronic nutritional crisis. It is something much worse

The crisis we expected ...

In reality, there were at least two simultaneous crises, the causes and impacts of which were not adequately distinguished. The first occurred in the agro-pastoral and pastoral zones, commonly considered the most vulnerable in the country to food insecurity. These areas rely on rain-fed grain production, the sale of livestock to buy grain and loans of money and grain from merchants. People in these areas have some of the lowest incomes and fewest assets of anyone in Niger, and experience malnutrition rates almost constantly above the 10% global acute malnutrition (GAM) rate that is a threshold for an emergency. Most of the food aid needs assessments carried out in 2004 and 2005 by the Niger government and its partners focused on these areas. The government's subsidised sales of food security stocks and food aid distributions were principally carried out in these areas. Almost certainly, malnutrition and infant mortality increased, as they do every dry season.[4] But data are insufficient to quantify the increase; for many observers, calling this crisis a famine, meaning in some sense an 'abnormal' and deadly food-related crisis, was never justified.

... and the crisis we didn't

It is curious and significant that the most public and documented evidence of the 'famine' emergency in Niger – the admission of thousands of very malnourished children to nutritional centres – did not come from the pastoral and agro-pastoral zones. The children found in Médecins Sans Frontières (MSF) and other nutritional rehabilitation centres in Maradi and Zinder were from these two urban centres and from farming areas along the border with Nigeria, well to the south of the pastoral and agro-pastoral zones.

By almost any measure, both of these areas are among the wealthiest in Niger: they are the country's bread-basket, the source of most of its agricultural surpluses and commercial crop production and its commercial hub. They also enjoy close trade links with Nigeria. Both were largely untouched by locust damage in 2004, and did not suffer the early termination of rains that affected areas to the north. The cereal prices that these districts paid on the market were at least several percentage points below prices in the crisis districts to the north. Relatively wealthy, spared the locusts, little affected by the drought, paying less for food – why did desperate 'famine' conditions emerge here in 2005?

Curiously enough, despite their apparent wealth, these areas have some of the highest chronic rates of malnutrition in the country. A Food and Agriculture Organisation (FAO) nutritional profile for Niger, published in 1998, stated: 'The anthropometric indicators for children clearly

show that the Department of Maradi (20% wasting, 43% stunting) is most affected, followed by Zinder', and 'numerous factors [including] diarrhoeal disease, high rates of infant and child mortality (>350/1,000), very young first-delivery mothers, and above all, feeding habits such as the early weaning of newborns 4–5 days after birth being fed on water, herbal teas and cow's milk, partially explain the contradictions observed between nutritional status and food consumption, especially in Maradi'.[5] Most of these explanatory factors do not relate to the consumption of food, and food aid will not eliminate the causes of the area's malnourishment.[6]

The vast majority of cases of severe malnutrition were infants aged between six and 24 months, who are very vulnerable to weaning-related illnesses, and it was reportedly uncommon to see more than one child from any single household in these camps. There were almost no cases of severe acute malnourishment of adults.[7] Taken together, all of these features are more consistent with a chronic poverty-related condition, where non-food factors are more important in creating the nutritional crisis, than a generalised lack of food in the household, or starvation. Yet the case was forcefully made by numerous actors, including MSF, the media and UN organisations, that a famine was occurring in these areas, and the pictures and the nutritional centre admissions were there to prove it. On the other hand, as Nigerien government officials and others noted at the time, 'we have often seen famine, and it is not this'.

'we have often seen famine, and it is not this'

Why the second crisis?

Why did these relatively wealthy, well-watered southern districts suffer the most in terms of severe acute malnutrition and child mortality? Curiously, one of the principal reasons may have been the area's cash economy and market orientation, key features of its relative wealth. These districts, like those of the ethnically-linked Hausa-speaking areas to their immediate south in Nigeria, are among the most densely populated in Africa. Agricultural plots are relatively small, and becoming smaller due to population pressure. The pressure on land and the presence of the huge Nigerian market form strong incentives to grow commercial crops for export. The long commercial traditions of the Hausa state have also built a large body of traders and merchants willing to provide commercial financing, and informal production and consumption loans.

4 FEWS NET/Niger Monthly Report for August 2005, 22 September 2005.

5 'Nutrition Country Profiles: Niger', http://www.fao.org/ag/agn/nutrition/ner-e.stm.

6 E. Delcombel, 'Rapport de Mission, Regional Conference on "Monitoring the Food and Agricultural Situation and Harvest Outlook for the 2005–2006 Growing Season in the Sahel"', Office of the Prime Minister, Food Crisis Unit, Niamey, 2005

7 Personal communication with J. Sekkenes, MSF, August 2005.

Many of the poorer farmers cannot compete in this arena, and have had to sell their land and become wage labourers on cash-crop farms.[8] Both farm owners and labourers often have to supplement the cash they receive, mostly at harvest-time, with loans of grain to support food consumption, but there are long periods when cash and food are in short supply in the household. This may help to explain the high chronic levels of malnutrition amongst the children of farmers who, from their cash income alone, appear to be better-off than most.

A loan repayment system characteristic of these areas greatly worsens the impacts of this uneven availability of cash. Traders offer loans of grain that are monetarily valued at the prevailing market rate when the grain is given, and the loans are paid back in kind for the same value. Because loans tend to be taken out at periods of the year when grain is most expensive, and are repaid right after the harvest when grain is cheapest, the farmer may have to give back several times more grain than was originally received. The worst possible combination for these farmers would be a year of extremely high grain prices before the harvest, followed by very low prices afterwards due to good grain production. Even worse would be a string of such years, as has arguably been the case in Niger since the last poor harvest in 2001.

Thus, net disposable income, after loan repayment, has decreased each year in these areas, leading to progressive impoverishment. Add in extremely high food prices, a dependence upon food purchases on the market and a reduction in accessible food for pre-existing chronic conditions of severe malnourishment, and it makes sense that many children in these relatively 'wealthy' areas faced the worst nutritional outcomes, if not mortality, in 2005. What does not make sense is calling this a famine.

Conclusions

Neither of the two food crises in Niger in 2005 displayed the breadth, depth or prevalence of hunger most formal definitions of famine require.[9] Based on the CDC/UNICEF nationwide nutritional survey carried out in October 2005, it is not even certain that the levels of malnutrition during 2005 were far outside the range of chronic rates found every year in Niger. Neither crisis was primarily driven by a complete shortage of food in markets, nor by a complete shortage in individual households. Patterns of affliction in the households where infants and children were solely affected are more reflective of long-standing poor childcare practices, health and sanitation issues and poor water quality. Today, after the 2005 'famine' has subsided, the numbers of children requiring nutritional assistance remain at emergency levels.

Niger's 2005 crisis is an elegant case study of two different livelihood crises occurring in the same poor country, at the same time, in different locations. Both compel us to more

fully appreciate the chronic poverty that underpins many, perhaps most, food emergencies. This is the reality of food and nutrition crises in Africa: the traditional famine-initiating droughts and locust plagues matter much less in creating acute humanitarian crises than we normally assume. What is much more important is the degree of underlying poverty, the state of essential public services and how markets and food access are integrated into livelihoods.

We should all review our assumptions about food crises and incipient famines. Are we measuring the right indicators of food security and the risk of malnutrition? Are we monitoring the right vulnerable groups? Do we have a good enough baseline of malnutrition to clearly capture this important factor of food security assessment in most countries today? Full-country monitoring on a regular basis, of even the lesser vulnerable groups, is clearly more important than we thought. The market needs to be more closely monitored, not only near the livelihoods it serves, but throughout the regional market 'watershed' that feeds it, or is fed by it.

For FEWS NET and other early-warning systems, the most immediate challenge lies in accepting that we can no longer limit our monitoring and analysis to the strict confines of 'food security' and food-related crises. Livelihood emergencies of many different types, in many different places, will produce many of the next food security or famine crises. Indeed, identifying what *not* to monitor will be among our most difficult tasks.

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CHRONIC VULNERABILITY

Niger: taking political responsibility for malnutrition

Emmanuel Drouhin and Isabelle Defourny, MSF

No one knows how many people in Niger will suffer from acute malnutrition in 2006. The nutritional crisis may well be less severe this year than last, but equally it may be as bad, or worse. But however many people suffer, it will no longer be possible to refuse to take responsibility, deny that a nutritional emergency exists or pass the buck for failing to find a solution.

Until 2005, none of the agencies involved in Niger, Médecins Sans Frontières (MSF) included, had realised the extent of the nutritional crisis. Niger's political stability, the existence of a system to combat food insecurity and the lack of evaluations of the nutritional status of the population all contributed to the underestimation of the seriousness of the situation. Malnutrition was considered 'normal' in Niger, to the extent that no one bothered to count the victims.

Mothers queue up at a Red Cross camp in Niger to complete documentation to receive food aid

©Bruce Liron/British Red Cross

After 2005, we know that acute malnutrition has an extremely grave impact on certain vulnerable areas; that treatment for acute malnutrition exists; and that a simple-to-implement strategy has been tested on a large scale and proved to be effective. In 2006, whether we cure children suffering from acute malnutrition are cured or not is a political choice.

> however many people suffer, it will no longer be possible to refuse to take responsibility, deny that a nutritional emergency exists or pass the buck for failing to find a solution

The scale of the crisis

During the course of 2005, MSF as a whole admitted more than 63,000 children under five suffering from severe acute malnutrition in five regions of Niger. More than 39,000 were in Maradi alone, making it the region worst affected by the nutritional crisis. Admissions in Maradi were not evenly distributed: more than 75% of the children were admitted to centres treating severe acute malnutrition in Maradi's three southern departments, Guidam Roumdji, Madarounfa and Aguié. In Guidam Roumdji, which has an estimated population of 93,226 children under five, MSF's four centres admitted 10,223 children during the year, equivalent to around 11% of the department's children have suffered from severe acute malnutrition in 2005. These figures indicate the seriousness and scale of the nutritional crisis.

This crisis has been substantially underestimated; we now think that tens of thousands of children suffered from acute malnutrition in previous years. Retrospective examination of the total number of admissions in MSF programmes in Maradi between 2001 and 2005 shows that the nutritional crisis must have been very serious in 2001. Over the last five years, admission figures in nutritional programmes in Maradi region have risen constantly (5,200 in 2002, 6,700 in 2003, 9,700 in 2004). This leads us to conclude that acute malnutrition is hyperendemic, with 'epidemic peaks' in certain years. Acute malnutrition can be described as a chronic emergency.

Faced with this problem, the health authorities, NGOs and UN agencies ran development programmes until the first half of 2005. The response to the emergency was minimal and inappropriate. Until June 2005 the aid system (donor agencies and the UN) supported the government's decision to make people pay for food aid, on the grounds that free aid unbalances markets, creates welfare dependency and ultimately negates development efforts. There was a political trade-off between preserving human life in an emergency and long-term development imperatives. When they were finally launched, food distributions essentially targeted areas where there had been a shortfall in production, taking no account of malnutrition indicators (admissions to nutrition centres). Rations supplied by the World Food Programme (WFP) did not include specialist foods such as enriched flour suitable for the nutritional needs of young children.

Manufacturing hunger

The nutritional crisis was predominantly put down to natural phenomena (drought and pest infestation). While it is true that there was a shortfall in millet production in 2004, it was still one of the best growing seasons in Niger's history. Moreover, MSF's experience shows that malnutrition does not fall following good harvest years (as in 2001 and 2003). The place where acute malnutrition is most prevalent – Maradi – is in the heart of the agricultural production zone, a region known as the granary of Niger. In other words, the problem is less the size of the harvest than access to food in sufficient quantity and quality.

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Analysing the crisis from the economic viewpoint means looking at the political choices made. If trade rather than production of millet is considered, a consistent picture of malnutrition begins to emerge. Unlike the agro-pastoral zone, where most production is for self-consumption, in southern areas millet is increasingly a market commodity. Millet is sold by small farmers at harvest time, and bought up by traders at the lowest price. Cash resources remain low, and are inadequate to cope with unexpected expenses or to purchase sufficient quantities of millet during the hungry season, when prices are at their highest. Being more dependent on the market for their food supplies, the poorest households are the first to suffer from rising prices. There is an extremely high and troubling correlation between weekly trends in millet prices and admissions to the MSF programme. Millet price rises are followed by admissions precisely five weeks later.

The impact of pauperisation on the nutritional status of children under five can be seen from admission figures at nutrition centres. Over the last five years, admissions have been extremely seasonal, with a peak in the hungry season when stores run out before the next harvest. This is the period between June and October but, in each of the last three years, we have noticed an increase in admissions five weeks earlier than the previous year, meaning that the critical periods have been getting longer and longer.

MSF's nutritional strategy

The aim of MSF's nutritional programmes in Niger is to reduce mortality associated with acute malnutrition by providing nutritional support and free medical care in the areas worst affected by the crisis. Children admitted to the programme receive therapeutic feeding (Plumpy'nut©, F100), specialist foods (enriched flour) and, on discharge, family rations (millet, beans and oil).

The outpatient system lies at the heart of MSF's operations in Niger. Set up in 2003, the system helps minimise non-essential hospitalisations. Children presenting with complex malnutrition (severe medical complications and/or anorexia) are hospitalised. Others remain with their families to receive treatment, with a weekly medical check-up at a centre close to their homes. The system was made possible by a medical innovation: ready to use therapeutic food, which keeps for several months. The child consumes the food directly in individual rations, with no addition of water and no container required.

This revolution in dealing with malnutrition enabled MSF to care for more than 63,000 children in 2005, by far the largest nutritional operation ever carried out, and with very good results. The rate of cure was above 90% in 2005, the dropout rate was reduced to 5% and the mortality rate was 3.3%. Children's average stay within

Figure 1: Millet prices and admissions, Maradi

Millet price in Maradi
Admissions MSF-Maradi
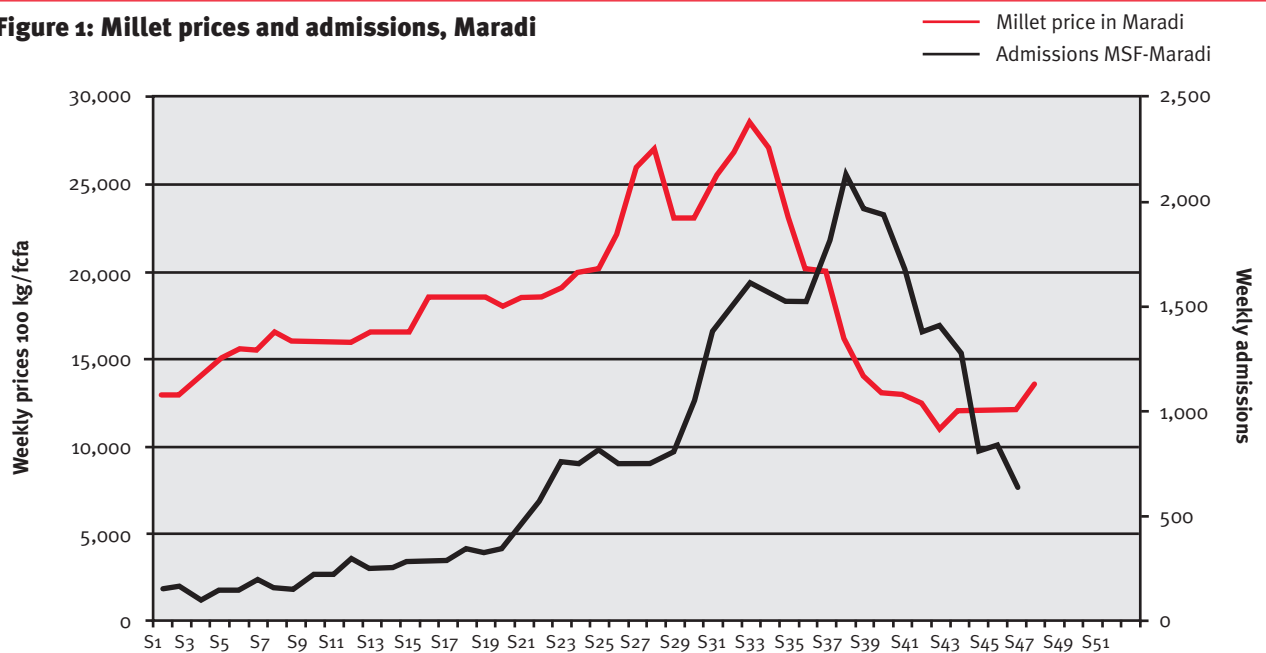
Sources: MSF-France for admissions and FEWSNET & SIMC for millet prices.

the programme as outpatients was 29 days (compared to 37 days in 2002) and average weight gain was 10.4g/kg per day (compared with 8.7g/kg per day in 2002).

When will the response be delivered?

Does the will to tackle this chronic emergency exist? There are more aid providers in the country and strategies are being developed. While MSF can see some movement on the ground at the beginning of 2006, donor support does not seem to be commensurate with needs. Moreover, experience in 2005 has shown that several measures relating to the free provision of food or medical care for malnourished children were implemented very late, or on a small scale. MSF is waiting for commitments to result in concrete action in the field.

Two essential measures still need to be implemented: treating acute malnutrition with effective, ready-to-use therapeutic foods, and making available food that corresponds to the nutritional needs of small children. After 2005, it is no longer possible to deny the nutritional challenge in Niger, or the responsibilities that need to be shouldered.

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The humanitarian–development debate and chronic vulnerability: lessons from Niger

Vanessa Rubin, CARE International UK

In July 2005, images of malnourished and starving children in Niger were beamed across the world, triggering a massive relief response. Despite initial warnings nine months earlier, an estimated 3.6 million people were affected by food shortages. CARE International – which has been implementing relief and development programmes in Niger for 30 years – was one of many NGOs that sought to respond.

With the largest capacity of all international NGOs in Niger, CARE's contribution was significant; the agency distributed 44% of all the food supplied by the World Food Programme (WFP), provided additional emergency food supplies to 400 villages; and established three community-based nutritional recuperation programmes for moderately malnourished children. Now, with the threat of food shortages looming once again, a retrospective look at last year's emergency response has enabled CARE to identify a number of important lessons.

Emergency – or chronic poverty?

In November 2005, CARE carried out a round of nutritional screening at its distribution sites in Diffa, Tahoua and Maradi regions. This revealed that 32% of children aged between six and 59 months were either moderately or severely malnourished. There is no doubt that these statistics reflect a year of heightened widespread malnutrition, but there was confusion over whether this was an 'emergency', or simply part of the chronic poverty and malnutrition that have come to characterise Niger, the world's poorest state. Although the extent and scale of malnutrition were unusual, the *occurrence* of malnutrition was not. As one staff member of CARE's relief operation in Maradi explained, 'The pictures that the world saw this year could have been taken any year. There are people who starve every year because malnutrition is a part of life in Niger'.

CARE, Save the Children, World Vision and Catholic Relief Services (CRS) commissioned a joint evaluation immedi-ately following the acute phase of the crisis.[1] The evaluation, produced in November 2005, concluded that Niger was experiencing an emergency, and that this emergency should be understood as the acute phase of a chronic crisis. In other words, it was a severe episode in a long-term endemic food crisis. Many agencies expected the number of children being admitted into nutritional rehabilitation centres to decline after November's harvest, but this has not been the case – a clear indication that malnutrition in Niger is indeed chronic.

The joint evaluation argues that the 2005 food crisis can be separated into two components:

- the *acute and immediate emergency* caused by localised crop failures and regional food deficits; and
- the *long-term crisis* – what Mark Duffield calls the 'permanent emergency' – of chronic malnutrition, widespread livestock and asset depletion and the high incidence of communicable and waterborne diseases, all of which are closely linked.

These two emergencies – long-term and immediate – should be treated as equally important. Both demand a response, and it should not be assumed that addressing one will resolve the other.

Developmental relief

A long-term crisis by definition erodes the traditional boundaries that separate emergency relief and developmental programming. The crisis in Niger demonstrated the limitations – conceptual, institutional, financial, cultural and programmatic – of the dichotomy between these two forms of aid.

The appeal launched by the UN Office for the Coordination of Humanitarian Affairs (OCHA) in May 2005 was not

1 The report is written by John Wilding, Issaka Idrissa Mossi, Debra Lynne Edwards, Amanda Weisbaum, Boube Aw and Timothy Mander.

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HUMANITARIAN **P**RACTICE **N**ETWORK

A rice distribution in Maradi

emergencies around the world, the Niger crisis did not receive the attention it needed. The situation was not considered serious enough to merit an emergency response until media images and nutritional reports registered deaths and escalating numbers of cases of severe malnutrition, nearly nine months later. This, the evaluation argues, was too late in the case of acute malnutrition – and, in the case of chronic malnutrition, a decade too late.

The crisis clearly exposed problems with the early-warning systems used to monitor levels of vulnerability within the population, highlighting again the need to incorporate pre-emptive developmental approaches into relief responses. The government of Niger provided the most widespread data available on vulnerability, but this was based only on local food supplies and ignored other crucial indicators, particularly those focusing on broader livelihoods. The multi-agency evaluation specifically suggests that Niger's early-warning systems are too narrowly focused on agricultural production, and recommends their expansion to include milk yields (not least due to the clear link between these and infant malnutrition) and income from livestock. In addition, systems did not account for the impact of border closures by neighbouring countries, caused by, among other things, the locust invasion, and the subsequent effect on food prices. As such, early-warning systems could not register the fact that, while food was available, escalating prices put it beyond the reach of the majority of vulnerable people.

> ## the Niger crisis demonstrated the limitations – conceptual, institutional, financial, cultural and programmatic – of the dichotomy between relief and development aid

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By recognising the interplay between development indicators and emergency responses, it should be possible to improve Niger's early-warning system so that it is better equipped to detect and respond to both chronic and acute vulnerability. Had this information been available in 2005, the government may have decided to intervene immediately with free food distributions, rather than starting with subsidised food sales. CARE is working with the government of Niger to invest in expanding early-warning systems to take these factors into account, particularly with a view to advocating for appropriate responses from the international community.

The nexus between relief and development can also be highly effective in post-emergency recovery activities that seek to rebuild livelihoods. In Niger, CARE's cash-for-work schemes, community grain bank and livestock reproduc-

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Box 1: The causes of Niger's long-term crisis

- Lack of access to treatment for common diseases (malaria, diarrhoea, dysentery).
- Insufficient irrigation and water harvesting for agriculture and animal husbandry. The impact of this is enormous given that 85% of the population relies on agro-pastoral production for its livelihood.
- Inadequate eating behaviours and customs, particularly regarding infant nutrition.
- High population growth.
- Poor alternative livelihood opportunities both within and beyond the country's borders.
- Structural poverty coupled with successive poor harvests, leading to the widespread sale of household assets, debt and the mortgaging of future harvests. This has left families alive but desperately vulnerable, with few resources left to counter future food shortages.

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supported by the international donor community (donors still considered the issue to be a matter for development funds). This may have betrayed a lack of donor confidence in the capacity of the various actors to deliver effective assistance, or an inability to shift aid funding appropriately between relief and development approaches. Either way, the failure of the appeal has pointed to a need for donors, UN agencies and NGOs to engage in timely dialogue to reach consensus (or at least common ground) about how to respond. No action is not good enough. There is a clear need for donors to support governments and agencies in developing more sophisticated, nuanced and timely responses to critical situations, so that chronically vulnerable people do not fall between the two stools of development and humanitarian funding.

CARE submitted proposals for crisis prevention and mitigation measures to a range of donors as early as October 2004. All of these were unsuccessful because, we were told, donor funds were being channelled through the Food and Agricultural Organisation (FAO). Overshadowed by other

tion activities provide people with an income to meet immediate food needs, while also enabling them to replenish lost assets and build up their long-term financial and nutritional security.

Relief-focused development

In the same way that relief efforts should incorporate developmental principles, so too development programmes should seek to increase their beneficiaries' capacity to respond to future emergencies. Anecdotal evidence indicates that households engaged in CARE programmes that seek to increase year-round food security and protect household assets are better able to mitigate the effects of food shortages than households where no such intervention exists. CARE is now working to 'mainstream' nutrition and vulnerability monitoring across all of its development programmes in Niger, and ensure that they are contributing to the overriding goal of improving food security and quality of life. This will require careful revision of CARE's country strategy and heavy investment in staff training in areas such as nutrition, vulnerability assessment and disaster preparedness and management.

It is also important to recognise that, when a situation moves into an acute emergency phase, a specific response is required. In CARE's case, the need to manage the emergency, recovery and ongoing development activities concurrently placed a huge strain on capacity. This has highlighted the need to develop appropriate alternative emergency responses, implementation plans and management tools. CARE is therefore preparing to undertake extensive disaster management and preparedness training to avoid some of the pitfalls of 2005 should another emergency situation develop. These pitfalls include limited training of staff in nutritional recuperation; a lack of preparedness for the psychological impact of the emergency on staff; an uncertain advocacy strategy for the emergency response; and a lack of preparedness for the vast media interest in the emergency. These observations are also valuable in the context of a wider CARE International review of disaster preparedness.

A false dichotomy

While last year's harvests in Niger were largely good, the accumulation of debt, loss of assets and mortgaging of crops mean that household vulnerability is high. For many communities, another food crisis is a very real possibility in the coming year. Without aid, an estimated 60% of households are set to start running out of food around April or May, and the next harvest is not expected until October. If the international community steps in now, there is a window of opportunity to prevent the recurrence of an emergency on the scale of 2005. If we do not act, the cost will be felt in both human lives and in the financial cost of mounting a full-scale relief operation. There is therefore a clear need for the humanitarian community to move beyond rhetoric and to make tangible changes based on the lessons of 2005. Change is needed both in Niger and more widely.

Ten million people across Southern Africa are currently hungry and at risk of starvation – again, because of widespread structural poverty and a lack of government capacity to respond, plus the added crisis of HIV/AIDS. As with Niger, the Southern African food crisis is compounded – not caused – by a poor harvest and a regional food deficit. It is critical that all actors, including agencies, governments, donors and the media, incorporate this understanding into their response.

The rapid-onset emergency in Niger was preventable by the international humanitarian community through a better and more timely response to the slow-onset crisis. Relief responses must take into account developmental principles, indicators and practices; in turn, development programmes must build capacity to cope with an emergency and reduce the likelihood of subsequent emergencies, particularly when, as with hindsight we can see in Niger, they are both predictable and preventable.

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Housing Reconstruction in Post-earthquake Gujarat: A Comparative Analysis
Network Paper 54, March 2006
Jennifer Duyne Barenstein

Besides human casualties, one of the most visible and striking effects of any major disaster is the destruction of houses. Loss of housing destroys livelihoods, protection and privacy. Effective housing reconstruction is essential to restore affected communities' dignity, society, economy and cultural identity.

Many humanitarian organisations assume that the quickest and most effective way to rebuild houses after a disaster is to employ professional construction companies. At the same time, however, there is growing awareness of the limitations and risks of the contractor-led approach. These difficulties are encouraging other, more participatory strategies. This paper aims to contribute to this discussion through an exploration of local perceptions of housing reconstruction in the aftermath of the earthquake that hit Gujarat in India on 26 January 2001. Through comparative analysis, it explores five different approaches: the owner-driven approach; the subsidiary housing approach; the participatory housing approach; the contractor-driven approach in situ; and the contractor-driven approach ex-nihilo.

While this paper covers Gujarat specifically, its findings will be relevant for agencies engaged in post-disaster housing reconstruction in other contexts, for instance in areas hit by the Indian Ocean tsunami and in post-earthquake Kashmir.

Download this paper at: www.odihpn.org.

The 2005 Niger food crisis: a strategic approach to tackling human needs

Manuel Sánchez-Montero, ACH

The crisis in Niger in 2005 was characterised by slow decision-making and a lack of complementarity between humanitarian and development actors, as agencies debated whether short-term emergency interventions or long-term structural responses were most appropriate. This article describes the nature of the crisis, and argues that, if similar crises are to be prevented in the future, humanitarian and developmental agencies need to harmonise the way they work together to prevent, mitigate and reduce the risks faced by chronically vulnerable populations.

Profile of the crisis

The food crisis in Niger primarily affected people living in the country's transitional zone.

Food production records for 2005 show a cereal shortfall of 9%, or 250,000 tonnes. Taking local price inflation into account, the final shortage increases to 16% due to the degradation of purchasing capacity, especially among agro-pastoral populations. Although this further reduced food availability, it does not explain the magnitude of the crisis. Over the previous five years there were worse harvests than 2005's, but none had as significant an impact on food security or people's nutritional status.

Why was the 2005 crisis so severe, and why were measures not taken to prevent or mitigate its impact? First, it is crucial to recognise that the populations affected by the crisis included agro-pastoral communities (Tahoua, Zinder) isolated from trading networks, and communities highly dependent on cereal traders (Maradi and Tillaberry), especially near the Nigerian border. Weak social and economic structures underpinned the vulnerability of these groups:

- The livelihood activities of the communities affected by the crisis – seasonal cereal farming, livestock breeding, small contra-seasonal farming, spice-growing – are dependent on weather conditions, and production is varied.
- Niger's cereal market is strictly controlled by a restricted group of traders. These traders keep cereals out of circulation until the maximum price is reached.
- Niger's trade dynamics are dominated by Nigerian markets, which are much more active, have much

Map of Niger showing climatic zones and degree of food crisis (FEWS Maps)

Legend: Pastoral zone — Agro-pastoral zone
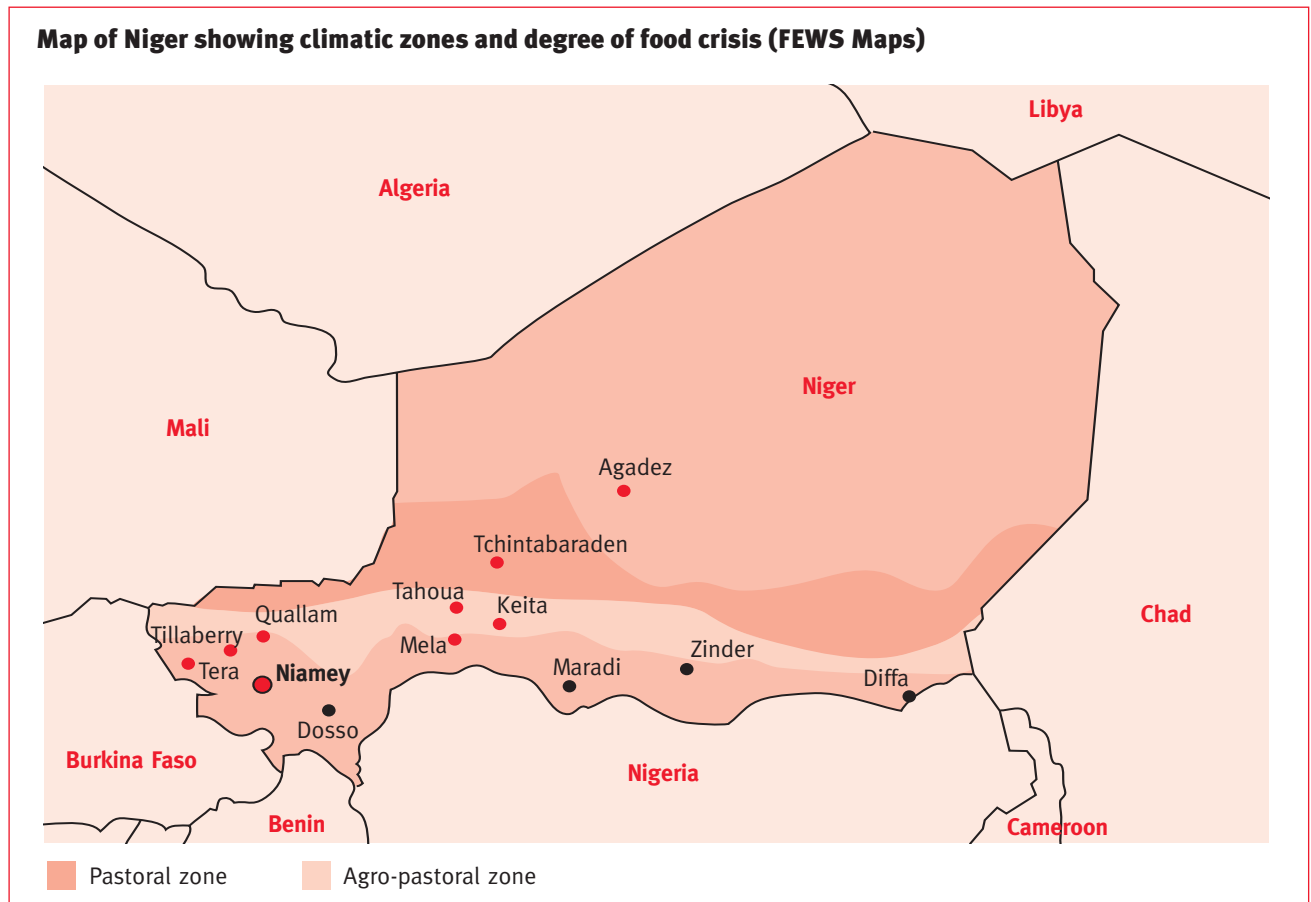
higher purchasing capacity and attract commodities that would otherwise be sold in Niger.

- The rural communities affected by the crisis are particularly fractured and lack civil society structures. They also have extremely weak capacity to defend their interests in the face of political powers and against the interests of private lobbies, such as traders.
- State institutions are weak in certain parts of the country (rural areas of the central and northern regions) and in certain sectors (the regulation of the cereal market, public health and food security surveillance).

In addition to these structural factors, specific characteristics related to the 2004–2005 season are also important:

- Scarce rainfall during the 2004 winter caused an early increase in cereal prices (in February–March 2005). Governments in Nigeria and Burkina Faso implemented protectionist measures leading to the closure of borders, which significantly reduced the flow of cereals back into Niger during the inter-crop season. This was compounded by the speculative practices of traders, which led to a record price of 36,000 FCFA (about 54 euros) per 100kg of millet.
- The 2004 drought reduced community and family food stocks, as well as available fodder for livestock in the transitional areas. This reduced the weight and quality of the livestock, and so lowered its commercial value in the local markets.

Another key factor in the crisis was the way information was managed, and how decisions were taken. In terms of information management, it is true that the food production shortage was detected quite early (by December 2004), but the way the shortage was interpreted caused confusion as to the appropriate response. Livestock prices were not analysed in relation to increases in cereal prices. This created a false impression, since the degradation of people's purchasing capacity was based on the decapitalisation of livestock as well as inflated cereal prices. Thus, responses to price rises, such as subsidised cereal sales, were only tackling part of the problem.

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over the previous five years there were worse harvests than 2005's, but none had as significant an impact on food security or people's nutritional status

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Another gap in information management and analysis was the lack of nutritional surveillance data. This deprived early-warning systems of an alert indicator of food insecurity, and thus the ability to identify areas that were extremely affected. The fact that nutritional data is not collected as an epidemic indicator as part of the public health system and is not integrated with food security data meant that the most vulnerable populations could not be identified before the onset of the crisis.

Harmonising humanitarian and development aid

There is a consensus that food crises stem from a combustible mix of political, economic and social factors, ignited by hazardous climatic conditions. It is also commonly understood that, while carrying out reforms to address structural weaknesses, it is essential to guarantee that people's basic needs are met. In Niger this balance between structural change and immediate relief is particularly pertinent, especially as the 2006 harvest is not due until September, and is to some degree already at risk due to livestock and grain decapitalisation and increasing debts from inter-crop purchasing.

In responding to the ongoing situation in Niger, humanitarian and development actors need to stop debating whether it is better to implement urgent or long-term measures, and instead work together in a complementary way. If we are going to harmonise responses and cope with future food crises we need to focus on three levels: prevention/preparation, mitigation and risk reduction.

Prevention/preparation

To ensure that another crisis like the one that took place in Niger in 2005 does not happen again, it is extremely important that early-warning systems are made more sophisticated. This entails introducing an integrated approach to data collection and analysis, which would incorporate epidemiological and nutritional data into regular surveillance. Collecting nutritional data would enable humanitarian and development actors to detect crises in their early stages. The National Food Security network in Niger needs to refine the way it collects data, to include information on food security, climate and public health, and effectively communicate that data to donors, international agencies and the media. Data collection could be refined through the use of tools such as a Geographic Information System (GIS). Decision-making mechanisms within the National Food Security Network must be independent of political or economic pressure. If a crisis is detected, there should be an immediate appeal and response, based strictly on needs and technical criteria to define the type, nature and target population of the response.

It is essential that community structures and humanitarian agencies present in the field are involved in data collection, and that information is fed back to them. Collaboration between civil society and public structures is essential for strengthening data collection capacity, and to ensure that the correct use is made of that data. Involving civil society structures – such as community social or economic initiatives or traditional management structures like councils of elders – would also increase awareness of a crisis, and enable responses to be directed through existing initiatives. It would also improve accountability.

Mitigation

Mitigation should consider more than simply saving lives during the acute phase of the crisis. We need to approach the problem of chronic vulnerability as a social and economic problem. We must extend the humanitarian mandate to include supporting affected populations by

implementing transitional activities that build sustainable livelihoods and reduce risk.

In this sense, nutritional support to the extremely vulnerable (malnourished children under five or severely affected adults) should include continued therapeutic feeding until rates of acute malnutrition return to acceptable standards (less than 1% severe and 10% global). Supplementary feeding should also be maintained for vulnerable populations affected by global acute malnutrition (which is an indicator that a household is under severe food stress). A third nutritional treatment, home treatment, should be maintained for severe cases with associated problems. In addition, there should be regular monitoring of the nutritional situation. Primary Health Units are the most suitable way to gather this information.

In areas such as Mayahi and Keita, levels of acute malnutrition reach emergency levels every inter-crop season. It is therefore necessary to include nutritional treatment in epidemiological programmes within national public health policy. A permanent adapted nutritional detection, referral and treatment system is needed. The government's recent adoption of a National Nutritional Treatment Protocol should help here.

The nutritional recovery of the most affected individuals is only one step in protecting households from extreme vulnerability. The high level of debt that farmers have taken on to cope with the inter-crop season and the low prices paid by traders are further increasing household vulnerability. A food security survey by Acción contra el Hambre in October 2005 indicated that the average household in the transitional zone would run out of grain reserves by December 2005 (earlier than in the 2004–2005 season), jeopardising the 2006 season from the very beginning.

Thus, in 2006 there is a need for qualitative targeting of the most affected families so that those at risk of death (absolutely deprived families) and those without the capacity to re-establish their food security in an autonomous way (families affected by decapitalisation, indebtedness or forced migration) are targeted with food aid and economic support respectively. This also requires national public institutions and international organisations to target food aid appropriately and proportionately to those in need. These actors should avoid general approaches that do not fit the specific characteristics of each specific population group, and which might have perverse effects on others not affected by the crisis. The general food distribution in August, September and October 2005, for example, contributed to a reduction in the price of millet for farmers in Niger's humid zones.

Risk reduction

In addition to prevention and mitigation, food security strategies at the household level need to be enhanced through nutritional education and food management training to improve how households use the resources that are available. Nutritional problems are partly due to a lack of proper food stock management, with households selling the harvest quickly (at low prices), and buying at a higher price during the food gap. Support needs to be provided for the diversification of income generation, so that people become less vulnerable to climatic hazards. Supporting income generating activities like trading, food processing, gardening and livestock breeding was one factor in enabling people to protect themselves against the effects of the crisis in 2005.

Weak organisation and cohesion within Niger society also increases the vulnerability of populations to the negative consequences of natural disasters, market forces and/or political decisions (or indecision). Supporting civil society structures will be key to strengthening people's capacity to defend their interests. The policy of decentralised administration adopted by the government offers a way of supporting dialogue and collaboration between civil structures and public institutions. The role of the international community as animator, material supporter and sometimes facilitator is crucial. Issues such as the structure of the cereal market in Niger will need input from public and private actors, and people themselves must have a say.

Conclusion

Just because the Niger crisis is no longer on our TV screens does not make the current situation any less precarious. Nutritional surveys continue to show severe infant malnutrition rates, especially in the transitional zone despite the general food distribution in August–October 2005.

Zone	Severe acute malnutrition (z-score height/ weight report)	Global acute malnutrition (z-score height/ weight report)
Agricultural	4.1%	19.2%
Transitional	5.4%	24.7%
Pastoral	2.8%	16.4%

Source: Acción contra el Hambre survey, October 2005.

The government and the international community should not to wait until we have spectacular indicators to act. In January and February 2005, we had indicators showing that something was going wrong, and we failed to respond. The situation is similar now, and we must not make the same mistake. Emergencies should not be seen as inevitable. Humanitarian and development actors can work together to address structural and immediate vulnerabilities, so as to ensure that communities do not suffer one crisis after another.

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The Sierra Leone Special Court: undermining possibilities for partnerships between human rights and humanitarian operations

Anonymous[1]

During the war years from 1998 to 2000, one of the main tasks of the UN human rights programme in Sierra Leone was to accurately and comprehensively report on the human rights situation so that the Security Council and other policy and advocacy actors could address the patterns of abuse which underlay the conflict. In order to undertake this monitoring task, the UN programme engaged closely with national and international humanitarian partners. On numerous occasions aid workers were the primary source of human rights-related information; over time, a trusting and effective partnership developed between aid workers and monitors.

Five years later, on the basis of the monitoring reports, the first author was called as a witness for the prosecution in the various trials under way at the Sierra Leone Special Court. He gave evidence for the first time in June 2005 in a closed session. Since the proceedings were closed the details cannot be published here. Suffice to say that he refused to name an information source and only avoided being held in contempt by virtue of a procedural device. He returned to the Court in September 2005 to give evidence in another trial chamber. This time he was willing to give evidence only if the court first issued an order to the effect that it would not compel him to identify sources. The trial chamber declined to so do. In a majority decision it decided that the issue of confidentiality/safety of sources was sufficiently addressed by the fact that evidence would be given in closed session. As a result, he was not called as a witness. The issues are now the subject of an appeal by the Special Court Prosecutor to an Appeal Chamber.

Experience from Yugoslavia

In examining the case, the Appeals Chamber can find some limited guidance in the approach adopted by the International Criminal Tribunal for the former Yugoslavia (ICTY). While the ICTY has not specifically considered the situation of human rights monitors, its findings regarding humanitarian personnel and journalists are relevant.

In the *Simic* Decision, the ICTY had to determine whether it might compel staff of the International Committee of the Red Cross (ICRC) to testify. The ICTY decided that, due to the ICRC's reliance on the strictest confidentiality, its officials should benefit from absolute immunity from testifying in international criminal proceedings. The ICTY referred to the ICRC's mandate under the Geneva

Conventions, and suggested that compelling its officials to testify would infringe the ICRC's impartiality. Tellingly, the ICTY Decision referred to a public interest in ensuring the access and safety of ICRC officials. The *Simic* Decision, focusing as it does on the specifics of the ICRC, is not, however, immediately applicable to other humanitarian personnel, and many issues of their status before international courts have yet to be decided.

The ICTY outlined a qualified testimonial privilege for war correspondents in the *Brdjanin* Decision. The court again called attention to the public interest, in this case with reference to the information-gathering function of war correspondents. It was decided that correspondents could only be compelled to testify when their evidence was of direct and critical value in determining a core issue of the case, and could not be obtained elsewhere. On the specific issue of disclosure of sources the court emphasised the importance of maintaining the conditions which sustain a free press.

Some implications for human rights monitoring

Considerations such as these seem directly relevant to the role of human rights monitors. As in the case of ICRC personnel, there is an obvious public interest in protecting their access and ensuring their safety. The arguments regarding the need to protect a free press and how to do so also seem pertinent. It has to be acknowledged, though, that the situation of human rights monitors does raise some specific and distinct issues which were not considered by the ICTY. As a result, the Sierra Leone appeal will have to address a number of novel considerations, as well as revisiting some core concerns.

In the first place, it can be assumed that human rights monitors, unlike some other categories of field worker and journalists, will usually be willing to cooperate with international trials which are intended to ensure individual accountability for crimes such as war crimes and crimes against humanity. After all, international criminal justice is considered to be a bedrock of the system for the enforcement of international human rights law and the application of information gathered by human rights monitors for purposes of prosecutions seems to be proper and appropriate.

Second, the issue of non-disclosure of sources will not arise in every situation in which a monitor gives evidence. For instance, it is irrelevant to situations where the human rights monitor is the primary source of information – where the monitor actually witnessed or experienced the facts

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1 Out of respect for privacy directives of the Sierra Leone Special Court, which directly affect the first author (formerly a senior human rights official with the UN in Sierra Leone), the identity of the authors of this article is withheld.

being described (a proportion of the first author's evidence provided to the Special Court was of this nature).

Third, it could also be argued that disclosure of sources is permissible in cases where the original informant has actually given consent. However, there is a need for care here since consent will commonly be neither full nor free. More generally, informants are often in no state to make informed decisions, for instance because they are traumatised or because they are otherwise incapable of assessing the possible implications of their decision. In any case, there will be cases where the human rights monitor may consider that, notwithstanding a fully informed consent, it is imprudent to disclose the source, for instance for reasons of the safety of the source or of others.

Fourth, in the absence of a full, free, informed and otherwise prudent consent the issue of safety remains an obvious consideration. It is sometimes argued (most recently in the Sierra Leone Special Court) that this should be the sole criterion for non-disclosure. But what is not clear is how the assessment of risk is undertaken. Who is to undertake this assessment, and on what basis? How will the accuracy of the assessment be assured? Does it make a difference if information is disclosed in a closed session of court? In Sierra Leone the view was expressed that there is no risk in such conditions. This is nonsense: courts are like sieves and it is impossible to effectively police their multiple actors, at least in the context of international courts. Leaks are even more likely when the court, as in Sierra Leone, is located in the affected country.

Finally, a broader and fundamentally important consideration concerns the impact of a practice of non-consensual disclosure on human rights information-gathering. A considerable amount of the information collected by human rights monitors is of a secondary nature, provided to them by informants. A very high proportion of this information is provided on the understanding, sometimes explicit but often implicit, that the source will not be identified – from religious leaders who fear the impact of disclosure on their pastoral work, from humanitarian workers who fear for their programmes, from government officials who fear for their jobs or worse, from activists who fear for their place in the local community, and so on. It would be extremely difficult to maintain working relations with such informants if it became known that their identities might be revealed at some time in the future. In the case of humanitarian workers, for instance, it is likely that the existing commonplace disinclination to collaborate with human rights monitors would be exacerbated, with obvious implications for the effectiveness of human rights reporting. The chances of there ever again being partnerships as intimate and effective as those in the Sierra Leone war years would appear very remote. The forced disclosure of humanitarian sources might also run counter to any privilege accorded to humanitarian personnel on the basis of the *Simic* Decision.

Considerations such as these suggest that, in the absence of full, free, informed and prudent consent, it is *never* appropriate for a human rights monitor to disclose the identity of a source. But what of the rights of the defendant to a fair trial? It might be thought that this approach precludes the possibility of the defence examining the source of what might be damning evidence. This concern does not seem to stand up to close scrutiny. In the first place, one can envisage situations where the human rights monitor may be a witness for the defence. Of course, the monitor is far more likely to be a prosecution witness, but it needs to be kept in mind that the information at issue will in all cases be categorised as of a hearsay nature, with all that this implies in terms of its evidentiary value. In every case the court will need to carefully assess its value, including in the context of any corroborative information which may be presented. It is also the case that, in international courts, evidence will be presented to benches of experienced judges, rather than to lay juries.

Conclusion
It remains to be seen whether the Sierra Leone Appeals Chamber will take account of arguments such as these and the extent to which it may shape some form of evidentiary privilege for human rights monitors.

Much rides on the decision. Without some form of privilege, the basis for cooperation between monitors and courts is put in question – an otherwise obvious partnership thrown into jeopardy. Indeed, if the decision were to result in a refusal of monitors to appear before courts it would raise issues of the monitors themselves coming into violation of court rules (an issue which was explored in the article by Kate Mackintosh in the December 2005 edition of *Humanitarian Exchange*). If, on the contrary, the decision were actually to encourage the disclosure of sources by monitors it would unravel the systems of information gathering partnership with the humanitarian and other communities.

The implications go beyond the specific issue of human rights monitors and their partnerships. They also raise serious concerns for all other field operations which are considering their relationship with international criminal trials. Most obviously, they cast a shadow over the emerging willingness on the part of some humanitarian actors to provide prosecution evidence. For all the merit of helping secure convictions, what humanitarian organisation or worker could countenance a form of cooperation which would result in the violation of confidences, the jeopardising of safety and the undermining of programmes?

This article has been written in the context of an international and inter-institutional project in support of the professionalisation of human rights field work.

Humanitarian action in situations of occupation: the view from MSF

Xavier Crombe, Fondation Médecins Sans Frontières

The invasions of Afghanistan and Iraq have again called into question the concept of occupation. During the 1990s, military interventions under UN mandates generated much debate among lawyers, military planners and humanitarian agencies as to the applicability of the Fourth Geneva Convention, and specifically its provisions on occupation. These debates, and the operational difficulties aid agencies faced in these situations, revealed a significant lack of consensus, and a dearth of satisfactory answers. Do situations of occupation create specific problems and constraints for aid agencies? Are these problems connected to issues of responsibilities, operational modes or perceptions by the actors of the conflict and assisted populations? While the aid community often voices concerns about access to victims and independence, we tend to overlook the fact that the presence of NGOs in theatres of conflict has never been as important as it is today. Is the increasing role NGOs are being asked (or are deciding) to play itself a part of the problems they face?

MSF staff at an Israeli army checkpoint

©Juan Carlos Tomasi

Occupation in historical perspective

The definition of the rights and duties of occupying powers contained in the Hague Peace Conferences of 1899 and 1907 reflected the view of war prevalent at the end of the nineteenth century – namely that it was an affair between states, conducted by professional armies and away from civilian populations. Occupation was seen as a transitional phase preceding the signing of a peace treaty, during which time the occupier was required to provide a basic level of management of the territory under its control, without affecting the institutions or the everyday economic and social life of the population. Once the peace treaty was signed, it was understood that the occupied territory was either returned to the vanquished state or annexed by the victor state, which was then free to exercise sovereign power over it.

> **the experience of the two world wars demanded a change in the approach to occupation law**

The experience of the two world wars, and particularly the scale of the crimes committed against civilian populations by the occupying forces of the Axis powers, demanded a change in the approach to occupation law. This was reflected in the Fourth Geneva Convention of 1949. Occupation law was now seen from the viewpoint of the protection of civilians, which was binding upon the occupier regardless of changes in the status of the territory under its control and of the political regime that existed prior to the occupation. Unlike the Hague regulations, the occupier was now given considerable responsibilities, including the obligation to provide for the essential needs of civilians in the broadest sense. Insofar as these responsibilities were met, the Convention recognised certain rights of the occupying power, both to guarantee its own safety and to requisition certain public goods and structures.

The interpretation of occupation, as defined in the Fourth Geneva Convention, evolved in the 1960s and 1970s, in the wake of decolonisation. Occupation came to be seen as an unacceptable regime of oppression, akin to colonisation or apartheid. This evolution was reflected in several international documents, including the 1977 Additional Protocols to the Geneva Conventions, which explicitly referred to the right of self-determination against 'alien occupation'. All of these documents, however, fell short of declaring occupation *per se* unlawful, provided it remained temporary. They did not represent a major departure from the existing law of occupation.

MSF's evolving attitude towards occupation

MSF was founded in this international context. Throughout the 1980s, it denounced publicly the rule and abuses of the Soviet Union in Afghanistan and that of Vietnamese forces in Cambodia. While many in MSF shared a widely held moral condemnation of occupations, it was the totalitarian ideology and practices of these specific occupiers that was the main focus of their public criticism. Occupation and communist rule were thus inseparable elements of MSF's conscious decision not to remain neutral in these two conflicts. This did not mean, however, that MSF teams blindly adhered to the cause of the armed 'resistance'. MSF always refused to work in Khmer Rouge-controlled areas on the Thai–Cambodian border and suspended its medical missions to Afghanistan on several occasions in response

to unacceptable conditions set by *mujaheddin* groups in Peshawar.

After the end of the Cold War, the international military interventions mandated or authorised by the UN were justified in the name of the very principles MSF had been defending in its denunciations of communist occupations: democracy, human rights and the provision of humanitarian assistance. In Iraqi Kurdistan, MSF recognised the need for a UN involvement in large-scale relief operations, but kept its distance from UN coordination given the organisation's political role in the conflict with Baghdad. In Liberia and Somalia, MSF's position towards the UN was confrontational. In both cases, the UN-mandated peacekeeping force took sides in the civil conflict and denied aid to areas controlled by groups designated as the enemy. In both cases, the UN insisted on the subjection of humanitarian aid in the pursuit of the 'higher goal' of peace.

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after the end of the Cold War, the international military interventions mandated or authorised by the UN were justified in the name of the very principles MSF had been defending

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MSF never referred to multinational forces under a UN mandate as 'occupiers'. Nonetheless, these situations were instrumental in the agency's clarification of its role and responsibilities. It abandoned references to democratic ideals and human rights, and instead sought to defend independent humanitarian action as an end in itself, concerned solely with alleviating the effects of conflict, rather than as a means to a political end, however justified that political end might be.

The military occupations of Iraq and Afghanistan undertaken as part of the 'war on terror' have prompted no fundamental change in MSF's position. MSF was one of the few humanitarian organisations to refuse to condemn the US war against Iraq, on the grounds that a humanitarian mandate is not compatible with a political judgement on the legitimacy of a given conflict. It has taken issue, however, with the Bush administration's efforts to portray humanitarian organisations as natural allies in its war of values and to brand 'humanitarian' the assistance provided by its troops to the Afghan and Iraqi populations. With a large and diverse international aid community developing quickly in the wake of the Coalition's interventions, it is unclear, however, how MSF's principled position is seen among local populations and the various armed groups fighting occupation.

Operational dilemmas

To MSF, occupation is, in principle, a situation of war, requiring the same level of vigilance to ensure impartiality and independence as active conflict. It is thus common for

MSF to characterise as 'war' a situation which military commanders might brand 'pacification' or 'counter-terrorism', as Israeli forces in the Palestinian territories or the Russian army in Chechnya often do.

Nonetheless, over time occupation confronts MSF with operational dilemmas. While an enduring occupation indicates that the roots of the conflict are unchanged, the order imposed by foreign troops may allow daily life to resume, and may permit reconstruction. Involvement in this process may be seen as serving the occupier's interest. For MSF, it raises also questions regarding the nature of needs being met and whether these depart from its limited conception of its role, namely to meet humanitarian needs related to the conflict. In this type of situation, however, identifying and addressing purely humanitarian needs may be far from easy. Victims of repression by occupying troops are an obvious concern. Yet, unlike the International Committee of the Red Cross (ICRC), with its legally-based mandate to protect civilians and maintain access to prisoners, these victims are often beyond the reach of MSF's medical care. As for general medical activities, local practitioners may not need or wish to be supported by foreign ones.

MSF's withdrawal from Iraqi Kurdistan in 1993 and Afghanistan in 2004, while precipitated for security reasons, also reflected soul-searching as to the nature and relevance of its programmes. Mental health programmes in the Palestinian Territories or efforts to repair roofs in Kosovo have attempted to address neglected needs on the margins of the politically contested areas of public health. They remain subject, however, to recurrent internal debates, with many in MSF voicing unease at these atypical approaches to situations of potentially chronic yet limited emergency. MSF's decision to quit Iraq in the first months of the US occupation in 2003 stemmed in part from similar dilemmas, once activities in public hospitals in Baghdad had been ruled out due to the lack of independent access and the availability of highly skilled Iraqi doctors and medical equipment.

Private 'occupiers'?: New roles and perceptions

These dilemmas of occupation touch on broader issues regarding MSF's role in relation to state responsibilities. In fact, the legal and political concept of occupation has evolved in line with the conception of the responsibilities of the state prevalent at different times. The Hague Conferences reflected the *laissez-faire* ideas of the nineteenth century, which contemplated minimal state involvement in the daily life and business of citizens. Meanwhile, the preservation of existing institutions and territory by the occupying power gave precedence to the resumption of rule by the defeated sovereign power over demands for political and social change. The Fourth Geneva Convention, by contrast, reflected later welfarist ideas in the new economic and social responsibilities it placed on occupying states.

At a time when the functions of the welfare state are largely being delegated to private actors, it is not surprising that occupying powers tend to rely on NGOs or

private firms to meet their responsibilities. The way NGOs see their role in relation to the state and local society – and their need for funds – will largely determine how they answer that call.

MSF does not see itself as an agent of social or political change. Disagreements over these changes are often the root causes of conflicts, whether by pitting groups against each other or providing the justification for a foreign military intervention to bring about regime change. Therefore, to be a proponent or an implementing partner of such changes would be to take a stake in the ongoing conflict. For MSF, on principle, it does not that the political authority overseeing a process of reconstruction is a national one or an occupying power. It is not for MSF to judge the degree of legitimacy of a political authority, nor whether the services this authority is providing to the population under its rule are an exercise in sovereignty, or represent international legal obligations.

What matters is whether the dynamics of an open or underlying conflict leave parts of the civilian population unattended or exposed to harm, man-made or natural. Independence in answering these needs is necessary, though not always sufficient, to guard against being caught up in the logic of the war. Phases of relative normality or reconstruction taking place under occupation or in a lasting civil war often make it difficult for MSF to define its programmes in accordance with how it sees its role, as emergency, reconstruction and possibly development issues may be intertwined. NGOs that do not shy away from being active in social policies and governance issues certainly will not face similar operational dilemmas. But it should matter to them that their activities take place under the overarching rule of an occupying power, whether they implement its policies or not. Over time, the resentment that often builds up within a population against foreign rule can lead to an equally violent rejection of all changes brought about by outside actors, their claimed neutrality notwithstanding.

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Reflections on disarmament, demobilisation and reintegration in Sudan

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Disarmament, demobilisation and reintegration (DDR) is quickly assuming a lead role in 'post-conflict' theatres around the world. At one time the preserve of defence ministries and the UN Department of Peacekeeping Operations (DPKO), development donors and agencies are increasingly joining in. Since the early 1990s, the World Bank and other bilateral donors have supported over 20 demobilisation and reintegration programmes; the UN Development Programme (UNDP) has assisted more than 45 arms reduction initiatives over the same period. Funding has grown apace.

Despite growing enthusiasm for DDR within defence and development circles, there is a surprising lack of evidence as to whether or not it works. With the exception of a smattering of assessments, post-mortems and superficial indicators relating to the number of weapons collected and the number of ex-combatants demobilised, there is virtually no proof that such interventions strengthen 'human security'.

This article provides a critical overview of DDR ahead of a massive programme scheduled for southern Sudan as part of the Comprehensive Peace Agreement (CPA) signed between the government and the Sudan People's Liberation Movement (SPLM) in 2002. It urges programme planners to challenge the formulaic approaches that currently predominate, and argues that a sound diagnosis of the 'post-conflict' environment, along with flexible and proactive implementation, monitoring and evaluation, are crucial to achieving a 'successful' DDR.

The challenges of DDR

A sizeable literature has emerged over the past two decades to describe lessons learned and best practices in DDR. This was spearheaded in large part by the World Bank following 'successful' DDR operations in Africa and Central America. By the late 1990s, DPKO had developed a Best Practices Unit, and with training and research institutes

around the world began preparing manuals on DDR. Following a two-year consultation period starting in 2003, UNDP and DPKO completed a set of guidelines, the Integrated Disarmament, Demobilization and Reintegration Standards (IDDRS), to ensure improved coordination and coherence between UN agencies. While the importance of local context was acknowledged in early writings on the subject, DDR rapidly adopted a formulaic and conventional approach on the ground.

> despite growing enthusiasm for DDR within defence and development circles, there is a surprising lack of evidence as to whether or not it works

This approach has a number of core characteristics. DDR is frequently mandated by UN Security Council resolutions, terms and timelines are determined by outside donors and the process is usually part of on-going peace operations. Thus by definition it is top-down. National commissions and enabling institutions are only established afterwards, with the intention of inculcating 'national ownership' and civilian oversight – though the precise dimensions of this ownership vary enormously from situation to situation. A list of beneficiaries, together with carefully prepared management information systems, are expected to ensure that DDR is targeting the right people. Incentives are often tailored to individuals, and specially designed programmes are introduced to address the 'specific needs' of female ex-combatants, children, the disabled and other 'vulnerables'.

DDR seldom moves forward in the sequenced and linear fashion anticipated by donors and project planners. Instead, a host of problems frequently emerge, ranging from competing objectives amongst donors and parties to the DDR; the poor articulation of benchmarks; flawed selection criteria; limited assessed funding for reintegration; and the mishandling of expectations.

A repeated challenge in the preparation, planning and design of conventional DDR relates to the conflicting objectives of such programmes among military specialists, development practitioners and donors. Peacekeepers often advance a persistent disarmament bias that envisions DDR as a short-term strategy to neutralise 'spoilers', collect arms and canton ex-combatants. Development practitioners advocate a longer-term perspective, in which DDR is regarded as a means of expanding the livelihood opportunities of ex-combatants and their dependants, bolstering the absorption capacity of communities of 'return', promoting reconciliation activities and reconstructing public utilities and services. Finally, donors regard DDR as a 'political' or a 'developmental' solution to security threats. While these are all clearly important perspectives, they are seldom adequately reconciled in practice.

Because objectives are rarely agreed up-front, conventional DDR often lacks clear benchmarks or indicators of success. Instead, 'process' indicators are measured: the number of weapons collected and cantonment sites established, the range of ex-combatants processed and the funds disbursed. While these are important outcome markers, they do not account for 'performance'. Real, tangible measurement of the outcomes of DDR – from reductions in fatal and non-fatal injuries in selected catchments to durable micro-enterprise development, restored livelihoods and income-generating opportunities – are either not established or poorly monitored across time and space. Performance indicators have been abandoned or watered down precisely because they are hard to meet. But such attitudes reveal a profound crisis of accountability at the heart of the DDR enterprise. With hundreds of millions of dollars currently being dispensed on these programmes – up to $69 million in Sudan alone – a more robust determination of success and failure is urgently required.[1]

Another challenge relates to the effective targeting of ex-combatants and the absence of satisfactory selection criteria. Because erstwhile factions regularly overestimate their force strength, it is often difficult to target and budget for conventional DDR. Although peace agreements often include projections for armed forces and the police in newly constituted security forces, they seldom adequately reflect the number of combatants, guerrillas and militia factions on the payroll or under arms. The Sudanese government, for example, estimates the northern faction of the Sudanese People's Defence Force (SPDF) at 43,000 men (and literally hundreds of thousands more in other factions), all of whom are expected to enter the disarmament and reintegration process envisaged under the CPA. The SPLM puts its strength at 260,000 armed recruits – including veterans. Both estimates are likely to be between two and ten times higher than the actual number. Without firm agreement on the number or characteristics of combatants, interventions will fail from the outset.

Reintegration represents perhaps the trickiest component of a demobilisation and reintegration programme. In post-conflict societies, where absorption capacities and employment opportunities are limited, reintegration is exceedingly challenging. It is also severely under-funded. Donors and DDR planners repeatedly privilege more visible activities such as the gathering of hardware at the expense of the more complex process of regenerating the capacities and capabilities of beneficiaries and communities.

Alternative approaches
Although donors and policymakers continue to favour conventional DDR as described above, alternative approaches have emerged over the past two decades. These include 'collective', 'area-based' and 'community-centred' interventions. The core innovation of these three approaches is not necessarily in their specific institutional or even programmatic design, but rather the pragmatic acknowl-

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1 In addition to generous support to DPKO, the UK Department for International Development, the Foreign Office and the Ministry of Defence have together committed over £3 million to Sudan's anticipated DDR since 2003.

edgement that they flow from a sound diagnosis of the context in which they operate.

Broadly speaking, *collective DDR* is premised on the expansion of the incentive structure and caseload beyond the individualised approach propounded by conventional DDR. An underlying assumption is that DDR will be more cost-effective and self-regulating if incentives are provided to groups of former combatants. Instead of pre-selecting candidates to enter a programme, assault rifles and ordnance are provided anonymously to implementing agencies through middlemen recruited from amongst the combatants themselves. Small groups of beneficiaries are provided with monetary or non-monetary incentives in successive 'stages' on the basis of carefully monitored progress. Former combatants from opposing sides have been known to begin trade networks and joint micro-enterprise projects, and the programme becomes self-regulating on account of the internal controls and stigmas associated with non-compliance and poor performance.

Area-based DDR is grounded in the expectation that, by targeting affected communities rather than individuals, particularly communities with large clusters of ex-combatants, more sustainable returns and reconciliation can be promoted. Implementing agencies seek to harness the labour of ex-combatants and unemployed civilians through quick-impact projects to rebuild public infrastructure. Reconciliation activities are thus indirectly stimulated through the creation and strengthening of a range of services, including marketing boards, schools and vocational institutes, transport and communication facilities and community policing. This represents a distinct shift away from rewarding returning combatants with individual monetary incentives.

Community-centred DDR is often undertaken following participatory consultations with communities of return. The programme is executed by civilian/combatant committees at the municipal level. The designation of beneficiaries is determined locally, incentives emerge democratically and the definition of priorities for advancing and measuring community security are context-specific. Implementing agencies support 'peace agents' from within the community, and bolster existing social and customary norms that stigmatise arms misuse. The programme thus inculcates genuine ownership from below, as well as through national enabling mechanisms such as DDR Commissions.

Conclusions

As Sudan prepares for its massive disarmament and reintegration programme, the international community would do well to consider the lessons of the past. As it currently stands, the CPA advances a conventional approach to DDR, which aims to contribute to 'creating an enabling environment for human security and to support post-peace-agreements social stabilization across the Sudan'. Guiding principles include national ownership through 'recognised' enabling mechanisms, including National Commissions for DDR in the north and south, coordination between the UN Mission in Sudan (UNMIS) and UNDP, the promotion of fairness, transparency and gender sensitivity in all programming, the equitable treatment of ex-combatants and a focus on children and family reunification.

While these are laudable objectives and must be encouraged, Sudan is a formidably complex environment with dozens of factions on both sides. Fortunately, the integrated UNMIS DDR unit has acknowledged the importance of evidence-based and bottom-up approaches towards promoting 'community security', and is actively preparing a disarmament and reintegration programme that builds on past experience. With more than 122 professional staff, the programme is expected to ensure linkages with longer-term security sector reform, prepare a 'community security fund' to identify and support security needs in a participatory manner, and fan out disarmament activities to non-combatants. Ultimately, active reflection and flexibility will be vital if human security is to be genuinely realised.

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PRACTICE AND POLICY NOTES

Challenges and risks in post-tsunami housing reconstruction in Tamil Nadu

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The Indian Ocean tsunami of December 2004 was one of the most powerful in recorded history. With an official human toll of 10,881 and material losses of over $1bn, India was one of the most severely affected countries. Over three-quarters of India's disaster-affected people belong to Tamil Nadu's coastal fishing communities. Of the 154,000 houses damaged or destroyed by the tsunami, 80% belonged to fishers.

Whether these disaster-affected communities will be able to restore their livelihoods and recover materially and psychologically from their traumatic experience depends, among other factors, on whether external aid is culturally sensitive, and can build on local capacities and skills. This requires a better understanding of housing culture and practices within tsunami-affected communities. This article presents the preliminary findings of an ongoing research project looking at vernacular housing and building practices in ten villages in coastal Tamil Nadu. The research has found a rich housing culture and strong local building capacity, suggesting that a cash approach could be a viable and effective strategy for housing reconstruction. At this stage, however, it appears that the majority of actors involved in post-tsunami housing reconstruction in Tamil Nadu have opted to employ contractors, despite a growing international awareness among experts and humanitarian agencies about the drawbacks of this approach.

Traditional housing in Kameshwaram

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house-building in India is a culturally sensitive and highly ritualised process

Housing culture in Tamil Nadu

House-building in India is a culturally sensitive and highly ritualised process. It is a social event that involves many specialised castes, and which consolidates the ties among neighbouring villages. Tamil Nadu's fishing families generally construct new houses on the marriage of a son. They first consult an astrologer, who decides in whose name the house should be built. The astrologer also draws the plans, which show the orientation of the main entrance, the length of each wall and the number of doors and windows; establishes an auspicious date and time to begin the construction, and performs a ritual on the construction site to protect people from accidents during building. Further rituals are carried out at different stages of construction, and before the new house is occupied.

Women have a central role in the construction process. As their husbands spend most of their time at sea, women are often responsible labourers, buying materials and supervising the works. It is common for women to remember even several years later the exact cost and number of bricks and cement bags, wooden pillars and palm leaves that went into their house. Although the main construction work is done by specialised castes from neighbouring villages, adult family members contribute with their labour.

The size of the house and the construction materials used depend on the owners' socio-economic status, age and personal preferences. A newly married couple's first house may be small and fully thatched on the walls and roof. With growing age, family size and financial resources, a new house may be built with brick walls and a thatched roof. Better-off households may replace the thatched roof with tiles. Many fishers' houses consist of only two or three rooms, with a large semi-open veranda at the front. The veranda is the most important room in the house: it is where people spend their leisure time and entertain guests during the day, and where they sleep at night. Inner rooms are used mainly for storage. In most cases the kitchen is separate from the main house, and is invariably located in the south-east corner of the homestead plot. Fishers' houses are typically painted with beautiful geometric patterns, or images of flowers or animals. Homes are surrounded by thick vegetation, which provides shade.

Post-tsunami housing reconstruction in Tamil Nadu

Soon after the tsunami, the government of Tamil Nadu, with assistance from the World Bank, the Asian Development Bank (ADB) and the UN Development Programme (UNDP),

developed a comprehensive Emergency Tsunami Reconstruction Project (ETRP). Under the ETRP, the government planned to provide assistance to repair, rebuild or construct 140,000 damaged houses in Tamil Nadu and Pondicherry. NGOs, voluntary organisations and public and private sector enterprises were invited to 'adopt' villages for reconstruction, and were granted the freedom to choose their own architects and reconstruction approaches. The response was unprecedented: according to the District Collector of Nagapattinam, every coastal village in Tamil Nadu has been adopted for reconstruction by NGOs.

The majority of NGOs opted for full reconstruction by means of construction companies. The aim has been to replace all self-built traditional houses with 'modern' settlements of flat-roofed reinforced concrete buildings. The number of houses to be built is defined by the number of married couples, regardless of whether they live in a joint family or constitute an independent household. The promise that each couple would be entitled to a new house has led over the last year to a dramatic increase in marriages. The assumption that fishers live in independent nuclear families is also reflected in the design of the proposed houses, which have a standard size of about 32–34m², divided into three or four rooms. None of the spaces is sufficiently large to allow an average family to stay together in one room. In general, houses have no veranda, or only a very small one. The new houses are constructed in rows on plots that are too small to allow for future additions. Considering the small size of the houses, this would be an important requirement.

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Where land can be found at an acceptable price, new villages are built on sites adjacent to the existing settlement. In most cases, however, no additional land can be found, and the new village is built on the same site as the old one. Villagers are often forced to demolish their old houses and to surrender their land to make space for the construction of the new village. The social tensions emerging out of these processes are already tangible, as families whose houses were not damaged by the tsunami try to resist demolition. Many companies require completely clear ground before starting construction, necessitating removing all trees. In a climate where temperatures typically reach 40 degrees centigrade, it is hard to imagine how people will manage to live in their tiny flat-roofed cement houses without any shade.

Conclusions

There is a growing awareness among experts and humanitarian agencies that the employment of construction companies in post-disaster housing reconstruction is not necessarily the most effective and sustainable option. Where people have the capacity to build their own houses, it may be better to limit the role of external agencies to the provision of financial and technical assistance. This was the approach adopted by the government

of Gujarat after the 2001 earthquake. There, only 28% of villages were reconstructed by NGOs, and the government's cash-based housing reconstruction assistance proved to be financially, technically and socially viable.

Construction companies tend to build standard houses that do not meet the specific requirements of the families for whom they are intended. When construction materials and expertise are imported from outside, communities may find it difficult to repair or maintain their new homes. Villages reconstructed by professional companies generally consist of grid-patterned row houses that pay little attention to communities' social organisation and settlement patterns. Many studies have shown that post-disaster housing and resettlement schemes often lead to social dislocation and a breakdown of informal social security systems. Occupancy rates for houses constructed by external agencies often remain low, as people refuse to move in. Whenever possible, people may in fact prefer to repair their old and damaged houses at their own expense, leading to impoverishment and wasted resources.

Post-tsunami housing reconstruction in Tamil Nadu is in its early stages, and it is too early to judge its ecological and socio-cultural consequences. It appears, however, that most NGOs involved in housing reconstruction have insufficient knowledge and experience in this field, and do not appear to be aware of the social risks associated with their reconstruction approach. There is an urgent need for NGOs to reconsider what they are doing, and to realise that there is more to post-disaster housing reconstruction than building disaster-resistant homes. Construction companies may not be best placed to come forward with ecologically sustainable, socially equitable and culturally sensitive solutions.

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A little learning is a dangerous thing: five years of information management for humanitarian operations

Paul Currion, consultant

In 2001, I wrote an article for *Humanitarian Exchange* about the first year of the Humanitarian Community Information Centre (HCIC) in Kosovo.[1] The HCIC was the start of a trend, as information management has become increasingly important for the humanitarian community, supported by new developments in information and communications technology (ICT). Five years later, it seems appropriate to revisit some of the themes that article raised to see how much progress has been made.

As the article predicted, the concept of field-based information centres is now mainstream, with the Office for the Coordination of Humanitarian Affairs (OCHA) establishing Humanitarian Information Centres (HICs) in a range of locations. The word 'community' has been dropped, but the service-oriented approach that made the HCIC successful has been adopted by others, such as the UN Joint Logistics Center (UNJLC). Led by the mine action sector, and particularly the Information Management System for Mine Action (IMSMA), geographic information systems (GIS) are now seen in a range of sectors. Improvements in satellite communications have made internet connectivity more widespread, supported by groups such as the NetHope consortium, making possible a range of other services.[2]

Despite these advances, we are still a long way from realising the potential of information management. I recently assessed the role of information and technology in agency responses to the Pakistan earthquake in 2005 for the Interagency Working Group on Emergency Capacity (IWG).[3] There were some worrying findings:

- Both the HIC and the UNJLC established during the earthquake response were perceived as being of limited use by many fieldworkers, who felt that their information products were either not timely or not relevant.
- Although connectivity in the field has improved, there are still gaps in remote access to the internet for critical applications such as e-mail, let alone corporate applications that are the backbone of an organisation.
- Many NGOs are becoming over-reliant on cellphone networks – which are cheaper and more convenient than traditional radio communications – without taking into account the negative implications for security management of such an insecure means of communication.
- There is little coordination of data collection, leading to operational decision-making based on fragmented information.

In the wake of the Indian Ocean tsunami and Hurricane Katrina, the profile of information management in humanitarian operations has never been higher.[4] Despite this, the many discussions about information management have not yet been matched by delivery of results, and many questions remain about whether the technology is being used effectively.

Progress report

The good news is that many initiatives are seeking to support improved information management, often in partnership with the private or academic sector. NetHope has already been mentioned; Ericsson Response Team, Telecoms sans Frontières and Pactec have also provided emergency telecommunications. A recent initiative (supported by academia, the private sector and UN agencies) is developing a GIS data model for humanitarian action. New actors are also coming from outside traditional channels. In the US, Hurricane Katrina prompted volunteers from the technology sector to create a new standard for exchanging data about missing persons, the People Finder Interchange Format (PFIF). Following the Indian Ocean tsunami, the Sahana project – formed by volunteers from Sri Lanka's technology sector and a global group of emergency specialists – has developed open-source software for disaster management. This software was deployed by the Pakistani government, supported by IBM, following the 2005 earthquake.[5] In general, and inevitably, new technology is becoming more widely used, and information management has become part of the lexicon of coordination.

> in the wake of the Indian Ocean tsunami and Hurricane Katrina, the profile of information management in humanitarian operations has never been higher

Five years ago, I believed that better information management would enable better management overall. Yet it is hard to determine whether all this activity has actually improved the provision of humanitarian assistance, since there are no clear criteria for measuring their impact. In

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1 Paul Currion, 'Learning from Kosovo: The Humanitarian Community Information Centre, Year One', *Humanitarian Exchange*, no. 18, March 2001, http://www.odihpn.org/report.asp?ID=2278.
2 For more information, see http://www.humanitarianinfo.org (HICs); http://www.unjlc.org (UNJLCs); http://www.imsma.ethz.ch (IMSMA); and http://www.nethope.org (NetHope).
3 The IWG consortium of NGOs comprises Catholic Relief Services, CARE US, the International Rescue Committee, Mercy Corps, Oxfam GB, Save the Children US and World Vision.

4 For more discussion of this, see P. Currion, *An Ill Wind? The Role of Accessible ICT following Hurricane Katrina*, at http://www.relief-source.org.
5 More information on Ericsson Response Programme at http://www.ericsson.com/ericsson/corpinfo/ericssonresponse; on Telecoms sans Frontires at http://www.tsfi.org; on Pactec at http://www.pactec.org; on the humanitarian GIS model at http://www.humanitariangis.com; on People Finder at http://zesty.ca/pfif; on Sahana at http://cvs.opensource.lk.

most organisations, ICTs are being used increasingly to support communication between headquarters and the field, but this is not necessarily linked to improvements in the effectiveness of aid delivery. In terms of coordination, there is little sign of improvement, and the sector is far behind the latest developments in web-based services, particularly in the area of collaboration.

A key problem is a lack of clear leadership, demonstrated by the new cluster approach to coordination adopted by the UN. There is an ICT cluster, but its complicated arrangement is based on internal UN negotiations, rather than needs on the ground. OCHA has overall responsibility for emergency ICT; the World Food Programme (WFP) leads on security (i.e. radio) communications; and the UN Children's Fund (UNICEF) leads on data communications (i.e. satellite connectivity). However, it remains unclear how actors outside the UN can participate; while WFP offered frequency allocation and repeater services to NGOs in Pakistan, neither OCHA nor UNICEF could clarify their roles as cluster leads.

More problematically, there is no cluster for coordinating data collection. In Pakistan, I found that NGOs were being asked to fill in six different data collection forms for various shelter cluster meetings. The Pakistan response was plagued by familiar problems: multiple assessments in some areas and no assessments in others; data collected in different formats by different agencies; information not being shared effectively. At a coordination meeting in Mansehra, OCHA asked who was happy with the current reporting situation. No one at the meeting put their hand up – but that was not entirely surprising, since nobody was quite sure what 'reporting' was defined as, or what was required of their organisations.

In general, my assessment found that reporting is still an extractive activity, designed to channel information up to headquarters rather than improve staff awareness of the situation on the ground. It also confirmed that the existing system of coordination is disjointed, with little opportunity for communication between different meetings. The result is that nobody can build a coherent and comprehensive picture of a given situation for decision-making. Everybody struggles to make sense of the overall situation, and we are left with decision-making in silos, on a limited sectoral or geographic basis.

Better information = better management

All emergencies have similar problems of information fragmentation, created by the need to function in rapidly changing environments, with multiple sources of information and many demands made upon staff for information from outside the organisation. The models of situation reporting and coordination meetings mentioned above suggest that

A missing-persons noticeboard, Sultan Iskandarmuda airport, Banda Aceh, February 2005

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current policies might be contributing to this problem, rather than mitigating it. Fragmentation is an inevitable part of our work; the question is, how do we deal with it?

One way is to collate baseline data and assessments to create a shared understanding of the situation. HICs have tried to do this, often through the mechanism of the Rapid Assessment. The success of the Rapid Village Assessment in Kosovo suggested that it might be possible for the humanitarian community to coordinate assessments, both to ensure consistent coverage and to collect data in a common format. Attempts to repeat the exercise in other locations have, however, never been able to create the shared resource that was hoped for. A study of the Iraq rapid assessment process concluded that, while the costs were certain, the benefits were not.[6]

Common services seem to offer an answer, providing a neutral space – the 'honest broker' – to collate and disseminate information from all, for the use of all, with no agenda of their own since they are not carrying out programme activities. Although this is an idealised version of how common services work, one real problem with the present model is that, generally, humanitarian agencies are not required to pay for them and, as a result, do not value them. Common services may also need to build in more capacity development for their clients, both governmental and non-governmental; there is little point in a HIC providing a map to an organisation that cannot read it.[7]

This goes both ways; organisations must invest more strategically in using technology more effectively to manage information, improving decision-making processes based on that information, and sharing information with the community. 'Investment' does not necessarily mean

6 See A. Benini et al., *Rapid Humanitarian Assessments – How Rational? A Value-of-Information Study of Two Assessments in Iraq*, Vietnam Veterans of America Foundation, 2005.

7 L. Sida and C. Szpak, *An Evaluation of Humanitarian Information Centres*, USAID/DFID, 2004.

additional financial resources – it can mean better allocation of existing resources at the right time. GIS is a perfect example of this.

While GIS is very useful for map-making, its true strength is in analysis – yet we rarely see any significant analytical products. (Francesco Pisano noted this in his article for *Humanitarian Exchange* in December 2005, when he argued that 'we should see geographic applications as an-alytical instruments rather than simply orientation tools'.)[8] In order to do this, GIS requires investment – agreeing standards for collecting and sharing data, developing models for analysing and presenting it, collecting baseline data for countries at risk in order to save valuable time when disaster strikes.[9]

organisations must invest more strategically in using technology more effectively to manage information

For this, there needs to be more leadership. If the UN is serious about the cluster approach, a cluster must be created to address the question of data collection and needs assessment. Greater authority needs to be given to common services to take a lead on behalf of the community. The NGO community – led by groups such as the IWG – need to accept their share of responsibility for coordination of information; if a service provider such as the HIC is not delivering what they need, NGOs need to articulate this and work with the HIC to ensure that it does.

Conclusions

There is still enormous potential to effect real changes in the humanitarian sector, changes that could improve the coordination of relief delivery, better engage beneficiary communities, reduce inefficiencies within organisations and build more sustainable resources for recovery and reconstruction. This potential has not been recognised; just as five years ago, information is still perceived as a tool to gain donor funds, win media attention or accrue political influence. The idea that better information gives us a strategic advantage in fundraising – that donors fund

us on the basis of the quality of our assessments – is both ridiculous and worrying. Donor funds should not be distributed according to how well needs assessments are carried out, but according to how well the project proposals address the needs those assessments reveal.

We are public organisations, funded by public money, working for the public good. In the interests of accountability, all information that we gather in the course of our work should also be public. The only qualification that should be made to this is if that information might in any way endanger the safety or security of beneficiaries or staff. Without the free flow of information, the process of coordination is crippled, and we all must take responsibility for this.

This is not simply another plea from an aid worker to his colleagues to make his work easier by sharing information. Lack of information kills – the absence of effective early-warning systems in the tsunami, for instance, meant that the death-toll was far higher than it needed to be. We freely acknowledge that the most important actors in any emergency are affected individuals and communities themselves, but a survey carried out by the UN Development Programme (UNDP) found 'a serious lack of information about reconstruction flowing to affected communities which is having a material impact on their ability to recover from the tsunami'.[10]

In all our discussions about information management, in our investment in better technology, we seldom talk about sharing information with those who need it most – the communities that we claim to be helping. Efforts to bridge the digital divide are being made all over the world, but few of them are in the humanitarian sector, even though this would not necessarily cost a huge amount of money. Our failure to share information with beneficiaries exposes our humanitarian principles as worth much less than we claim. With this in mind, perhaps we should revisit that word 'community' in the first Humanitarian Community Information Centre, five years ago.

Paul Currion runs a consultancy specialising in information management for humanitarian operations (http://www.humanitarian.info). He is currently carrying out an assessment for the Interagency Working Group looking at improving the use of ICT to respond to emergencies. This article was written in a private capacity, and does not necessarily represent the views of IWG members.

8 Franceso Pisano, 'Using Satellite Imagery To Improve Emergency Relief', *Humanitarian Exchange*, no. 32, December 2005, http://www.odihpn.org/report.asp?ID=2770.

9 F. Verjee, *Developing a GIS Data Model for Humanitarian Assistance*, September 2005, George Washington University.

10 I. Wall, *'Where's My House'? Improving Communication with Beneficiaries: An Analysis of Information Flow to Tsunami Affected Populations in Aceh Province*, UNDP, August 2005.

Contribute to the September issue of Humanitarian Exchange

The September 2006 issue of *Humanitarian Exchange* will feature articles on humanitarian programming in urban contexts. If you have knowledge and experience of implementing humanitarian programmes in urban settings and are interested in writing for HPN, please email hpn@odi.org.uk. The deadline for submissions is Monday, 17 July 2006.

Training managers for emergencies: time to get serious?

Nigel Clarke, consultant

Successful relief interventions depend on skilled and experienced managers. Good managers will make best use of the resources at their disposal, and the opportunities that come their way. On the other hand, poor or under-developed managers can make a bad situation worse. There are signs that aid agencies are struggling to resource a growing portfolio of humanitarian operations with managers of the right calibre. This necessarily undermines efforts to raise standards in the humanitarian sector – guidelines are only useful if you have people with the confidence to interpret and use them. There is also evidence that managers themselves often feel ill-prepared for leadership roles which have grown in complexity as the nature of emergency operations has evolved. This article suggests that there is a crisis in the management of humanitarian operations, and makes the case for better training and education for field managers.

The staffing crisis

Writing in a recent issue of *Humanitarian Exchange*, Maurice Herson identified the lack of experienced managers as a key weakness in the Darfur response.[1] Similarly, a recent ECHO report on security management in humanitarian agencies states that the sector's failure to recruit, train and keep high-quality managers is a 'systemic weakness': 'Field based managers, who are pivotal in security management, often do not have the competence to manage security reliably and well'.[2]

> ## there is a crisis in the management of humanitarian operations

As a freelance, I am often asked to fill short-term management vacancies in humanitarian programmes, and it is not unusual for senior in-country management posts to be covered by a succession of 'temps' for months on end while head offices re-advertise and spread the recruitment net wider. Human resource officers[3] report that field management vacancies are among the most difficult to fill. My direct experience of working alongside dozens of field managers in recent emergency operations confirms that many feel ill-prepared for the complexity of their role – and beleaguered by the unrelenting demands of the job.

In reality, the general degree of overstretch in the humanitarian sector means that agencies are throwing relatively inexperienced managers in at the deep end, or are continually recycling experienced ones to deal with each new crisis. Both practices put huge strains on people and programmes. They are also incompatible with the People in Aid code of good practice, which many agencies have signed up to, and with good-quality humanitarian programming.

There are many reasons for the shortage of experienced emergency managers. Some are structural – and therefore not directly related to issues of human resource management:

- Globally, the number of situations that call for the deployment of humanitarian agencies seems to be on the increase.
- Although new agencies are entering the sector, this may just mean that the stock of experienced managers is being spread increasingly thinly. Clearly, quantity is not the same as quality.
- Individual emergencies are difficult to plan for. Most good humanitarian managers are already in employment, and only the largest agencies can afford to maintain dedicated emergency units for rapid response.
- Managers may not stay long in the humanitarian sector, seeing it as an interesting experience on the road to something more 'mainstream'.
- As Herson also says in his article, experienced mangers have mature lives. The more experienced they are, the less likely they are to be available for long periods of deployment in remote field positions.

Several questions follow from this analysis. If there has been a growth in the number of humanitarian agencies and actors, why is the development of a commensurate body of good managers lagging behind? With so many well-intentioned young people desperate to be aid workers, why do they find it so difficult to enter the sector? If veteran field managers tend to opt in time for more sedentary employment, why is more effort not made to develop the skills of young managers?

As the ECHO security report suggests, aid agencies need to do more to recruit, train and retain sufficiently skilled and experienced field managers. A full examination of issues relating to recruitment and retention is beyond the scope of this article, but two difficulties are worth pointing out:

- There seem to be insufficient entry points available for aspiring generalists, like good volunteer or intern schemes that people can join at a relatively young age. In the past, many managers have come into humanitarian work 'by accident', but this haphazard route is clearly inadequate to current recruitment demands.
- Although there is a large pool of junior managers among the national staff of international aid agencies, not enough are being nurtured and promoted into senior and international management posts. In partic-

1 Maurice Herson, 'Real-time Evaluations in Darfur: Some Suggestions for Learning', *Humanitarian Exchange*, no. 30, June 2005.
2 *Report on Security of Humanitarian Personnel: Standards and Practices for the Security of Humanitarian Personnel and Advocacy for Humanitarian Space,* ECHO, 2004 (http://www.europa.eu.int/comm/echo/evaluation/security_review_en.htm).
3 Personal correspondence.

ular, too few female managers are in – or have originated in – national staff positions.

The training needs of managers
Part of the responsibility for the apparent crisis in humanitarian field management must lie with aid agencies, and their collective failure to pay enough attention to the professional development of managers. Admittedly, managers have not been singled out for neglect. Agencies with a poor track record in human resource development have failed to invest in all kinds of staff. However, there are aspects of being a field manager that mean you are likely to be among the least-trained people in your organisation:

- By contrast with your technical colleagues, you are unlikely to have had a basic professional training in your chosen area of expertise: you have probably learned about management purely through experience.
- Similarly, unlike the technical humanitarian sectors, there are few, if any, basic texts on the management of humanitarian operations – the relevant literature is spread far and wide.
- If humanitarian managers are jacks of all trades, then the number of trades they are expected to know is increasing as the sector grows more complex. Recent additions to the list might include advanced security management, international humanitarian law, protection, humanitarian standards and dealing with the media.
- Field managers rarely prioritise training for themselves. Reasons for this include the fact that they cannot absent themselves from their posts for long periods, and cannot be easily substituted; feelings of guilt about prioritising their own training above that of subordinates; the reasonable expectation of donors that training budgets will favour local staff and local partners; and lack of access to information about training opportunities when working in remote locations.
- A myth that aid management can only be learnt through experience and that, paradoxically, there is no place for inexperienced people in aid work. In almost any other industry people are expected to gain experience *after* they have had a basic grounding in the techniques of their profession, albeit with close supervision from senior colleagues. This includes high-risk sectors such as medicine and the military.

Individual agencies obviously need to do more to nurture and support their emergency managers. This is in keeping with Principle 6 of the People in Aid code, which states that 'we must provide relevant training and support to help staff work effectively and professionally'.[4] Examples of good practice, such as World Vision International's in-house Pathways to Leadership MBA programme or Save the Children UK's Leadership Development Programme, are the exception rather than the rule, and they tend to be aimed at senior managers who have already gained experience in field positions.

4 *People in Aid Code of Best Practice*, London, 1998, www.peopleinaid. org.

the demand for basic field management training is high, but it is not being matched by appropriate provision

The demand for basic field management training is high, but it is not being matched by appropriate provision. I recently had the opportunity to examine the training opportunities available to aid workers in the East, Central and Horn regions of Africa when, together with a colleague,[5] I worked on a strategic plan for training for the Nairobi-based Inter-agency Working Group on Emergency Preparedness (IAWG).[6] This followed a previous, more limited, assessment done by a different team of consultants in 2004.[7] Both studies revealed a surprising degree of consensus among participating agencies that the key gaps in training provision were in management and leadership skills, and that filling these gaps was the major challenge for human resource development in the humanitarian sector.

Independent training providers also need to respond to the specific needs of managers. A review of the advertised training programme of one specialist provider (RedR) reveals that, out of 38 planned courses, only two are aimed specifically at managers, although several others are of general relevance. The evidence from Nairobi suggests that training providers should carry out more detailed research on what perceived training needs are.

Beyond short training workshops, however, there does seem to be growing recognition of the need to provide specific education for managers of humanitarian aid. Whereas a few years ago humanitarian education was mainly subsumed within development studies, one can now study disaster management in a variety of formats, ranging from distance learning materials (e.g. from the University of Wisconsin) to fully-fledged Masters programmes (e.g. from the Liverpool School of Tropical Medicine in association with Bioforce). It is now even possible to study humanitarian aid at undergraduate level (e.g. at the University of Coventry).

Conclusions and recommendations
There is evidence of a crisis in the management of humanitarian programmes at the field level. There are simply not enough competent managers, and it is difficult to think of any other industry which is so negligent in training and developing its leaders. More optimistically, there is growing recognition that humanitarian aid management is a vocation in its own right, and that practitioners need specific education and training. How can aid agencies

5 I gratefully acknowledge the contribution of Sara Davidson in writing this article.
6 The IAWG was established in 2002. It comprises about 22 international non-governmental and UN agencies.
7 *Consultancy To Develop a Learning Strategy for Disaster Preparedness and Response*, Appropriate Development Consultants, Nairobi, 2004 (unpublished report for IAWG).

ensure the development of a competent body of professional managers?

I suggest that three things need to happen in order to strengthen management capacity. This is not a comprehensive set of solutions: many structural problems will remain. But they constitute realistic, achievable steps towards the professionalisation of humanitarian management. First, through their formal networks, aid agencies need to agree on a set of core skills and knowledge for humanitarian managers at various levels of responsibility. The nucleus of this is already available in the form of generic job descriptions (e.g. that devised by Bioforce) and the existing curricula of specialist courses.

Second, there needs to be an agreed system of accreditation for the training and practical work experience gained by managers – leading to commonly recognised qualifications. Credits can be gained for exposure to a flexible mixture of residential courses, distance learning and hands-on experience. Points can be awarded for prior management training and relevant experience from other walks of life. Obviously,

the provision of formal learning opportunities for humanitarian managers needs to increase substantially. The boldest step of all would be to develop a joint professional training college for young managers entering the sector. Some would see this as a threat to agency independence, but most management skills are generic: the methods and styles of individual agencies are relatively superficial elements of aid workers' knowledge.

Third, agencies need to invest much more heavily in the development of their managers by providing structured employment which exposes them to experience in a supportive environment, and allows them sufficient time for formal training and education. As with any other industry, this process needs to include attracting and nurturing people who are just starting their careers. If the humanitarian sector wants to have sufficient competent managers, it needs to get serious about growing them.

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The SCHR Peer Review process: Oxfam's experience

Eva Von Oelreich, Executive Secretary, SCHR, and Yoma Winder, Humanitarian Programme Advisor, Oxfam GB

This article examines the Peer Review process set up by the Steering Committee for Humanitarian Response (SCHR) to look at how its members are seeking to address the problem of sexual abuse and exploitation of beneficiaries by agency staff.[1] Eight of SCHR's nine members have now gone through the process, and the first round of reviews will be finished in 2006. Agencies are in the process of implementing recommendations from their peers, and are starting to report back on the first year's progress.

Why Peer Review?

Various methods for monitoring and improving quality and standards have been discussed within the SCHR. These include accreditation, joint evaluations and the use of external management consultants. Peer Review was chosen because it was likely to be acceptable and manageable by all members, and was most likely to bring about change within organisations. The form of Peer Review that was adopted enabled members to be

assessed against their own standards, instead of against a set of absolute standards that may not seem relevant or doable to individual agencies. The Peer Review process seeks to test the policies and/or guidelines that an organisation has on a given subject, and how well they are translated into practice on the ground.

In the light of the sex scandal in West Africa in 2002 and steps by the Inter-Agency Standing Committee (IASC) to prevent such incidents in the future, the subject of sexual exploitation appeared both grave and current, and seemed to be an appropriate choice. The objectives for the first round of the Peer Review were:

- To examine SCHR members' capacity and competence in the prevention of sexual abuse and exploitation.
- To identify best practice, share experience and foster coordination in implementing policies and procedures.
- To encourage, via an active learning dialogue, accountability and improved individual and collective performance in this area.
- To highlight key lessons resulting from the Review process, which could be incorporated into future Review cycles, thus ensuring the sustainability of the process as an accountability practice.

Topics for the next Peer Review are now under discussion. Themes include working with partners and accountability to beneficiaries.

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1 The SCHR is an alliance of nine major international humanitarian organisations and networks. Its members are Care International, Caritas Internationalis, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, the International Save the Children Alliance, the Lutheran World Federation, Médecins sans Frontières, Oxfam and the World Council of Churches. It was created in 1972. It is a sponsor of the *Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief*, and was a founding member of the Sphere project.

Mechanisms for Peer Review

The SCHR process uses the same peer review methodology as the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development. Reviewers from two agencies (A and B) carry out a first review of a third organisation (C). In subsequent rounds, one of the two reviewing organisations (A or B) becomes the object of a review, thus establishing a rolling process. The reviewers in this subsequent round could be involved in the initial pilot (for example, B and C review A), or there could be a mixed arrangement combining one organisation from the initial review (B or C) with an SCHR member that was not part of the first pilot.

> **the subject of sexual exploitation appeared both grave and current, and seemed to be an appropriate choice**

The reviewers, together with the SCHR secretariat and an external consultant, make up the Peer Review Team. The reviewers can be CEOs of member agencies, or assigned staff from headquarters or the field. Their role is to contribute to and learn from the Peer Review process. They are expected to take an active part in all stages of the process – planning, visits to headquarters, analysis and the writing of the report for the Peer Review meeting. This report, based on in-depth questionnaires and interviews, is the main outcome of each Peer Review. It is submitted to the NGO concerned and to all nine CEOs, and the CEO of the agency reviewed presents the report at one of the SCHR CEO meetings for comments, discussion and recommendations. The organisation under review then brings back the recommendations for organisational decision, implementation and future work. After 12 months, the NGO is then required to report to SCHR on the progress made against these decisions. For CEOs and the SCHR secretariat, the process (although not necessarily the workload) of this form of Peer Review is relatively 'light' and very inclusive. The CEO must give a clear lead in both the decision-making process that results from the written report, and in the discussions and decisions made at the Peer Review Meeting and in the SCHR follow-up meetings.

For an organisation going through a Peer Review, there are slightly more stages to the process. It starts with a self-assessment (against a given format), which is then submitted to the Review Team and used as a basis for the on-site consultation. Preparation of the organisation for the consultation phase is important, and needs the most input.

The value of Peer Review

The act of going through the Peer Review process allows time, space and legitimacy at all levels of the organisation for discussion of topics that otherwise might not be given sufficient attention. There is great value in discussion, in an open manner, amongst peers facing similar challenges. Being assessed against one's own standards and choosing which recommendations are appropriate for one's own organisation should be an empowering experience.

The report Oxfam GB received from the Review Team followed consultation with 40 or so senior managers and field-based staff. It contained recommendations in all spheres of the agency's work, from policy to interaction with beneficiaries. Oxfam adopted recommendations in several key areas, and work has been ongoing since then to improve both policy and practice.

First, to bring itself into line with most other agencies the minimum age applying to sexual relationships in the staff Code of Conduct was increased from 16 (as in UK domestic law) to 18 (as in the Convention on the Rights of the Child and the standard set by the IASC). Second, the agency developed and instituted a child protection policy and guidelines on working with children, and introduced more robust selection and recruitment procedures. Third, in recognition of the fact that very few staff knew what was in the staff Code of Conduct or what it meant for them and their teams, Oxfam prepared written training modules and induction packs and developed a set of tools for 'managing-in' the Code. Over 400 people throughout the organisation have been trained in using the Code of Conduct as a management tool.

Oxfam's programming work to protect women and children from violence has increased substantially since the Peer Review. The agency plays a strong role in West Africa, and has begun to make a real difference with its 'We Can' campaign in South Asia. Learning from this work will soon be shared with other regions and countries.

What Next?

There are plenty of other topics that could usefully be examined through Peer Review, and organisations that have been through the process are keen to do more. As Barbara Stocking, Oxfam's CEO and one of the initiators of the SCHR Peer Review, explains: 'I think it has improved relations between agencies. But this is weakened by not doing more already, because people change and it is difficult, sometimes, but important, to keep the openness we have managed to achieve. Next time I would like more of a view from the field. Obviously it is difficult to go too far afield too often, but I would like the occasional visit. This is really important when we are trying to see how systematically our policies are being acted upon'.

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PRACTICE AND POLICY NOTES

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.*

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