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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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This edition of *Humanitarian Exchange* features articles on the changing context for IDPs in Northern Uganda, and the challenges confronting the humanitarian community in responding to it.

Three years ago, Jan Egeland, the UN's Emergency Relief Coordinator (ERC), described the situation in Northern Uganda as 'the most forgotten humanitarian crisis in the world'. But by early 2006, despite an increase in humanitarian assistance to the troubled area, the majority of the population of the Acholi sub-region remained displaced, living in squalid conditions in some 200 overcrowded camps, reliant on food aid, their traditional livelihood patterns and clan systems destroyed. Civilians, caught in the middle of the fighting between government forces and the Lord's Resistance Army, enjoyed little or no protection in or around these camps, and humanitarian assistance to them was often curtailed due to the poor security situation. On his last mission before stepping down as ERC, Egeland returned to Northern Uganda in November 2006. Conditions there, he said, were 'totally unacceptable and intolerable'.

Since August 2006, a truce has brought about an uneasy calm across Northern Uganda, and peace talks in Juba, South Sudan, provide a glimmer of hope for the nearly two million people affected by the conflict. Increased security and a government programme of 'decongestion' began to improve the conditions for IDPs in many camps, and there was talk of returning home. Many feel that Northern Uganda is at a crossroads, and that the

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humanitarian community must be ready to respond, whatever the outcome of the negotiations.

The articles in this issue of *Humanitarian Exchange* investigate key issues of concern for the IDPs of Northern Uganda, including protection and livelihoods, to inform strategy development in response to this changing context. Thought-provoking articles challenge traditional approaches to assistance in camps, and explore the role of the government and the international community in providing, not only key services, but also law and order, to bring about stability and ensure protection for the people of Northern Uganda.

This edition of *Humanitarian Exchange* also includes a range of general policy and practice articles. We look at different approaches and methodologies for assessing and planning for food security, health and psychosocial interventions, the role of information technology in coordinating and planning humanitarian action, new thinking about the return and reintegration of refugees and issues around effectiveness, accountability and inter-agency collaboration. As always, we welcome your feedback on our publications, and on the issues we cover. Please send your comments or suggestions to hpn@odi.org.uk, or via our website, at www.odihpn.org

The failing humanitarian response in Northern Uganda

Michelle Brown, Refugees International

Despite improvements in the past year, and the cessation of hostilities between the Ugandan government and the Lord's Resistance Army (LRA) signed on 26 August, the humanitarian response in Northern Uganda continues to fail. The crisis remains one of the most severe in the world. Over 1.7 million people are displaced from their homes, without access to basic services such as water, sanitation and health care. In the past two years, the government has made promises to respond to the crisis. UN agencies have deployed additional staff, and NGOs have expanded their programmes. None of these efforts has led to a noticeable improvement in living conditions for the displaced. While mortality figures are contentious, it is certain that they are high. In its (controversial) study in 2005, reported on elsewhere in this issue, the World Health Organisation (WHO) put excess mortality at 1,000 deaths a week. Clearly, a large-scale humanitarian response will be needed for some time to come.[1]

Labuje IDP camp, outside Gulu

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The government's response

Kampala's response to the war has been to increase the military budget, without developing parallel political and non-military initiatives. In addition to sporadic provision of basic services in camps, there has been little governmental support for demobilisation and reintegration, or for the Amnesty Commission (the chronically under-resourced government body charged with issuing amnesty certificates and assistance packages to former LRA combatants). While the displaced report that they now feel safer in the camps than they did a year ago, and that they have more trust in the Ugandan military and the government's Local Defence Units (LDUs), abuses are still widespread; rule of law and access to justice remain absent, and government services in the camps remain inadequate.

Although the government passed a National Internally Displaced Persons policy in 2004, outlining its responsibilities for assisting and protecting displaced people in the north, this policy has not been implemented, and the government lacks a concerted strategy. Likewise, a Joint Monitoring Committee (JMC) of government officials and

1 For a discussion of the WHO study, and its reception, see Francesco Checchi's article, pp. 7–11.

> despite improvements in the past year, and the cessation of hostilities between the Ugandan government and the LRA, the humanitarian response in Northern Uganda continues to fail

key donors, set up in May 2006 to assist in the implementation of the government's Emergency Action Plan for Humanitarian Assistance in Northern Uganda, has largely been a failure. While it has led to improved communication between the government and donors, some observers believe that the JMC was established primarily to create the illusion that the government was doing something to respond to the crisis in the north, and to dissuade the UN Security Council from taking action on the situation in Northern Uganda. Whatever its purpose, the JMC did not strengthen the government's response in the north, nor did it improve living conditions for IDPs.

The JMC is to be subsumed under the government's Peace, Recovery and Development Plan, which focuses on return, resettlement, reintegration, reconstruction and reconciliation. It is, however, unclear how the government intends to implement this very ambitious project. Given

its current inability to provide services in the camps, there are serious questions about the government's capacity to do so in places of return – an undertaking which will require significant additional human and financial resources. There are fears that this new policy, like the JMC before it, will be yet another attempt by the government to raise money for programmes that will not be implemented, and/or another bid to placate the international community by giving the impression that Kampala is engaged in reconstructing the north and providing resettlement and reintegration assistance.

Humanitarian needs in Northern Uganda are enormous. The central government must dramatically increase its allocation of resources for basic services in Northern Uganda, and must encourage qualified personnel to work there. There is little accountability for government staff who do not meet their responsibilities; on assessment missions over the past four years, we at Refugees International have heard countless complaints about malingering government officials, teachers and health staff. According to a UN official, 'Uganda is a functioning state. There are structures in place, but they are ineffective in the case of the north'.

The government's weak response to the crisis is evident in the consistently low-quality education provided in the IDP camps. Despite a policy of universal primary education throughout Uganda, and subsequent improvement in literacy rates in the rest of the country, IDP teachers interviewed by Refugees International report that large numbers of children in the north either do not attend school, or attend classes where one teacher instructs up to 150 students (more than twice the national average of one teacher for every 65 students). Teachers are often absent from schools and are poorly paid, if they are paid at all. Few students continue their studies beyond primary school because of the high cost of secondary education, and the need for students to work to help their families. As there are few secondary schools in Acholiland, students must pay for accommodation far from their families. For those who do continue, the drop-out rate is high. There are few training or employment opportunities, so young people in the camps are idle, frustrated and lacking in hope. Emergency education, which focuses on basic literacy, numeracy and life skills, and catch-up programmes for people who missed years of schooling, are desperately needed.

the government must increase resources for basic services

The lack of reproductive health services is another serious problem. There are no emergency obstetric services in camps, and limited family planning services. Although the HIV/AIDS rate across the north is unknown, the Ministry of Health estimates that prevalence rates are above 9% (the rate in the rest of Uganda is 6.4%). Voluntary counselling and testing and the provision of anti-retroviral drugs are both limited, and women do not have access to drugs to prevent mother-to-child transmission of HIV/AIDS. Condom availability is reportedly not as widespread as it used to be, and more sensitisation is required to persuade people to use them. The majority of rape survivors in camps have no access to medical services, such as emergency contraception or post-exposure prophylaxes to prevent HIV transmission, and counselling is not widely available. The effects of rape and the lack of reproductive health care will persist long after the conflict has ended.

The 'decongestion' process
Since 2005, the government has supported a 'decongestion' process, through which IDPs move from overcrowded camps to smaller settlements closer to their homes. Since May, security has dramatically improved, and the LRA has largely stopped attacks on civilians moving outside the camps. As a result, IDPs are travelling more freely between their land and the camps.

Despite improved security, however, IDPs in Acholiland have not permanently returned to their places of origin; instead, they appear to be moving to decongestion settlements. The movement of large numbers of people to these smaller, less crowded settlements, where they are able to access their land more freely, has had an undeniably positive humanitarian impact, but conditions in the settlements vary. Services and assistance are not consistently available in all the settlements, and there are indications that the government is not able to provide services in many of them. In some cases, the Ugandan military was instrumental in identifying new sites, which were often selected on military grounds. In some cases, water points are outside the settlements and there are no schools or clinics. NGOs and UN agencies are now serving IDP camps and decongestion settlements, but agencies are already very thinly spread.

The UN's protection strategy focuses on the principle of freedom of movement; indeed, those who want to return home should be allowed to do so. There is a return process in place in Lango and Teso, but most of the displaced in Acholiland – at least those that Refugees International interviewed – do not want to return to their homes until peace is assured. There is a great deal of hope invested in the Juba peace talks, but IDPs remain sceptical about long-term peace. Despite government statements to the contrary, internal displacement will remain a long-term problem in Northern Uganda.

The response of humanitarian agencies
Until recently, insecurity prevented humanitarian agencies from providing adequate services in the camps. Given the unpredictability of LRA attacks, humanitarian agencies were understandably cautious in their movements and travelled to camps with armed escorts, usually between 10am and 4pm. Although LRA attacks occurred primarily outside camps, NGOs were reluctant to establish a presence within the camps. Typically, NGO and UN personnel spent only a few hours in camps, and sometimes visited a camp only once a month. This lack of

presence severely limited the programmes that humanitarian agencies were able to implement, and programmes that went beyond meeting the most basic needs were rare. As security has improved, NGO and UN personnel are able to spend the night in some camps, and can travel to many without military escorts. Despite improvements in access, however, the humanitarian response in Northern Uganda has not markedly improved.

'Where is the UN's leadership? Where's the denunciation?'

The UN Country Team has expanded its presence in Northern Uganda. However, NGOs assert that it has not exerted sufficient pressure in its dealings with the government, and has not been vocal enough in calling attention to the government's lack of response to the crisis. As one NGO worker put it: 'Where is the UN's leadership around the IDP Policy? Where's the denunciation? The UN here, although they are focusing more on the emergency, is still very development-minded and therefore wary of offending the Government'. A dedicated humanitarian coordinator could play an important advocacy role, and could keep the spotlight on the humanitarian crisis in the north.

Coordination is another area of weakness in the overall humanitarian response. In the more remote camps, very few agencies are implementing programmes; elsewhere,

several agencies work to provide one service, such as water and sanitation or livelihoods. Uganda is one of the test cases for the UN's cluster response to internal displacement, an effort to improve accountability and coordination by making certain UN agencies responsible for specific areas of activity. It is still too early to assess the effectiveness of the cluster response in Uganda; agencies interviewed by Refugees International are noncommittal about the process and its impact on humanitarian response in the north, although they are supportive of the concept. In Uganda, protection is viewed as the most challenging cluster, and agencies have expressed concern about the leadership of the UN High Commissioner for Refugees (UNHCR), particularly given its small presence in Acholiland and its limited capacity.

With improvements in security and access, the time is ripe for the government to fulfil its obligation to protect and assist its citizens in the north. Donors account for roughly half of Uganda's budget, and must hold the government accountable for following through on its promises and plans. Given the lack of infrastructure, the devastation of village life and weak government capacity, reconstructing Northern Uganda will be a lengthy process. Humanitarian needs in the north will persist; a strong government response is vital for sustainable peace.

Michelle Brown is a Senior Advocate and UN Representative for Refugees International. Her email address is: michelleb@refugeesinternational.org.

Heading home? Protection and return in Northern Uganda

Diane Paul

In a surprise announcement on 30 October, Ugandan President Yoweri Museveni declared that all internally displaced persons (IDPs) in Northern Uganda would return home by 31 December, and that all IDP camps would be closed. Twenty-nine resettlement officers had been recruited, Museveni said, and money had been set aside for resettlement costs.[1] The government also asked the UN High Commissioner for Refugees (UNHCR) to assist in planning for return. UNHCR agreed to conduct joint security assessments and to provide motorbikes and fuel to begin local assessments, with the understanding that freedom of movement would be respected and that all return would be voluntary. Following these assessments, the government is expected to designate areas where security could be provided to returnees.

1 Chris Ocowun, 'IDP Camps Close in December', *New Vision*, Kampala, 30 October 2006. The government previously announced a $336 million package for the north included funding for the immediate deployment of 2,000 police personnel and the repair of roads to improve aid delivery. It is not clear if this is the resettlement money referred to in the article.

At the time of writing, it is unclear whether the government has the capacity and will to meet this target, and whether the security situation will continue to provide a conducive environment for return. The situation is fluid and the ceasefire/peace process fragile. Instances of spontaneous return and a reduction in the number of attacks on civilians by the Lord's Resistance (LRA) suggest hope for the future, but effective protection mechanisms must be put in place. However, despite nearly 20 years of war, the government has yet to commit adequate resources to protect or assist IDPs, and serious human rights abuses by the Ugandan army have continued virtually unchecked.[2] The rule of law does not exist in the north due to a lack of police officers, judges and court personnel. While explained in large part by the violent environment caused by rebel attacks, neglect by the central government also plays a major role. Major towns in

2 There have been some prosecutions of soldiers for rape and other crimes, but criminal procedures have been inconsistent and there are serious concerns about due process, especially in cases involving capital punishment.

A food distribution by the Ugandan Red Cross at Aromo camp near Lira, Northern Uganda, March 2005

run tactics by using Local Defence Units (LDUs), often made up of under-trained soldiers, including children. The LRA responded by bolstering its forces with abducted children, using boys as soldiers and girls as so-called 'commander's wives' (sex slaves forced to bear the children of rebel fighters).

In an effort to drive out the LRA, the UPDF turned to a military strategy known as 'draining the swamp'. Virtually the entire civilian population of Northern Uganda (upwards of 90% in some districts) were forced to relinquish their land and livestock and packed into IDP camps. The camps, referred to by the government as 'protected villages', quickly degenerated into squalid settlements made unfit for human habitation by disease and hunger.

the north, although relatively safe, have no means of support due to the crumbling of the district tax base, and corruption is rampant. Funds donated in Kampala rarely make it to the districts.

The international community must share responsibility for this state of affairs. Museveni has not been held accountable for his actions (or his failure to act), despite donors providing a staggering 49–50% of Uganda's annual budget, much of which goes towards military spending. Until recently, the UN appeared blind to the atrocities being committed against civilians, most of them children.

Museveni has manipulated humanitarians to provide assistance to his own citizens while allowing government officials to siphon off aid money. NGOs feel that the threat of expulsion hangs over them should any dare criticise the government too strongly. While some have challenged the government on rights abuses, humanitarian NGOs seem unable or unwilling to apply 'do no harm' principles to their continued assistance in the camps, where life for IDPs has proved untenable.

Many IDPs have found the courage to return, and as the number of returnees grows, so will the confidence of others to make a go of it. It is important to remember that, even if peace talks fail again, the past several years have demonstrated that people may be better off at home than in the camps. But they will need the help of their government, the humanitarian and development community, and the support of donors and diplomatic representatives to ensure that they have the secure environment and the tools necessary to rebuild their homes and their lives.

The Uganda People's Defence Force (UPDF)
When the LRA stepped up its activities in Northern Uganda in the 1990s, the UPDF tried to counter its hit-and-

> **instances of spontaneous return and a reduction in the number of attacks on civilians by the LRA suggest hope for the future, but effective protection mechanisms must be put in place**

Not only have the UPDF and LDUs (with some exceptions) failed to protect IDPs from repeated attacks by the rebels, but they have also committed many human rights violations themselves, particularly rape, but also beatings, torture and killings. A well-publicised study of sexual violence at the largest IDP camp in Northern Uganda, Pabbo Camp, found that 'soldiers whose task is to protect camp residents … demand sex from women and girls in exchange for food, shelter, protection'. The study also revealed that parents were forcing some young girls into marriage in order to get men to provide for them and their families.[3] The UPDF has further undermined what little trust IDPs had in Museveni's government by placing severe restrictions on freedom of movement in and around the camps, and setting strict curfews.

The role of the police
The police may represent the most promising prospect for progress in security and rule of law. Where they have been deployed, they seem to have developed fairly good

3 *Suffering in Silence: A Study of Sexual and Gender Based Violence (SGBV) in Pabbo Camp, Gulu District, Northern Uganda*, Commissioned by Gulu District Sub Working Group On SGBV, January 2005, p. 16.

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working relationships with both IDPs and NGO and UN staff, although they are extremely under-resourced. There are few effectively trained police and fewer still receive regular or decent pay. Building an effective police force is a long-term project, and the UPDF will remain the *de facto* law enforcement body in the north for a few more years yet (especially as long as southern Sudan is unstable); planning must be realistic.

Freedom of movement

The army has claimed that curfews and restrictions on movement are necessary for the protection of IDPs, but many soldiers have used violations or perceived violations as an excuse to brutalise people. Rape, beatings (some fatal), detention, arrest and torture commonly occur in association with curfew or other movement 'violations'.[4]

Limitations on freedom of movement clearly surpass what is reasonable under the circumstances. IDPs have been prevented from accessing land to farm due to arbitrary restrictions prohibiting movement beyond certain distances from camp boundaries. A shortage of arable land near camps and the unwillingness of some UPDF units to provide escorts so that IDPs can tend their crops have meant that many are unable to provide for themselves and have become reliant on humanitarian assistance. Humanitarian access to camps has been limited due to security concerns. People have been forced by hunger to turn to survival mechanisms that are not only dangerous, but also humiliating and degrading, such as survival sex.

IDPs have also been prevented from protecting themselves. Individuals should be free to decide how best to provide for and protect themselves and their families – whether to remain in their villages, hide in the bush to avoid attacks or take refuge in a camp.

According to UNHCR, its emphasis on freedom of movement has enabled the agency to 'work with the UPDF in new ways to encourage them to provide security to areas, rather than only to camps, cordons and specific locations in parishes of origin'. UNHCR sees promoting freedom of movement as the beginning of a durable solution.[5]

Health and social conditions

Overcrowding in camps means that shelters are close to one another, without due consideration for health and fire risks. Malaria, fever and *two lango*, a local term for an illness marked by oral thrush, malnutrition and diarrhoea, were found in one important study to be the primary causes of death in children under five in the camps. These deaths, combined with fatalities due to violence and the spread of HIV/AIDS (due in part to availability problems with condoms) have caused a high rate of excess

mortality.[6] An unknown number of deaths have been caused by fires in congested camps. Despite an influx of money after a major study of excess mortality (most of which went to the Ministry of Health and the district water departments), mortality rates remain excessively high in a number of camps.[7]

Sexual violence has also been linked to poor conditions in the camps. Widespread shortages of water, food and cooking fuel force girls and women to enter the bush to plant small gardens or to search for water and firewood, rendering them vulnerable to abduction by the LRA, and to rape by UPDF soldiers.

Finally, an entire generation has been deprived of a proper education. Tribal, village, clan and family structures have broken down, and with them traditional protection mechanisms.[8]

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an entire generation has been deprived of a proper education

Disarmament and reintegration

A well-thought-out disarmament, demobilisation and reintegration (DDR) plan for the LRA and LDUs must be instituted as soon as possible. Uganda is part of the Multi-Country Demobilisation and Reintegration Programme (MDRP), a multi-agency, multi-country project focused on central Africa. But DDR plans for Uganda are still under development, although MDRP has supported the Amnesty Commission for some time.[9] While the demobilisation of LRA ex-combatants has gone smoothly thus far, many important questions remain. Is there a neutral third party willing to act as an observer for disarmament? Would a large group of ex-LRA along with women and children be expected to repatriate to Uganda from Sudan and the Democratic Republic of Congo? What security guarantees will be given to LRA combatants who disarm? Will demobilised combatants all go through the transit centre process, and are centres prepared for an influx of mothers and children as well? How will tracing and family/community reconciliation be managed?

Recommendations

The responsibility for the security and wellbeing of returning IDPs properly rests with the Ugandan government. To enable return, the government must lift all its restrictions on

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4 Many civilians allege that they have been punished for simply being in the wrong place at the wrong time, or for angering a soldier in some way.

5 UNHCR, *Protection of Persons Displaced by the Conflict in Northern Uganda*, draft, 22 March 2006.

6 World Health Organisation, *Health and Mortality Survey among Internally Displaced Persons in Gulu, Kitgum and Pader Districts, Northern Uganda* (Geneva: WHO, 2005).

7 The study, led by the International Rescue Committee and conducted with the Ministry of Health, WHO and UNICEF, was disavowed by the government following a strong negative response to the conditions it revealed in the camps.

8 The social effects of camp life include a loss of respect for elders, feelings of emasculation among males, marital problems, sexual promiscuity among young people, a decline in marriage and the erosion of tribal customs.

9 See http://www.mdrp.org/uganda.htm for more information.

freedom of movement, including curfews. Clear announcements that people are free to move out of the camps must be made, and the government must state that it will respect the voluntary nature of return. Although the UPDF has not demonstrated the capacity for responsible law enforcement, sufficient donor government pressure to stop abuses by UPDF soldiers might improve the situation, and special training should be considered. The government could also consider redeploying police from other parts of Uganda.

The UN also has an important role to play. As recommended by the International Rescue Committee and others, the UN is urged to appoint, without further delay, a Humanitarian Coordinator for Northern Uganda, based in the region. UNHCR and UNICEF are encouraged to assign additional protection officers to the districts, and the Office of the High Commissioner for Human Rights (OHCHR) is urged to deploy additional human rights monitors to areas of return and where there are clusters of violations.

There must be a reporting mechanism in place for allegations of human rights abuse by the military against civilians. Cases involving IDPs as victims should be reviewed by UNHCR, OHCHR and the IDP Coordinator(s), with OHCHR taking the lead on following up cases alongside the Ugandan police. The UN Resident/Humanitarian Coordinator should raise these cases with the government in Kampala. The recruitment and training of police from within the IDP population – and including women – is crucial for the future of rule of law in Northern Uganda, and should begin without delay.

Jurisdictional and criminal procedures should be clarified, and the UPDF should be urged to permit OHCHR to observe

military trials relating to abuses perpetrated against civilians. UPDF officers serving as counsel or judges in military courts should receive training on due process and other human rights. Some paralegals have been trained through the Norwegian Refugee Council (NRC) to record case information and conduct other activities related to monitoring and reporting. This programme could be expanded with further support from the donor community.

World Food Programme (WFP) food for work projects that include the building or reconstruction of clinics and schools as part of the DDR programme might be a helpful reconciliation tool. If the public sees former combatants working on projects that benefit the community, this may smooth reintegration. Advance planning for even minimal health care is obligatory, even if all that can be provided initially are health promoters trained from within the IDP community. The World Health Organisation (WHO) should provide start-up kits for mobile health care workers. Finally, education has been one of the most neglected social issues in the north, yet represents the future of the children of Northern Uganda. The provision of housing and other incentives for teachers must be a priority.

Diane Paul is a specialist on the protection of civilians in armed conflict. She has been an aid worker and human rights researcher, and has conducted several major studies of protection, including *Fulfilling the Forgotten Promise: Protecting IDPs in Northern Uganda* (InterAction, 2006), and *Growing the Sheltering Tree: Promoting and Protecting Rights through Humanitarian Action* (InterAgency Standing Committee, 2002). Diane's email address is dipaul@ charter.net.

Humanitarian interventions in Northern Uganda: based on what evidence?

Francesco Checchi

In mid-2005, a multi-agency stratified survey of health and mortality was carried out in Acholi in Northern Uganda, a grouping of three districts (Gulu, Kitgum and Pader) heavily affected by the Lord's Resistance Army (LRA) insurgency. The survey, the first region-wide assessment of health conditions, was led by the World Health Organisation.[1] Its methods were peer-reviewed, and the report it produced was unanimously judged as valid by independent evaluators.[2] The methodology was standard,

and had been used in other settings, including Darfur and the Democratic Republic of Congo.

Although its findings were consistent with previous studies carried out in the region (see Table 1), the survey documented on an unprecedented regional scale two understandably discomforting aspects of the Northern Ugandan crisis: that the conflict was more active than reported, contradicting official statements about the LRA's impending defeat, and that the humanitarian response was woefully inadequate. The survey estimated crude and under-5 mortality rates greatly in excess of emergency thresholds (1 and 2 deaths per 10,000 per day respectively, as shown in Table 2), corresponding to between 19,000 and 30,000 excess deaths between January and July 2005 alone, depending on assumptions of baseline mortality. It also suggested that about 4,000 killings and 1,200 successful abduction attempts had taken place over

1 World Health Organisation, *Health and Mortality Survey among Internally Displaced Persons in Gulu, Kitgum and Pader Districts, Northern Uganda* (Geneva: WHO, 2005).

2 USAID, *Uganda: Complex Emergency Situation Report 2 (FY 2006)*, Kampala, 2006, www.reliefweb.int/rw/rwb.nsf/db900SID/EGUA-6P8L8D?OpenDocument; R. Waldman, *Testimony at United States House of Representatives Committee on International Relations hearing on Northern Uganda*, Washington DC, 26 April 2006, http://wwwa.house.gov/international_relations/109/wal042606.pdf.

Table 1: Estimates of crude and under-5 mortality in Northern Uganda (2003–2005)

Region/target population (phase in crisis)	Agency	Period of analysis	CMR†	U5MR‡
Gulu District				
All camps	WHO and partners	January to July 2005	1.22	2.31
N/a	Action Against Hunger	April to June 2004	1.2	n/a
33 original camps	UNICEF/WFP/MoH	September–October 2004	2.3	3.5
12 newly created camps	Save the Children	(?) to November 2004	2.1	3.2
Kitgum District				
All camps	WHO and partners	January to July 2005	1.91	4.04
Pader District				
All camps	WHO and partners	January to July 2005	1.86	4.24
Kalongo camp	GOAL	December 2003 to February 2004	1.5	2.1
Pader T.C. camp	Médecins Sans Frontières-Holland	September to November 2004	2.0	5.3
Kalongo and 3 nearby camps	GOAL	December 2004 to March 2005	0.7	1.3-1.7
Neighbouring districts affected by LRA insurgency				
Apac District camps	Action Against Hunger	December 2003 to February 2004	1.4	n/a
Lira District/Municipality camps (acute emergency)	Epicentre/Médecins Sans Frontières-Holland	August 2003 to January 2004	1.9	2.2
Lira District camps (post-emergency)	Action Against Hunger	December to February 2005	0.7	n/a
Soroti district urban camps (acute emergency)	Epicentre/Médecins Sans Frontières-France	June to November 2003	4.6	10.4
Soroti district villages (post-resettlement)	Community Nutrition Consultancy (CNC) Ltd/ UNICEF/WFP/MoH	February to May 2005	0.73	n/a
Katakwi District villages (post-resettlement)	CNC Ltd/UNICEF/WFP/MoH	February to May 2005	0.24	n/a
Kaberamaido District villages (post-resettlement)	CNC Ltd/UNICEF/WFP/MoH	February to May 2005	0.32	n/a
Uganda national estimates				
Nationwide	Uganda Bureau of Statistics, National Demographic and Health Survey	1995 to 2000–2001	0.46	0.98§

† Crude Mortality Rate, deaths per 10,000 persons per day
‡ Under-5 Mortality Rate, deaths among children under 5 per 10,000 children under 5 per day
§ estimated based on Under-5 Mortality Rate (as annual deaths per 1,000 live births) and annual birth rate

the same period. It highlighted mixed but generally disappointing coverage of various life-saving interventions, with crucial gaps in water, sanitation and health care provision.

Dismissing the findings

Unfortunately, the report was released a few weeks before general elections in Uganda. In retrospect, the decision to present total death tolls rather than mere rates (and, critically, a much-quoted figure of 1,000 excess deaths per week), while statistically justifiable, may have appeared needlessly inflammatory. As with similar efforts in Iraq and Darfur, the survey – or rather this single figure of deaths per week – was either lambasted as propaganda by government officials, or used by opposition groups to decry state genocide,

sealing the survey's fate as a mostly undesirable exposé.[3]

The Ugandan Ministry of Health requested and approved the study, took part in its implementation and agreed to the report's finalisation. Subsequently, however, ministry officials progressively retracted their endorsement. The report was suddenly referred to as a draft; a list of objections was drawn up, including allegations of misconduct by the researchers; press releases and newspaper articles followed, aiming to demonstrate that the survey's estimate of hundreds of excess deaths per week could not

3 See 'Govt Contests Report on IDP Deaths', *Daily Monitor*, Kampala, 5 September 2005; and O. A. Otunnu, 'The Secret Genocide', *Foreign Policy*, July/August 2006.

Table 2: Selected findings from the 2005 survey

	Gulu District	Gulu Municipality	Kitgum District	Pader District	Acholi sub-region total
Mortality					
Crude Mortality Rate†	1.22	1.29	1.91	1.86	1.54
Under-5 Mortality Rate‡	2.31	2.49	4.04	4.24	3.18
Violence-specific mortality rate†	0.14	0.04	0.20	0.21	0.17
Deaths occurring in a health facility, %	37.7	61.2	49.0	35.4	41.7
Measles vaccination coverage according to card or caregiver, %	94.8	95.7	85.1	90.6	91.7
Bednet coverage among children under 5, %	25.5	30.5	29.4	31.2	28.0
Proportion of children under 5 seeking care by second day of illness, %	67.3	65.0	50.5	49.8	59.1
Water availability					
percent from a protected source, %	88.5	89.4	86.7	86.2	87.6
mean litres per person per day	11.0	12.8	9.7	8.8	10.3
mean queuing time in hours	2.0	1.3	3.6	3.5	2.7
Average person-to-latrine ratio in camps§	50	n/a	80	37	n/a

† deaths per 10,000 persons per day
‡ deaths among children under 5 per 10,000 children under 5 per day
§ data reported by offices of the District Director of Health Services

possibly be accurate; confusion ensued between excess and total mortality, and how to interpret emergency thresholds; and a four-month process of government technical review was initiated, the results of which were not made known, but which culminated in May 2006 in an official statement rejecting the study's validity.[4] Researchers were warned not to disseminate the findings, and barred from submitting them for peer-review to a scientific journal.[5]

> ## according to the survey, the conflict was more active than reported, and the humanitarian response was woefully inadequate

Despite having sponsored the survey, and aside from quiet, behind-the-scenes acknowledgment by senior officials of the gravity of the situation, the UN country team's public stance towards the rejection of their own work consisted of a deafening silence. While the government's reaction to the report was understandable given the sensitivities of the

data, I believe that, on this occasion, the UN system demonstrated a critical lack of institutional initiative, thereby foregoing a crucial opportunity to engage constructively with both government and civil society, stimulate dialogue and consensus among different stakeholders, and, ultimately, exercise much-needed leadership in crisis coordination and response.

Public health priorities

Ultimately, of course, action on the ground matters far more than official recognition of the findings of a survey. Unfortunately, the UN-led Consolidated Appeals Process (CAP) for 2006, formulated in the wake of the report's release, strongly suggests that the survey's findings, as well as those of virtually all prior assessments, were insufficient to persuade donors and the UN, both in Uganda and at headquarters, that a major and urgent change in humanitarian policy was needed. The 2006 CAP, which generates the great majority of relief funding for Northern Uganda and defines the scope and extent of most relief agencies' programmes, demonstrates systematic institutional disregard for commonly held standards in humanitarian relief.[6] Its mid-year revision (which drops all references to the 2005 survey figures) raises the appeal from $223 million to $263 million (about $150 per beneficiary per year, compared to about $220 in Darfur),

4 See for instance S. Okware, 'Figures on Acholi High Death Tolls are Imaginary', *New Vision*, Kampala, 2 May 2006.
5 Letter from the Ministry of Health to the World Health Organisation, 3 May 2006.

6 CAP documents for Uganda and Sudan are available at http://ochaonline.un.org/cap2005/webpage.asp?MenuID=8039&Page=1336.

but reduces or eliminates most critical sector targets: as a case in point, the objective for mean water provision per capita is lowered from 15 to ten litres a day, *less* than what the survey estimated to be the average consumption already, and five litres short of the Sphere standard. While $4 million-worth of landmine action programmes are added to the appeal in preparation for an (unlikely) imminent resettlement, the budget for water and sanitation in the camps, arguably the most pressing public health priority in Northern Uganda, and responsible for vastly more morbidity than landmines, is cut from $12 million to $10 million.

A review of CAPs prior to 2005 shows major gaps in evidence for action, with little or no information being provided on critical indicators such as water availability, person-to-latrine ratios, measles vaccination and vitamin A coverage, proportions of vulnerable population sub-groups, health workers per person, antenatal services attendance, proportionate morbidity, trends in malnutrition rates and, of course, mortality. Furthermore, none of the CAPs appears to make provisions for tracking such indicators.

Underwhelming response

Humanitarian workers who have visited the Acholi sub-region over the years describe their frustration at the obvious lack of improvement in conditions. UN Emergency Relief Coordinator Jan Egeland, a lone voice in the wilderness, has spoken out repeatedly, urging NGOs to maintain a more permanent presence in IDP camps, and exhorting the international community to pay greater attention to the Northern Uganda crisis.[7]

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there is frustration at the obvious lack of improvement in conditions for the displaced

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Comparing the Acholi IDP camps to those of Darfur is perhaps useful to gain some perspective. In terms of logistics, security and humanitarian space, everything would seem to place Darfur at a disadvantage with respect to Northern Uganda: greater insecurity, and more intentional attacks on humanitarian staff; unceasing government obstruction and mistrust; daunting distances; remoteness from the nearest international airports and supply centres; a hostile climate; and approximately twice as many affected people. By contrast, the Ugandan camps are all within a few hours' drive at most, and could be used as bases; IDPs have limited movement, facilitating mass campaigns; supplies can easily be brought in from Kampala; the LRA has been less aggressive towards humanitarian staff than most modern rebel armies; and the government, both central and local, welcomes and facilitates relief efforts. Yet Darfur, at least from a humanitarian 'effectiveness' perspec-

tive, is mostly a success story: despite arriving tragically late, relief agencies deployed massively and, within a year or so, managed to provide meaningful assistance to the traumatised populations of dozens of improvised camps. Indeed, 33 out of 35 region-wide or site-specific mortality surveys – 94% of the total – conducted since 2005 consistently report mortality rates below the emergency threshold, and about half the rates measured in Acholi in 2005 (0.4–0.9 versus 1.54 per 10,000 per day).[8]

The Acholi camps provide an almost textbook example of how not to mitigate the effects of forced displacement. Humanitarian crises may be defined by mortality in excess of the norm. Such deaths are essentially the consequence of increased disease transmission, greater individual susceptibility (due to decreased immunity or coverage of preventive interventions such as vaccination) and poor access to timely, effective treatment. Extreme overcrowding (the Acholi camps are almost unique in this respect) increases the transmission rate of most infectious diseases, including the most common causes of childhood illness, with the exception of malaria. Inadequate excreta disposal and insufficient, unclean water do the same, and are associated with greater child mortality in post-emergency camps.[9] The picture in Acholi is completed by insufficient vaccination coverage (the 2005 survey correctly predicted upcoming measles outbreaks in Kitgum and Pader districts) and health services so cash-strapped that, in 2005, many camps relied for their health care solely on unskilled volunteer home visitors armed only with failing antimalarials, or outpatient posts where shortages of most life-saving drugs were routine and more than 60% of curative posts were vacant.[10] Any urgent medical referrals to the few regional hospitals would, of course, have had to cope with the threat of road ambushes and restrictive curfews on movement out of the camps (usually from 3pm to 9am). Perhaps one of the only strong points in Northern Uganda has been the consistent flow of food aid: according to survey data over the years, malnutrition rates have remained within moderate levels, despite IDPs' deep reliance on food rations.

In recent months, much-improved security, greater humanitarian access and important interventions against malaria are likely to have improved conditions in the camps, as reported by several observers.[11] These impressions are, however, merely anecdotal: one reasonable approach to resolving the controversy over the 2005 findings would have been to perform a repeat study, but no concrete plans for this exist and, as a result, much humanitarian planning in Northern Uganda is once again not backed up by quantitative evidence.

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8 Extracted from a search of the CE-DAT database maintained by the Centre for Research on the Epidemiology of Disasters, http://www.cred.be/cedat/index.htm.

9 P. Spiegel et al., 'Health Programmes and Policies Associated with Decreased Mortality in Displaced People in Postemergency Phase Camps: A Retrospective Study', *The Lancet*, 360(9349),2002:1927–34.

10 WHO, unpublished findings.

11 OCHA, Uganda Humanitarian Situation Report, 16–30 September 2006, Kampala, http://www.reliefweb.int/rw/RWB.NSF/db900SID/LSGZ-6UBHC6?OpenDocument&rc=1&emid=ACOS-635PRQ.

7 'Uganda: Interview with Jan Egeland, UN Under Secretary-General for Humanitarian Affairs', *IRINNews*, 4 April 2006, http://www.irinnews.org.

Conclusion

Insecurity may well be to blame for forcing Acholi civilians to abandon their homes and livelihoods, but it cannot be invoked as a justification for failing to provide them with meaningful humanitarian assistance; most of the camps have been in existence for more than five years, and some for more than ten. If it can do relatively well in Darfur, there is no valid reason why the humanitarian community should fail in Northern Uganda. If the war continues – and reports of truce violations in September 2006 suggest it might – a dramatic change of strategy must take place. The focus must be on delivering the basics first: water, sanitation and hygiene; primary health care with adequate drugs and diagnostics; inpatient care for medical emergencies; high-coverage child survival interventions. Targets must be guided by internationally recognised standards, such as Sphere, and progress must be documented by hard data, collected using transparent methods. If the war ends, IDPs must be accompanied back to their areas of origin, and helped to re-establish their communities according to these same standards. From a humanitarian perspective, it is important to learn from the failures of Northern Uganda, and ensure that they are not replicated elsewhere.

Francesco Checchi is an epidemiologist with several years' experience in tropical disease research and health assessments in humanitarian emergencies. He coordinated the multi-agency health and mortality survey conducted in Northern Uganda in 2005. He writes here in a personal capacity. His email address is: francesco. checchi@lshtm.ac.uk .
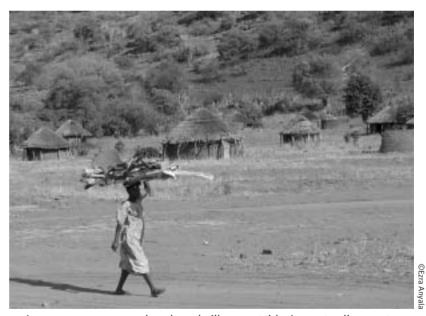
Movement as a livelihood and protective strategy in Northern Uganda

Elizabeth Stites, Feinstein International Center, Tufts University

In March and April 2006, a research team from Tufts University's Feinstein International Center carried out a study on livelihoods and human security in three areas of Kitgum district in Northern Uganda: the Orom trading centre/IDP camp and surrounding parishes, the Agoro trading centre/ IDP camp and nearby villages, and Labuje IDP camp and Pager village. The team used qualitative research methods, including in-depth, semi-structured, open-ended interviews with different categories of households,[1] clan leaders, IDP camp leaders, medical personnel in the camps, NGO and UN officials and military officials, direct observation and participant observation. This article reports the main findings of the study as they relate to people's use of movement as a livelihood and protective strategy. The article that follows draws on the same piece of research to explore more closely the issue of domestic violence against women in Northern Uganda's displacement camps.

Decades of war, widespread displacement, economic collapse and social upheaval have devastated the

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A woman crosses an abandoned village outside Agoro trading centre on her way back to her camp

agrarian livelihood systems of the population of Northern Uganda. At present, the main threats to civilians include attack or abduction by the rebels of the Lord's Resistance Army (LRA) and violent cattle raids by Karamojong pastoralists from north-eastern Uganda. The security forces, consisting of the government army (UPDF) and local defence units (LDUs), are tasked with protecting the displaced population, but the numbers, skills and efficacy of these forces have been repeatedly called into question.

The Tufts research found a high rate of movement between internal displacement camps and 'semi-settled'

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1 The range represented included child-headed households, female-headed households, disabled-headed households, HIV-affected households, households with and without access to land and households engaged in petty trade.

villages (villages that are inhabited on a regular but not permanent basis).[2] People move back and forth between the villages and the camps in pursuit of livelihood strategies that include security as a desired livelihood outcome. To achieve these ends, residents maintain a calculated balance between security risks and access to essential assets (such as land, livestock and food stores). The pace of movement out of displacement camps in Northern Uganda has increased in recent months due to a decline in rebel attacks and a tentative truce agreement signed in August 2006. This article discusses the main findings of the Tufts study and then examines the implications of some of these findings on the current situation.

Livelihood strategies

People move between camps and semi-settled villages for three main reasons. The first, and most commonly cited, is better access to land to grow crops, collect natural resources and raise livestock. Land availability around IDP camps is limited, and those who are able to access land often pay very high rents. In addition, accessing land near the camps requires social connections. Plots are therefore often unattainable for female- and child-headed households, which lack an adult male to make connections and negotiate on their behalf.

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decades of war, widespread displacement, economic collapse and social upheaval have devastated agrarian livelihood systems

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Second, people move out of the camps in search of better living conditions. Complaints about the camp environment include the prevalence of disease, drunkenness, violence, lack of adequate sanitation, and livestock and poultry deaths. Mothers reported that their children were unhealthy in this environment, and sought to keep them out of the camps as much as possible. Adults spoke of the disintegration of inter-generational learning, and explained that young people in the camps were not learning Acholi traditions.

Third, people wish to exit the camps in search of greater independence and self-reliance. Leaving the camp means giving up all or part of the nominal protection provided by the army and the local militia. Households and communities outside of the camps must substitute their own protective measures in place of this external security, but have somewhat less exposure to the military's regulations and occasional abuse.

People in semi-settled villages have compelling reasons to remain outside of the camps, but many households

maintain a presence in the camps for at least part of the time. Most households return to the camps when under threat of attack or when harassed by the military. For instance, residents of the villages outside Orom trading centre move to the camps for a portion of the year when rebel and Karamojong activity intensifies.[3] Many residents of the semi-settled villages around Agoro camp only spend the days in their villages, and are forced back into the camps every evening by government forces. Similarly, huts in the more outlying sections of Pager village are cleared nightly by soldiers, with residents moving to nearby school grounds, into Labuje camp or to the huts of friends and relatives who live in the 'protected' zone of the village closer to the camp.

The important point here is not the limited amount of time that residents are able to stay in their villages, but the efforts they make to do so *in spite* of these very limited windows. Women in Pager, for instance, explained how they are routinely harassed and humiliated by the army and militia if they are found returning to their villages too early in the morning, or if they stay at their huts too late in the evening. The importance of being out of the camps is such, however, that people trek out at first light day after day, re-entering the camp perimeter only after the evening meal.

Protective strategies

Specific security threats and protective responses in the semi-settled villages vary according to location, geographic features and local conditions. Field research points to three different types of protective strategies in place in these villages. Most employ some combination of these measures.

First, villagers in Orom operate their own protection force, consisting of armed men and adolescent males. Unlike a local militia, this self-protection brigade does not report to the government army command. Members of the group have government-registered weapons. They protect livestock and food stores at night, provide security for people walking to the trading centre, act as sentries in the fields and, in some villages, accompany women on traditionally female-specific tasks, such as collecting water, firewood and wild foods.

Second, residents of all semi-settled villages in the study use movement as a protective strategy, although to varying degrees. One group of nine villages outside Orom experienced intense rebel assaults in 2002 and fled to the camp, only to re-establish their villages in a new location two years later. This new site, at the base of nearby mountains, enables residents to seek refuge in the hills when the threat of attack is acute. A more consistent movement strategy is practiced in four villages in a different Orom parish. Residents climb the mountainside each night, sleeping under animal hides tanned to look like rocks, or pressed against the base of trees, disguised as stones. Males from the self-protection brigades patrol the four

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2 The study, co-authored by Elizabeth Stites, Dyan Mazurana and Khristopher Carlson, is entitled *Movement on the Margins: Livelihoods and Security in Kitgum District, Northern Uganda*. The report can be found at the Feinstein International Center's website at http://fic.tufts.edu.

3 The research team was unable to reach the most distant village from Orom trading centre due to a clash between the villagers and Karamojong raiders. It is possible that these villagers remain in their homes for the entire year.

villages, guarding food stocks and animals and alerting those on the hillside of danger. The final and least extreme pattern of movement occurs in the villages near Agoro camp and in Pager. There, residents retreat to the camps or other marginally protected locations each evening.

Third, residents of both camps and semi-settled villages act collectively to increase their security. For example, women and girls from the camps travel in groups to collect firewood and wild foods, while men usually move out in groups to make charcoal. Residents in the semi-settled villages employ similar practices for natural resource and water collection. They also work the land collectively. The traditional form of collective labour, managed by *rwodi kweri* ('hoe chiefs'), enables people to farm a larger area, plant more labour-intensive crops and, for the purposes of security, work faster, with certain people serving as dedicated sentries. While very effective for both food production and improved security, these collective farming practices are rarely employed around the camps, as plots are dispersed and very small, and people lack the close social ties that existed within their villages.

Achieving livelihood objectives
People move out of the camps in search of improved food security, economic opportunities, living conditions, social relations and self-sufficiency. Security is an over-arching livelihood goal, but leaving the camps can sometimes incur pronounced and increased security risks. Households and communities living outside of the camps organise their resources and livelihood strategies – of which protective strategies are an inherent part – in an effort to achieve a combination of these livelihood objectives.

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leaving the camps can incur pronounced and increased security risks

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The Tufts team found that households in semi-settled villages are, overall, better able to achieve their livelihood objectives than those based entirely in the camps. In most cases, establishing or maintaining a presence outside of the camps, even when this is only on a daily basis, affords better land access. Land tenure is more secure, people are able to access larger plots and collective farming is the norm. This translates into improved food security, indicated in part by the ability to feed children breakfast and the availability of surplus food for sale in the camps or transfer to camp-based relatives.

The effect of improved living conditions on children and livestock in the semi-settled villages is pronounced. Parents in the semi-settled villages, even those adjacent to the trading centres and close to the camps, explained the health differences brought by having regular and consistent access to a latrine. Children are clean and mothers engage in hands-on parenting. Ducks and chickens, rarely seen in the camps, can be kept by house-

holds in the villages, and are left in coops overnight if their owners have to return to the camps.

The desire for increased self-reliance is achieved, in part, by settling outside of the protected camp perimeter. However, villagers in all of the semi-settled areas remain dependent on the camps in various ways, such as collecting water from the camps, utilising camp health clinics, picking up food rations and visiting camp markets. All village residents maintain social networks extending into the camps, and in many cases elderly or infirm relatives and children live in the camps instead of in the villages.

Implications
At the time of the field research, the Tufts team hypothesised that many more communities in Kitgum and other northern districts were maintaining a permanent or semi-settled existence outside of established camps. This theory was anecdotally confirmed in various locations, including Agoro, where residents spoke of villagers who lived further up the mountainside and grew wheat. IDPs in Lango and Teso regions are being told by the Ugandan government and army to return home, and the 'decongestion' of camps in Acholi region has greatly increased since the Tufts fieldwork.

The signing of the truce in August has resulted in an uneasy peace, and the situation across the north remains uncertain. The inhabitants of these settlements have established livelihood and security systems that are well suited to these conditions, as the settlements themselves are constantly in flux and transition. The semi-settled villages in the Tufts study are inhabited entirely by voluntary residents, and consist mostly of able-bodied adults, particularly in areas where security risks are most pronounced.

The strength of social networks in the semi-settled villages underpins the success of the highly adaptable livelihood strategies. These networks allow for collective farming, shared security patrols and sentry systems, shifts in gendered-labour roles and movement in and out of the camps. It is unclear if the shift to decongestion camps will help or hinder the formation and reinvigoration of these networks, but it is possible that the smaller populations of the decongestion camps will allow members of original villages to rebuild social networks that may have decayed from displacement. This could result in the resurrection of collective farming models and an easier transfer back to home areas.

Conclusion
People in Northern Uganda are on the move, whether to decongestion camps, between semi-settled villages and camps, or to original villages or nearby locales. Much of this movement is voluntary, and is part of adaptive livelihood strategies aimed at balancing livelihood objectives with security. The main challenge for policy-makers and programmers is the lack of information on local perspectives regarding the process of decongestion, and the range of factors that cause people to move from an established camp. An analysis of these factors and a better understanding of the potential roles of incentives, coercion and

decreases/increases in humanitarian assistance and promises of protection are needed before an accurate assessment can be made regarding the decongestion and return processes. Once this information is gathered (through objective field work in camps and villages), organisations should follow the lead of communities themselves and seek to support those systems that facilitate improved livelihoods and better security and which, ultimately, are geared towards enabling people to return to their land. These systems may include voluntary movement, the division of households, re-establishing collective labour systems and communal land-holding, maintaining links to established camps and innovative protective strategies.

Elizabeth Stites (Elizabeth.Stites@tufts.edu) is a Senior Researcher at the Feinstein International Center, Tufts University, Medford, MA.

Further reading

Jeannie Annan, Christopher Blattman and Roger Horton, *The State of Youth and Youth Protection in Northern Uganda: Findings from the Survey for War-Affected Youth*, A Report for UNICEF Kampala, September 2006.

CSOPNU, *Land Matters in Displacement: the Importance of Land Rights in Acholiland and What Threatens Them* (Kampala: CSOPNU, December 2004).

Simon Levine and Judy Adoko, 'Land Rights and Displacement in Northern Uganda', *Humanitarian Exchange*, no. 34, June 2006.

Beating wives and protecting culture: violent responses to women's awakening to their rights

Khristopher Carlson and Dyan Mazurana, Feinstein International Center, Tufts University

As part of their research in Kitgum in 2006, described in the preceding article, the Tufts team also sought to gain a better understanding of the physical threats facing women and girls living in or near IDP camps. The study team found that domestic violence against women was widespread in all the camps visited. The most common form of domestic violence is male heads-of-household beating wives or female domestic partners. The most common injuries women sustain from domestic violence include broken or dislocated arms and legs and cuts to the face, neck and upper body. These injuries are inflicted by strikes with bare hands, machetes, firewood, chairs, knives and other sharp objects. Respondents claimed that beatings were frequent in the camps (women were heard being beaten between one and ten times each week). Children were less frequently beaten, and sustained fewer injuries than women. The most serious injuries to children, including death, reportedly occur when they try to protect their mothers from domestic abuse.

Causes of domestic violence

In the absence of monitoring and reporting systems, actual rates of domestic violence in the camps are unknown. However, it seems clear that they are high. The reasons for these high rates vary according to interviewees, with women, local council officials and clan leaders giving substantially different answers. The majority of female interviewees attributed the beatings to male drunkenness coupled with strict patriarchal customs imposing subservient behaviour upon women. One woman in Agoro told us: 'Drunkards beat their wives. Also, if they don't find their food ready or if a woman talks or responds while a man is talking they can be badly beaten'.

Interviews with local council officials living in camps confirm that male drunkenness plays a role in beatings. Other factors cited include the breakdown of Acholi culture and the collapse of inter-generational transmission of traditional values to young people. Additionally, beatings were said to be a result of women increasingly challenging patriarchal household structures by 'no longer acting as housewives should'.

> the majority of female interviewees attributed beatings to male drunkenness coupled with strict patriarchal customs imposing subservient behaviour upon women

Many clan leaders and council officials interviewed condoned and even justified the beating of women. Some beatings were justified on the grounds of a 'poor work ethic' on the part of women in maintaining the household. Alleged transgressions included failing to cook food on time, do laundry, fetch water, collect firewood, garden and discipline children properly, leaving the house without the husband's permission, coming home late, sleeping in the daytime or being drunk. Clan leaders and local officials stated that beatings were also justified when a woman's behaviour towards her husband was deemed offensive. Women confirmed this, and added that they were also being beaten for refusing to have sex. The majority of women felt that men had no right to beat them, regardless of the grounds.

Clan leaders, in particular, advocate for women to adhere to strict codes of behaviour based on traditional, patriarchal values and practices. Women violating these codes within their households are seen as threatening to the patriarchal and traditional power relations within the clan, and 'Acholi culture' as a whole. The assertion by clan leaders that unruly women are a threat to cultural norms reflects more than a simple desire to control female behaviour in the household. Clan leaders are relatively marginalised within camps, with their roles reduced to preserving cultural norms and serving as advisors on and advocates for Acholi custom. They are threatened by outside influences, in particular by the Ugandan government and international organisations that challenge the foundations of patriarchal authority and power at the clan level. One clan leader explained the reasons for women's 'un-Acholi behaviour' as follows: '[The government] is coming in and telling women they have rights, and that they can do what they want and not do things when their men tell them to be done'. Another clan leader explained that the behaviour of women resulted, not only in domestic violence, but also in the break-up of households. Men leave their wives because the women are 'unruly', hence creating female-headed or single households: 'Because of the big-headed women there are female-headed households within the camp ... The men tell them to take their rights and leave and so they end up living alone in their own households'.

Seeking assistance, protection and redress: local responses to domestic violence

Victims of domestic violence often must work with and through local courts and clan leaders when seeking assistance, protection and resolution. Local councils, clan leaders and the police all play a role in responding to domestic violence, although they do not necessarily uphold the rights of the victim.

Local councils within IDP camps can represent a village, parish or sub-county, and are linked into the national justice network. Within the camps, a local council has jurisdiction only over those people originally from its pre-displacement area or region. Where serious injury is involved, the councils refer cases to the local police. The local council system can handle cases that do not include serious injury (including domestic violence) and make rulings. Sometimes, these rulings involve beatings and/or fines as punishments against the party deemed responsible for the initial dispute.

In addition to the local council system, victims of domestic violence may seek help from the clan system and clan leaders. Where intra-clan affairs are concerned, clan leaders traditionally hear disputes regarding domestic violence or killings, and may call for compensation to be paid to the aggrieved party, or punishments for offenders. These clan-based reconciliatory methods operate outside formal legal systems, and perpetrators avoid formal penalties such as jail sentences.

When a woman brings a case of domestic violence to a clan leader or a local council, these leaders determine (through witness testimony or otherwise) which party instigated the violence, and whether the woman committed offences warranting the violence inflicted on them (such as 'un-Acholi' behaviour). If the woman is found to be at fault she may be punished and beaten. Thus, a woman in Labuje camp who was beaten by her husband was found guilty of instigating the quarrel; her beating was thus justified. The local council also ruled that she had lied about the incident, and so was punished both for starting the domestic quarrel and lying about it to the council.

In many areas of Kitgum, it is necessary to provide payment, or compensation, to council officials and clan leaders to hear disputes. Often, this payment is made in alcohol (one council representative in Pager told us that *waragi*, the local liquor, was 'beneficial for everyone – it helps us think more clearly and gives us more ideas'). It is therefore possible that a woman beaten by a drunken husband will herself have to buy or brew alcohol to 'pay' for her case to be heard.

> ## in many areas of Kitgum, it is necessary to provide payment, or compensation, to council officials and clan leaders to hear disputes

Local councils and clan leaders also set punishments for the man if he is found guilty of domestic violence. In Labuje and Agoro, for example, guilty men are beaten, despite the fact that the use of corporal punishment by councils, clan leaders and/or the police is illegal under Ugandan law. Some respondents told us that women who brought and won cases against men were subsequently exposed to more violence in retaliation. The threat of greater violence has made some women reluctant to bring cases forward. As one woman in Pager explained:

At times if a woman is beaten, you can forward the case to the elders who summon the husbands ... Sometimes if [the husbands] are found guilty they are told to lie down and they are caned. Sometimes they refuse [to be caned] and go back and really beat the wives. So, because this happens a lot, most of us have stopped reporting ... Because once this happens the leaders just give up and nothing more is done so the men are even worse.

Injuries and medical assistance

Women described a number of factors affecting their ability to access medical assistance after domestic violence. In Agoro, the best option for women is the Médecins Sans Frontières (MSF) clinic, where staff are trained to respond to domestic and sexual violence. MSF outreach workers are seeking to raise awareness in the community of gender-based and sexual violence, but admit that they lack adequate resources to address the problem. If injuries are serious, MSF staff take victims to

the government hospital in Kitgum town. In Orom, violent incidents must be reported to a council official or camp leader. This official then produces a letter, which the injured person must present to medical staff in order to receive assistance. If a letter is not obtained, the victim must be accompanied to the government or MSF clinic by her attacker to verify the source of the injuries. Women reported that a woman with life-threatening injuries without an official letter or her abuser to corroborate her testimony might only be asked where she would like to be buried if she succumbs to her injuries.

Conclusions and recommendations

Domestic violence represents a significant threat to the rights and human security of women and girls, and should be vigorously and systematically addressed by local and national authorities, civil society organisations, NGOs, UN agencies and donors. Currently, governmental and international responses to domestic violence are inadequate. Meanwhile, clan systems and local councils are operating without regard to Ugandan constitutional and national law. Response mechanisms are almost entirely at the local level, and many of these avenues discourage reporting and can exacerbate violations.

Efforts to address the problem of domestic abuse should focus on educating local councils and clan leaders on constitutional and national laws regarding women's and girls' rights, and their entitlement to be free from violence and enjoy uninhibited access to support, including medical and legal assistance. The Ugandan government must respect its obligations to promote and protect women's and girls' rights as a party to the African Charter on Human and People's Rights (ACHPR), the Additional Protocol to the ACHPR on the Rights of Women and the Convention on the Elimination of All Forms of Discrimination against Women. Medical staff and international NGOs are also obliged to report domestic violence, and to treat anyone injured by it.

It is equally important that women have access to information about their rights, including the right to remain free from violence, and know how to put their rights into practice. As a result of the conflict in Northern Uganda, women have taken on numerous roles that were previously denied them. This, combined with the influx of organisations promoting the rights of women and children, means that women are increasingly alive to their rights, capacities and responsibilities. These changes are, at times, met with violence at the hands of men. Establishing meaningful and respectful dialogue with clan and traditional leaders will be an important starting point in changing attitudes.

Finally, within crowded IDP camps, domestic violence rarely goes unnoticed given the close proximity of people's homes. Because of this, there is greater chance of intervention by neighbours, and hence rates of domestic violence are said to be lower than or equal to pre-displacement levels. As people return to villages where homes are traditionally distanced from each other, efforts to prevent and address domestic violence will face greater challenges in reporting, monitoring and response. In addition, as people continue to leave camps and village communities re-establish themselves, the process of influencing patriarchal norms so as to stop domestic violence will become more difficult. Consequently, strategies of advocacy to stop violence against women and to implement women's rights need to consider both the camp and village environments if they are to help foster shifts in attitudes towards domestic violence.

Khristopher Carlson, LLM (khristopher.carlson@tufts.edu), is a Senior Researcher at the Feinstein International Center, Tufts University, Medford, MA. **Dyan Mazurana**, PhD (dyan.mazurana@tufts.edu), is Research Director at the Center.

Community-driven economic development in Northern Uganda

Rachel Locke, International Rescue Committee

For the last 20 years, Northern Uganda has been the scene of a mass population movement out of traditional villages and into highly congested, disease-ridden and poorly managed displacement camps. This movement, prompted by the violent conflict between the Lord's Resistance Army (LRA) and the government army, the Uganda People's Defence Forces (UPDF), has left the countryside of Northern Uganda barren. Raids, population movement and access restrictions have destroyed the livestock and agriculture on which the traditional economy was based.[1] People's ability to earn adequate incomes to pay for education, health care and household necessities and to expand business activities has become severely constrained. As a result, the population has become reliant on donor aid. While there is a longing

among the population to return to the days of self-sufficiency, the aid environment does not adequately support internal coping mechanisms. Instead, there is a tendency to focus on emergency handouts for broadly-defined 'vulnerable populations'. This undermines traditional social structures and leaves people poorly placed to begin recovery when the opportunity arises. The International Rescue Committee (IRC), which has been operating in Northern Uganda since 1998, has sought to redress this

1 The UPDF's strategy of placing people into IDP camps was designed to enable the army to pursue the LRA throughout the countryside without interference. The UPDF allows IDPs to farm only within what is termed a 'safe radius' around each IDP camp (averaging 2km in size). This limited access to land is insufficient to meet either subsistence or economic needs.

A participant in IRC's programme to increase cash and food crop production shows off his field near Agroro IDP camp

through economic development programmes that support demand-driven productive activities. This article lays out the strategy adopted by the IRC, provides evidence of its successes and limitations to date and makes recommendations for future programming.

Common approaches to humanitarian aid in Northern Uganda

In July 2005, a report covering the preceding six months in Northern Uganda estimated that almost 1,000 people were dying every week in excess of the expected mortality rate for Sub-Saharan Africa.[2] Such extreme mortality levels are indicative of the emergency nature of the conflict. At the same time, this conflict has been going on for 20 years, and some IDP camps have been in existence for over a decade.[3] While IDP conditions are at emergency levels, the protracted nature of the conflict demands both complex-emergency and non-emergency analysis.

The protracted nature of the conflict has led IDPs to develop internal coping strategies that, for many, are defined by the operational mandates of humanitarian agencies. Because the funding mechanisms of many donors require resources to be directed at particular sub-populations, the impact of humanitarian assistance is often restricted. For example, many donors want to fund 'orphans and vulnerable children' (OVC) as a response to children left at risk from conflict and disease. As a result, humanitarian support is often directed at children and young people, without adequate examination of the broader context. Not all orphans are vulnerable, for example, as many have extensive clan support networks. A displaced person without pre-existing social support or

land may be more vulnerable than an orphan, but does not fit into traditional vulnerability categories.

Additionally, targeting vulnerable groups without a clear understanding of internal support mechanisms can in fact weaken community and family structures. As stated in a report produced by Makerere University Faculty of Law: 'The "vulnerable groups" approach serves to oversimplify the complex socio-economic dynamics that impact upon IDPs' full enjoyment of human rights. It ignores the ways in which members of particular groups take steps to mitigate against their so-called vulnerabilities'.[4] Most vulnerable groups already face stigmatisation. By providing assistance without concentrating on building up internal social capital, these groups could be further stigmatised through assistance programmes that weaken community support in the long term. It is possible that this system of aid is harming traditional cohesion. In Lira District, there is evidence that some families are leaving children behind in IDP camps while the rest of the family returns to home villages, so that they continue to receive relief support as OVCs.

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Economically speaking, this type of emergency-style action has resulted in poorly designed programmes. Vulnerable populations receive supply-driven, one-off support without consideration of market demand or systemic constrictions on economic activity. Hundreds of formerly abducted children, for instance, have received training in three particular skills (tailoring, carpentry and brick-making), but the dumping of all these semi-skilled labourers into already contracted markets risks reducing economic opportunities for existing workers. While some trained graduates are able to use the skills they have learnt to earn an income, many continue to seek NGO support after their courses have finished. Others who have never been abducted present themselves to NGOs as falling into this category in order to receive assistance, further exemplifying the problem with vulnerability targeting. This is a coping mechanism developed in conscious response to an aid environment that reduces

2 *Health and Mortality Survey Among Internally Displaced Persons in Gulu, Kitgum and Pader Districts, Northern Uganda*, World Health Organisation, 2005 (see pp. 7–11).

3 Although the war began in 1986, the movement of the majority of the population into IDP camps did not occur until the mid-to-late 1990s.

4 Refugee Law Project, *Beyond 'Vulnerable Groups': Effective Protection of IDPs in Gulu and Kitgum*, Faculty of Law, Makerere University, Uganda, June 2006.

people's incentive to be productive: benefits are seen to accrue from weakness and vulnerability, as defined by NGO programmes, rather than from hard work.

Developing appropriate economic programmes

IRC operates in Kitgum and Lira Districts of Northern Uganda, with activities in the areas of water and sanitation, health, HIV/AIDS, education, protection and child/youth-focused assistance. IRC's interventions have gradually moved from emergency responses towards a focus on longer-term approaches. In late 2004, IRC Uganda made the strategic decision to create a sector with the sole purpose of designing and implementing economic programming. In part, this decision was based upon the population's articulation of their own problems, as described through a poverty lens, such as children not being healthy due to their family's inability to purchase adequate food or pay for medical care.[5]

IRC's approach to supporting economic development is a direct attempt to address these problems while avoiding targeting particular 'vulnerable groups'. The premise is that the entire economy needs to be supported, including those actors who can help to rebuild it. IRC does not define the population merely as recipients of aid, but rather as individuals trying to lead healthy lives within an extremely brutal and restrictive environment. Community members want to be productive, but are limited by their displacement and the stratification of economic benefits that has resulted from targeted donor aid. At the same time, IRC is acutely aware that particular sub-populations are often less able to engage in productive activities or take advantage of opportunities. By integrating programming between sectors, such as HIV/AIDS and youth-based programming, IRC ensures that such vulnerable populations are reached, while not making them the particular target.

> the entire economy needs to be supported, including those actors who can help to rebuild it

IRC's focus is on small-scale interventions that can grow over time through market linkages. Building such links helps to support the regeneration of the economy and motivates individuals to become more productive. The assumption is that certain skills and resources are required for an economy to function: access to credit, the ability to manage earned income, a tradable or marketable skill, demand for such skills or products and supportive government regulations. This strategy has been implemented through Village Savings and Loan Associations (VSLAs), opening up land for agricultural production in cooperation with the military, the government and local landowners,

5 In interviews carried out by the IRC in IDP camps, many community members have expressed their problems in socio-economic terms. See also Jill Donahue, *The Community Resilience and Dialogue Activity – Mainstreaming Economic Development Interventions*, consultancy report, October 2003.

providing business training and linking farmers with guaranteed markets in the private sector. All of these activities are targeted at the community at large, are demand-driven and propose alternatives to traditional emergency-style economic support.

Limitations and successes

The economic development programme has made great progress. Over 4,000 displaced people currently have access to sustainable and reliable sources of credit, and are learning improved methods to save and manage their money through VSLAs. Although specific vulnerable populations are not targeted, the saving and lending amounts are so small that many vulnerable individuals (such as people living with HIV/AIDS) are interested, and actively participate in VSLA groups. The minimal cash requirements also make groups most attractive to women, who comprise on average 70% of participants. VSLA members have used savings, credit and redistributed interest earnings to pay school fees, enlarge businesses, purchase oxen and build granaries. VSLAs also build up social capital among members who are able to utilise group support to benefit other areas of their lives.

Another positive result of IRC's work has been an increase in the protection provided to farmers. Because IRC works directly in cooperation with the army, local leaders and landowners, IDPs have enjoyed increased personal security when tending their fields, as well as assurances that the land they use will remain theirs for the duration of the growing season. This has been a major problem for many IDPs, who complain of renting land from landowners who then steal it back after clearing or planting, leaving people with no usable land and the loss of their harvest. By working directly with a private company, IRC has been able to secure price guarantees, market-oriented inputs and access to market information. This is particularly important to farmers who are otherwise cut off from the market and forced to rely upon middle-men, who often purchase at below market prices. Farmers working in groups have also been able to stimulate old systems of community support and what is known locally as *kalulu*, or labour exchanges (working as rotational groups on plots of land belonging to individual members of the group). Participating farmers have become more productive, are rewarded for their hard work and are slowly regaining some sense of being able to provide for their families.

While there are successes, there are always challenges as well. As can happen, some members of VSLA groups are moving to higher financial borrowing requirements faster than others. Because almost no micro-finance options exist, this means that new groups need to be formed at more intermediary levels of financing. This reflects the requirement for a variety of financial services to meet a range of economic needs. Another difficulty concerns access to land. While IRC has succeeded in securing land in the short term, and providing a model to be used in the future, myriad land-related problems remain, and require immediate attention. These difficulties will be particularly acute in Acholiland once large-scale returns get under way, as long-term displacement has erased traditional

land boundaries and weakened traditional structures of land negotiation and adjudication.

Looking towards the future

IRC is only one actor among many doing their best to improve the living standards of the local population in Northern Uganda. The ways in which this is done vary among organisations and individuals. This article does not presume to assert that IRC's strategy is the best one. Rather, it is meant to shed some light on the need to rethink how humanitarian aid is offered in complex and protracted emergencies. There will always be a need to support those who are unable to support themselves, but the majority of the population does not fall into this category. People long to be self-sufficient, even minimally so, and even in the most destitute of situations. Rather than providing humanitarian support that weakens internal structures and promotes vulnerabilities, aid agencies should be complementing internal motivation through supporting an environment conducive to recovery and rehabilitation.

Rachel Locke is Economic Development Coordinator, International Rescue Committee, Uganda Program. Her email address is: rachel.locke@theirc.org.

Landmines and disability: a challenge faced together

Davide Naggi and Valentina Frigerio, AVSI Uganda

Landmines are among the most dangerous weapons in armed conflict – easy and cheap to plant, but extremely difficult and costly to remove. If not cleared, mines and explosive remnants of war (ERWs) continue to kill or mutilate long after the conflict has ended. They can last for decades, maiming and killing and disrupting the social and economic life of affected communities.

Although there are fewer mines in Uganda than in other mine-affected countries, such as Afghanistan, Angola, Mozambique and Iraq, they still pose a difficult problem. There is little or no information on the location or suspected location of mines, because this ordnance has been used on an *ad hoc* basis; what information is available has been obtained after civilian involvement in a mine/ERW accident, or from data collected by hospitals.

The Gulu Regional Orthopaedic Workshop

©Valentina Frigerio

AVSI, mines and disability: survey findings

After a review of hospital records from Northern Uganda between July 1998 and February 2006, the Italian NGO AVSI and the Gulu Regional Orthopaedic Workshop identified mines and ERWs as one of the major causes of injury and disability in Acholi, accounting for nearly 20% of all injuries (over 2,500 individuals identified) over a six-year period. In the same period, 46% of amputations due to war-related injury were caused by mines and ERWs. Of the more than 1,000 amputees identified in the survey, more than 40% were due to war-related trauma.

AVSI conducted a second survey between October 2005 and February 2006, this time in collaboration with the Gulu District Population Office and Gulu District Rehabilitation Office. The survey, funded by ECHO, covered all 53 IDP

> landmines are among the most dangerous weapons in armed conflict – easy and cheap to plant, but extremely difficult and costly to remove

camps in Gulu District. As such, it provides the first comprehensive picture of the impact of landmines and ERWs on the population of Acholi.

In carrying out the survey, AVSI employed trained IDPs, including landmine survivors themselves, to search out people affected by landmines within their own communities. Five teams of 20 interviewers carried out the

research, based on a modified IMSMA (Information Management System for Mine Action) landmine victim questionnaire. Out of a total population of 468,407, the survey found 1,387 accidents due to landmines/ERWs between 1986 and 2006. Of these, 535 were fatal, and 852 led to injuries. These figures are far higher than previous estimates, which put the number of people affected at around 500.

One important finding is that, out of the 535 incidents leading to death, 61% occurred immediately on site, with bleeding as one of the main causes of death; most of the rest of the fatalities occurred either en route or at a health facility. The majority of the victims (38%) activated the device by stepping on it; 14% were either standing nearby or passing by the spot where the accident occurred. Injuries or deaths while farming accounted for 10%. Of the 1,387 incidents, 459 occurred along village footpaths, and 24% along roads or larger routes. A fifth of incidents took place around fields, 11% around homes and 9% around water points. The majority of the devices involved – 61% – were anti-personnel mines. ERWs accounted for 17% of incidents, and anti-tank mines 11%.

The survey also identified the different types of injuries suffered. Amputations (traumatic or surgical) of lower limbs were most common, accounting for 57% of casualties; 33% suffered injury to their upper limbs or other body parts, and 7% sustained minor injuries to the whole body. A total of 2.7% of the casualties lost their eyesight, and 0.3% lost their hearing.

The findings of the survey indicate that mines and ERWs are planted or left in places mostly frequented by civilians. The poor are predominantly affected, since they commonly travel on foot and need to continue farming despite the risks associated with moving around in insecure and war-affected areas.

Recommendations

The Ugandan government has pledged to respond to the problem of mines and ERWs. Uganda is a party to the Ottawa Convention, which bans the production, stockpiling, transfer and use of antipersonnel mines. The treaty also requires the implementation of a Mine Action Programme, comprising humanitarian de-mining, stockpile destruction, victim assistance, mine risk education and advocacy. Uganda destroyed its stockpile of antipersonnel mines in July 2003, along with 6,383 anti-tank mines.

One of the main recommendations coming out of the survey, concerning humanitarian de-mining and stockpile destruction, is that funding for these activities must be significantly increased. The Ugandan army removed a large number of mines and ERWs between 2003 and 2005, but progress had been inadequate, despite provisions within the National Policy on IDPs stating that the army and police must ensure that areas of return are cleared of mines and unexploded ordnance.

The survey also highlights a need to scale up and consolidate or improve the capacity of health services to treat and rehabilitate mine and ERW victims, together with the development of a community-based approach to victim assistance (of which the National Policy makes no mention). Over the last three years, much emphasis has been placed on Community Based Rehabilitation Workers (CBRWs). CBRWs are trained to work within the community and in IDP camps, providing basic medical services and where necessary referring patients to specialised health facilities. Another important role of the CBRWs is to identify possible social reintegration activities which respond to survivors' assistance needs. CBRWs are active and effective, especially in rural areas.

the Ugandan government has pledged to respond to the problem of mines and other ordnance

The problem of mines/ERWs could be at least partially alleviated by increasing the level of awareness and knowledge within communities, and the survey emphasises the importance of involving landmine survivors in mine risk education. AVSI has implemented education activities since 2001, training and sensitising 76,000 people in Gulu, Kitgum, Pader and Lira districts. The agency has used a variety of methods to get its messages across, including drama, training, radio programmes, posters and booklets. Finally, survivors of landmine accidents need support to improve their standards of living through economic empowerment and social reintegration programmes. In Gulu District, this has been actively taken up by the Gulu Land Mine Survivors Group which, with support from AVSI, has built a workshop for the production of pottery and clay products.

Final considerations

The findings from the AVSI survey show that mine-related injuries in Northern Uganda are more widespread than previously thought, and that there is still a lot to do in this area. A sustainable community-based approach to mine risk education and victim assistance is imperative, with the direct involvement of district administrators, NGOs, hospitals, schools and community leaders. This is why AVSI has developed a holistic approach which seeks to work with communities to address their needs. Meeting the challenge of landmines will take the concerted efforts of the government, organisations like AVSI and communities themselves.

Davide Naggi (davidenaggi@hotmail.com) worked for AVSI in Uganda for five years. **Valentina Frigerio** is AVSI's Communications Officer. Previously, she worked with the agency in Kitgum, Northern Uganda, as a Project Officer. Her email address is: valentina.frigerio@avsi.org.

Poor, terrorised and internally displaced: the humanitarian situation in Northern Uganda

Morten Bøås and Anne Hatløy, Fafo

Northern Uganda's displacement crisis is the worst in the world, with some 1.3 million people crowded into squalid camps, supposedly for their own protection. Although the ceasefire signed by the rebel Lord's Resistance Army (LRA) and the government on 26 August 2006 may herald a new start for IDPs, their situation is still difficult, and the outcome of the negotiations in Juba is, at the time of writing, uncertain. The talks may lead to a peaceful settlement of the conflict, but the process could also easily break down. Since the peace talks began, some IDPs have started to commute to their original land, but at present most are still in the camps.

Amuru displacement camp, Gulu District

This article summarises the findings of an IDP profiling study we conducted for the UN Development Programme (UNDP) in June 2005.[1] The study, based on a representative sample of 2,170 households in Gulu, Kitgum and Pader, concluded that, even in the event of peace, only two-thirds intended to return home and many would only do so with outside assistance; the rest are likely to stay in the camps until they are convinced that peace really has arrived. It is therefore crucial to understand living conditions in the camps, as they will have a significant impact on any return process. If the peace talks succeed, we need information about the camp population to assist them in their return, and to support those that elect to stay in the camps until peace is assured. Equally, if the peace talks fail this information will be needed to improve assistance while the displacement crisis continues.

Insecurity and trauma

The camps are meant to protect the population. However, in order to be protected people had to give up some of their freedom of movement. Security zones were imposed around each camp, varying from 300 metres to five kilometres, and strict curfew regulations were introduced. Before the peace talks in Juba began, people were not allowed to move along roads between 4pm and 9am. The security zones regulated movement in the bush around the camps. The majority of IDPs were not allowed to move more than two kilometres away from the camps. This restriction has severely disrupted people's daily lives. Collecting firewood outside the camps, for example, has become both difficult and dangerous; people risk being attacked by the LRA and being mistaken by the Ugandan army for an LRA member. Ninety per cent of the people we spoke to reported being afraid to leave their camp to fetch firewood and cultivate land, and over 60% said that they lived in fear inside the camp.

Northern Uganda is an extremely violent place. According to a study conducted for the World Health Organisation (reported on elsewhere in this issue), 4,000 people, in a population of 1.3 million, were killed between January and mid-July 2005, giving a mean number of 615 civilian deaths each month.[2] The same survey put abductions of IDPs at 1,200 a month. The LRA is infamous for its strategy of abducting children and young people, some of whom it trains as fighters.[3] Even short-term abductions, commonly where victims are forced to act as porters between particular places and then released, are always violent and extremely frightening.

Northern Uganda's displacement crisis is the worst in the world

Another unique aspect of this conflict is the short distances that people are displaced. Although the majority of IDPs in Gulu, Kitgum and Pader have been

1 Morten Bøås and Anne Hatløy, *Northern Uganda Internally Displaced Persons Profiling Study* (Kampala: UNDP, 2005).

2 World Health Organisation, *Health and Mortality Survey among Internally Displaced Persons in Gulu, Kitgum and Pader Districts, Northern Uganda* (Geneva: WHO, 2005).

3 Although the actual strength of the LRA is uncertain, it is clearly a larger force than government estimates of 300; almost 1,500 LRA fighters gathered at the two pre-defined assembly points in Southern Sudan as part of the ceasefire agreement, and over 1,000 fighters are reportedly present at the LRA's headquarters in Gambretta National Park in the Democratic Republic of Congo. In September 2006, there were rumours of another LRA camp along the Southern Sudanese–Central African Republic border.

displaced for years, most have not moved very far from their original homes, and only 5% have left the district they were born in. This may make returning a relatively smooth process, but we should not underestimate the humiliation and trauma people say this experience has caused them.[4] These feelings are increased when many people can *almost* see their land, but cannot visit it. Meanwhile, inside the camps people live in terribly cramped conditions. In Labuje camp, just outside Kitgum Town, 17,000 people live on just 17 hectares of land. Such density means that the risk of fire is high and sanitary conditions are poor; the limited space available for each household is shared by animals, children and adults, and used for cooking, sleeping and storage. It is extremely difficult for households to cultivate garden plots around their huts.

Poverty, aid and income

IDPs survive on aid distributed by the World Food Programme (WFP) and other agencies. Eighty-five per cent of the households we spoke to have received food aid, and about half also reported receiving non-food items such as jerry cans, blankets, tools and seeds.

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a unique aspect of this conflict is the short distances that people are displaced

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One of the main reasons why some households have not received aid is because insecurity prevents it. In one camp, Omee Lower in Gulu, WFP did not visit apparently because of insecurity. The camp is isolated, the road leading to it is narrow and the bush is dense. Even the Ugandan army deemed it too insecure. In theory, food is delivered to Omee Lower, but in practice supplies are dropped at the nearest camp, 20 kilometres away, from where the people of Omee Lower must collect it. By the time they find out about a delivery and have made the trek to the distribution point there is often little left for them.

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4 See Evelin Lindner (2006) *Making Enemies – Humiliation and International Conflict* (Westport, CT: Praeger Security International).

Even those who receive food aid regularly do not get enough to meet their needs, and so find other strategies to survive. Some engage in petty trading, and all camps have some sort of functioning market. Some of these markets are well established, especially in the larger camps situated along major roads. Others are small and informal. People commonly sell part of the aid they receive, sustaining local markets and enabling people to make independent decisions about how to use their resources. Some IDPs supplement their household income with small-scale agricultural activities in the security zones surrounding the camps, along roads, or on small plots around their huts. However, only one in five households has access to land outside the camps, and even then insecurity can prevent cultivation. With the ceasefire, people are starting to commute back to their homes and cultivate their land, particularly where this land is close to roads or near the camp where they live. One question that will need to be faced if and when the conflict finally ends is whether female and child-headed households will have viable access to land. These households were the most vulnerable during the war, and may easily be confronted with new types of vulnerability once it ends.

Conclusion

The situation facing the displaced population in Northern Uganda is appalling. Their camps are over-crowded and insanitary, and they live in constant fear of being killed or abducted. Curfew regulations and security zones severely limit their mobility, and make it impossible for them to cultivate their home land. Instead, people survive on the food distributed by WFP and other agencies, but this aid is irregular and some camps barely receive it at all. Every day is therefore a struggle for survival. Only peace can change this, but even if peace comes Northern Uganda's IDPs will still need significant assistance, whether they elect to return home immediately or stay in the camps until the situation is clearer. If the Juba talks fail, we must find new ways of improving security in Northern Uganda. We cannot leave these people to live in fear and poverty.

Morten Bøås and **Anne Hatløy** are researchers at Fafo's Institute for Applied International Studies, Norway. Their email addresses are: morten.boas@fafo.no and anne.hatloy@fafo.no.

Advocacy, the International Criminal Court and the conflict in Northern Uganda

Tim Raby, Tearfund

The role of the International Criminal Court (ICC) in the conflict in Northern Uganda has been controversial from the moment the Chief Prosecutor, Luis Moreno-Ocampo, announced the start of its investigations in January 2004, alongside President Yoweri Museveni. At the time of writing, it remains controversial, as the ICC continues to demand that the five indicted leaders of the Lord's Resistance Army (LRA) face trial, despite ongoing negotiations towards a peace deal.

As the ICC's investigation has progressed, agencies that had lobbied for its establishment and its involvement in Northern Uganda have become increasingly uneasy. There have been concerns that the investigation is perceived as biased because it was undertaken at the behest of the Ugandan government, whose army has also been accused of mass human rights abuses; that it has not been conducted openly; and that it endangers vulnerable groups, specifically those interviewees who could be

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called as witnesses in any trial. More fundamentally, the investigation could set back the prospects for peace, and hence the chances of an improvement in the desperate humanitarian situation in the north.

Humanitarian advocacy and the ICC

Advocacy in favour of the ICC's involvement in Northern Uganda began to increase in 2003, in response to an expansion of the fighting and a tripling in the displaced population, to around 1.6 million. Later in 2003, following a visit to Northern Uganda, Jan Egeland, the UN Under-Secretary for Humanitarian Affairs, attracted further international attention to the conflict when he stated that 'I cannot find any other part of the world that is having an emergency on the scale of Uganda that is getting so little international attention'.[1] The failure of a Ugandan army offensive – Operation Iron Fist – against LRA bases in southern Sudan to remove the threat of the LRA, and heightened scrutiny of Museveni's domestic policies, including his ultimately successful attempt to remove the limits on presidential terms, increased international concern, and probably contributed to Museveni's decision to refer the situation in Northern Uganda to the ICC.

> as the ICC's investigation has progressed, agencies that had lobbied for its involvement in Northern Uganda have become increasingly uneasy

In December 2004, the Church Mission Society, Christian Aid, Conciliation Resources, Quaker Peace and Social Witness, Tearfund and World Vision UK formed the Northern Uganda Advocacy Partnership for Peace (NUAPP). Because the announcement of arrest warrants was expected in the near future, and because this was expected to have a negative impact on the tentative moves towards peace that were being made at the end of 2004 and the beginning of 2005, it quickly became clear that its main target had to be the ICC. Less clear was what any advocacy efforts towards the ICC should look like. Because the ICC is an independent body, and because the situation in Uganda had been referred to it by the Ugandan government, rather than the UN Security Council – as was the situation in Darfur – it was difficult for UK-based agencies to know how and to whom to voice their concerns. Clearly, the independence of the ICC is vital, so lobbying the British government to influence the Court would not only be ineffective, but also contrary to the desire of these agencies to ensure the ICC's impartiality.

Direct advocacy with the ICC was difficult because of its understandable reluctance, for reasons of confidentiality and to protect witnesses, to speak about its investigations. A series of meetings took place between religious and traditional leaders from Northern Uganda and officials from the ICC, but it seemed to take the ICC a long time to understand international agencies' concerns. Following the issuing of the arrest warrants, the ICC seemed to expect agencies to lobby the international community to play a more active role in the execution of the warrants. French Foreign Minister Phillipe Douste-Blazy, during a UN Security Council visit to Uganda, made the remarkable suggestion that NGOs should be asked to 'cooperate with neighbouring countries to arrest the LRA chiefs'.[2]

Who should act?

The question of who would arrest the five LRA commanders wanted for trial has never adequately been answered, and international agencies have also found it difficult to come up with a solution. This has also made advocacy problematic. Of course, it is not the role of the ICC to arrest those it wants to try. This was not, however, obvious to many in Northern Uganda. In research conducted by the International Center for Transitional Justice and the Human Rights Center, published in July 2005, only 27% of those questioned had heard of the ICC, and of these only 17% knew that it did not have a mandate to arrest individuals it indicted. Therefore, fewer than 5% of those questioned correctly understood the role and capacity of the ICC.

The Ugandan army (the UPDF) was regarded as the most likely to execute the warrants, but this ignored a number of problems. The UPDF had tried and failed for 20 years to arrest these commanders, its increasingly heavy-handed methods (including the use of helicopter gunships, Museveni's favourite piece of military equipment) had led to the deaths of many civilians and children, and its participation would increase perceptions that the investigation was biased. The armies of the Democratic Republic of Congo (DRC) and southern Sudan were also proposed, but lacked the necessary capacity and, in Sudan's case, the necessary motivation. Scepticism greeted the announcement in December 2005 that the ICC had signed a Memorandum of Understanding with the Sudanese government, under which Khartoum agreed to cooperate in the arrest of LRA commanders based in southern Sudan. The final candidates were the UN peacekeeping forces in DRC (MONUC) and southern Sudan (UNMIS), but the former was preoccupied with ensuring peaceful elections in the DRC in June 2006, and the latter was taken up with the implementation of the peace agreement in southern Sudan.

International advocacy efforts culminated in the adoption of UN Security Council Resolutions 1653 and 1663, and a report in July 2006 recommended ways in which the UN 'could more effectively address the problem of the LRA'.[3] While international agencies should be congratulated for their efforts in getting these resolutions passed, they were unable to propose any more comprehensive solutions to the problem of how to arrest the LRA commanders than those already suggested.

1 'Uganda Conflict "Worse than Iraq"', *BBC News Online*, 20 November 2003.

2 'UN Calls NGOs into Kony Hunt', *New Vision*, 6 February 2006.
3 United Nations Security Council Resolution 1663 (2006), 24 March 2006.

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Questions of justice

Another area in which alternative solutions proved difficult concerned whether the ICC was acting 'in the interests of justice' – a phrase repeated frequently in the ICC's statutes. International agencies have often found themselves in dispute (including amongst themselves) about whether the Acholi possess a special form of justice, based more on reconciliation and healing, and whether this is being ignored by the ICC in favour of a more punitive model, based on 'Western' concepts. The difficulties of conducting research into this, the impossibility of knowing whether traditional forms of justice can be applicable to the crimes committed during the conflict, and the vested interests on both sides of the debate mean that there is no easy solution to this question.

An integrated approach?

There is greater consensus that the ICC investigation should be seen as merely one element in securing a just, peaceful and sustainable solution to the conflict, and should, therefore, be integrated more closely with other mechanisms that have this aim. Such mechanisms include amnesties (particularly for those rebel fighters who were abducted by the LRA), a 'truth and healing' process (which would examine the conflict in its political and historical context) and negotiations towards a ceasefire, an end to the displacement that has devastated Northern Uganda and, eventually, peace talks.

Some analysts have dismissed this argument; Tim Allen, in his book *Trial Justice: The International Criminal Court and the Lord's Resistance Army*, states that 'in setting up the ICC there was never the intention to bring justice in a broad sense', and that 'international criminal law [should not] have to engage with [local justice] in a serious way'. However, whilst this may be true for the ICC as an entity, surely it should see itself as one of several elements of the solution. In June 2005, the ICC stated that its investigation in Darfur 'will form part of a collective effort, complementing African Union and other initiatives to end the violence in Darfur and promote justice'.[4] Notwithstanding the enormous difficulties in achieving this in Darfur (and for that matter in the DRC), this statement gives some hope that the ICC investigations in these cases may avoid some of the controversies and uncertainties of the investigation in Uganda.

Advocacy concerning the ICC will remain difficult, but its aim should be that these investigations will not just seek to ensure the prosecution of those most responsible for the crimes committed in these conflicts, but should also contribute to a just, peaceful and sustainable end to the conflicts themselves. Those suffering in the displacement camps and villages of Northern Uganda, Darfur and eastern DRC deserve nothing less.

Tim Raby works for Tearfund. Between May 2004 and June 2006 he worked as Tearfund's Disaster Management Officer for Northern Uganda. Between December 2004 and June 2006, he was also the Chair of the Northern Uganda Advocacy Partnership for Peace. He writes in a personal capacity.

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4 'The Prosecutor of the ICC Opens Investigation in Darfur', ICC Press Release, 6 June 2005.

Standards put to the test: implementing the INEE Minimum Standards for Education in Emergencies, Chronic Crisis and Early Reconstruction

Allison Anderson, Gerald Martone, Jenny Perlman Robinson, Eli Rognerud
and Joan Sullivan-Owomoyela

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Conflicts and natural disasters take a heavy toll on education systems and deny generations the knowledge and opportunities that an education can provide. Of the 115 million primary-aged children not in school, one in three live in conflict-affected and fragile states. Millions more have no access to schooling because they live in areas affected by natural disasters.

Although education is a basic human right, education in emergencies is only just beginning to be considered as a vital relief intervention. Education is often considered as a long-term development issue, and so struggles to be recognised as a critical area of emergency response. When it is included in emergency responses, interventions usually focus on the supply of school kits and other material or school feeding, interventions that, as stand-alone activities, do not provide for quality education.

This Network Paper presents the case for education as an essential humanitarian activity, and the INEE Minimum Standards as a tool for quality and accountability within those interventions. It sets out the preliminary implementation experience of the Minimum Standards, with a focus on pilot research in Uganda and Darfur; examines the lessons learned from having a Minimum Standards focal point in Pakistan; and presents key lessons learned to guide the provision of education in emergencies.

To download a copy of Network Paper 57, visit the HPN website: www.odihpn.org.

The death-knell of '4R': rethinking durable solutions for displaced people

Robert Muggah, Graduate Institute of International Studies, University of Geneva, and Queen Elizabeth House, University of Oxford

The return and reintegration of refugees and, increasingly, internally displaced persons (IDPs), are major objectives of UNHCR. Along with strategic resettlement, these activities are often central to the achievement of so-called durable solutions, even if what constitutes 'durable' has proven frustratingly difficult to measure on the ground. There is uncertainty within the agency concerning the standards by which to judge whether a durable solution has been achieved – whether defined as a basket of *entitlements* that are commensurate with refugee or IDP status, the achievement of *self-reliance* by displaced people or *parity* between the displaced and locals. UNHCR's Executive Committee recently issued a preliminary typology of benchmarks – including material, physical and legal security – though this raises still more tricky definitional questions.

UNHCR and its implementing partners have long experimented with ways to promote sustainable and cost-effective durable solutions. For example, in the 1970s the agency's approaches ranged from area-based and rural integrated development to agricultural settlement schemes and improved camp management. By the 1980s, the agency subtly changed tack, alternately financing Quick Impact Projects (QIPs) to enhance social and economic infrastructure in hosting areas and Community Empowerment Projects (CEPs) that built human, rather than exclusively physical, capital. Owing in part to the enormous challenges facing the agency in 'transition' contexts, UNHCR has struggled to articulate a coherent approach that satisfies all stakeholders, especially refugees and IDPs, host governments, civil society and the private sector. A central concern throughout relates to ensuring the 'protection' of refugees and IDPs – principally through the promotion of 'equal access' to national protection mechanisms.

Recognising the limitations of its mandate and the multisector priorities accompanying post-conflict operations, UNHCR and its donors determined that a 'collaborative approach' was the only feasible option to promoting durable return and reintegration. In 2003, then High Commissioner Ruud Lubbers introduced the concept of repatriation, reintegration, rehabilitation and reconstruction, colloquially known as the '4R approach'. From the beginning, 4R was described as an 'overarching framework for institutional collaboration in the implementation of reintegration operations allowing flexibility for country specific situations … [aiming to] address effectively the mainstreaming of reintegration into national development plans and programmes'. Just as 4R represented a conceptual departure from previous efforts, it also promised a new means of tapping development funding from donor governments.

The 4R approach was expected to provide partners and hosting governments with a transparent mechanism to collectively identify objectives, capacities and challenges, and mobilise resources to achieve durable solutions. Agencies were (naively) expected to fall in line and cooperate. As a measure of their early commitment, UNHCR and other UN agencies, including UNDP and the World Bank, decided to pilot 4R in four countries, Sri Lanka, Eritrea, Afghanistan and Sierra Leone, in late 2003. But after a series of sour evaluations, ICVA reported that the 'overarching framework for institutional collaboration in the implementation of reintegration had not been achieved'. The future of 4R was thrown into doubt.

> **UNHCR and its implementing partners have long experimented with ways to promote sustainable and cost-effective durable solutions**

The failure of 4R

While UNHCR has responded admirably to many crisis situations since the 1950s, the agency, and indeed the broader humanitarian system, has always struggled to ensure operational and bureaucratic coherence during its transition from 'emergency' to 'early recovery' and 'developmental' activities.

One of the major constraints to bridging the gap is structural – a function of the slow pace at which responsibilities between humanitarians and development actors are 'handed over'. Other challenges relate to UNHCR's reluctance to invest in ostensibly development activities in highly politicised environments, and its inability to critically examine and learn from past behaviour. But if 4R was deliberately crafted to smooth the transition and to ensure that the longer-term needs of displaced populations were not forgotten in the rush to promote return and close camps, it manifestly failed to work.

Experiences from the four pilot countries revealed the routine challenges of implementing meaningful reforms (or even inter-agency collaboration) within the UN system without requisite authority and incentives to promote

them. For example, a confidential review found that the 4R concept, although widely supported on the ground, required considerably more structure and direction than anticipated – particularly from UNHCR headquarters. Unfortunately, the concept failed to take root precisely because it lacked adequate institutional arrangements between agencies such as UNHCR and UNDP, as well as poor direction, insufficient resources, limited training for UN staff, and inadequate technical guidance in pilot countries.

Other obstacles to the implementation of 4R relate to the poor diagnosis and communication of priorities between agencies. UN and non-governmental agencies often fail to adequately anticipate the huge and resource-intensive challenges associated with 'reabsorbing' populations, much less the specific requirements of repatriation, reintegration, rehabilitation and reconstruction in 'transition' contexts. When the attendant challenges become overwhelming or funding sources begin drying up, agencies retreat to their own specific niche areas and shy away from cooperation. There is in fact a weak culture of collaboration and too few incentives to build constructive partnerships in a sustained way.

UNHCR and the UN system as a whole should carefully rethink their approach and commitment to durable solutions

Moving beyond 4R

UNHCR and the UN system as a whole should carefully rethink their approach and commitment to durable solutions. Humanitarian agencies alone are ill-equipped to contend with the complex requirements of political and socio-economic recovery – a point frequently made by successive High Commissioners. At the very least, UNHCR, together with UNDP and the World Bank, must clarify and define the scope of their contribution to durable solutions. They must also carefully consider the inter-relationships between their interventions and different categories of displaced people – whether spontaneous returnees and resettling groups, organised refugee returnees or IDP returnees. For example, there has long been a discrepancy between durable solutions proposed for refugees and IDPs, though recent activities in Afghanistan suggest that this is gradually being redressed.

Existing UNHCR guidelines on return and reintegration already contain the key elements to ensure a comprehensive durable solution. The ingredients are there. But UNHCR cannot go it alone. A key question is how to encourage others – including host governments, UN agencies, international financial institutions, NGOs and the private sector – to constructively engage and overcome inter-agency rivalry and the obstacles to collective action. Despite their best intentions, many agencies still regularly fail to harness the agency – the skills, enthusiasm and energy – of returning

populations. UNHCR should support its partners in revising their approach to inter-agency collaboration on durable solutions for displaced populations. Together with the Inter-Agency Standing Committee (IASC), UNHCR and UNDP have started to explore ways to enhance collaboration and ensure greater accountability and predictability in responding to, and ideally preventing and resolving, humanitarian crises.

A recent positive development is the adoption of the so-called 'cluster approach'. The 'early recovery' cluster, led by UNDP, is expected to improve programming in both disaster and conflict-related contexts. Meanwhile, UNHCR is responsible for the protection, emergency shelter and camp coordination and management clusters. Recent efforts to implement the cluster approach in Somalia nevertheless reveal the considerable gap between rhetoric and reality. However implemented, the next generation of durable solutions must be guided by a structured approach with clearly articulated agreements on precisely how return, reintegration, rehabilitation and reconstruction will take place, and a clear division of responsibilities.

The success of the new cluster approach will depend in large part on a coherent resource mobilisation strategy and realisation of pragmatic synergies between stakeholders. Despite recent progress in establishing transition mechanisms and flexible funding sources in post-conflict contexts, resources still need to be mobilised and disbursed more quickly. In recent repatriation, return and reintegration operations in Pakistan and Afghanistan, for example, UNHCR found that effective disbursements from international financial institutions could generate positive dividends. Efforts to promote predictable and responsive disbursement should be redoubled, particularly for UN agencies, NGOs and governments facing acute challenges in, for example, the Democratic Republic of Congo (DRC), Somalia, Sudan, Angola and Liberia.

Crucially, UNHCR could invest more in assisting governments to design proactive national 'development frameworks' to give greater credence to supporting safe and durable return and reintegration in the context of the transition.[1] Governments must assume their responsibilities for such activities if genuinely comprehensive durable solutions are to take hold. The case of Afghanistan demonstrates how innovative policy frameworks and programming inspired opportunistic joint interventions by disparate actors. In Mozambique, with UNHCR's support, the government was able to rapidly engage a wide range of actors in undertaking recovery and development programmes in key districts of return. Unless UNHCR and its partners are able to commit to multi-year funding, there are comparatively few incentives for host governments to ensure sustainability in service delivery to displaced populations. The World Bank's 'trust funds' and pooled funding mechanisms could provide some useful precedents in this regard.

1 Relevant development frameworks include Poverty Reduction Strategy Papers (PRSP), UN Development Assistance Framework (UNDAF), the Common Country Assessments (CCA), and national development plans.

The 4R concept was quietly dropped from Antonio Guterres' opening statement to the fifty-seventh Executive Committee of the High Commissioner's Programme in late 2006. It is vital that UNHCR and others continue to move beyond the 4R label to the substance of durable solutions. Although the expression may have unintentionally confused and divided stakeholders, many of its underlying messages are sound and should be reinforced. What needs to be firmly recognised is that returning populations are key players in transition processes. It is thus in both the national and international interest to ensure that the repatriation, reintegration, rehabilitation and reconstruction of displaced populations is not advanced purely for political gain, but rather as a core element of the building of a more just social, political and economic order.

Robert Muggah is based at the Graduate Institute of International Studies (University of Geneva) and Queen Elizabeth House (University of Oxford). His email is: muggah@hei.unige.ch. The author would like to thank Felipe Camargo (UNHCR), Erin Mooney (OCHA) and James Milner (University of Toronto) for their thoughtful comments on an early draft of this article.

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Integrated community health in Darfur: interacting with culture, dealing with insecurity

Simon Roughneen and Sam Fox, GOAL Darfur

Health education and promotion is a process of learning and communication designed to improve health information, health literacy, health knowledge and life skills conducive to individual and community health.[1] GOAL's community health education and promotion programme in North Darfur applies this definition in a community-oriented education and outreach programme. The programme aims to improve beneficiaries' health knowledge and practice, and to build capacity among local staff and beneficiaries.

An integrated approach: fine words, better practice?

GOAL runs an inclusive primary healthcare (PHC) programme encompassing curative care, clinics, water and sanitation and nutrition services for over 200,000 people in North Darfur.[2] Our community health education and promotion (CHEP) programme has become a crucial tool in maximising participation in the PHC by the local community.

The CHEP programme employs 40 community health promoters and 240 volunteers. In conjunction with local communities, community health committees have been established, and these play an active role in the planning and provision of health care. The CHEP team delivers health messages on specific topics over a 2–4-week period, and seeks to tie these in with programme activities in other areas. Role plays, focus groups, school visits

1 See World Health Organization (WHO), Health Promotion and Education: http://www.searo.who.int/EN/Section1174/Section1458/Section2057.htm.

2 Insecurity forced GOAL to withdraw from the Jebel Mara area of Darfur in January 2006, where it provided similar services to 250,000 people.

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and distributions of soap/mats are among the activities and methodologies used. Topics such as sanitation and hygiene, malaria, HIV/AIDS, breast-feeding and the correct use of medication are also addressed.

Providing services and resources is a key aspect of health education and promotion. Education takes place at all static sites, including primary healthcare clinics, distribution sites and water points provided and maintained by GOAL. For example, at distributions, nutrition workers stress to beneficiaries the importance of returning every two weeks for services. To increase the perceived benefits of the programme, mothers are encouraged to think of therapeutic feeding, not just as food, but also as treatment for a sick child. Supplementary feeding is provided in conjunction with clinic services, located in or near the grounds of a local health centre. This encourages the idea that supplementary feeding programmes constitute medical treatment, and allows easy referral between health and nutrition services. CHEP staff continuously sensitise and mobilise communities, and provide locally appropriate nutritional education.

Insecurity: meeting needs, overcoming constraints

One of the most important factors in the successful provision of nutrition and healthcare services in insecure and remote areas like North Darfur is community awareness and education. Because agencies are limited in their direct access to communities, following up with beneficiaries is difficult.

The Darfur Peace Agreement (DPA) has had a direct impact on all GOAL programme activities. The agreement was signed on 5 May between the Sudanese government and one rebel faction, the Sudan Liberation Movement/Army (SLM/A). The SLM/A has a powerbase just to the north of GOAL's area of operation. Since the signing of the DPA, 13 aid workers have died in conflict-related violence, more than were killed since the Darfur conflict began in February 2003. At least two new anti-DPA rebel alignments have emerged: the Darfur Redemption Front and the G-19, just north of GOAL's base in Kutum. Command lines have fragmented, reducing agencies' operational scope and making day-to-day security analysis difficult.

This insecurity has affected health education and promotion. For example, locally based CHEP staff conduct home visits to follow up on children absent from SFP or community-based therapeutic care (CTC) services, and to conduct health awareness-raising. Since the DPA was signed, CHEP staff have been unable to travel and it is impossible to provide general health services. As the political situation becomes more divisive and contested, regular communication with local communities will only become more difficult, as will securing the collaboration of the local Sheikhs, who are effective agents for CHEP in their own right, given their standing and authority among communities. One of the core elements of GOAL's nutrition planning and provision – a comprehensive household nutrition survey in October 2005 – was only possible because we had effective communication, pre-survey

security analysis and clear security guarantees.

As a discrete entity, CHEP has inherent advantages over other programme activities in insecure areas. Insecurity means that target populations can be displaced and/or rendered inaccessible, which increases and varies the health risks they are subjected to, compromises ongoing community health education and adds to the challenges of future health education work. With successful training of staff and local capacity-building, CHEP activities can be maintained in the event that insecurity hinders humanitarian access. Locally based and decentralised community health workers can sometimes continue practicing when core staff movements are limited by insecurity. CHEP does not rely on the guaranteed presence of highly skilled or technically oriented core staff in all areas of operation. That said, unless CHEP is linked with other areas of activity, a successful intervention is difficult to maintain because health messages are delivered during PHC clinic hours or as part of SFPs. This compromises the integrated nature of CHEP work.

providing services and resources is a key aspect of health education and promotion

Culture: benefits and barriers

GOAL's community health and education programme operates from the premise that understanding one's own culture and that of one's clients is crucial to implementing effective education and outreach work. To that end, together with and as a complement to its ongoing education and outreach work, GOAL is producing a handbook on cultural health practices, agreed with local community leaders, and their interaction with GOAL's programme activity in primary healthcare, nutrition and water and sanitation.

One aspect of this work has been to uncover the cultural 'rootedness' of various practices. For example, despite the prevalence of *kitan* (female genital mutilation) some accounts refer to this as an imported practice, only coming to Darfur in Sudan's post-independence era, as centralised authority was installed in Khartoum. Whether this means the practice can be eliminated in North Darfur

GOAL's community health and education programme operates from the premise that understanding one's own culture and that of one's clients is crucial to implementing effective education and outreach work

remains to be seen. A key avenue is to use and maximise the effects of group activity. Peer roles and the impact of peer groups are crucial. In an ordered society, these offer both challenges and platforms for action.

Tang-tang is a tradition whereby a sharp implement is used to cut a child's palate or gums, in the belief that the puncture releases a poison believed to cause teething or tonsillitis. The integrated approach has made a clear impact in addressing this negative cultural health practice. Treatments for tonsillitis are given at primary healthcare clinics, and information campaigns discuss the positive impact of conventional treatment and the negative impact of *tang-tang*.

GOAL research has found that community attitudes to diarrhoeal disease in children are complex, and need to be understood before conventional treatment, such as oral rehydration (ORS), can be applied. Local treatments such as boiled guava were seen by the majority of respondents as the first and most appropriate treatment, and very few (19%) thought that ORS was necessary. The CHEP programme alerted other programme areas that a viable locally sourced remedy for diarrhoeal disease was available, and that this could be used in conjunction with ORS, pending further community education about ORS and clinical treatment for the condition.

Ultimately, people are part of their community: the choices they make are influenced by factors such as government, socio-economic status, culture and faith. While GOAL does not directly apply value judgments to cultural issues, a focus on practical applicability within the framework of GOAL's other programme activities can promote discussion and change among local communities, when it can be shown that certain practices contradict the clear and perceived benefits of primary healthcare, medication, therapeutic and supplementary feeding and clean water provision.

Simon Roughneen is GOAL's roving Media/Advocacy Officer. He worked in Darfur in February–July 2006. His email address is sroughneen@goalireland.com. **Sam Fox** worked as GOAL Community Health Manager in Kutum, North Darfur from September 2005 to June 2006. Thanks to GOAL Health Advisor Sinéad O'Reilly and Sudan (North) Acting Country Director Rob Kevlihan for valuable comments on an initial draft of this article.

Mapping as a tool for planning and coordination in humanitarian operations

Mark Adams, GOAL Uganda

GOAL has implemented a multi-sectoral public health programme in Pader District in Northern Uganda since 2003. At the end of 2004, the agency developed a partnership with Ove Arup Ireland, the Irish arm of a leading global engineering group, which was interested in implementing a socially beneficial project in the developing world as part of celebrations marking its sixtieth year of operations. To identify an appropriate project, Ove Arup conducted a study of the infrastructure in Pader District, including water, power, sanitation, roads, health and education. Using Global Information Systems (GIS), Arup and GOAL developed a database and map of the district's infrastructure. The aim has been to produce a comprehensive, flexible and expandable information base designed to meet different information needs. The use of GIS was a new departure for both GOAL and Arup, and offered an opportunity for both organisations to learn more about its potential.

The potential of GIS

GIS can offer significant benefits in terms of strengthening planning and coordination. The impact of maps in turning dense tables of information that people do not find easy to read or assimilate into easily understandable and attractive graphics is dramatic. One potential example is the presentation of water supply information. As part of the Water, Environment and Sanitation (WES) sector (now 'cluster'), there have been ongoing efforts at district and national level to produce monthly updates on the supply of water in IDP camps, in order to identify priorities and gaps. These have not been effective due to poor reporting, poor coordination and the off-putting appearance of the large spreadsheets in which this information is presented. Delivering this data in the form of simple maps can make it much more intelligible, and a new UNICEF/OCHA project is developing and implementing a GIS-based reporting system for a small number of key indicators across all districts affected by the humanitarian crisis.

Other examples of possible uses for mapping and GIS include:

- producing maps of camps and other locations as part of assessments and initial planning;
- mapping population movements between camps or areas, so that agency responses can be reprogrammed;
- mapping agency interventions against needs or population levels, to identify gaps and priorities;
- comparing infrastructure and service delivery with populations (e.g. schools and health units with populations);

Figure 1: A map showing the locations and populations of IDP camps in Kitgum, derived using GIS

- mapping service delivery of a comprehensive range of HIV/AIDS services at a district level to assist with the planning of new projects and meeting gaps; and
- facilitating the coordination of government and non-government services at a district level, and coordinating the support of different donors to local NGOs at a district level.

GIS technology is relatively simple and cheap – at least in cash terms. Basic computers, Global Positioning System (GPS) units and software to download and manipulate the data and produce maps are all that are needed. The running costs involved in compiling, updating and disseminating maps are more significant, but not prohibitive. Producing simple maps of isolated locations – such as IDP camps – is relatively easy. Large-scale maps that provide more comprehensive data are more complicated and require more resources, not least because more actors are involved.

Having a clear set of objectives for the use of the technology is vital, as these systems can easily become self-serving tools, encouraging the collection of huge amounts of data that does not meet decision-making needs. These objectives can help in deciding which technologies to choose. In working with other agencies, we have seen different software packages being used for different mapping purposes, all drawing coordinates from standard GPS units. Although Excel can be used to create 'quick and dirty' maps to calculate the basic area of camps and the location of key infrastructure such as water sources, health units and schools, Mapsource – a free mapping software often distributed with GPS units – can provide similar but more sophisticated outputs in just a few hours. While these cannot really be described as 'GIS' applications, they do provide a quick way to graphically represent service infrastructure, and compare this with population. These maps could be used to measure change over time, such as the provision of services or the area of land under cultivation. For emergency interventions, this kind of capability can be a major addition to rapid assessment methods, and there is no reason why it cannot be adopted by agencies. The cost and the technical demands placed on teams are minimal.

GIS can offer significant benefits in terms of strengthening planning and coordination

True GIS applications – such as ArcView – are more expensive and more demanding in terms of staffing resources. Their potential is correspondingly greater, however, allowing for much more sophisticated and wider-scale collection and linking of data. This is both an opportunity and a challenge. While these systems can turn data into information on service delivery, distribution of needs and responses and so on, they can also encourage levels of data collection and analysis which do not serve immediate needs. For humanitarian operations this can seem like a distraction and an unnecessary investment in what is a fast-moving environment. Managing these differing expectations and views is an important challenge. A key issue – particularly for facilitating coordination – is having the capability to quickly produce maps, update them rapidly on the basis of new information and produce new maps that meet the needs of intended users. This requires being able to produce maps close to intended users, quickly and in line with their changing needs and interests. The high cost of producing hard copies of maps means that it may be best to rely on soft copies, so good communication systems to transfer large computer files are important.

technology does not present the main obstacle in using mapping and GIS for humanitarian coordination and planning; the principal problems lie elsewhere

Non-technical issues
Technology does not present the main obstacle in using mapping and GIS for humanitarian coordination and planning. Some basic technical issues hinder sharing of data, but these could be easily addressed. It is in other areas that the principal problems lie.

We found to our surprise that Uganda is making more use of GIS than Ireland. Having said that, it is still in its infancy, and that is one of the challenges. There are a plethora of initiatives to use mapping and GIS for humanitarian planning among NGOs, the UN and government ministries.[1] There is, however, little or no coordination between these different initiatives, which is indicative of the key problem: the limited sharing of base data. Government ministries have been unwilling or unable to share data, often seeing it as proprietary. As a result, different actors are forced to collect the same data again and again, which is not only a waste of resources, but inevitably creates a situation where the same locations are recorded with different coordinates, resulting in differing maps and complicating coordination and joint planning.

A related constraint is the lack of any agreed 'base maps' with administrative boundaries. As a result even the first step in compiling a map – using a base layer which provides the administrative boundaries of a district – cannot be done without on-going discussions about

1 Other agencies are also using GIS, for other purposes: IRC, ICRC and ACF (for camp mapping); COOPI (for georeferencing water sources); the World Bank/government project NUSAF (to provide maps of community projects funded through the project); the Italian/Ugandan Karamoja Project (mapping the area to build capacity at a district level); the government Rural Electrification Agency (which georeferences a wide range of infrastructure and locations for development planning purposes); the Ministry of Education (education service provision), the Ministry of Health (health service provision); WFP (mapping populations), UNICEF (WES cluster MIS system, spatial mapping initiative with UNOCHA); and FAO (food security planning). These initiatives do not appear to be coordinated with each other.

where the boundaries of the district and its internal administrative limits actually lie. In Uganda this is compounded by a continuing process of decentralisation, which has seen the number of districts grow from 36 in 1995 to a planned 76 by mid-2007. Within districts, administrative boundaries are also being repeatedly redrawn. With no agreed, surveyed maps indicating where these different boundaries are, it is often difficult to agree on the most basic elements. It is clear that a reference centre is needed to provide reliable maps and good base data. This should be available free of charge or for a minimal charge; agencies can then tailor this to use for coordination or internal agency purposes. This is likely to begin to emerge in Uganda as OCHA is looking at developing a 'spatial mapping' initiative as part of its humanitarian coordination role. This would greatly facilitate the use of mapping and GIS by other agencies, and could be part of OCHA's standard role in different emergency settings.

Currently there are efforts at a national level to address these problems of poor coordination, poor data sharing and a lack of agreed base maps through the sector and cluster coordination mechanisms, and particularly from within the WES cluster. OCHA, UNICEF, the Ugandan government and interested NGOs are working together to define and develop a management information system based on GIS that can regularly produce maps showing key data. If this proves successful, it will be a major step forward for coordination, and for making GIS a cost-effective tool for planning and coordination.

The context of a humanitarian emergency adds to the difficulties. It has been interesting to compare the expectations of Ove Arup, a Europe-based engineering company which expects clearly defined and agreed information, with those of an emergency response team, whose information needs are often more short-term and narrower,

and who are more familiar with working in fluid situations where baseline information may be unavailable, invalid, or overtaken by events. Pader District – a new district only created in 2001 – has been very insecure for much of the last three years, and access has been difficult. Time in the field has been limited by curfews and security procedures. When opportunities to reach displaced populations have presented themselves, competing demands mean that gathering coordinates is often not seen as a priority. The limited geographical spread of individual agencies – a conscious strategy to maximise impact by focusing energies on specific populations – means that it is difficult to create comprehensive and accurate maps. This is a challenge we have not yet successfully met, but we believe that, as mapping becomes more widely understood and appreciated, this will become less of a problem.

Concluding thoughts

Our experience of using mapping and GIS for humanitarian assessments and planning is in its early stages and has been mixed. We have glimpsed some of the potential, and we believe that GIS could serve a wide range of purposes, from rapid emergency assessments to in-depth planning, facilitating the analysis of humanitarian need and coordinating responses. We have also encountered many of the problems that are or can be involved in using this technology. The experience suggests that there is great potential and that GOAL needs to develop its own mapping/GIS capability as a humanitarian organisation. However, to be most effective, organisations with a wider mandate, such as governments or the UN, should make greater use of these technologies for coordination and planning purposes, and seek to provide base maps and data to the humanitarian community.

Mark Adams is Country Director, GOAL Uganda. His email address is: markadams@goaluganda.com.

Assessing psychosocial distress – which lens?

Angus Murray, Tearfund

Over the past three decades, there has been a rapid growth in humanitarian interventions attempting to address the psychosocial distress caused by violence and forced displacement. A wide and diverse range of practice has emerged, reflecting different ways of assessing and understanding psychosocial distress. This article highlights some of the assumptions underlying these different approaches, and how these may inform subsequent practice. As detailed below, a 'culturally relativistic' approach attempts to take the point of view of the insider. By applying this approach among a Masaalit community in Darfur, we have been able to gather detailed information about the beneficiaries' perspectives on psychosocial distress. Within this particular turbulent context, the results suggest a need to focus on mainstreaming positive psychosocial outcomes across different sectoral domains.

Stress and distress

In many societies, 'stress' has become a widely used metaphor for personal and collective suffering, covering a range of negative feelings and physical sensations. In most cases, these feelings or sensations are usually explained as reactions to adverse external circumstances. As such, responsibility for suffering tends to be located beyond the individual. Stress at moderate levels can help us react and adapt to a situation. However, if persistent or excessive it can seriously affect our physical, mental, social and spiritual well-being. It is at this stage that stress becomes 'distress'.

Every culture provides its members with recognisable languages of distress with which to communicate their suffering. If we are able to understand this language,

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the biology of how the brain functions). Distress is thought to manifest itself in the form of psychiatric disorders, and it is assumed that these disorders remain constant across different cultures. By means of illustration, Post Traumatic Stress Disorder (PTSD) is a psychiatric diagnosis associated with people who have been exposed to a historical event, which may be considered traumatic. A set of symptoms, or criteria, is set out within a standard international diagnostic classification system.[1] If a clinically trained practitioner identifies six criteria – including intrusive recollection, avoidance behaviour or hyperarousal over a specified period of time – the patient receives a psychiatric diagnosis of PTSD. Within a Western context, there are a number of evidence-based therapeutic approaches, including counselling, which can be used to treat this disorder.

A number of screening instruments or questionnaires have been developed for assessing the prevalence of PTSD among refugees, such as the Harvard Trauma Questionnaire (HTQ). Within the context of a complex emergency, some practitioners have attempted to use these instruments to assess the prevalence of PTSD across war-affected non-Western populations. This approach tends to show a comparatively high frequency of symptom reportage among war-affected communities. As the assessment is framed in terms of mental ill-health, humanitarian responses may include psychoeducational or trauma-related programmes. Some researchers have used this method in an attempt to compare the prevalence of PTSD across different populations, and subsequently attempt to identify protective factors.

which may be verbal or non-verbal, physical or psychological, our humanitarian interventions may be better informed.

Three lenses

While violent conflict and forced displacement can have a profound impact on people's psychosocial well-being, the processes by which it affects them nevertheless remain unclear. Not all people respond to disastrous events in a similar way, nor are they likely to have the same needs. Agencies attempting to assess the psychosocial impact of violence and displacement tend to use one, or a combination, of three approaches – universal, transcultural and relativist. Within each approach, a set of assumptions informs assessment tools, analysis of data and subsequent practice. With the forthcoming release of the Inter-Agency Standing Committee's (IASC) guidelines on 'Mental Health And Psychosocial Support In Emergency Settings', there appears to be an emerging consensus on what constitutes recommended practice. While this may encourage a shift towards better practice, it is nonetheless important to consider how assessment methodologies inform different notions of psychosocial distress.

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every culture provides its members with recognisable languages of distress with which to communicate their suffering

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Universal lens

Those who take a universal view of humanity see Western psychiatric models as universally valid and relevant, irrespective of time and culture. Stress reactions are seen to have a universal, neurobiological core (neurobiology is

Transcultural psychiatry lens

A number of practitioners have questioned the validity and cultural relevance of the kind of universal, standardised diagnostic framework described above within non-Western, war-affected populations. Instead, they assert that distress is expressed differently across different cultures. For example, a local population may have their own important categories or local idioms of distress, but these may not correspond to symptoms of PTSD. It is argued that Western symptom checklists, based on international psychiatric classification systems, do not capture the range of ways in which non-Western populations express their distress.

Some researchers attempt to translate and adapt Western diagnostic instruments, or symptom checklists, for use in non-Western cultures. In recognising that symptoms asso-

1 The Diagnostic and Statistical Manual of Mental Disorder (DSM-IV) and the International Classification of Diseases (IDC-10) of the World Health Organisation are the two main international diagnostic classification systems.

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ciated with a disorder in one culture may not necessarily indicate that same disorder in another culture, it is essential to test the equivalence between the original and the translated instrument. A properly adapted transcultural diagnostic instrument requires significant research time and resources. In the midst of an emergency, it is unlikely that a practitioner would be able to translate, adapt and validate such an instrument.

Many humanitarian practitioners subsequently cross-reference a number of standard symptom checklists or structured questionnaires, based on general findings around psychosocial stress symptoms (these include the Impact of Events Scale – Revised (IES-R)). Qualitative instruments such as focus group discussions or key informant interviews may be used to contextualise the symptom checklist. While these quantitative methods focus on the prevalence of psychosocial stress symptoms, they may also be useful in identifying local notions of distress. If assessment instruments are contextualised, results cannot be compared across cultures. As the assessment is framed in terms of psychosocial stress symptoms, humanitarian responses may include interventions that aim to address both social and psychological concerns. This may result in a diverse range of psychosocial and educational programmes, as well as integrated therapeutic programmes.

Cultural relativism lens

Those with a relativistic view of culture question the notion of a universal diagnostic system. They argue that transcultural diagnostic categories are invalid, as they often fail to capture the different meanings that people attach to events and their responses. For example, if someone experiences intrusive nightmares, is that a symptom of PTSD, or are malevolent supernatural forces trying to communicate with that individual? The answer is dependent on a person's belief system. This approach aims to assess local understandings and perspectives of distress through qualitative or 'thick' descriptions. In comparison with the universal lens, this approach tends to argue that communities are more resilient to violence and displacement.

Within this assessment methodology, attention is focused on the way in which the local population understand and respond to their misfortune. As different cultures have different beliefs around personhood (i.e. ideas around 'self', the distinctions between mind and body) and human agency (i.e. the human capacity to make and impose choices on the world), the emphasis is on understanding people's lived experience. The community's subjective understanding of the situation and psychosocial distress provides an important foundation for informing subsequent humanitarian interventions. Rather than adopting a set proforma response, responses should be informed by the socio-cultural context. Typical humanitarian responses may focus on supporting community resources, re-establishing coping strategies and providing the opportunity to engage in traditional cultural practices.

With each lens, it is also important to look at what counts as the truth, and whose interpretations of reality are disqualified as anecdotal or unscientific.

A cultural relativism lens to assess psychosocial distress in Darfur

Violent conflict resumed in Western Darfur in 2003. Estimates of the official death toll currently range between 200,000 and 400,000, and 1.9 million people are thought to be internally displaced. We carried out a brief assessment of psychosocial distress among two IDP communities in West Darfur in September 2005. Using a culturally relativist approach, the aim was to understand how community members made sense of their suffering, expressed their distress and created meaning within the chaos of their lived reality. Using narrative interviews, this approach can provide a useful analytical lens through which to interpret more descriptive sources of data.

Methodology

The approach used open discussions in order to unearth the manner in which individuals and groups constructed their experiences of the world. This process aimed to increase understanding of participants' past life experiences, and gather information about the meaning that people attached to events, and their responses. This was important in identifying local coping mechanisms and health management strategies. Our target group involved a cross-section of the adult displaced population; all the interviewees were from the Masaalit ethnic group, the predominant ethnic group in the camps.

Initial Focus Group Discussions (FGD) were used to identify key roles within the community. This involved 30 participants in total. Interviews were subsequently conducted with Sheikhs, traditional herbalist practitioners, Islamic faith healers, representatives from women's health groups and local staff of NGO health clinics. This helped us to understand local socially sanctioned therapeutic models and health-seeking behaviour.

Face-to-face interviews were then carried out with randomly selected interviewees, involving between two and four participants at a time (60 people in total were interviewed). The aim was to gather information on ideas of distress or coping, by gentle probing (i.e. building on informants' previous statements to formulate the next question), but without leading the responses. During the interview, phrases that directly related to ideas of distress or coping were recorded. Based on the context of the surrounding conversation, we also tried to extract specific meanings from each statement. By the end of each interview, we had collected a list of significant statements. We then organised these statements according to common themes. Some of the statements were fed back to the interviewees to check that we had rendered their experience correctly.

Insider view

Many of the participants recounted the impact of the displacement experience and how this affected their behaviour immediately afterwards. Some identified unusual behaviours, which they associated with the shock. However, they seldom attributed local expressions of persistent behavioural problems to exposure to an extremely stressful event, but rather to a neglect of social,

transgenerational (across different generations of the family) or religious duties. People understood their distress in terms of the present situation, rather than past traumatic experiences. It was apparent that the current experience of displacement – rather than exposure to a violent event – was seen as more significant in explaining current distress. A standard symptom checklist may have indicated high levels of suffering in terms of symptoms suggestive of PTSD, resulting in humanitarian interventions focused on past psychological distress, rather than current social distress. As such, this may not have matched priorities of local populations.

> **when interviewees talked about the effects of their past experiences on their present psychosocial well-being, the majority spoke about distress within the social body, rather than the individual body or self**

Seeking help for medically unexplained bodily complaints (the physical experience of psychological distress) is common in all societies. However, the specific bodily symptoms will vary considerably across cultures. Respondents reported an increased prevalence of physical illness within their families since they arrived in the camps. These included vague aches and joint/back pains, headaches and feeling 'out of sorts'. While there are a number of different ways to interpret 'bodily distress', it is thought to be prevalent in cultures that traditionally inhibit seeking help for emotional distress. Interviewees said that they normally did not like to talk about distressing experiences as doing so may 'tempt fate' and bring bad luck upon the family. For some, it is seen as a proxy indicator of distress. While the somatic expression of distress may be gauged through standard health assessments, it would not necessarily be picked up in a standard psychological checklist. This would support the view that health care data from health posts and clinics may provide a valuable source of cross-referencing.

It is unsurprising that, when interviewees talked about the effects of their past experiences on their present psychosocial well-being, the majority spoke about distress within the social body, rather than the individual body or self. Respondents talked about the effect that fleeing from their villages had had on the community's social life, livelihoods and individual social functioning, rather than on individual psychological well-being. People talked readily about losing their dignity and identity, and the traditional roles they enjoyed in their village, such as

owning land and animals and being able to care for their families. They also linked personal notions of distress to their external social domain, rather than to their inner psychological world. While most respondents identified the need for basic food, health, shelter and security, the majority expressed concern about how these needs were being met. Many spoke about the distress of losing ownership and control within emergency responses. This may suggest that emphasis should be placed on identifying and mainstreaming positive psychosocial outcomes across sectors, i.e. food, protection, security, shelter water and sanitation. This means addressing physical needs in a way that also explicitly gives attention to the social and psychological dimensions of people's well-being. It may indicate a need to give beneficiaries more control over the process of receiving humanitarian assistance. It may also indicate a need to support community organisation and cultural activities.

Conclusion

Within the humanitarian sector, a number of instruments are used to assess levels of psychosocial distress among war-affected populations. Each draws on a different set of assumptions, and provides a different lens through which to view this distress. These differences affect how the 'distress' is understood, categorised and analysed. It also informs the type of humanitarian intervention that may be designed in response to the perceived psychosocial distress. Many quantitative assessment methodologies take the view of the outsider. A culturally relativistic approach, however, attempts to see things from the insider's point of view, to understand the subjective ways in which people perceive and respond to violent conflict and displacement. This can provide a powerful tool with which to interpret more descriptive sources of data. Practitioners can then design interventions that are more appropriate for the specific local cultural context.

Angus Murray is Regional Conflict Policy Officer with Tearfund, and a psychotherapist within the Psychological Health Services department at Interhealth. His email address is angus.murray@tearfund.org.

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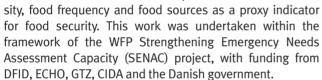J. Williamson and M. Robinson, 'Psychosocial Interventions, or Integrated Programming for Well-being?', in *Intervention: The International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 4(1): 4–25. 2006.

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Measuring household food insecurity in emergencies: WFP's Household Food Consumption Approach

Hirotsugu Aiga and Agnès Dhur, WFP

Measuring food security continues to challenge the humanitarian community. While internationally recognised indicators and standardised anthropometric measurements exist to assess the prevalence and severity of malnutrition, equivalent indicators and procedures are not available to assess the extent and severity of household food security. Instead, a variety of indicators and approaches is used to describe the multifaceted dimensions of food insecurity and the status of household food availability, access and utilisation. This diversity of indicators and approaches makes it difficult to compare the food security situation across settings, population groups and time, and to prioritise the allocation of limited resources. Over the past few years, WFP has embarked on several initiatives to improve methods to assess household food security in emergencies. This article explores one such initiative, which focuses on dietary diversity, food frequency and food sources as a proxy indicator for food security. This work was undertaken within the framework of the WFP Strengthening Emergency Needs Assessment Capacity (SENAC) project, with funding from DFID, ECHO, GTZ, CIDA and the Danish government.

A WFP food monitor distributes tokens in Muhajaria, South Darfur, September 2004

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The need for standardisation of food security measurement

For years, malnutrition indicators based on the prevalence of stunting, underweight or wasting among children under five years of age have been employed as the programming foundation and criterion for food aid interventions. But the prevalence of malnutrition does not necessarily reflect the level of household food security, and cannot be considered an adequate proxy indicator. This is because malnutrition is not always caused by household food insecurity. As described in UNICEF's model, there are three major underlying causes of malnutrition, of which household food insecurity is just one (the other two are insufficient health services and an unhealthy environment, and inadequate care practices).[1] Furthermore, malnutrition is a late indicator of food insecurity because the child is malnourished by the time the problem is identified. A household food security indicator would allow early identification of the problem prior to such a deterioration in nutritional status.

One of the main problems with measuring household food security is the absence of a single indicator that could

> **the diversity of indicators and approaches makes it difficult to compare the food security situation across settings, population groups and time**

capture the definition of 'food-insecure households'. The definition of food security adopted at the World Food Summit in 1996 is comprehensive, but rather complex and ambiguous:

Food security, at the individual, household, national, regional and global levels [is achieved] when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.[2]

This definition is not very helpful in measuring the proportion of food-insecure households because it does not include clear thresholds, and because it conflates different levels (individual, household, country and international). Hence, the results of food security measurement may vary according to who conducts each assessment.

1 R. Shrimpton and Y. Kachondham, *Analysing the Causes of Child Stunting in DPRK* (New York: UNICEF, 2003), pp. 27–28.

2 FAO, *Rome Declaration on World Food Security and World Food Summit Plan of Action*, *World Food Summit*, 13–17 November 1996.

The humanitarian community has developed different methodological approaches to measuring household food security. These range from elaborate methods such as the household economy approach to a simple judgment-based approach.[3] While efforts to systematise these methods have improved the quality and transparency of analytical outcomes, they are still insufficient because different methods result in different estimates. As a result, assessments still lack comparability across countries or over time. Without a means to ensure comparability, the humanitarian community will continue to have difficulty making effective, efficient and accountable decisions on funding and priorities for food and other aid. This lack of comparability will also impair communications with, and advocacy to, donors and the general public on behalf of countries or populations most in need of assistance.

Household food consumption as an indicator of food security

To contribute to efforts to standardise household food security measurement, WFP has explored the use of an indicator that could adequately estimate the severity of household food insecurity, and thus indicate the potential urgency of intervention. This new indicator could also be used as the basis for determining the number of households to be surveyed, in order to have statistically representative data on food security.

A score of dietary diversity and food frequency, derived from information about households' consumption of specific food items during a designated period, could form the basis for one such indicator. Its main advantage is objectivity and measurability. Several recall periods can be envisaged, and the number of food items asked about can vary, depending on the local dietary culture and the purpose of the assessment. The International Food Policy Research Institute (IFPRI) and the Food and Nutrition Assistance Project (FANTA) have conducted a number of studies that examined the relative merits of various approaches. In its recent emergency assessments, WFP has typically applied a seven-day recall time, and focused on a selected number of major food groups. The scores reached are combined with other variables to determine household food security groups.

WFP's pilots in the 2004 and 2005 Darfur Emergency Food Security and Nutrition Assessments

While an approach based on dietary diversity and food frequency was used in several baseline food security and vulnerability analyses conducted by WFP, its application in an emergency assessment was pioneered in Darfur, Sudan, in 2004.[4] In this assessment, the approach combined three elements: (i) dietary diversity, defined as the number of unique food items (such as pulses, sorghum, meat and sugar) consumed during the previous seven days; (ii) food consumption frequency, defined as the number of days for which each food item was consumed over the previous seven days; and (iii) the primary source of each food item.

The proportion of food-insecure households was estimated in two steps:

1) Households were classified into three food consumption groups ('acceptable', 'borderline' and 'poor') according to the diversity of the diet and consumption frequency.
2) Depending on the primary source of each food item, specifically whether it was from food aid, households were further classified into three food security groups ('food-secure', 'vulnerable to becoming food-insecure' and 'food-insecure'). This step was aimed at estimating the sustainability of the current food consumption level through an analysis of the primary source of the foods consumed.

The methods used for the 2004 assessment were further refined in the next assessment in Darfur, in 2005.[5] The methods used in 2004 assumed that households with acceptable food consumption, but which were dependent on food aid, were vulnerable to becoming food-insecure (see Figure 1). However, high- and middle-income households placed in this group might have saved substantial resources by receiving food aid (i.e. a possible 'inclusion error'), or they may have had the capacity to spend money on food or to draw from their own food stocks.

To address the possible misclassification of these households, weekly per-capita expenditure on food was added to the cross-tabulation steps in the 2005 assessment (see Figure 2). By introducing the threshold for quintiles of weekly per capita expenditure on food, it becomes possible to exclude households that enjoy acceptable food consumption through food aid. Households with borderline or acceptable food consumption patterns were considered food-secure, vulnerable or food-insecure according to their degree of reliance on food aid, and the level of their weekly per capita expenditure on food.
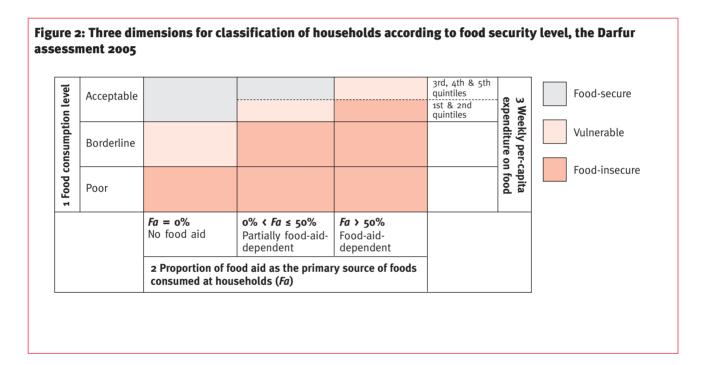
Challenges for moving forward with a Household Food Consumption Approach

Despite the methodological innovations made in the two assessments in Darfur, major issues still need to be tackled to make the best use possible of the Household Food Consumption Approach.

1) Household classification. One of the greatest methodological challenges is to establish common and absolute thresholds for classifying households into food consumption groups (such as 'acceptable', 'borderline' and 'poor') across all countries and situations. Principal component analysis and cluster analysis used in Darfur resulted in different thresholds derived from the dataset of the respective assessments. Therefore, there are limitations to the comparisons that can be made between the proportion of

3 WFP, *Emergency Food Security Handbook*, 1st edition, 2005, http://www.wfp.org/operations/emergency_needs/EFSA_Section1.pdf.
4 WFP, *Emergency Food Security and Nutrition Assessment in Darfur, Sudan, 2004*, http://www.wfp.org/country_brief/africa/sudan/assessments/041025_ food_assessment.pdf.

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Figure 1: Two dimensions for classification of households according to food security level, the Darfur assessment 2004

1 Food consumption level	Poor 0% ≤ *Fa* ≤ 50% Not or partially food-aid-dependent	*Fa* › 50% Food-aid-dependent
Acceptable	Food-secure	Vulnerable
Borderline	Vulnerable	Food-insecure
Poor	Food-insecure	Food-insecure

2 Proportion of food aid as the primary source of foods consumed at households (*Fa*)

Legend:
- Food-secure
- Vulnerable
- Food-insecure

Figure 2: Three dimensions for classification of households according to food security level, the Darfur assessment 2005

1 Food consumption level	*Fa* = 0% No food aid	0% ‹ *Fa* ≤ 50% Partially food-aid-dependent	*Fa* › 50% Food-aid-dependent	3 Weekly per-capita expenditure on food
Acceptable	Food-secure	Vulnerable	Vulnerable / Food-insecure	3rd, 4th & 5th quintiles / 1st & 2nd quintiles
Borderline	Vulnerable	Food-insecure	Food-insecure	
Poor	Food-insecure	Food-insecure	Food-insecure	

2 Proportion of food aid as the primary source of foods consumed at households (*Fa*)

Legend:
- Food-secure
- Vulnerable
- Food-insecure

food-insecure households in the 2005 and 2004 assessments, and between other assessments in different countries.

2) Seasonality. The reliability and reproducibility of households' responses on food consumption frequency during the previous seven days can be questionable. However, this period of time may not adequately account for variations according to the period when the survey is taking place (i.e. seasonality). Food consumption and food sources are likely to vary depending on the proximity of the harvest, periods when labour opportunities provide access to cash income and the timing of food aid distributions.

3) Sustainability of consumption. The approach followed in the Darfur assessments uses the consumption of food aid as a major criterion to classify household food security groups. In countries or areas where food aid distributions are not implemented, other variables would be required to address the sustainability of the current food consumption pattern, for example by taking into account other sources of food (such as loans or gifts) as indicators of an unsustainable pattern, as well as complementary information on sources of income, the use of assets and coping strategies. However, these variables may be context-specific, and again this limits the comparability of results across settings and over time.

4) Intra-household distribution. The approach as applied in Darfur does not provide information on variations in food consumption within the household. There may be cases where the food consumption pattern is accept-able at household level, but poor for some members of

the household. A household may qualify as food-secure on the basis of its food consumption pattern, and may be judged to be in no need of assistance, while some support may in fact be required in the form of targeted food aid (e.g. supplementary feeding, school feeding) or non-food interventions (e.g. behaviour change communication on care practices). Additional information would thus be required, in particular on the typically vulnerable, such as children under five years of age, pregnant and lactating women, the elderly and the chronically sick, as well as on any other vulnerable individuals according to the context, including their individual food consumption pattern and health and nutritional status (anthropometric measurements).

Rather than being viewed negatively, these and other limitations should be addressed by using these methods in a large variety of emergencies, testing different thresholds and repeating the surveys over time among the same population groups, to assess seasonal variations. In addition, further analyses of the correlations between dietary diversity, food consumption frequency and food sources and other key food security-related indicators, such as livelihood activities, nutritional status and food availability outlook, should be conducted to estimate the capacity of this approach to assess the various dimensions of household food security.

WFP welcomes collaboration with other humanitarian agencies involved in food security and nutritional assessments. This collaboration would help harmonise approaches and contribute to standardising food security measurement more broadly. The vast number of people suffering from food insecurity remind us of the urgency to improve the measurement of food insecurity and the way it is communicated to donors and to the public for advocacy, fundraising and intervention purposes.

Hirotsugu Aiga, MPH, PhD, is a senior programme adviser at Emergency Needs Assessment Services, WFP, Rome. His email address is: hirotsugu.aiga@wfp.org. **Agnès Dhur**, PhD, is an assessment methodology specialist in the Strengthening Emergency Needs Assessment Capacity (SENAC) project at WFP. Her email address is: agnes.dhur@wfp.org.

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Accountability: a report card

Andrew Lawday, consultant

The story of humanitarian accountability is not yet one of success. After more than a decade of debate about performance, standards and giving beneficiaries a say, accountability problems continue to plague international disaster responses. A sector-wide study by the Tsunami Evaluation Coalition, published in July 2006, concluded that poor accountability to affected populations was a significant problem in the response to the Indian Ocean tsunami, and the UN Special Envoy for Tsunami Recovery, Bill Clinton, has launched an 'intensive review' into accountability to beneficiaries. According to Save the Children, aid workers are still trading food aid for sex with young girls in Liberia – several years after this unacceptable practice was originally discovered. Displaced people in Darfur have told the Humanitarian Accountability Partnership (HAP) that they feel undervalued by NGOs, know little about what these organisations are

trying to achieve, and – therefore – do not cooperate with them. A survey of 320 informed individuals, conducted by HAP in March 2006, showed a majority view that relief agencies were unaccountable to intended beneficiaries. Some 81% of respondents said the quality of accountability to beneficiaries was 'low' or 'medium' – while 82% said that accountability to official donors was 'high'.

Developments during 2005

It is safe to assume that most agencies do not answer to the people they try to assist. Nonetheless, there were signs during 2005 that the humanitarian community was beginning to face the problem of accountability more squarely. Several important studies stressed the link between aid effectiveness and accountability. The Fritz Institute, for example, conducted beneficiary opinion

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polls to assess perceptions about the effectiveness of emergency aid after the tsunami. It found that consultation with affected people improved aid delivery. In March, Nicholas Stockton, the HAP director, presented a paper at the Geneva Centre for Security Policy entitled *NGOs and International Security*, which emphasised the link between security, acceptance and accountability. In September, Nicholas used a presentation at the Fifth Asia and Pacific Anti-Corruption Conference in Beijing, called *Preventing Corruption in Humanitarian Relief Operations*, to argue that proper humanitarian accountability can prevent corruption and fraud in humanitarian operations.

> there were signs during 2005 that the humanitarian community was beginning to face the problem of accountability more squarely

Senior UN officials, perhaps for the first time, articulated clear accountability pledges to the people they are mandated to assist. Writing in this publication (no. 30, June 2005), the Emergency Relief Coordinator, Jan Egeland, stated: 'our ultimate accountability as humanitarians is to the people we serve. And we must serve them as people, in a manner that affirms individual dignity'. The UN High Commissioner for Refugees, António Guterres, acknowledged that UNHCR should be primarily accountable to refugees. Secretary-General Kofi Annan told us that all UN funds, programmes and agencies must be clearly accountable 'to both their governing bodies and the people they serve'. These statements came as the UN faced charges of illicit payments, corruption and indiscipline in its Oil-for-Food programme in Iraq.

Meanwhile, many of the leading relief agencies and donors were 'moving towards' greater accountability in 2005, although the impact of such movement remained uncertain. Joint efforts to improve quality and accountability continued through initiatives like Sphere, ALNAP, People in Aid, Compas Qualité, InterAction and Good Humanitarian Donorship. Seven of the largest NGOs launched the Emergency Capacity Building (ECB) project to enhance agency accountability to standards and improve impact measurement. HAP and Sphere also began providing operational support at field level, deploying capacity-builders to Pakistan following the earthquake there in October 2005.

Also in 2005, a number of agencies, including HAP members, made efforts to apply accountability in specific settings. Advances were reported in information exchange, beneficiary feedback and complaints handling, as these examples from HAP agencies show:

- The Danish Refugee Council (DRC) developed a complaints-handling system in the North Caucasus, where it was providing food aid to over 200,000 mainly displaced people in Ingushetia, Chechnya and Dagestan. The system improved food distribution and increased dignity, trust and security.
- In Darfur, Medair used household surveys, individual interviews and patient opinion polls to identify problems and assess impact. Beneficiaries appreciated being asked their opinions, and Medair observed that this contributed to restoring their dignity.
- A mid-term programme evaluation commissioned by Medair and other NGOs in Sri Lanka found that a lack of beneficiary engagement combined with existing communal tensions was creating bitterness among beneficiaries. The agency developed a plan to review the complaints, and formalised a process whereby concerns could be safely voiced directly to Medair.
- Also in Sri Lanka, CARE delegated significant authority to its project directors at an early stage in the tsunami emergency, streamlining decision-making.
- In Indonesia, Oxfam GB introduced an information exchange system to increase understanding and recognition among beneficiaries and reduce corruption. The agency sought to strengthen its accountability in Aceh and Nias by sharing information with beneficiaries about service delivery.
- In Aceh, World Vision rebuilt the entire physical infrastructure of Lamjabat village, including houses, water and sanitation, roads and pavements, the mosque, women's centre and school, with escape routes and high points (under the village's disaster mitigation plans). The project involved the community from the beginning of the planning phase, enhancing beneficiary pride in, and ownership of, the reconstruction process. World Vision was rated highest by recipients surveyed in Indonesia for quality, dignity and fairness in aid distribution.

HAP also collected examples of good practice from non-members during 2005, including: Save the Children UK's child-centred feedback work in Zimbabwe; International Medical Corps' community-owned water and sanitation work in Aceh; and Merlin's staffing policy in Aceh, which required language skills and a study of the socio-political context before deployment.

Real improvements in prospect?

All of this concern for accountability would inspire more confidence if the problems these agencies and individuals are trying to address had not been identified over a decade ago. Aid agencies have long recognised the humanitarian accountability 'deficit' – at least since the response to the Rwanda genocide in 1994. There was indeed an accountability revolution after Rwanda, but it was a revolution in accountability to donors, not to beneficiaries. The sector became professionalised, results-based management replaced good intentions and codes and charters were introduced. None of this, however, led to meaningful changes in accountability to beneficiaries. Unlike donors, beneficiaries or affected populations simply did not have the power to *demand* accountability – although clearly they have the most interest in seeing aid operations succeed in meeting vital needs.

Prospects may finally be improving for humanitarian accountability. Accountability experts foresee a benefi-

ciary-centered approach taking hold across the sector in the not-too-distant future. For HAP members and other humanitarians concerned with accountability, the key question is how to implement accountability to beneficiaries. HAP is therefore developing an accountability standard, a manual for putting it into practice, and a certification system to guarantee it.

At the time of writing, HAP's members and 197 external experts had drafted the first humanitarian accountability standard. To measure up, agencies will establish a quality management system; publish relevant information; seek informed consent from beneficiaries; find means to support local capacity; monitor and improve staff performance; set up complaints-handling procedures; and establish a continuous improvement process. HAP has also begun exploring models to create a certification and accreditation system for humanitarian agencies. Certification processes typically involve self-evaluation by the candidate institution, resulting in a report used for an on-site review by a team of professional peers. The certification body then reviews the reports as the basis for decisions and follow-up action on granting certificated or accredited status.

Regardless of HAP, agencies and donors may soon be compelled to demonstrate accountability. With record amounts of cash allocated to humanitarian action, agencies are facing increasingly critical public attention. They also face stiff competition from small agencies that sometimes find it easier to be accountable. Governments may impose stricter accountability rules, which could harm aid operations. In 2005, the chairman of the US Senate's Finance Committee announced plans to regulate not-for-profit organisations, and the US Internal Revenue Service outlined requirements to force disclosure of compensation, governance and other policies. NGO leaders themselves have recommended tightening financial operations and maintaining a database of information on charities.

Without proper accountability to beneficiaries, who can rule out a major scandal – perhaps of ENRON proportions – exploding confidence in the whole sector? Opinion polls during 2005 indicate that NGOs still enjoy greater public trust than governments and businesses, but how deserved is that trust? It is sobering to consider the views expressed on the *BBC News* website after the latest aid-for-sex reports from Liberia surfaced. Some international readers stressed that aid agencies, managers and donors should impose proper oversight and accountability. Many more, however, demanded strong punishments for all those involved.

Andrew Lawday is a consultant for the Humanitarian Accountability Partnership (HAP), a multi-agency initiative to establish a collective, self-regulating humanitarian accountability system. The opinions expressed here are the author's, and do not necessarily reflect HAP's views. Andrew can be reached at: lawday@ndirect.co.uk

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HPN Humanitarian Practice Network

The new HPN website

The *Humanitarian Practice Network* (HPN)'s website at www.odihpn.org has been redesigned to improve access to content for members. Now, you no longer have to sign in to read *Humanitarian Exchange* articles or *Network Papers*. We have improved the layout of the website so you can easily search the HPN archive and download, print and forward articles to colleagues. Also please take advantage of our feature which allows you to comment on individual articles or papers – these will be published on the website and enable you to comment, ask questions or share your own best practice with other network members.

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Providing aid in insecure environments: trends in policy and operations

Abby Stoddard and Katherine Haver

Center on International Cooperation (CIC), New York University

and

Adele Harmer

Humanitarian Policy Group (HPG), Overseas Development Institute

There is a widespread perception within the international aid community that serious violence against aid workers has increased in recent years. This perception has prompted aid actors to change their approach to staff security and to the conduct of their aid operations. Yet prior to this study, no comprehensive empirical analysis existed to support or refute the claims of increasing violence. This gap in knowledge has meant that policy and operational responses to security conditions has been largely driven by impressions and anecdotal evidence.

Drawing on the most comprehensive global dataset to date of major reported incidents of violence against aid workers from 1997 to 2005, this joint study from HPG and the Center on International Cooperation, New York University, provides quantitative analysis of the changing security environment for civilian aid operations. The study found that since 1997, the absolute number of major acts of violence committed against aid workers each year has nearly doubled. However, when the number of victims is compared to the population of aid workers in the field, which increased by an estimated 77% from 1997 to 2005, the global incidence trend of violence against aid workers is found to have risen only slightly.

The study also examines trends in policy and operations over the last decade, in particular how perceptions of increased risk to aid organisations have influenced operational security measures and have led to increasing reliance on local aid actors and national staff. So-called 'remote management' programming has the important benefit of allowing operations to continue, but it also creates a number of challenges, including less efficient service delivery, difficulties maintaining a strategic programme and planning focus, corruption risks and accountability concerns. Humanitarian organisations have also failed to fully consider the ethics of transferring security risks from expatriate staff to national staff or local NGOs. The study contends that passing responsibility to local partners need not be an ad hoc, reactive measure. Instead, international humanitarian actors should be encouraged to engage in prior strategic planning and adopt guiding principles on how these approaches can best be undertaken.

The report concludes with a series of recommendations to strengthen operational security and aid management in insecure environments. It provides an outline of what good 'remote management' practices might look like, and argues that the development of local capacity and the security of national as well as international staff should be central to future aid programming, at the global, regional and local levels.

To download a copy of HPG Report 23, visit the HPG website at www.odi.org.uk/hpg.

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Humanitarian Practice Network

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

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

HPN's activities include:

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

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

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