

Humanitarian Exchange

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About HPN

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



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By 2007, more than half the world's population will be living in cities; as urbanisation gathers pace, this proportion will only grow. For humanitarian actors, urbanisation will increasingly shape old and new vulnerabilities and risks, and will increasingly define disasters in the future. Chronic poverty and lack of basic infrastructure – including in core humanitarian areas such as water and sanitation – often characterise how people live in urban settlements. This should not be perceived only as a developmental challenge. There is a role for humanitarian actors in responding to the needs of vulnerable and excluded urban populations. Humanitarian action in urban contexts is the feature of this issue of *Humanitarian Exchange*.

Over the last 50 years, Africa has consistently had the highest rate of urban growth. However, as the article on AURAN highlights, there is a critical need for governments, civil society and international actors to recognise and address urban risks and vulnerabilities. Focusing on Nairobi, another article illustrates how refugees are often doubly displaced: forced to flee their countries due to conflict, and then denied legal status and excluded from social support services in host countries. The article explores how humanitarian agencies can work with communities living outside official camps in Nairobi to support their own livelihood strategies, and stresses the importance of host governments creating enabling policy environments.

The devastating impact of natural disasters on cities has been graphically illus-



©Reuters/Mian Khurshid, courtesy www.alternet.org

trated in recent years by the Indian Ocean tsunami, Hurricane Katrina in New Orleans and the earthquake in Pakistan. Contributors to this edition of *Humanitarian Exchange* explore issues relating to natural disasters in urban contexts, with articles on responding to Tropical Storm Jean in Haiti, the relationship between climate change and disaster risk in urban environments, and the effectiveness of cash programming in response to the earthquake in Bam, Iran.

The citizens of cities are likewise the victims of war and political crises. This facet of urban vulnerability is also covered here, with an article exploring the lessons humanitarian actors should draw from the significant crisis caused by military operations conducted by American and Iraqi troops against Fallujah in April and November 2004.

Finally, this edition of *Humanitarian Exchange* also includes a range of general policy and practice articles, beginning with a piece by IRC on what mortality surveys in the DRC tell us about the human costs of war. Other articles focus on sexual exploitation and food distribution in Burundi, drought programming in Kenya, lessons from a consortium approach to relief in Sudan, and the role of Japanese NGOs in Afghanistan. We hope you enjoy this edition of *Humanitarian Exchange*, and we welcome your feedback.

The African Urban Risk Analysis Network (AURAN)

David Satterthwaite, International Institute for Environment and Development

Many disasters in Africa take place in urban areas, affecting millions of people each year. There is therefore an increasing need to understand how the risks from potential disasters develop in urban contexts, and to identify how locally owned processes can address these risks. To do this, the African Urban Risk Analysis Network (AURAN) has been formed by six African research institutions, with support from the UN Development Programme (UNDP) and ProVention. Work programmes are under way in Accra, Algiers, Cape Town, Dar es Salaam, Nairobi and Saint Louis (Senegal) to identify:

- the main disaster risks and who is most vulnerable to them;
- the processes that lead to the accumulation of these risks, and how these are related to environmental hazards; and
- what local changes can reduce these risks, particularly through actions that might be taken by local governments, community organisations, development and disaster-oriented NGOs and other relevant agencies.

AURAN's overall goal is to ensure that international agencies, governments and civil society develop a better understanding of disaster risks in urban areas, and the actions that are required to reduce them. The aim is both to encourage the integration of disaster risk reduction into conventional urban development planning and urban governance, and to support organisations that normally respond to disasters in expanding their role, especially in reducing the vulnerability of those people and settlements most at risk from disasters.

more than 350 million people in Africa live in urban centres – some two-fifths of the continent's population

The challenges

AURAN has faced two challenges in getting this work going. The first is the perception among many governments and international agencies that poverty and disasters in Africa are primarily rural problems. Yet more than 350 million people in Africa live in urban centres – some two-fifths of the continent's population. The scale of urban poverty is also much greater than is generally recognised – as can be seen by the high proportion of the urban population living below the poverty line in most nations, and high infant and

Key characteristics of African cities

African cities typically share a range of common characteristics:

- A high proportion of the population lives in poor-quality and overcrowded housing in informal settlements, and many work in the informal economy.
- Many informal settlements are at high risk of fire, and are located on hazardous sites (e.g. at risk from floods, landslides or earthquakes).
- Risk levels are increased by a lack of infrastructure and services in many residential areas (including drainage and emergency services).
- Local governments are ineffective in taking the measures that can reduce risks.
- Much of the population has a very limited capacity to pay for housing.

child mortality rates among urban populations. In most urban centres in Africa, much of the population lives in settlements lacking the most basic infrastructure, including piped water, sanitation and drainage and all-weather roads. A significant proportion of Africa's urban population is concentrated on coasts, and as such is particularly at risk from storms and sea-level rises.

The second challenge is the perception that disaster risk is best reduced by well-prepared responses to the disaster, once it occurs. In urban areas in particular, there is often huge scope for reducing disaster risk by actions and investment prior to the event. For instance, good drainage systems greatly reduce flood risk; good land-use management programmes limit the extent of urban development on land sites at high risk from landslides, earthquakes or floods. Basic investment in roads and firebreaks can greatly reduce risks from fires, especially in low-income areas where levels of risk are high because of high population densities, the use of flammable materials in house-building and the widespread use of open fires and kerosene stoves or lights. Relatively simple measures incorporated into buildings can reduce risk of collapse, in earthquake-prone areas. However, the agencies responsible for disaster response often have few contacts with the local government bodies that can take action to reduce risks like these.

Urban risks

By concentrating in one place people, enterprises and their waste – and, increasingly, motor vehicles – cities are often hazardous places in which to live and work. This is especially the case in cities where much of the low-income popu-

lation settles on hazardous sites because no other land is available to them – and they also lack the means to take measures that can reduce the risks they face. Urban contexts generally increase the risk of what Allan Lavell, from the Network for the Social Study of Disaster Prevention in Latin America-LA RED, has called ‘concatenated hazards’, where a primary hazard leads to a secondary one (e.g. floods creating water-supply contamination).

The many ways in which urban development can increase people’s vulnerability to disasters (i.e. the potential to be killed, injured or otherwise negatively affected) include:

- Cities developing or expanding onto sites at risk from floods, landslides or earthquakes (usually particular groups, rather than the whole city, are at risk).
- Cities as concentrations of activities with disaster potential – industrial accidents, transport accidents, fires or epidemics (particular groups are most at risk).
- Patterns of urban form and buildings that increase scales and levels of risk from floods, landslides, earthquakes, fires, transport accidents or industrial accidents (particular groups are at risk).
- The role of ‘bad’ or ‘weak’ and ‘under-resourced’ local governments in causing or exacerbating risks from floods, landslides, earthquakes, fires, transport accidents and industrial accidents.
- Changes in the region around cities, which cause or exacerbate risks from floods (e.g. poor watershed management – often a particular problem for city governments as the watershed lies outside their jurisdiction).
- Disaster risks from a sudden movement of people to a city (in response to war or famine, for example).

The risk continuum

When illness, injury, premature death and loss of property occur, these can be classified within a continuum from ‘everyday’ risks to ‘small’ and ‘large’ disasters, depending on the scale of the loss (and generally the frequency of the event). Disaster specialists generally focus on part of this continuum, ignoring non-disaster events (and often small disasters). This means that they do not see the links between non-disaster events and disasters, or the risk accumulation processes that are common in urban areas, and which usually increase disaster and non-disaster risks. Meanwhile, urban specialists often focus on non-disaster risk. While

it is true that, in most of urban Africa, non-disaster risk contributes far more to health burdens and to poverty than disasters, this focus means that specialists miss the potential links between risk reduction for everyday hazards and small and large disasters.

Opportunities for risk reduction

Because people and enterprises are concentrated in urban areas, there are economies of scale to be had with many of the measures that reduce risks from most disasters – for instance in the per capita cost of measures to improve watershed management or drainage, reducing the scale of floods, and to respond rapidly and effectively when a disaster is imminent or happens. There is generally a greater capacity among city-dwellers to help pay for such measures, if they are made aware of the risks and all efforts are made to keep down costs.

Urban governments should be in the risk reduction business. They should have key roles as risk reducers:

- They provide infrastructure and services (some perhaps is contracted to private enterprises or NGOs).
- They guide where development takes place – for instance influencing where urban settlements develop and where they do not, and what provision they have to avoid floods or fires.
- They regulate hazardous activities that can cause disasters (industries, transport accidents).
- They have an influence on land availability (land use regulations, zoning, bureaucratic procedures for buying or obtaining land, and what can be built on it; the quality of land use management influences the proportion of poorer groups having to live on hazardous/disaster-prone sites).
- They encourage/support household/community action that reduces risk (for instance better-quality housing, safer sites and good infrastructure).
- They provide ‘law and order’, which should also act to protect the poor from risk.

AURAN’s work to date

The six partner institutions that form the core of AURAN are currently completing work programmes in six cities. The work includes documenting the methods used and the many partners involved in the work. In each city, this has included consultations with the inhabitants of a range of illegal and informal settlements, to ensure that the

Table 1: The continuum of risk: comparing disasters, ‘small disasters’ and everyday risk in urban areas in Africa

Nature of event	Disasters	Small disasters	Everyday risks
Frequency	Generally infrequent	Frequent (often seasonal)	Everyday
Scale	Large or potential to be large: 10+ killed, 100+ seriously injured	3–9 people killed, 10 or more injured	1–2 people killed, 1–9 injured
Impact on all premature death and serious injury/illness	Can be catastrophic for specific places and times, but low overall	Probably significant and underestimated contribution	Main cause of premature death and serious injury

recommendations coming out of this work address the needs of the most vulnerable groups.

The Disaster Mitigation for Sustainable Livelihoods Programme (DiMP) at the University of Cape Town is developing a disaster risk reduction strategy for Cape Town, with a particular interest in reducing risks from fires. This is supporting the city's informal settlement upgrading programme. DiMP is also documenting the methods used – especially a very detailed database on the kinds and spatial locations of accidental fires – and offering advice to other institutions on how these methods might be applied in other locations.

The Faculty of Civil Engineering at the University of Science and Technology in Algiers has completed an assessment of the seismic vulnerability of buildings in Algiers, and has identified measures to reduce vulnerability to earthquakes, including protecting the un-reinforced masonry structures that make up a major portion of Algiers' building stock.

The University of Accra in Ghana is developing a disaster risk reduction programme for the Greater Accra Metropolitan Area, supported by an analysis of trends in environmental hazards (ranging from everyday, small incidents to disasters), a database that maps these incidents and an analysis of risk accumulation processes, to serve as an early warning system.

ENDA-Tiers Monde (Environment and Development-Third World) in Senegal undertook a careful analysis of who is at risk of flooding in Saint Louis (Senegal), and why – and also what factors contribute to the accumulation of flood risk. From this, an action plan and assistance strategy are being developed in conjunction with community groups

and other stakeholders, to reduce the risk of flooding and to address communities' vulnerability to floods.

The Disaster Management Research Unit at Kenyatta University (Kenya) has documented the scale of serious injury and accidental death caused by road traffic in selected Kenyan urban centres (where accidental deaths per vehicle are 30 times higher than in most European cities). The aim is to identify the processes that increase the risks of large and small-scale road traffic accidents, and to recommend measures to reduce these risks.

The University College of Lands and Architectural Studies in Dar es Salaam (Tanzania) has completed the identification of disaster risks and the development of risk reduction programmes in three informal settlements in the city. These are serving as examples of what can be done on a much larger scale.

Future plans

As the findings from the projects completed to date are disseminated, AURAN hopes to encourage many other city teams to join in this work. The findings from this work will form the basis for a large information dissemination programme, including local workshops and city-to-city exchanges. The AURAN website contains more details of current work and future plans. AURAN has already organised a major conference to report on its preliminary findings, which was held in Cape Town in early 2006. For further details, see <http://www.auranfrica.org>.

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Responding to HIV/AIDS and chronic vulnerability in an urban context: lessons learned from informal street traders in Durban, South Africa

May Chazan, Carleton University

My niece was sick and died last year. I looked after her because nobody else was interested... She didn't say that she had AIDS, but I knew and she knew ... My main worry is that I won't be able to work, and then what will happen?... I tell my kids that one day we will have a problem: I will die and they need jobs. But they have stopped looking...
54-year-old Zulu seamstress from Warwick Junction's Berea Railway Station, Durban, South Africa

For those of us who live, spend time or work with vulnerable groups in southern Africa, it is becoming increas-

ingly clear that we do not need to head for remote rural areas to reach these communities. On the pavements of central Durban, for instance, we can see the chronic, underlying and differentiated vulnerabilities of informal traders. There are an estimated half a million street traders in South Africa alone, and numbers are growing there and throughout the region. Like the seamstress quoted above, who supports 18 people on her trading income, the majority of street traders are women, and most have begun trading out of necessity – for their own survival and the survival of their families. Yet such urban vulnerabilities are often overlooked. The humanitarian



Early morning at Warwick Junction, Durban

©Hodson and Smit, 2004

tional healers. The research was conducted in Warwick Junction, the largest trading and transport hub in Durban, with 8,000 kerbside traders selling goods and services to 500,000 commuters who pass through the area each day.

Chronic and underlying vulnerabilities to HIV and AIDS

In South Africa, HIV prevalence among women attending antenatal clinics has risen from 0.8% in 1990 to 29.5% in 2004; in KwaZulu-Natal, the province with the highest prevalence, it is now 40.7%.¹ Although the AIDS epidemic is new to South Africa, vulnerability is not. AIDS is revealing and exacerbating pre-existing conditions of vulnerability, insecurity and inequality. Four overlapping issues emerged in this study.

sector has historically focused on rural areas; it is only slowly coming to recognise that urbanisation is compounding the humanitarian issues faced by many in this region.

In South Africa, the end of apartheid in 1994 led to increased population mobility and an accelerated process of urbanisation. At the same time, HIV entered the country, and quickly grew into the largest HIV/AIDS epidemic in the world. Responding to this epidemic requires careful consideration of changing population demographics, and a detailed understanding of where vulnerable populations are likely to live and work in the decades to come. HIV infection levels are still rising, and the longer-term effects of AIDS remain unclear. The substantial time lag between the spread of HIV infection and the impact of rising levels of adult morbidity and mortality suggests that the social effects of AIDS will be felt for generations. Yet these impacts are not predetermined: action can be taken to mitigate the epidemic's negative outcomes. This requires a better understanding of what makes people vulnerable to HIV infection and to the broader effects of AIDS.

This article presents the lessons learned from participatory research with street traders carried out from 2004 to 2006; it highlights potential areas for humanitarian intervention among this vulnerable and growing urban population. The study investigated what makes street traders vulnerable to HIV and AIDS, how traders are currently affected by the epidemic, and why. The research involved interviews and focus groups with approximately 60 participants, including street traders, health care providers, municipal employees and tradi-

¹ Government of South Africa, *Department of Health, National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa: 2004*, Pretoria.

Poverty and livelihood insecurity

Street traders' vulnerabilities are linked to the lack of affordable housing in the city, impoverished and insecure working environments, lack of access to water, poor sanitation, unstable incomes and a lack of social security. Together, these conditions make it difficult for traders to take time away from work, care for sick family members and absorb the costs of funerals, orphans and sick adult family members. Risky sexual activity is also associated with intense poverty.

there are an estimated half a million street traders in South Africa alone

Mobility and dislocation from families

Most traders in Warwick Junction come from surrounding rural areas and maintain close ties to their homes, sending money back and visiting regularly. As the case of the Zulu seamstress indicates, incomes often support large numbers, with households spread over three or more locations. Being displaced from their families creates tremendous stress and, in the context of the epidemic, traders' oscillating mobility makes it difficult to care for sick family members. In addition, many traders worry about not having adequate social support were they to fall ill.

Lack of access to information, services and resources

South Africa is one of the few countries in the region with well-established public health care, and is working towards providing social security. However, this research has indicated that traders are not accessing public clinics; they feel that they cannot take the time away from their trading sites, and many report being turned away from

clinics because they do not have addresses in the city of Durban. They also find it difficult to access anti-retroviral therapy (ARV) Furthermore, they face a severe lack of access to information both on HIV/AIDS and on how to apply for social transfers, loans and municipal housing. This lack of access to services and information is a key issue for displaced and migrant urban communities.

Stigma, mixed messages and intergenerational silence

In South Africa, voluntary testing and counselling centres are readily accessible in most urban areas. As in many parts of the region, however, traders report that the stigma attached to AIDS makes them reluctant to get tested or to access support. Many older traders feel unable to talk about the epidemic with their children, and younger traders do not want to talk about it with their parents; this silence is a source of immense stress to many. Among informal traders, there is also scepticism about the existence, causes and prevention of AIDS.

Differentiated vulnerabilities: age and gender

Not all traders experience the same set of vulnerabilities. In order to devise effective strategies to mitigate future AIDS impacts, it is important to understand this differentiation. Two findings from this case study are key.

First, the research in Warwick Junction showed that *older women* – the grandmothers – are suffering the greatest social, emotional and economic impacts from the AIDS epidemic because they are the main caretakers and breadwinners in their families. Many are caring for several children and family members who are falling ill, and the epidemic is having a significant financial impact on them as they struggle to cover the costs of funerals, orphans, treatment and care. Many suffer from their own chronic health problems and, like the Zulu seamstress, they are afraid of what will happen if they can no longer work.

Second, there is a profound sense of anxiety, inevitability and fear of infection among young traders due to the stigma of AIDS and an overall lack of social support. Many young traders feel hopeless about the future: young women are worried about leaving children and feel powerless to negotiate sexual practices; young men are deeply fearful of the stigma around AIDS, and many worry about not having family or social support were they to become sick. This is compounded by a perception that they have no chance at a ‘better’ or more secure life (including no opportunities for formal employment or education), and some report compensating for this by drinking and taking part in risky activities.

Implications for mitigating the impact of AIDS in an urban context

In South Africa, there have as yet been no comprehensive efforts to mitigate the future impacts of AIDS. HIV/AIDS continues to be framed as a medical issue, and despite the multidimensional and widespread consequences of the epidemic, responsibility for AIDS continues to fall to provincial and national health departments. AIDS poses both an immediate humanitarian crisis and a longer-term development challenge.

This case study has indicated that vulnerabilities are driven by pre-existing conditions of impoverishment, livelihood insecurity, uneven family responsibility and gender inequalities. It has also shown that these conditions are changing with, and in some cases being exacerbated by, rapid social shifts. The majority of informal traders are facing the epidemic amidst the stresses of urban migration, dislocation from their families and sub-standard living and working conditions. Moreover, as unemployment rises and urbanisation continues, this vulnerable population is likely to grow. These issues need to be addressed in order to mitigate the future impacts of AIDS.

There are opportunities for development organisations and humanitarian agencies to assist in addressing vulnerabilities to HIV and AIDS – not only in difficult-to-reach rural areas, but also within growing and highly-accessible urban centres. Agencies could seek to work with governments to adopt integrative approaches that address underlying vulnerabilities, such as increasing the availability of social welfare grants and social protection, providing basic services to urban areas and creating more secure livelihood opportunities. Humanitarian assistance can also aid in impact mitigation directly, for example by providing information, water and shelter.

Potential entry points for intervention derived directly from the research in Warwick Junction include:

- There is a need for information outreach in trading hubs such as Warwick Junction; traders require information at their trading sites on social transfers, housing, legal services, health services and HIV/AIDS. This could involve dispatching community outreach workers.
- Traders need access to water, toilets, sanitation and shelter within trading hubs. This is especially important as the HIV/AIDS epidemic progresses. Given that AIDS results in intestinal infections and skin lesions, having access to water and toilets could make living with HIV much less degrading and debilitating. In addition, HIV suppresses the immune system, and people living with HIV are therefore more susceptible to environmental health stresses. Humanitarian agencies could distribute water, shelter, soap and other basic materials.
- Traders need access to public health clinics, including access to city addresses in Durban. Humanitarians could work with municipalities to assist informal traders to access health care facilities and secure city addresses.
- Traders require affordable and safe accommodation near their trading areas. Many are sleeping on the streets or living in impoverished conditions. Secure, accessible and clean housing would reduce the impacts of HIV/AIDS on traders, especially on older women. They would be able to care for sick family members nearby without having to give up their livelihoods. Efforts should go towards building shelters, assisting traders to access public housing and working with municipalities to increase security and improve conditions in urban settlements.

There is both a need and an opportunity for humanitarian actors to expand their programming in urban contexts,

and to become involved in efforts to reduce vulnerabilities among urban migrant groups. In southern Africa, such efforts are crucial not only to securing the immediate well-being of millions of people, but also to responding to the growing consequences of HIV/AIDS.

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Urbanisation and the social protection of refugees in Nairobi

Sarah Dix, International Rescue Committee

Urban refugees have long existed in the Nairobi area, and international aid agencies have long been aware of them.¹ Today, there are an estimated 40,000–100,000 in the city.² Yet despite this significant presence, international aid agencies have only recently begun to address the needs of urban refugees. Why have urban refugees been ignored for so long, and why are their needs being recognised now?

The often-cited 'invisibility factor' may have made it easier to ignore them. Like self-settled refugees elsewhere, those in Nairobi are living and working among the host community. They are geographically dispersed across the city, and many are mobile, moving between the city, camps and even their country of origin. They may also take on different identities depending on the context, and this makes it harder to see them. For example, in Eastleigh, the neighbourhood with the highest concentration of refugees in the city, the census reports that most of the area's residents are Kenyans. But if you gain the trust of those who live there, they will tell you that Eastleigh is largely populated by refugees.

Aid agencies' awareness of urban refugees did not immediately translate into attention to their problems because urban refugees are not officially recognised. The government's encampment policy requires refugees

to stay in remote camps. Therefore, aid has mainly been channelled to camps, with agencies and government alike not keen to do anything in Nairobi that might counter Kenyan policy or attract refugees to the urban area. Refugees have still been migrating to the city, but due to legal restrictions constraining both potential donors and recipients of aid, their needs have not been fully assessed or acted on.

Given the low demand for services coming from an urban refugee population that *needs* to be invisible, and the limited supply of aid that donor organisations could *legally* provide, turning a blind eye to the situation of urban refugees was an easy and politically viable strategy. Only recently has this situation changed, as the Kenyan government has begun to redefine its stance towards the problems posed – and faced – by refugees. This change has been gently encouraged by UNHCR and NGOs advocating on behalf of refugees, and provides an opportunity for a broader range of actors to start attending to the urban refugee population.

An enabling policy environment

Underlying the policy changes recently implemented by the Kenyan government, there has been a realisation over time by all parties that the protracted refugee situation in Kenya is not going to resolve itself quickly. Kenya has been receiving refugees since the 1970s, with mass migration since the 1990s. Camp populations are about 230,000, as of August 2006. Given the protracted nature of the refugee crisis, it has become increasingly difficult to sustain a strict encampment policy, calling instead for a strategy of incorporation designed to benefit Kenyans as well as refugees.

¹ 'Urban refugees' refers to forced and economic migrants from refugee-producing countries, who are located in urban areas of the host country.

² The 1999 census indicates over 20,000 refugees. UNHCR estimated at least 40,000 in 2005. The government registered over 80,000 in 2006. An unknown number of refugees are unregistered, or registered in Nairobi and a camp.

As refugees have increasingly migrated to the city, they have turned to Nairobi-based organisations such as the Refugee Council of Kenya (RCK), a Kenyan human rights advocacy group, and the 20-plus national and international agencies working on refugee issues. NGOs have been advocating on their behalf, while agencies such as RCK, IRC, GTZ and UNHCR have engaged the government in discussions over how to align its policy with international refugee conventions and protocols, including the rights to documentation, to move freely and to work.

turning a blind eye to the situation of urban refugees was an easy and politically viable strategy

As a result, although parliament has yet to incorporate the international rights of refugees into domestic law, a bill was introduced in August, and the government has shown other signs of change. This is mainly seen in the current campaign to document migrants in Nairobi, with the suggestion that alien registration will bring greater access to education, vocational training and small-business opportunities. Potential benefits to the government as well as the public include an increased tax base, economic growth and enhanced safety in refugee communities.

Registration is underway, and has been well received by urban refugees, who report that their temporary receipts are being recognised by the police and have afforded them better treatment. Another policy change has been to allow grassroots refugee groups to register with the government. For example, whereas two years ago a Congolese group of parents was denied the possibility of registering their school cooperative, today they can draft a constitution and be recognised as a legal entity as a ‘self-help’ group. The concerted efforts of organisations acting on behalf of refugees, and the response from the Kenyan government, have allowed for this late, small but important change.

Why should we care?

In Nairobi, the poorest refugees are more marginalised, vulnerable and at risk than their poor Kenyan neighbours. Many are double migrants: first, they leave countries in conflict, and second, they leave or avoid the camps. In Nairobi, they may be escaping forced marriages or clan conflicts that cross the border, as well as the hot, arid climate and lack of economic opportunities in the camps.

The vulnerability of urban refugees is aggravated by their lack of legal status. They do not have the same rights as refugees in the camps, such as to documentation, movement, food, healthcare or protection. While they nominally have the same access as Kenyans to public schools and hospitals in Nairobi, they do not have a recognised political voice. As a result, they are not able to transform their nominal rights into real, exercised rights.

Nevertheless, for aid agencies as well as the UNHCR, donors and local NGOs, the current policy environment to which they have contributed provides an opportunity to initiate or step up efforts to assist refugees in Nairobi. Conceptually, this requires a very different approach from that in place in the camps. In the camps, the model of assistance is a partnership of international NGOs operating under the auspices of UNHCR. Partners receive and register new arrivals, and directly provide food, firewood, shelter, medical care, education, community services and protection. In Nairobi, refugees live and work side by side with Kenyans, including co-ethnic Kenyans, such as Somali Kenyans and Ethiopian Kenyans. Food and emergency assistance is provided on a one-time basis by mosques and churches, as well as by co-ethnics. There are only two temporary shelters citywide, for refugees and Kenyans alike; accommodation is privately rented, or exchanged for live-in help. The poor find it difficult to access education and medical care due to the cost of transport, books, uniforms, desks and fees. Income-generating activities are possible for those who have access to capital, often along clan lines and transnationally. But in most cases, urban refugees lack access to such activities.

How do we respond to poor urban refugees?

In the urban context, poor urban refugees require not only material goods and services, but also solutions that build on existing informal mechanisms, and enable them to increase their capacity and access to livelihood resources.

For example, while many urban refugees express a need for microcredit to start small businesses, microfinance institutions are understandably hesitant to take the risk of serving what is potentially a transient client who falls outside the Kenyan legal framework. To address this, aid agencies may partner with microfinance institutions to offer workshops and training so that clients are more likely to repay loans; depending on the circumstances, they may also provide the microfinance institution with a reserve fund to compensate for defaults. With enhanced capacity, loan recipients are more likely to reinvest earnings to develop their businesses, as well as to meet their subsistence needs.

social as well as economic capital can overcome many of the challenges that urban refugees face

Social as well as economic capital can overcome many of the challenges that urban refugees face. A visit to the bustling Eastleigh neighbourhood shows that Somalis and Ethiopians own and run the area’s thriving markets, transport systems, cybercafés and hotels. While they do not vote, they and their Kenyan business partners have the ear of local government and religious leaders. The task ahead is to incorporate the poor, giving them the ability and incentive to build networks to address their socioeconomic needs.

In that sense, while the government, the UN, aid agencies and Kenyan NGOs play key roles in assisting and advocating for urban forced migrants, the urban context challenges us to be willing to trust refugees not only to participate in, but also to manage, their own solutions. Many observers have noted that, in Nairobi, Great Lakes refugees are organised, for example creating their own schools and operating informal social protection networks, including self-funded revolving loan groups. These and other existing structures can be used as springboards for further community initiatives. Where grassroots urban refugee structures do not exist, such as among Somali women in Eastleigh, aid agencies may play a role in providing incentives for leaders to emerge and organise groups, as well as removing barriers to their creation.

Where civic organisations have developed, an invisible refugee population has become more visible and more likely to be heard. Nurturing such organisations could help refugee communities help themselves, and make the government more responsive to the problems they face. Moreover, addressing the social protection needs of urban refugees requires building linkages across national and ethnic groups, and between citizens and non-citizens. This serves not only to prevent conflict over distribution of resources, but also strengthens the host community, as well as the voice of non-citizens.

Conclusions

Although the experience of humanitarian aid agencies attending to refugees in Nairobi is too new to offer lessons learned, it is clear that at least three areas require consideration.

First, the urban context requires well-coordinated efforts among agencies. In the camps, the tasks of each agency are essentially defined by written agreements that determine who does what. But in the city, there are no clearly drawn lines. With such a geographically dispersed population, and a large pool of humanitarian, development, governmental and private actors involved, coordination is essential. In Nairobi, UNHCR has created an open coordination forum that enables international and local organisations to exchange information, focus efforts and avoid overlap, and to collaborate in policy advocacy. Such efforts are in great demand.

Second, in the urban setting humanitarian aid may need to target communities rather than refugees alone. On the one hand, this approach provides an opportunity to create linkages across national and ethnic groups. On the other, it avoids resentment by the host community. For example, urban refugees use public services, so it is critical that city planners and aid agencies consider access to education,

medical care, accommodation, credit, business licences, bank accounts, legal and other services in a way that does not create resentment among the local population.

Third, it is key to build the capacity of refugees to address their needs and be their own advocates. In the camps, agencies are working to create opportunities for refugees to participate in programmes and decisions to the extent possible. Such participatory approaches are not enough in the urban setting. Urban refugees demand and deserve to engage in civil society. In some communities, refugees may naturally participate in associations, which international agencies can strengthen by providing training, skills, information and other support. Where community groups do not form, we can work to create sustainable organisations by using civil society-building as a strategy to achieve our objectives.

Many of the problems posed and faced by urban refugees in Kenya are present in other parts of Africa. The response to these problems by aid agencies, UNHCR and the government may inform similar efforts elsewhere. The realisation that refugee encampment is not a long-term solution has prompted the Kenyan government to promote a more enabling policy environment. This has in turn provided an opening for Nairobi-based activities by international and local organisations that have been advocating for urban refugees. A necessary next step is to nurture and develop the incipient civic organisations that have appeared among urban refugees.

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The MAP approach: using the market to deliver humanitarian aid in Zimbabwe

Giorgi Devidze, World Vision Zimbabwe

Zimbabwe has long been known for its rich agricultural potential. However, multiple shocks over the past three years, including widespread rainfall deficits, the impact of HIV/AIDS and political turmoil have resulted in a livelihoods crisis for the majority of the country's rural and urban poor. Since 2002, the Consortium for Southern Africa Food Security Emergency (C-SAFE)¹ has been addressing acute food security problems in Zimbabwe and other southern African countries. In addition to food aid interventions, C-SAFE has also piloted and implemented a market intervention programme, one of the first of its kind in an emergency context.

The Market Assistance Programme

Over the past three years, the availability and price of many foods, including the major staple, maize, have fluctuated significantly. Urban households have faced rising prices and declining wages, and rural households have had to supplement their meagre harvests with market purchases, often using cash that would otherwise go towards meeting other basic needs, such as health and education.

World Vision embarked on a commodity-substitution programme in 2004 in Bulawayo

Following a successful pilot scheme by Catholic Relief Services (CRS) in 2003, World Vision embarked on a commodity-substitution programme in 2004 in Bulawayo. The Market Assistance Programme (MAP)'s main objective is to fill the cereal gap in the local market by making sorghum meal – a less-preferred alternative to maize – available to low-income households. Sorghum is bought outside Zimbabwe and transported to World Vision-

¹ The Consortium for the Southern Africa Food Security Emergency (C-SAFE) is a regional food security programme implemented by a consortium of NGOs, and funded by the US government. C-SAFE has three core members: CARE, Catholic Relief Services (CRS) and World Vision; in Zimbabwe, World Vision is the lead agency. Further information is available at www.c-safe.org.



MAP sorghum

managed warehouses in Bulawayo. Once millers and vendors have been identified, the process of milling and packaging into 5kg bags begins. Bags are then delivered to vendors, who retain 15% of the sale price.

Objectives

The two main objectives of MAP are to 1) maximise the availability and affordability of sorghum meal for the urban low income population; and 2) stimulate market activity.

MAP, through targeted food assistance, provides a safety net in an urban context. MAP's main mechanism is to fill the cereal gap created in the market. Sales fluctuations of sorghum meal from month to month correspond to the availability of maize meal in the retail network. Currently, maize is supplied to the market by the Grain Marketing Board (GMB), a governmental entity holding a monopoly over maize imports and prices. The GMB also subsidises and regulates the price of maize meal in the retail network. Due to severe drought over the last few years, local production of maize is very low, and the bulk of the country's demand has had to be satisfied by imported grain, which has not met local requirements.

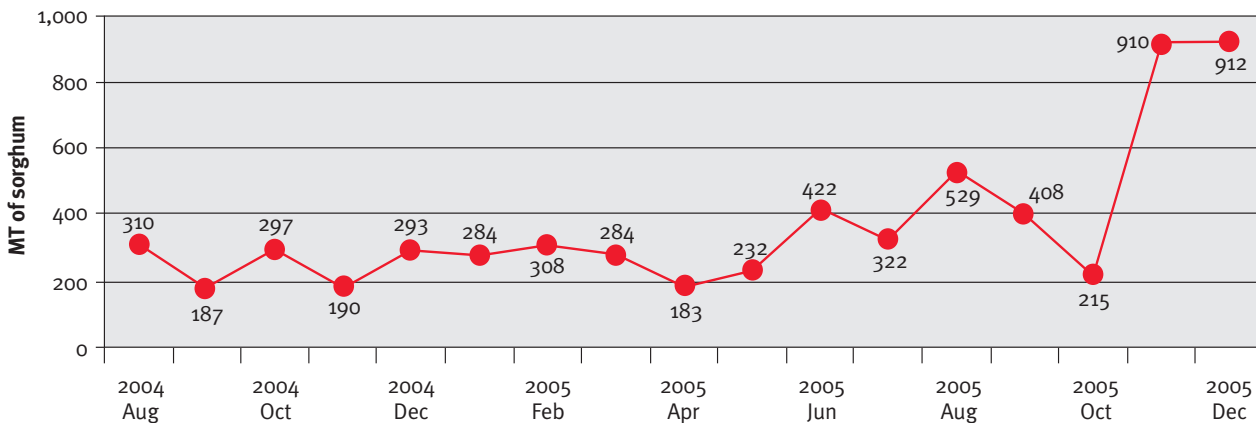
The MAP approach

In order to reach the target population (urban low-income families living in high-density areas of selected towns), the food product (sorghum) is distributed through a carefully selected retail network, based on viability, vulnerability and feasibility. Potential product leakage out of the targeted locations is strictly controlled and monitored on an ongoing basis. In order to respond to the vulnerability and food insecurity in the targeted area, the subsidised price of the product is monitored and adjusted regularly.

Pricing the sorghum meal

The main criterion here is affordability. We take the average target household's monthly cereal budget and divide it by the number of kilos of cereal needed by the average target household for a month. However, the price is not fixed: because the price of the sorghum is always set at levels below the price of alternative cereals and bread, it is adjusted according to the availability and price of these alternatives on the market. Prices also take into account wider economic factors, such as inflation and government policies related to staple food.

Figure 1: Sales analysis (MT), August 2004–December 2005



Selecting commercial partners

On receipt of the commodity, and in order to ensure that the process of selecting commercial partners is transparent, all commercial contracts for millers and distributors are awarded through an open tender process on a competitive basis. Due to inflation and the generally capricious economic context, all tenders are valid for only two days. In order to ensure that the programme receives competitive offers from the private sector, and to enable it to follow market trends, commercial contracts are granted in small lots (up to a maximum of 1,000 tons), and tenders are announced on a regular basis.

The main criteria when selecting commercial partners are:

- *Millers:* milling fee charged; quality of the meal produced; extraction rates; storage capacity and quality; general hygiene condition of the plant; reputation of the company; record-keeping and reporting capabilities.
- *Distributors:* distribution fee charged; availability of vehicles needed for smooth and timely distribution; loading and offloading expertise; record of previous distribution services; reputation of the company; record-keeping and reporting capabilities. (It is possible that millers provide distribution services as well, if they meet all the requirements.)
- *By-product sales partners (bran and screenings):* price offered at the tender; amount of by-product demanded; timeliness of commodity collection and payment; reputation of the company.
- *Retailers:* geographical location (shops should be within the targeted area); satisfactory conditions for handling the meal.

Stimulating market activity

All of the sorghum grain is donated by the US Agency for International Development (USAID). It is milled and sold through retail outlets in the targeted area at a subsidised price, thereby generating income for the parties involved in processing, distribution and retailing. Milling by-products are sold to local cattle food processors, generating additional income.

MAP is one of the biggest clients of the grain processing and distribution industry in Bulawayo, and its appearance on the market has forced commercial enterprises to increase their operational capacity and enhance the quality of their product. This in turn has increased the number of people employed in the industry. In total, 4 billion Zimbabwean dollars (\$412,500, at the official exchange rate) has been paid to MAP’s commercial partners throughout 2005. Since 2004, 5,390 tons of sorghum have been processed and channelled through the retail network. This is shown in Figure 1. Through geographical expansion of the MAP, the retail chain supplying the MAP product increased from 100 to 180 shops.

Targeting the poor

MAP is a model of self-targeting assistance in the urban and peri-urban context. Figure 2 (page 12) shows that, on average, 35% of Bulawayo’s ‘poor’ residents (75% of the total population) regularly consumed the MAP product between August 2004 and December 2005. This translates into an average of 177,000 beneficiaries on a monthly basis. Changes over the period related mainly to the availability of maize meal which, as the main staple food in Zimbabwe, is consumers’ first choice. Customers decide to buy sorghum based on the price of the commodity and the perceived difference between the two substitute grain meals on offer (maize and sorghum).

As Figure 3 (page 12) shows, about 80% of the population from every income group have tried MAP sorghum at least once, but very poor and poor households buy more than non-poor ones on a regular/continuous basis.

Figure 4 (page 12) shows the breakdown in purchasing patterns between households with a chronically ill member, and households without one. About 80% of the population from both categories have tried MAP sorghum at least once, but households with a chronically ill member tend to make more purchases than those without, and are more regular consumers. MAP purchases

Figure 2: Percentage of poor households in Bulawayo regularly consuming MAP sorghum

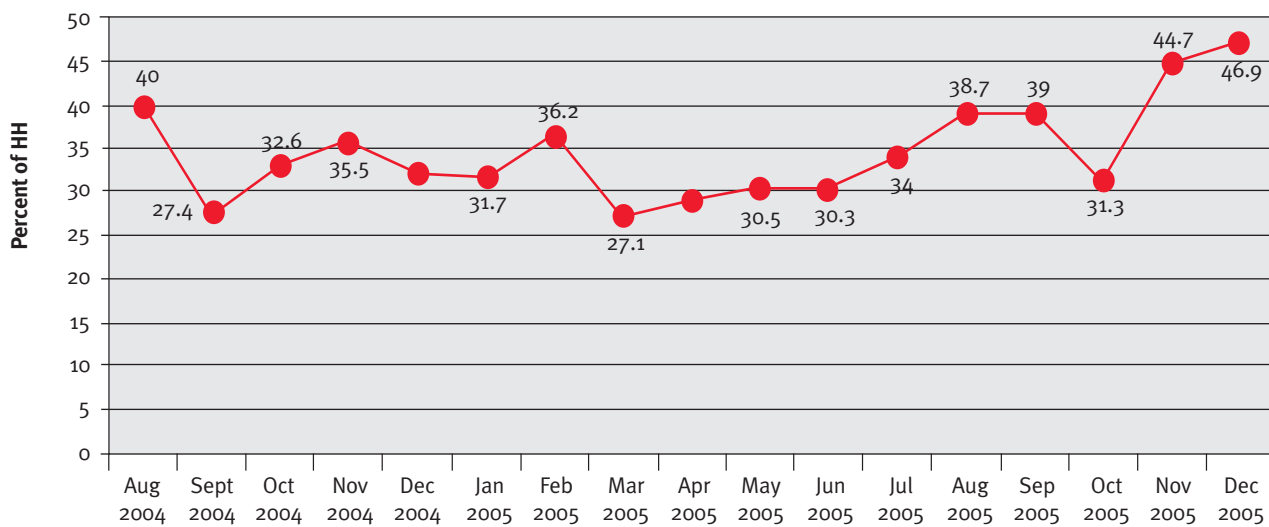


Figure 3: Purchasing behaviour by wealth category

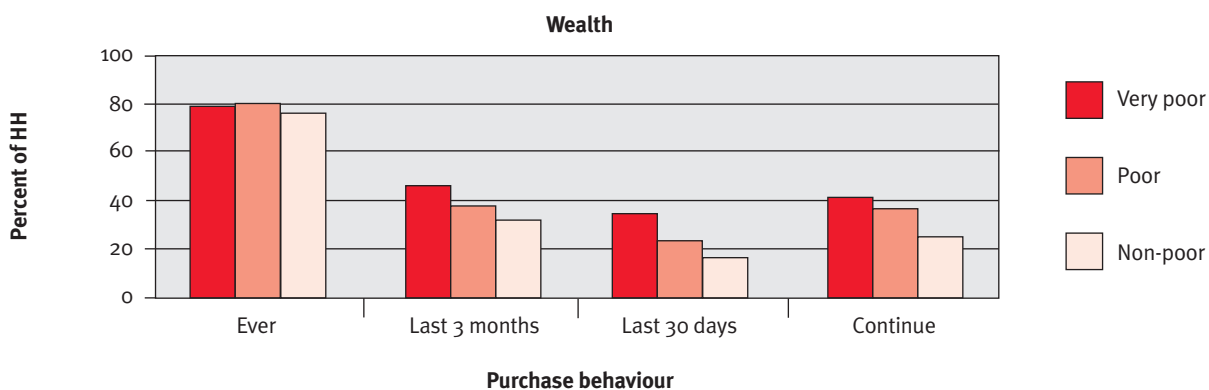
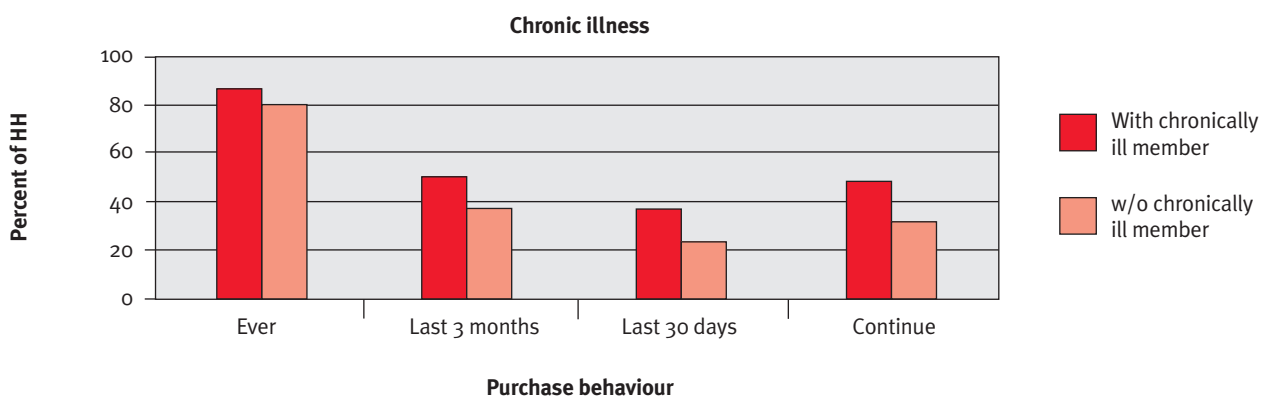


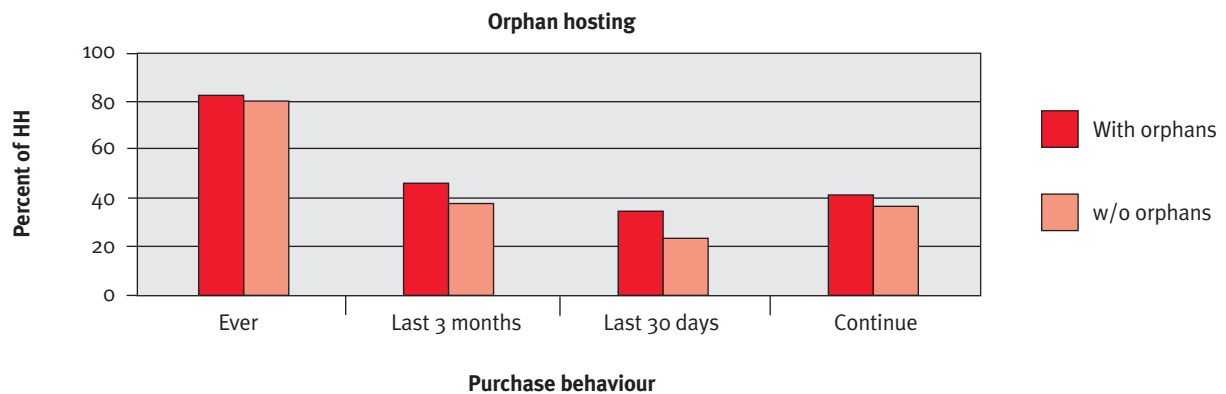
Figure 4: Purchasing behaviour among households with chronically ill members



have been extremely important for households with chronically ill members, with almost 40% buying MAP sorghum in the 30 days prior to the survey. Less than 25% of households without chronically ill members bought

sorghum over the same period. Half of all households with a chronically ill member reported continued purchases of sorghum meal over the lifetime of the programme.

Figure 5: Purchasing behaviour among households hosting orphans



A similar, though less marked, pattern emerges in the case of households hosting orphans, as Figure 5 shows.

All evidence suggests that the MAP is self-targeting towards households that are food-insecure and that, as a market-based food intervention, the programme is effective in providing an alternative means of ‘coping’ with food shortages.

MAP’s appearance on the market has forced commercial enterprises to increase their operational capacity and enhance the quality of their product

Future plans and sustainability

From October 2006, the MAP will start to expand into other urban centres (Gwanda, Plumtree, Mutare and Beitbridge). The programme also expects to continue to invite international and local experts to assist in the conceptualisation and development of a new concept, MAP Link. This aims to encourage sorghum growing among local small-scale farmers, and to use their product in MAP programmes. The World Vision Agricultural Team is

currently working on the promotion of sorghum among small-scale farmers as demand within the internal market has been created through MAP. World Vision also plans to pilot a subsidised sales programme in Matobo area in 2006, to determine the viability of such a programme in rural settings. The agency is currently looking for funding.

Outcomes and best practice

Through the MAP, a nutritious and accessible substitute commodity for maize-based products (sorghum meal) was made available in the urban market, at prices that poor urban households could afford. The programme also stimulated market activity among millers and vendors. By using an existing retail network, the MAP took advantage of well-established distribution channels to implement the programme. On average, 380 tons of sorghum meal were delivered every month to the targeted locations. By providing a less-preferred staple, the MAP was self-targeting to poorer households, while timely monitoring and evaluation provided information to enable managers to make changes to the programme, for instance adjusting the price of the sorghum meal, addressing leakages or identifying potential further areas for programme implementation.

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Humanitarian relief in chronically vulnerable urban and peri-urban contexts: responding to Tropical Storm Jeanne in Gonaives, Haiti

Abby Maxman, CARE

Tropical Storm Jeanne struck Haiti on 18 and 19 September 2004, unleashing torrential rains resulting in landslides and flooding that killed 3,000 people and left many more homeless. Gonaives, the country’s third-largest city with a population of 200,000, was worst hit. Flood waters inundated the city and made the primary

road to the capital, Port-au-Prince, impassable. This was without doubt a devastating disaster. But it was underpinned by a complex social, environmental and political crisis, exemplified by the controversial ousting of President Jean Bertrand Aristide the previous February.

The immediate response

CARE was the largest aid organisation in Gonaïves, and as such was a leader in the relief response. Following an initial rapid assessment, CARE delivered its first aid distribution (of bread) 48 hours after the disaster. Dry food and water and hygiene and sanitation, health, education and psychosocial support programmes followed.

In the tense atmosphere of the early days of the response, cultivating good relationships and establishing communication with local neighbourhood leaders, including in some cases armed gangs, was crucial to the smooth functioning of aid distributions. Perforce, CARE worked closely with the UN peacekeeping mission in Haiti, MINUSTAH, to secure food and water distribution sites. Public information was distributed via radio to help dispel rumours and misgivings about the relief effort, but there were still protests at distribution points, often by men resentful of the policy of distributing only to women. The presence of MINUSTAH troops prevented any major outbreak of violence, but vandalism and theft were ongoing problems. Attacks on vehicles and the attempted looting of convoys limited the number of distributions, and distributions had to be suspended when troops took a much-needed rest day. CARE's compound quickly became known as one of the few 'resource-rich' sites in Gonaïves, and there were frequent outbreaks of violence on the streets outside. Ultimately, CARE had no choice but to station MINUSTAH peacekeepers within its compound full-time.

CARE was the largest aid organisation in Gonaïves, and as such was a leader in the relief response

CARE was called on to share its facilities and warehouses with other NGOs supporting the response. Although long-time partners in Haiti, such as Catholic Relief Services (CRS), Save the Children US, Oxfam and World Vision International, were outstanding models of collaboration and support, CARE's warehouse was also used by countless government actors, and local and international NGOs, posing a major challenge to control and accountability efforts. Meanwhile, in the absence of a functioning local government, CARE came to be seen as the *de facto* authority and information source, fielding inquiries not only from the media but also from members of the public, such as families concerned



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A CARE food distribution in Gonaïves, in cooperation with WFP

about missing relatives. Although UN coordination fora existed throughout the response, several agencies failed to participate or respect agreements set out in these fora. Well-meaning agencies with no knowledge of the context or pre-existing relationships with the local population created a climate of competition – among humanitarian agencies and within the affected population itself. The Haitian diaspora responded with concern, but much of the support came in the form of small-scale, in-kind contributions, such as used clothing and canned goods, which piled up at shipping points, causing logistical problems and generating negative publicity around the NGO effort.

Transition and reconstruction

CARE encouraged the transition out of immediate direct service delivery as quickly as possible. However, in the volatile atmosphere that followed the disaster there was notable pressure on the agency from the government, donors and peacekeepers to continue general distributions of food, water and supplies, and CARE's original date of mid-October to shift from general to targeted food distributions was resisted; the move was ultimately delayed until November.

When the transition did occur, it was widely recognised to have helped in calming the situation by enabling local market practices, systems and economies to re-establish themselves. Despite pressure to continue traditional relief activities, by January 2005 all of CARE's activities were focused on clean up, reconstruction and strengthening local capacity to facilitate a return to normal. One of the most successful mechanisms to facilitate this transition was a short-term cash-for-work employment scheme. While the scheme was widely viewed as an important factor in stabilising the volatile situation, it posed its own challenges in terms of control and wage structures, as other organisations were implementing similar schemes nearby.

Internal agency issues

Many of the 200 CARE staff based in Gonaives were left homeless themselves; all of them lost family members and friends, and the agency lost a colleague. Yet whatever shock and trauma they were experiencing themselves, staff were immediately required to respond to the needs of the larger community. Sleep-deprived and working in highly unhygienic conditions, they struggled to balance caring for their own families and friends with their commitment to providing fast, efficient emergency relief. Many felt guilty in the face of others whose situation was worse than their own, and were discouraged by the seemingly slow progress they were making, despite their massive efforts. The relentless hours left some feeling overworked and under-valued by the agency. To complicate matters, the crisis occurred shortly after a change of country office leadership, leaving some staff members unclear as to their roles, or with differing expectations concerning reporting lines and authority.

To address stress and declining morale among its staff, CARE developed a six-month pilot programme in coordination with a local psychosocial firm to provide stress management and counselling. Concurrently, a workshop series was set up for senior staff members, conducted by the Dutch Antares Foundation, focused on individual consultations, tailored stress management techniques and conflict management. Feedback from these processes indicated that they were widely appreciated, made staff feel valued and should have been put in place earlier. Funds from colleagues and bonuses proved more problematic. Disagreements arose over the criteria for these funds, and in the end they were distributed equally among all staff.

disaster preparedness and mitigation must be integrated into long-term community development, even in a difficult political context like Haiti

Challenges and successes

CARE worked at the heart of the crisis, and as such often came in for the kind of criticism that high expectations breed. Yet an external evaluation conducted in February 2005 recognised the timeliness, effectiveness, appropriateness and efficiency of CARE's response. The evaluation also underscored the importance of long-term relationships and commitment to disaster-prone areas. Across the board, communities cited the importance and value, not only of CARE's emergency response, but also of its work before the disaster. For example, neighbourhoods where CARE had previously supported the development of community management committees for canal and drainage clearance suffered significantly less damage and loss of life than surrounding areas. This illustrates the importance of having disaster preparedness and mitigation integrated into long-term commu-

nity development, even in a difficult political context like Haiti. With this in mind, CARE, its partners and international donors have built on existing community relationships and invested significantly in rehabilitation and preparedness – long after the media attention has faded and many other agencies have left. What is essential now is continued commitment by the international community. Urban and peri-urban areas remain vulnerable to disaster.

Conclusions

CARE values the participation of multiple organisations in the response to Tropical Storm Jeanne. World Vision International, Save the Children-US, CRS and Oxfam deserve specific mention for their integrity, and for the manner in which they seconded staff and provided support in highly collaborative and constructive ways. The importance and value of timely and effective support from the UN peacekeeping mission and many bilateral and multilateral donors should also be recognised.

CARE is concerned to share the lessons from this response with other organisations, and to incorporate this learning into future preparedness and response activities. Of special note are the following.

- There is a pressing need for a widely accepted and enforced NGO code of conduct for efficient information-sharing, coordination and collaboration to guide a coherent response. In the meantime, we must all commit ourselves to respecting the fora and mechanisms that do exist, and set individual agendas aside.
- Ensuring the most rapid transition possible from relief to participatory reconstruction can significantly ameliorate volatile situations in complex socio-political environments.
- Conversely, an up-to-date emergency organisational chart and regular staff training in standby job skills are vital for emergency response, to ensure that an organisation normally focused on long-term development can switch smoothly into disaster mode.
- Investment in stress management and psychosocial support for staff as well as local communities should take place as soon as possible following a disaster.
- The importance of a long-term commitment to disaster preparedness and prevention; effective approaches to managing environmental degradation; and on-the-ground knowledge, understanding and relationships with local populations cannot be overstated.

While these points have all been recognised in prior emergency response evaluations, the response to Tropical Storm Jeanne again illustrates their importance. A clear understanding of the standards set out in SPHERE, as well as good development practices, are prerequisites for all actors in emergency response.

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Cash relief in an urban environment: the BRCS/IRCS programme following the Bam earthquake

Mansooreh Bagheri, Iranian Red Crescent Society, and Vendela Fortune and Charles-Antoine Hofmann, British Red Cross Society

The earthquake in Bam, Iran, in December 2003 killed more than 26,000 people, injured 30,000 and left 75,600 homeless. The earthquake completely devastated the city: 85% of buildings and infrastructure was damaged or destroyed, largely because most buildings were built according to traditional methods, using sun-dried bricks. The UN estimated that 200,000 people were affected by loss of economic activity or damage to property in Bam and surrounding villages.

The cash programme in Bam: working through the welfare system

In response to the earthquake, the British Red Cross, in conjunction with the Iranian Red Crescent, implemented a cash programme in April 2004. The programme was designed to provide financial support to vulnerable people affected by the earthquake. The amount distributed was meant to allow families moving from tents to temporary/transitional houses to purchase household items, such as refrigerators, air conditioning systems (much-needed in Bam) and furniture. The programme targeted female-headed households, orphans, the disabled and the elderly. A total of 4,551 households received a one-off distribution of cash estimated at £185. Because the banking system was reactivated soon after the earthquake, distributing cash through individual bank accounts was considered to be the most appropriate mechanism. A voucher scheme was ruled out because markets were not strong enough (most commercial activity involved small-scale operations out of ship containers). A number of families interviewed during the evaluation of the programme in July 2006 stated that delivering the cash directly would have been easier for them, but would also have created risks as their prefabricated houses often lack proper locks and are generally insecure.

a voucher scheme was ruled out because markets were not strong enough

The vulnerable groups identified were those supported by the government Welfare Organisation (WO). The decision was made to work in close collaboration with the WO as the most effective way of reaching the most vulnerable people quickly. An independent household identification process within a disrupted, densely populated urban environment would have taken too long and would have required human resources that were unavailable at the time. It would also have involved a disproportionate cost compared with the amount being distributed to house-

holds. The WO has a responsibility to identify vulnerable people, and was in the process of rebuilding and updating its caseload at the time. The cash grant, which was significantly higher than the monthly benefit distributed through the welfare system, was to provide recipients with relief in addition to the in-kind, and some cash, distributions being provided by the government.

The WO, like most organisations in Bam, came under intense strain following the earthquake. A number of staff died in the disaster, the WO's office building was destroyed (the organisation was still operating out of temporary shelters at the time of the evaluation), and most files and computers were lost. The WO thus faced significant challenges in rebuilding and updating its caseload. At the same time, the WO's workload had significantly increased due to the additional people rendered vulnerable during the earthquake – the caseload was roughly 1,500 people before the earthquake, and is over 8,000 today.

For the cash programme, the WO was to provide a list of beneficiaries, with basic information on eligibility and status, and bank account details. It emerged that this information was not available in a single database, and when compiled there were mismatches between the information provided by the WO and that furnished by the bank, which had to be resolved. This resulted in significant delays in implementing the programme, with the first transfer happening only in May 2005 (for 2,861 households whose details had been verified by that date). However, the evaluation found that the delay was not a significant issue for the families involved. Although the aim of bringing additional support when moving from tents to temporary/transitional houses was not met, the cash still provided a necessary relief resource to meet these households' ongoing needs. However, one lesson from this programme is that the strain of a disaster on a local government's offices should not be underestimated. More support to the WO, or possibly a more direct role in establishing the list of recipients, would in retrospect have speeded up the programme. That said, the programme benefited from the experience of the WO's relief workers, who had direct contact with the families, and a very good knowledge of local communities.

Targeting the most vulnerable

A key question for the evaluation was whether the most vulnerable were reached, and who might have been excluded. Iranian society accepts the need for targeting in certain circumstances (for instance, the *zakat* principle – one of the five basic precepts of Islam – is a moral obligation for Muslims to care for the poor, hungry, widows and orphans, and is collected as a regular tax), but in emer-



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Welfare Offices in Bam, still in temporary accommodation

agency situations the view prevails that everyone deserves the same support. There were also legitimate concerns within the Iranian Red Crescent, which is mandated by the Iranian government to respond to disasters, that introducing targeting while it was undertaking a 'blanket distribution' of relief items and cash on behalf of the government would create confusion, and could exacerbate tensions between residents of Bam and those who had moved to the city after the earthquake and were also claiming relief aid. There was also a practical consideration: the Iranian Red Crescent, which played a crucial role in the relief operation, did not have the time or the capacity to conduct a thorough vulnerability assessment.

some vulnerable families who would have been eligible for cash support were unintentionally excluded

The criteria of vulnerability used by the WO are based on belonging to a particular group (such as female-headed households, orphans and the disabled). Even if further individual interviews by social workers determine whether a family is actually entitled to receive support, other factors of vulnerability, such as the level of income or whether the family is landless, are not considered. A household economic survey, using economic security criteria, would have provided more accurate information on vulnerabilities that could be appropriately addressed by a cash intervention, but would have taken precious time. There is a fine balance between the accuracy of targeting and the time and resources it takes to collect the information. In this case the balance was appropriate, though it is likely that a small proportion of recipients were not strictly in need of additional relief cash,

perhaps because they had alternative sources of income or their vulnerability required protection interventions rather than additional cash. This small 'inclusion error' is not of significant concern to a humanitarian agency with a relief objective. The evaluation found that the targeting was effective in reaching significantly vulnerable people.

Of more concern is the 'exclusion error' of the programme's chosen targeting mechanism. It appears that some vulnerable families who would have been eligible for cash support were unintentionally excluded because the WO's work to rebuild and update its overall caseload had not been completed by the time BRCS/IRCS required the lists. Once the list of recipients had been established,

lack of funds meant that newly registered families would not be included, even though, by the time the cash was eventually transferred, significant additional numbers on the WO caseload met the criteria. This is a dilemma with cash programmes that are planned as one-off payments. In an ideal world, sufficient funds should be held in reserve so that all households meeting the same criteria can be included once the lists were updated. At a minimum, for reasons of expediency, a transparent cut-off date should have been communicated to the affected population, after which no further names would be added. Instead, as duplications were identified in the lists provided WO staff put others forward. This did not adequately address the exclusion issue.

Lessons from cash programming in urban settings

Although the evaluation did not specifically consider the urban nature of this response, some reflections are possible. Rural and urban areas were affected differently by the earthquake. While most of Bam city was destroyed, there was less damage in surrounding villages. While the rural population suffered a smaller number of deaths and injured, even areas with no direct effects were still indirectly affected by the devastation in the city: their livelihood largely depends on Bam city's economic activities, which provide an estimated 250 villages nearby with their main source of employment and trade.

Reconstruction has progressed differently in rural and urban areas. It has been much faster in villages, partly because there was less damage and the government took full responsibility for arranging and managing construction contractors, but also because the process has been much more complex in the city. Leaving aside the risks of aftershocks and the huge task of clearing the rubble, complex land tenure issues and reaching agreement over an improved 'city master plan' contributed to delays.

The cash programme mainly supported inhabitants of the city; only a small proportion of recipients lived in the villages. In its design, the programme has not distinguished between urban and rural areas. Should the cash programme have been planned and implemented in a different way for these two different settings?

Because the groups being targeted were identified by their status, there was no major difference in terms of vulnerability according to whether people lived in rural or urban areas. Their needs seem to be comparable. Things would have been different for a cash programme aiming to restore livelihoods, where the amount of cash provided is determined by the type of livelihood activity employed.

Another possible distinction relates to the banking system. As there are few banking facilities in the villages around Bam, using banks to transfer cash to this rural population may have created an additional burden by making recipients go to town to collect money. In fact, most families interviewed argued that this was not problematic, as they have to go to the city anyway to collect their monthly benefit from the WO and to go shopping. Had the recipients not also been receiving support from the welfare system, a different cash disbursement mechanism may have been more appropriate.

As mentioned above, another set of issues to consider for cash programmes in urban settings relates to targeting. Approaches typically used in rural contexts may be logistically difficult in densely populated cities; community-based targeting and verification may be difficult, for example, when urban communities know little about each other. Working through the welfare system in this context seems an appropriate approach. Had the surrounding villages been the particular focus of the programme, a different approach would have been required, as the WO does not have strong outreach to these areas.

Conclusions

Despite the delays in distributing the cash, the programme has provided much-needed support to the families included in the programme. Working through the welfare system was for many reasons an appropriate choice in this context, although it did lead to a significant ‘exclusion error’. However, more support to the WO would probably have helped address the most significant delays, and the alternative of carrying out an independent beneficiary identification process would have entailed disproportionate costs. The delay was not perceived as hugely problematic by most families interviewed, although many institutional informants felt that, as a relief intervention, the cash should have been distributed earlier.

Not surprisingly, most families were very clear that they much preferred receiving cash than in-kind items. Whereas most families used part (or all) of the money for daily items and needs, many also saved some money for the future (particularly when the cash was provided for orphans, who had often been registered as part of the WO’s protection mandate), or for school fees and household equipment. Because of the delays in the programme, fewer families purchased household items than initially anticipated, as they had already received such items from other sources. Recipients appreciated the fact that they had control over the use of cash, a significant factor in maintaining their dignity, and the range of uses to which the cash was put suggests that an in-kind distribution would not have met families’ diverse needs.

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Military action in an urban area: the humanitarian consequences of Operation Phantom Fury in Fallujah, Iraq

Cedric Turlan and Kasra Mofarah, NCCI

Three years after Operation Iraqi Freedom, the US-led invasion of Iraq, was launched in March 2003, the humanitarian situation in Iraq is more critical than ever. The crisis is devastating for Iraqi civilians, in terms of death, injury, displacement, the denial of fundamental human rights and basic needs and the destruction of homes, vital facilities and infrastructure. According to UNICEF, 30% of children are malnourished, and WFP reports that rates of acute malnutrition have reached 9%. Medicines are in short supply in most governorates, and water and electricity are lacking, even in the capital Baghdad. Almost 1.5 million people are registered as internally displaced, making Iraq the sixth-largest displacement crisis in the

world. Mental health is becoming a crucial concern as continuous stress and anxiety generate psychological vulnerability; a recent study has found that 92% of Iraqi children have learning difficulties. Meanwhile, access to these vulnerable people is very difficult. Since 2003, Iraq has become the world’s deadliest country for aid workers.

This article explores the humanitarian consequences of the US-led attack on the city of Fallujah in November 2004. In Fallujah, the primary concern was not to identify beneficiaries, since the whole population was vulnerable. The challenge was to localise and save them, and find the best way to distribute vital goods in a protected space.

The attack on Fallujah

Fallujah, 70km west of Baghdad, is in Anbar province. It had a population of some 300,000 people in April 2004. Known as the 'city of mosques', it is one of the most important cities of Sunni Islam in Iraq. It was also considered a hotspot in the Iraqi insurgency.

The first attack on Fallujah came in April 2004, when US troops surrounded the city, preventing anyone from entering or leaving. Multinational and Iraqi forces encircled the city for a second time in October 2004, prompting thousands to flee to Baghdad and Ramadi. Operation Phantom Fury started on 7 November with the occupation of Fallujah's General Hospital. This was one of the deadliest operations conducted by the US-led coalition since the March 2003 invasion, with house-to-house searches, street fighting, aerial bombing (including with white phosphorus), measures to prevent people from entering or leaving the city and the arbitrary detention of men aged between 18 and 50. The assault flattened a fifth of the city's buildings, including 60 mosques, and heavily damaged many more. There were no official reports on the human impact of the operation.

residents were finally allowed to return to Fallujah in mid-December, but 220,000 people remained displaced in the area around the city

Although many people fled the city before the assault was launched, many others remained, and were in need of humanitarian assistance in the form of water, food, shelter and medical aid (major hospitals were not operational). Access was the main issue, but there was no humanitarian corridor. Even Red Cross and Red Crescent convoys were prevented from entering the city: only one convoy was allowed into Fallujah, on 5 December, a month after the attack began. This was too late for most of the injured. Gaining citizens' acceptance was the second main obstacle. Some humanitarian agencies had pre-positioned goods in the city, but aid workers who were not known to the citizens were considered spies. Residents were finally allowed to return in mid-December, but an estimated 36,290 families – 220,000 individuals – remained displaced in the area around the city.

Lessons learnt

Following the humanitarian intervention in Fallujah, NGOs working in the emergency identified several key lessons.

During the crisis

- For the reliable and speedy flow of relevant information, it is important that NGOs develop contacts on the ground in urban areas.
- To secure acceptance by the population, it is important

that an initial distribution of goods is made, based on a rapid assessment of needs.

- A more developed assessment should follow the first intervention, in order to gain a better idea of the type of aid required, as well as the capacity to respond to these needs. But over-assessment should be avoided through better coordination.
- Involving the local population is crucial.
- Religious actors are most likely to have access to the population, even during heavy fighting.
- It is important to coordinate the delivery of supplies and assess needs as frequently as possible, in order to be able to coordinate future actions.
- Coordination should include:
 - the exchange of assessment information and needs identification between agencies;
 - the exchange of information on actions taken, items distributed, quantities, the number of beneficiaries and their location;
 - any other relevant information in terms of contacts, locations, access, etc.;
 - information on relief stocks available for distribution; and
 - transversal coordination between the government, local authorities, armed forces, NGOs and other organisations.

Better preparation for better intervention

- Given that similar scenarios could happen in other Iraqi cities, contingency plans should be put in place in order to facilitate future interventions. These could include:
 - mapping the cities: health facilities, water stations, mosques, composition of the population (ethnic, tribal, religious);
 - mapping of surrounding villages and cities, to which IDPs may flee;
 - identifying which NGOs are working in that area or in neighbouring governorates, and what their capacities are;
 - holding contact information of potential partners at local level;
 - identifying storage facilities in or near the cities and pre-positioning goods; and
 - carrying out assessments of hosting communities.

Where are we now?

Today, the humanitarian crisis is more important than ever in Iraq, and huge military operations are being conducted by Iraqi and multinational forces in numerous urban areas, such as Tal-Afar, Al-Qa'im and Haditha. Regular military operations continue in Anbar province, Fallujah has not been rebuilt and not all its inhabitants have returned for fear of a third attack on their city. More than 300 families (2,000 people) are still reportedly displaced.

Because of the continuous violence, trust between local populations and aid agencies remains weak, and access is even more difficult with the new Iraqi authorities than it was during the coalition period. Foreigners are still not welcome in Iraq; the transfer of knowledge and responsibilities to local aid workers has improved the humanitarian

response. So-called ‘sectarian violence’ reinforces the conclusion that the best way to deliver assistance to a specific community is through a partner in that community.

so-called ‘sectarian violence’ reinforces the conclusion that the best way to deliver assistance to a specific community is through a partner in that community

Generally, the lessons of Fallujah have not been learnt. Militaries and armed groups continue to contravene the Geneva Conventions. NGOs and other humanitarian agencies have not succeeded in regaining proper operational space. They continue to operate with a very low profile in an attempt to avoiding being targeted. And, given scarcity of funds and the short-term nature of projects, no real emergency plan is ready in case of another massive humanitarian crisis in an urban area like Fallujah – or

Baghdad, with a population 15 times the size. The crisis in Fallujah was the first massive humanitarian crisis in an urban area in Iraq, and nobody was prepared to respond.

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Climate change and disaster risk in urban environments

Elike van Sluis and Maarten van Aalst, Red Cross/Red Crescent Centre on Climate Change and Disaster Preparedness

Climate change is projected to increase the likelihood and severity of a wide range of extreme weather events, many of which particularly affect urban areas (see Table 1). Given urban areas’ high population densities, often including high concentrations of vulnerable people, increasing urban disaster risk should be a key concern in discussions of the adverse impacts of climate change.

This article presents two specific examples of increasing risks due to climate change in urban environments, and illustrates how Red Cross/Red Crescent societies address these concerns. The first case is the increasing risk of heat waves, illustrated by the 2003 heat wave in Western Europe. The second is increasing rainfall variability and sea level rises in Jakarta, Indonesia. Both cases highlight two key messages. The first is that climate change is a serious concern, and is relevant to urban disaster managers. The second is that climate change does not require a completely different approach to disaster risk management; instead, the solutions are part and parcel of regular disaster reduction.

Lessons from the 2003 heat wave in Europe: caring for the most vulnerable groups

The European summer of 2003 was probably the hottest for 500 years. Due to climate change, we can expect more of the same: in a groundbreaking article in the prominent

scientific journal *Nature*, Peter Stott and colleagues showed that the probability of such a heat wave has doubled due to greenhouse gas emissions.¹ Furthermore, the authors project that this risk will increase 100-fold over the coming four decades. By the end of the century, the summer of 2003 will probably be considered a relatively cold one. In 2003, however, European societies were clearly very poorly prepared for such conditions. The heat wave resulted in unusually large numbers of heat-related deaths. The scorching heat and drought also caused significant economic losses, estimated in excess of \$13 billion.

the European summer of 2003 was probably the hottest for 500 years

The key lesson of the 2003 heat wave was that heat risks particularly affect the most vulnerable groups of society, especially isolated poor and elderly people in urban areas. Research in the United States shows that 60–70% of the additional deaths during or shortly after heat waves is

¹ P. A. Stott, D. A. Stone and M. R. Allen, ‘Human Contribution to the European Heatwave of 2003’, *Nature*, 432, 610–614, 2004.

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Table 1: Examples of projected changes in extreme climate phenomena, with examples of projected impacts

Projected changes during the 21st century in extreme climate phenomena and their likelihood	Representative examples of projected impacts <i>(all high confidence of occurrence in some areas)</i>
Higher maximum temperatures; more hot days and heat waves over nearly all land areas <i>(very likely)</i>	<ul style="list-style-type: none"> • Increased incidence of death and serious illness in older age groups and among the urban poor • Increased heat stress in livestock and wildlife • Shift in tourist destinations • Increased risk of damage to some crops • Increased electric cooling demand and reduced energy supply reliability
Higher minimum temperatures; fewer cold days, frost days and cold waves over nearly all land areas <i>(very likely)</i>	<ul style="list-style-type: none"> • Decreased cold-related human morbidity and mortality • Decreased risk of damage to some crops, and increased risk to others • Extended range and activity of some pest and disease vectors • Reduced heating energy demand
More intense precipitation events <i>(very likely over many areas)</i>	<ul style="list-style-type: none"> • Increased flood, landslide, avalanche, and mudslide damage • Increased soil erosion • Increased flood run-off could increase recharge of some floodplain aquifers • Increased pressure on government and private flood insurance systems and disaster relief
Increased summer drying over most mid-latitude continental interiors and associated risk of drought <i>(likely)</i>	<ul style="list-style-type: none"> • Decreased crop yields • Increased damage to building foundations caused by ground shrinkage • Decrease in the quantity and quality of water resources • Increased risk of forest fire
Increase in tropical cyclone peak wind intensities, mean and peak precipitation intensities <i>(likely over some areas)</i>	<ul style="list-style-type: none"> • Increased risks to human life, risk of infectious disease epidemics • Increased coastal erosion and damage to coastal buildings and infrastructure • Increased damage to coastal ecosystems such as coral reefs and mangroves
Intensified droughts and floods associated with El Niño events in many different regions <i>(likely)</i>	<ul style="list-style-type: none"> • Decreased agricultural and rangeland productivity in drought- and flood-prone regions • Decreased hydro-power potential in drought-prone regions
Increased variability in precipitation during the Asian summer monsoon <i>(likely)</i>	<ul style="list-style-type: none"> • Increase in flood and drought magnitude and damage in temperate and tropical Asia
Increased intensity of mid-latitude storms <i>(little agreement between current models)</i>	<ul style="list-style-type: none"> • Increased risks to human life and health • Increased property and infrastructure losses • Increased damage to coastal ecosystems

strongly attributable to the heat (these people would not have died in the first four months following the heat wave). The effects of the heat wave were particularly severe in France. The high temperatures occurred during the holiday period (quite a likely coincidence), and so government services in large urban centres like Paris and Lyon were

considerably reduced, and the social network of families looking after their elderly parents had been weakened. During the first week of the heat wave, the authorities failed to pick up the early signals; emergency services and funeral parlours were among the first to experience the impact of the disaster. In the second week, the media

began reporting on the crisis, but even then the government failed to mobilise an effective response.

When the scale of the disaster became clear, it led to significant public outcry and debate about the way France handles its elderly care. The government responded by developing a heat wave plan of action (the *Plan Canicule*), which includes local government, the health sector and other relevant partners, including humanitarian organisations like the French Red Cross. The French Red Cross has initiated heat wave-related activities at various levels:

- 1) Support to the most vulnerable people:
 - Encouraging isolated elderly and/or handicapped people to become involved in their communities.
 - Providing information for and paying attention to these people.
 - Creating a (cool) shelter where vulnerable people can stay during heat waves.
 - Organising home visits to isolated elderly people.
- 2) Support to the general public:
 - Supporting telephone circles to check on vulnerable people.
 - Supporting hospitals' response services.
 - Supporting fire departments.
 - Distributing drinking water to drivers caught in traffic jams, or in densely populated areas.
- 3) Support to health centres:
 - If needed, the French Red Cross will support old people's homes, home service centres and shelters.

Similar plans are in train in other European countries, including more northerly states such as the Netherlands (which registered 1,500 additional deaths during the 2003 heat wave). The Netherlands Red Cross has initiated pilot activities to investigate how to mobilise its volunteers (many of whom would be on holiday) during heat waves and to enhance its outreach to vulnerable groups in society. At the same time, it is scaling up its advocacy efforts with government institutions.

Climate risk management in Jakarta

Heat waves such as the one in 2003 demonstrate that climate change is a real issue for urban disaster risk management right now. However, climate change will have many impacts well beyond just higher temperatures, and also well beyond Western Europe. In fact, developing coun-



Children playing in flood water in East Jakarta

©Red Cross/Red Crescent Climate Centre

tries are projected to be most severely affected, largely because they are already more vulnerable to current extremes, and are less able to adapt to future changes.

Relatively simple interventions can often go a long way towards reducing climate risk in such situations. In Indonesia, the Indonesian Red Cross (Palang Merah Indonesia (PMI)) has invested increasingly in disaster risk reduction, in particular through integrated community-based risk reduction, which aims to strengthen the capacities of vulnerable communities. PMI has initiated a pilot project in two poor districts of Jakarta Province to explore how to integrate changing patterns of risk due to climate change – including increasingly erratic rainfall and sea level rises – into its regular operations, and

how to engage in new partnerships to enhance its knowledge base and advocacy impact. PMI is also experimenting with microfinance solutions for disaster risk reduction.

A rise in the sea level is of particular concern in Jakarta because parts of the city are already subsiding due to over-exploitation of ground water and soil compression by heavy construction. The areas most vulnerable to inundations caused by tidal waves and riverine flooding are inhabited by Jakarta's poorest people. In addition, climate change will affect the occurrence of vector-borne diseases such as malaria and dengue fever, as well as diarrhea (through increases in droughts and floods). All three of these diseases are already serious health problems.

a rise in the sea level is of particular concern in Jakarta because parts of the city are already subsiding

In May 2006, PMI conducted a participatory hazards, vulnerability and capacity assessment (HVCA) in the two pilot districts, in order to identify the strengths and weaknesses of households, communities and institutions; to raise public awareness of hazards, vulnerabilities and capacities; and to support communities in prioritising risk reduction activities. Instead of focusing specifically on climate change, the assessments discussed a broad range of concerns facing these communities, including natural hazards. The implica-

tions of climate change were investigated by discussing the history of disasters and diseases, the relationships between disasters, diseases, seasonal change (wet/dry season) and climate change; an analysis of trends and changes; and calendars of community activities, community income and gender-based economic issues. These results were complemented by information collected via secondary data, semi-structured interviews with key informants and transect walk/mapping. Together, this information provided a well-informed analysis of the hazards, vulnerabilities, risks and capacities in the targeted communities.

The assessment resulted in a community-based risk reduction programme. In many ways, the programme looks like any other PMI risk reduction project: its aims include improving access to safe water and health/hygiene facilities, informing people how to maintain a clean environment and raising awareness of risks within the community. Yet while climate change does not result in large changes in the nature of risk reduction activities, it is seen as an *incentive* to undertake more of these activities. Whereas in the past extreme weather events were considered bad luck or acts of God, today PMI helps people in the Jakarta slums to realise that they may well be facing an increasing risk of, in this case, floods, and that they are able to reduce that risk by better preparedness, for instance through a community-based early warning system, a contingency plan and a contingency fund (financed by the beneficiaries), and improved knowledge of community-based risk mitigation measures. Examples of such community-based mitigation measures to be implemented over the next few years include: the development of a warning dissemination system, including evacuation planning; regular exercises/drills; training individuals in disaster response behaviour; clean water supplies and sanitation; strengthened houses/facilities; and the construction of evacuation centres.

Conclusion

The two examples described here underscore several general messages about climate change and urban disaster risk. Climate change has important implications for urban disasters, and is a serious concern for humanitarian organisations dealing with urban risk. However, climate change does not require a completely different approach to disaster risk management. Instead, enhancing 'regular' disaster reduction is one of the best ways to mitigate the increasing risks. With small additional efforts (such as the establishment of networks of partners that can provide climate information or help address the rising risks, and the

Jakarta: communities give disaster management serious attention

At 62, Sanid must consider himself to be a little old to be drawing with colored pencils. But he looked excited Sunday, as he drew a sketch of his neighborhood with four of his colleagues. 'I'm a community head. I know my neighborhood better than anybody else', he told *The Jakarta Post*. 'It may not look good, but I guarantee its accuracy.'

Sanid was not making an ordinary drawing. He was making a map that will be used for disaster assessment, as part of a workshop on Integrated Community Based Risk Reduction held by the Indonesian Red Cross (PMI) at Rawa Buaya subdistrict, Cengkareng, West Jakarta. 'The locals know more about their environment than us', the workshop's coordinator, Rano Sumarno, told the *Post*. 'So they're the ones who know how to help themselves.'

After the tsunami hit Aceh province in 2004, people become more aware of the term 'disaster management', the dos and don'ts of facing adversity. However, training and workshops for disaster management usually take place in areas outside Jakarta, while calamities can happen anywhere and at anytime, from a flood to the spread of a disease.

'This is the first time we have done the program in an urban area like Jakarta', Rano said. During the workshop, residents were asked to make a map of their neighborhood. The maps will help assess which areas are the most disaster-prone and determine suitable evacuation routes. 'We usually ask the elders to make a timeline of all the disasters that have ever happened in the area', he said.

Based on an article in The Jakarta Post, 9 May 2006

incorporation of information about changing risks into risk reduction programmes), such efforts can be made even more effective.

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A clarification

Crisis Group would like to clarify statements in the article 'Earthquake *jihad*: the role of *jihadis* and Islamist groups after the October 2005 earthquake', by Jawad Hussain Qureshi (see *Humanitarian Exchange*, no. 34, June 2006), which may be taken to infer that Islamic Relief is an Islamist organisation that the international community should not be working in partnership with. Crisis Group did not intend to infer that Islamic Relief is a *jihadist* or an Islamist organisation. Islamic Relief is an international humanitarian organisation based in Europe and the United States. Islamic Relief has consultative status with the UN, is an ECHO Framework Partner and a member of the UK Disasters Emergency Committee (DEC). Islamic Relief, with its experience in Kashmir, was also the lead agency for the Kashmir earthquake response in the first few weeks of the emergency. It received funding from the British government, the DEC, UNICEF and several other donors.

Tackling urban vulnerability: an operational framework for aid organisations

Christine Wamsler, Lund University

With increasing urbanisation, cities in the developing world are growing both in population and area. At least a billion people worldwide live in slums.¹ They are forced to accept dangerous and inhuman living conditions, in which any natural event is likely to become a disaster. Poor access to land, overcrowding and low-quality housing – related to a complex system of socio-political, institutional and economic processes – lie at the heart of urban disaster risk. Nevertheless, international aid organisations accord low priority to both urban issues and disaster risk reduction (RR). While the need to integrate RR within the work of aid organisations is generally acknowledged, little has been done to identify how this could be achieved. Related operational tools are urgently required.

In February 2006, an operational framework for integrating RR into the work of aid organisations was published as a joint paper by the Benfield Hazard Research Centre in the UK and the Department of Housing Development and Management at Lund University in Sweden. Based on three years of research, the framework aims to support aid organisations with concrete tools and guidelines to:

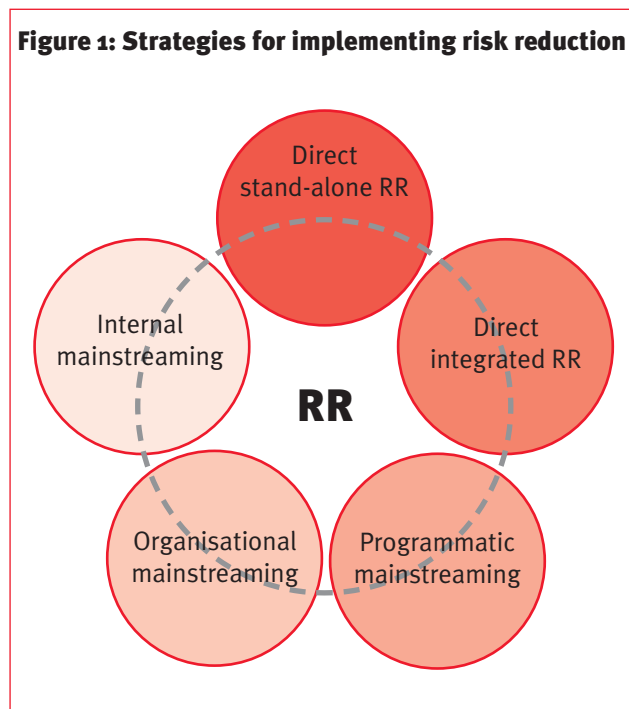
- evaluate the relevance of integrating RR within their organisation;
- identify and prioritise the different options for integrating RR;
- formulate activities for the selected option(s);
- evaluate possibilities for financing these activities; and
- define an implementation strategy.

Although the operational framework was developed for development aid organisations, its underlying ideas and concepts also apply to organisations working in relief. The framework can be used within a variety of cultural and geographic contexts, and it is relevant to all types of natural hazard and disaster. In addition, it offers more detailed guidance for aid organisations engaging in social housing and settlement development planning by providing sector-specific reference activities.

To validate the framework, questionnaires were distributed to operational staff and programme managers in different aid organisations, and three workshops were held (in Costa Rica, El Salvador and Sweden). The workshop participants, who were drawn from aid organisations in Africa, Asia and Latin America, carried out practical exercises to apply the operational framework. They were then asked to evaluate whether the tool was comprehensible, comprehensive/complete, relevant and applicable/useful. On average, the rating for all four

¹ UN-HABITAT, *The Challenge of Slums* (London: Earthscan, 2003).

Figure 1: Strategies for implementing risk reduction



aspects ranged between four and five (on a scale of one to five, five being the best). Finally, ways to surmount potential financial, political and institutional barriers to the implementation of the tool were discussed.

at least a billion people worldwide live in slums

The framework is currently being tested in practice in Central America by FUSAI (Salvadoran Integral Assistance Foundation) and UN-HABITAT-ROLAC (UN Human Settlement Programme, Regional Office for Latin America and the Caribbean), and in El Salvador and the Philippines by PLAN INTERNATIONAL.

Five complementary strategies for integrating risk reduction

The operational framework provides five complementary strategies for integrating RR within aid organisations (see Figure 1). The five strategies are:

a) *Direct stand-alone RR*: This is the implementation of specific RR projects that are explicitly and directly aimed at reducing disaster risk through prevention, mitigation and/or preparedness. These stand-alone interventions are distinct, and they are implemented separately from other existing project work carried out by implementing organisations. The objective is explicitly to reduce disaster risk, for

instance through establishing early-warning systems or institutional structures for risk reduction (e.g. specialised RR committees) and physical disaster mitigation (e.g. embankments to reduce flooding).

b) *Direct integrated RR*: This is the implementation of specific RR activities alongside, and as part of, other project work. The focus is still on direct and explicit RR through prevention, mitigation and/or preparedness, but with the difference that the work is carried out in conjunction with, and linked to, other project components. An example of this strategy would be the establishment of a local RR committee within the framework of a self-help housing project carried out by a social housing organisation.

c) *Programmatic mainstreaming*:² This is the modification of sector-specific project work in such a way as to reduce the likelihood of increasing vulnerability, and to maximise the project's potential to reduce risks. The focus is on the aid organisation's 'normal' project work, but in a way that takes into account the changing context created by the increasing frequency and severity of natural disasters. In other words, the objective of programmatic mainstreaming is to ensure that ongoing work is relevant to the challenges presented by natural disasters. However, in contrast to the two strategies described above, the project's objectives do not focus on RR as such. An example of such a strategy could be a settlement upgrading project which adjusted its loan/credit system to the needs of vulnerable households living in a disaster-prone area.

d) *Organisational mainstreaming*: This is the modification of organisational management, policy and working structures for project implementation in order to back up and sustain project work in RR (direct and/or indirect), and to further institutionalise RR. If integrating RR in project work is to become a standard part of what an organisation does, then organisational systems and procedures need to be adjusted. The objective is to ensure that the implementing organisation is organised, managed and structured to guarantee the sustainable integration of RR within project work.

e) *Internal mainstreaming*: This is the modification of an aid organisation's functioning and internal policies in order to reduce its own vulnerability to impacts created by disasters. The focus is on the occurrence of disasters and their effect on organisations themselves, including staff and head and field offices. The objective is to ensure that the organisation can continue to operate effectively in the event of a disaster. In practice, internal mainstreaming has two elements: i) direct RR activities for staff and the physical aspects of the organisation's offices, including setting up emergency plans and retrofitting; and ii) modifying how the organisation is managed internally, for example in terms of personnel planning and budgeting.

What follows is a hypothetical example of how an aid organisation – a Mexican social housing organisation

called UNAGI – might be triggered to apply these five strategies to its work: In response to the increased funding for RR being offered by international donors, UNAGI employs a new staff member with expertise in RR, and designs and implements a pilot RR project. The project aims to raise community awareness about disaster risk through the distribution of leaflets and the establishment of local RR committees. Thus, UNAGI becomes engaged in the *stand-alone direct RR strategy*.

With the experience gained from the pilot project, UNAGI then starts to include RR activities in its ongoing housing projects. For instance, it begins to raise risk awareness alongside its community training for self-help housing. Thus, it becomes involved in the *direct integrated RR strategy*.

One year later, UNAGI's managers decide that all projects should take greater account of disasters, and should seek to maximise their positive effects on reducing risks. Accordingly, UNAGI carries out research analysing the links between its social housing activities and disaster risk. In one project area, it finds that basing housing credits on income capacity makes it impossible for the people most vulnerable to disasters to qualify for UNAGI projects. Without doing any direct RR work, UNAGI responds to this finding by offering partial housing subsidies and smaller credits for physical mitigation measures in existing houses. In another area, community research provides evidence that beneficiaries are vulnerable to disasters due to their dependency on informal vegetable trading, and that past housing projects had increased their socio-economic vulnerabilities by resettling them far from their income activities. It is also discovered that these housing projects used roof tiles that were not durable, and were very expensive. Acting on these findings, UNAGI sets up a local material production workshop for concrete roofing tiles, to provide a more disaster-resistant and cheaper construction material. At the same time, the workshop allows some households to diversify away from vegetable trading. In both project areas, advice on disaster-resistant construction techniques is also provided. In this way, UNAGI becomes involved in the *programmatic mainstreaming of RR*.

Over time, UNAGI realises that its various efforts in RR are not sustainable in the long term because they are not institutionalised and/or anchored within the organisation's general management and project planning cycle. It thus starts to engage in the *organisational mainstreaming of RR*. As an initial step, the organisation revises its policy to formalise its commitment to integrating RR, and develops a financial strategy to sustain this integration. In addition, risk, hazard and vulnerability assessments become routine tasks in the planning phase of all social housing projects.

Several months later, there is an earthquake in Mexico. Unexpectedly, UNAGI is affected: its head office is damaged, four staff members are severely injured and there are problems communicating with field offices. This forces the organisation to engage in the final strategy: *internal mainstreaming of RR*. A team is formed to predict

² Generally, 'mainstreaming' signifies the modification of a specific type of work (e.g. development or relief work) in order to take a new aspect/topic into account and to act indirectly upon it. Thus, mainstreaming does not mean completely changing an organisation's core functions and responsibilities; rather, it means viewing them from a different perspective, and carrying out necessary alterations as appropriate.

the likely impacts of disasters on the organisation's finances and human resources, analysing potential direct and indirect losses (e.g. costs related to damaged buildings or vehicles, reduced reputation, staff absence and sick leave). Based on this work, UNAGI acquires an organisational insurance policy and improves its working structure, installing an enhanced communications system, introducing better processes for information sharing and revising its workplace policy. In addition, the head office is retrofitted to become more disaster-resistant.

How to use the operational framework

Apart from the comprehensive explanation of the five strategies for RR integration, the operational framework provides two rapid assessment checklists which an aid organisation can use to evaluate the relevance of integrating RR into its work, and the importance of each strategy. Once the appropriate strategies are selected and prioritised, the framework provides tables for the formulation of related project activities. These include:

- a) input and process indicators to get the RR integration process started;
- b) input and process indicators in the form of benchmarks, i.e. the operational state which an organisation should seek to achieve;
- c) output indicators; and
- d) reference activities and recommendations.

In addition, guidelines are offered on how international aid organisations can support and encourage the implementation of the framework through their local partner organisations, and how national implementing organisations can sustain this work financially.

Donor support for integrating risk reduction

International donor organisations can pursue essentially three approaches in support of integrating RR. Within each of these approaches, there are three alternatives, giving a total of nine options.

Approach 1: Offering partner organisations training, technical support, links to specialists and funding for:

- a) direct RR;
- b) mainstreaming RR; or
- c) comprehensive RR integration (i.e. a) and b) combined), but leave the partner organisations to decide whether, how and to what extent to engage in RR.

Approach 2: Imposing funding conditions to enforce the implementation of:

- a) direct RR;
- b) mainstreaming RR; or
- c) the comprehensive integration of RR (i.e. a) and b) combined).

Approach 3: Offering programmes for which interested NGOs can apply, which include technical assistance and

seed grants, for the purpose of guiding and accompanying the process of:

- a) integrating direct RR;
- b) mainstreaming RR; or
- c) the comprehensive integration of RR (i.e. a) and b) combined).

To date, the first choice of international organisations seems to be 1a). This leads to unsustainable risk reduction activities: once donor funding ceases, RR activities end. International funding organisations urgently need to recognise the importance of mainstreaming, and must be willing to support it financially.

Conclusion

If aid organisations continue to accord low priority to urban issues and are reluctant to look beyond the relief and reconstruction stages after a natural disaster occurs, the urban poor – the ones most severely hit – will remain caught in a vicious cycle of repeated disasters, relief and reconstruction. The operational framework presented here provides a basis for the sustainable integration of RR within aid organisations' work. It is a significant step towards reducing the vulnerability of the urban poor, providing a comprehensive extension of existing RR frameworks and concepts. It includes and integrates direct RR and the mainstreaming of RR, differentiates between three levels of mainstreaming and tackles physical, socio-economic, environmental and institutional aspects at both project and organisational level.

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Mortality surveys in the Democratic Republic of Congo: humanitarian impact and lessons learned

Richard J. Brennan and Michael Despines, International Rescue Committee, and Leslie F. Roberts, Columbia University

On 6 February 2000, the *New York Times* published an in-depth, front-page article on the then 17-month-old conflict in the Democratic Republic of Congo (DRC).¹ The article gave a nuanced account of what had been called ‘Africa’s first world war’, describing in detail the complex history and root causes, the regional politics, the interests of the involved parties and the international diplomatic response. What was most striking from the humanitarian perspective was the article’s clear underestimate of the human impact of the conflict. In particular, the reported death toll of 100,000 failed to convey the true scale or nature of the humanitarian crisis.

A limited mortality survey by the International Rescue Committee (IRC) in eastern DRC estimated that 12,000 excess deaths had occurred in Katana health zone alone by the time of the *New York Times* report. A toll of 100,000 for the entire country therefore seemed unrealistic. The newspaper’s significant under-reporting prompted the IRC to undertake a more comprehensive mortality survey in eastern DRC. Between 2000 and 2004, the IRC conducted four major surveys in DRC – two of them focused on the eastern provinces, the latter two countrywide.² The aim of this article is to describe the value and impact of these



A Congolese soldier in Bunia, DRC, May 2003

©Reuters/Anthony Ngununa, courtesy www.watertone.org

surveys, and the key lessons learned.

Documenting the humanitarian impact of war

Perhaps the major contribution of the series of surveys has been an improved understanding of the humanitarian impact of modern-day conflict in DRC and beyond. The first of the comprehensive studies estimated 1.7 million excess deaths in eastern DRC between August 1998 and May 2000. This was the first epidemiologically sound study of mortality in the Congo war, and alerted the international community to a death toll well in excess of that previously reported. The study received widespread – albeit brief – media attention, and its objective data helped to draw humanitarian and political attention to the under-reported crisis.

The three subsequent studies have revealed the conflict to be the deadliest since the Second World War. Although the Congolese war officially ended in December 2002 with the signing of a peace accord, fighting and insecurity have continued in large areas of the east of the country. Up to April 2004, a total of 3.9 million excess deaths had been attributed to the conflict. This figure dwarfs the death tolls of all the high-profile natural disasters and acts of terrorism of the past decade – in fact, it is more than four times the total number of deaths from all such disasters combined over the past ten years.³

In addition to documenting the scale of the crisis in DRC, the surveys also provided an insight into its nature by documenting the major causes of mortality. Most deaths were due to easily preventable and treatable diseases – less than 10% of all deaths were directly due to violence (this figure was around 2% for the last two surveys). The

1 I. Fisher et al., ‘Chaos in Congo: A Primer’, *New York Times*, 6 February 2000, pp. 1, 10.

2 L. Roberts, *Mortality in Eastern DRC: Results from Five Mortality Surveys* (New York: International Rescue Committee, May 2000), www.theirc.org/resources/mortality_i_report.pdf; L. Roberts, F. Belyakdoui, L. Cobey et al., *Mortality in Eastern Democratic Republic of Congo* (New York: International Rescue Committee, 2001), www.theirc.org/resources/mortII_report.pdf; B. Coghlan, R. J. Brennan, P. Ngoy et al., ‘Mortality in the Democratic Republic of Congo: A Nationwide Survey’, *The Lancet*, 2006;367:44–51; L. Roberts, P. Ngoy, C. Mone et al., *Mortality in the Democratic Republic of Congo: Results from a Nationwide Survey* (New York: International Rescue Committee, April 2003), www.theirc.org/resources/drc_mortality_iii_exec.pdf.

3 International Federation of the Red Cross and Red Crescent Societies, *World Disaster Report 2005* (Bloomfield, CT: Kumarian Press, 2005),

vast majority of deaths resulted from malaria, respiratory infections, diarrhoea, measles and malnutrition, reflecting the major social, economic and political disruption caused by the war. The fourth survey also demonstrated the strong statistical association between insecurity and increased mortality, indicating that improvements in security were the most effective means of limiting the death toll.

the conflict in the DRC is the deadliest since the Second World War

The demonstrated value of the Congo surveys contributed to a more consistent attempt by various agencies to document the scale and characteristics of war. Valuable mortality studies have since been conducted in Darfur, Iraq and Uganda, and the data has been used to advocate on political, security and humanitarian issues.⁴ All of these studies have contributed to a growing body of scientific evidence on the human impact of armed conflict.

Mobilising financial resources

Levels of humanitarian aid and international political engagement in DRC have remained completely out of proportion to need since the onset of the conflict. This situation was particularly bleak prior to 2001, and could in part be explained by the poor understanding of the scale of the crisis. Global aid contributions from all donors to DRC in 2000 totalled a paltry \$29 million. Following the release of the 2000 survey results, total humanitarian aid increased by over 500% between 2000 and 2001. The United States' contribution alone increased by a factor of almost 26 (see Figure 1).⁵ It is probably fair to assert that the mortality data played a significant role in increasing international assistance.

Despite these early, apparently dramatic improvements, aid to DRC in 2006 has still not reached the levels necessary to adequately address humanitarian needs. The release of each IRC survey has been accompanied by calls to increase assistance to the affected population. But this advocacy has never been as effective as it was after the release of the initial survey – in fact, between 2001 and 2004 aid levels appeared to plateau.

⁴ World Health Organisation, *Retrospective Mortality Survey among the Internally Displaced Population, Greater Darfur, Sudan, August 2004*, www.who.int/disasters/repo/14652.pdf; E. Depoortere, F. Checchi, F. Broillet et al., 'Violence and Mortality in West Darfur, Sudan (2003–2004): Epidemiological Evidence from Four Surveys', *The Lancet* 2004;364:1315–1320; L. Roberts, R. Lafta, R. Garfield et al., 'Mortality Before and After the 2003 Invasion of Iraq: Cluster Sample Survey', *The Lancet*, 2004;364:1857–64, www.who.int/hac/crises/uga/sitreps/Ugandamortsurvey.pdf; World Health Organisation, *Health and Mortality among Internally Displaced Persons in Gulu, Kitgum and Pader Districts, Northern Uganda. July, 2005*, www.who.int/hac/crises/uga/sitreps/Ugandamortsurvey.pdf.

⁵ OCHA, *Financial Tracking Service: The Global Humanitarian Aid Database*, <http://ocha.unog.ch/fts/reporting/reporting.asp>.

Data from the 2004 survey, which demonstrated that 38,000 excess deaths continue to occur per month, helped to keep the humanitarian situation in DRC before donors and was probably a factor in the 45% increase in total aid between 2004 and 2005. The study is also widely referenced in the United Nations' Action Plan 2006: Democratic Republic of Congo, which calls for a further dramatic increase in aid – to \$682 million.⁶ Nonetheless, total aid to the affected population is still only \$11 per person per year, and compares poorly with crises in Darfur (\$189) and Northern Uganda (\$102).⁷ To date, only 30% of the 2006 Action Plan has been funded.⁸

Influencing policy

The IRC surveys have helped to establish excess mortality as the most useful metric for communicating the scale of humanitarian need during a crisis. Data from surveys are the most widely accepted and frequently quoted measures to describe the humanitarian situation in DRC. This data has also been used by many agencies to advocate for policy change with decision-makers.

Data from the surveys has been referenced in policy documents and pronouncements by the United Nations, the World Bank, the European Union and the governments of Britain and the United States.⁹ The UN's *Action Plan* refers to the data in making its case for three key areas of intervention: saving lives, building a protective environment and promoting stability. Legislation currently before the US Congress directly quotes data and recommendations from the IRC in its proposed policy on relief, security and political transition in DRC. Since 1999, the UN Security Council has issued 38 resolutions on DRC, and refers to the humanitarian situation regularly in making its demands for progress in both the political and security realms.

Nonetheless, the experience of the significant, but still insufficient, increases in aid to DRC highlights a fact familiar to many public health and humanitarian professionals: the presence of objective data rarely results in swift, effective policy developments. Incremental change is more often the case – as we continue to see with respect to the international community's response to the political, security and humanitarian situation in DRC.

⁶ OCHA, *Action Plan 2006: Democratic Republic of Congo*, February 2006, [http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/2006_DRC_ActionPlan/\\$FILE/2006_DRC_ActionPlan.doc?OpenElement](http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/2006_DRC_ActionPlan/$FILE/2006_DRC_ActionPlan.doc?OpenElement).
⁷ R. J. Brennan and A. Husarska, 'Inside Congo, An Unspeakable Toll', *Washington Post*, 16 July 2006, p. B3.

⁸ OCHA, *Democratic Republic of Congo 2006: List of All Humanitarian Pledges, Commitments and Contributions, 2006*, http://ocha.unog.ch/fts/reports/reportlist.asp?section=CE&record_ID=707.

⁹ World Bank, *Democratic Republic of Congo: World Bank Approves US\$90 million Budget Support Operation*, 8 December 2005; European Commission, *The Humanitarian Crisis in the Democratic Republic of Congo*, http://ec.europa.eu/echo/field/drc/index_en.htm; Department for International Development, *Benn: Democratic Republic of Congo Suffering 'Forgotten Crisis'*, 13 February 2006, <http://www.dfid.gov.uk/news/files/pressreleases/dcr-forgotten-crisis.asp>; United States Senate, *Democratic Republic of the Congo Relief, Security, and Democracy Promotion Act of 2006*, Bill No. S.2125, <http://icreport.loc.gov/cgi-bin/query/F?c109:4:./temp/~c109plxdK:e845>.

Table 1: Health facility attendance and mortality in IRC-supported health zones

Health zone	Project duration (months)	% increase in clinic attendance	% decrease in excess mortality
Katana	31	137	88
Lubunga	26	112	50
Kabare	18	615	28

Notwithstanding the policy developments described above, the response of the international community remains out of proportion to the documented need in DRC, and further advocacy is required. It is largely for these reasons that IRC has continued to conduct regular mortality surveys in DRC, to provide updated data on the humanitarian situation.

the presence of objective data rarely results in swift, effective policy developments

Another important lesson from the surveys was that the method by which study findings are released can significantly influence the ability to influence policy. After lengthy internal debate, the results of the first survey in 2000 were not released through a peer-reviewed publication, as the lead investigator had recommended. Rather, negotiations with the *New York Times* led to front-page coverage – in exchange for the *Times* having the right to release the story. Similarly, the 2001 survey was initially reported on the front page of the *Washington Post*. For the purposes of securing the attention of policy-makers and the media, this was probably the most effective means of releasing the results of the studies. Subsequent peer-reviewed publication of the third and fourth surveys has helped to validate the methods and findings, as well as leaving an important footnote in the literature and making these studies more accessible over the longer term.

Prioritising, targeting and evaluating interventions

While data from the surveys has been invaluable for advocacy, IRC is primarily a humanitarian agency and has used the data to guide the implementation of its own public health interventions. The data has been used to design, target, evaluate and scale up health activities, especially in the most seriously affected areas in the east. Programme emphasis has been on ensuring access to good-quality primary health care services, through the support of facilities and systems at the health zone administrative level.

Data from the surveys and other programme indicators has been useful in demonstrating the effectiveness and impact of the programmes. In three eastern health zones, for example, IRC was able to document significant reductions in excess mortality over the course of its programme. While IRC does not claim that its health programme was directly responsible for these declines in

mortality, major increases in health service utilisation over the same period suggest that the programmes contributed to the general improvement in the health status of the community (see Table 1).

Survey data has also contributed to a further scaling up of health programme interventions, especially in infectious disease control, child survival and reproductive health. IRC health programmes now reach an estimated 1.35 million people in 11 health zones in three provinces.

Contributing to the science and practice of field epidemiology

A significant contribution of the first mortality survey was that it demonstrated that valid, population-based data could still be collected in austere, relatively insecure areas, even when population numbers were unknown. The successful conduct of the study required good local knowledge, strong logistics support and flexibility in data collection methods. This survey used a combination of methods to sample the population, depending on the context. In fact, it was the first major mortality survey to our knowledge to use systematic spatial sampling, and the first to use random points identified with a Global Positioning System (GPS) unit for selecting households. While three of the five districts were surveyed using classic cluster sampling methodology (sampling proportional to population size), the two districts for which the population numbers were unknown were surveyed via spatial sampling methods.

A combination of cluster, spatial and systematic random sampling methods was used for the subsequent surveys. In practice, cluster sampling is the most commonly used methodology for mortality surveys. This method was initially designed and validated to estimate vaccination coverage – it was not developed to measure mortality rates. But, while not ideal for that purpose, it is the most practical method available in humanitarian settings.

One limitation of the cluster methodology is that larger samples are required to provide as precise an estimate of mortality as would be given by other more rigorous, yet impractical, methods, such as simple random sampling (the method used during opinion polls). Epidemiologists often refer to the ‘design effect’ – the factor by which the sample size is increased to give as precise an estimate when using the cluster method compared to simple random sampling. Classically, the design effect is assumed to be two when estimating vaccination coverage or nutritional status. But the IRC surveys have shown that, during mortality surveys, the design effect may be significantly higher, and even larger sample sizes may therefore be

required. For the IRC's 2004 survey, a design effect of four was assumed and a sample size of 19,500 households chosen. This is the largest such survey ever conducted in a humanitarian setting, and again demonstrated that such comprehensive surveys can be conducted, given the appropriate technical and logistic support.

The surveys have also contributed to several important debates within the humanitarian community. As noted, they have played an important role in establishing excess mortality as the most important measurement for estimating humanitarian need. They have helped to stimulate the exploration of improved field epidemiology methods in humanitarian settings – not only of sampling methodologies, but of questionnaire design and cause of death determination. They have also contributed to initiatives to make the design, conduct and reporting of mortality surveys more consistent across agencies and

contexts. Finally, they have suggested a mechanism by which the effectiveness of humanitarian response – political, security and relief efforts – can be most effectively monitored over time. That is by tracking the most important indicator of all humanitarian indicators: excess mortality.

Sadly, based on the series of IRC surveys, the humanitarian response in DRC, in all its dimensions, has fallen well short of what has been required to address the documented needs.

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'It is difficult to escape what is linked to survival': sexual exploitation and food distribution in Burundi

Nona Zicherman, CARE Burundi

CARE International has been a key partner of the World Food Programme (WFP) since the outbreak of Burundi's civil war in 1993, distributing emergency food aid to refugees, returnees, internally displaced persons, female-headed households, orphans and other vulnerable people in 16 of Burundi's 17 provinces. In 2005, CARE distributed over 31,000 tons of food to over 800,000 beneficiaries.

As the security situation in the country has improved, the programme has moved from generalised emergency feeding to semi-regular 'targeted distributions'. WFP and the government allocate food resources based on agricultural production and food security data (collected on a quarterly basis with the Food and Agriculture Organisation (FAO)). Implementing partners and local government officials are supposed to identify households that meet pre-established vulnerability criteria, and are thus included in the beneficiary lists. According to WFP's criteria, vulnerable groups include the handicapped, people suffering from incurable diseases, people with caring responsibilities for children, orphan heads of households and people without access to land.

There are several challenges associated with this approach to food distribution. First, given the highly vulnerable state of the Burundian population after 13 years of civil war, and the fact that the vulnerability criteria are fairly imprecise, the number of households that meet the criteria almost always exceeds the resources available. Second, leakage associated with the distribution of humanitarian aid is extremely common: widespread corruption, a lack of transparent, participatory local governance structures and a culture of impunity at all levels mean that village heads, local politi-

cians, merchants and others routinely use their power to have themselves or members of their families inscribed on the lists in place of 'real' vulnerable individuals. While community-based targeting techniques could help address much of this problem, WFP has been slow to embrace such new approaches. The fact that the recipients of the targeted distributions are not fixed, and distributions rarely occur in the same village twice, also complicates efforts to create or empower beneficiary committees or other local bodies that could participate in targeting.

Between May and December 2004, CARE carried out a study of the impact of food aid on community power relations and social networks. This study, which echoed anecdotal evidence gathered by teams in the field, confirmed that there were many irregularities associated with the creation of beneficiary lists, and that food distribution was often an opportunity for powerful cliques within the village to affirm or consolidate their power over more vulnerable members of the community. At the same time, CARE was implementing gender and diversity training for all staff and developing a code of conduct which, while being sensitive to the local context, would address issues of sexual harassment and exploitation, both within the mission and *vis-à-vis* project beneficiaries. This led CARE to question whether sexual harassment and exploitation were among the ways in which power over food aid was being exercised. CARE conducted a study between October 2004 and June 2005 in order to document whether sexual relations were being used as a means to access food aid, to identify the reasons and mechanisms behind such abuse if it was taking place and to develop strategies to reduce the risk to beneficiaries.

Methodology

Sexual harassment and exploitation are obviously very sensitive topics, particularly within the cultural context of Burundi. Indeed, the 2004 study of power relations, which used traditional qualitative research methods, did not produce any direct evidence of such practices. For the research into sexual exploitation, CARE decided to use an experimental approach to answer the question of whether sex was used as a means to obtain food aid. Partnering with a local theatre group called *Tubiyage* ('Let's talk about it'), which has extensive experience in facilitating community discussions on ethnic conflict, sexual violence, HIV/AIDS and other sensitive subjects, the research team used interactive theatre techniques to introduce the subject in focus groups and public forums, and to elicit testimonials from victims.



A young woman carries a box of food aid

Special use was made of the 'invisible theatre' technique: while beneficiaries were gathered and waiting at a food distribution point, two or three actors mingled with the crowd and posed as members of the general population. A 'situation' with a sexual violence theme was created involving the actors and members of the crowd who, not realising there were actors present, intervened to resolve the situation. Afterwards, the actors revealed themselves and facilitated a discussion regarding the community's response to the situation. The invisible theatre sessions were complemented by 18 focus groups with female beneficiaries, as well as semi-structured interviews with administrators, village sages (*bashingantahe*), local association leaders, priests and merchants.

Findings

The interactive theatre sessions produced strong reactions from the crowd: murmurs of agreement and giggles. The actors overheard comments such as 'that happens, that happens; you know how much they dishonour us!'. In the focus group discussions and semi-structured interviews, both victims and perpetrators confirmed that sexual harassment and exploitation were present in the food aid process. Exploitation took place in secret and was never discussed openly, and certainly not during the public validation of beneficiary lists, where irregularities are supposed to be identified. Widows and other single women, either without husbands or without grown-up sons, were found to be particularly vulnerable, as they

had no adult males in the household to protect their reputation, and no money to bribe the village heads to include them on the lists.

Fear that they would be excluded from the lists was the main factor which led women to submit to requests for sexual favours:

The chief came to my house and asked if I could share a beer with him. Afterwards, he told me that he wanted me to be a beneficiary but that I had to be available for him. I accepted because I didn't have any other means and I had already missed the food aid twice.

The chief came to my house with the list of beneficiaries. He showed me all the names that had been erased and tells me that my name will be erased if I don't have sexual relations with him.

If the chief comes and you refuse, he will definitely erase you from the list.

This fear is well-founded. As one woman noted:

The administrator asked me to have sexual relations with him, but I refused. From that day on I could not benefit from the WFP food aid or from any other services of the municipality.

Perpetrators are generally those who establish the beneficiary lists: this public function gives them a power that they abuse. Women interviewed suggested that, along with demanding sex as a last resort when a woman cannot pay a bribe, chiefs use the development of beneficiary lists as an occasion to target the most beautiful women and girls for sexual harassment. Local officials justified requests for money, and sometimes for sex, by saying that chiefs needed to be compensated for the time spent preparing the lists. As one local village head put it: 'if the woman does not say no, the man will take advantage of the situation'.

The participants in the theatre presentations and focus groups also unanimously confirmed the presence of bribes and other forms of corruption. Current practice is for those who establish the lists to put themselves first, followed by their family members and those who are able to buy beer for the individual in charge of the list. Focus group participants employed a Kirundi proverb to explain that the richest benefit the most from food aid: 'the

breeders of the herd [i.e., the richest] receive that which is meant for the poor’.

Recommendations

Participants in the study suggested procedures to reduce the incidence of sexual harassment and exploitation of food aid beneficiaries. These included:

- always having an employee of WFP or CARE present during the creation of lists to ensure transparency;
- electing mixed committees of beneficiaries, including women, to monitor list creation and food aid distribution;
- involving local associations such as women’s groups, church groups and village development committees in the creation of lists;
- asking secondary school students who can read and write to create the lists;
- ending the involvement of the local administration in the creation of lists; and
- ensuring that list validation is done publicly in every village, with the active participation of women and young people.

These suggestions confirm what CARE knows from other settings: supporting transparent local structures and encouraging the meaningful participation of women will reduce sexual exploitation and other forms of corruption and abuse. The role of the local administration remains a complicated question; while the study identified local officials as the primary drivers of abuse, experience shows that side-stepping them completely can cause significant conflict between participatory structures (such as benefi-

ciary committees) and local authorities, and leads them to actively undermine project activities. In the context of Burundi’s post-conflict transition, where local officials have been elected for the first time, the government and donors such as WFP are insisting on more, not less, collaboration with the local authorities.

The study has proved to be a powerful tool for advocacy with WFP. Since sharing its findings CARE has been allowed to devote more human resources to monitoring the development and public validation of lists, and the agency has been experimenting with new approaches, including separate validations with men and women and involving local partners, such as the Burundian Red Cross and the Catholic Church Diocese Committees, who are helping CARE agents to monitor targeting and list development at the village level.

CARE hopes that involving diverse local actors and promoting multiple mechanisms by which beneficiaries can express themselves can help to reduce sexual exploitation and corruption, and enable food aid to reach the most vulnerable people without becoming a source of power and a tool of abuse.

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Emergency interventions in the arid and semi-arid areas of northern Kenya

Mike Wekesa, Irene Karani and Sheila Waruhiu, Acacia Consultants

This article is based on an external evaluation of the October 2004–September 2005 CORDAID Drought Emergency Programme (DEP) in Mandera, Turkana, Marsabit and Samburu districts of northern Kenya. The Programme was funded by ECHO, CORDAID and Caritas Switzerland. It was implemented in response to the drought which affected most districts of northern Kenya from early 2004. Its immediate objective was to enable target populations to benefit from improved access to food, water and health services and to enhance their capacity to maintain their breeding animals. This article discusses the findings and lessons learnt from the evaluation. These findings are applicable in other drought-related emergency programmes worldwide.

Findings

Causes and exacerbating factors

The emergency had several causes and exacerbating factors. First, Kenya’s arid and semi-arid lands have experienced increasingly frequent droughts in the last two

decades. This means that households in these areas have not had sufficient time to recover from previous droughts before the next one hits, increasing their vulnerability to food insecurity and poverty. Second, conflict in these areas exacerbated the effect of the drought, disrupting lives and livelihoods and preventing external assistance from reaching affected populations at the right time.

The relevance of the DEP interventions

The DEP interventions were in three main sectors – water, health/nutrition and livestock/food security. These were relevant to the needs of the vulnerable populations for several reasons. First, livestock forms the basis of the livelihoods of pastoralists.¹ Drought has a direct effect on

¹ Kenya’s arid and semi-arid areas cover 80% of the country’s total land surface, and are home to a third (36%) of its people. Currently, over half of the country’s livestock population is located in these areas, and they account for more than 80% of eco-tourism. The livestock sector provides 90% of jobs and more than 95% of family incomes.

the performance of the livestock sector, and hence on the food and livelihood security of most pastoralists. The provision of adequate water, and ensuring that sufficient livestock assets remain, was thus crucial.

Second, inadequate pasture and water for livestock led men to migrate to other regions in search of better pastures. Women, children and the elderly remained behind, with little means of survival. Food availability and access sharply declined, and drinking water became scarce. Inadequate food undermined the nutritional and health status of most households, while water scarcity often led to unhygienic conditions, resulting in water-borne diseases such as diarrhoea and typhoid. The lack of food, combined with compromised health conditions, led to malnutrition and increased morbidity and mortality, especially among children under five years of age, the elderly, the sick and HIV/AIDS patients. Consequently, targeting the livestock/food security, health/nutrition and water sectors during the drought emergency was relevant and appropriate, and this strategy could be replicated in other emergencies in pastoral areas.

Working through partners

CORDAID's implementation strategy, both for emergency response and for long-term structural development, is to work through implementing partners. There are several advantages and disadvantages in doing this, and these were in evidence in the programme under review. The advantages include:

1. Partners have a local presence in the area of operation.
2. Partners have an on-going relationship with communities, thereby making the mobilisation of local resources for implementation easier.
3. Partners have indigenous technical knowledge and understanding of local conditions, local culture and local coping strategies.
4. The staff of implementing partners are often local, and therefore face no language difficulties.
5. Partners have developed networking and collaborative relationships with other agencies and organisations. These relationships can be very useful in implementing emergency interventions.
6. Local people are more willing to trust implementing partners, especially because most of the community-based organisations and local NGOs are established by people from the same location.
7. It is less costly from a financial and administrative point of view for CORDAID to work through partners.
8. Most implementing partners have considerable experience in doing community-based interventions, and therefore have an advantage in working with the local governance structures to implement interventions.

Some disadvantages of working with partners include:

1. The lead agency may not control the final outcomes of interventions.
2. Issues of quality control arise in implementation.
3. Some partners may not follow reporting and financial procedures.

4. The lead agency may miss important lessons in implementation because it does not have a presence on the ground.
5. The implementing partner may develop a 'dependency syndrome' on the lead agency and may lose its independence (i.e. activities and ideas can be donor-driven).

Ultimately, it is more effective and desirable to work through local partners because it means that local capacity to implement interventions is strengthened and remains in the area of operation. This may not be the case if an international NGO implements programmes directly.

Linkage and coordination among the different DEP interventions

At the beginning of the programme, all partners attended an inception workshop. Midway through they attended a lesson-learning workshop. The evaluation found that, in areas where there was more than one implementing partner, collaboration and synergy in project activities through partner coordination and collaboration was vital. The degree of collaboration had a direct influence on the impact of interventions. The targeting of vulnerable households had to be done jointly by the agencies in order to ensure maximum outputs. In one area, for example, one partner was implementing a de-stocking programme, while another was implementing a supplementary feeding programme. If both these agencies had targeted households jointly, the net effect of the intervention would have been much higher than otherwise in terms of increased nutritional status. Collaboration between agencies requires concerted effort.

Community participation

Overall, community participation in the identification and planning of most of the DEP interventions was satisfactory in all four districts. Community participation and involvement in the identification, planning, implementation, monitoring and evaluation of drought interventions is an important consideration, and one which influences the effectiveness and sustainability of a programme. Effective community participation and involvement increases community ownership and community contributions (both financial and in kind) and enhances the sustainability of project outputs in the long term. Furthermore, it is important to ensure that gender issues are considered in such interventions. For example, in pastoralist areas women are responsible for domestic water. An emergency intervention that seeks to improve the availability of and access to domestic water must involve women and girls in planning and design. Issues to do with the distance to the water source, providing fetching facilities such as plastic containers, ensuring that domestic water is not obtained from the same point where livestock is drinking (to avoid contamination) are all key to an intervention's effectiveness in terms of gender and water availability and access.

Lessons learned

Programmatic lessons

1. Supplementary and therapeutic feeding programmes must be implemented alongside general distributions.

2. Vouchers are an excellent way of providing easily accessible and appropriate foodstuffs to vulnerable households, as opposed to general food distributions. This is because families have the flexibility to purchase food and non-food items to meet their daily needs.
3. In order to be effective, interventions must be provided as a package (water, food, opportunities for community members to access cash), not as isolated individual interventions. If interventions are not offered as a consolidated package, the material that is offered to communities may be sold to enable people to access other items.
4. Agencies should not shy away from experimentation, and should be innovative in delivering assistance to communities during emergencies.
5. Conflict resolution and management must be an integral part of drought interventions; conflict escalates during an emergency situation due to the scarcity of pasture and water resources.
9. Working with local government is crucial to ensuring that project activities have the backing of local people, the local administration and the political leadership.
10. For emergency interventions, procurement procedures should be kept very simple and purchases should be made locally by the relevant and appropriate agencies.
11. When working through partners, it is important that all partners are inducted into the overall programme at the outset. During implementation, it is also important that lesson-learning workshops are held with all partners for peer review and information exchange on best practices.

Drought emergency lessons

6. The persistence of the drought emergency in the arid districts may call for long-term safety-net programmes, irrespective of whether the rains have come or not. Such programming may enable pastoralists to recover sufficiently that they survive the next drought.
7. Emergency activities take place within a cultural and traditional context, which must be respected and adjusted to; if not, interventions may be going against cultural norms.

Institutional lessons

8. Contracting skilled labourers on a fixed-term basis rather than on a daily basis is more cost-effective and enables contractors to work faster because they know that, no matter how long they may take to complete a task, this does not alter what they are paid. This also applies to cash for work and food for work schemes. A certain measurable amount of work must be given a certain value.

Conclusion

The Horn of Africa is unique in that communities experience a complex combination of repeated drought and conflict. Agencies working in these areas need to be prepared to respond to these emergencies, even though their focus may primarily be on development. This CORDAID evaluation is useful because it highlights several points that will need to be considered by all agencies engaging in emergency work in the Horn. Issues such as targeting livestock as well as the community are important in ensuring that the livelihood of the community in general is preserved. Having close links with agencies based in these areas will be another important way of ensuring that emergency interventions are effective, since these agencies will have a good understanding of local conditions and, hopefully, of the extent of the shock that has affected the community. Implementing agencies will also need to find ways of empowering communities so that they are better prepared for drought. Finally, there is a need for greater flexibility in donor funding in order to enable agencies to engage in both relief and development work.

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Lessons from an ecumenical humanitarian consortium: the ACT/Caritas Darfur emergency response operation

John Borton, ACT/Caritas DERO, Erik Johnson, Danchurchaid, and Anne Masterson, ACT/Caritas DERO

This article reports on the lessons so far identified from a large, multi-sectoral humanitarian relief effort implemented through a multi-agency ecumenical consortium. It is hoped that the sharing of this experience will enable other agencies to draw on such lessons and stimulate further sharing of experience on the merits and challenges of operational humanitarian consortia.

Catholic and Protestant church agencies have a distin-

guished history of collaborating in their response to humanitarian need. For instance:

- In the late 1960s, a group of Protestant and Catholic agencies combined to form Joint Church Action (JCA), one of the main channels for international humanitarian assistance to Biafra during the Nigerian Civil War. Between August 1968 and December 1969, JCA airlifted over 60,000 tonnes of relief to the Biafran enclave.



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A farmer ploughing next to his destroyed home in Garsila District, West Darfur, in July 2005

The scale of the collaboration is impressive: DERO provides a broad range of services (primary health, environmental health, nutrition, non-food items, agriculture, education, psychosocial, protection and peace-building) to approximately 325,000 internally displaced people, host communities and affected populations in 37 separate locations in South and West Darfur. Funding for these operations is provided by 60 ACT and Caritas member organisations around the world (six also channel funds from ‘backdonor’ bilateral and institutional funding sources), and expenditure was \$31 million during the operation’s first 18 months. Although the reduced availability of funding for humanitarian agencies in Darfur has meant some scaling back of the programme in

- In the famine operations in Ethiopia in the 1980s, a group of Protestant, Orthodox and Catholic organisations formed the Joint Relief Partnership (JRP), which distributed over 400,000 tonnes of food between 1985 and 1986. JRP continued to distribute relief food until 2004.
- In South Sudan, collaboration between Protestant and Catholic churches dates back to the 1980s, including the Sudan Ecumenical Operation Consortium (SEOC) and its successor, Church Ecumenical Action Sudan (CEAS).

One feature of such collaborations is that they take place in areas where the participating churches have some sort of prior presence on the ground – congregations, churches, administrative offices, etc. Another common feature is that there is typically a geographical or functional division of labour between the participating agencies.

The ACT/Caritas Darfur Emergency Response Operation

For the last two years, a large ecumenical consortium formed by Action by Churches Together (ACT) and Caritas Internationalis has been making a significant contribution to the international relief efforts in Darfur.¹ The ACT/ Caritas Darfur Emergency Response Operation (DERO) differs in two main respects from the earlier collaborations:

- It is working in an area where the population is almost entirely Muslim, and the operation has had to build up its infrastructure almost from scratch.
- The collaborative effort of its international elements is organised within a ‘single management model’ so that staff seconded from an ACT member agency may report to a person recruited from a Caritas Internationalis member agency, and all report to a single director.

¹ ACT is a global alliance of 150 Protestant and Orthodox churches and related agencies responding to emergencies; Caritas Internationalis is a confederation of 162 Catholic relief, development and social service organisations.

2006, planned expenditures during the current year remain substantial, at \$15m. In addition to the provision of funding, 13 ACT and Caritas member agencies have seconded international personnel to the operation.

Operationally, DERO is a consortium comprising:

- Norwegian Church Aid (NCA), which has been working in Sudan since the 1970s and serves as the lead agency for ACT in DERO.
- The Catholic Fund for Overseas Development (CAFOD), which serves as the lead agency for Caritas Internationalis within DERO.
- The Sudan Social Development Organisation (SUDO), a northern Sudanese relief, development, human rights and advocacy NGO.
- The Sudan Council of Churches (SCC), comprising 14 member churches undertaking relief and development work.
- Sudanaid, the relief and development department of the Sudan Catholic Bishops Conference and national member of Caritas Internationalis.

Catholic and Protestant church agencies have a distinguished history of collaborating in their response to humanitarian need

Since October 2005, governance of the consortium has been provided by a 13-member board comprising representatives of the five partner agencies, the CI General Secretariat and the ACT Coordinating Office, and other ACT and CI member agencies supporting DERO. The chair rotates between the CI General Secretariat in Rome and the ACT Coordinating Office in Geneva.

Within the consortium, NCA provides the legal basis for the operation in Sudan as well as taking lead responsibility for logistics and financial management. CAFOD takes lead responsibility for the recruitment of international personnel. The ACT Coordinating Office in Geneva takes lead responsibility for pledging and fundraising within the ACT Alliance, whilst CAFOD has this responsibility within the CI Confederation. Funds are channelled to DERO via NCA in Oslo and Khartoum.

The planning, implementation and monitoring of activities in Darfur are undertaken by staff from the ACT/Caritas programme, SCC, Sudanaid and SUDO, working in close collaboration. During 2006 and 2007, ACT/Caritas staff will gradually hand over directly implemented activities to the three national partners, so that the role of the ACT/Caritas 'programme' becomes a support office providing funding, logistical and capacity-development support.

As well as enabling the ACT Alliance and the Caritas Internationalis Confederation to mount a substantial and effective ecumenical response to the humanitarian needs in Darfur, DERO is also seen as having symbolic value for the two networks by demonstrating solidarity with people of different faiths. As the 'north' and 'south' of Sudan attempt to rebuild and achieve reconciliation and lasting peace following a long civil war, the coming together of the three Sudanese partner agencies demonstrates shared values despite the different cultural and religious backgrounds of the organisations involved.

Lessons identified and learned

Recognising the uniqueness of the operation and the need to learn during its implementation, DERO's initial governing body implemented a learning process involving a consultant 'Learning Support Adviser', an independent evaluation and three Learning Reviews. Among the mid-course modifications made to DERO as a result of these mechanisms, probably the most significant was the October 2005 replacement of the loosely structured initial governing body with the DERO Board, with its wider representation, greater transparency and clearer lines of accountability.

Taken together, these learning mechanisms have yielded valuable insights. An important area for lesson-learning was the start-up phase from July 2004, which was over-ambitious, rushed and, as a result of difficulties in recruiting and retaining good managers, poorly managed. A steep increase in the number of IDPs in South Darfur in late 2004, and the arrest of four key national staff at the beginning of 2005, apparently as part of government harassment of NGOs involved in protection work, exacerbated the difficulties. So severe were the problems experienced during the start-up phase that, by the end of 2004, at least one funding member agency had withdrawn its funding. The arrival of a new director and new senior managers in January 2005 restored confidence. Implementation rates and the quality of reporting were quickly improved, and funding that had been withdrawn was reinstated.

Whilst the operational context was extremely demanding, the principal lesson from the start-up phase was that

building up infrastructure, staffing and programmes should have been phased, so that both sectors and geographical areas of intervention were added successively as organisational infrastructure was developed.

However, the experience points to other important lessons for both ACT and Caritas, whether considered separately or jointly. These other lessons include the following:

- *Capacities to undertake effective emergency set-up were inadequate.* This points to the need for the Caritas and ACT networks to establish emergency set-up teams consisting of specialists in a range of areas, including general management, finance management, HR and personnel management, logistics management, IT and communications and administrative support. Caritas Internationalis is in the process of identifying and training rosters of specialists from its member agencies.
- *Both networks need to recognise that they have very few individuals among their staff with experience of providing leadership in large operations.* This might be addressed through more effective staff development programmes or the deliberate recruitment into particular member agencies of individuals who have gained such experience with some of the large operational humanitarian NGOs or with UN agencies.

In large part, these two lessons reflect the fact that the majority of ACT and Caritas organisations implement primarily through local partner organisations. Whilst this offers significant benefits in the longer run, it also presents particular challenges for the rapid establishment of large, operational programmes in difficult operating environments. In 2004, a programme on the scale of DERO was an ambitious venture for the two networks to take on. Both have since been taking steps to improve their capacity to rapidly establish operational programmes, and have acknowledged the need to improve their human resource capacities and procedures.

- *It should be recognised that newly created consortia face significant challenges over ownership, identity and the allocation of responsibilities. Such issues need to be specifically addressed.* To achieve this would probably require the implementation of the following two lessons.
 - *Governance mechanisms need to be established before key decisions are taken.* In DERO's case, several critical decisions had been taken even before the initial governing body had been formed, and some six weeks before its members physically met together. With the benefit of hindsight, decisions on such critical matters should have been taken by a group that was more inclusive of the key stakeholder organisations and which, given the scale of the commitments being taken on, involved more senior managers within the organisations.
 - *In any new consortia, the organisations involved need to undergo a structured process of 'getting to know' each other at the outset.* As the two lead agencies, CAFOD and NCA accept that they should have taken earlier and more conscious steps to

understand each others' values, policies, ways of working and areas where their capacities were well developed and less developed.

- *National partners must be involved from the beginning in key decisions and governance mechanisms, and the commitment to develop their capacity should be monitored by the governing body.* In DERO's case, the national partners only came to be included in the governing body once the new Board was established in October 2005. In retrospect, DERO would have benefited greatly from the earlier creation of posts with specific responsibility for 'Partner Support' and the undertaking of formal capacity assessments of *all* partners. In addition, local partners' institutional knowledge of the local context was not fully captured by the consortium during this stage. Formal capacity assessments should be undertaken during the first few weeks of all new operations by a person/team working separately from any 'set-up' team.

In addition to the lessons that flow directly from the challenges experienced during the start-up phase, there are other, more general, lessons emerging from DERO's experience. These include reflections such as:

- *Both networks have only limited capacity to provide effective backstopping to key operational sectors and organisational functions.* One way in which this might be addressed would be for selected agencies within the ACT and Caritas networks to commit themselves to developing expertise and capacity in relation to specific sectors.
- *The current appeals systems followed by both ACT and CI, which consist of appeals covering 12 months, or in DERO's case 18, are problematic.* The lack of funding certainty and the tendency for donated funds to arrive over several months of the implementation period, rather than being concentrated at the beginning, limits the ability of programme managers to undertake forward planning, which in turn limits their ability to be cost-effective and places heavy demands for timeliness and accuracy on financial management systems. A suggested way of achieving greater certainty for planning would be for a proportion of the funding target to be underwritten by some sort of revolving fund, so that that proportion would be guaranteed to the programme regardless of the amounts eventually raised.
- *Accommodating the accountability requirements of institutional donors is inherently difficult in a consortium with a single management structure.* Institutional donor funding is generally more predictable than privately raised funds, and can provide valuable longer-

term support when large-scale emergencies have faded from the headlines and privately raised funds diminish. The consortium approach requires contract holders for particular donor grants to delegate implementation responsibility to the consortium, whilst retaining reporting and contractual responsibility to the institutional donor. This challenge is often a critical factor deterring agencies from participating in consortia.

DERO's experience has been that it is possible to develop structures and systems that provide the required level of accountability, whilst respecting the consortium's line management structure. A good example was ECHO funding channelled to DERO's environmental health activities by Danchurchaid, which seconded a staff member to DERO to ensure that DCA's responsibilities to ECHO were fully met. The relationship with the institutional donor requires careful management, and DERO's experience has been that this is best provided by channelling all relations with a particular institutional donor through the member with the most experience of working with that donor. Where necessary and appropriate, the costs of the administrative contribution involved in such 'single channel' arrangements can be shared with other agencies' headquarters.

Conclusions and a look to the future

DERO proves, once again, that ACT and Caritas can collaborate effectively in running a large joint operation. However, DERO takes previous collaborations a step further by proving that such operations can be undertaken in areas where the existing church infrastructure is virtually absent, and that the model of a single management structure can work as a means of achieving effective ecumenical operational programmes.

Whilst a number of the lessons from DERO's experience are already feeding through into the policy and practice of ACT and CI and their respective members, it remains to be seen whether the DERO model, with its single management structure, will be replicated in other contexts. Initial work is underway to identify contexts where the structures and relationships between ACT and Caritas members are conducive to joint humanitarian operations. It is hoped that ACT and Caritas will build upon their and DERO's experience, and that other combinations of lead agencies will be able to provide the necessary leadership and support to future ecumenical consortia.

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The meaning and measurement of acute malnutrition in emergencies: a primer for decision-makers *Helen Young and Susanne Jaspars Network Paper 56, November 2006*

The prevalence of acute malnutrition is one of the most widely used indicators of the severity of humanitarian crises, yet there is very little simple and straightforward guidance on how to conduct nutrition surveys, and how to understand and use their results. This Network Paper aims to fill this gap by helping decision-makers obtain and apply nutritional information and analysis. In non-technical language, it describes some of the basic concepts used in nutrition, sets out the purposes to which nutrition information is typically put, and explains how nutrition surveys are constructed and interpreted.

NGOs as political actors: a Japanese approach?

Emily Perkin

Japanese NGOs are relative newcomers to the international NGO scene. They are small compared to their counterparts from the rich countries of Europe and North America, and their contribution often goes largely unnoticed by the wider aid community. However, they ought to be given greater consideration. They act as a link between poor people in developing countries and the political and financial resources of the world's second-largest economy. They also come from a historical and cultural tradition that is very different to that of the rich countries of the West, and thus they may offer a useful and alternative approach to the overall business of aid work.

This article presents a brief sketch of Japanese NGOs, with a particular emphasis on those working in Afghanistan.¹ Afghanistan provides a relevant context because the difficult political climate and the complex multitude of aid actors there have placed the inner workings of international NGOs under a particularly powerful spotlight. Given this situation, we may then ask whether there is anything different or remarkable about the Japanese approach.

Overview: Japanese NGOs in Afghanistan

The vast majority of the Japanese NGOs in Afghanistan began operations either just before or just after the fall of the Taliban regime in 2001. There are currently around ten major Japanese NGOs working on the ground in Afghanistan, plus a similar number of very small organisations. Two organisations (Save the Children Japan and Care Japan) are members of international NGO federations, but the others are indigenously Japanese. None of the Japanese NGOs has the budget or scope of the global brand-name NGOs associated with Europe and North America, and even the Japanese branches of such international federations are small.

Typically, Japanese NGOs in Afghanistan have two or three Japanese staff and a total of 20 or 30 local staff, administering a small handful of projects generally in one particular region. Only half of the major organisations have offices in the capital, Kabul. Activities are overwhelmingly concentrated on direct service provision. Popular sectors are education, landmine clearance, livelihoods and health. Ideologically, Japanese NGOs are committed to solidarity with local beneficiaries – a position that supersedes interest in normative concepts such as human rights, and standardised approaches such as the use of humanitarian principles. Their operational focus is on project implementation, but there is also some secondary interest in policy advocacy on specific issues. As Asians, their image as political actors is somewhat different from that of Western NGOs, and this may offer them comparatively greater operational flexibility and access to local people.

¹ This article is based on a survey of Japanese and Western NGOs that was undertaken in Afghanistan, Tokyo and London in February 2006. Overall, 30 loosely structured interviews were carried out with NGO staff and other related actors.

Basic political identity

At a strategic level, the mission statements and values of Japanese NGOs often place a heavy emphasis on the notion of solidarity with beneficiaries at a micro level. For a number of organisations and individual NGO workers, this notion of solidarity is either explicitly or implicitly linked to the Buddhist teaching of compassion for all living beings. At the same time, they do not tend to dwell on other issues familiar to Western agencies, such as the application of categorical principles or the question of how their own work relates to the broader aid environment.

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This approach is evidenced by the Japanese NGOs' relative lack of interest in the humanitarian principles of neutrality, impartiality and independence. While few Western NGOs can claim to strictly uphold these principles in every circumstance, they are nevertheless maintained as at least a theoretical point of reference. However, for many Japanese NGOs the notion of humanitarian principles does not exist at all. For example, many of the Japanese NGO staff interviewed for this article stated that they were unsure of the meaning of the phrase, or reported that they simply did not think in such terms.

Japanese NGOs also tend not to engage in policy advocacy. Japanese NGO employees frequently observe that they are less actively engaged in political processes than their Western counterparts. Commonly cited reasons for this include a lack of funding for advocacy (Japanese donors, both private and governmental, usually require visible results at project level); the fact that project implementation (rather than advocacy) is their stated priority; and the relative difficulty of engaging with the Japanese government.

That is not to say that advocacy work does not exist. A number of the larger organisations conduct a regular dialogue with Japanese aid officials, both in Kabul and in Tokyo. It is true that this dialogue tends to concentrate on issues facing the NGOs themselves (such as problems with funding stipulations or security), rather than issues facing their beneficiaries. All the same, a channel of communication is being nurtured, and Japanese NGOs have spoken up on policy issues, especially when they are directly relevant to their own expertise.

Japanese government funding

Japanese NGOs tend to be highly dependent on the Japanese government for funding. This is partly a reflection of the difficulty of fund-raising from private sources in Japan, but it may also be because NGOs do not feel that close association with the Japanese government will either threaten their security or co-opt their agenda to suit the government's political goals.

Regarding security, it can be argued that, in an environment like Afghanistan, association with the Japanese government is less likely to provoke a hostile reaction than, for example, association with the British government. The Japanese government projects itself as pacifist and has no troops stationed in Afghanistan. As a result, Japanese nationals are, in the eyes of the Afghan people, less likely to be linked with the military activities of foreign forces. At the same time, Japanese government funding for NGOs is in fact highly sensitive to security issues, and takes what could be considered extreme measures to safeguard the security of NGO contractors, such as stringent travel restrictions.

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Equally, there tend to be few concerns regarding the ulterior political motives of Japanese aid. The Japanese government makes no effort to deny that NGOs are seen as a tool for enhancing 'national profit'. To that extent, Japanese NGOs are indeed co-opted to the political agenda of their government. But in reality, 'national profit' means a fairly benign desire to be seen to be making an important international contribution. Hence, the nature of that political agenda is not in fact very far from the original aims of the NGOs themselves.

Day-to-day interactions with political actors: the example of civil–military relations

The US-led coalition forces and the NATO-led International Security Assistance Force (ISAF) have been developing a new model of civil–military relations in Afghanistan called 'Provincial Reconstruction Teams' (PRTs). PRTs consist of around 100 international military personnel, with a small number of civilian aid advisers. Their roles range from the direct implementation of aid projects to the provision of 'ambient security' to enable civilian aid agencies to operate.

PRTs have been blamed for jeopardising NGO security by blurring the lines between 'humanitarian' and 'military'. They have also attracted criticism from NGOs for the poor quality of their projects, or for directly undermining the efforts of NGOs. However, at the same time, PRTs present

NGOs with a potential source of information and funding, an enticement that forces NGOs to weigh up the costs and benefits of cooperating with them.

Japanese NGOs, like their Western counterparts, have adopted a range of approaches to the PRT phenomenon. One Japanese NGO receives funds from a PRT, whilst another has come out as an outspoken critic of PRTs, which it says are undermining NGO projects. However, although the range of approaches for Japanese and Western NGOs may be similar, the cost–benefit balance is arguably different. This is because the problem of blurred civil–military identities is perhaps less acute in the case of Japanese NGOs. First, as mentioned above, the Japanese government and Japanese citizens are less likely to be associated with the US or NATO military forces. Second, a crude but important point is that, unlike most of the staff of Western NGOs, Japanese NGO staff tend to look 'Asian' not 'American' – to the extent that they are sometimes mistaken for Afghans. As a consequence, Japanese NGOs may find themselves facing an easier set of decisions than their Western counterparts.

Implications

At present, Japanese NGOs possess a number of characteristics that potentially offer an alternative approach to programming through Western NGOs. However, their operations are currently very small, and it is not known whether these characteristics would survive if operations were scaled up to address larger and more complex needs.

In particular, would it be possible to expand operations and yet maintain the micro-level focus and the concept of solidarity? In the political environment of Afghanistan, an NGO may be able to express solidarity with one small group of beneficiaries, but what happens when it tries to express solidarity simultaneously with numerous groups of beneficiaries who may well be in conflict with each other? It may be that, at such a level of operations, it becomes necessary to abandon solidarity in favour of a universal normative framework.

In the future, Japanese NGOs can be expected to expand as increasing public awareness of global issues leads to greater private sector funding and an improved pool of human resources. It will be interesting to see whether, as they grow, they are able to capitalise on the advantages of their Japanese/Asian political identity and their alternative philosophical background in order to develop their current approaches into strategies that can be applied on a larger scale.

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