

Humanitarian Practice Network

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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* focuses on the humanitarian situation in Myanmar, with special reference to Cyclone Nargis, which struck the country on 2 and 3 May. In all, over 140,000 people were killed and 20,000 injured. The homes, communities and livelihoods of around 2.4 million people were affected, with the damage caused to infrastructure, commerce and agriculture estimated at \$4 billion.

Articles in this issue explore the roles played by major international institutions in organising the response, in particular the UN and the Association of South-East Asian Nations (ASEAN); issues of access for expatriate aid workers and assistance; needs assessment; and the importance of prior presence in enabling an emergency response. Other articles focus on the role of national civil society in the initial response, and initiatives to support national civil society through grants, training and capacity-building support. Taken as a whole, the articles suggest that the initial restrictions on access perhaps forced international actors into a more creative and flexible response, one which valued local and regional capacities more than is often the case.

Away from the Nargis response, a set of more general articles examine conflict-related displacement in eastern Myanmar, landmines and chronic health issues – a salutary reminder



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that there is a wider humanitarian crisis in Myanmar that deserves greater attention.

Other articles in this edition revisit Médecins Sans Frontières (MSF)'s approaches to accountability, the need for health agencies to take chronic diseases into account in their response and the immensely challenging security environment for humanitarian agencies in Chad. One article examines the exclusion and neglect facing Aravanis (people who may be born inter-sex or apparently males, dress in feminine clothes and generally see themselves as neither women nor men) in the response to the tsunami in Tamil Nadu, India. We also have a topical examination into how humanitarian assistance is being targeted in the Democratic Republic of Congo. Finally, Maurice Herson challenges the idea of dependency in relief.

As always, we welcome any comments or feedback, which can be sent to hpn@odi.org.uk or to The Coordinator, Humanitarian Practice Network, 111 Westminster Bridge Road, London SE1 7JD, UK.

Negotiating humanitarian access to cyclone-affected areas of Myanmar: a review

Julie Belanger and Richard Horsey

On the night of 2 May 2008, Cyclone Nargis made landfall in the Ayeyarwady Delta region of Myanmar. The accompanying tidal surge caused widespread devastation and loss of life in the low-lying townships of the lower Delta, and strong winds and heavy rainfall left major damage and flooding in inland areas, including the former capital Yangon. Official statistics suggest that 140,000 people may have died,¹ and UN assessments indicate that 2.4 million people were severely affected and in need of emergency humanitarian assistance. The 'Post-Nargis Joint Assessment' carried out in mid-June showed that the impact of Cyclone Nargis on Myanmar was similar in scale to that suffered by Indonesia following the 2004 Indian Ocean tsunami.

The national response to Cyclone Nargis started quickly, but fell far short of what was required. The cyclone, the worst natural disaster in Myanmar's history, overwhelmed the capacity of the national response. Indeed, few countries would have been able to respond on their own to a situation of this scale. A small-scale humanitarian response by international agencies started immediately in Yangon and in the affected parts of the Delta, based on stocks pre-positioned as part of contingency planning processes, and using the operational capacity (including local staff) of agencies with ongoing projects in these areas. But supplies were extremely limited, and local staff based in the Delta had little experience of humanitarian emergencies and were themselves badly affected by the cyclone.

Access difficulties

Before the cyclone struck, the interim UN Resident and Humanitarian Coordinator made a formal offer of assistance to the Myanmar authorities, underlining that there would be a need for immediate access to any affected areas in order to undertake an assessment of needs.² The Myanmar authorities indicated informally as early as 4 May that they would be open to international assistance, and this position was formalised in a briefing to the UN and diplomats on 5 May. However, at that point the emphasis was clearly on support to the national response through bilateral channels, rather than any form of international relief operation. Significantly, no immediate steps were taken by the authorities to facilitate the issuing of visas for international humanitarian staff, or to relax the cumbersome procedures governing travel by internationals outside of Yangon.

¹ The authorities have stated that 84,537 people died, and a further 53,836 are listed as missing.

² It should be noted that, in the past, Myanmar has very rarely accepted offers of international assistance in response to natural disasters.

Agencies' local staff did not face the same restrictions. They were able to travel to and within the affected areas, and worked tirelessly to assess needs and provide as much assistance as they could. In some cases, international NGOs with a longstanding presence in the country were also able to find ways for international staff to access affected areas and provide vital services. But the visa and access constraints meant that there was a shortage of key staff with experience in responding to major disaster situations; given that Myanmar had not previously suffered a disaster on this scale, this gap could only realistically be filled internationally – from countries in the region and beyond. The lack of such key staff led to critical delays in getting reliable data on needs, in strengthening coordination and response capacity and in establishing the logistical systems necessary to move large quantities of relief supplies quickly and efficiently to affected areas. It also meant that local staff on the ground had to work for extended periods without rotation and with insufficient organisational support.

the cyclone, the worst natural disaster in Myanmar's history, overwhelmed the capacity of the national response

It is difficult to say with certainty why the Myanmar authorities were initially reluctant to provide the necessary access to international humanitarian agencies. Four factors are likely to have been important, however.

- *The 'self-reliance' doctrine.* The Myanmar junta, although it has flirted with international engagement at certain points in the past, remains strongly isolationist. Since the 1960s, successive regimes have reinforced the doctrine of 'self-reliance' – the view that the country and its population must take care of themselves and eschew any kind of outside assistance (whether political or economic), even if this entails hardship. The doctrine stems partly from nationalistic pride, and partly from a keen sense of geo-strategic self-preservation.
- *Limited familiarity with international disaster response.* The Myanmar authorities, at various levels, were unfamiliar with what an international response entailed. This led to a range of concerns: at a strategic level, concern about how to deal with (and, indeed, control) a sudden influx of organisations, prompted in part, no



Cyclone damage in Yangon

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wake of Cyclone Nargis, with the possibility of coercive action under the ‘Responsibility to Protect’ principle being mooted in some quarters. The UN Security Council Presidential Statement on the political situation in Myanmar, issued on 2 May (before the news of the cyclone reached the Council), as well as the earlier decision to confer the US Congressional Gold Medal on pro-democracy leader Daw Aung San Suu Kyi, which was (coincidentally) signed by US President George W. Bush four days after the cyclone struck, certainly raised the international political temperature for Myanmar.

It was in this challenging context that the international community had to find the most effective way to negotiate humanitarian access to cyclone-affected populations.

Negotiating access

A range of strategies for gaining humanitarian access was pursued, although these were not always well-coordinated between the various actors involved or necessarily mutually-reinforcing. These efforts generally took one of two forms.

Pressure

As it became clear that the authorities were not immediately opening up international access to affected areas, international pressure began to mount. France, supported by the UK and US, asked the Security Council on 7 May to agree to a briefing from UN Emergency Relief Coordinator John Holmes; the request was rejected by other members. Significantly, France invoked the

doctrine of ‘Responsibility to Protect’ as the basis for Council action, and suggested that a resolution authorising the delivery of aid was needed. A number of other European countries suggested that refusal by the Myanmar authorities to allow access could constitute a crime against humanity (one of the criteria for the application of the Responsibility to Protect doctrine). The EU held a ministerial meeting on 13 May to discuss the humanitarian situation, and Javier Solana, the EU’s High Representative for the Common Foreign and Security Policy, said that the international community ‘should use all possible means to get aid through to victims of Myanmar’s cyclone’. There was persistent talk of unauthorised deliveries of aid supplies; in an interview with the BBC on 17 May, UK Prime Minister Gordon Brown indicated that ‘as far [unauthorised] air drops are concerned, we rule nothing out’. At the same time, a US naval group

as it became clear that the authorities were not immediately opening up international access to affected areas, international pressure began to mount

doubt, by Indonesia’s experience in post-tsunami Aceh; and at a much more practical level, concern about the lack of facilities for relief workers (on a number of occasions government officials expressed genuine concern to the UN about the lack of accommodation and other support for disaster response teams in the Delta).

- *The domestic political context.* Cyclone Nargis struck at a politically sensitive moment for the regime, one week before the country was to vote in a national referendum on a controversial new constitution. In addition, humanitarian/socio-economic issues had become much more politically sensitive following major demonstrations in September 2007, sparked by socio-economic grievances. The authorities have always demonstrated a willingness to subordinate socio-economic issues to their broader political and security agenda, and it seems clear that, in the wake of the cyclone, they were focused on political and security concerns.
- *The international environment.* The senior leadership is also suspicious of the motives behind international humanitarian assistance, which it tends to view as an instrument used by the West in pursuit of its political agenda. Such suspicions have tended to be amplified by efforts to use the humanitarian situation in Myanmar as part of the justification for UN Security Council action. Such concerns may have been further heightened in the

(designated, perhaps unfortunately, as a ‘Marine Expeditionary Strike Group’), a French navy vessel (a similarly-designated ‘amphibious assault ship’) and a British frigate took up positions on the edge of Myanmar’s territorial waters, loaded with aid supplies.

Engagement

In parallel, there were efforts to engage the Myanmar leadership to persuade them to open up humanitarian space. The authorities quickly activated their disaster response committee, chaired by the Prime Minister, and this provided the UN and other humanitarian actors with the opportunity to develop closer links with the more engaged ministers, which would prove to be important once space did start to open. However, it was not possible for in-country actors to access the top leadership, who would be the ones to take any decision on international access. A series of high-level visits to Myanmar took place, including by the European Commissioner for Development and Humanitarian Aid (14 May), UK Foreign Office Minister Lord Malloch Brown (17 May), the UN Emergency Relief Coordinator (18 May) and the UN Secretary-General (21 May).

In addition, on 12 May a US military transport plane landed at Yangon airport carrying USAID relief supplies. In a creative diplomatic move, the plane also carried a number of VIPs, including the head of the US Pacific Command (a 4-star general), the Pacific commander of the marine corps, and the USAID Administrator. The Myanmar authorities were informed about the presence of these VIPs only shortly before their arrival. While the intention was to directly engage the Myanmar military, in order to convince them of the peaceful intentions of the US and to pursue the possibility of direct aid deliveries to affected areas using US military assets, the presence of US warships just off the coast may have left open less positive interpretations in the minds of the junta. Once these warships withdrew, the authorities appear to have taken a more positive view of the continued US military cargo flights into Yangon. (While the US military was allowed to make 185 aid flights to Yangon airport carrying USAID/OFDA assistance, no ship-to-shore operations were allowed by the Myanmar authorities.)

But it was the meeting between UN Secretary-General Ban Ki-moon and Senior General Than Shwe in Naypyitaw on 23 May which produced a commitment to allow international access to affected areas. Earlier, on 19 May, a meeting of Association of South-East Asian Nations (ASEAN) Foreign Ministers in Singapore had proposed an ASEAN-led coordination mechanism for international assistance. This ‘international assistance with a regional character’ was less threatening, and provided a face-saving way for the Myanmar leadership to accept an international relief operation.

The practical implementation of this mechanism – the Tripartite Core Group (TCG), consisting of three representatives each from ASEAN, the UN and the government – has proved to be an efficient confidence- and trust-building platform, engineering solutions to some of the major humanitarian bottlenecks (ASEAN’s role in the cyclone

response is analysed in more detail in the following article). It facilitated the Post-Nargis Joint Assessment, a comprehensive rapid assessment of the affected areas conducted with support from the authorities and without interference. This was critical on two fronts: it demonstrated unambiguously that the international assistance community had full access to affected areas, and it produced a credible assessment of needs in those areas. These two criteria – access and a thorough assessment of needs – had been identified by donors at the international pledging conference in Yangon on 25 May as the key prerequisites for increased funding.

Challenges remain, however. There is certainly still more bureaucracy than agencies would like, and difficulties continue to arise because of a lack of decision-making and implementation capacity within the government (for example, it took some time for the commitment on access made by Senior General Than Shwe to be translated into action on the ground, partly due to a lack of capacity to deal with the large number of outstanding requests, and partly due to a lack of appreciation of what was actually required). More fundamentally, it is clear that there are limits to the ability of the TCG structure to influence the Myanmar leadership. The TCG has been most effective in resolving procedural and bureaucratic issues (visas, exchange rate and tax problems, modalities for travel and so on). More sensitive and policy-related issues that require decisions at the leadership level remain difficult. It must also be noted that international NGOs have only indirect involvement in the TCG, through the Humanitarian Coordinator. But, in the final analysis, there is significantly more humanitarian space in the Delta than in any other part of the country, and the TCG has played a key role in securing this.

Success or failure?

Can anything be said, with hindsight, about which approach was best? As always in such situations, it is difficult to draw firm conclusions. However, a number of points are worth making.

Ultimately, the various initiatives being pursued, even if not well-coordinated, did produce the desired result: good access to affected areas and close cooperation with the authorities. So the key question is not how a different outcome could have been achieved, but rather whether this could have been achieved more quickly.

In this context, it should be noted that the delay of several weeks was extremely unfortunate but in the end not catastrophic. That is, the delay caused considerable suffering to survivors and certainly increased the risks of further fatalities. But the feared ‘second wave’ of deaths did not occur. This is no doubt partly down to luck, but is also attributable to the resilience of the communities affected and the strength of social networks, the extraordinary efforts of local civil society and private donors, the rapid mobilisation of local staff from across the country by agencies already on the ground and the government’s own response, the scale and impact of which have not always been fully recognised.

The question then arises whether a different strategy could have reduced this delay. On balance, perhaps not. A more forceful strategy is unlikely to have been successful – some form of humanitarian intervention, such as unauthorised air-drops of aid, would almost certainly have been ineffective in meeting the needs of the affected population, and may even have put them at risk of military retaliation. It would also have created a highly counterproductive political confrontation. On the other hand, less pressure, while it may have made it easier to convince the junta that the intentions of the West were purely humanitarian, would not necessarily have produced a positive outcome any more quickly.

The compromise solution that was worked out, that of a tripartite structure involving ASEAN, the UN and the government, turned out to be not only a successful formula for ensuring access, but also an effective forum for achieving a close and constructive relationship with the authorities, at least at the working and ministerial level. This had not existed to the same degree before Nargis, in part due to the suspicions outlined here, and in part because humanitarian needs in other parts of the country stem much more directly from the policy and governance environment. The positive atmosphere created has the potential to bring significant dividends for future cooperation, both as regards post-Nargis recovery efforts and as regards assistance in other parts of the country. A more forceful approach to negotiating access, even if it could have been successful, would not have led to the same positive working environment and could

have had an ultimately detrimental effect on humanitarian space in Myanmar in the medium term.

The experience in the aftermath of Cyclone Nargis demonstrates that allowing space for creative engagement with the authorities can produce results. In the wake of this devastating cyclone, there is now a unique opportunity to pursue a form of humanitarian engagement in Myanmar that has not been possible in the past. Increased support from donors, particularly for recovery activities, together with steps by agencies to ensure regular monitoring and reporting on the modalities and impact of assistance, are now critical if this opportunity is to be seized. However, it must be kept in mind that the future of humanitarian space, both in the Delta and beyond, will ultimately depend in part on decisions taken by the Myanmar leadership on the basis of domestic political considerations. This means that, along with the opportunities, we can expect significant challenges ahead, particularly as the country is now entering a sensitive period of political realignment in the lead-up to elections scheduled for 2010.

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ASEAN's role in the Cyclone Nargis response: implications, lessons and opportunities

Yves-Kim Creac'h and Lilianne Fan

The Association of South-East Asian Nations (ASEAN) has in the past been strongly criticised for its position on and relationship with Myanmar, in particular for its policies of 'non-interference' and 'constructive engagement'. In its response to the devastation caused by Cyclone Nargis, ASEAN as an organisation took a bold step by proactively assuming a leadership role, both in convincing the Myanmar government to cooperate with the international community and in managing the response itself. In so doing, it has helped to open up an unprecedented level of humanitarian space. While much work still needs to be done, ASEAN's approach to the post-Nargis response may well offer a model for other regional organisations. Natural disasters such as Cyclone Nargis are likely to become increasingly frequent, and expertise in responding to and managing them will be needed in the future.

ASEAN's position on Myanmar

ASEAN was founded on 8 August 1967. Initially comprising five members – Indonesia, Malaysia, the Philippines, Singapore and Thailand – by 1999, with the accession of Cambodia, the organisation encompassed all ten of the

region's states, including Myanmar. The organisation was founded on a set of core principles: non-interference in its members' affairs, consensus, the non-use of force and non-confrontation. These principles have governed ASEAN's relationship with Myanmar, and have been the source of the harshest criticism of its stance towards the regime there, not only from Western governments but also increasingly from pro-democracy forces within its own member countries.

Throughout most of the 1990s, ASEAN's engagement with Myanmar consisted of quiet diplomacy and confidence-building measures. Following the country's accession, however, members increasingly presented their position as a realist response in light of the country's isolation and xenophobia, rather than as tacit consent for the policies and practices of the regime. ASEAN's strongest and most united criticism of the junta came in the wake of its brutal crackdown on civilian protesters in September 2007. Following the crackdown, ASEAN members were divided over the degree to which they should uphold the principle of non-interference in relation to Myanmar. The decision to

play a major role in the Cyclone Nargis response gave ASEAN an opportunity to forge a common position.

Just after the cyclone struck, on 5 May, ASEAN Secretary-General Surin Pitsuwan called on all member states to provide urgent relief assistance through the framework of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER). Three days later, on 8 May, the Myanmar government agreed to work in coordination with the ASEAN Secretariat to assemble and deploy an ASEAN Emergency Rapid Assessment Team (ERAT), made up of government officials, disaster management experts and NGOs from member countries. In the first-ever such mission for ASEAN, ERAT was deployed to Myanmar from 9–18 May. Its report was submitted to a Special ASEAN Ministerial Meeting on 19 May. At the meeting, ministers agreed to establish an ASEAN-led coordinating mechanism to ‘facilitate the effective distribution and utilization of assistance from the international community, including the expeditious and effective deployment of relief workers, especially health and medical personnel’. Over the next week, the ASEAN Secretariat, in consultation with experts from member states, worked on designing an appropriate mechanism. The result was a two-tiered structure, consisting of a diplomatic body, the ASEAN Humanitarian Task Force (AHTF), and a Yangon-based Tripartite Core Group (TCG), consisting of ASEAN, the Myanmar government and the United Nations, to facilitate day-to-day operations. The first concept paper for the mechanism was circulated at the 25 May Pledging Conference in Yangon. A detailed terms of reference for the TCG followed soon afterwards.

throughout most of the 1990s, ASEAN’s engagement with Myanmar consisted of quiet diplomacy and confidence-building measures

The ASEAN Humanitarian Task Force (AHTF)

The AHTF has 22 members, two from the ASEAN Secretariat, including the ASEAN Secretary-General as chair, and two officials (one senior diplomat and one technical expert) from each of the ten ASEAN countries. The main function of the Task Force is to supervise and advise the TCG, including on broad strategic planning, priorities and targets. The AHTF agreed to meet at least once a month for the first three months and more regularly if necessary.



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Children sheltering in a damaged school near Yangon

The Tripartite Core Group (TCG)

The Yangon-based TCG was set up to oversee the coordination of resources, operations, monitoring and reporting. The ASEAN component of the TCG comprises a senior ASEAN member (i.e. an ambassador from an ASEAN country based in Yangon), an official from the ASEAN Secretariat and an expert on disaster management. The Myanmar component of the TCG is represented by a senior member from the government, appointed by the Central Coordinating Board, and two others. The United Nations component comprises the UN Humanitarian Coordinator, the Resident Coordinator and the head of one of the UN operational agencies, on a rotating basis. Additional technical experts can be invited to provide technical support as required. The TCG meets once or twice a week, and is perceived by aid agencies working in Myanmar to be generally effective in overseeing and facilitating the cyclone response.

The PONJA

At the International Pledging Conference, donors made two major demands: the provision of full and unfettered access for relief workers, and the preparation of an objective and credible needs assessment. This became the responsibility of the TCG, which responded by commissioning the Post-Nargis Joint Assessment (PONJA).

The PONJA was launched in Yangon on 8 June. It was a massive multi-stakeholder joint assessment effort involving the Myanmar government, ASEAN, the UN, international financial institutions and INGOs. Using a spatially-clustered methodology, the relief and recovery component of the PONJA was analysed through the Village Tract Assessment (VTA), while the macro and long-term recovery component was reviewed through a Damage and Loss Assessment (DALA). Over 300 people, divided into 32 teams, spent ten days touring the cyclone-affected area. The World Bank seconded some 20 experts to ASEAN, and

technical experts were also brought in from the Asian Development Bank (ADB) and the UN Economic and Social Commission for Asia and the Pacific (ESCAP). Operational UN agencies and INGOs contributed significantly to the PONJA, both through the assessment teams (the VTA teams were coordinated by Merlin – see the following article, which discusses the VTA process in more detail) and through the analysis and writing of various components of the report (Oxfam lent two technical coordinators to the PONJA writing teams for the water and sanitation and early recovery sections).

The preliminary findings of the PONJA were presented at an ASEAN Roundtable in Yangon on 24 June, and fed into a revised Flash Appeal, launched in New York on 10 July, which requested \$303.6 million. On 21 July, on the occasion of the 41st ASEAN Ministerial Meeting in Singapore, ASEAN and the UN jointly launched the final PONJA report. Following the launch, UN Emergency Relief Coordinator John Holmes paid a three-day visit to Myanmar. ‘In May,’ he said, ‘donors requested access for international relief workers and a credible, objective assessment: these are both now in place.’

Key findings of the PONJA report included:

- A total of \$1 billion was needed for recovery over the following three years. Damage from the cyclone was estimated at \$4bn.
- Total economic losses amounted to about 2.7% of Myanmar’s projected GDP in 2008.
- Affected households were extremely vulnerable – 55% reported having only one day of food stocks or less, and were reliant on the steady flow of relief supplies.
- The scale of the impact was similar to that inflicted on Indonesia following the Indian Ocean tsunami in 2004.
- Over 90% of needs were at the community level and could be addressed through community-based approaches.

Monitoring and review

Following the PONJA, ASEAN created a monitoring unit to measure the progress of the humanitarian response, dispatched ASEAN personnel to pre-established UN hubs in the field and commenced joint planning for the early recovery period. Regular ‘Periodic Reviews’ (three are planned) are designed to evaluate the progress of the recovery effort. To develop the detailed methodology for the review, technical consultations are being conducted with aid agencies, the Myanmar government and local NGOs. One of the key advantages of the review process is that, like the PONJA, it should capture the efforts of every stakeholder, from government programmes to private sector initiatives and local spontaneous action, as a complement to the cluster monitoring systems. It will also provide independent and objective information to identify, verify and address gaps in the recovery effort.

Implications, lessons and opportunities

ASEAN’s role in the Cyclone Nargis response holds important implications, lessons and opportunities for the international

humanitarian community. According to Holmes, following a visit to cyclone-affected areas in late July: ‘Nargis showed us a new model of humanitarian partnership, adding the special position and capabilities of the Association of Southeast Asian Nations to those of the United Nations in working effectively with the government’. ASEAN leadership, Holmes went on, was ‘vital in building trust with the government and saving lives’.

ASEAN’s role in the Cyclone Nargis response holds important implications, lessons and opportunities

While ASEAN’s actions have been acknowledged as key in providing leadership, structure and legitimacy to the Nargis response, it took some time for ASEAN and the Myanmar government to recognise the role of NGOs, and the TCG does not include any NGO representatives. The organisation has also faced criticism that the Periodic Review simply duplicates the cluster approach and is redundant. This overlooks the fact that access to the Delta was granted through the PONJA, and was the result of intervention by ASEAN. While OCHA might have been a more natural home for such a review process, it was not operational in Myanmar prior to the cyclone and has only recently been allowed to establish a presence in the country. ASEAN’s hosting of the review ensures continuity, and the organisation’s mandate means that all stakeholders can engage in the review process with commitment and accountability.

With the intensification of climate change, cyclones, earthquakes and other natural calamities will become increasingly common. In this new global context, there is an urgent need for effective regional mechanisms to identify priorities in the early stages of an emergency response. Such regional capacity will allow the quick deployment of disaster experts, the establishment of appropriate institutional arrangements and a smooth linking into existing emergency appeal mechanisms, to ensure that the needs of victims are addressed in a timely and adequately manner, and that the transition from relief to recovery is well-supported and effectively managed.

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The Village Tract Assessment in Myanmar, July 2008: lessons and implications

Richard Blewitt, Yves-Kim Creac'h, Adelina Kamal, Puji Pujiono and Yohannah Wegerdt

This article looks at the multi-sectoral assessment following the cyclone in Myanmar. The assessment consisted of two processes – the Village Tract Assessment (collecting primary data) and the World Bank Disaster Loss Assessment (largely relying on secondary source information and limited field visits). These complementary assessments were coordinated by ASEAN to provide funders and response actors with a concise, clear picture of post-cyclone needs. Here, we identify the main policy lessons emerging from the VTA experience, and examine how it could be further strengthened and applied in other settings.

The survey

The Village Tract Assessment was part of the Post-Nargis Joint Assessment (PONJA), which was designed to deliver a clear, comprehensive and objective picture of needs resulting from Cyclone Nargis. It involved around 5,000 questionnaires and visits to 283 villages by around 300 people from all stakeholders (the government, the Red Cross, the UN, civil society, the private sector, NGOs and ASEAN). There was a core team of nine: a coordinator, a technical coordinator (an epidemiologist), two statisticians, two GIS specialists, two advisors (one NGO and one retired senior UN official visiting Myanmar) and a logistician. This core team was supplemented by two WHO specialists. Assembling this team was challenging due to problems with visas and staff availability.

The survey instrument was piloted four weeks after the cyclone (ideally this should start around day ten after a disaster); there was a rapid training session for the field personnel and some rapid planning to establish the basic logistical capacity to support the survey. The field work took 11 days. Tough terrain and conditions in the monsoon meant that a wide variety of transport was used (helicopter, boat, motorbike and car). Data inputting took 12 days (partly running concurrently with the survey). Around 45 personnel were involved in data inputting. The analysis took around 12 days (running concurrently with the survey and the data inputting). The analysis involved the core statistical team and the epidemiologist working with technical cluster specialists and the World Bank's disaster loss assessment (DALA) team.

The VTA assessment provided overall information on:

- Perceptions of why the disaster was so bad.
- Proportion of deaths by age and gender.
- Support needed by communities.
- Priorities for repairing infrastructure.
- Household expenditure priorities.

Information showed spatially across the 30 most-affected townships covered:

- loss of food stocks;
- loss of agricultural income (before and after maps);
- loss of fisheries income (before and after);
- loss of livestock income (before and after);
- loss of seed stocks;
- loss of shelter, levels of destruction;
- changing nature of temporary shelter;
- salination of ponds;
- sanitation situation (before and after);
- damage to schools;
- access to credit (before and after and from whom);
- levels of psychological stress; and
- reach of the humanitarian effort (food and shelter).

The survey cost around \$1,100,000 (covered by DFID and the EU). The main costs were logistical and personnel-related.

the assessment team was given the space to operate independently, underpinning the integrity of the work

The system's reaction to the VTA process

Due to the complex operational environment there was unanimity across all humanitarian actors on the need for a broad-based assessment. This, it was hoped, would encourage the government to open up access and build trust and engagement among all the actors involved. Support to the VTA was manifested by:

- The broad collective cluster engagement and individual agency engagement of NGOs, Red Cross, INGOs and UN actors and the government of Myanmar in planning, survey work and analysis.
- The willingness of key UN agencies, INGOs and the government to provide staff to the VTA exercise.
- Political leadership from ASEAN and support from both the Resident Coordinator and Humanitarian Coordinator.

The team was given the space to operate independently, underpinning the integrity of the work. ASEAN provided a vital platform, and there were daily coordination meetings between the VTA and the DALA teams, which comprised over 50 international experts. Throughout the assessment, DALA staff recognised the value of the primary data collected by the VTA, which complemented or enhanced their own assessment.

Following the VTA, the core team planned a monitoring system (via periodic reviews) to succeed the assessment,



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Water being distributed in Yangon

with input from an experienced Save the Children colleague and an ASEAN technical specialist. The monitoring system was introduced by ASEAN, and despite some reservations among UN actors it has taken shape and will provide added value to the humanitarian and recovery response in Myanmar.

Lessons learnt

The lessons learnt set out below are drawn from the VTA core team's experience, the views of the authors and information taken from a participative review of the VTA carried out in Myanmar in September 2008. They include:

- The value of a quantitative, broad geographical survey that can provide verification of numbers and needs.
- The value of the assessment exercise itself in building trust and shared understanding of the context, through strengthened partnerships and collaboration between stakeholders.
- The cost-effectiveness of the survey as a way of providing hard facts to support appeals for humanitarian, early recovery and reconstruction needs.
- The importance of strong technical leadership and the capacity to get the job done in a maximum of four weeks.
- Complementarities with the World Bank's assessment methodology, whereby the primary data collected by the VTA complemented the secondary data used for the DALA.
- The value of cluster engagement, matched with the inability of clusters themselves to lead and drive an overall multi-sector survey.

Overall, the survey:

- provides clear evidence of the scale and nature of humanitarian needs, and their multi-sectoral dimensions;

- provides a reasonably broad baseline for future strategic monitoring of the evolving humanitarian context;
- provides clear information on which donors can base their funding decisions;
- supports with hard data public fundraising by humanitarian actors; and
- provides a basis against which to measure the adequacy of the response and outstanding needs over time.

Despite these benefits, the process could have been improved. In particular, the experience highlighted the need for an institutional 'home' for exercises of this type. There was a lack of useful analysis of the vulnerability of different

groups affected by the cyclone (landless people, older people, the disabled people, women-headed households). That said, there is some anecdotal evidence that the VTA has supported donor decision-making in response to the humanitarian appeal.

Conclusions and emerging policy issues

The VTA worked, and when combined with the World Bank DALA approach provided a powerful tool for humanitarian and recovery practitioners, policy-makers, national governments and donors. Despite many global efforts in this area there has been limited road-testing of such an approach. Here we have a method that delivers, and it would seem logical to build on this experience.

At the global level, the UN Disaster Assessment and Coordination (UNDAC) team assists in rapid assessment at the start of a major emergency. This is a useful tool to orient the system in line with the broad scale and scope of the disaster and ensuing needs. However, there is no solid methodology to back up this assessment approach, and it is really only useful in the first week of a disaster to get a flavour of needs. The VTA would complement the UNDAC approach, providing assessments for the Common Humanitarian Action Plans and associated CAP appeals.

Globally, considerable effort and investment has been made in strengthening assessment capacity and sharing assessments. Efforts have also been made in three of the global cluster teams (Health, Nutrition and WASH) to develop an Inter Agency Rapid Assessment (IRA) tool. UNICEF has led work to establish a broad assessment tool for disasters, and WFP, in many ways a natural leader around food security and some parts of a multi-sectoral survey, has growing capacity and specialisation in assessments, building out of its Vulnerability Assessment Mapping (VAM) work.

realistic, broad, multi-sector, multi-stakeholder assessments are very rare animals in humanitarian settings

All of this work has consumed great resources and effort, but to date has not yielded the sort of broad and relatively simple assessment carried out through the VTA in Myanmar. The main policy issues limiting progress in this area seem to be:

1. The lack of an institutional home for such broad-based assessments. Here, OCHA needs to be given the responsibility of bringing together common assessments as and when they seem useful to improve response and accountability frameworks. This would complement OCHA's current role in facilitating and coordinating UNDAC.
2. The lack of standby technical capacity to support the conception, planning and implementation of assessments. The people are there but the system is not. A principle of having a core independent technical team, working in partnership with the clusters and DALA teams, represents a solid approach.
3. Attempts to create assessment instruments at the global level have tended to be too complex and too drawn out, with far too much expected from a broad-based assessment tool. Keeping things realistically simple is essential to get a workable, timely assessment done and analysed to feed into appeal, programme and funding decision-making in real time. The VTA type of common assessment could happen from week two of a crisis, and most likely would take

four weeks to complete, feeding into and validating a major humanitarian appeal.

4. Donor leadership in this area has been limited. Through the Good Humanitarian Donorship initiative, donors are clearly committed to transparent and effective humanitarian action, and they systematically support broad assessments when asked to do so. Overall, donors should expect and demand the establishment of broad baselines that would strengthen effective response and improve overall humanitarian accountability.

All of these constraints can be opportunities to take forward the VTA experiment, to see how the best aspects of this approach might be captured and supported to inform future assessments. There is also considerable scope for the VTA to be used alongside and possibly as part of future World Bank-supported disaster loss assessments. There is significant donor, UN and IASC interest in the VTA model, and how it might be adjusted to other contexts. External evaluation of the impact of the Myanmar VTA and the periodic reviews should yield interesting findings to inform future work. Realistic, broad, multi-sector, multi-stakeholder assessments are very rare animals in humanitarian settings. When done properly, such assessments can provide crucial objective information on the realities facing affected communities and the priorities of those in need.

This article was written by **Richard Blewitt** (Helpage International), **Yves-Kim Creac'h** (Merlin), **Adelina Kamal** (ASEAN), **Puji Pujiono** (UNDP) and **Yohannah Wegerdt** (ASEAN). A complementary paper on the technical details and learning from the VTA will be available in January 2009. To access the results of the VTA surveys, go to the ASEAN website (www.aseansec.org) and search for the full Post Nargis Joint Needs Assessment (PONJA) report.

Nargis and beyond: a choice between sensationalism and politicised inaction?

Phillip Humphris, MSF Switzerland

One could be excused for being perplexed regarding the humanitarian response after Cyclone Nargis. On the one hand, it was predicted that, in the wake of the cyclone, we would be faced with thousands of subsequent deaths from disease and malnutrition, and all would be lost unless foreign organisations were immediately present. Meanwhile, the government of Myanmar was strongly reproached for restricting the presence of outside actors. On the other hand, once permission was given, the response to basic needs on the ground was slow, both by the government and by most international actors. Even so – fortunately – the predicted medical catastrophe did not happen.

In retrospect, the scale of the disaster was indeed huge, with 130,000 people dead or missing. Unlike after the India Ocean

tsunami of 2004, the survivors had difficulty finding refuge quickly because of the extensive flooding of the flat landscape of the Irrawaddy Delta. Needs were massive in terms of emergency food relief, water and sanitation and basic household items. At the same time, however, the coping mechanisms and resilience of the surviving population meant that aid had only a limited impact in terms of saving lives. The pertinence of the humanitarian response was more about the fast restoration of minimum living conditions and psychological and economic recovery. For instance, amongst the 23,000 medical consultations and 21,000 nutrition screenings done by Médecins Sans Frontières (MSF), by far the majority were for non-lethal diseases. Despite some areas of the Delta receiving almost no external food aid, no significant increase in acute malnutrition was observed in



MSF at work in Bogaley

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the first four months. The primary need identified by MSF was for the distribution of basic items to hundreds of villages scattered over the flooded plains of the Delta. Mental health needs were evident, and psychological interventions were found to be highly pertinent.

by taking a political position in the country, international humanitarian actors further compromise their ability to conduct objective needs assessments and implement efficient programmes

The humanitarian environment

Shortly after the cyclone hit, political and humanitarian actors in the West started to speak about many thousands of impending deaths amongst the survivors and the need to open a humanitarian corridor for victims, while at the same time engaging their own fundraising machines. A press release from one non-governmental organisation stated: 'With the likelihood of 100,000 or more killed in the cyclone there are all the factors for a public health catastrophe which could multiply that death toll by up to 15 times in the coming period'. Political pressure on the government of Myanmar ensued, culminating in the aggressive positioning of US warships off the coast of the Delta, along with talk of putting into practice the 'Responsibility to Protect' concept for the first time.

In the context of Myanmar's frozen external relations and its internal policies of self-reliance, the objectives of this

approach were apparently more political than humanitarian. Only when the short-term attention of the media and major political actors diminished, and after the US warships had left, was a dialogue possible to formally establish humanitarian access. During this period of political posturing, a handful of international humanitarian actors already present in the country had been able to access and assess some of the affected areas for the first time, establishing the large scale of basic relief that was needed. It was therefore disappointing that the official freedom given to external assistance three to four weeks after the incident was not quickly exploited, given the dire predictions of catastrophe many had made. In fact, it took another month before MSF teams

began to see the arrival of the majority of actors currently present in the Delta. In the end, the assistance given on the ground, in terms of quantity, speed and coverage, was small compared to that provided to the survivors of the 2004 tsunami.

Overall, the humanitarian environment in Myanmar is highly politicised, tarnished both by the logic of sanctions and by the approach of the country's government. Objective assessments of needs and appropriate responses are complicated by the policies of the government and the restrictions it imposes, and by the political approach of humanitarian actors. By taking a political position in the country, often in line with their government donors, international humanitarian actors further compromise their ability to conduct objective needs assessments and implement efficient programmes. Such an approach would not preclude challenging the government on the grounds of the humanitarian situation and restrictions to access.

The inefficiencies of international aid evident in the Nargis response do not excuse the government of Myanmar of its responsibility to respond to the relief needs of its people. In the areas of the Delta where MSF teams were active, this response was slow compared to the scale of the disaster. Official constraints placed on international humanitarian actors in the country were still present three weeks after the disaster. This meant inadequate access during this time, and only unofficial needs assessments and limited relief were possible. One month after Nargis hit, MSF teams were still identifying some badly affected populations surviving on rainwater and immature and spoiled rice crops, with cases of dead relatives floating in the surrounding water and suspended in the trees where the cyclone had deposited them.

Health: a chronic concern

In contrast to the short-term needs of the Nargis-affected population and their stable medical situation, the general population of Myanmar is affected by chronic health issues that sadly do not reach the front page of newspapers, but nevertheless amount over time to a crisis of significant proportions. As with the Nargis cyclone, it is understandably difficult for an outsider to understand the reality of needs. According to the government, the health situation is largely satisfactory, and the limited official data available tends to back up this assertion, at least partially. By contrast, actors working outside the country, mostly on the Thai border, speak of a catastrophic situation, and likewise have data to back up most of their assertions. Unfortunately, most of the actors working inside the country, where a direct view of the situation is largely possible, tend towards self-censorship, making a clear picture of the population's health status elusive.

Despite the difficulties of collecting data in the country, some conclusions can be drawn. Even using official figures published by UN bodies with government permission, one can conclude that the health situation in Myanmar is one of the worst in South-East Asia. Of the 11 countries in the region, it has the lowest life expectancy at birth and the highest rates of neonatal and under-5 mortality.¹ It has among the highest rates of tuberculosis worldwide, with 97,000 new cases detected each year. Multi-drug resistant tuberculosis has jumped from 1.5% (1995) to 4.4% among new patients, and to 16% among previously treated patients in 2004. According to the government, HIV infects 0.7% of women in Myanmar, meaning that approximately 15,000 children will start their lives HIV-positive every year. The vast majority of people affected by late-stage AIDS have no possibility of the kind of treatment freely available in most countries today. Malaria is the largest killer: deaths from this treatable disease account for more than half of those in South-East Asia. Whatever the political context, these problems amount to a humanitarian situation requiring an urgent response.

malaria accounts for more than half of deaths in South-East Asia

Responsibility for the health situation of Myanmar's people obviously lies first and foremost with the government of Myanmar, which according to World Health Organisation figures spends just 0.3% of its GDP on health, the lowest proportion of public expenditure in the world. At just \$4 per person per year, this is also the lowest absolute per capita figure in the world. The lack of strategic and financial commitment to health is remarkable – all the more so given the resources available.

Constraints to the humanitarian response

In addition to the scale of need and the limited government response, it is difficult and complicated for

¹ WHO, World Health Statistics 2008.

humanitarian organisations to run operations in Myanmar, due to a complex system of administrative constraints that limits humanitarian access and data collection. Mostly, this means that project activities and related resources must be planned many months in advance. It takes eight months to import medicines and at least three months to obtain a visa to enter the country. Taxes on NGOs are high; for instance, to buy a vehicle attracts a 300% tax. Some parts of the country are still off-limits to humanitarian organisations. MSF Switzerland has made six formal requests to assess areas of Kayin State, without success. It has taken many years to reach the population in Kayah State. This is not because the government wants to hide atrocities along the eastern border areas of the country; rather, it stems from a fear of foreign presence among populations that may not be fully under the control of the regime. This fear is unfounded, and traps the population in a vulnerable and helpless situation.

Insufficient funding

Despite overwhelming needs and a willingness among humanitarian NGOs to respond, Myanmar receives the least amount of humanitarian aid per inhabitant (\$3 per person per year, 15 times less than neighbouring Laos). Although this aid doubled in financial terms between 2000 and 2005 (from \$75 million to \$150m), there are still only a small number of assistance projects. The Global Fund is not present in Myanmar. Limiting structural or development assistance to the government is primarily a political choice made with the political logic of sanctions. This should not be the case for humanitarian assistance, where the needs of the people are acute. The direct and accountable delivery of assistance is possible with careful planning and well-designed projects, which can be effective and cost-efficient. The distinction between humanitarian assistance directly to the people of Myanmar and bilateral or multilateral assistance to the country's government is important in this context. It is unfortunate that sanctions, strongly supported by the US government, are such a dominating influence on the donor response.

This situation could be defended if humanitarian assistance was impossible, and if the political approach chosen by external actors had the potential to achieve a rapid and more favourable outcome for the population. But this is not the case. Meanwhile, humanitarian assistance can be provided efficiently, under certain conditions. Even if delayed, the government's decision to open up humanitarian space after the Nargis cyclone was surprising, and an indication that all is not lost when it comes to external assistance for its people.

Without needing to be sensationalist, it is accurate to state that humanitarian and medical needs in Myanmar are critical over the medium and long term for the majority of the population, and that the gaps in both the government response and external assistance are large. Increased donor support is urgently required to alleviate Myanmar's chronic humanitarian problems. The people of Myanmar cannot afford to wait for their government to respond, nor can we expect sanctions to change internal political structures or policies to positively influence the

humanitarian response. This does not excuse the government of Myanmar of its responsibility to provide better services for its own people, increasing its level of funding in the health sector and related strategic imperatives. Fortunately, engagement with the government internally on medical and humanitarian issues is increasingly showing fruitful results, especially when international agencies are effective in their humanitarian actions and perceived as not having a primarily political agenda. Such engagement should not include the self-

ensorship that often afflicts international actors in Myanmar. A transparent and accurate reporting of the situation to the government and the international aid community can be highly constructive. Highlighting health and humanitarian issues in this way is an essential responsibility of all actors in the country.

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Responding to Cyclone Nargis: key lessons from Merlin's experience

Fiona Campbell, Muhammad Shafique and Paula Sansom, Merlin

Cyclone Nargis presented the humanitarian community with a number of challenges, particularly in relation to access. For many agencies, very limited access to the Delta area was a significant impediment to the response. Many staff remained stranded outside the country awaiting visas to enter, or in-country in Yangon, some distance from the disaster epicentre in Laputta. Agencies already present in Myanmar and with programmes and staff in the Delta were therefore perceived to be in a stronger position to respond immediately to the disaster. However, even for these agencies the movement of international staff was restricted, highlighting once again the importance of local response.



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Participants in Merlin's Primary Health Care project in Laputta

Merlin in Laputta

Laputta Township comprises over 500 difficult-to-reach island villages housing a total population of some 350,000 people. Prior to Cyclone Nargis, Merlin had been working in Laputta for three years as part of the tsunami response, supporting a Primary Health Care project. The programme was implemented with the agreement of the Myanmar Ministry of Health. A complementary programme was also under way aimed at improving access to safe drinking water and sanitation.

A primary goal of the programme was to reduce vulnerability to future shocks by strengthening the health system. The project addressed poor access to health care in the area through the renovation and refurbishment of health facilities and the supply of drugs and equipment, training health staff in the integrated management of maternal and childhood illnesses and improving family health practices. A key component of the programme was strengthening community-level institutions, including Village Health Committees, Village Tract Health Committees and Community Health Workers (CHWs). This latter group of volunteers is an established part of the national health system, providing first-line care at the village level, though at the start of Merlin's programme it was non-functioning.

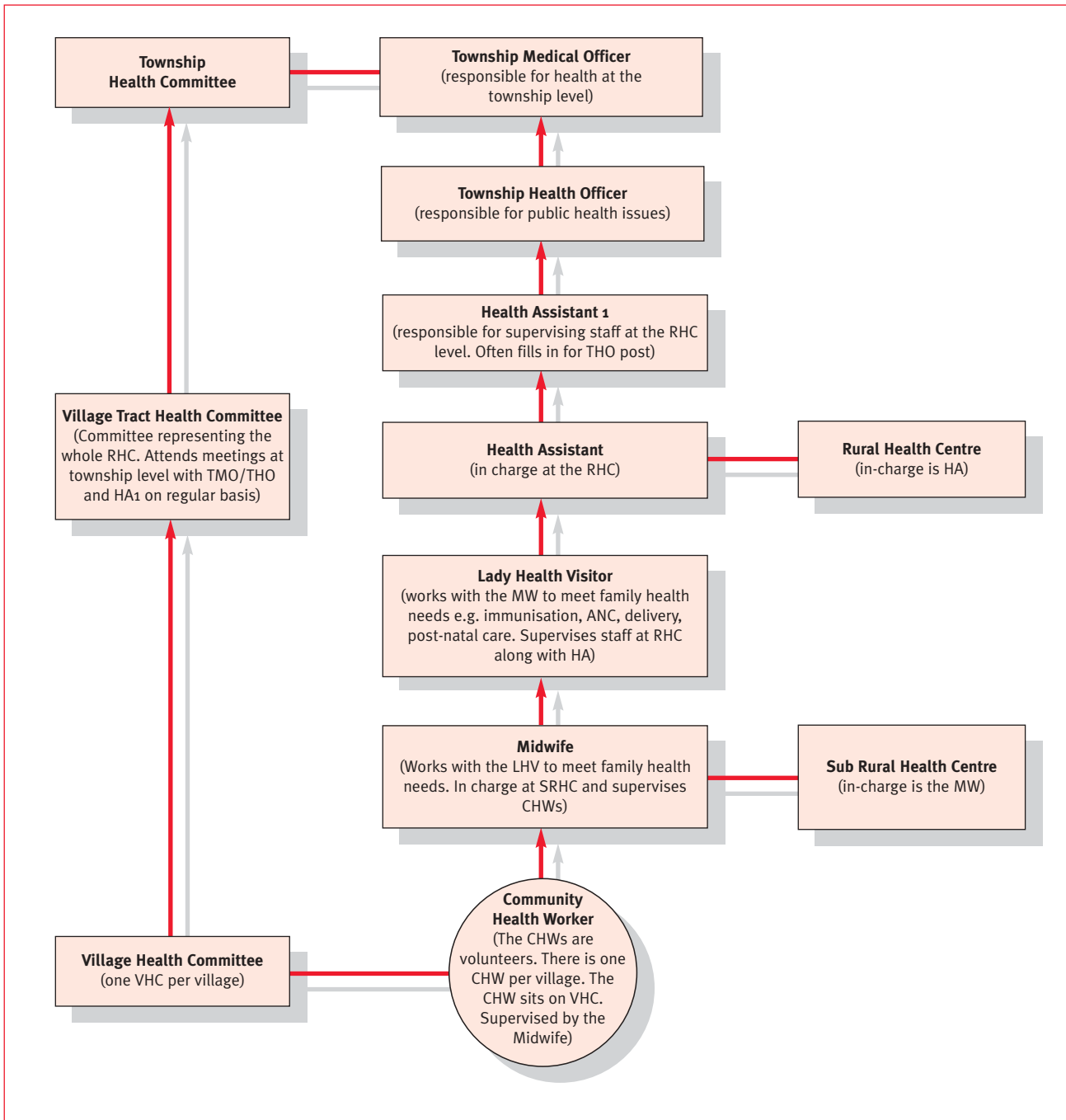
At the time of Cyclone Nargis, 540 CHWs in Laputta Township, covering all island villages, had been through a 21-day training programme and had received quarterly supplies of seven essential drugs. The training covered referral and drug management, hygiene education and prevention of STIs and HIV, with a primary focus on maternal and child health care, and basic first aid. All training was conducted in conjunction with the Ministry of Health and using Ministry of Health training manuals.

Figure 1 (page 14) is a diagrammatic representation of the structure at community level, also showing links with the wider health system.

The response to Cyclone Nargis

Though the Delta area is prone to regular cyclones, the magnitude of Cyclone Nargis was far greater than previous experience and caused a level of destruction in excess of that seen following the 2004 tsunami. Merlin's efforts to reduce vulnerability had highlighted the need for specific disaster preparedness arrangements, and at the time of Nargis these preparations were at an early stage. All CHWs

Figure 1: The health structure at community level



had received training in disaster preparedness, covering floods, earthquakes and storms, though not in any depth. Merlin also had supplies of household water filters and chlorine solution in Laputta, which were available for immediate use following the cyclone, though not tanks, bladders or mass chlorination facilities.

Merlin staff in Laputta and Yangon (both national and international) were able to respond immediately. With the destruction of existing health facilities, the team in Laputta set up a first aid point which saw approximately 250 people a day. The majority of cases were trauma-related, including head wounds and bruising, and skin damage related to hail and wind exposure. The Merlin Response Team (MRT) arrived in the country a week after the cyclone. Merlin did not experience the delays other

Merlin's efforts to reduce vulnerability had highlighted the need for specific disaster preparedness arrangements

agencies encountered in getting approval for staff to enter Myanmar, perhaps because the organisation was already known to the authorities.

With the arrival of the MRT, preparations to scale up the response were put in hand. These included plans for the distribution of non-food items including water filters and

purification solution, and in some areas water and food. Doctors and other health staff were recruited to expand the coverage of health services. Merlin's national staff increased four-fold, from 44 to 160. There were problems in recruiting experienced staff: only two senior doctors could be recruited in-country and the majority were recently qualified without the level of experience with which Merlin usually works. Clinics were set up in temples and pagodas, which were being used as IDP camps, and gradually expanded across the Delta, ultimately providing six fixed clinics and ten mobile clinics, using boats, across Laputta Township. Over the following six weeks, health teams visited more than 350 villages.

Merlin was able to import supplies and clear them through customs without problems, though this was not the case for all agencies. Again this was probably due to Merlin's previous presence in the country and the fact that it had an established Memorandum of Understanding (MoU) with the Ministry of Health. However, only two expatriates were allowed access to the Delta area, and they did not have the freedom to travel beyond Laputta. As a result, Merlin implemented a 'remote management' arrangement, whereby MRT staff coordinated national teams in the villages, providing financial and logistical management in Laputta. National staff members and local people thus undertook all the assessment and distribution activities in the affected area outside Laputta. The level of responsibility and trust developed within the programme between Merlin's local staff and community health workers before the cyclone ensured a degree of confidence that would not have been possible in a solely short-term response.

community health workers became a central part of the response effort

Mobile teams deployed from Laputta to the villages reported that communities were immediately assisted by their CHWs using the basic skills and supplies they had to hand. Of the 540 CHWs trained and functional on 2 May, 94 lost their lives in the cyclone. Many of the surviving CHWs had to deal with their own family situations including the loss of shelter and psychological trauma. Despite this, over the days following the disaster CHWs made their way to the Merlin office in Laputta, while others were contacted by Merlin staff. These CHWs became a central part of the response effort, assessing the needs of dispersed communities and ensuring the effective and equitable distribution of aid based on their local knowledge and positions within their communities. Anecdotal evidence suggests that communities considered the CHWs' response effective, though no formal assessment has as yet been done.

Issues of quality and accountability within the programme were considered at an early stage. At the start of the scale-up response the teams covering food security, livelihoods

and village rehabilitation all received Sphere training. All medical teams were provided with treatment protocols and prescriptions were reviewed by supervisors to ensure rational drug use. All Merlin assessments were designed to identify community priorities, and teams were asked to develop selection criteria for their respective sectors. The programme also began to develop tools for patient accountability. These initiatives are being taken further in the on-going programme.

What we have learnt

The on-going programme in Laputta was clearly critical to Merlin's response, providing the community structures and staff on which to build and guaranteeing a high level of acceptance for Merlin's work within the Delta. At the same time, however, access restrictions for international staff highlighted the importance of a locally prepared workforce with response systems and structures in place. The fact that national staff and local people were able to respond and utilise the skills and equipment available to them presents a strong case for making capacity-building and institutional strengthening in disaster response key components of on-going programmes in this and other contexts.

Merlin's experience from a number of countries, including Ethiopia and Somalia, suggests that the health impact of disasters can be substantially reduced if national and local authorities in high-risk areas are well-prepared, such as through strengthened disease surveillance and effective epidemic preparedness. This also includes training health workers and enabling critical infrastructure such as health facilities to remain functional. However, in many resource- or governance-poor settings, disaster risk reduction may not be considered a priority by local authorities. While a number of donors and NGOs are increasingly viewing this area as an important aspect of work, more needs to be done to actively promote this, especially with the predicted increase in disasters in the future.

For Merlin, Nargis has highlighted areas that the programme can strengthen immediately. These include an expanded role for CHWs, with more detailed and specific training in disaster response management (to be conducted with the Myanmar Red Cross), and greater availability of supplies. A new training module on psychosocial support skills conducted by the Myanmar Red Cross has been built into the new programme.

None of this precludes the need for an effective and timely international response to disasters such as Nargis. The fact that Merlin had only two MRT staff in Laputta not only meant that a considerable burden was placed on these individuals in terms of administrative obligations, but also that they were unable to provide the usual front-line inputs into the response outside the town.

Lessons for the wider humanitarian community

In terms of lessons for the wider humanitarian community, it seems clear that the capacity to respond in Myanmar was based on the ability to employ or engage those already on the ground. In Merlin's case, this predominately involved

Merlin staff and CHWs previously trained by Merlin. In addition, however, Merlin needed to employ local medical and other specialist staff. This was challenging, both in terms of the quantity and quality of staff available. Problems were compounded by the lack of back-up from specialist internationals able to quickly skill-up recruits.

Given the restrictions on travel outside Laputta, remote management approaches were needed, in terms of the coordination of national staff and ‘community partnership arrangements’. This proved effective, utilising the combined inputs of international and national players and ensuring that supplies were distributed effectively within the Delta region. However, the speed of the scale up was undoubtedly reduced. For this reason, Merlin continues to

advocate for the humanitarian space to ensure the international support needed to scale up, save lives and ensure every individual’s right to assistance, while at the same time emphasising support to and strengthening of the local systems and structures vital to the response.

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HAP and Sphere focal points in Myanmar: early lessons

Erik Johnson, DanChurchAid

The Sphere Project was developed by thousands of stakeholders over the course of several years, starting in the early 1990s. It has one aim: to increase the quality of humanitarian assistance based on a set of agreed principles and standards. More recently, the Humanitarian Accountability Partnership (HAP) has been launched to try to tackle another outstanding challenge in the provision of humanitarian aid, that of ensuring that disaster-affected people have a right to speak and be heard about the assistance they may be receiving. HAP is perhaps the best known amongst several initiatives explicitly trying to address this problem in the humanitarian sphere.

Following the massive earthquake in Pakistan in 2005, Church World Service (CWS) hosted a ‘Sphere focal point’ in the affected area. This project aimed to raise awareness of Sphere standards and promote their implementation. When Cyclone Nargis struck Myanmar in May 2008, CWS again offered to support a Sphere focal point, this time to be jointly implemented with a HAP focal point, hosted by Save the Children. This article discusses this important project, documents some of the early lessons and poses further questions which will require investigation as the project develops.

Background

The initial objectives of the project have been:

- To work in collaboration with national and international agencies to determine the most appropriate ways to raise awareness of Sphere and HAP and train agencies on their effective use.
- To deliver that support, with the aim of improving the quality and accountability of the response.
- To work in close collaboration with others (such as the NGO Liaison Officer, UN Clusters, INGOs, local NGOs and any other ‘quality and accountability’ initiatives such as the Inter-Agency Network for Education in

Emergencies (INEE minimum standards), with a view to mutual learning and sharing of resources as appropriate.

- To identify the most appropriate ways to establish longer-term support, and the funding and personnel that would be required to achieve this.
- To use this experience to advise on lessons learned, and how to improve the provision of similar support in future emergencies.

Whilst both the political environment and the cultural context (which may predispose people *not* to give feedback) have militated against work to support the use of the Sphere and HAP tools, there are nevertheless a number of dynamic actors and agencies in Myanmar that have helped to get the project off the ground quickly and multiply its output. These have included a full-time NGO Liaison person, who had established an Accountability and Learning Working Group (ALWG) prior to the arrival of the HAP and Sphere consultants, as well as a unique locally based Centre established after Nargis, initiated by international NGOs to support Myanmar NGOs and Community Based Organisations, including promoting their accountability. The CBOs include a range of local ‘NGO-like’ organisations, as well as faith-based groups and informal affiliations of interested individuals. They have played a huge role in the Cyclone response. It is difficult to determine exactly how much of the early success can be attributed to this project, as it is clear that it has played a supporting role to many others’ efforts to promote quality and accountability, with a handful of international NGOs playing a key role in their own operations’ accountability and quality approaches, lessons which they have documented and shared with others.

But despite the presence of the ALWG and other local resources, the initial informal surveys conducted by the consultants on behalf of the Sphere and HAP focal point project found a wide range of prior knowledge and



A relief distribution after Cyclone Nargis

awareness of quality and accountability initiatives, although overall the level of awareness was surprisingly low. Even field staff from one of the most established international NGOs had no awareness of the Sphere Project or the use of standards in humanitarian response. This begs the question why this was so, given that Myanmar had experienced a number of disasters in the past ten years and could arguably be said to have been in a chronic crisis. It may be argued that this was the first ‘emergency’ officially declared by the government, and therefore agencies seized the opportunity to introduce Sphere. However, this alone may not fully explain why the majority of agencies present were so behind in rolling out Sphere prior to Nargis.

As agencies struggled to expand and respond in the early days after the cyclone, many ‘new’ actors emerged, and many of the organisations and individuals providing assistance had little or no prior experience in relief. The urgent need to respond superseded many development agencies’ desire to ‘take time out’ to train and gain new competencies relevant to disaster relief. Gaining common understanding of humanitarian concepts between field workers and managers in Yangon has also proved difficult. More senior staff in Yangon have sometimes been unable to share these new tools and ways of working with their field staff and partners, while many agencies have operated by ‘remote control’, with little or no capacity to directly monitor work in the field.

By the time the full-time consultants arrived in July, things had improved considerably, due in large part to increased access from mid-June. The ALWG had met several times, and many agencies had undertaken initiatives to translate the Code of Conduct and other key documents into Burmese. Indeed, one of the early lessons concerned the importance of coordinating translations of key documents – all documents, HAP and Sphere ones – into national languages,

ensuring that translations were of high quality and that documents were faithfully reproduced. Meanwhile, initial proposals that the ALWG should have a compliance enforcement role were dropped in favour of a learning model, which appears to have been instrumental in its success and well-suited to the wide range of competencies and an atmosphere where agency staff were already under great pressure to deliver.

The demand for training was enormous, and the consultants from both HAP and Sphere began offering training as soon as they arrived, in July, to both local and international organisations, as well as a government ministry. This overwhelming demand for training is particularly interesting given the number of anecdotal

reports of ‘training fatigue’; following the cyclone there was a large and diffuse effort to build the capacity of response agencies, with both Myanmar and international NGOs torn between the desire to gain new competencies relevant to disaster response – and perhaps please their donors – and to simply get out there and do the work. Sphere training aside, this is perhaps another area that merits further enquiry; in the early days of a sudden-onset disaster, how can we support actors’ responses through capacity-building that is directly related to the task at hand, rather than providing stand-alone ‘training’ that is likely to be a brief pause from the actual response work? A related challenge lies in trying to move from a training-focused approach to one that promotes the implementation of Sphere and accountability methodologies throughout the project cycle.

‘It’s not about complaints, it’s about feedback; giving people the opportunity to comment in a context that’s safe and appropriate’

Together with the ALWG, the HAP and Sphere consultants also established a national resource team, or Core Support Group, on Quality and Accountability. This group of approximately 15 Burmese nominated by the ALWG and other appropriate agencies will provide continuing support to their own and other agencies. The ALWG has also established accountability indicators for the IASC Integrated Monitoring Matrix, and continues to document agencies’ experiences and share them with others.

It appears that the integration of the HAP and Sphere focal points has been widely perceived as a good idea; too

many initiatives at the same time, especially amongst a population not previously exposed to the plethora of quality and accountability initiatives currently available, can be confusing and counterproductive. However, adequate resourcing and continuity are also crucial, and the potential benefits of synergy can only be captured if the two initiatives closely coordinate their planning and staffing. In the next phase, a more integrated plan will ensure continuity and promote synergy, and enable a clearer interface with the Accountability and Learning Working Group.

Some have also drawn a correlation between the size of agencies' programmes and their ability to effectively implement accountability mechanisms, with smaller programmes better able to more quickly roll out accountability mechanisms. The Core Support Group is likewise an area where there are some lessons to learn. CWS concluded from its work in Pakistan that establishing a national training and knowledge resource was essential. However, exactly how this should be done, who should be included, when it is appropriate and how it needs to be supported merit further analysis.

Promoting accountability in a culture of assent

Feedback is a difficult area. The political context – where Burmese people are not used to giving feedback to those with greater power and authority – is compounded by a cultural context where many may not find it appropriate to 'complain' about the aid that they are receiving. Yet despite the myriad difficulties in communication in Myanmar, agencies are successfully using complaints boxes, megaphones, radio, telephone complaints lines and mobile notice boards, amongst other tools. The outcome of all of these attempts remains unclear, but there is a lot of sharing about the efficacy of various approaches, both at the ALWG and in Clusters. Likewise, an early pilot project to assess the feedback mechanisms being employed by some agencies had itself received mixed responses, with some finding the lack of clarity, preparation and sensitivity disappointing. CBOs and local NGOs show promise as potential interlocutors between communities and INGOs. Communities appear to be more willing to share complaints amongst themselves and then have them communicated to international organisations.

Many seasoned aid workers have remarked how 'unspoiled' the affected populations are relative to other disasters they have worked in, where the 'aid industry' has succeeded in creating a steady expectation of assistance amongst the 'consumers' of aid. It remains to be seen how long this will last; the use of instrument-based rather than solution-based assistance, as well as the continued reduction of beneficiary caseloads, will doubtless have a negative impact. But perhaps the degree to which agencies are able to promote and respond to constructive feedback will also help shape the post-Nargis relationship between agencies and villages in the Delta.

Lost in translation

While translating the rhetoric of rights-based approaches into a practical implementation methodology is difficult in many contexts, in Myanmar the challenges to creating an environment conducive to open and honest feedback are especially acute. When feedback is gathered, some agencies have found it difficult to determine who it should be attributed to, and whether vulnerable groups have been represented. Furthermore, methodologies that work with one community may not work with another. And, as in Pakistan, promoting awareness of quality and accountability amongst government authorities on any level can be very difficult. In this regard the only lessons that the Pakistan project can recommend are that persistence and patience are required.

'Accountability' is a simple yet subtle concept, and translating it into the local context has proved as difficult in Myanmar as it has elsewhere. But one key lesson is clear: terminology is important. As in many other languages, the term 'accountability' is untranslatable. 'Complaint' is a loaded term, and 'feedback' is likewise problematic in Burmese. Some have opted for the imperfect 'suggestion', which also requires a degree of explanation in order to foster the right kind of feedback. The point is that good bilingual interlocutors are required, and a set of key terms should be decided on and consistently followed. This has now been done, and a Red Cross/Red Crescent Glossary of Terms has been helpful.

Next steps

While it is too early to deem these efforts a success, there has been an enormous amount of progress. Whilst there are many ways of translating the rhetoric of rights into an operational methodology, it is clear that the Sphere standards, the Code of Conduct and the principle of accountability are linked to a rights-based approach. Those who have worked in Myanmar over a longer period can attest to the fact that many of the discussions about a rights-based approach would have been unheard of merely a year ago, when ideas of 'feedback' and 'rights' were deemed far too dangerous or controversial. For now, at least, it appears that these concepts and terminologies are being tolerated, if only within the narrow confines of the Nargis response. One of the recommendations of the ALNAP 'Lessons for Operational Agencies' paper published in 2008 was that the 'lack of certainty of access in Myanmar, and how it may continue, challenges the kind of accountability frameworks that can be practically established'. However, in light of recent positive experiences with promoting accountability and quality, the Nargis response agencies may have an even more crucial responsibility to promote accountability and quality, exploiting this unique opportunity.

Perhaps the most compelling question of all remains unanswered: what is the impact of all of this? Have the Sphere and HAP focal points – and the various other like-minded initiatives – made any difference? This is a question that deserves to be answered on at least two levels: the level of impact on practitioners' awareness, and

the degree to which any increased awareness has led to improved quality and accountability for affected populations. Whilst it will probably be impossible to establish an accurate and quantitative baseline for awareness amongst different staff groups and populations, some actors will be able to comment on the degree to which they have witnessed a change.

Save the Children has secured funding from DFID and will take the reins from CWS to provide six months of further support in Sphere standards and HAP for three key groups of stakeholders: intensive coaching with eight INGOs and one Myanmar NGO network on designing and implementing a Quality Management System, further training and on-the-job practical assistance for agencies and the Core Support Team, and general guidance and *ad hoc* work in response to requests from the broader community through the ALWG. The next chapter of the Sphere and HAP project, and the ultimate implications of the wider Nargis response, promise to be just as interesting as the first.

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Support to local initiatives in the Nargis response: a fringe versus mainstream approach

Kerren Hedlund and Daw Myint Su

In 1997, a noted author on Myanmar said that civil society in the country was dead.¹ Since then he has dared to correct himself. In the wake of Cyclone Nargis, the remarkable civil society response has clearly and undeniably proved that it is alive, and capable of doing great things against all odds. While measuring the full scope of the local response is impossible, the fact that at least \$40 million (over \$120m if the Red Cross is included) was provided by the international community to local organisations in the first four months after the cyclone is a significant indication of both the scale of the response and the existence of previously unrecognised local capacity.

In the wake of a catastrophic disaster there is a strong and sometimes necessary tendency for the international humanitarian community to rapidly mobilise all its resources. There is also an ongoing struggle to find the right balance between international and national efforts, and to make international efforts more inclusive of national ones. However, given the reluctance of Myanmar’s government to allow significant direct foreign assistance in the first month after Nargis, the instinct of the international community to ‘surge’ could not be realised. In the first months of the response, what did the

international community do to facilitate or reinforce what was decidedly a ‘surge’ of a local nature?

Sharing information and coordination

On the fringe ...

On 8 May, a group of interested agencies (donors, international and national NGOs and capacity-building projects) came together to discuss how to help civil society contribute to the Nargis response. As a result of that discussion, a Local Resource Centre was established to:

- link local organisations to donor funds and technical expertise;
- provide support to local NGOs in proposal writing, reporting and procuring supplies;
- facilitate information exchange between the IASC coordinating bodies and local NGOs and other civil society groups;
- advocate to ensure that the work of local organisations was acknowledged and understood;
- provide local NGOs with information and training on principles of disaster relief including codes of conduct, accountability (HAP) and minimum standards (Sphere); and
- monitor funded activities.

Building on a pre-existing project called the Capacity Building Initiative (CBI), which provided coordination and

¹ David I. Steinberg, *A Void in Myanmar: Civil Society in Burma*, Paper presented at the conference Strengthening Civil Society in Burma: Possibilities and Dilemmas for International NGOs, Royal Tropical Institute, Amsterdam, 4–5 December 1997.

training to local and international NGOs, the LRC provided training in various areas, including financial management, organisational development, reporting and monitoring and evaluation. It also offered technical training in key sectors such as health and water and sanitation. With the arrival of HAP and Sphere consultants in July (see the preceding article by Erik Johnson), Sphere and HAP training has been targeted to local groups through the LRC. The LRC facilitated weekly meetings with local organisations, often exceeding 50 people from 40 different organisations. In July, these local organisations initiated their own network, and dedicated staff to Cluster meetings, the IASC and other information and decision-making fora, such as the Technical and Strategic Advisory Groups of the Periodic Review.

More than 500 local NGOs and CBOs were supported in the Nargis response, albeit in an *ad hoc* and usually insufficient way. A new grant has been made available for over \$1 million for 15 Myanmar NGOs and 50 CBOs to implement livelihoods recovery projects. The LRC and collaborators have also trained nearly 100 local organisations, or 800 people, in ten topics. Sphere and HAP have trained an additional 70 local NGO staff. It remains to be seen to what extent new initiatives by INGOs, such as the Disaster Resilience Response and Learning Project (DRRLP), will reinforce ongoing capacity-building initiatives such as those of the newly formed Capacity Development Support Group, which includes CBI and the LRC.

There are certainly limitations to parallel information and coordination structures. Coordination of local response has remained fettered by concerns about publishing too widely the names and activities of local NGOs for fear of damaging their access to communities. Yet, coordination of local response has limited utility unless the international response subsequently recognises the local NGO contribution and their 'space', and attempts to reinforce it or at least protect it.

participation by local NGOs was severely limited given the language, location and attitudes of main players in the international response

In the mainstream ...

Standard practice in a humanitarian catastrophe is to ensure leadership through a humanitarian coordinator, coordination through the Cluster approach and information through a humanitarian information centre. But one wonders, for whom? In Myanmar, participation by local NGOs was severely limited given the language, location and attitudes of main players in the international response. It is surprising that, after decades of humanitarian response, this remains a common criticism. It is particularly disappointing given that, in Myanmar, where the early response was largely by national actors,

this was not recognised and these actors were not engaged with from the start.

In general, the international community restricted itself to the Yangon UN compound, which required participants to provide legal identification to enter, and then later a five-star hotel nearby. After two weeks the UN provided identification cards to all who requested them, but fewer than 20 out of more than 300 were issued to representatives of local NGOs. Cluster meetings, minutes and technical and strategic documents were almost all in English, and translations were rare. At the time of writing, the Post-Nargis Joint Assessment (PONJA) document has yet to be translated. In October, it became mandatory that Cluster meetings at township level (where the ratio of nationals to internationals is never less than 10 to 1) are held in Burmese.

The Humanitarian Information Centre website is in English, and there is no link to a Burmese-language page where Burmese-language documents could easily be found. It would be very difficult for someone who does not speak English to find basic translated documents such as the NGO/Red Cross Movement Code of Conduct and the INEE minimum standards in education. In short, the inclusion of local actors remains largely a 'fringe' activity.

Protecting the space for and encouraging national response

'There is no civil society in Myanmar' – international aid worker, Labutta, September 2008.

'Half of all villages surveyed reported having self-reliance groups, one third women's and/or youth associations and one-fourth religious associations' – Post-Nargis Joint Assessment, June 2008.

Given the constraints to direct implementation by INGOs, Nargis was the perfect opportunity for agencies to change their way of working, even if only on a small scale, by supporting local initiatives through or alongside their own operations. In the end, those few who normally work with partners did so, while those who directly implement stuck as far as possible to their standard operating procedures.

On the fringe ...

Supporting the spontaneous development of self-help groups

A number of small programmes run by donors and INGOs provided grants, largely under \$5,000, to hundreds of self-help groups, spontaneously organised in response to the cyclone. Not only saving lives, these grants were responsive, cost-efficient and some argue catalytic with regard to promoting dignity, self-reliance and recovery. These grants provided an important indicator of what local communities were not getting from international humanitarian agencies, seeking livelihoods inputs weeks before they were included in the distribution of INGO/UN programmes and filling food pipeline breaks.

Limitations included being unable to ensure 100% coverage of villages or equitable needs-based targeting,

the risks of giving too much money to new groups unused to managing grants, potentially encouraging false applications for grants and corruption, and at one time the inability to operate the project itself due to the 'aggressive recruitment policies' of INGOs, which left several local organisations including one small grants project without adequate staff. Note that all of these limitations are also reported from time to time by INGO programmes, or cited in donors' evaluations.

Reinforcing existing networks, federations and local development organisations

Prior to Nargis there existed a handful of INGOs operating in-country whose mandate and philosophy was to reinforce existing civil society structures. By and large, these were the same organisations that contributed to the start up of the LRC, seconding experienced staff to the Centre in the first two months. By reinforcing existing capacity, this not only achieved an important and otherwise unattainable degree of coverage early on in the crisis, but also contributed to a longer-term resilience to disasters, with relatively little expatriate input. The Red Cross and Church networks also fall into this category, together reaching over 1 million beneficiaries. At the peak of the crisis, the Red Cross response was supported by 20–25 expatriates at any one time, while national volunteers numbered in the thousands. Perhaps the biggest limitation of this approach was that very few agencies operating in Myanmar had existing relationships with or had previously explored how to work with Myanmar civil society to implement joint programmes.

Implementation through local 'service providers'

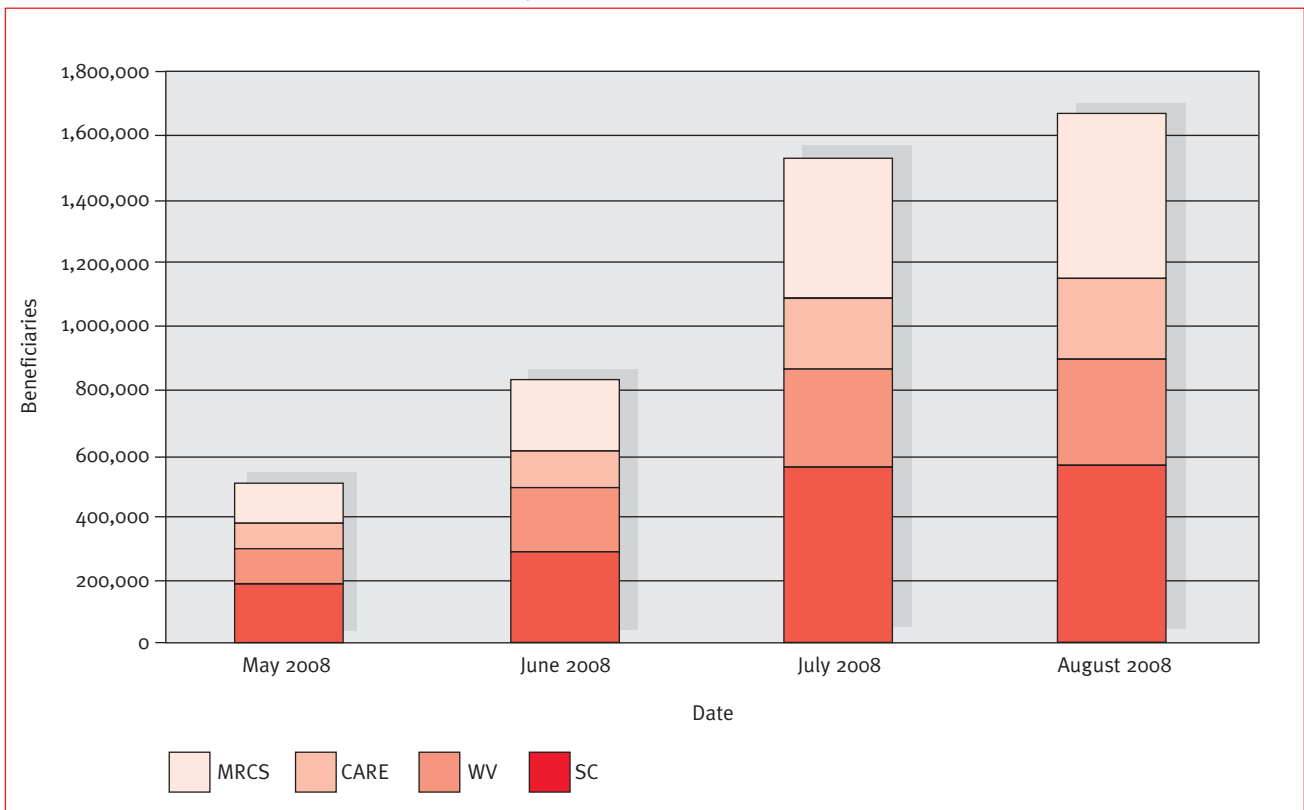
Some 40 INGOs sought to operate in Myanmar post-Nargis without official agreement or while awaiting approval. The majority of INGOs sought out legitimate (or registered) Myanmar NGOs that were apolitical, secular and with existing capacity to implement 50,000-plus beneficiary programmes. Local capacity was quickly exhausted. Under pressure to demonstrate outputs, some local organisations may have sacrificed downwards accountability (as do some INGOs under similar pressure). With some exceptions, the INGOs that used this approach admit that their commitment was overtly to the 'project' and not to the 'partner', largely in order to meet donor commitments.

Between the self-help community groups and the registered Myanmar NGOs, hundreds of smaller civil society groups sprang into life. All mobilised their own resources, and some were partially funded by small grants programmes. Many had the potential to do much more. However, INGOs and donors felt that it was too great a risk to themselves (not the civil society group) to directly engage, as these groups were operating in a sensitive 'grey area'. At a meeting of donors and INGOs in early June it was announced that 30 such groups had been identified and were looking for partners and funding. There was silence in the room.

Direct implementation

The majority of INGOs chose direct implementation, waiting for permission to operate and then scaling up rapidly (see Figure 1). There were many reasons for this, not least an unclear understanding of what local capacity did exist, and a

Figure 1: Number of beneficiaries reported by the four largest providers of Nargis relief assistance



clear humanitarian imperative to intervene. Under intense pressure from headquarters, amid ‘sensationalist’ descriptions of humanitarian conditions and with fantastically successful fundraising, at least early on in the crisis (the first Flash Appeal was funded at 96%, though it is worth remembering that there had not been a disaster of this magnitude since 2003 and in 2008 some agencies were not meeting their ‘growth’ objectives), demands to demonstrate and report on outputs were immense. This barely left room for staff to notice what communities were already doing for themselves, or to implement even the most basic measures of downwards accountability. Few distribution committees were answerable to communities. Few INGOs provided information to communities on their agency and their (planned or actual) intervention, or systematic feedback and response mechanisms, let alone participatory approaches. Local NGOs often reported feeling let down by the national staff of international organisations, who could be dismissive of local capacity. One local NGO working in Ngapudaw since 2000 was told ‘they could stop now that [the INGO] was here’. Working with local partners was felt to be idealistic, not pragmatic.

Obviously, given the magnitude of the catastrophe a combination of approaches was necessary to meet the needs of the survivors. It is difficult to say if the right balance was achieved. However, it is clear that civil society had a lot more capacity than the international community gave it credit for. The lack of existing knowledge and experience of working with civil society in Myanmar before Nargis was an impediment to working with it after Nargis. And the inflexible approach used by most agencies largely precluded a response ‘led’ by local communities and existing organisations.

Strengths, weaknesses, opportunities – and threats

When asked, many INGOs expressed their concern about working with civil society actors in Myanmar as follows:

- Given pre-Nargis restrictions on Myanmar NGOs, it was not always clear whether an NGO had links to the regime.
- Myanmar culture is hierarchical and bottom-up approaches to development (let alone relief) are still the exception, with Myanmar NGOs normally taking a very charity-oriented approach.
- There was a risk that aid would be biased towards a particular constituency (religious, ethnic, political, even livelihood group).

An international advisor for Danish Church Aid and CWS candidly admits violations of the Code of Conduct by local organisations: ‘almost naively they report using funds to provide aid to ten believers, coffee for the church meeting, guitars and bibles’. However, he went on to state that these risks can only be mitigated by working with these groups. An unavoidable first step is to learn if and why communities trust these CBOs and local NGOs, and explaining the basic principles that

no one can any longer deny that there is an active and capable civil society in Myanmar

govern relief aid. On the other hand, there are plenty of examples of CBOs implementing ‘best practice’ without ever being trained.

Taking the plunge and deciding to work with Myanmar civil society organisations may have carried some risks. But by and large the INGOs, donors and projects that took those risks have been rewarded with the knowledge that not only did they contribute significantly to the relief response, but they also supported a remarkable blossoming of civil society that Myanmar has not before known – a civil society which had been prematurely consigned to the grave by the outside world.

Lessons learnt (?)

International relief agencies have long been accused of overestimating their capacity to respond and underestimating the capacities of affected communities. This is unlikely to change until the international community leaves the attitude behind that working with local populations and partners is not pragmatic, or worse, the view that ‘if we are not doing it ourselves then it’s not being done’. The international community could start by reflecting on the messages it is sending and the approach it is using at community level. Make an effort to find civil society groups, in the villages, in their offices and businesses, creating space for regular dialogue. As for direct implementation versus a partnership approach, it is not either/or but both/and, and agencies can start making explicit links, even experimental ones. A little trust and humility would go a long way.

Nargis destroyed much, but it also revealed much as well. No one can any longer deny that there is an active and capable civil society in Myanmar, one that made an immeasurable life-saving contribution with minimum support from international agencies. Imagine what would have happened if the international community had done it differently, had had more experience of working with civil society, had engaged from the beginning, had consulted formal and informal coordination and decision-making mechanisms, had taken a community-led approach both with villages and local organisations. What impact could this have had on longer-term recovery and development in Myanmar? The proposition here is not to ‘mainstream’, like a river absorbing a new current. The proposition here is to change the colour of the water.

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Helping the heroes: practical lessons from an attempt to support a civil society emergency response after Nargis

ATP staff

Several months prior to Cyclone Nargis, a loose consortium of international NGOs initiated a three-year pilot to provide long-term capacity-building support to CSOs engaged in community development and service delivery. Known by its Burmese name of *Athauk Apun* (ATP), it aimed to link a micro-grant disbursement mechanism, a mentorship service and action-oriented advocacy to change the policy and practice of INGOs and donors. ATP had only just become operational when Nargis hit. Over the next 60 days, some 350 grants worth over \$700,000 in cash (plus \$200,000-worth of materials) were disbursed to 320 local NGOs, CBOs and self-help groups. Over 350,000 survivors received emergency aid via ATP.

While ATP represents only a small part of a far wider civil society response, it is clear that much more support for local responses could have been provided. With the right sort of assistance, a civil society relief response might not only get there first, but also ‘go to scale’, while contributing significantly to local capacity development for longer-term resilience – and all with lower transaction costs than incurred by INGOs. While such an approach cannot completely replace direct implementation, it deserves much more serious attention from INGOs, donors and governments.

**with the right sort of assistance,
a civil society relief response
might not only get there first, but
also ‘go to scale’**

How it started

Immediately after Nargis hit, ATP’s procedures and systems were adapted to enable a much more rapid response. The most important step was reducing the turn-around time for grant proposals from about six weeks to a maximum three days. A working strategy was developed for rapid fundraising, and a simplified, four-page emergency application format was prepared. Written in Burmese, this explained how ATP worked, how to contact us, and the application information required (a brief profile of the applicant group or organisation, details of proposed activities, the target group and how the applicant would be accountable to them), and a space for the contract signatures. No minimum grant size was indicated, but the local currency equivalent of about \$6,500 was given as a maximum. An initial 500 copies of the forms were printed.

Four teams were set up to process proposals, sign contracts, disburse grants, monitor expenditure and receive reports. One was based in Yangon, with three

mobile teams in the worst-affected townships in the Delta. Each team had a grant manager and 2–5 field monitors. Minimal training and orientation was given (ranging from one day to three hours) by ATP’s existing core team of three. In Yangon, known local NGOs were contacted and informed of our approach, as were INGOs with local partners and existing networks. In this way, several hundred copies of the application were distributed. The three Delta-based teams made contact with the few local groups already known in the affected townships, and began visits to badly affected villages. Word of mouth did the rest, and very quickly the teams were inundated with requests for support. Meanwhile, a separate team was set up to offer additional (non-financial) services.

What happened next

Initially, the flood of applicants represented the full range of civil society action: established NGOs already working in social welfare, including Buddhist, Christian and Muslim organisations; newly formed volunteer groups full of youthful, chaotic energy; thoughtful groups of writers, teachers, academics and retired professionals – often with personal contacts in the Delta – seeking to help particular villages; and private sector workers coming together to prise support from their employers. Very quickly, however, self-help groups formed by Nargis survivors from the villages began to predominate. Whether from affected areas in and around Yangon or from further afield in the Delta, all had harrowing stories to tell.

Most grants disbursed during the first two months were for around \$3,000, with a range from \$100 to \$10,000. The majority (80%) included food items. Over 50% also sought non-food items, all of which were purchased locally. A month after the storm, we saw an increasing number of proposals seeking livelihood support: rice seed, rotivators, diesel, boats, fishing hooks, lines and nets. About 10% of proposals were rejected.

For the first month the teams worked around the clock, seven days a week. We were inefficient, inexperienced and understaffed, learning as we went along but enormously inspired by those leading this indigenous relief effort – especially the many self-help groups from the villages. By early July, three months after the night of the storm, everyone was exhausted. Many communities were no longer in a life-threatening situation, and we needed to learn how our approach was working in practice.

Challenges

Cash flow was a major problem, even in Yangon, but especially in the offices in the Delta. Fundraising, while necessary and time-consuming (at our busiest we were disbursing over \$150,000 a week, and six donors were used to keep us solvent), was less problematic than actually

accessing, storing and counting out the physical cash in local currency. (A grant of around \$4,000 needs almost 5,000 Kyat notes, weighs over ten kilos and fills two extra-large shopping bags.) Security, however, was not an issue. Much time and effort also had to be spent in the accounts department of the INGO through which our funds were being channelled. Staffing became increasingly problematic as INGOs mounted massive recruitment drives.

Communication was also problematic – for many weeks phone landlines and cell phones were not working. Hiring four-wheel-drive vehicles was difficult and expensive. All transport to villages in the Delta had to be by boats, which were in short supply because of the storm, and the monsoon rains were starting. Given the ‘cautious’ attitude of the authorities, we also had to be careful to maintain a low, non-provocative profile.

An additional worry at the time was trying to find the right disbursement rate. If we went too fast (by cutting back even further already reduced processes to promote accountability and establish legitimacy) we ran the risk of grant abuse, promoting bad practice and fuelling corruption. If on the other hand we raised the bar sufficiently high to be certain in advance that we were only funding legitimate groups, the extra delays might result in more deaths. All our findings to date reveal humbling levels of integrity and honesty.

Gauging impact

After the first two months or so of frenetic disbursement, the team began monitoring visits to the villages where CBOs were active. To date about 250 grants have been followed up (two field monitors can monitor up to 12 villages per week), allowing us to draw some initial, tentative conclusions.

Responsiveness – especially for proposals coming directly from SHGs formed by survivors, the approach was undoubtedly highly responsive, allowing survivors to specify exactly what they wanted to prioritise. Of the first 350 interventions funded, 270 were qualitatively different depending on the particular needs of each village. Simply by looking at the changing nature of proposals, we were able to observe changing priorities far more accurately than many INGO needs assessments.

Flexibility – the CSOs were able to rapidly adjust the assistance they provided, as opportunities or needs arose. Thus, while evaluations revealed minimal misuse of funds, over 25% of action plans were changed after grant disbursement (e.g. from food to non-food items, or from seed purchase to diesel, or from nets to hooks and lines), either due to market changes or unexpected distributions from other agencies.



©REUTERS/Stringer

Survivors of Cyclone Nargis wait for aid south of Yangon

Rapidity – with no need to spend time on mobilising and supporting large operational teams, aid started reaching distant communities in a matter of days.

Minimal logistic requirements – over a period of 30 days, a sub-team of one grant manager and five field monitors, with minimal facilities, can disburse (and subsequently monitor) over 150 grants to 150 SHGs, in turn providing lifesaving relief to at least 120,000 people. A national director, a finance manager and two database/admin/finance assistants can support four such teams. Add in some safes and calculators, laptops and printers, a couple of hire cars and some back-up for fundraising, reporting and donor management, and costs are about \$30,000 a month, for an operation that can help half a million people receive \$2 million of highly responsive aid in about six weeks.

Efficiency – the total indirect cost of \$30,000 a month incurred by ATP included the 7% overhead paid to head offices. The indirect costs incurred by the CSOs themselves were usually very small and often non-existent. In all, some 83% of the funds provided by donors was spent locally on buying the relief items directly received by beneficiaries.

Accountability – so far only one case of misappropriation has been encountered. Such remarkably high levels of integrity may decrease with time, but it does seem that many humanitarian agencies could be far more trusting than they currently believe possible. Our experience has also demonstrated how a small team of experienced, national community-development practitioners can, with simple procedures, identify most (if not all) illegitimate or spurious proposals at the application stage. To date, SPC has funded some 360 groups; it has rejected over 30.

Catalytic – many SHGs described the ATP approach as a motivation for local action. In some of the more traumatised villages, there were alarming signs of lethargy and depression, and several survivors spoke openly of

being close to suicide. Seeing or hearing about the activities of groups that had accessed ATP grants seems to have had an important galvanising effect.

Longer-term self-reliance and resilience – recipients are interested in taking a larger role in on-going recovery and longer-term development. They also express a strong desire to learn how to be better prepared for storms and floods in the future. Even if only 30% of the SHGs assisted to date actually sustain themselves, this approach will have played a key role in helping over 100 CBOs come into being.

**many humanitarian agencies
could be far more trusting than
they currently believe possible**

Weaknesses and limitations

One core lesson of the ATP experience is that civil society often achieved much despite our efforts, not because of them. We still have much to get right about application procedures, grant disbursement and grant size, coordinating and channelling information, and ensuring our own capacity to provide support. It is also clear that ATP only provided a small proportion (probably less than 5%) of the total funding that enabled the massive civil society response to Nargis – with much coming through religious institutions, local donations, the private sector and INGOs and donors working through local partnerships. However, even with considerably more support and improvement, it seems unlikely that this approach could ever replace the kind of response a well-organised INGO or the UN can provide. Limitations of the approach include:

- difficulties in ensuring 100% coverage of all villages and equitable or need-based targeting within them;
- dependence on local supplies of relief goods and transport;
- the lack of potential for generating new ideas or technical solutions, or challenging local norms (this approach would not, for instance, generate a demand for child friendly spaces or gender-sensitive responses);
- low levels of participation or inclusiveness and the difficulties in promoting good practice;

- the risks of doing harm by providing too much money too quickly to SHGs with low levels of capacity and experience in handling grants; and
- the risks of provoking a deluge of illegitimate applications that become hard to separate from genuine proposals (the fact that this has not happened to date is probably a reflection of the integrity of Myanmar culture as a whole and of the level of compassion the scale of the tragedy evoked).

What next?

Over the next 15 months, using multiple grant cycles, mentoring and other capacity-building initiatives, ATP aims to work with 240 SHGs and CBOs, largely drawn from groups already funded, contributing to livelihood recovery and DRR and strengthening their potential for driving longer-term development. Given the high levels of poverty in the Delta before Nargis, there is a huge amount that a larger, more confident and better networked civil society could achieve. Efforts are also needed to help improve relations between state and non-state actors.

Last thoughts

Because of the nature of its unusual organisation (a pilot process answerable to a Consortium of INGOs through an overstretched Board), from the outset ATP has functioned somewhat autonomously. The team raised all its own funds in-country and remained largely outside the kind of corporate influence within which many INGO relief responses operate. Because of the complexity of the working environment, it has also had to maintain as low a profile as possible – definitely no flags, signs or press releases (and we shall have to see whether indulging in the vanity of writing this article will be justified or not).

Undoubtedly, these institutional peculiarities led to the emergence of an ATP sub-culture that forced us to remain as humble, client-led, adaptable, risk-taking, autonomous and team-managed as possible. Most importantly, it forced us to view the target group as the initiators and managers of their own relief interventions, not as helpless victims needing massive outside help. What the victims of Nargis really needed was for us to trust them – to trust them as the decision-makers and implementers of their own relief and recovery response. Perhaps all of us, but especially international agencies, need to re-examine our organisational cultures against the criteria of trust and humility.

Livestock, livelihoods and humanitarian response: the Livestock Emergency Guidelines and Standards

*Cathy Watson and Andy Catley
Network Paper 64, December 2008*

This Network Paper discusses livelihoods-based livestock programming and its role in humanitarian emergency response. It highlights the importance of taking livelihood assets, in particular livestock, into account in responding to emergencies and describes how the Livestock Emergency Guidelines and Standards (LEGS) Project has been developed to support this process.

HIV programming in Myanmar

Population Services International Myanmar, Save the Children and the UN Joint Team on AIDS in Myanmar¹

Myanmar has one of the most serious HIV epidemics in Asia. Contrary to many perceptions, the response to the epidemic is expanding. Funding for the response has gradually increased over recent years. However, coverage remains unacceptably low, donors seem largely unwilling to inject the resources needed to meet health needs and the government itself significantly under-invests in health.

The National Strategic Plan on AIDS 2006–2010 issued by the Ministry of Health provides the reference framework for the response. Despite what might be expected given the environment, the Plan was developed in a participatory fashion, is multi-sectoral and up to date and prioritises service provision for the most at-risk populations. It is supported by a government-led, inclusive technical coordination group. However, significant barriers to service provision exist. These include constraining administrative procedures, controlled access, limited research and a highly politicised context. Nevertheless, the results demonstrate that persistent negotiation can yield agreements resulting in increased services for those in need. Nearly 40 international and national NGOs are implementing successful activities in Myanmar, alongside government efforts and with UN support.

Present estimates of people needing services

In August 2007, government staff, the UN and NGO stakeholders held a workshop to apply international tools to estimate the extent of the HIV epidemic in Myanmar. The results were that 242,000 adults and children would be living with HIV at the end of 2007 (or 0.67% of the population, within a range of 0.5% to 0.9%), and that the epidemic peaked in 2000. Some NGO providers of anti-retroviral treatment (ART), calculating backwards using estimated population numbers, have raised concerns that prevalence might be higher, and this question requires more research. Prevalence remains high amongst sex workers and injecting drug users, and is believed to be high among men who have sex with men. As elsewhere in Asia, a

¹ The UN Joint Team on AIDS in Myanmar comprises UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, WHO, IOM, FAO, UNIC, UNOPS and UNAIDS.

significant number of married women are thought to be infected from their husbands, amounting to approximately one-third of those living with HIV in Myanmar.

Expanding service delivery

The number of people in Myanmar accessing HIV services has increased significantly since the beginning of the decade. The number of patients receiving ART quadrupled, from roughly 2,500 in 2005 to 10,500 in 2007; the number of sex workers, drug users and men who have sex with men reached by outreach or peer education services has increased, to the levels presented in Table 1. In many areas of HIV work, the number of townships where programmes have been initiated is growing: 132 townships with prevention of mother-to-child transmission services (2008), 273 townships with sex worker outreach or peer education programmes (2005), 24 townships with HIV programmes for drug users (2006) and 170 townships with government-promoted 100% Targeted Condom Programmes (2006). A growing number of self-help groups of people living with HIV are emerging across the country, and they are beginning to organise themselves into State/Division-level networks. Most partners are able to undertake service provision using participatory approaches at community level, through techniques emphasising peer education and support for community-based organisations.

Most of this service expansion has been delivered by NGOs, especially for peer education work for vulnerable groups, community-oriented prevention, care and support activities and anti-retroviral treatment. The government, with international assistance, is also providing services, including anti-retroviral treatment (roughly 1,800 patients), treatment of sexually transmitted infections, targeted condom promotion, prevention of mother-to-child transmission, some support for harm reduction activities and life-skills education in schools.

However, even for those services where expansion has been possible, the reach is still alarmingly low. Currently roughly only 15% of people living with HIV (PLHIV) who

Table 1: Coverage of interventions in selected areas of HIV prevention in 2006

	Number reached by services or HIV prevention programmes	Estimated reference population	Coverage
Female sex workers	26,000–36,000 (2006)	60,000	43%–60%
Injecting drug users	21,000 (2006)	75,000	28%
Men who have sex with men	28,000 (2006)	240,000	11.6%
Pregnant women			
Receiving pre-test counselling	182,000 (2006)	1,200,000	15%
Mother-baby pairs	969 (2006)	5,190	18.6%
PLHIV receiving ART	10,500 (2007)	75,000	14%

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need ART receive it. On the paediatric side, in 2006 only 317 HIV-positive children received ART out of 1,495 estimated to be in need. An estimated 20,000 people die of AIDS-related causes each year. These deaths are preventable, but doing so requires significantly expanded support from the international community, and increased capacity among NGOs and within the public health sector to deliver services. The low coverage in other priority, active areas is presented in Table 1.

Gaps and constraints

In addition to insufficient coverage of those services which are at least being delivered to some extent, there are other major gaps in the HIV response. For example, programmes in closed settings such as prisons are nearly non-existent. The authorities seem unwilling to have the police engaged in HIV programmes in a large-scale manner; programmes for uniformed services are minimal and, if they occur at all, are undertaken in isolation. The situation of orphans and vulnerable children is precarious and insufficiently addressed. There is ineffective use of mass media for advocacy. While many globally promoted strategies for these and other areas are accepted in the National Strategic Plan, and have been helpfully highlighted in reviews such as the external review of the National AIDS Programme of 2006, the review of the 100% Targeted Condom Promotion programme (2005) or the review of the prevention of mother to child transmission programme in 2007, gaps remain. It is negligent – and contrary to the interests of those who might benefit from services – not to advocate and negotiate with the authorities to expand services, delivered both by NGOs and by the public health sector so that these gaps are filled.

Programmes must operate in a highly constrained environment, characterised by high transaction costs and long delays. International NGOs must negotiate their memorandums of understanding (MOU) every year and in considerable detail, down to specific activities in individual townships. International staff visiting project sites must obtain prior approval and be accompanied by a government official. Obtaining approval for importing commodities is a slow process. Procurement delays, compounded by a lack of predictable funding, at times seriously curtail programme implementation. International organisations face limitations in geographical access, particularly to ‘sensitive’ areas, which include border areas and some critical mining sites. More importantly in the long run, Myanmar organisations themselves face constraints in establishing the legal footing necessary to operate, facing a protracted and unclear process to obtain approvals at multiple administrative levels. And there is a high level of unpredictability. Formal guidelines, written letters and informal oral instructions are uncertain, irregular and variable in practice. The requirement for case by case negotiation, often township by township, is the only constant.

Although improving, both national and international organisations lack sufficient opportunities for dialogue with the government about programmes, and in an environment where mistrust and miscommunication are already significant obstacles the government’s physical

move from Yangon to Nay Pyi Taw has only increased these barriers. Research is tightly controlled (in principle any research to be disseminated in-country should have prior governmental approval), inhibiting advocacy and discussion about social issues and programme strategies. The public health infrastructure, upon which all partners depend to varying degrees, is weak due to chronic underfunding both by the government itself and by donors unwilling to invest in health systems in Myanmar.

The highly politicised context raises the political risks for potential donors, and thus discourages investment. Grants are closely scrutinised by political actors inside and outside the country, who in other circumstances might not pay attention to details of HIV funding. The Global Fund Round 3 AIDS grant, terminated in 2005, provides an example of such a failed large-scale effort. The newer Three Diseases Fund, which was carefully negotiated with partners inside and outside of the country during its design and is now entering its second year, has so far proved more stable. Partners in-country are cautiously optimistic that, learning from these experiences, a new effort to access the Global Fund will be successful.

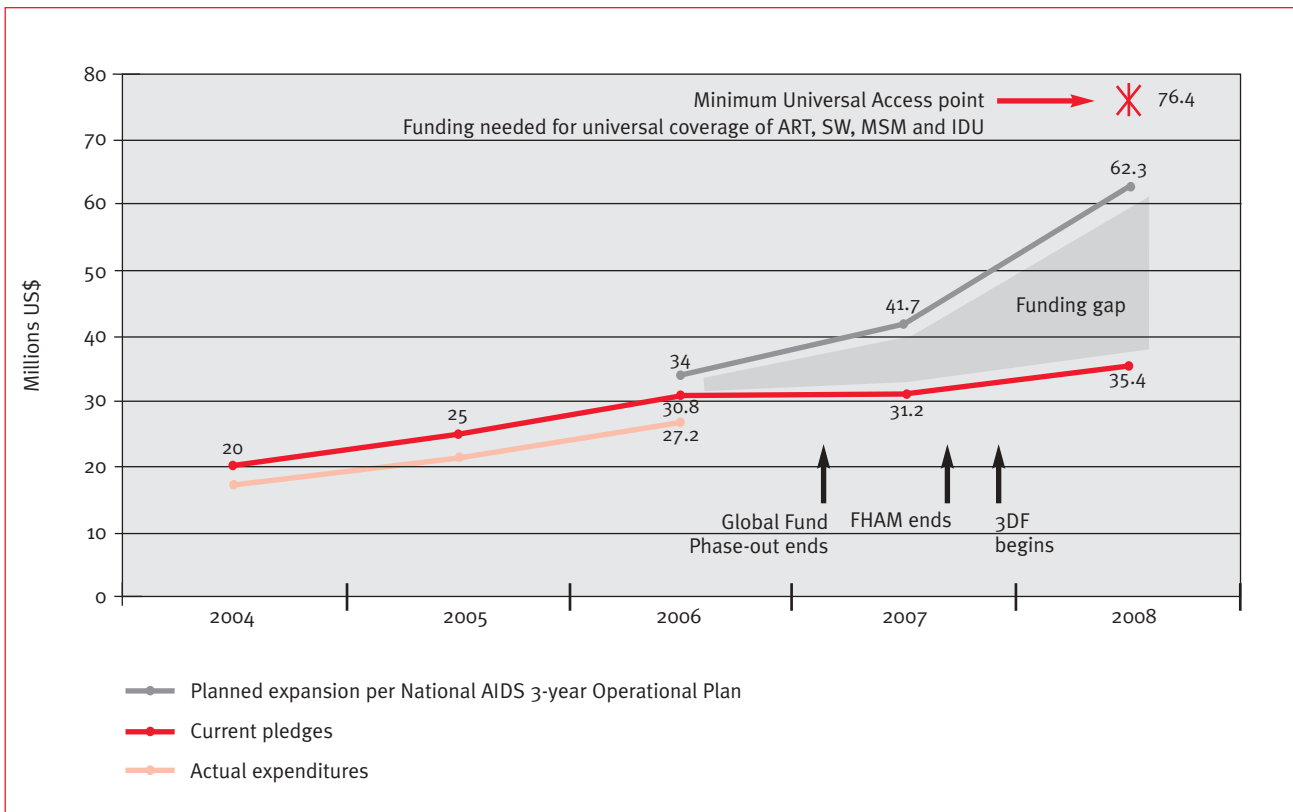
The operating environment is on the whole highly constraining, yet far from being entirely prohibitive. While negotiations are often protracted, once organisations have an agreement they are generally able to implement projects and permission to implement programmes is rarely permanently withdrawn.

Coordination and planning

Accompanying the expansion in service delivery, structures for coordination, participative planning and monitoring have likewise moved forward. Early efforts provided opportunities for partners to experiment with ways to engage despite the politicised environment. Such efforts included the early entry into the country of a few NGOs, the first Global Fund proposal process and the initial experience of organising a Country Coordinating Mechanism, and the UN’s Joint Programme on AIDS 2003–2005, with the accompanying multi-donor Fund for HIV/AIDS in Myanmar.

In 2006, the Ministry of Health developed a multi-sectoral strategy using a more participatory process than previously. The Myanmar National Strategic Plan on AIDS 2006–2010 is a targeted and prioritised plan for the totality of HIV work by actors in the response, supported by a budgeted Operational Plan. Its development involved the government, the UN, NGOs and representatives of affected communities. Advances include a basis for greater multi-sectoral involvement (for example prisons, the police, the uniformed services, the transport sector and the judicial sector); a focus on the most at-risk populations, including sex workers and clients, drug users and men who have sex with men; a participatory coordination structure; and explicit references to human rights. In addition to the exclusively governmental National AIDS Committee (which has not met in several years), the Minister of Health now also chairs a more inclusive Coordinating Body for AIDS, Tuberculosis and

Figure 1: Available resources, actual expenditures and planned resource needs



Malaria, and the Department of Health chairs Technical and Strategy Groups (TSGs) for AIDS, tuberculosis and malaria, for which UN agencies serve as the secretariats. The TSG for AIDS has 25 members including representatives from the government, the UN, national and international NGOs and people living with HIV.

These structures have already led to some improvements. A forum at least now exists for international and national partners, including nascent networks of people living with HIV, to raise issues, even if the meetings are not as frequent or as efficient as might be hoped. Planning and reporting documents are now prepared in a more participatory way, such as national Progress Reports for 2005 and 2006 (issued by the National AIDS Programme but reflective of inputs and outputs from all partners). In 2007, the TSG produced the first agreed set of priority townships (forthcoming) for sex work, drug use, mobility and burden of care. The Operational Plan 2006–2008 is being updated using the TSG and inclusive working group structure, and is trying to establish credible but ambitious targets to raise funds to increase service delivery. These structures and activities represent an important rehearsal of participatory practice which could serve as a basis for a revitalised Country Coordinating Mechanism providing harmonised coordination efforts for the whole national response in the fight against AIDS, TB and malaria.

Financial analysis

Sufficient and predictable resource flows are critical for planning and service delivery. In 2006, \$27.2 million was spent on the national response to AIDS. For 2008, the expected available funds have risen to \$35m (Figure 1). For

2008, while there are gaps for both prevention and care and treatment components, expected resources fall seriously short of what is needed to provide life-saving treatment.

Myanmar does not currently access resources from the Global Fund, the World Bank or the Asian Development Bank. The contribution of the government of Myanmar to the national response to AIDS is estimated at approximately \$0.2m per year. Government health expenditures in 2005 were reported to be \$0.37 per person, which is grossly insufficient and disproportionate to the wealth of the country. The Three Diseases Fund (3DF) provides roughly 40% of the available funding, and while this finances critical services, the 3DF has insufficient funds currently to fuel the needed scaling-up.

Considering its development profile, Myanmar receives a very low level of financial support from the international community. With roughly comparable epidemics, the people of Cambodia receive nearly eight times more funding per capita for AIDS than the people of Myanmar (Figure 2). Cambodia receives more assistance per capita for AIDS than the people of Myanmar receive for all development assistance combined (Figure 3).

Conclusion

Despite the politicised atmosphere, actors both inside and outside the country have demonstrated that negotiated agreements on HIV programming and corresponding delivery of services are possible. HIV services have expanded as a result of advocacy by internal and external actors, increased recognition of HIV by the Ministry of Health, incremental increases in international funding and

Figure 2: Per capita financing for AIDS (US\$)

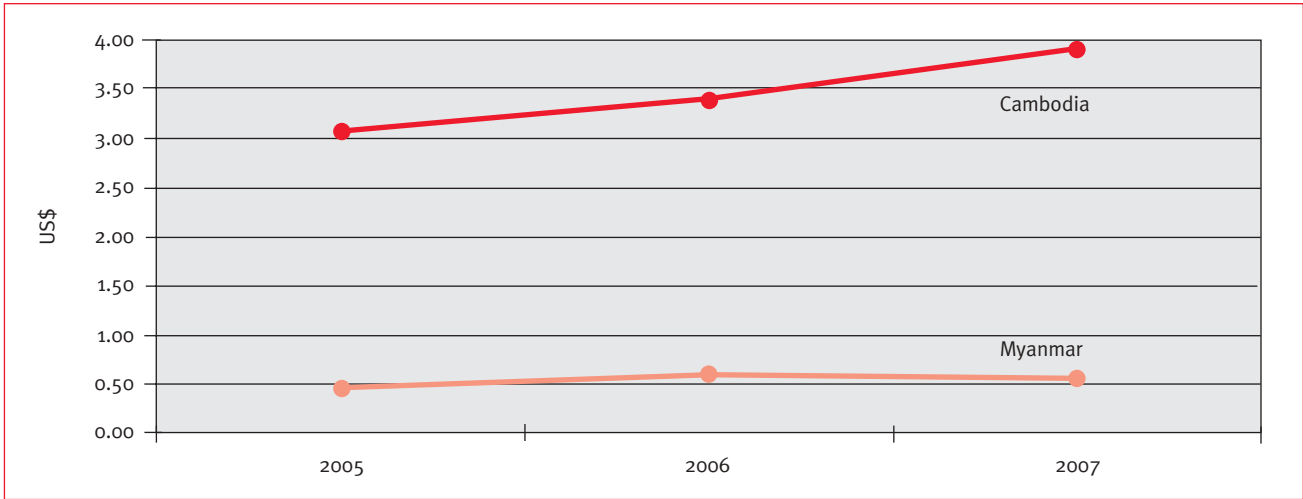
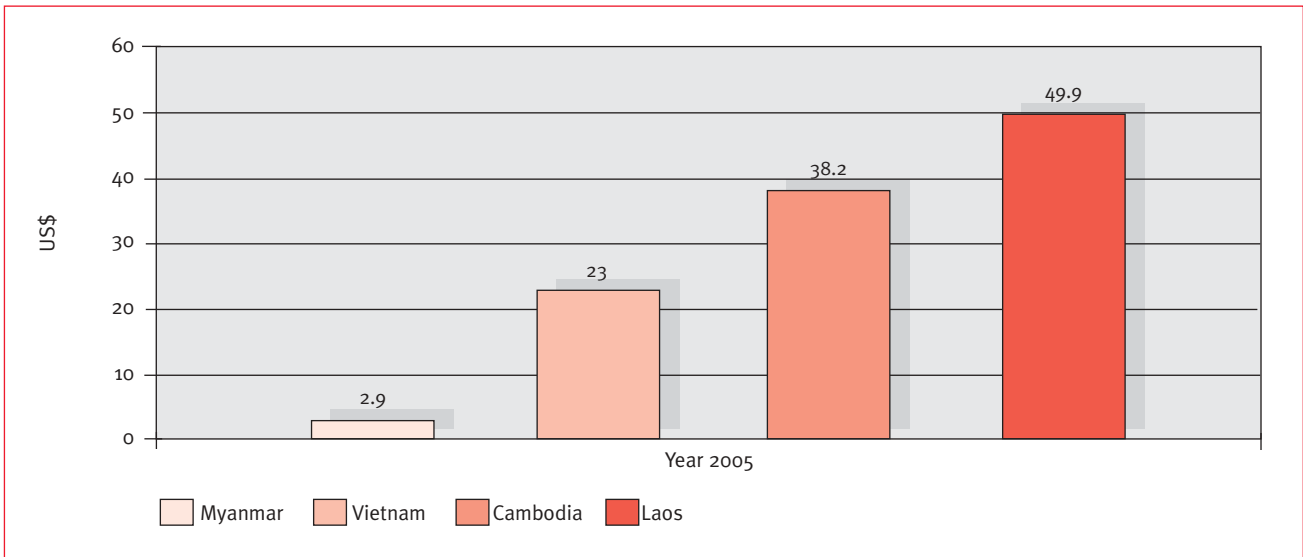


Figure 3: ODA per capita (US\$)



the establishment and expansion of services by NGOs, the UN and the government. The National Strategic Plan reflects international best practice, highlights the most at-risk populations and was developed in a more participatory manner than any preceding plan. Funding and expenditures have slowly increased each year. Programme output data demonstrates that increased resources and policy engagement can result in increased

services for people in need and facilitate the evolution of HIV policies. International donors should recognise the evidence of increased coverage possibilities by increasing commitments. Without more investment from the Myanmar government and international sources, the road to universal access to HIV prevention and care will be long, preventable deaths will occur and individuals' rights to health care will remain unmet.

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Protracted crisis in eastern Burma

Thailand Burma Border Consortium

Twenty years after the Burmese junta suppressed pro-democracy protesters, violations of human rights and humanitarian law in eastern Burma are more widespread and systematic than ever. Ten years after the Guiding Principles on Internal Displacement were submitted, the international response in eastern Burma remains largely ineffective in dealing with a predatory governing regime.

The Thailand Burma Border Consortium (TBBC) has been collaborating with ethnic community-based organisations to document the characteristics of internal displacement in eastern Burma since 2002. During this period there has been increasing debate about whether violations of human rights and humanitarian law in eastern Burma constitute an international crime. So, aside from updating information about the scale and distribution of internal displacement, the most recent survey compiles abuses reported during 2008 in relation to the legal framework for crimes against humanity.¹

The scale and characteristics of displacement

Conflict-induced displacement remains most concentrated in the northern Karen areas, where armed skirmishes between the Burmese army and the Karen National Union (KNU) continued in the first six months of 2008. While the wet season was previously a time of respite from Burmese army patrols, intensified troop deployments during the past couple of years mean that the occupation is now sustained all year. This has led to the displacement of 27,000 villagers in the four affected townships during the past year. The prevalence of attacks targeting civilians has slightly decreased since the junta's offensive in 2006. However, the harassment of villagers perceived as sympathetic to the armed opposition has continued.

conflict-induced displacement remains most concentrated in the northern Karen areas

The four townships surrounding Laikha in southern Shan State are of particular concern. Armed skirmishes and Burmese army deployments have escalated in this area since a former battalion commander with the Shan State Army – South surrendered in 2006. The Burmese army is attempting to assert its supremacy in the area by breaking communication links between the armed opposition to the south and ceasefire groups to the north. Over 13,000 civilians are estimated to have been displaced from their homes in this area during the past 12 months.

TBBC has previously reported that more than 3,200 settlements were destroyed, forcibly relocated or otherwise

¹ TBBC, *Internal Displacement and International Law in Eastern Burma*, 2008, www.tbtc.org.

abandoned in eastern Burma between 1996 and 2007. Such field reports have been corroborated by high-resolution commercial satellite imagery of villages before and after the displacement occurred. During the past year, community organisations have documented the forced displacement of a further 142 villages and hiding sites.

However, displacement is more commonly caused by coercive factors at the household level. The imposition of forced labour, extortion, land confiscation, agricultural production quotas and restrictions on access to fields and markets has a devastating effect on household incomes and a destabilising impact on populations. During the past year, this has been exacerbated by hydroelectric projects in Shan and Karen states, mining projects in Shan and Karenni states and Pegu Division, a gas pipeline in Mon State and commercial agriculture and road construction in general.

While the total number of internally displaced persons in eastern Burma is likely to be well over half a million, at least 451,000 people are estimated to be displaced in rural areas alone. The population includes approximately 224,000 people currently in the temporary settlements of ceasefire areas administered by ethnic nationalities. However, the most vulnerable group is an estimated 101,000 civilians who are hiding in areas most affected by military skirmishes, followed by approximately 126,000 villagers who have been forcibly evicted by the Burmese army into designated relocation sites. An estimated 66,000 people were forced to leave their homes as a result of, or in order to avoid, the effects of armed conflict and human rights abuses during the past year alone.

Vulnerability assessment

Household surveys conducted since 2005 indicate that threats to personal safety and security have increased. This is particularly significant in regards to the incidence of arbitrary arrest or detention and forced conscription to porter military supplies, reflecting increased troop deployments to outposts along the border. When disaggregated by surroundings, the dangers of military patrols, landmines and artillery attack are especially acute for households hiding in the most contested areas. Villagers in government-controlled relocation sites are at greater risk of arbitrary arrest or detention, torture or beatings and forced conscription as porters and landmine sweepers. These findings support the assessments of human rights groups that government troops and administrative authorities are the primary perpetrators of violence and abuse against civilians.

Despite the severity of threats to personal safety and security, the prevalence of threats to livelihoods is more significant. Restrictions on civilian movement to fields and markets have increased markedly during the past two years. The survey findings indicate that this is now the most pervasive human rights abuse, followed by forced

Figure 1: Threats to safety and security (2005-07)

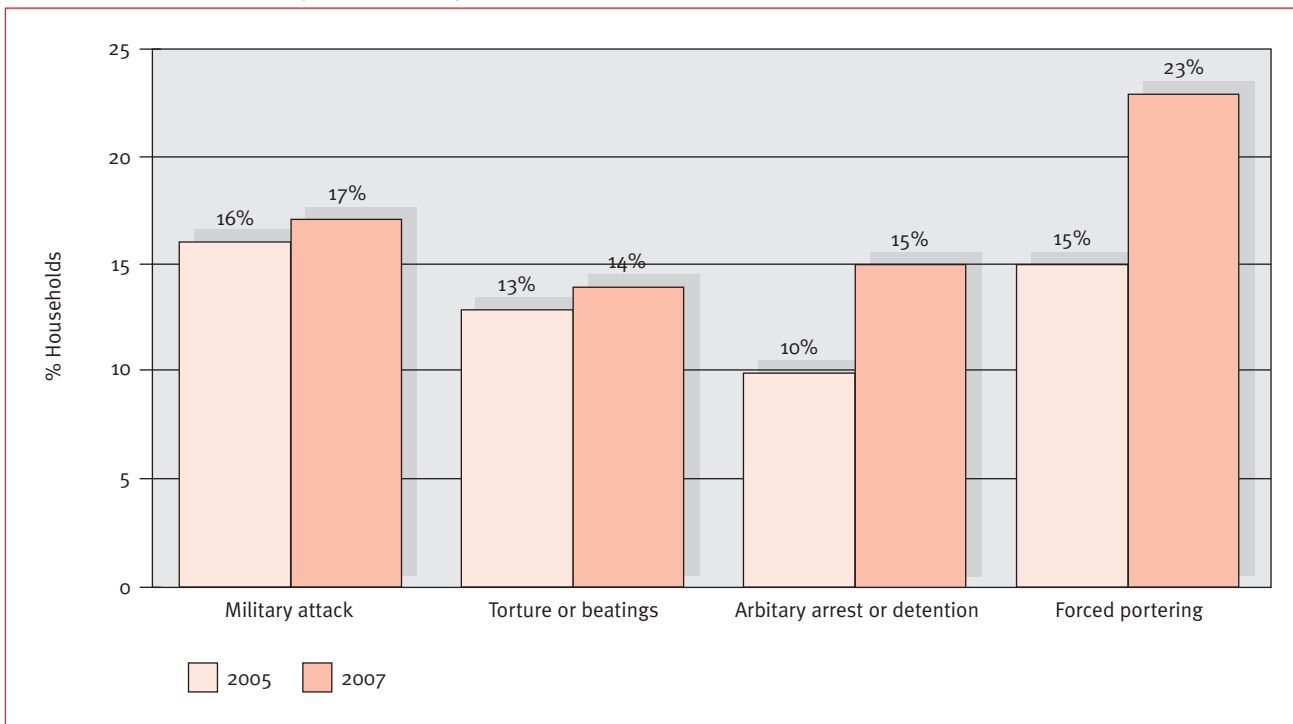
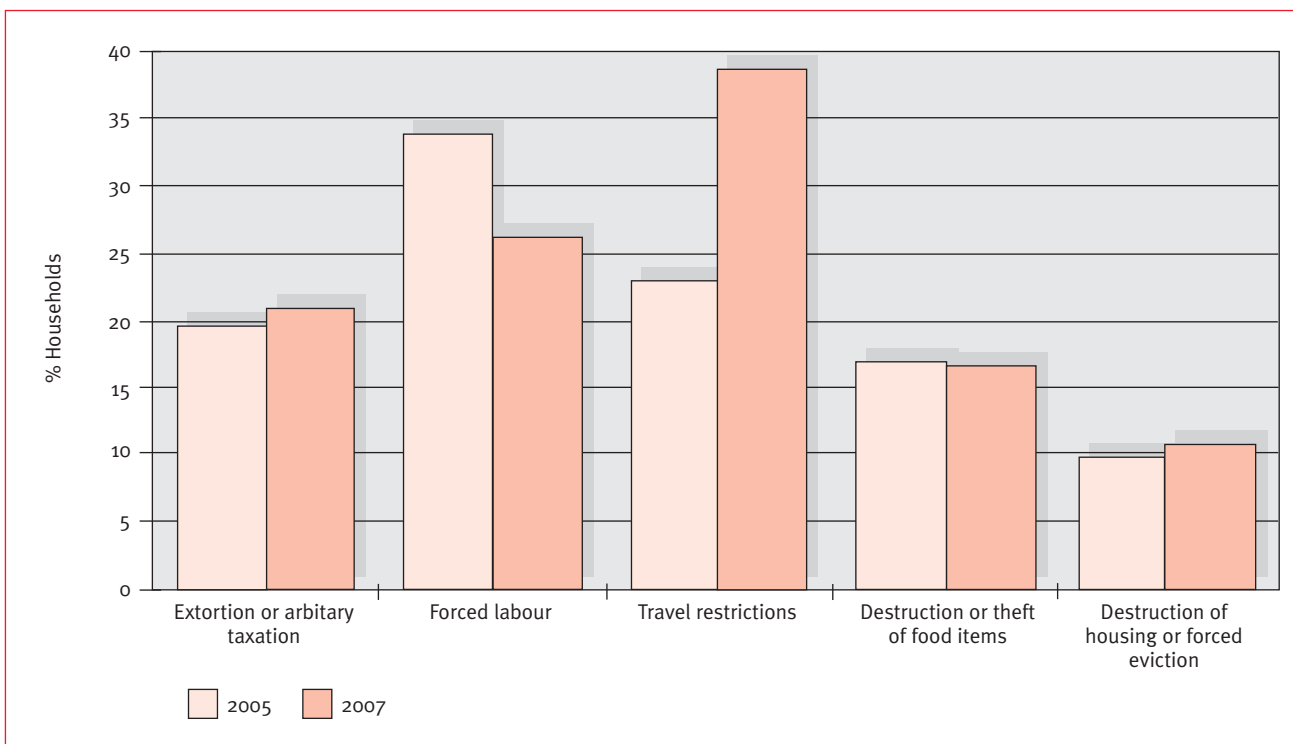


Figure 2: Threats to livelihoods (2005-07)



labour and extortion or arbitrary taxation. The proportion of households affected by these patterns of abuse was highest in mixed administration areas and relocation sites, which is indicative of the oppressive conditions associated with living in close proximity to the Burmese army. Conversely, the destruction or confiscation of food supplies and the destruction of, or forced eviction from, housing primarily targeted villagers hiding in the most contested areas. This reflects the government's counter-

insurgency strategy, which deliberately targets civilians through impoverishment and deprivation.

Assessments of malnutrition have been utilised to quantify the extent of vulnerability. In 2007, acute malnutrition was detected amongst 9.5% of internally displaced children, which borders on a serious public health problem according to World Health Organisation standards. This compares poorly to the latest national baseline figures, which indicate

that 7.4% of children are acutely malnourished. Given that a third of children are chronically malnourished nationwide, it can be speculated that close to half the children in internally displaced communities suffer from stunting.

In terms of coping strategies, the significance of traders and other civilians as a source of early warning about approaching troop movements appears to have decreased during the past few years. Civilians have become more dependent on their own village security guards as a result of increased restrictions on movement weakening broader economic and social networks. However, accessing loans and aid from neighbours remain key mechanisms for coping with shocks to livelihoods. This highlights the continued importance of social capital within and between local communities for the development of a protective environment.

Humanitarian action and the Responsibility to Protect

Despite concessions made in the Irrawaddy Delta after Cyclone Nargis, the junta's restrictions on humanitarian access continue to obstruct aid workers elsewhere in Burma, particularly in conflict-affected areas. Indeed, the junta categorically 'rejects the assertion of the presence of a large number of internally displaced persons' in eastern Burma.² The large scale of displacement and the obstruction of relief efforts are indicative of ongoing violations of human rights and humanitarian law in eastern Burma.

Agencies based inside the country can reach more stable areas, including some internally displaced communities in government-controlled relocation sites and ethnic ceasefire zones, but the scale of this assistance remains limited. Cross-border aid is vital in order to access and assist the most vulnerable communities. In 2007, approximately \$7 million was channelled into cross-border initiatives supporting livelihoods, health care, education, human rights, environmental protection, independent media and community rehabilitation.

The evidence cited in TBBC's latest report appears to strengthen Amnesty International's assessment that the violations in eastern Burma meet the legal threshold to constitute crimes against humanity.³ International law recognises crimes against humanity as acts committed as part of a widespread or systematic attack against any civilian population. Attacks on civilians refer not only to military assaults but also to the multiple commission of

² U Nyunt Maung Shein, Myanmar Permanent Representative to Geneva, UN Human Rights Council, 27 September 2007.

³ Amnesty International, *Crimes Against Humanity in Eastern Burma*, ASA 16/011/2008, 5 June 2008.



A Burmese refugee family at the Mai La camp on the Thai border

©Brennon Jones/IRIN

acts such as murder, enslavement, forcible transfer of population, torture and rape when related to a state policy. This definition reflects customary international law binding on all states, including Burma.

Sceptics argue that raising allegations about crimes against humanity will merely frustrate the promotion of political dialogue. However, just as the provision of humanitarian assistance should not be dependent upon political reform, humanitarian protection and the administration of justice should not be sacrificed to expedite political dialogue. The reality is that 'the authorities have consistently refused to enter into a serious discussion of these abuses with a view to putting a stop to them'.⁴ The threat of prosecution may actually increase the leverage of the diplomatic community and provide an incentive for the governing regime to end the climate of impunity.

Given the impunity with which violations have been committed, and the Burmese junta's failure to implement recommendations formulated by relevant United Nations' bodies,⁵ the responsibility to protect shifts to the international community. The challenge remaining for the international community is to operationalise this responsibility in Burma and hold the junta to account.

The **Thailand Burma Border Consortium** (www.tbbc.org) is an alliance of 11 international NGOs providing food, shelter and non-food items to refugees and displaced people from Burma. The Displacement Research team can be emailed at: tbbcbk@tbbc.org.

⁴ International Committee of the Red Cross, *Press Release: ICRC Denounces Major and Repeated Violations of International Humanitarian Law*, Yangon/Geneva, 29 June 2007.

⁵ Paulo Sergio Pinheiro, *Report of the Special Rapporteur on the Situation of Human Rights in Myanmar*, UN Human Rights Council, A/HRC/7/18, 7 March 2008, para. 89.

Anti-personnel landmines in Myanmar: a cause of displacement and an obstacle to return

Yeshua Moser-Puangsuwan, International Campaign to Ban Landmines

Mine warfare has taken place in Myanmar for more than two decades. Anti-personnel mines are used by both the formal military forces of the State Peace and Development Council (SPDC) and by armed groups opposing the junta. Landmine Monitor has documented anti-personnel mine contamination in ten of the country's 14 States and Divisions, mostly in border areas where opposition armed groups maintain their bases. Kayin and Kayah States and the eastern areas of Bago and Tanintharyi (Tenasserim) Divisions¹ have suffered the most contamination by anti-personnel mines, and it is no surprise that these areas are also the source of the majority of the refugees living in camps on the Thai side of the border. As of mid-2008, there are no humanitarian demining programmes within the country.

Official indicators of the impact landmine contamination will have on any post-conflict development or resettlement are cause for deep concern. A mission from the Myanmar Ministry of Home Affairs sent to inspect sites proposed for border area development returned with the news that the area was saturated with landmines and extensive clearance would be needed prior to any development. The plans were quietly shelved. Thai contractors hired to work on a controversial dam on the Salween river opposite Mae Hong Son province in Thailand reportedly were prohibited from moving equipment across the border due to mine infestation, and an employee of Thailand's state-owned power authority was killed by a landmine while inspecting a future dam site.

The scale of the problem

Mines have been laid extensively in eastern Bago Division, as well as the Dawana mountain range, areas near Myawaddi and areas in the Doolaya District of Karen State bordering Thailand.² Hillsides around the Lawpita hydroelectric power station in central Karenni State have been surrounded by minefields to secure the station from sabotage by rebel groups. The Yadana Mountain in central Karenni State has experienced heavy use of landmines by rebels and Burmese army units, both of whom maintain gem mines on the mountain.

Anti-personnel mines planted by both government forces and ethnic armed groups injure and kill not only enemy

¹ Shortly after seizing power, the military junta renamed the country, as well as some States, Divisions and cities. Several governments and many non-governmental organisations do not recognise the name changes applied by the junta. They are (junta/former): Bago/Pegu, Kayah/Karen, Kayin/Karenni, Tanintharyi/Tenasserim, Yangon/Rangoon, Ayeyaraddy/Irrawaddy and Rakhine/Arakan.

² *Operation Than L'Yet: Forced Displacement, Massacres and Forced Labor in Doolaya District*, 25 September 2002, KHRG #2002-U5. See also *Consolidation of Control: The SPDC and the DKBA in Pa'an District*, 7 September 2002, KHRG #2002-U4; and *Impact of Landmines in Burma 2002*, Nonviolence International. This data has been collected through direct interviews with 192 landmine victims from Burma by Nonviolence International between 1999–2002.

combatants, but also their own troops, civilians and animals. Interview with mine survivors reveal that more than 40% of the Karen National Liberation Army mine casualties were self-inflicted (while laying, lifting or stepping on combatants' own mines or those of their comrades). Some marking of mined areas takes place within the country. Survivors of a mine incident have also reported seeing some indicators of mine danger, such as dead bodies and parts of mines and wires. Although combatants have repeatedly stated to the International Campaign to Ban Landmines (ICBL) and others that they give 'verbal warnings' to civilians living near areas which they mine, no civilian mine survivor interviewed by the ICBL has mentioned or reported such warnings.

Mines are laid close to areas of civilian activity by the Burmese army. Mines are allegedly used by the army to dissuade people from returning to their native villages after a forced eviction during counter-insurgency campaigns. Interview records with mine survivors show that more than 14% are injured within half a kilometre of the centre of a village, while 63% of civilian survivors had been to the area frequently before they stepped on mines. An NGO worker who visited villages in Hpa-an District with public health officials stated that mined areas were pointed out to him within a five-minute walk of all the villages visited.

mines are allegedly used by the army to dissuade people from returning to their native villages after a forced eviction during counter-insurgency campaigns

Some Karen villages in Pa-an District have had to move three times after each previous settlement was burned and mined. In those areas, villagers were able to identify six different types of mine. Out of 30 heads of households assembled for interview, only five, all male, could state that they knew the danger areas, even though the entire village regularly visited mined areas for foraging and farming. In mid-March 2002, villagers were warned that all paths except the motor road were mined to prevent insurgents from attacking a military base within the town.

In 2007, the *New Light of Myanmar*, a newspaper issued by the military junta, reported 107 people killed or injured by landmines, all of them civilian. Most incidents occurred when people entered forests to forage for food, while hunting or during travel to neighbouring villages or agricultural plots.

Mined areas and the return of refugees and the internally displaced

Eventually conditions will be such that the armed conflict will end. To enable the safe return to their home areas of up to three million displaced people, some activities should be done now, or prepared for.

First, prior to any future resettlement programme, all concerned organisations must lobby and demand that all combatants within the country unambiguously mark all mined areas under their control. A condition of future ceasefires must be the surrender of maps of mined areas. Without this, movement by advance teams, let alone returnees, will be extreme risky. Marking of mined areas should be achieved prior to the date of commencement of any cessation of hostilities pact between the SPDC and ethnic armed organisations, which includes or allows for the relocation of internally displaced persons or refugees.

Second, once a cessation of hostilities agreement is in place, verification teams, preferably under the supervision of the United Nations Mine Action Service, should commence the mapping and planned removal of all mines which will directly affect the lives of returnees. Roadways, relocation villages and areas for schools, markets and religious buildings should be mine-free, as these will be key areas of activity and congregation by returned displaced people and refugees. Prior to movement, a programme which educates refugees on the marking of mine dangers must take place so that the marking method is recognised and the danger understood.

Third, movement should only take place to designated mine-free areas, or areas where mines are clearly marked and fenced off. All authorities in charge of movement should be briefed on this, and updated. No changes in the destination of returnees should be made without consultation with those in charge of marking and clearance.

Fourth, within mine-affected communities a programme of Mine Risk Education should continue until the mined area is reduced to the point of no longer causing casualties. Focus after return should be on school children, though the community as a whole must be involved in order to understand the localised activities which put people at risk of mine victimisation.

To achieve these aims, humanitarian mine action organisations need to be involved within the country, which the authorities currently have not authorised.

Reality check

The sketch above sounds nice and orderly, but the reality is that thousands, if not hundreds of thousands, of internally displaced people are going to return to their home areas as soon as they think it may be safe to do so. Many formerly inhabited areas are now 'ownership free' due to the long armed conflict, and people will hurry back in order to obtain the best lands. This is one of the reasons

why some people have chosen to remain internally displaced rather than go into refuge in a neighbouring country. Although they may know where the mines are near their current location, they will leave that location and most likely will leave no mark of where the mines are. There will be many casualties, and they will swiftly overwhelm the paltry health services currently available in those areas. When this tragedy occurs, word of it will probably halt any movement by people in refugee settlements in neighbouring countries.

eventually conditions will be such that the armed conflict will end

It may be that the combatants have moved us past the point of avoiding this catastrophe. However, it can be minimised by concerted action, and it is not too late for the United Nations Country Team to develop contingency plans for this foreseeable event. Relentless insistence that all areas be marked, in a similar and unambiguous way, by all combatants and those non-combatants with knowledge of mined areas of the country, must begin now. This will have both a preventative and an awareness-raising effect. If emphasised, in the same way by all concerned actors, it would help reduce to the lowest possible level the number of casualties, while simultaneously making it more likely that a system to care for the casualties is better suited to respond.

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Targeting humanitarian assistance in post-conflict DRC

Damian Lilly and Alex Bertram

The Democratic Republic of Congo (DRC) is often characterised as one of the most – if not the most – neglected humanitarian crises in the world. The often-cited International Rescue Committee (IRC) mortality survey – updated in 2008 – estimates that, between August 1998 and April 2007, armed conflict and state collapse led to 5.4 million excess deaths.¹ Following the signing of peace accords in 2003, a gradual shift from humanitarian relief to post-conflict recovery has occurred. The resumption of armed conflict in 2007 between forces loyal to General Laurent Nkunda and the Congolese army (FARDC) in the province of North Kivu, a conflict which escalated in October 2008 to international attention, has revealed the fragile state of the transition process. With the country stuck between war and peace, targeting humanitarian assistance has become increasingly difficult. While the humanitarian community has been actively engaged in the North Kivu crisis, it has failed to address adequately the humanitarian crisis in other parts of the country, where mortality levels and other indicators have refused to improve despite the end of conflict in these areas. Humanitarian planning and the allocation of funding have become skewed. This article argues for a more systematic, data-driven approach to humanitarian action in DRC.

Where are the needs?

While the existence of a humanitarian crisis in DRC is not disputed, debate is growing over where the need is greatest, what is causing this need and what kind of

response is required. During the large-scale wars in the country between 1996 and 2003, there was a straightforward correlation between armed conflict and risk to human life and livelihoods. For example, during the period 1999–2001, the IRC survey found crude mortality rates in rebel-held territory nearly five times higher than the Sub-Saharan average. This classic definition of a humanitarian crisis (i.e. death and human suffering caused by war) served as a straightforward cue to orient the efforts of aid agencies. With the end of the war in many parts of the country and the return of many internally displaced people (IDPs) and refugees, however, the boundaries of humanitarian action have become more difficult to draw.

In fact, there is evidence – shown in Table 1 – that North Kivu, where most of the recent armed conflict has occurred, is not, overall, experiencing similarly high levels of child mortality, malnutrition and food insecurity as other parts of the country. Provinces that have not been affected by armed conflict for a number of years have far higher recorded levels of need. According to the IRC survey, between 2004 and 2007 mortality rates fell from 2.9/1,000/month to 2.6/1,000/month in the eastern provinces (North Kivu, South Kivu, Oriental, Maniema and Northern Katanga), while in parts of the country where there had been no conflict, levels of mortality either rose slightly or stayed roughly the same.²

There are a number of caveats to this data. For example, the results presented concern provinces as a whole, while

Table 1: Provincial data on displacement, child mortality, malnutrition and food insecurity

Province	% of population displaced (July 2008)*	Child mortality**	Global Acute Malnutrition†	% of households in severe food insecurity‡
Maniema	0%	21.9%	6.6%	11.0%
South Kivu	7%	18.6%	9.3%	12.0%
Bas-Congo	0%	18.5%	9.3%	7.0%
Kasai Oriental	0%	14.8%	14.6%	7.0%
Oriental	> 1%	17.9%	7.8%	6.0%
Kasai Occidental	0%	15.8%	13.7%	6.0%
Katanga	0%	15.4%	12.2%	1.0%
Kinshasa	0%	10.2%	10.6%	n/a
Bandundu	0%	15.4%	6.7%	6.0%
Equateur	0%	16.8%	10.1%	2.0%
North Kivu	16%	10.2%	7.7%	5.0%

Notes: *Population Movements in Eastern DR Congo, OCHA DRC, July 2008; **Percentage of children who die before their fifth birthday. Source: Demographic and Health Survey of the DRC 2007, Macro International, August 2008; †Percentage of children whose weight-for-height falls below two standard deviations (Z-scores). Source: Demographic and Health Survey of the DRC 2007; ‡Comprehensive Food Security and Vulnerability Analysis, WFP, July 2007 and February 2008.

¹ Mortality in the Democratic Republic of Congo: An Ongoing Crisis, International Rescue Committee, January 2008.

² Mortality in the Democratic Republic of Congo.

³ Population Movements in Eastern DR Congo, OCHA DRC, July 2008.

humanitarian action in North Kivu is predominately focused on the more than one million IDPs in the province who have been severely affected by the loss of livelihoods and could be in a worse position than the provincial average. Some of the data also predates some (but certainly not all) of the worst insecurity in North Kivu. Nevertheless, the data does seem to show that there is no obvious correlation between war-affected areas and humanitarian needs.

This is not to argue that humanitarian aid to eastern DRC is somehow misdirected. Far from it. Although there is not sufficient data available, it would be reasonable to hypothesise that the massive response of the humanitarian community in North Kivu and other places in the east has had a significant impact in addressing humanitarian need and has caused a reduction in human suffering and loss of life. What is of concern, however, is that many parts of DRC, where there is no armed conflict, are still experiencing levels of vulnerability that exceed emergency thresholds. In provinces such as Maniema, Katanga, Kasai Oriental and Kasai Occidental, for example, global acute malnutrition rates still often surpass 10%, a widely accepted threshold for humanitarian action. The Water and Sanitation Cluster has found that 70% of all recorded cholera cases in DRC in recent years have occurred in Katanga, again a province that has not experienced major armed conflict since 2005. Katanga also probably has the largest concentration of mining activities to exploit DRC's copious natural resources, and is thought to be a relative economic success. Yet in early 2008 it suffered its worst cholera epidemic in years (even in large towns such as Lubumbashi), killing hundreds of people. The Governor of the province has reportedly commented, albeit facetiously, that he would be well advised to organise a war in order to secure humanitarian aid.

the data seems to show that there is no obvious correlation between war-affected areas and humanitarian needs

A similar conclusion can be drawn in terms of the impact of displacement on humanitarian need. According to the Office for the Coordination of Humanitarian Affairs (OCHA) there are, as of June 2008, 1.3m IDPs in the DRC.³ Clearly, displacement renders populations more vulnerable and makes them key candidates for a humanitarian response. It would be difficult to argue that displacement does not cause humanitarian need on a large scale, at least in the acute phase as people are displaced and before they are

³ *Population Movements in Eastern DR Congo*, OCHA DRC, July 2008.



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A destroyed school in Ituri, DRC

assisted. Taking a longer-term view though, and as Table 1 again shows, many provinces are still experiencing significant humanitarian needs despite the fact that they contain no IDPs. Furthermore, multisectoral assessments being undertaken by the UNICEF Programme of Expanded Assistance for Returnees (PEAR) in eastern DRC have shown that, even a long time after IDPs have returned home, they can still experience significant humanitarian problems, in some cases, beyond emergency thresholds.⁴ An analysis of the data collected has shown that the recentness of return is not a very good predictor of vulnerability. That is to say, IDPs that have returned home as long ago as a year are often as vulnerable as those that have come back more recently. Contextual factors, rather than the process of displacement and return itself, are probably more important in explaining humanitarian needs.

Is a humanitarian response warranted?

It could be argued that, although the situation is clearly bad outside conflict-affected eastern DRC, it falls outside of the remit of humanitarian crises and therefore an emergency response is not appropriate. The absence of basic social services across the DRC is the best explanation of the deplorable situation of much of the population. State collapse over decades has decimated the health structure, education system and water infrastructure. The wars in DRC between 1996 and 2003, and the insecurity that persists today, are but one part of the country's downward trajectory, which started decades ago as a result of the catastrophic mismanagement of the country under President Mobutu Sese Seko after independence in the 1960s. At the current growth rate, it is estimated that it will take until 2060 for the country to reach the level of GDP per capita it had in 1960.⁵

⁴ *Quarterly Analytical Report: Humanitarian Situation in IDP Return Areas*, January–March 2008, Programme of Expanded Assistance to returnees (PEAR), UNICEF.

⁵ UN Country Assistance Framework, DR Congo 1997.

If state collapse is the real issue, then obviously more long-term developmental responses that address the structural – rather than proximate – causes of the problem are required. While this may be desirable, and is argued for by many humanitarian actors and donors, there is little evidence that the development aid that is flowing into the DRC is having a significant impact on humanitarian needs in many parts of the country. It is unlikely that the Congolese government, even with donor support, will be in a position to respond effectively for a very long time. Long-term, structural assistance is essential to the country's future, but its progress has to be measured in decades. In the meantime, there is a clear need for humanitarian action in the face of wide-scale, immediate threats to human life. Even though they may only be able to provide temporary solutions to what are long-term problems, humanitarian actors should retain their funding and mandate to respond to the terrible situation that many Congolese find themselves in. Many humanitarian donors do not like the idea that their money may be paying for development, but this is an unavoidable necessity. That total humanitarian funding for the DRC rose from \$137m in 2002 to \$497m in 2007 would seem to suggest that donors tacitly accept this.

What does this mean for humanitarian planning?

The planning of humanitarian programmes increasingly reflects this complex picture of what might be considered a humanitarian crisis in the DRC. The evolution of the Humanitarian Action Plan (HAP) – the main strategic framework for aid agencies in DRC – illustrates how conceptions of the humanitarian crisis have changed over time. The HAP in 2007 (as with the previous year) was framed around two key strategies: a) emergency response to crisis; and b) support to a return to self-sufficiency, i.e. aimed at differentiating between the acute needs of IDPs and the reintegration needs of IDP returnees. The Mid-Term Review of the 2007 HAP, though, drew attention to the protracted nature of the humanitarian crises in the DRC and the fact that they were not always located in areas affected by armed conflict. A strong push was made to redirect humanitarian assistance to the west of the country. However, there are very few agencies in many of the western provinces and, despite funding being made available, projects have not always been forthcoming.

This year, the data collected allow us to show that all of the provinces have been affected by humanitarian crises. The humanitarian map of the DRC has been sensibly corrected and the differentiation between east and west no longer systematic. Our partners will be brought to reconsider their current deployment in the country in order to give themselves a greater mobility and adequately access vulnerable populations.

Ross Mountain, Humanitarian Coordinator, HAP 2008

The HAP for 2008 went further by incorporating the notion of sector 'thresholds', beyond which a humanitarian response should be launched. For example, in the area of

health, an infant mortality level of two deaths per 10,000 children per day meant that a remedial programme would be considered, regardless of where in the country this humanitarian need may have been recorded. While the lack of available data is likely to skew such decisions, this was at least an important effort to better direct assistance. In addition, the two strategies for displacement and return in the previous year's HAP were expanded to five cross-sector strategies, which were not restricted necessarily to areas affected by conflict and displacement.

As part of this new approach, geographical areas were given a ranking according to key criteria, thereby decoupling the proxy causes of conflict and displacement by introducing objective means of measuring humanitarian need. However, the majority of humanitarian action as defined in the 2008 HAP continued to be directed to the east the country, where there has been strong political pressure to support efforts to bring about peace in the region, particularly in North Kivu, where most humanitarian action is still focused. While UN agencies, as part of the Integrated Mission of MONUC, have experienced this pressure in more explicit terms, NGOs face equally strong incentives from donors, the media and their own headquarters to play a visible role in an increasingly visible conflict.

NGOs face strong incentives to play a visible role in an increasingly visible conflict

Although still in draft form at the time of writing, the 2009 HAP has retained the approach of thresholds and cross-sector strategies. The assessment undertaken in preparation for the 2009 HAP shows more clearly the dispersed nature of the humanitarian crisis in DRC. One of the joint strategies also now focuses more explicitly on 'early recovery', recognising that more long-term approaches are necessary to address the many humanitarian problems in DRC.

Where is humanitarian financing being channelled?

Despite these laudable initiatives within the HAP and elsewhere to ensure the objective targeting of humanitarian action in DRC, these efforts have not arguably affected decisions about how humanitarian financing is being channelled. The Pooled Fund – with contributions from a range of donors – is the largest source of humanitarian funding in DRC, providing more than \$100m per year. The allocation of Pooled Fund money is directly linked to the humanitarian needs identified in the HAP, and decisions about where money is spent are primarily decided within the Clusters. In this way, humanitarian strategy and financing are inextricably linked. This is a very positive development and should theoretically be leading to better targeting. However, as Table 2 shows, funds do not always seem to be channelled to the provinces with the greatest amount of measurable humanitarian need.

Table 2: Provincial Pooled Fund allocations for nutrition and food security

	Pop (m)	Acutely malnourished children (DHS, 2007)		Pooled Fund allocation, Nutrition Cluster, 2008		Severely food-insecure households (WFP, 2007)		Pooled Fund allocation, Food Security Cluster, 2008	
		GAM (%)	Total	Total (US\$)	Per malnourished child (\$)	%	Total	Total (US\$)	Per food-insecure family (US\$)
North Kivu	5.3	7.7	81,000	1,001,000	12.29	5	80,000	2,889,000	36.11
Bandundu	6.9	6.7	93,000	1,181,000	12.72	6	454,000	381,000	0.84
Orientale	8.8	7.8	137,000	676,000	4.93	6	285,000	2,172,000	7.62
Equateur	8.2	10.1	166,000	768,000	4.64	2	143,000	1,183,000	8.27
Katanga	9.7	12.2	237,000	226,000	0.95	1	58,000	1,245,000	21.47
Maniema	1.7	6.6	22,000	145,000	6.49	11	1,100,000	818,000	0.77
Kasai Oriental	8.0	14.6	232,000	1,198,000	5.16	7	338,000	207,000	0.61
South Kivu	8.8	9.3	164,000	677,000	4.14	12	517,000	1,530,000	2.96
Bas-Congo	2.8	9.3	52,000	0	–	7	292,000	142,000	0.49
Kasai Occidental	6.3	13.7	172,000	102,000	0.59	6	399,000	0	–
Kinshasa	5.6	10.6	118,000	0	–	n/a	n/a	0	–

At least for nutrition and food security, there is a large disparity between the amounts of money being allocated by the Pooled Fund and the level of recorded malnutrition and food security shown by relevant surveys. In Kasai Occidental, for example, the 2007 DHS survey found more than 170,000 children suffering from acute malnutrition – more than twice the number in North Kivu, yet while the North Kivu nutrition cluster was allocated roughly \$12 per malnourished child, the nutrition cluster in Kasai Occidental received less than 60 cents per head. Similar examples exist for food security. This analysis only looks at humanitarian financing from the Pooled Fund and does not take into account development assistance targeting provinces not experiencing classic humanitarian crisis. As stated earlier, development aid is not yet having a noticeable impact on the humanitarian situation in many parts of the country. At a time when humanitarian financing to DRC is increasing year by year, it is important that it is better directed. While money is frequently made available from the Pooled Fund to address needs in the western and southern provinces, agencies are not developing interventions in these areas, and instead continue to focus on the east.

Conclusion

In the context of DRC, the end of conflict and displacement do not always spell the end of the need for humanitarian assistance. According to objective humanitarian indicators, many parts of the country not affected by armed conflict and displacement are still experiencing humanitarian needs at least as bad as the east of the country, if not worse. The post-conflict transition in DRC must include a mix of approaches: development on the one hand, but also humanitarian assistance, often targeting the same areas. As

this article has argued, there is a humanitarian imperative to continue targeting humanitarian assistance in areas not experiencing ‘classic’ humanitarian crises, if the continued major loss of life is to be averted. Although there is an implicit acceptance of this in terms of humanitarian planning, more needs to be done to ensure that this translates into decisions about where funding and assistance is being targeted, using all the available data to support this approach.

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Does humanitarian space exist in Chad?

Helle Garro

On 1 May 2008, Pascal Marlinge, head of mission for Save the Children UK (SCUK) in Eastern Chad, was shot and killed by (at least officially) unknown assailants while travelling in an unarmed UN/NGO convoy close to the Sudanese border. Police investigations are ongoing, and to date the reason why Pascal was murdered remains unclear. Few expect the truth surrounding the killing ever to become known. This is not surprising in a society marked by deep ethnic conflicts and the absence of a competent state-based independent legal structure to resolve disputes and judge criminals. What is surprising, though, is the reluctance among the numerous humanitarian organisations present in Chad to openly denounce the assassination and put pressure on donors and political actors to improve the conditions for humanitarian interventions in Chad. This article explores the reasons for this, as seen from a field point of view.

The context

The humanitarian emergency in Eastern Chad began with an influx of Sudanese refugees as a result of the escalating crisis in Darfur in 2003–2004. As the emergency has grown, so the scale of the international humanitarian intervention has increased. Between 2006 and 2007, humanitarian funding for Chad almost doubled, from \$187 million to \$313m. The international military presence in Chad has also increased with the introduction of a UN force, MINURCAT, and an EU contingent known as Eufor. France, the former colonial power, also maintains its own military presence.

The political situation in the country is very unstable. It is widely acknowledged that extensive favouritism is granted by President Idriss Deby to members of his own clan, the Zaghawas, a minority representing less than 5% of the population. The President was nearly toppled in February 2008, and rebel groups along the border with Sudan continue to mount attacks against the regime. The Chadian government accuses Sudan of supporting rebel movements in Chad. Sudan in turn accuses Chad of backing rebels on its territory. Meanwhile, banditry has increased. Humanitarian workers are easy targets. According to the UN, between January and September 2008 six humanitarian workers were killed and 107 security incidents involving humanitarian staff were reported. SCUK has been particularly exposed: four weeks prior to the killing of Pascal, Ramadan Djom, a driver of Chadian nationality working for SCUK, was murdered in the same area, presumably in a car-jacking attempt. In July, a female delegate from the International Committee of the Red Cross (ICRC) was badly wounded during an attack on two ICRC vehicles in Abéché, the main town in Eastern Chad.

Reactions to the killing of Pascal Marlinge

In the hours after Pascal's death, SCUK temporarily suspended all its operations in Chad. A couple of days later, a formal complaint was presented to the Chadian Prime Minister. Two months later, following an internal investigation, the organisation officially decided to continue

Humanitarian space

The efficient protection of victims within a crisis situation requires 'humanitarian space' to allow humanitarian workers to be able to assess needs, deliver aid and control its use while respecting the fundamental humanitarian principles of impartiality, neutrality and independence. The extent of such 'space' depends, among other things, on the level of respect given to international humanitarian law and on the security provided to humanitarian workers. Meanwhile, even if risk-taking is an inevitable part of humanitarian work, physical aggression against a humanitarian worker is considered a violation of international humanitarian law. In the event of such aggression, it is up to the organisation concerned to consider whether the violence experienced is considered – or not – as a vital decrease in the 'space' necessary to carry out their operations.

its nutrition activities in Abéché and, pending funding, resume operations in the Dar Sila district by October 2008. However, at the beginning of November SCUK declared that the organisation had decided to pull out of Chad completely. Within the wider humanitarian community, there was little reaction beyond commemorations at coordination meetings and the dedication of the 2008 Consolidated Appeal Process to Pascal's memory. A two-day suspension of non-lifesaving work had little impact as it coincided with a weekend. There seems to have been no concrete, consolidated protest.

Some steps were taken to improve security for humanitarian workers. The number of UN flights was increased, and Eufor started to communicate their patrol itineraries on a regular basis. Meanwhile, security coordination within the humanitarian community continued through regular meetings involving NGOs, UN agencies and MINURCAT/Eufor.

The local authorities launched an official investigation into the attack, but so far with no concrete result. This is not unusual: it seems that none of the numerous attacks against humanitarian workers has led to the arrest of any suspects and no detailed official statements have been put forward by the authorities concerning (supposedly) ongoing enquiries. An investigation by the French authorities has also produced no official result so far. However, less than 24 hours after the killing of Pascal, the French Ministry of Foreign Affairs declared that the incident was most likely due to 'carjackers'.

The limits of the humanitarian community in Chad

The reaction of the national authorities and their international counterparts was not surprising given the political and economic interests at stake. The muted response of the humanitarian community in Chad is more

startling. Why did the murder of Pascal – an active and well-known humanitarian – not lead to concerted demands for improvements in the security environment for humanitarian workers in Chad?

The UN system is, in theory, entitled to put pressure on the local authorities to tackle insecurity. So far, though, the only reaction has been the deployment of the MINURCAT mission. Although costly – \$315 million for the period July 2008 to June 2009 – MINURCAT has had little effect, and UN agencies have no official political influence in Chad. A report published by Oxfam GB concludes that, for the UN to be able to provide security to the population of Eastern Chad, including for Sudanese refugees, ‘the UN Security Council must give the UN Special Representative of the Secretary General in Chad a political mandate to promote and develop an inclusive peace process’.¹ Clearly, when considering that the omnipresent impunity is deeply rooted within the current political system, it will take serious and dedicated political will, both internally and externally, to improve the situation.



Local staff evacuated to Abéché the day after the death of Pascal Marlinge

the reaction of the national authorities and their international counterparts was not surprising given the political and economic interests at stake

It is doubtful, however, that the UN system is sufficiently independent to be able to put the required pressure on the Chadian regime. Influential UN member states such as the United States and France (both Permanent Members of the Security Council) may be unwilling to risk their relationship with the Chadian government given their oil interests in the country and Chad’s geopolitical position. The fact that the US and EU provide the lion’s share of financing for the UN’s operations in Chad may make individual agencies reluctant to exert pressure on the Chadian government.

If the UN is constrained, what of NGOs, who should, theoretically at least, be in a better position to denounce impunity? What is holding them back? Why was the immediate reaction following Pascal’s killing limited to a timid ‘weekend protest’ rather than a loud outcry of

¹ Oxfam, *Mission Incomplete: Why Civilians Remain at Risk in Eastern Chad*, Briefing Paper 119, September 2008.

disapproval and, if necessary, a suspension of non-lifesaving activities for more than just two days? A couple of weeks after the attack on Pascal, MSF Luxembourg suspended its operations in Iriba on the border with Sudan for three months following death threats against its expatriate staff. Why then did other NGOs operating in the same area not do the same?

The obvious answer is: concern for beneficiaries. This argument, however, needs to be placed within the context of the difficulties NGOs experience in providing good-quality relief in Chad. The reasons for this are many: short-term financing of projects, high turnover of often inexperienced staff and frequent interruptions due to evacuations. Furthermore, it is important to stress the lack of an overall coherent and coordinated strategy among the various humanitarian and developmental interventions in Chad. Activities regularly overlap and the host population is often neglected, despite being as much in need as refugees and IDPs.

Another reason for the lack of a concerted reaction from NGOs is the impressive diversity that characterises the organisations present in Chad. Despite the existence of the ‘Comité de Coordination des Ongs’ (the CCO) – a forum created in 2007 (following the initiative of, among others, Pascal himself) to coordinate information and enable NGOs to present a joint front to national authorities, donors and UN agencies – it is difficult for NGOs to speak with one voice, even on an issue of such pressing and shared importance as insecurity. While individual agencies, including Oxfam GB and several French NGOs as well as ICRC and the MSF sections present in Chad have issued protests, these isolated efforts do not appear sufficient to change the situation: attacks continue, often by armed individuals in military uniforms, and impunity persists.

The presence of Eufor is also likely to influence the attitude of NGOs. Organisations may be inclined to confront

insecurity using a deterrence strategy, relying on the reassurance of Eufor protection, rather than adopting an acceptance-based approach. This option, however, is obviously not a long-term solution and risks blurring the line between the civilian and military sphere. While the impact of impunity may be alleviated with the Eufor presence, it may also have reduced the need felt by NGOs to formulate a decisive complaint against insecurity.

The limitations of NGOs in Eastern Chad

We could of course ask a further question: what is holding NGOs back from denouncing, jointly, the inefficiency of humanitarian relief in Chad? After all, if the (true?) beneficiaries are not profiting from efficiently delivered humanitarian aid, and if the increasing climate of impunity allows anyone with the right ethnic background to loot and kill humanitarian workers, then NGOs have a responsibility to protest. And if verbal denunciation is not sufficient, the option remains of a consolidated and temporary, possibly partial, suspension of humanitarian activities. Such a move would force all actors, including politicians within the international community, to step back and reconsider how to approach the complex emergency in Chad.

what is holding NGOs back from denouncing the inefficiency of humanitarian relief in Chad?

There are, I believe, two reasons why such moves are rarely made. The first is that NGOs (perhaps particularly at HQ level) tend to underestimate the extent of the mutual dependency between themselves and their donors: just as most NGOs are dependent on their donors for financing, so too those same donors need NGOs to carry out relief work in the field. Second, as mentioned above, the diversity among NGOs clearly makes a coordinated approach very difficult. The fundamental concept of independence plays a vital role in the relationship that each NGO has with all stakeholders – including their fellow organisations. Therefore, each NGO most often speaks with its own voice and according to internal priorities. If furthermore no firm and clear reaction is given by the NGO directly concerned with the violence (in this case SCUK), it is even more unlikely that the other

members of the humanitarian community will have the capacity to coordinate a strong response.

Is there sufficient humanitarian space in Chad?

To the extent that no open war is currently preventing humanitarian organisations from reaching civilians and non-combatants in need of assistance, humanitarian space exists in Chad. However, the reality in eastern Chad is that the basic principles of impartiality, independence and neutrality have become increasingly difficult to maintain: insecurity is seriously affecting the movements of civilians and humanitarian workers; the majority of NGOs in Chad show little independence in their relations with their donors; and it is becoming increasingly difficult for the local population (including bandits, government soldiers and armed rebels) to distinguish between all the various military and civilian actors in the country.

Based on these observations, coupled with the fact that many of the humanitarian organisations present in Chad (NGOs as well as UN agencies) have difficulties recruiting experienced staff (possibly partly due to the difficult context), there appears to be an urgent need to reconsider the current mode of humanitarian operations in Chad in order to improve the quality of relief work, and the security surrounding humanitarian workers and their beneficiaries. While it is clearly not the job of NGOs to ‘solve’ the political crisis in Chad, it is their responsibility to react when humanitarian workers and beneficiaries become direct targets. This role is particularly important as long as the UN agencies do not have the necessary mandate to exert efficient, outspoken political pressure.

It is up to each organisation to decide whether humanitarian space is indeed sufficient in Chad today. It is however clear that this ‘space’ is proportional to the violence committed against humanitarian workers and their beneficiaries. If no consistent political determination, nationally and internationally, is mobilised to combat impunity, then a concerted response by NGOs is crucial to ensure humanitarian space in Chad in the future.

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Aravanis: voiceless victims of the tsunami

Chaman Pincha, gender researcher, and Hari Krishna, Oxfam America

Gender-just and rights-based humanitarian response, in principle and in practice, should not discriminate between majority and minority populations. However, the history of disaster responses worldwide – particularly in the aftermath of the tsunami – shows us that, for certain sections of the population, there is a high risk that their conditions and needs may be ignored unless there is a

conscious effort to take their existence, vulnerabilities and differing needs into account. In the tsunami response in India, the Aravanis emerged as one such voiceless group.

Gender equality and the Aravanis

Gender equality posits equality between and among men and women. This leaves out Aravanis, whose gender

category cannot be explained using a two-gender framework.¹ Aravanis may be born inter-sex or apparently male, dress in feminine clothes and generally see themselves as neither women nor men. They are not men trying to be women.

Aravanis face serious gender discrimination. Although in 2005 Indian passport applications were updated to include three gender options (male, female and eunuch), policies, laws and institutions exclude Aravanis on the basis of both their sexual and their gender identity. Their absence from definitions of gender and gender mainstreaming make this group invisible, except in HIV/AIDS discourse. Although the national census does not include Aravanis, unofficial data suggests that there are approximately 150,000–200,000 living in Tamil Nadu. Since it is considered a stigma to be born or grow up to become Aravani, most are rejected by mainstream social institutions, including their own families. Hence, most prefer to join collectives, called *Jamat*. The systemic rejection of Aravanis pushes them into extreme poverty; they resort to begging, dancing and, in some cases, prostitution. They are highly vulnerable to sexual abuse. Until recently, they were not covered systematically by any welfare schemes in India. Elderly Aravanis are not covered by any pension scheme and have to continue begging into old age.

Aravanis and the tsunami response

Our field research reveals that five Aravanis died in the tsunami, with an unknown number missing. These victims are not recorded in official data. Neither family members nor the Aravani collectives received government compensation. Survivors suffered injuries to their legs while running for shelter from the tsunami, making them unable to beg or dance. Although they were treated in government hospitals, they neither knew of nor were provided with compensation for their injuries.

Kalyani's story

Kalyani is 40 years old. Married, she was accepted in her spouse's family, particularly by her mother-in-law, who never taunted her. However, Kalyani's spouse and mother-in-law died in the tsunami. The government compensation due to her on her spouse's death was taken by her father-in-law, who also threw her out of the home. Against her wishes, Kalyani had to move to Mumbai to make a living.

Likewise, losses suffered by Aravanis did not feature in damage assessments carried out by the government and NGOs. Aravanis lost dancing costumes, small savings in cash, make-up kits, jewels and tools. None figured in the list of affected people eligible for post-disaster support from the government, and did not receive immediate relief assistance in the form of food, clothes and bedding. Some Aravanis in Veppanchery were surviving on the charity of the local temple four years after the tsunami. The exclusion of Aravanis from access to temporary shelter,

¹ Aravanis are also known as Hijras or Jogappa. We avoid the term 'third gender' as it implies a hierarchy of gender and raises the question which is the first and which the second.

housing and livelihood support points to a degree of gender blindness even among agencies genuinely committed to gender equality and human rights. Many NGOs told us that the Aravanis were not deliberately excluded from relief and rehabilitation assistance; rather, they simply did not register as a marginalised group with particular needs.

Hasina's story

Hasina is 22 years old. Although a qualified plumber, she is without a job and has been thrown out of the temporary shelter where she had been living. Lack of privacy and constricted space, coupled with the strong prejudice against Aravanis, left her on the streets. Living in the open is terrifying for her. She needs a job badly and does not want to beg any more. While living in the open, she has been raped several times, and sometimes gang raped. She believes that a common shelter for Aravanis with basic amenities would give them a sense of security and mitigate the trauma she is going through.

Communities in India are encouraged to live in caste-based settlements. Aravanis feel that a settlement for them on the same lines is essential for their protection and dignity, as well as enhancing their confidence and negotiating power. In a disaster situation it is all the more necessary that an extremely vulnerable group like the Aravanis, who are victims of mainstream prejudice and stigma, are protected from the majority, whose sheer numbers may deprive them of basic entitlements. Yet there has been hardly any research into the vulnerabilities they face. None of the Aravanis we met had ration cards, as the process of applying for the card was a humiliation to them. Below is a typical set of questions addressed to Aravanis applying for a ration card:

Q: Are you a man or a woman?

A: A man

Q: You do not look like one.

A: I am Aravani.

Q: But you need to fill in this column asking for your sex, male or female.

A: Then put me down as a woman.

Q: Can you give birth?

A: No.

Q: Then go away, you are not eligible for something meant either for a man or a woman.

As one focus group complained:

No one came before to talk about food security, housing and the basic necessities of life. People come to us to talk about HIV/AIDS. Some of you think we are obsessed with sex and pollute society. We ate leftovers thrown away by people living in the temporary shelters during the tsunami. Not that we like it ... but we know that no one would raise their voice for us.

There is an urgent need to include Aravanis within the definition of gender and gender mainstreaming so that

their needs can be effectively addressed. We would argue that the ‘tyranny of numbers’ often violates the human rights of those from smaller groups. Coupled with their minority status, the socio-cultural stigma that Aravanis carry with them makes this population extremely vulnerable in both developmental and disaster contexts. Gender-just disaster management would see that Aravanis, the victims of gender discrimination, are helped in an equitable manner, in all phases of disaster response. Sex- and gender-disaggregated data should take them into account, and their differing needs, capacities and aspirations should be recognised.

**‘when we pray we always say:
“Let us be the last Aravanis on
earth”’ – Padma and Uma, Nagai
and Cuddalore, Tamil Nadu**

The needs of Aravanis for safe housing, access to citizenship documents, secure livelihoods, including access to credit and training for alternative livelihoods, their inclusion in the job market and recognition of their capacities and of the Jamat as a legitimate body are some of the areas interventions can seek to address. Such gender-sensitive needs assessment will require a process of reflection and a conscious effort to tackle entrenched biases and gender blindness, constant interaction with Aravanis themselves and a deliberate effort to counter the negative perceptions of Aravanis within mainstream

institutions. Participatory capacity-building workshops focusing on ways to integrate their differing needs into ongoing programmes could be made an integral part of the disaster preparedness agenda.

To mainstream the gender concerns of Aravanis, strong advocacy and lobbying with policy-makers is needed to facilitate access to their entitlements, encompassing both their practical and strategic gender needs. In this context, a government order from 2006 safeguarding the interests of Aravanis needs to be properly analysed and widely disseminated, both to stakeholders and to Aravanis themselves. Giving the order practical effect remains a challenging task for all actors concerned. Finally, there is a need for donor agencies to channel funds for the empowerment of Aravanis through specific programmes, ensuring them a life of dignity and an existence free of violence, discrimination and stigma.

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This article is an edited extract from a research study entitled *Indian Ocean Tsunami Through the Gender Lens: Insights from Tamil Nadu, India*, supported by Oxfam America. The book can be downloaded from www.beyondboundaries.org. The views presented in this article are those of the researchers, and do not necessarily represent the views of Oxfam.

Including chronic disease care in emergency responses

Emily Y. Y. Chan and Egbert Sondorp

Although acute physical injuries are the leading cause of human mortality and morbidity in natural disasters, a significant proportion of deaths are a result of poor hygiene and sanitation, inadequate nutrition as well as insufficient health care services due to the destruction of healthcare structures and resources to cope with the diseases prevalent in the affected area. Whilst the provision of basic care following disasters usually focuses on the treatment of acute conditions like injuries, diarrhoea and respiratory infections, as well as more recently on psychosocial and mental health services, the provision of care for chronic diseases is rarely seen as a priority. For the twenty-first century, the aging of most populations around the world, in combination with an increase of non-communicable, often chronic, diseases, calls for a rethink.¹

¹ E. Y. Y. Chan and E. Sondorp, ‘Medical Interventions Following Natural Disasters: Missing Out on Chronic Medical Needs’, *Asia Pacific Journal of Public Health*, vol. 19, Special Issue 2007.

The burden of chronic disease

Table 1 (page 44) highlights the burden of chronic disease in selected countries frequently affected by natural disasters. The absence or disruption of treatment for chronic diseases (like diabetes, high blood pressure, mental illness and HIV/AIDS) is not only life-threatening for vulnerable groups, but may also give rise to complications (e.g. diabetes retinopathy, stroke) resulting in a reduction in quality of life and potentially impaired livelihoods, due to the costs of complication treatments and avoidable deaths.

To act or not to act

Typically, a natural disaster emergency health response would include treatment for injuries, basic care for common diseases, surveillance and emergency preparedness for disease outbreaks. Management of non-communicable chronic disease is usually left out. There are a number of questions that need to be considered when deciding to

Table 1: Burden of chronic disease and natural disasters in selected countries (2000–2008)

Country	Total number of natural disasters 2000–2008	% deaths by chronic disease caused in the country					% chronic disease deaths (among total reported deaths)
		Cardiovascular disease	Cancer	Chronic respiratory disease	Other chronic diseases	Diabetes	
China *	235	33	20	17	8	1	79
India *	160	28	8	7	8	2	53
Indonesia*	133	28	12	7	11	3	61
Pakistan**	61	22	6	5	8	1	42

Sources: WHO, *Preventing Chronic Disease: A Vital Investment*, World Health Organization Global Report, 2005, http://www.who.int/chp/chronic_disease_report/en/; Centre of Research on Epidemiology of Disaster (EMDAT), <http://www.unisdr.org/disaster-statistics/pdf/isdr-disaster-statistics-50top-countries.pdf>. and <http://www.emdat.be/Database/Trends/trends.html>.

* As projected in 2005 ** As projected in 2002

Table 2: Issues to consider

To act	Not to act
Affected population	
Population need	Local population resistance due to different cultural understanding of the problem
Demand from recipient population	Competition (local physicians' financial incentive is being threatened)
Pre-existing structure/availability of resources and capacity	Prioritisation of other medical conditions for treatment
Invitation of the local authorities	Political pressure from the authorities not to tackle the issue
Capacity of relief agencies versus local capacity	
Resources (medication, human resources, equipment)	Competing medical priorities
Operational mandate	Lack of operational mandate for health-related issues
Humanitarian imperative (emergency/lifesaving for patients)	Lack of technical capacity/competency
Technical challenges	
Technical capacity and experience	Lack of guidelines/standards
Sustainability/continuity because of available local partnership	Unwillingness or lack of cooperation from stakeholders
Willingness to accept technical transfer (of knowledge and know-how)	Concern for management continuity and sustainability

provide medical services for chronic diseases in developing countries during medical relief after natural disasters. Table 2 outlines some of these issues.

Gaps in responses

There are virtually no guidelines regarding the management of chronic medical conditions after natural disasters. The Sphere Minimum Standards highlight the issue of chronic medical condition management, but guidelines in terms of deciding which conditions to manage, indicators for monitoring or guidelines on treatments to adopt in emergency settings are absent. The key gap at the field level seems to be the lack of mandate and awareness among relief agencies and health workers of the need to manage chronic diseases during emergency relief operations. After the Sichuan earthquake in May 2008, frontline medical teams found that up to 38% of survivors needed clinical management of their pre-existing chronic medical conditions before further surgical interventions could be performed for their physical trauma.² Only a handful of relief groups had identified chronic disease management as a priority during

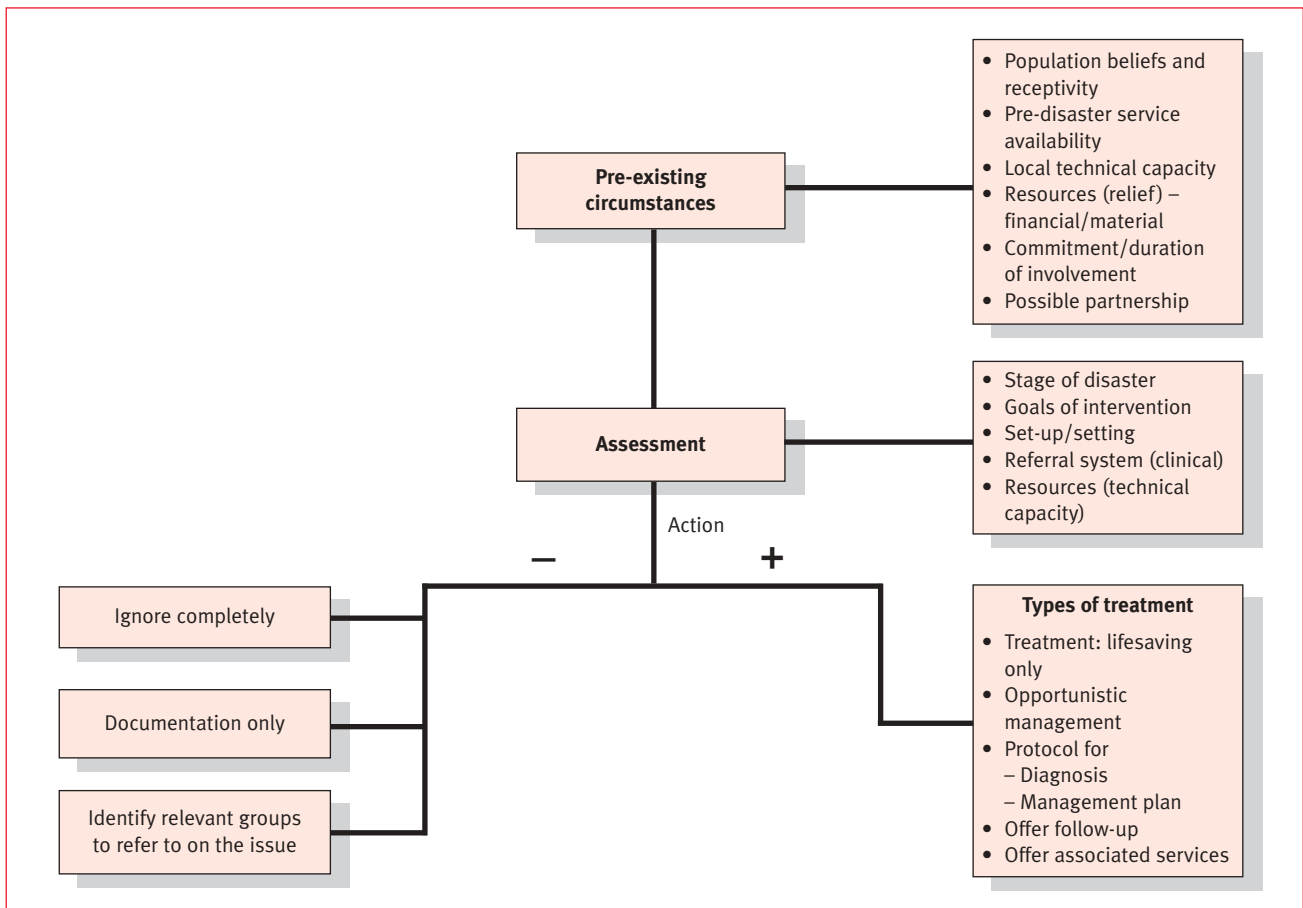
² E. Y. Y. Chan, 'The Untold Stories of the Sichuan Earthquake', *The Lancet*, vol. 372, 359–362, no. 9636, 2 August 2008, <http://www.thelancet.com/journals/lancet/article/PIIS0140673608611411/fulltext>.

emergency medical relief work. Even when surgeons and appropriate drug supplies were available, many older patients with orthopaedic trauma were not surgically treated because of their poor clinical condition (for instance unstable glucose control for diabetes). In addition, immediately after the initial acute phase, the patient profile changes as there will be an increasing number of patients seeking care for non-disaster health needs, such as unstable hypertension and minor stroke as a result of a lack of medication.

in the decades to come, chronic medical conditions will become too significant a burden to ignore during emergency medical field operations

The major field debate regarding chronic disease management post-disasters concerns whether medical care should be provided for chronically ill people living in areas where pre-disaster health services do not exist. To

Figure 1: Proposed conceptual model for decision-making on whether or not to provide chronic medical services post-disaster in developing countries



help decision-making on whether or not to include care for chronic diseases after a natural disaster, we present a conceptual model in Figure 1.

It is important to understand the pre-existing circumstances in the disaster-affected location before making decisions. Population beliefs and receptivity, pre-disaster service availability, local technical capacity, resource availability in terms of finances and materials, the commitment and duration of involvement of the intervening agency and possible partnerships should all be considered. During the assessment, the timing of the intervention (in terms of the stage of the disaster), its goals, where operations are set up, the availability of a referral system and the technical capacity of relief agencies all have to be examined.

Regardless of the decision, it is important to highlight that management of chronic conditions involves a spectrum of services ranging from disease prevention/protection to health promotion, diagnosis, treatment, rehabilitation (‘tertiary prevention’) and palliative care. Some of these services, such as health advice, would incur no cost but have, potentially, long-term implications for disease prevention. For instance, not only can smoking cessation advice prevent potential adverse clinical outcomes such

as heart diseases, stroke and cancer, but health advice may also reduce spending on cigarette consumption. Even if it is decided not to provide chronic disease treatment, there are still ways to provide support. For example, agencies could try to identify referral options, where relevant services and clinical management support are provided, and facilitate referral. At the very least, they might consider documenting the key chronic disease burdens among the disaster-affected population so as to highlight health gaps that need to be addressed.

In the decades to come, non-communicable chronic medical conditions will become too significant a burden to ignore during emergency medical field operations. It is important that emergency medical missions do not substitute for local systems, and issues of sustainability of treatment should be carefully assessed. Nevertheless, refusing to manage chronic medical conditions during emergency operations may result in the very mortality and morbidity which the relief operation intends to minimise.

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MSF and accountability: from global buzzwords to specific solutions

Eric Stobbaerts and Nicolas de Torrenté, MSF

*They constantly try to escape
from the darkness outside and within
by dreaming of systems so perfect that no one will
need to be good.*

T. S. Eliot, *The Rock*

There is no question that humanitarian organisations must be accountable, both in the sense of ‘giving account’ and ‘being answerable’ for the choices they make, the work they do and the resources they use. Nor is it debatable, given the often poor response to crises and the lack of transparency about results obtained, that far more accountability is needed. The issue is rather to whom, about what and for what purpose. Accountability has become a global buzzword. Since Austen Davis’ report, published and presented at ODI in 2007, MSF has looked into this issue with the conviction that a specific approach needs to be developed, reflecting the reality and the challenges of field-based medical humanitarian work.¹ This article describes this approach, as well as presenting MSF’s present practice with regard to accountability.

Proliferation of accountability efforts: challenging an ‘unquestionably good idea’²

NGOs like MSF are by definition ‘self-mandating’. Constituted by people who come together in pursuit of an agreed goal, they define themselves by what they aim to achieve and how they intend to do it. In carrying out their ‘social mission’, they are dependent on at minimum the acceptance, and at best the support, of a broad range of constituencies, from local authorities and communities to donors and the general public. Responsiveness to these stakeholders occurs in many ways, yet operating transnationally across different jurisdictions, NGOs are only partly subject to formal accountability mechanisms, for instance mandatory financial reporting related to their tax-exempt status.³

This ‘unregulated’ nature of NGOs, compounded by the ‘humanitarian sector’s’ heightened political profile in the international response to crises, a rising number of aid organisations and an increase in available funding, provides the backdrop to growing calls for humanitarian organisations to improve their accountability. At least three different strands can be identified. The first focuses on setting general or technical standards, such as the Code of Conduct and Sphere. The second category has its origins in the corporate sector and introduces concepts like ‘results-oriented management’ and the certification of (humani-

¹ Austen Davis, *Concerning Accountability of Humanitarian Action*, Network Paper 58 (London: ODI, 2007).

² Austen Davis, *Accountability in Humanitarian Action – An Unquestionably Good Idea. For Radical Reform? Or Utilitarian Takeover?*, Discussion paper for MSF, March 2006.

³ Dorothea Hilhorst, ‘Being Good at Doing Good? Quality and Accountability of Humanitarian NGOs’, *Disasters*, 2002, 26 (3), pp. 203–204.

tarian) organisations which comply with set norms and processes, such as the One World Trust. The third, exemplified by the Humanitarian Accountability Project, centres on the ‘rights-based approach’, positing that humanitarian organisations have obligations, particularly towards those they aim to help (‘accountability to beneficiaries’).

NGOs are by definition ‘self-mandating’

Together, these initiatives constitute a significant, largely donor-driven effort to improve accountability. Although they include promising and important elements, MSF has two main concerns. The first relates to the definition of humanitarian assistance and the role of humanitarian organisations. Increasingly, humanitarian action is viewed as an integral part of a comprehensive international effort to respond to crises, contributing to peace, state-building and reconstruction.⁴ Calls for increased accountability are closely associated with efforts to increase the coordination of humanitarian organisations and strengthen their links to broader international agendas.⁵

The second concern relates to ‘one size fits all’ or ‘global solutions’ approaches to accountability. These provide little space for understanding the particular responsibilities of humanitarian organisations and the challenges encountered in the volatile, politically charged and violent contexts in which humanitarian action takes place.⁶ Similarly, they often fail to create innovative and adapted organisational models for management, monitoring and evaluation.⁷ Insistence on measurable indicators, while important, may underplay aspects of humanitarian action that are harder to quantify, such as the relevance of the aid provided to people’s actual needs or the value of humanitarian organisations’ presence for advocacy purposes. Rights-based approaches also fail to recognise that individuals subjected to violence and neglect may be prevented from exercising the very rights through which they are expected to hold humanitarian organisations to account.

As humanitarian accountability is seen as ‘an unquestionably good idea’, challenging initiatives to improve it may seem ill-advised. However, by defining accountability in

⁴ Eric Stobbaerts, Katharine Derderian and Sarah Martin, ‘Integration and UN Humanitarian Reforms’, *Forced Migration Review*, no. 29, October 2007, pp. 18–20.

⁵ See for instance Nicolas de Torrenté, ‘Humanitarianism Sacrificed: Integration’s False Promise’, *Ethics and International Affairs*, vol. 18, no. 2, 2004.

⁶ Pierre Perrin, ‘Accountability: A Framework’, *FORUM: War and Accountability*, ICRC, 2002, pp. 12–16.

⁷ Sally Bibb, *The Stone Age Company*, Marshall Cavendish Business, 2005.



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Aid recipients in Ethiopia

such general terms there is a risk that it will remain merely a buzzword or become an end in itself. Indeed, it is unclear if any major improvement in the relevance and quality of the humanitarian response has been obtained from current accountability efforts. Ultimately, their principal effect could be to expand bureaucratic mechanisms and tie humanitarian action more closely to an increasingly coordinated response to crises, potentially undermining the specific contribution that humanitarian assistance can make for those most at risk.

by defining accountability in such general terms there is a risk that it will remain merely a buzzword or become an end in itself

Developing a specific approach

MSF's approach to accountability is based on four key tenets. First is the specific responsibility that a medical humanitarian organisation assumes in carrying out its work. We consider that we are accountable for what we set out to achieve and the means that we employ. Second, our approach to accountability aims to be realistic and realisable, taking account of the fact that, frequently, the contexts in which we work offer only bad choices. Third, we seek to recognise the diversity of constituencies that have a stake in our medical humanitarian work and to address their particular needs and interests. Finally, accountability is conceived of as a learning process. Mistakes will be made and failures will recur as humanitarian aid is a real-time response to acute needs in exceptional circumstances, requiring risk-taking, innovative approaches and difficult judgments.

Specific areas of focus

MSF is currently focusing on three specific areas of accountability: to 'beneficiaries'; to donors and the general public; and 'mutual' accountability within different parts of the organisation.

Beneficiaries, patients and communities

'Downstream' accountability to intended beneficiaries is the most difficult to define and the hardest to achieve. As a medical organisation, medical ethics are the starting point in our relationship with patients. Medical ethics also provide useful points of reference in highlighting instances where patients' interests should take precedence over policy or legislation. However, medical ethics do not constitute a clear guideline. Not only are there different ethical

approaches, but different ethical values often clash and require arbitration. Finally, medical ethics only address health-related matters, whereas humanitarian catastrophes engulf people's entire lives.

A broader group than patients are those to whom our assistance is addressed.⁸ The 'accountability to beneficiaries' approach emphasises consultation with or the participation of the recipients of assistance, who are defined as 'rights-holders'.⁹ We have learned firsthand that not listening to those caught up in conflict can result in a stereotypical response that fits our preconceived notions of the 'ideal victim' and our organisational priorities, rather than actual, pressing needs. For instance, we failed for years to detect and treat sexual violence, a critical yet largely invisible need if women are not actively sought out. However, participation and consultation are not always feasible. Particularly in conflicts, the seriousness of their predicament means that victims cannot simply be equated with 'clients' or patients in stable settings. Inherent in international humanitarian law is the notion that the 'powerlessness' of victims is precisely what entitles them to protection and the provision of assistance.¹⁰ Furthermore, the notion that vulnerable crisis-affected people are able to articulate what they require from aid organisations ignores not only power relations within societies but also the benefits that local leaders often intend to obtain from the aid

8 Rather than 'beneficiaries', which presupposes that the people whom aid organisations strive to help do indeed benefit, it would be more appropriate to call them 'addressees' of assistance. Rony Brauman, personal communication.

9 Jean-Herve Bradol, 'How Images of Adversity Affect the Quality of Aid', in Marc Le Pape and Pierre Salignon (eds), *Civilians Under Fire – Humanitarian Practices in the Congo Republic 1998–2000* (New York: MSF, 2003).

10 Françoise Bouchet-Saulnier, *The Practical Guide to Humanitarian Law* (Oxford: Rowman and Littlefield, 2007).

relationship. Those who speak for ‘the community’ frequently have little interest in those who most need help.

Rather than wish away these important limitations, we would rather assume clear responsibility for determining the aid we provide based on an open-minded and empathetic assessment of people’s needs and our ability to meet them. The starting point is that the process of negotiation whereby humanitarian actors gain access, define programmes and maintain an acceptable space of work should entail as much transparency as feasible, both about the choices made and the limits of our ability to assist. MSF’s experience in more stable settings has been particularly important in this respect, in particular HIV/AIDS treatment programmes, where a long-term relationship with patients and patient groups and patient education and empowerment are key. This has challenged the ‘top-down’ approach often typical in emergencies and made us understand the importance of actively explaining the rationale for decisions like the opening and closure of programmes, although there remains significant room for improvement.

Donors and the public

‘Upstream’ accountability towards donors and the general public is a more developed area. Financial accountability in particular has received considerable attention. Within MSF, the financial resources supporting programmes are pooled from different offices; a commitment to increased transparency has resulted in the establishment of international combined financial accounts for the entire MSF movement, certified by independent auditors. This is something of a first for a large network of independent yet interdependent aid organisations.

Financial accountability often focuses on proper accounting, fraud prevention and internal controls, but measures of efficiency pertaining to the allocation and use of resources have limitations. While MSF can boast a favorable 82% ‘social mission’ ratio (the proportion of resources allocated to programme activities against fundraising and administration), this is an imprecise and potentially misleading measure. For instance, raising private funds (which constitute more than 85% of MSF’s resources) is more costly than applying for grants from governments, which means that aid organisations relying more heavily on government funding may score better. And ironically, as all ‘programme expenses’ are considered positive, even inefficient spending in the field – for instance sending supplies by charter plane instead of by boat as a result of poor planning – improves the ‘social mission ratio’. Beyond financial accountability, ‘organisational accountability’ indicators comparing staffing levels at headquarters versus field level do not readily exist, and comparisons with other types of ‘health service organisations’ like hospitals are problematic given the transnational, non-profit and mission-specific nature of our work.

Measures that efficiently orient the provision of resources to programmes are therefore required. Rather than rigid ratios, what is needed is a measure of resources per activity that would allow reporting, and budgeting, based

on specific input/output ratios rather than the general functional categories currently used (staff, transport, medicines, etc). While MSF has started to implement such ‘activity-based reporting and budgeting’, there is still much to be done before this approach can be systematically used to report or forecast expenditure on a programme-wide or organisation-wide basis.

Assessing the effectiveness with which resources are used requires not just a description or accounting of activities, but also of outcomes. The results of our medical work (e.g. patient cure rates) are currently available for a limited number of programme activities such as HIV/AIDS, malaria, nutrition and surgery. This type of results reporting should be expanded, taking into account the inherent difficulties of measuring outcomes, attributing causality and the additional burden of work for field teams.

An increasing focus on results is closely linked to another MSF priority – greater transparency about the difficulties, shortcomings and limits of medical humanitarian work. This includes being critical and reflective about the outcomes achieved, including where underachievement is due to internal problems. The intention is to integrate this commitment to openness into donor mailings, websites and information to the general public. MSF believes that supporter trust is built on a nuanced portrayal of reality, despite the temptation to promote one’s achievements as donors naturally respond to stories of success.

Governance and mutual accountability within the MSF movement

The third area of focus for MSF is primarily internal. ‘Mutual accountability’ is the critical review of operational approaches and outcomes between the different MSF operational centres (OCs). MSF has opted against a pyramid structure with an overarching authority. However, diversity must be complemented by a commitment to evaluating different strategies and their outcomes, including the pros and cons of different OCs working in the same context. MSF’s international office has therefore been tasked with further defining a methodology and carrying out comparative assessments. This commitment to openness may in the future lead to the involvement of external auditors. Another important area which should be further assessed is MSF’s advocacy and communications work.

Finally, ‘mutual accountability’ is also closely linked to governance, whereby those bodies charged with guiding and overseeing MSF’s work are provided with the information they need to discharge their duties. MSF national sections are organised as ‘associations’, with members ‘owning’ the organisation and electing their peers to the Board of Directors. In turn, the Presidents of the Boards of the 19 sections form the International Council, MSF’s highest body. Information-sharing and critical reviews of operations are essential for Boards to be able to hold executives to account.

Conclusion

More accountability is required in the humanitarian field, and progress can and must be made. The quality and

extent of aid provided to people affected by acute crises is frequently insufficient, and the trust and support required by humanitarian operations on a number of levels need to be actively nurtured. Confidence in humanitarian organisations and the values they claim to stand for has eroded in many parts of the world. Yet it is important to tie discussions about accountability to the specific responsibilities of humanitarian organisations – our objectives, activities and the conditions in which we work. In our experience, a useful way forward centres on ongoing and critical reflection about the responsibilities, limits and meaning of humanitarian action in concrete situations.¹¹ Developing a specific framework for accountability on this premise may be more productive than adopting overly broad or ambitious initiatives that risk becoming either empty slogans or burdensome bureaucratic processes.

While we can learn from other sectors, the illusion that humanitarian action will ever be perfectly ‘objective’, governed by rules, standards and procedures, is dangerous. This is particularly the case when these norms are set and required by political entities. Humanitarian action by definition exists in tension with the ‘status quo’, with mainstream political norms and the choices that have led, and continue to lead, to the neglect and victimisation of large parts of society. ARV therapy for people living with HIV/AIDS was certainly not the international standard at the start of

11 In that regard, MSF has a number of internal reflection units – notably the CRASH, ‘centre de recherche sur l’action et les savoirs humanitaires’, based in Paris, whose recent work has included a book on the Niger nutritional emergency of 2005. Jean-Hervé Jezequel and Xavier Crombe (eds), *Niger: une catastrophe si naturelle* (Paris: Karthala, 2007).

the twenty-first century, nor was treating malaria patients in Africa with ACTs up to very recently. Adopting donor-driven accountability measures could end up binding humanitarian organisations ever more closely to broader government priorities and choices in crises, instead of improving the relevance and effectiveness of humanitarian work. And while relevant concepts from the private sector are welcome, humanitarian aid is not a ‘market’ with ‘consumers’ and ‘service providers’. There is an inherent element of ‘field craft’, even arbitrariness, in operational choices, and this has to be acknowledged and explained.

Ultimately, accountability is perhaps most significant as an organisational state of mind – a willingness to ask difficult questions about one’s operations, to seek and share the answers, and to learn from the process. Recent events in Myanmar are a good example of this *état d’esprit*: rather than foregone conclusions based on set standards, critical questions were asked within MSF about the risks posed by the denial of access for international staff to field sites, drawing upon previous work in the country and under other repressive regimes. Monitoring systems adapted to the situation of national staff delivering the bulk of assistance were also put in place, assuaging concerns that the restrictive operating environment might lead to intolerable outcomes in terms of aid delivery. The aim here, as in other situations that are by definition unacceptable, is constant progression rather than impossible perfection.

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In praise of dependency

Maurice Herson

While welfare, such as free humanitarian aid, is arguably the sign of a civilised society, it is sometimes accused of ‘creating dependency’, undermining sustainable self-sufficiency and demeaning its recipients. The idea that dependency is a bad thing and that free assistance *de facto* creates dependency not only has long roots in the history of humanitarianism, but also is nourished by the strongly held feelings of those who believe that relief too should be in some way sustainable, linked maybe with a desire to move towards more developmental approaches.

Humanitarian agencies tend to look at the situations of people affected by disasters in terms of their needs and rights. Assessments, for example, use these categories to describe their situation and to formulate responses. ‘Need’ too is a disputed idea: anyone who has done a needs assessment will know that ‘need’ is hard to use in a practical way. In itself, need or dependency are not on/off or single-level, but vary in both intensity and over time.

This article suggests a new terminology and a new framework. It seeks to add to the discussion on dependency by

borrowing a concept from a field unrelated to humanitarianism, namely ‘dispersed dependencies’, an idea formulated by the psychologist George Kelly.¹ In 2005, Paul Harvey and Jeremy Lind put the case that ‘the focus should be, not how to avoid dependency, but how to provide ... assistance so that those who most need it understand what they are entitled to, and can rely on it as part of their own efforts to survive and recover from crisis’.² Kelly – if I’ve understood him right, although he did not address what we call humanitarian concerns himself – starts from the position that all humans have their various needs met through a set of dispersed dependencies. Self-sufficiency, or independence, thus means having a full set of dependencies that can be reliably counted upon.

1 In Kelly’s field, it refers to the set of individuals’ relationships, where they have practical, emotional, social, physical, etc. dependencies. Personal independence is about having a viable set of dispersed dependencies – dependency is neither a problem nor abnormal. (No man is an island, as the poet said.)

2 Paul Harvey and Jeremy Lind, *Dependency and Humanitarian Relief: A Critical Analysis*, HPG Report 19, July 2005, www.odi.org.uk/hpg/papers/hpgreport19.pdf.

Applied in the humanitarian sphere this is not a revolutionary idea. Harvey and Lind use the concept of ‘interdependency’ in support of a similar argument ‘to understand ... the role that aid plays within the multiple forms of interdependency that make up people’s livelihoods, and how these change during crises’. A similar idea is that of ‘Vulnerability and Capacity Assessment’ (VCA) espoused by the IFRC, which is ‘designed to assess the risks that people face in their locality, their different levels of vulnerability to those risks, and the capacities they possess to cope with a hazard and recover from it when it strikes’.

The additional point being made here is that there is no such thing as independence in terms of survival, and that therefore dependency should be seen not only as inevitable but *as a good thing*. Taking this view will enable agencies to approach issues and activities that are most troubling or contentious in a different way, apply a different perspective to them, alter the mind-set in such a way as to offer the possibility of making them less troubling. The value in this idea is that it enables those affected by disasters to be seen in a way that reflects their complicated reality, and what this implies in practice in responding to the crises and disasters people face.

Dependency and coping

People’s ability to act is a function of the social and economic resources at their command. The extent to which they can purchase or leverage care for themselves through their set of dependencies – both formal and informal – is what we often call coping. People affected by disasters depend, variously, on themselves, their friends, family and neighbours, hosts, their government, local organisations, international agencies and more. From them they get, if they are lucky, some or all of the material items, space to live, remittance money, food, shelter and water they need to survive, be healthy, live with dignity and in safety, and continue or rebuild their lives. Some dependencies (for instance dependency on humanitarian aid) are stigmatised; others (on community) are valued or idealised. By itself, humanitarian aid cannot create the impossible, that is independence, but it can act to fill out the set of dependencies that people require, and can then work within a framework that transfers dependencies to where they are sustainable, or support those that are sustainable, thus enhancing capabilities.

Why ‘dispersed dependencies’?

There seem to be several potential advantages to looking at crisis situations, doing the assessments and making the programme plans through the perspective of the dispersed dependencies of disaster-affected people. This is not to imply that this suggested terminology and concept will either be a panacea or will suddenly make us do a set of things that have not been done before. But they might provide both a conceptual and a practical framework that will increase the likelihood that some of the more enduring problems of humanitarian action will be solved.

First, it will induce a healthy humility in agencies about their place in the lives of people affected by disasters, whether natural or anthropogenic. Logically, behind the concerns

about dependency caused by assistance is the idea that this assistance forms a significant part of the coping strategy of the people being assisted. This may be true, and in some circumstances certainly is; indeed, it is what makes assistance worth giving. There is no sense providing a resource that is either meaningless or inappropriate. But looking at the various ‘dispersed’ dependencies of disaster-affected people will make this clear, and action can be changed, maintained or stopped accordingly.

In addition, help and assistance have to make sense within the culture and practice in which the intervention is taking place. Here, the role of consultation and local communities deciding their own path to survival is critical. To some extent life becomes focused on physical needs and resources to survive, but for people affected part of rebuilding life after a disaster involves community activity and rituals. If we ask them and ourselves about these matters, although they lie beyond our remit, we can try to ensure that they are taken into account in our interventions. Coping with catastrophic personal change, such as bereavement or serious illness, seems to be influenced by what in essence might have stayed the same – the need to anchor yourself in some kind of continuity. In the case of large-scale disaster we humanitarians should design and make our interventions in this same light.

An analysis of the set of affected people’s dependencies – even if only the physical ones – will enable us to see the contributions that are brought with them, that can be reclaimed, that persist through the disaster, and that are created in response to a crisis or disaster. This will, for example, reinforce awareness of the actual roles of local agencies, whether governmental or non-governmental, something that humanitarian actors often do not do well enough. For disaster-affected people, such agencies are part of the context ‘that is beyond [humanitarian agencies]’ ability to control or improve, and with which we must do our work. Government and community are simultaneously unavoidable partners and constraints for us.³ None of the above is new as such, but they are among the things that are often found in reviews and evaluations to be missing or lacking. Anything that adds to the pressure to improve performance in action is to be welcomed.

Likewise, the enduring problem of coordination will not be easily solved, as has been proved by the limited success of any process suggested to date. I see the possibility that, if external agencies take on the idea of dispersed dependencies, it will provide a picture within which agencies can seek roles to provide something that people can depend on. This will encourage coordination among external agencies; the role of each will be naturally set within a commonly perceived set of contributions to be made to the set of dependencies of those being assisted.

One of the issues in shaping an assessment into a response involves matching the scale of the response to the

³ John Cosgrave and Maurice Herson, ‘Perceptions of Crisis and Response: A Synthesis of Evaluations of the Response to the 2005 Pakistan Earthquake’, in *ALNAP Review of Humanitarian Action*, 2008 (London: ALNAP, 2008), p. 214.

perceived need. This is often felt to be supply- rather than demand-driven, and too rarely is it designed as a contribution to meeting needs. An analysis of the gaps among the totality of required dependencies that can be fully or partially filled by an intervention is able to provide a scale of size of 'packages' against a real background. It allows a nuancing of 'degrees' of dependency. It does not imply assistance leading to dependency, but assistance within a context of dispersed dependencies. It gives a realistic meaning to the idea of self-sufficiency, and allows support for choices in either rebuilding previous dependencies or in looking for viable, possibly new, ones. It will support a livelihoods approach, but should ensure that there is no extreme version of 'self-sufficiency' implicit in programme planning and implementation.

Dispersed dependencies and the transition to recovery

In the life of an emergency response there is a theme that rears its head at two significant moments. At the beginning it appears as a claim that an emergency intervention will undermine both self-sufficiency and ongoing development programmes which are predicated on stimulating or relying on self-sufficiency. In the later phase of transition to recovery it reappears as an issue over timing and strategy for exiting from a programme. An original, and repeated, analysis based on the idea that people naturally have a set of ever-shifting dispersed dependencies can lead naturally to shifting interventions to support transitions to recovery.

The need for repeated assessment, as opposed to a one-off initial assessment and defined programme, has been brought out among other places in the Tsunami Evaluation Coalition Summary Report and the ALNAP *Review of Humanitarian Action*. There is more than one problem here. But one problem that can be addressed by the idea of dispersed dependencies is that the nature of what is

being looked at and looked for is fundamentally different in the turmoil of the acute phase of an emergency and in a time when recovery or rehabilitation is on the cards. This means that the acute phase assessment cannot act as a baseline for later and ongoing assessments. Again, basing the early assessment on a framework of dispersed dependencies enables a continuity that will overcome at least this aspect of the difficulty in justifying and organising repeated assessment.

The overall effect would be to redefine disaster in terms of its effects in radically and rapidly disrupting the patterns of existing (dispersed) dependencies that support people in normal times. Questions remain, of course, not least the relationship between this idea and rights and the implications for the protection approach. None of them seems to me to be fatal to the idea. This is not at odds with the more conventional definition of a disaster as a state or event beyond the coping capacity of the people involved. In fact, it gives meaning and substance to the idea of 'coping' within that definition.

People affected by disasters are suddenly faced with the shaking up of their habitual (dispersed) dependency system and are forced to make sometimes life-critical decisions about how to deal with and incorporate into their strategies possibly unfamiliar potential support (the inverse of the dependency idea). The role of the humanitarian system should be to support them in doing this and in the 'difficult choices' that they have to make. Dignity, an essential but intangible aspect of humanitarian aid, in part comes through being allowed to manage your dependencies. This can break the link between being in need of 'aid' on the one hand, and powerlessness, incapacity and neediness on the other.

Maurice Herson is Editor of *Forced Migration Review* (<http://www.fmreview.org>).

Emergency food security interventions

Daniel Maxwell, Kate Sadler, Amanda Sim, Mercy Mutonyi, Rebecca Egan and Mackinnon Webster
Good Practice Review 10, December 2008

Emergency food security interventions are evolving. In the past few years new ideas have emerged for protecting the access of disaster- and crisis-affected people to adequate and nutritious food. Some old approaches remain relevant, but are sometimes not well understood.

This Good Practice Review explores programming practices in emergency food security. It provides a concise overview of conceptual issues and analytical and planning approaches, together with state-of-the-art programming practices in interventions designed to protect the food security of disaster- or crisis-affected groups. Along with a brief description of the intervention, its application, management and monitoring, each chapter includes references to the best topic-specific overviews, tools and case studies currently available.

This review is intended primarily for humanitarian aid workers, managers and staff, as well as government officials and donor agency personnel, whose task it is to ensure that food security is protected in times of emergencies. It is intended to provide aid workers with a full range of programmatic options and the means to determine which are best suited to their circumstances. While much has been written on food security more broadly, this review situates the emergency programming element in the context of the wider debate on protecting people's right to adequate food.

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