Humanitarian Exchange

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.*

Commissioned and published by the Humanitarian Practice Network at ODI

©Reuters/Yannis Behrakis, courtesy www.alertnet.org

This edition of *Humanitarian Exchange* features articles on the response to the earthquake in Pakistan on 8 October 2005, documenting practical lessons and key issues from a range of agency, institutional and staff perspectives. The focus is on the response, capacity and viewpoint of local and national actors, and how these intersected with those of the international community.

An article by the Pakistan government's Federal Relief Commission explores the key lessons of the disaster for the government agency charged with leading the overall response. As this and other articles highlight, humanitarian actors relied heavily on the capacity of the Pakistan army, with international military support, to overcome logistical challenges and reach isolated communities. The army's involvement presented both opportunities and dilemmas for local and international humanitarian actors, particularly in terms of how humanitarian principles are applied and understood in a context where the state plays such a leading part in responding to immediate needs.

An article by Sungi – a local NGO – illustrates how the response also relied on the capacity of experienced national NGOs. Other key local players in the response included *jihadi* organisations, which used pre-existing structures to mobilise resources rapidly. Again, the engagement of these groups – some of whom are proscribed – raised difficult issues for international agencies.

The theme of individual and community capacity is explored in articles focusing on cash, shelter and local coping strategies, and the role of the media in improving disaster responses. These articles emphasise the importance of looking for opportunities to implement programmes that prioritise and build on people's own capacities and their own understanding of their needs.

The need for humanitarian actors to listen to communities is further investigated by Nicholas Stockton in his end-piece article. Stockton engages with an earlier end-piece by Jan Egeland on OCHA's approach to accountability, and argues that OCHA still has some way to go in putting those affected by disasters at the centre of its accountability practices and principles.

This edition also contains a range of general policy and practice articles focusing on government capacity in Zambia, the importance of land issues in northern Uganda, nutritional lessons from the Niger crisis in 2005, approaches to conducting research with children in conflict-affected settings and NGO collaboration through multi-agency evaluations. We hope you enjoy this issue of *Humanitarian Exchange*, and as always we welcome your feedback.

The response to the earthquake in Pakistan: the view from the Federal Relief Commission

Major-General Farooq Ahmad Khan, Federal Relief Commissioner

The earthquake that hit northern Pakistan on 8 October 2005 caused widespread destruction, killing over 73,000 people, severely injuring many more and leaving millions without shelter. The affected areas of Azad Jammu and Kashmir (AJ&K) and North-West Frontier Province (NWFP) suffered extensive structural and economic damage, with vulnerable groups in this mountainous region bearing the brunt of the disaster. The devastation was spread over 30,000 square kilometres of treacherous Himalayan terrain. Most educational institutions were destroyed, killing over 18,000 students. The majority of health care units and hospitals collapsed, the communications infra-structure was unusable and all essential utilities were disrupted; in all, the affected area was strewn with 200 million tons of debris. Hundreds of post-quake tremors and constant landslides multiplied the shock and trauma, while the onset of winter threatened the lives of the survivors. This was without question the worst natural calamity in Pakistan's history; recovering from it is going to cost billion of dollars.

©Reuters/Mian Khursheed, courtesy www.alertnet.org

A damaged building in Islamabad, 8 October 2005

The role of the Federal Relief Commission

No disaster management organisation existed to handle a relief operation on such a large scale, and the existing infrastructure was either very poor or totally destroyed. Realising the gravity of the disaster, the government immediately formed the Federal Relief Commission (FRC), with a mandate to manage the entire spectrum of the relief effort:

The Federal Relief Commissioner was mandated to co-ordinate and monitor the relief efforts. He was to report directly to the prime minister. All agencies concerned with the relief and rehabilitation efforts, including cabinet, health, interior, foreign affairs; communication and information divisions would function through FRC and form a part of the team. For this purpose their reps were attached with FRC. Reps from the concerned agencies of the armed forces were also to be a part of the team.

Within days, the FRC had taken charge of the situation. The scale of the disaster, the harsh weather conditions and the collapse of civil order in the affected areas called for a response mechanism which could provide quick decision-making, coupled with the efficient execution of directives on ground. The Commission conceived and implemented an elaborate National Action Plan to ensure a coherent response, spelling out domains, policies and end-states for all the stakeholders and key players. The plan also provided for financial compensation for survivors, amounting to several billion rupees. Inter-agency coordination and the synchronisation of relief efforts were ensured through Strategic Leaders Group Meetings, which integrated the UN's cluster approach into FRC strategy, with a view to developing a common operating picture and guidelines for all the agencies concerned.

this was without question the worst natural calamity in Pakistan's history; recovering from it is going to cost billions of dollars

Within the FRC itself, there were two distinct wings, the military and the civilian. The military wing was responsible for undertaking the rescue and relief operation, while the civilian wing, comprising ministerial representatives and coordinators, looked after inter-department and inter-

agency issues. The response was based on a four-fold strategy, comprising search, rescue and relief, consequence management, recovery and rehabilitation and reconstruction. The FRC focused its operations on the first two elements, while a second agency, the Earthquake Rehabilitation and Reconstruction Authority (ERRA), addressed rehabilitation and reconstruction needs.

Within the resource constraints, a number of simultaneous relief activities had to be instantly activated, including evacuating the injured, damage control, medical help and the provision of relief goods. Other elements of the response included addressing psychosocial trauma, the social and economic fallout and the management of displaced people. Law and order had to be maintained, and civic order restored. Some of the key challenges we faced in the immediate aftermath of the disaster concerned prioritising the different aspects of the response, the removal or rescue of the dead and injured, the need to rapidly deploy forces, difficulties around reaching remote villages and the immediate provision of shelter, food and medical aid. Throughout, the leadership and the vision of the government provided ideal working parameters and impetus to the FRC, foreign governments, donors, the public and all the government departments concerned, including the armed forces.

We were overwhelmed by the generosity of the world community and voluntary organisations, and the work of volunteers, men and women, aid workers, international organisations, NGOs and global civil society deserves the highest praise. Donors in particular need special mention for their generous support and assistance in providing relief to the earthquake victims. But equally significant was the spontaneous outpouring of compassion and generosity by the people of Pakistan, both at home and abroad, on a scale never witnessed before. From soldiers and voluntary relief workers to local NGOs and the Pakistani diaspora, each did their part to protect and help the victims. The Pakistan armed forces in general, and the army in particular, provided the backbone of the relief effort, and the degree and extent of cooperation, coordination, execution and implementation achieved have rightly been praised by national as well as international observers, and by the humanitarian community.

The world's most successful relief operation?
It has been claimed that the earthquake response was the most successful relief operation in recent history. It holds several important lessons for us in terms of best practice for the future:

- There must be a full-time disaster management agency, with contingency plans for a quick and effective response. *Ad hoc* arrangements will not work in all circumstances.
- All stakeholders, including NGOs, international organisations and donors, must be taken into the government's confidence.
- We must cut through red tape wherever it adds delay.
- Speedy decision-making needs no emphasis. Provincial and district leaders should play stronger coordinating and executing roles.
- Adequate funding for the UN is necessary to enable a swift international response.
- Take the media on board by providing access, continuous interaction and sharing of data with them.
- Appropriate mechanisms should be established to track aid flows from source to end-user; the publication of this information is crucial for transparency.
- Given the inaccessibility of earthquake-affected areas and the fact that road links will always be difficult, helipads and landing strips are needed in quake-prone areas, along with enhanced radar communication for aircraft.
- The development of new strategies for disaster preparedness needs to be considered.
- Knowledge of disaster response needs to be increased within society and among the general public.
- All local and international NGOs and UN organisations must be registered, and this information must be kept up to date.
- People-centred solutions must be found. We must all constantly remind ourselves that the path of recovery is not for us to determine, but for the people who suffered.

The world community responded to the earthquake by rushing in relief items and placing assets such as helicopters, field hospitals, engineering equipment and water filtration plants at our disposal to help earthquake-affected people. I would like to thank everyone who offered priceless help to the stricken people of Pakistan.

Major-General Farooq Ahmad Khan is the Federal Relief Commissioner, Government of Pakistan.

Understanding and addressing staff turnover in humanitarian agencies
David Loquercio, Mark Hammersley and Ben Emmens
Network Paper 55
June 2006

Staff turnover has become a major concern for humanitarian agencies. Unplanned staff turnover is problematic and expensive, affecting not only learning and efficiency, but also the capacity of agencies to respond to new emergencies, or even sometimes just to continue existing programmes.

While much discussed, no one has attempted an in-depth study offering a detailed consideration of the causes and consequences of staff turnover in the humanitarian sector. This paper aims to fill this gap by providing support and ideas for further action. It discusses the causes of staff turnover, outlines the key elements of a strategy to retain staff and describes what agencies can do to manage the consequences of staff turnover.

Humanitarian intervention in a sovereign state: the political fault-lines of the Pakistan earthquake

Tom Bamforth, development consultant

For many aid workers, their formative professional experiences include stints in Darfur, Bosnia, Kosovo, East Timor or Afghanistan: environments marked by the absence of a recognised or enforceable state structure. In such situations, relief agencies can act under the principle of an apolitical humanitarian imperative, with comparatively little concern for state structures or the political impacts of humanitarian intervention. This is not the case in Pakistan. The 8 October earthquake, while causing substantial damage and loss of life, has not significantly threatened the government, the state structure or the national economy. International agencies have consequently found themselves working with, and at the invitation of, a functional and capable government.

Despite the importance of emphasising a depoliticised 'humanitarian space', the presence of humanitarian agencies plays into many of the political fault-lines of contemporary Pakistan. These include relations between the centre and the provinces, Kashmir, the legitimisation of military rule, sectarianism, devolution and the further alienation of mainstream political parties. The politics of earthquake relief may have significant ramifications for politics within Pakistan. This in turn affects the working environment for many international agencies, especially those intending to remain in the country into the reconstruction period.

The political environment

Since the late 1950s, Pakistan has been ruled either directly or indirectly by military governments: despite elections, no incumbent political party has ever been voted out of office, and transfers of power have always been preceded by military interventions. Pakistan's last three elected prime ministers – Zulfikar Ali Bhutto, Benazir Bhutto and Nawaz Sharif – have either been executed or exiled. The country's current leader, General Pervez Musharraf, seized power in a bloodless coup in 1999. Musharraf, like previous coup leaders, justified his actions on the basis of the corruption of the previous regime, and promised to use his rule to re-establish 'genuine' democracy. In his first address to the nation on assuming power, Musharraf stated: 'The armed forces have no intention of staying in charge any longer than is absolutely necessary to pave the way for true democracy to flourish in Pakistan'.[1]

Berating what he termed Pakistan's 'sham democracy', Musharraf issued a Proclamation of Emergency suspending the country's 1973 constitution and bringing Pakistan under the control of the armed forces. In 2002, he introduced the Legal Framework Order (LFO), under which the president can dismiss the National Assembly, approve senior judicial appointments and appoint provincial governors (who have similar powers at state level to those of the president).[2] The role of the military was given constitutional power through the LFO's establishment of the National Security Council (NSC), a military steering committee whose remit covers 'strategic matters pertaining to sovereignty, integrity and national security of the state; and matters relating to democracy, governance, and inter-provincial harmony'.[3] Finally, the Provisional Constitutional Order (PCO) stipulates that presidential orders override all other legislation, and that the actions of the military government are not subject to legal challenge or review.[4]

Pakistan's last three elected prime ministers have either been executed or exiled

To achieve dominance over the domestic political landscape, Musharraf has sought to remove the power of provincial governments and to undercut the electoral basis for political opposition to military rule. Under a devolution plan unveiled in 2000, the regime introduced 'grass roots' democracy as a substitute for democratisation at national and provincial levels. The purpose of devolution to local government was to depoliticise governance, create a new political elite that would undermine established political opposition, demonstrate democratic legitimacy to internal and external audiences, and undermine the federal principle in which the political, administrative and fiscal autonomy of the provinces was constitutionally guaranteed.[5] Furthermore, the devolution plan also gave the military control of the administrative functions of local government, and extended military influence into the bureaucracy.

The combined effect of these measures has been to ensure the dominance of the military over the state and parliament. Although elections have taken place under Musharraf – there was a referendum on his rule in 2002, and parliamentary polls were held the same year – the rationale for these was not devolution or democratic transition, but the centralisation of the military regime's political support and economic interests. Pakistan has the world's ninth-largest military, and defence expenditure is believed to account for 7% of the country's gross domestic product (this is an educated guess since it is not subject to parliamentary scrutiny). Combined

---

1 Musharraf, quoted in *Pakistan: Transition to Democracy?*, ICG Asia Report 40, October 2005, p. 1.

2 *Authoritarianism and Political Party Reform in Pakistan*, ICG Asia Report 201, September 2005, p. 8.

3 Legal Framework Order, 2002.

4 *Authoritarianism and Political Party Reform*, p. 22.

5 *Devolution in Pakistan: Reform or Regression?* ICG Asia Report 77, p. 1.

A Pakistani army helicopter involved in relief work, Muzaffarabad, 9 October 2005

spending on health and education amounts to less than 3% of GDP.[6]

Musharraf's regime has been strengthened by Pakistan's international position. Although sanctions were imposed following the 1999 coup, the 9/11 attacks have made Musharraf a key ally in the US-led 'War on Terror'. Pakistan's strategic importance – it borders Afghanistan, Iran, India and China – has led to a re-evaluation of Musharraf's government. From being a military strong-man with nuclear ambitions, Musharraf is now seen as representing forces of pro-Western religious moderation. Holding elections, albeit fixed ones, and half-hearted measures to reduce support to *jihadi* organisations active in Indian Kashmir have gone some way towards rein-venting Pakistan's military ruler as a moderate democrat.

> **Pakistan's domestic politics and international position have important, but under-appreciated, implications for humanitarian agencies responding to the October earthquake**

The environment for humanitarian agencies

Pakistan's domestic politics and international position have important, but under-appreciated, implications for humanitarian agencies responding to the October earthquake; in effect, agencies may find themselves participants in an ongoing process of political realignment aimed, not at the

---

6 A. Siddiqua, 'Political Economy of National Security', in V. Kukreja and M. Singh (eds), *Pakistan: Democracy, Development and Security Issues* (Karachi: Paramount Publishing, 2005), pp. 124–25.

establishment of transparent democratic government, but at the centre's consolidation of political, administrative and economic control. Few UN or international agencies have stopped to consider the political environment in which they find themselves. Some agencies describe their activities as extensions of the government, while others, such as UNHCR, provide 'technical advice' on camp management. Organisations such as NATO operated under a 90-day mandate in the form of a direct personal invitation from Musharraf.

The government's initial earthquake response was coordinated by the Federal Relief Commission (FRC). As the emergency phase drew to a close and reconstruction got under way, authority passed to the Earthquake Rehabilitation and Reconstruction Authority (ERRA). Both agencies are headed by serving army generals, and both were established without the consent of parliament. Despite the fact that it controls reconstruction funding, the ERRA is not accountable under its constitution to any jurisdiction in Pakistan. UN and international agencies are compelled to register formally with the ERRA and provide it with project proposals and funding sources. Agencies such as UNICEF and the International Organisation for Migration (IOM) are consequently caught in a conflict of interest between their humanitarian obligations under the UN system, and the perceived need to be 'embedded' with the army directly, or through the ERRA, in order to secure reconstruction contracts. In addition, because the ERRA is responsible for undertaking every task linked to reconstruction, the military-led government has become the key player in reconstruction. Instead of empowering the affected local authorities, the ERRA will be the perfect tool for weakening them, and is likely to undermine the legitimacy of local bodies across the affected region.

Issues of mandate and capacity

Questions of mandate and capacity have further complicated the humanitarian response. The UN in particular has been underfunded and understaffed, and has consequently been dependent on the logistical capacity and local knowledge of the military. The ability of agencies like UNHCR, the Office for the Coordination of Humanitarian Affairs (OCHA) and UNICEF to advocate for established UN humanitarian standards has been compromised by the close working relationship with the government established during the emergency phase. This has affected the returns process in particular. Although a UN Sustainable Returns Taskforce wrote a strategy paper in keeping with humanitarian principles, such as the right to a free and informed choice about where to return, government policy has been coercive. Supplies to 'formal' camps with more than 50 families were cut off on 31 March, thus leaving the occupants with little option but to go elsewhere ('informal' camps with fewer than 50 families were, scandalously, not deemed to fall within the government/UN area of responsibility). The

government, through the District Coordination Office, supplied transport to camps as they closed, but there were frequent reports of people being abandoned by the side of the road when the trucks could go no further.

With Pakistan deemed a less enticing disaster location than, say, Thailand, the UN has been accused of sending out a 'B' team to manage what is a particularly complex emergency environment. The presence of mainly inexperienced junior staff in the field has affected performance, as have 'mandate issues'. UNHCR, whose main activities are focused on refugees, found itself working primarily with internally displaced people, and the IOM took on a coordination role for emergency shelter for which it had neither the institutional knowledge nor the expertise (this situation was addressed after secondments from the UK's Department for International Development). Under the new Cluster approach, UNICEF was given the coordination role in the Protection Cluster. A key element of coordination is the ability to separate the coordinating agency's institutional priorities with the issues to be addressed by the Cluster. UNICEF has, however, found it difficult to extend its institutional protection mandate for women and children to include monitoring, tracking and advocacy for basic humanitarian standards among the rest of the IDP population, who are by definition vulnerable, and whose interests are the responsibility of the Protection Cluster as a whole. Of more than 300 Union Councils in NWFP, only one had been visited by a UNICEF monitoring team by the end of May. Coordination of the aid effort has also been problematic. OCHA has suffered from a lack of clarity as to its role under the new Cluster approach to disaster management. In addition to being underfunded and operating in an advisory capacity, OCHA has been undercut by the in-built cross-Cluster coordination mechanisms of the new system.

Conclusion

The national and international humanitarian response to the earthquake has been profoundly influenced by the pre-eminence of military figures in Pakistan's political and administrative structures. This raises important issues of aid accountability and transparency. The almost complete exclusion of the civilian administration and elected bodies from relief and rehabilitation schemes means that army officers represent the government of Pakistan at every level of decision-making. While the government's stated objectives may be the restoration of 'genuine' democratic government, the establishment of extra-constitutional and parliamentary bodies such as the NSC and the ERRA, and the manipulation of electoral and administrative systems, all suggest a serious attempt by the military to centralise and consolidate political power. In this context, the conflict of interest between agencies' ongoing projects, the imperatives of relief coordination and the perceived need to foster close relations with the military government have undermined both the effectiveness of relief and the neutrality of 'humanitarian space'. Wittingly or unwittingly, the ill-informed presence of the UN and international relief agencies in Pakistan has increased the regime's international legitimacy and helped to entrench the army's power, while further marginalising Pakistan's civil society.

Tom Bamforth is an Islamabad-based development consultant. His email address is: t.bamforth@gmail.com.

References and further reading

Owen Bennett Jones, *Pakistan: Eye of the Storm* (Lahore: Vanguard, 2002).

Simon Chesterman, Michael Ignatieff and Ramesh Thakur (eds), *Making States Work: State Failure and the Crisis of Governance* (Tokyo: UNU Press, 2005).

V. Kukreja and M. Singh (eds), *Pakistan: Democracy, Development and Security Issues* (Karachi: Paramount Publishing, 2005).

Devolution in Pakistan: Reform or Regression?, ICG Asia Report 77, Islamabad/Brussels, March 2004.

Pakistan: Madrassas, Extremism and the Military, ICG Asia Report 36, Islamabad/Brussels, July 2002.

Fédération International des Lignes des Droits de l'Homme, *In Mala Fide: Freedoms of Expression, of Association and of Assembly in Pakistan*, December 2003, www.hrcp-web.org/report_fidh.cfm.

Earthquake *jihad*: the role of *jihadis* and Islamist groups after the October 2005 earthquake

Jawad Hussain Qureshi, ICG

Pakistan's *jihadi* groups and other Islamist 'humanitarian' groups played a prominent role in Pakistan-administered Kashmir (PaK) in the aftermath of the 8 October earthquake.[1] They conducted relief and reconstruction work, provided health services, organised and managed displacement camps and carried out needs assessments. This article explores the part these groups played, reviews how international humanitarian actors engaged with them and outlines the political consequences of their activities, locally, nationally and regionally.

The *jihadi* and Islamist 'humanitarian' response

Pakistan has 58 Islamic religious parties, and 24 known Islamist militant groups operate in the country. At least 17

1 This article uses the term *jihadi* to mean Islamist militant groups (proscribed by the Pakistani government or the UN Security Council) that are involved in post-earthquake relief and reconstruction work. The term 'Islamist "humanitarian" group' or 'Islamist' refers to any political or humanitarian organisation with an explicit Islamic missionary objective.

The *Jamiat Ulema-I-Islami* (JUI) and the *Jamaat-I-Islami* (JI) are the two largest Islamist political parties in Pakistan. Both have prominent social wings. The JUI is in a coalition government with Musharraf's Pakistan Muslim League-Quaid (PML-Q) in NWFP and Balochistan provinces. The JUI is an ardent supporter of the ousted Taliban regime in Afghanistan, while the JI controls the Hizbul Mujahideen, a major militant organisation operating in Indian-administered Kashmir.

Al Khair Trust, which is connected to JUI, has been heavily supported by the Pakistani military in its relief and reconstruction work, especially in PaK. The *Al Khidmat Foundation*, set up by JI, was one of the main organisations coordinating, collecting and distributing goods in the earthquake-affected region, and also coordinated manpower from other international organisations. The *Al Khidmat Foundation*'s subsidiary organisations include the Pakistan Islamic Medical Association, the Pakistan Engineers Forum, the Ghazali Education Trust, and the JI's *Islami Jamiat Talaba* (student wing) and *Tanzeem al-Asataza* (teachers' wing).

Other prominent *jihadi* groups carrying out relief work include:

- The *Al Rasheed Trust*, a Sunni organisation based in Karachi which grew out of the banned Islamist group *Jaish-e-Mohammad*. *Jaish-e-Mohammad* was proscribed by the Pakistani government in 2002. The *Al Rasheed Trust* is banned by the UN Security Council, but the Pakistani government has not outlawed it.
- *Jamaat-ud-Dawa* (the Preaching Society) grew out of the banned Islamist militant organisation *Lashkar-e-Taiba* (Army of the Righteous). *Jamaat-ud-Dawa* is known to have militant training camps in PaK, and has been at the forefront of the fighting in Indian-administered Kashmir. The *Jamaat-ud-Dawa*'s 'humanitarian arm', the *Idara Khidmat-e-Khalq*, maintained a field hospital in Muzaffarabad and Balakot. It also operated ambulance services and surgical camps, constructed 1,000 shelters and provided electricity through generators.

Islamist groups banned by President Pervez Musharraf's government undertook relief and reconstruction work in the aftermath of the earthquake. These *jihadi* and Islamist organisations were also prominent in camp management, running 37 out of the 73 organised camps in and around the PaK capital, Muzaffarabad. These groups had a presence in every affected district of PaK in the Neelum and Jehlum valleys, including Muzaffarabad, Bagh, Hattian, Dhir Kot, Rawalakot, Haveli and Athmuqam. In their response to the earthquake, *jihadi* and Islamist 'humanitarian' groups drew on their existing infrastructure in PaK, their knowledge of the local terrain and their close cooperation with the Pakistan army, which provided logistical support and other facilities, including helicopters, to enable the *jihadis* to continue their work.

Jihadi and Islamist groups were the first to conduct rescue operations, establish initial medical emergency camps, surgical units and dispensaries for earthquake survivors and send assessment teams to isolated areas. They raised a volunteer army of thousands of *madrassa* students long before the arrival of the Pakistani army, international aid agencies or emergency search and rescue teams. *Jihadi* outfits and Islamist groups provided doctors, clinics, x-ray services, dental care, reconstruction materials, ambulance services, burials and mosque rebuilding. They also cared for orphans, the displaced and widows. They organised mule transport for relief goods to isolated areas, and commandeered lifting equipment and tents. In the reconstruction phase, these groups have established programmes providing cheap reconstruction materials and subsidised saw mills.

jihadi and Islamist groups raised a volunteer army of thousands long before the army or international aid agencies arrived

Interaction with international humanitarian actors

Whether knowingly or not, international humanitarian actors (NGOs, the UN and foreign military assistance teams) established working relationships with some of the banned *jihadi* groups and other Islamist 'humanitarian' groups, either supplying relief goods to *jihadi* camps or coordinating distributions with Islamist groups. UNHCR supplied camps managed by the JI and *Al Rasheed* with shelters, *Jamaat-ud-Dawa* distributed US relief aid and an American surgeon operated in a *Jamaat-ud-Dawa* relief camp. *Jamaat-ud-Dawa* is reported to have worked with the ICRC, WHO, UNICEF, WFP, UNHCR, Khalsa Aid (a Sikh humanitarian agency) and the Singapore Relief Agency. *Jamaat-ud-Dawa* claimed that it received funding from Singapore, Indonesia and Turkey, and Indonesian and Turkish doctors worked as volunteers in hospitals and clinics that it sponsored. Meanwhile, non-sectarian organisations like the Edhi Foundation were overlooked by the UN and international NGOs.

Arguably, working with these groups was made necessary by the urgency of the crisis, and by the lack of capacity within international agencies to mount large-scale distributions. Nonetheless, it has contributed to building the capacity and legitimacy of Islamist groups in PaK, and has raised their profile as humanitarian actors. A number of possible consequences flow from this, and these are outlined in the following section.

The ramifications of the role of *jihadi* and Islamist 'humanitarian' groups in the earthquake response

The most important implications of *jihadi* and Islamist involvement in the earthquake response are likely to be felt in the education sector. PaK is one of the country's

most literate regions, and the earthquake destroyed almost all of its education institutions. Integral to *jihadi* and Islamist relief efforts was the establishment of schools and *madrassas* for young people in PaK. The *Deobandi Wafaqul Madaris Al-Arabiya* (Pakistan's largest union of *madrassas*) plans to build 1,500 mosques and 300 *madrassas* in PaK and NWFP. The purely Islamic education that these institutions will provide will inevitably sideline provincial/state curricula. In the medium and long term, if the *jihadis* and Islamist groups are allowed to continue with their rigid religious curriculum this will radicalise the young in PaK, and will form a convenient recruiting base for the militant activities of these organisations. The *Jamaat-ud-Dawa* has openly called for all orphans to be handed over to the organisation for an 'Islamic education'.

> non-sectarian organisations like the Edhi Foundation were overlooked by the UN and international NGOs

The second effect is likely to be political. PaK has a history of functioning mainstream secular and nationalist political parties, but the 'goodwill' created by the *jihadi* groups means that they were likely to increase their political influence following elections in the region scheduled for July 2006. Such an outcome would distort the development and reconstruction priorities of PaK since the *jihadis* and the Islamists are working towards a limited Islamist social and political agenda for the region. The presence of Islamist groups in the PaK legislature would also do little to help relations with India over Kashmir. There were signs

ahead of the polls that the Pakistani government and military were strengthening their cooperation with *jihadi* and Islamist groups and allowing them to enter the political mainstream. The Pakistani government had indicated in April 2006 that the Sunni extremist group *Sipah-e-Sahaba* could enter politics if it undertook not to use its political platform to engage in sectarianism.

Conclusion

The earthquake has exposed the precarious political situation confronting international humanitarian actors in Pakistan. Their close cooperation with the Pakistani military and *jihadi* and Islamist 'humanitarian' groups has raised concerns as to how the UN and other international NGOs should engage in a country under military rule. In the future, the following recommendations for international humanitarian actors may address some of the challenges such an environment can pose:

- Stress local partnerships with secular NGOs and civil society groups, rather than ideological or missionary groups.
- Maintain knowledge of, and links with, local NGOs and civil society groups, especially in disaster-prone areas.
- Seek to ensure that elected federal and provincial legislative bodies, rather than the military, oversee and scrutinise relief and reconstruction operations.
- Donors and international humanitarian actors should encourage the government to create mechanisms to allow local NGOs and civil society groups to participate in relief and reconstruction.

Jawad Hussain Qureshi is the South Asia analyst with the International Crisis Group (ICG), Pakistan. His email address is: jqureshi@crisisgroup.org. This article draws in part on the ICG Policy Briefing *Pakistan: Political Impact of the Earthquake*, Asia Briefing 46, 15 March 2006.

Humanitarian capacity in the South Asian earthquake response: a local perspective

Manzoor Ahmed Awan, Sungi Development Foundation

The Sungi Development Foundation has worked in the areas affected by the South Asian earthquake since it was set up in 1989. Its key areas of focus are poverty alleviation, good governance, gender equity and policy advocacy on behalf of deprived and marginalised communities. However, Sungi has also become increasingly involved in humanitarian assistance, and has gradually been developing its preparedness and response capacity. This article describes Sungi's humanitarian response in the wake of the earthquake in October 2005.

Sungi's humanitarian response capacity

Sungi is one of Pakistan's few NGOs engaged in developing its humanitarian response capacity, and integrating

disaster management into its rights-based development and advocacy work. It provided relief assistance following flash floods in 1992 in Hazara Division in North-West Frontier Province (NWFP) – the same districts affected by the earthquake. It also responded to a number of other disasters, including an earthquake in April 2004 and a winter emergency and summer floods in 2005. Following the 2004 earthquake, Sungi conducted training sessions on earthquake-resistant housing techniques for masons, engineers and the general public. Disaster Management Committees (DMCs) were formed and activists were trained to handle emergencies. This capacity-development initiative was supported technically and financially by UNDP and other partners, including Focus Humanitarian Assistance

(FHA), the World Health Organisation and Agha Khan Building and Planning Services (AKBPS).

Sungi became an Oxfam International Contingency Plan (OICP) Partner in 1994, and played a key role in the preparation and implementation of the plan for NWFP and Azad Jammu and Kashmir (AJ&K). A capacity-building plan was developed with the support of Oxfam Novib, which Sungi used to strengthen Community Based Disaster Management (CBDM) capacity in its working area. A regular humanitarian function was established in the organisation, links were developed with humanitarian agencies and work on creating basic awareness about disaster management was initiated. Sungi successfully developed about 200 DMCs and trained more than 300 activists, including women, in disaster preparedness. These committees were very effective in the winter emergency response during 2005, and rehabilitated 129 health and education facilities and 42 houses damaged during the earthquake in 2004.

Sungi is one of Pakistan's few NGOs engaged in developing its humanitarian response capacity

Sungi's earthquake response

Sungi's humanitarian capacity, its network of grassroots institutions and the support of its strategic partners and OICP consortium members enabled it to respond swiftly to the October earthquake. Within minutes of the first devastating shock, Sungi was in contact with Oxfam GB, Oxfam Novib, the Norwegian Embassy, district administrations and UNDP. An Oxfam team joined Sungi in Abbottabad within hours, and a joint rapid assessment was initiated. A number of other organisations, including CRS, Plan Pakistan and Save the Children USA, also joined Sungi teams. The first assessment report was prepared by the evening of 8 October, and on 9 October Sungi and Oxfam coordinated a joint assessment exercise with more than 20 national and international NGOs. These reports provided the first first-hand information for humanitarian agencies. They were placed on the Sungi website (www.sungi.org), which has been regularly updated. Within a few days Sungi was able to develop a comprehensive database of affected villages, indicating the extent of the damage.

To address the immediate needs of the affected population, Sungi decided to concentrate on shelter, hygiene, food security, water and sanitation and health in the three most affected districts of NWFP, and in one district of AJ&K. A partnership was initiated with Oxfam GB to provide shelter for 20,000 households, and a joint implementation mechanism was agreed with Oxfam GB to provide water and sanitation, health and hygiene and livelihood support. Sungi's key staff members were placed with Oxfam teams to carry out these activities. A member of the OICP consortium, the Thardeep Rural Development Programme (TRDP), provided logistic support, and other partner NGOs gave medical help and financial assistance.

As of March 2006, Sungi had provided shelter-related support to more than 60,000 affected families. Considerable emergency work has also been completed in other sectors, and Sungi has now embarked on rehabilitation and reconstruction programmes, with an emphasis on building the disaster management capacity of communities, civil society and the government at all levels.

Information sharing and coordination

An emergency information and coordination unit was established by Sungi in Abbottabad. It played a key role in information dissemination and coordination, especially in the days immediately after the disaster. Assessment reports, maps and data-sets indicating the extent of damage and immediate needs were of considerable use to the humanitarian community. Sungi also helped a number of organisations to arrange field visits and set up offices in the affected areas. For example, Sungi provided office, communication, equipment and accommodation facilities to the International Rescue Committee (IRC) and Oxfam. Sungi's district teams regularly participated in cluster coordination meetings organised by UN agencies.

Sungi also convened a forum of rights-based civil society organisations, the Joint Action Committee for Relief and Reconstruction (JAC-RC). The JAC-RC raised considerable funds for relief assistance, and mobilised hundreds of volunteers across the country and abroad, giving them orientation training and placing them with relief organisations. More than 400 volunteers joined Sungi field teams, helping the agency undertake assessments, distribute relief items and provide medical assistance to earthquake-hit communities.

by March 2006, Sungi had provided shelter-related support to more than 60,000 affected families

Community Based Disaster Management (CBDM) in the earthquake

Sungi's community-based emergency response was made possible by the involvement of grassroots institutions through village committees. These institutions played a key role, ensuring transparency, reducing exclusion and avoiding duplication. Committees were regularly involved in relief assistance, and coordinated the relief work of other organisations in their areas. Sungi facilitated and encouraged these organisations, notably in those sectors where Sungi was not providing any support, or where there was a shortage of supplies. In Shimlai, a very remote area of Battagram, a DMC developed during early 2005 took the lead in coordinating relief assistance by various organisations, including the army. Committees were also active in most camps, where trained activists took responsibility for camp management.

Sungi delivered a presentation on the role of civil society in disaster management, rehabilitation and reconstruction at a donors' conference in Islamabad on 19 November, and organised an international conference on disaster management and preparedness in developing countries, in partnership with the Human Resource Development Network (HRDN) and ActionAid. It also organised seminars during the World Social Forum 2006, in partnership with Oxfam and ActionAid, on the role of civil society, government and international NGOs in disaster management. A session was delivered on Sungi's Community Based Disaster Management (CBDM) experience at an international conference on sustainable development in Islamabad, Pakistan.

Some lessons

Sungi enjoyed a number of advantages in its humanitarian response. It had a presence on the ground through organised communities, it had trained activists in humanitarian principles, about 200 experienced staff and clear and strong financial and administrative procedures and monitoring and evaluation systems. Sungi maintained the quality of its work through geographical and sector-specific strategies, and succeeded in providing carpet coverage to all affected people, reducing the risk of exclusion, avoiding duplication and minimising relief dispari-

ties at local level. A complete shelter package, adhering to minimum humanitarian standards, was developed and delivered. Sungi also supported other organisations with information, and acted as a link with other NGOs, community-based organisations and Sungi's partner grassroots organisations.

Sungi faced problems in the procurement of goods due to its inexperience in emergency procurements and logistics. Partners like Oxfam and UNDP supported Sungi in this area. Sungi and other NGOs present on the ground also confronted high staff turnover due to enhanced job opportunities and high salaries offered by international NGOs and UN agencies. More than 20 Sungi staff left the organisation during the early days of the response, and there was a fear that many skilled and experienced staff would quit. With Oxfam's support, Sungi overcame this problem by providing a market supplement. Financial assistance from donors such as the Norwegian Embassy and Oxfam Novib helped Sungi to keep good-quality staff on board. Oxfam Novib also helped Sungi to develop a strategic plan to make its programmes current and relevant.

Manzoor Ahmed Awan is Director of Operations for the Sungi Development Foundation. His email address is: manzoor.awan@sungi.org.

Responding to shelter needs in post-earthquake Pakistan: a self-help approach

Alexandra Causton and Graham Saunders, CRS

The international humanitarian community faced an unprecedented challenge in responding to the shelter needs created by the 8 October earthquake. The scale of the task was huge, with half a million homes in northern Pakistan damaged or destroyed. With winter approaching, aid had to be delivered quickly, and in difficult, mountainous conditions. Meeting these challenges required creative solutions and, especially, a high degree of reliance on local knowledge and ingenuity. Drawing on initial field evaluations of Catholic Relief Services (CRS)'s self-help shelter programme,[1] this article explores one approach to maximising local ingenuity to meet priority shelter needs. The approach was based on the understanding that households could find appropriate, efficient and durable solutions to rebuilding their homes.

Needs and challenges

The first challenge was the pace at which shelter needed to be delivered. The disaster struck only two months before the onset of winter in the northern villages. Located at the foothills of the Himalayas, higher-elevation villages can be cut off for days by several feet of snow. The previous year, CRS had responded to a 'winter emergency' in these areas, providing food and blankets to remote villages that had been snowbound for over three weeks. In addition, the

1 The evaluation focused on the Kontch and Siran valleys, sampling 249 households from 23 villages within four Union Councils.

loosening of soil and rock on the mountainside after the earthquake raised the risk of further landslides.

The scale of the disaster was also unprecedented: 3.5 million Pakistanis were left homeless, exposed to freezing temperatures and rain. Moving to tented camps in accordance with initial government policy meant losing the October harvest, abandoning animals, leaving assets buried in the rubble and even losing land. Solutions were required in people's communities of origin, especially at altitudes where tents would not provide adequate shelter against the winter weather.

Finally, the terrain presented significant challenges to the delivery of relief. The most vulnerable people lived in dispersed villages often accessible only by foot on narrow trails up steep mountainsides. Road access was possible along the valleys and to some higher locations with smaller 4x4 vehicles. Large-scale transportation of bulky shelter materials was problematic, and access was further disrupted by localised landslides. Attempting to coordinate distributions to scattered and difficult-to-reach villages required significant investment in logistical resources. In some cases, helicopters seemed the only option – creative solutions were required to effectively reach higher elevations, solutions that could only be found by individual families themselves.

The shelter programme

The shelter approach developed by CRS was designed to maximise local ingenuity in overcoming some of the above challenges. A minimum set of material, financial and technical inputs were combined with social animation and mobilisation to enable families to build their own safe, adequate and durable shelters.[2] The programme provided assistance to 20,000 households in North-West Frontier Province and Azad Jammu & Kashmir.

Material assistance was packaged as individual household shelter 'kits', comprising simple, lightweight materials, including roof sheeting, insulation, wire mesh reinforcement, fixings and tool kits, stoves and bedding. Families were expected to reuse timber from destroyed houses, and to salvage doors, frames and other materials for cladding. Instead of delivering shelter kits to each village, the CRS programme identified strategically located distribution points on routes into the target valleys. These points could be accessed from a number of different villages. Each household was then responsible for collecting and transporting materials back to their homes.

> the international humanitarian community faced an unprecedented challenge in responding to the shelter needs created by the 8 October earthquake

Since structured construction training was not feasible in the short time available, technical assistance focused on sharing simple messages on the safety, adequacy and durability of the shelters. In a central location within the village, and with the various households in attendance, a demonstration shelter was constructed by local carpenters to illustrate the key principles in practice. The construction time per shelter averaged approximately 13 days, and on average four people were involved per dwelling.

As a complement to material assistance, each household received a cash grant of 2,000 rupees ($35). No specific conditions were attached to the cash, though recipients were given general guidance on the range of intended uses. It was made clear that a portion of the cash was meant to enable recipient households to find their own means of transporting the shelter kit to their house site.

2 Safe-Adequate-Durable is the chosen approach to operationalising Sphere guidelines for shelter in cold climates. *Safe* means away from natural hazards such as unstable slopes or water courses, the use of a light-weight frame and roof to provide a more robust structure and to minimise the risk to life in the event of a further earthquake, the use of lower-height stone walls and restraining wire mesh, and minimising fire risks from the use of internal stoves; *adequate* refers to the provision of sufficient covered internal living space with adequate ventilation and thermal performance; and *durable* is understood as well-built, with appropriate materials and fixings.

Another portion was to support additional labour costs in building the shelter.

Findings of a field evaluation

The interim evaluation indicates that the programme's reliance on the resourcefulness of households, combined with material, technical and financial inputs, led to a range of initiatives for the transport of local materials, and a high degree of beneficiary and community solidarity extending beyond what a emergency shelter programme generally envisages. Providing cash for transport encouraged households to jointly hire trucks, use mules, organise family members in convoys and make links with villages in lower areas for the provision of temporary storage spaces.

Findings reveal that, on average, Rps1,900 ($33) of the Rps2,000 cash grant was actually used on shelter. Over 85% of households utilised the full amount exclusively on shelter construction. Of the total grant, the actual amount spent on transporting the shelter kits to the villages varied by geographic location. In one valley (Siran), households spent an average of Rps650 ($11) on transport; in another (Kontch), they spent Rps1,500 ($26). In some cases, local transport providers increased their prices in response to increased demand. Although this kind of market behaviour is generally considered one of the potential pitfalls of using a cash or market-based system, recipient households regarded it as an acceptable part of doing business.

The evaluation also revealed that households complemented the cash grant with considerable investment of their own. It was found that, on average, households spent an additional Rps6,600 ($115) on the construction of their shelter. As part of the shelter process, households were required to obtain their own timber, with an emphasis on salvaging timber from the debris of their original homes. Most of the extra spending went on additional timber, and sawing salvaged large-section timber beams into usable sizes at local mills. Sources of this cash included savings, loans, the sale of assets and compensation from the Pakistan government (although over 90% of the households had not received compensation before beginning shelter construction).

Cutting the beams into sections was important to ensure that the new roof was lightweight, as per the safety principles of the shelter approach. However, there was a shortage of sawmills in the villages. In the village of Akhori, families jointly bought a benchsaw and managed the cutting communally. In teams of eight, families transported the beams on their shoulders from the houses to the saw. Once construction was complete, the saw was to be donated to the local school, for use as a potential income-generating source, as well as safeguarding it as a village asset.

It was noticeable that, as the shelter programme was initiated in one village, households in adjacent villages immediately began to salvage timber and clear house sites, suggesting that the households recognised that the material, technical and financial assistance that was going to be provided would enable them to construct a viable dwelling. Many householders also commented that the materials, tools and cash were, with some additional invest-

ment, sufficient to enable people to build a more permanent home. This was clearly indicated in the decision taken by many households to cut their existing large beams (one of the primary assets of many households) into more manageable sections for use in their new home.

> ## over 85% of households used the full cash amount exclusively on shelter construction

Conclusions

With substantial additional investment by individual households themselves, the majority of rebuilt shelters were adequate and durable, and will be the core or first rooms of new, permanent homes. The extent to which the provision of cash and informed technical assistance contributed to people's decision to invest in their homes, and contributed to the degree of permanence and adequacy achieved, is difficult to assess. Clearly, households had access to resources that they were prepared to utilise, and basic building skills were available to undertake rudimentary construction. The injection of cash and a raised awareness of how to build appropriately expanded the range of options available to families to meet their shelter needs.

The contribution from beneficiaries themselves, in terms of materials and labour, was four to five times greater than the value of the 'package' provided as part of the CRS shelter programme. Households themselves chose to develop what was initially envisaged as an 'emergency' shelter programme into the beginnings of permanent housing, and also took responsibility for site planning, the sale or transfer of assets and the use of salvageable resources. In the immediate aftermath of the earthquake, given the constraints of pace, space and scale, it was felt that a highly complex logistical operation would be required, and affected households were assumed to have limited opportunities or resources to address their shelter needs. The CRS self-help shelter programme has shown that trusting in the resourcefulness and ingenuity of affected households themselves can prompt creative solutions to perceived challenges, and result in far greater long-term impact.

Alexandra Causton (acauston@crspk.org) is Head of Programming for CRS Pakistan. **Graham Saunders** (gsaunders@crsert.org) is Shelter and Settlement Technical Advisor within the CRS Emergency Response Team.

References and further reading

CRS Pakistan, *Interim Survey of Self-Help Shelter Program*, Siran & Kontch Valleys, February 2006.

Paul Harvey, *Cash and Vouchers in Emergencies*, HPG Discussion Paper, February 2005.

Graham Saunders, *Housing, Lives and Livelihoods: Lessons in Post-disaster Assistance from Goma*, CRS, February 2003.

Humanitarian Charter and Minimum Standards in Disaster Response, Sphere Project, 2004.

The Pakistan earthquake and the health needs of women

Erum Burki, Marie Stopes Society

Although natural disasters do not distinguish between genders, they do have a different impact on men and on women. The 8 October earthquake that rocked the northern areas of Pakistan and Azad Kashmir was no exception. The earthquake affected women physically, mentally and socially. Confronted with such a large tragedy, in which more than 70,000 people were killed and 3.5 million made homeless, the government and other agencies failed to specifically address the needs of women, who faced an increase in violence, had limited access to aid and had special unmet needs relating to pregnancy and nursing infants.

Marie Stopes Society (MSS) was established in Pakistan in 1990, and is an affiliate organisation of Marie Stopes International (MSI), a UK-based organisation with partners all around the world. Over the years, MSS has provided specialised services to more than 3 million people in Pakistan through its 50 centres in 20 cities. All MSS clinics provide a full range of reproductive health and family planning services. It was with this expertise that MSS responded to the needs of people affected by the earthquake. MSS focused its efforts in Hazara, Manshera, Shangla and Battal, providing obstetric and reproductive health care and general emergency medical aid. This article is based on observations by MSS concerning the provision of assistance to women in earthquake-affected areas.

The shelter response and women

Immediately after the earthquake, the first priority for the government and other actors was to provide shelter to the survivors. Most homeless people were moved to tented camps set up by the government and relief agencies. Although these camps provided much-needed shelter and basic food rations they did not offer psychosocial support. A survey carried out by a local NGO, Shirkat Gah, and the Agha Khan University (AKU) showed that most of the women in these camps were suffering from high stress levels due to living in close proximity to non-relative males.

Women who were widowed or were looking after injured family members faced significant obstacles in accessing

relief goods. This is because society in Pakistan is organised to protect the family institution, and women play a critical role in upholding the honour and integrity of the family name. Thus, women are chaperoned outside the house so that their safety and reputation can be ensured. This restricts their mobility, and was one of the main reasons why women were not able to access emergency relief supplies. Camp management and security were critical issues, and incidences of sexual harassment added to the difficulties women faced.

the earthquake affected women physically, mentally and socially

Most of the camps were cramped and there was no private space for spouses, which resulted in tensions and conflict. Fights erupted over minor issues. For example, a 23-year-old mother of two was taken to a hospital after her husband assaulted her for not cooking food to his liking. Coping mechanisms for both males and females were non-existent, and domestic violence increased. Child abuse also rose as parents vented their frustrations on their children.

The needs of pregnant women
According to the UN Population Fund (UNFPA), immediately after the earthquake at least 40,000 women in the affected areas were pregnant, and needed adequate nutrition, medicine and antenatal care to deliver safely. Even in the best of circumstances, some 15% of these women would require emergency obstetric care. It is likely that the physical and psychological trauma caused by the earthquake pushed this figure higher still.

Most of the major hospitals and clinics in the earthquake area were completely destroyed. Many women were not allowed to see a male doctor and therefore were denied medical care. The tradition of observing purdah and being confined to the house is very strong, and women have less access to hospitals. Meanwhile, the government-sponsored Lady Health Worker (LHW) programme, a mechanism through which women usually receive medical support, was severely affected by the earthquake. The programme, formally known as the National Program of Family Planning and Primary Health Care, uses trained employees to provide doorstep service delivery, including basic preventive care and contraceptive supplies and referrals. Each health worker serves approximately 1,000 people in her community. Most lost their lives in the earthquake, making surviving pregnant women more vulnerable to miscarriages and still-births.

At the same time, it is an irony that many more facilities became available to women in remote mountainous regions due to the earthquake. For example, a 28-year-old mother of six children was three months pregnant at the time of the earthquake, and desperate for an abortion, even though such a procedure is illegal. She lost her husband in the earthquake, becoming one of 63,000 widows, and was living in a makeshift tent with her children and extended family. She was finally able to have an abortion in a field clinic.

Many organisations also took the opportunity to give advice and counselling to women on family planning and safe sex. These women would have previously been very difficult to reach. Many women coming to camp clinics asked for contraceptives because they could not look after more children. With many men either dead or away from their families in search of aid and assistance, women had to care for children and elders largely on their own, and with few resources.

Hygiene and sanitation needs
In the initial call for emergency relief, women's sanitary needs were ignored, and few agencies or NGOs sent sanitary supplies. There were also reports of men who were distributing relief aid taking out sanitary napkins and throwing them away because they regarded them as useless, or were uncomfortable with them. Some agencies bypassed this problem by handing out sanitary pads in health kits provided to children, who were told to give the pads to their mothers.

A lack of information and knowledge compounded the difficulties women faced. In Shangla, Kohistan District, women came to MSS staff with severe diarrhoea and skin rashes. During examination, staff found that they had all recently used the same toothpaste given to them by a relief agency. The women were asked to bring the toothpaste to the camp; it was found to be hair-removing cream.

many women were not allowed to see a male doctor and therefore were denied medical care

Another particular problem that women faced in the camps was a lack of appropriate sanitation facilities. In the absence of toilets, men were able to use the fields at any time, but women only felt comfortable venturing out very early in the morning or at night. In one camp, in Balakot, two cousins were attacked while walking towards the latrine – they shouted for help and were rescued. Too embarrassed or fearful of their security to walk openly to latrines in the camps, many women relieved themselves in their tents despite the health hazards. The incidence of urinary tract infections was high. Women also no longer had the privacy to wash and dry the strips of cotton they use during menstruation.

Conclusion
The provision of gender-sensitive and women-focused assistance should become a priority in relief activities, so that women who have been through terrible trauma can live their lives with dignity. Efforts to ensure women's equal participation with men in shaping the response should be mainstreamed in all aspects of the emergency and reconstruction phase. In the light of their experiences in Pakistan, agencies

THE PAKISTAN EARTHQUAKE RESPONSE

need to ensure that, in the future, they more adequately and appropriately address women's needs.

Under the umbrella of the Joint Action Committee (JAC), a loose network of over 100 local NGOs, MSS and other local agencies developed the following checklist to ensure better provision of relief to women in earthquake-affected areas.

General and cross-cutting issues

1. How have men and women, girls and boys been affected by the disaster and displacement? Have women and men been affected differently by specific events, such as the destruction of schools, roads, sanitation facilities, markets and homes?
2. What are the different coping mechanisms used by men, women, girls and boys? What resources/support are they using to survive? Are these in jeopardy or over-stretched?
3. Do women have equal access to resources? What would help increase their access?
4. What specific power structures can be identified within communities? What are the specific threats or risks facing women and girls in the current environment?
5. What are the prevailing attitudes, religious and cultural norms and practices that affect women's ability to contribute to and benefit from assistance?
6. Are women and women's organisations involved in decision-making? What barriers prevent women and girls from meaningful participation and involvement in decision-making? Is a participatory approach being used?
7. What programmes are in place to prevent and respond to violence, abuse and exploitation against women and girls, including trafficking?
8. Is data being collected and analysed by sex and age? What is the age and sex breakdown of those who died?

Health and nutrition

1. How is the health sector meeting the different health needs of women and men? Is access to services equal for men and women?
2. Are there women health providers (doctors, ob-gyns, midwives)? Do women have access to female health care providers?
3. Are reproductive health services available? Is the Minimum Initial Service Package (MISP) being implemented?
4. Are health and psychosocial services available for survivors of sexual violence?
5. What programmes are available to address the psychosocial/mental health needs of the community, particularly for women and girls?

Erum Burki is Advocacy Manager for Marie Stopes Society in Pakistan. Her email address is: erumburki@hotmail.com.

Building media capacities to improve disaster response: lessons from Pakistan

Adnan Rehmat, Internews

The 8 October earthquake had a devastating impact on the media in affected areas. Dozens of journalists were killed or went missing, and newspaper offices, broadcasting facilities and press clubs were destroyed. The capacity of the local media was significantly reduced, and local and national outlets struggled to respond adequately to the tragedy with news and information about the nature and scale of the earthquake and the progress of the relief effort.

The media response
Pakistanis first learnt of the disaster from private television channels and FM radio stations. It took a couple of hours before the state-owned electronic media broke the news. In the affected regions, there was no private radio or TV, and the only source of mass information – the state-run Kashmir Radio and TV – was silenced by the earthquake: 40 of its 160 staff were killed, and its buildings wrecked. With the region's small printing presses and most press clubs also damaged, and with dozens of journalists either dead or losing relatives, the business of local news generation came to a halt. The disaster presented the classic paradox: news about the calamity and its impact was going out to the world at large, but those affected – at least 3.5 million people – had no means of finding out what was going on, what to do or how to get help.

> with printing presses and press clubs damaged and dozens of journalists killed, the business of local news generation came to a halt

The information gap
To gauge the state of information access, the Pakistan office of Internews, an international media development organisation, conducted a snapshot survey two weeks after the earthquake in Batagram, Balakot and Mansehra in NWFP, and Muzaffarabad, Bagh and Rawalakot in Kashmir. These were generally the worst-hit cities. According to the survey, before the earthquake about 81% of households had a radio, and 52% had television sets. Of these, three-quarters of radio sets and virtually all TV

sets were destroyed by the earthquake. When asked about their sources of information, 68% of respondents said they were dependent on word of mouth, 28% on the radio, 21% on newspapers, 15% on TV and 11% on the local administration. At least 8% said they were not getting any information from anywhere. No one mentioned the mosque or religious leaders as a source of general information.

In the absence of conventional sources of information, rumours abounded: about when the next earthquake was due, or that daubing kerosene on your tent would get rid of mosquitoes, or that bottled water was medicinal and only fit for hand-washing, not drinking. Against this background, it was imperative that a cheap and practical means of information access was established.

Rebuilding the media

Radio was the obvious answer: sets were cheap (less than a dollar), information could be provided in local languages, and broadcasts could reach large numbers of people. Given the lack of local equipment and expertise, operators elsewhere in the country had to be called on; within a month, the Pakistan Electronic Media Regulatory Authority had issued ten three-month, non-commercial emergency licences to private FM stations outside of the affected area. The Authority bypassed the usually lengthy process of security vetting of would-be operators (to clear them of links with India or with *jihadi*/militant groups), and made available frequencies usually controlled by the military. The idea was that, since the licences were non-commercial, they would be taken up only by 'serious' volunteer broadcasters committed to helping people.

Within weeks of the earthquake, Internews, with funding from the UK and Switzerland, launched the Pakistan Emergency Information Project (www.internews.org.pk) to rebuild media capacities affected by the disaster in Kashmir and NWFP. This work primarily includes developing the emergency broadcast sector, building radio production facilities, providing small equipment grants to emergency FM stations, training journalists in humanitarian reporting and the production and distribution of a daily one-hour news and information programme on humanitarian issues, called 'Jazba-e-Tameer' ('The Spirit of Recovery'). The programme was produced by a group of ten journalism students. The volunteers travelled daily across the earthquake region to report on relief efforts, including feedback from affected populations, the international and local humanitarian community and government authorities.

Four months after the initial information access survey, Internews conducted a follow-up. This showed that the new community radio regime had rapidly become a major source of independent, reliable and useful information. In the initial survey, in late October 2005, 28% of respondents had cited radio as one of their primary sources of information. In the follow-up survey, this had gone up to 70%, and respondents mentioned at least one of the seven emergency radio stations on air at the time of the survey as their station of choice. The follow-up survey

also revealed that more people were consuming more media. In the initial survey, 15% of respondents had reported watching TV; in the follow-up survey, this had risen to 24%, all of whom said that TV was one of their primary sources of information. Virtually all watched state-run channels. A third of respondents gave newspapers as one of their primary sources of information, up from 21% in October 2005.

---

the key lessons of the Pakistan experience are that information about relief, reconstruction and rehabilitation is critical for survival and recovery

---

Lessons from Pakistan

The Internews Pakistan Emergency Information Project shows how an often-neglected aspect of post-disaster relief – the provision of reliable information for survival and recovery – can be achieved in little time (100 days), and with little money (about £150,000 of the £300,000 project funding has been spent to date).

The key lessons of the Pakistan experience are that information about relief, reconstruction and rehabilitation is critical for survival and recovery in disaster regions; and that, if the local media lacks the capacity to provide the kind of specialised information that is needed, outside help must be provided, and swiftly. The primary focus of media assistance should be:

- Support to enable specific local private and state outlets to broadcast, so that they can provide vital news and information to victims. If no FM stations are available, the regular licensing rules should be suspended to enable stations to be established; 'suitcase' radio stations are very affordable, and are easy to set up and operate. Infrastructure needs include transmitters, antennas, mobile radio studios (these are usually not immediately available in-country and need to be imported; all taxes and duties should be waived) and generators.
- Support for production teams and journalists working for and with media outlets in the disaster zone. Production needs include mobile production equipment such as minidisk recorders, portable computers, satellite phones, transport and technical support.
- Support for the broader journalistic and media community to cover the disaster and relief efforts with speed and accuracy. Needs include: access to information sources such as humanitarian relief organisations, the government and the military; access to technical assistance in the form of satellite telephones, field production equipment and transport; and assistance to coordinate, share and update information.

- Distribution of radio sets (preferably one to each family, and preferably solar-powered or crank radios that require no batteries). In Pakistan, Internews imported 10,000 radio sets for distribution among earthquake-affected people, but they remained stuck in customs for several weeks, despite permission from the government to import them.

The period between a disaster and the arrival of relief is the most crucial time, when lives are saved. Accurate humanitarian information flows to and from affected populations in local languages are critical for survival and faster recovery. The swift deployment of resources in the aftermath of a humanitarian disaster for local media development will improve information within affected populations, the relief community and international media, and must be a priority. This will contribute enormously to more effective and accountable local and international humanitarian responses.

Adnan Rehmat is Country Director of the Pakistan office of Internews (www.internews.org.pk), an international media assistance organisation. His e-mail address is: adnan@internews.org.

When is a camp not a camp? When it's a 'tent village'

Damian Lilly

The Pakistan earthquake on 8 October 2005 left more than three million people homeless, and hundreds of thousands of people displaced. Most internally displaced persons (IDPs) lost their houses, livelihoods and land. Either they took refuge in host families close to their homes or in Pakistan's larger cities (such as Islamabad and Lahore), or they settled in IDP camps. By December, there was concern that there could be a second wave of displacement from mountainous areas as the onset of harsh winter conditions forced more families from their homes. Although milder than expected weather meant far fewer new arrivals than feared, by the end of the winter over 297,000

©Reuters/Thierry Roge, courtesy www.alertnet.org
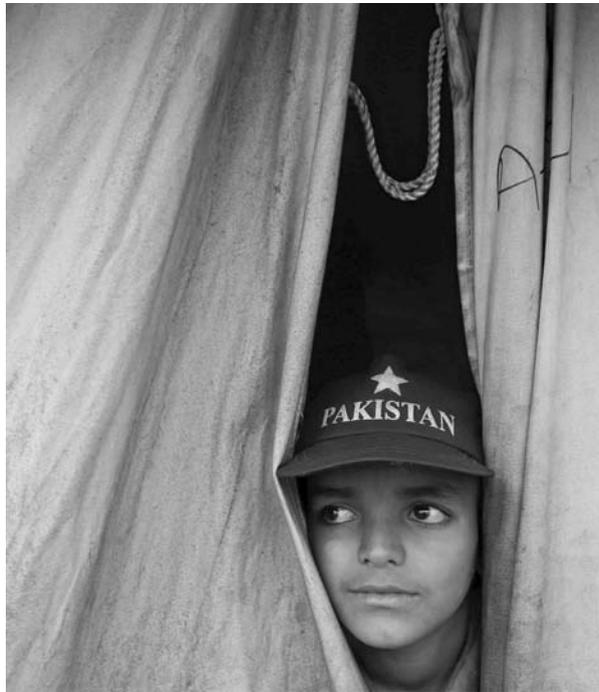
A Kashmiri child looks out of the entrance of a tent in Mehnas camp, on the outskirts of Muzaffarabad, February 2006

IDPs were living in camps as a result of the earthquake.

The displacement of earthquake survivors and their settlement into myriad camps presented unique challenges for the government and aid agencies, proving to be one of the major issues of the relief effort. By December, there were 25 official camps and an estimated 1,000 self-settled camps. This article analyses the IDP camp phenomenon after the earthquake, highlighting some of the issues encountered by national and international actors, as well as the implications for the wider emergency relief community.

From 'official camps' to 'tent villages'

The main policy and operational challenge involved with IDP assistance in the earthquake response concerned the scale and range of the different IDP camps and settlements that sprang up, and in turn how basic services could be provided to them. The terminology used for the plethora of different types of camps and settlements included 'official camps', 'planned camps', 'spontaneous camps', 'self-settled camps' and 'tent villages' (a relatively new arrival in the humanitarian lexicon, introduced by the Pakistani authorities). Each of these terms was used interchangeably, and often imprecisely, to describe the various IDP camps and settlements.

The three distinguishing characteristics of the different kinds of IDP camps were: a) whether the camp population had in fact been displaced from their habitual residence; b)

IDP camp terminology used in the Pakistan earthquake response

Official (or planned) camp – Government (army or civilian)-run camps (usually with more than 50 tents) on purpose-built sites with a full range of basic services used exclusively by the camp population.

Spontaneous (or self-settled) camp – Unofficial camps (usually with fewer than 50 tents) run by NGOs, political-religious groups or IDPs themselves.

Tent village – The Pakistan authorities' term for any type of IDP settlement or camp, or village with a high concentration of tents occupied by earthquake survivors.

whether the camp contained over or under 50 tents; and c) whether the camp was managed by an official agent, namely the Pakistan military or civilian authorities. This differentiation does not diverge greatly from accepted IDP terminology. However, the multitude of different kinds of camps in various locations led to much confusion. This confusion was more than a problem of semantics – it led to poor analysis of the humanitarian situation, and poor analysis of how it should be addressed.

In particular, the Pakistan military, which was leading the relief effort, tended to refer to all IDP camps as tent villages. For example, in Battagram district the Pakistan military declared the existence of up to 320 spontaneous camps. However, after various assessments no actual IDP camp was identified. All 320 settlements were in fact made up of families living in close proximity to their homes – a more appropriate use of the term tent village.

Genuine internal displacement

The fact that many people were living in tents next to or near their homes after the earthquake made distinguishing IDP camps from the wider population problematic. In many villages, communities congregated in clusters of tents away from their houses, thus resembling a camp setting. In such contexts, a complete breakdown of community services, including water supplies, health clinics and schools, had occurred. Yet because the affected population had not been displaced and had not settled in an official site, they could not be considered as comprising a camp, and assisted as such. Conversely, a number of spontaneous camps sprung up purely with the objective of gaining assistance from the local authorities and aid agencies.

Identifying genuine IDPs accordingly became a key concern. In November, the Inter-Agency Standing Committee (IASC) issued a policy statement urging 'the need to identify the specific protection and assistance needs that the internally displaced may have on account of their displacement, and that may be distinct from those of the broader affected population'.[1] However, an official registration process of the entire camp population was only conducted by the Pakistan authorities in January 2006. Even after this exercise spontaneous camps, without genuine IDPs, remained on many camp lists used by aid agencies.

Camps with fewer than 50 tents: a neglected part of the earthquake response

The size of camps also mattered in terms of the response. As part of the Camp Management Strategy developed by the Federal Relief Commission (the government agency with overall responsibility for the earthquake response) and the Camp Management Cluster (the UN-led coordination structure for camp management), a distinction was made between camps with more than 50 tents, and those with fewer. UNHCR, the lead agency for the Camp Management Cluster, made it clear that it would only provide assistance in IDP camps with more than 50 tents. This policy was adopted in response to capacity constraints. Priority was given to the

1 IASC South Asia Earthquake Task Force Policy Statement, 14 November 2005.

larger official camps, where better basic services could be provided, and which were in any case considered a greater risk in terms of disease outbreaks. This arbitrary distinction based on tent numbers was also adopted by the Pakistan authorities, and became the key guiding policy for IDPs, with major humanitarian consequences.

The Camp Management Strategy envisaged that the Pakistan authorities would assimilate smaller spontaneous camps into an increasing number of larger official camps. This did not, however, take place. The Pakistan authorities lacked the resolve and capacity to bring about such a change. Meanwhile, international aid agencies concentrated on the more familiar setting of the larger official camps where an acceptable standard of assistance could be provided. Consequently, spontaneous camps – particularly in urban settings – became a neglected part of the earthquake response.

Although the Camp Management Strategy recognised early on the need to organise a task force to address the urgent needs of IDPs living in spontaneous camps, this was not created until January 2006, more than three months after the earthquake, and was led by OCHA, not UNHCR. Despite their best intentions, aid agencies were unable to ensure equal weighting of services to all areas of displacement, particularly for IDPs in spontaneous camps with fewer than 50 tents. The principal job of the task force in smaller camps was to assess gaps in basic services, including shelter, food, health and education. The results of the assessment revealed the poor state of these camps. For example, in Mansehra district IDPs occupied 15,141 tents with an average of 13 people to a tent, and 6,764 displaced people had no shelter at all. Seventy per cent of the camps had no access to health services. Oxfam claimed in January 2006 that only a handful of the unofficial camps met Sphere standards, and most had missed out on aid provision.[2]

---

many people were living in tents next to or near their homes, making it difficult to distinguish IDP camps from the wider population

---

The initial lack of assistance in spontaneous camps also highlighted the challenges and shortcomings of the Cluster approach to coordination, which was adopted for the first time in the Pakistan earthquake response.[3] In September 2005, the IASC had decided that UNHCR would not lead any clusters in emergencies caused by natural disasters. However, UNHCR had worked in Pakistan for many years providing protection and assis-

2 *Starting On the Road to Recovery: Saving Lives and Rebuilding Livelihoods after the Pakistan Earthquake*, Oxfam Briefing Note, 29 January 2006, p. 2.
3 As part of the UN humanitarian reform agenda, the Cluster approach provides for greater accountability for sectoral assistance by the designated lead agency, which should now be common for all emergencies.

tance to Afghan refugees, and therefore felt compelled to assume responsibility for the Camp Management cluster. It quickly became apparent that UNHCR lacked the capacity to be the 'provider of last resort' – as intended under the Cluster approach – for assistance in all the camps, particularly spontaneous camps with fewer than 50 tents. At one stage, it was left to OCHA to lead the response in these camps. While useful in terms of coordinating inter-agency assessments, this proved problematic since OCHA is a non-operational agency, and as a result shortfalls in assistance to smaller camps continued. An IASC Real Time Evaluation of the Cluster approach in the Pakistan earthquake response in February 2006 noted this shortcoming of the Cluster approach.

> the sheer range of actors involved in managing the IDP camps presented serious challenges to aid delivery

The political dimension of camp management

The sheer range of actors involved in managing the IDP camps also presented serious challenges to aid delivery. Although the Pakistan military was the dominant actor in terms of camp management, others included national NGOs, political and religious groups and IDPs themselves. In December, an attempt was made to transfer responsibility for running the official camps from the military to the civilian authorities. This failed, however, revealing the deep disparity of power within the military-dominated government. The civilian authorities, decimated by the earthquake, had little capacity to take on camp management, and the Pakistan military remained in charge of a number of camps.

The political affiliation of some of the organisations managing the camps was also controversial. In particular, the government was heavily criticised by the US for allowing religious parties and militant groups to support and run a number of camps. Allowing these groups to be part of the relief effort was seen as bolstering their presence in earthquake-affected areas, inadvertently empowering extremists and undermining the prospects for democratic reform.

The political-religious groups involved in the relief effort included Islamic organisations such as *Jamaat-ud-Dawa*, which had been banned by the government for supporting insurgent activity in Indian-administered Kashmir. Other groups, such as the *Al Rasheed Trust*, had been listed as terrorist organisations by the UN Security Council because of their links with the Taliban and Al-Qaeda in Afghanistan. UN agencies and international NGOs, often

unwittingly, established a working relationship with these Islamic organisations, including in some instances banned *jihadist* groups.4 A number of aid agencies admitted to being unaware of the background of these groups. Distinguishing *bona fide* organisations from less legitimate ones proved extremely difficult for outsiders, and even for local aid workers. However, their potentially problematic links with Islamic organisations also exposed the poor contextual analysis of aid agencies.

Conclusion

By March 2006, IDPs from the Pakistan earthquake had begun to return home, and camps in a number of locations were closed. However, many of the challenges outlined in this article remained unresolved. The arbitrary distinction between camps according to whether they had 50 tents or more proved particularly problematic, and arguably led to a form of discrimination in the assistance provided. Shortcomings in the coordination of the response were also exposed, and these will provide important lessons for the development of the Cluster approach in future emergencies. The challenge of distinguishing IDPs from the wider community was the most pressing issue, but this was often sidelined by wranglings over the size of camps and whose responsibility it was to assist them.

Damian Lilly worked for the UN Office for the Coordination of Humanitarian Affairs (OCHA) in the earthquake response. This article has been written in a personal capacity; the views expressed do not represent those of the UN. His email address is: damianlilly@yahoo.co.uk.

References and further reading

South Asian Earthquake Response: Strategy on Camp Management, UN Camp Management Cluster, December 2005, http://www.unhic.org/pakistan.

IASC Evaluation of Cluster Approach in Pakistan, February 2006, http://www.unhic.org/pakistan.

IASC Country Team, ERRA-UN Early Recovery Plan, April 2006, http://www.unhic.org/pakistan.

IASC South Asia Earthquake Task Force Policy Statement, 14 November 2005.

Starting on the Road to Recovery: Saving Lives and Rebuilding Livelihoods after the Pakistan Earthquake, Oxfam Briefing Note, 29 January 2006.

Pakistan: Political Impact of the Earthquake, ICG Asia Briefing 46, 15 March 2006.

4 *Pakistan: Political Impact of the Earthquake*, ICG Asia Briefing 46, 15 March 2006, p. 8.

FORM membership HPN

Why join HPN?

When you become a member of HPN, you join a worldwide network of practitioners, policy-makers and others working in the humanitarian sector.

HPN members receive all HPN publications free of charge (three issues of *Humanitarian Exchange* magazine and four Network Papers a year, plus occasional Good Practice Reviews). They can download all HPN publications free of charge from the HPN website. They receive the HPN CD-Rom free of charge. And they receive invitations to HPN's occasional seminars and workshops.

How much does it cost?

Membership is free to individuals or organisations working within the humanitarian sector.

How long does it last?

Your membership lasts for 12 months from the date you join. After 12 months, we'll send you a reminder to contact us to renew your membership for another year.

More questions?

For more information, contact us at the address below.

Please complete this form if:

- you are not a member of HPN, and would like to join; or
- you are a member of HPN, and would like to change your membership details

Title (Dr/Mr/Ms etc) _____ Forename(s) _____ Surname _____

Current post/job title _____

If you are student *(please tick)* ☐ Graduate ☐ Undergraduate   Area of study _____

Organisation/employer/institution _____

Home country _____ Country where you are currently based _____

Mailing address: House/flat/apartment number _____ Street _____

Town/city _____ Zip code/post code _____ Country _____

Telephone _____ Fax _____ Email _____

Please indicate the type of organisation you work for *(please tick only one)*

☐ 'Northern' NGO
☐ 'Southern' NGO
☐ Government agency/department
☐ Bilateral donor organisation
☐ UN Agency
☐ Red Cross Movement
☐ Independent Consultancy
☐ University/research institution
☐ Library or document centre
☐ Other *please specify* _____

Disasters

Members of the HPN are entitled to a 15% reduction on the annual subscription to Disasters (normal price £35)

I would like to subscribe to Disasters at a 15% discount. *(please tick)* ☐

www.blackwellpublishers.co.uk

Please return this form to:

The Administrator, HPN, Overseas Development Institute, 111 Westminster Bridge Road, London SE1 7JD, UK

Tel: +44 (0)20 7922 0331   Fax: +44 (0)20 7922 0399   Email: hpn@odi.org.uk

Network Papers

Network Papers provide longer treatments of particular areas of humanitarian concern. We publish four a year.

Good Practice Reviews

Good Practice Reviews are major, peer-reviewed contributions to humanitarian practice. They are produced periodically.

To order any of these publications, please complete the form overleaf and return it to:
Publications, Overseas Development Institute,
111 Westminster Bridge Road, London SE1 7JD, UK.
Tel: +44 (0)20 7922 0331/74. Fax: +44 (0)20 7922 0399. Email: hpnpubs@odi.org.uk

Or place an order via our website: www.odihpn.org

ORDER publications HPN

Members of **HPN** receive a year's worth of HPN publications free of charge. You need to fill in this form if:

● you are not a member of **HPN,** but wish to order **HPN** publications ● you are a member of **HPN,** but wish to order additional copies of the publications you have received ● you are a member of **HPN,** but wish to order back issues of publications produced before you joined.

Additional copies of **Humanitarian Exchange** and back issues are available free on request

Network Papers are priced at £4 each, excluding postage and packing
Good Practice Reviews are priced at £8 except GPR8 and GPR9, which are £10

PLEASE ENTER THE NUMBER OF COPIES YOU WISH TO ORDER:

☐ NP 6 ☐ NP 11 ☐ NP 16 ☐ NP 21 ☐ NP 26 ☐ NP 31 ☐ NP 36 ☐ NP41 ☐ NP46 ☐ NP51
☐ NP 7 ☐ NP 12 ☐ NP 17 ☐ NP 22 ☐ NP 27 ☐ NP 32 ☐ NP 37 ☐ NP42 ☐ NP47 ☐ NP52
☐ NP 8 ☐ NP 13 ☐ NP 18 ☐ NP 23 ☐ NP 28 ☐ NP 33 ☐ NP 38 ☐ NP43 ☐ NP48 ☐ NP53
☐ NP 9 ☐ NP 14 ☐ NP 19 ☐ NP 24 ☐ NP 29 ☐ NP 34 ☐ NP 39 ☐ NP44 ☐ NP49 ☐ NP54
☐ NP 10 ☐ NP 15 ☐ NP 20 ☐ NP 25 ☐ NP 30 ☐ NP 35 ☐ NP 40 ☐ NP45 ☐ NP50 ☐ NP55

☐ GPR 1 ☐ GPR 2 ☐ GPR 3 ☐ GPR 4 ☐ GPR 5 ☐ GPR 6 ☐ GPR 7 ☐ GPR 8 ☐ GPR 9

Postage & packing: 10% of order value for UK (£1.50 minimum charge); 15% for Europe (£2.00 minimum charge); 20% for all overseas orders (£3.00 minimum charge). Orders of £100 or more are posted free.

DELIVERY ADDRESS   **TOTAL VALUE OF ORDER £** ☐

Title (Dr/Mr/Ms etc) _____   Forename _____   Surname _____

Delivery address _____

_____   Postcode _____   Country _____

Tel _____   Fax _____   E-mail _____
please include country codes   *please include country codes*

HOW TO PAY

☐ I enclose **cash/postal order**
☐ I enclose a cheque made payable to the ***Overseas Development Institute***
☐ I enclose **credit card details** (MasterCard/Visa only)

Please debit my MasterCard/Visa card no. _____

Expiry date of card _____   Signature _____

Credit card billing address _____

☐ Please send me an **invoice**

Invoice address _____

Purchase order ref _____

HPN's publications are also available online at our website (www.odihpn.org)
and on CD-ROM (for a copy, email a.prescott@odi.org.uk)

Timing matters: capacity-building during an emergency response

Silva Lauffer, RedR-IHE

When a disaster happens, a plethora of well-meaning individuals and organisations of all shapes and sizes rush to the stricken area. Resources are mobilised and staff deployed to the disaster zone. What we then find is that the provision and delivery of services and goods are often far from adequate for the needs encountered locally. Goodwill is not good enough. To ensure appropriateness, accountability, harmonisation and sustainability, policies, procedures and practices need to be streamlined, and ownership by the recipients of aid ensured. For this to happen, dialogue between the different stakeholders needs to be facilitated, information properly managed and best practices taught and understood.

A camp management training session

Problems in the emergency response

Although there are many examples of exemplary emergency response conducted by a variety of stakeholders following the Pakistan earthquake, many mistakes could have been avoided. It is clear that there were immense capacity challenges involved in assisting homeless people in a mountainous region of roughly 28,000 square kilometres. Some of these challenges included:

1) Inappropriate shelter.
2) Lack of awareness of humanitarian principles and international standards.
3) Lack of involvement of recipients in decision-making.

There was a lack of winterised tents, and people displaced by the earthquake had no experience of living in tents or taking care of them. People did not pitch tents correctly, and many collapsed under the weight of snow during the winter, burned down as people used stoves to keep warm, or flooded after torrential rains. Siting too was problematic: some camps were set up in rice fields or river beds.

There was a lack of understanding of the international standards that are designed to ensure that IDPs can live in dignified and appropriate environments. For example, the Pakistani government closed organised camps and made camp populations leave before proper services had been set up in alternative locations. Basic human rights and protection issues were not addressed.

The lack of involvement by recipients in decision-making was another major flaw. The first and often most effective responders to natural crises are affected communities themselves. With knowledge of their environment and unique coping mechanisms, capacities of local communities to deal with disaster must not be underestimated. In Pakistan, it was apparent that many camp residents were not involved in decisions determining their future or the services provided to them.

Overwhelming demand, remarkable response

RedR-IHE has been providing training and learning support and recruitment services for development and relief actors for 25 years. In Pakistan, it conducted capacity-building through tailor-made training courses, on-the-job training and individual coaching of almost 1,800 people from local and international NGOs, government departments, the military and UN agencies in Muzaffarabad, Bagh, Mansehra, Batagram and Islamabad. Obstacles on the ground included further earthquakes, landslides, which prevented some participants from reaching training courses, the absence of training venues due to the destruction of infrastructure and a lack of government and UN policies in the early stages. Methodology-wise, we conducted ongoing in-field/camp assessments to identify dynamic learning needs as they occurred, lend an ear to affected communities and respondents, engage local trainers and translators and international consultants, and design training and learning support activities in several languages, including Urdu, Pashto and English.

Initially, RedR-IHE worked with UNHCR to support camp managers in organised camps. With the rapidly changing context on the ground, however, this programme was constantly evolving. For example, the government's decision that IDPs had to leave the camps meant that we had to cut short our camp management training

programme to provide capacity-building exercises that could be applied in non-camp contexts. The complex political environment had to be carefully considered, especially in relation to the teaching of protection issues and the use of the Guiding Principles on Internal Displacement.

Implications for humanitarian programmes on the ground: some examples from RedR-IHE's experiences

How are organisations or individuals using what they learn? Real impact often takes time to be measured. RedR-IHE has developed a monitoring and evaluation system to collect information consistently, ensure the quality of programmes and monitor impact by revisiting participants in their working environment. Some of the observations we made around impact concern the following:

1. Attitude changes.
2. Use of international standards and best practices.
3. Cooperation and communication flows.

Changes in attitude after training courses are a good indication of the level of success of the courses. Learning motivation techniques helped community mobilisers empower beneficiaries, and increased levels of trust. We saw how some mobilisers became more respectful of people's losses, for example offering condolences before launching into questionnaires. In Mansehra, for example, staff members of a local NGO treated recipients of humanitarian aid well, not just sending them away when registration cards could not be produced. As a result of training in protection and legal rights, mobilisers felt more confident and better able to advocate to improve conditions for camp residents; some even negotiated payments for those returning to their places of origin.

> ### there were immense capacity challenges involved in assisting homeless people

International standards such as Sphere were taught and implemented, to ensure basic human rights and quality standards. In Pakistan we know that many camp coordinators were not aware of such standards, but changed the way they operated after having received training. Practices changed overnight, and the benefits could be felt immediately in some camps.

In Abbotabad, our training sessions around child protection and rights-based education were accepted as part of the Directorate of Curriculum and Teacher Education (DCTE). As a result, child protection has been added to the DCTE's curriculum for its workshops for 9,400 teachers in earthquake-affected areas. This effort, and standard-setting, was recognised and praised by UNESCO and the NWFP Secretary for Education, Schools and Literacy.

One example of best practice was identified in Siran camp close to Mansehra, where water-purification techniques were taught by demonstrating how gravel and layers of sand silt and other materials could act as a filter. According to a participant, the adoption of this technique reduced diarrhoea significantly in the camp.

Cooperation linked with information exchange is another vital ingredient in quality responses to post-emergency situations. An NGO Forum was created with Terre des Hommes in Mansehra, which gave many agencies a platform to meet. This made an immediate improvement in the flow of information, although actual impact is difficult to evaluate.

> ### learning motivation techniques helped community mobilisers empower beneficiaries and increased levels of trust

Finally, the International Organisation for Migration asked RedR-IHE to conduct a 'Lessons Learned' study on the Emergency Shelter Cluster, including facilitating workshops with several cluster members in five locations. Recommendations were subsequently used to inform policy decisions at international level on the usefulness of the cluster system.

Conclusion

RedR-IHE's monitoring and evaluation mechanisms highlight that capacity-building and training events were useful in participants' work, and were directly relevant. Repeatedly, we were told that it would have been more useful if such support had been received from the outset of the response. This suggests that training and learning support need to be part and parcel of effective emergency response. The precise shape and form of that support will require further attention. What is clear, though, is that the delivery of inappropriate shelter does not help recipients to survive harsh winter months, lighting stoves in tents without guidelines on using them safely does not protect beneficiaries, and the establishment of policies on IDPs without addressing protection issues and basic human rights undermines people's dignity. The challenge lies in marrying the imperative for a rapid response with the need to ensure that the response is both adequate and professional. Here, timing does matter!

Silva Lauffer is Programme Manager – Humanitarian Services at RedR-IHE, London. Her email address is silva@redr.org. Silva would like to thank all the team members that contributed to the success of this programme in Pakistan. The views in this article do not necessarily represent the views of RedR-IHE.

Managing humanitarian programmes in least-developed countries: the case of Zambia

Wilson Zimba, consultant

Humanitarian response in Zambia is currently managed and coordinated by the Office of the Vice-President, the second-highest political position in the country. This level of political clout was assigned to humanitarian response following the devastating drought of 1991–92. The drought caused food shortages across most of the Southern African Development Community (SADC) region, from Zambia to South Africa. The food crisis required extensive food imports and foreign donations. It also demonstrated how unprepared Zambia was for disasters of that magnitude.

Developing a management structure

Following the drought, the government set up a permanent structure called the Disaster Management Unit within the Office of the Vice-President. The Unit's initial focus was on training, and establishing administrative structures in the capital, Lusaka, and in the provinces. With expertise from the Cranfield University Disaster Management Centre in the UK, and financial support from UNDP and the British Foreign Office, the government trained personnel from various stakeholder institutions including government departments, the police and military and non-governmental organisations. It was envisaged that, with this training, the skills base would be broadened and political support built. So much progress was made that, in the decade since it was set up, the Disaster Management Unit became a household name across the country.

> government policy emphasises devolving power from the centre to the administrative locations closest to where disaster victims live

However, further training efforts have been compromised by squabbles among the various players, which means that, in the long term, fewer people will possess the necessary knowledge to implement government humanitarian policy. In turn, this means continued instability in a sector where personal, political, religious and racial considerations take precedence over genuine humanitarian needs and concerns.

A farmer in his drought-ravaged fields

©Richard Lord/UMCOR

These problems are exacerbated by the government's growing tendency to downplay disasters when they occur. The government has, for instance, been reluctant to acknowledge food shortages in 2005 arising from drought in the rainy season. Food prices have risen amid government claims that the staple grain, maize, was abundant.

Despite these limitations, notable developments have taken place in streamlining and guiding humanitarian response among all actors. The Vice-President has inaugurated an official government policy, and a Disaster Management Operations Manual has been produced. This is a milestone in the development of official humanitarian response in Zambia. Both the policy and the manual emphasise devolving power from the centre to the administrative locations closest to where disaster victims live. In terms of reporting channels, a cluster of settlements, especially rural ones, were to be administered by a satellite disaster management committee of elected men and women. During a disaster, this committee reports to the district disaster management committee, made up of government technocrats and reporting to the Disaster Management Unit in Lusaka. However, to achieve this ambitious level of operations, significant capacity-building programmes will be required. Past experience and recent failures give little grounds for optimism.

Special challenges facing humanitarian response in Zambia

Poverty

Poverty is a cause and effect of disasters. In Zambia, poverty is so severe and widespread that it is difficult to

discriminate between disaster victims and the chronically poor. According to the latest census, in 2006, between 70% and 85% of Zambia's ten million people live on less than a dollar a day. Nearly three-quarters of the country's children live below the poverty line. This widespread poverty poses special challenges for targeting humanitarian aid, and marshalling community support among very poor people. It is not uncommon in Zambia for food to be redirected from victims of disaster to the equally needy people charged with administering relief. This has undermined the confidence of donors, who have imposed unachievable conditionalities and rules on aid in a bid to curb pilfering. Such conditions only hurt disaster victims.

Politics

As touched on above, humanitarian assistance is heavily politicised. The government chooses which events are declared disasters. Stated criteria are of no use: political expedience is all that counts. Elections in particular can be crucial in determining who gets relief, and when. Religious groups also play the influence game, seizing the opportunities humanitarian response offers not only to access donor funding (a major motivation) but also to win disciples for their institutions. Benevolence is a tool of religious influence, especially when it is practiced on a mass scale.

Corruption

Corruption and bribery are a huge, albeit unacknowledged, cause of ineffectiveness and inefficiency in humanitarian response in Zambia. Of course, there are some genuine NGOs and faith-based organisations, and government policy and the operations manual have recognised the capacity of NGOs and the private sector to do a fair job. But watchdog and security institutions become compromised and irrelevant in the face of corruption. In the Zambian disaster response, community and political leaders short-change the people of what rightly belongs to them. Corruption in the humanitarian business takes place at all levels. The loser is the disaster victim, who cannot pay for eligibility, and very few genuine disaster victims can offer anything as a bribe. Thus, genuine disaster victims usually do not benefit as much as they deserve to from humanitarian assistance, which itself is becoming difficult to come by.

elections can be crucial in determining who gets relief, and when

HIV/AIDS

HIV/AIDS is a huge disaster, with cross-cutting effects on individuals, households and communities. Its economic repercussions include loss of employment, loss of productive capacity, high expenditure on treatment for sick family members and the loss of family property or savings through death. For those dependent on subsistence agriculture, there is an urgent need to increase cash income to pay for the extra commodities needed to care for victims. Children

are the worst-hit: HIV/AIDS accounts for three-quarters of Zambia's one million-plus orphans. Looking after these orphans is a daunting challenge to Zambia's humanitarian response capacity. Although HIV prevention campaigns are part of health education programmes, Zambian society is still extremely patriarchal, and the limited control women have over sexual matters means that efforts to reduce rates of HIV transmission have had only limited success. The role and status of women need to be revolutionised if these campaigns are to be effective. The government's Disaster Management Unit has developed no mechanism to tackle issues of HIV/AIDS, and neither government policy nor the Operations Manual offer clear guidance on HIV/AIDS and gender concerns.

Opportunities for Zambia

In the face of these huge challenges, Zambia can and has made progress in reducing vulnerability in certain sectors. NGOs such as Care, World Vision and Oxfam have delivered a range of services, including water and sanitation, seed multiplication projects, food preservation, livelihood diversification and income-broadening projects. These have had significant impacts on the vulnerability of potential disaster victims, especially in rural communities. One can only imagine how much can be achieved if government departments did the same. The government's ineffectiveness is compounded by high levels of turnover among staff due to poor conditions of employment and mortality and morbidity from HIV/AIDS. One of the missing links in the whole humanitarian equation of Zambia is the low level of expertise among government operatives, undermining the quality of humanitarian service that government departments can offer.

The enforcement of anti-corruption regulations needs to be given priority in humanitarian programmes. Coupled with this, there should be public education on corruption. Campaigns against corruption should be treated as a vulnerability reduction activity in themselves. Corruption reduces the effectiveness of all services targeted at the poor, and as such is a major factor in high levels of vulnerability in Zambia.

In terms of HIV/AIDS, a lot has been achieved in raising public awareness of the disease. The majority of Zambians are aware of HIV prevention measures. However, the patriarchal nature of gender relations means that women are vulnerable to sexual exploitation and HIV infection. Very strong gender development programmes need to be carried out alongside HIV/AIDS prevention measures. As long as women are economically dependent on men, and men are inclined to exploit women's economic weakness, HIV/AIDS is likely to remain an economic and humanitarian obstacle in Zambia. Again, this means training of all those in the humanitarian business in gender development and women's empowerment. Training people at various levels in best practice in humanitarian response will enhance capacity and effectiveness in Zambia.

Wilson Zimba is a long-time trainer and consultant in disaster management in Zambia. His email address is: wilsonzimba@yahoo.com.

Land rights and displacement in northern Uganda

Simon Levine, independent consultant, and Judy Adoko, Land and Equity Movement in Uganda

The long-running conflict in northern Uganda between the government and the Lord's Resistance Army (LRA) is often considered one of Africa's forgotten humanitarian catastrophes. During the past two years, the profile of the war has been raised, both politically – especially with the involvement of the International Criminal Court – and in humanitarian terms, with a (long overdue) increase in presence and commitment from the international community. Yet one aspect of the crisis continues to escape discussion and attention. One hears talk of 'rights', 'the law' and 'justice' in relation to the situation of internally displaced people in the north, but little on the fact of displacement itself. Displacement, being moved from one's land and being forced to settle somewhere else, is an issue of legal land rights. While the impact of displacement is a humanitarian concern, land rights themselves are rarely considered.

A displaced woman in a camp at Awoo, northern Uganda

©Reuters/Radu Sigheti, courtesy alertnet.org

The context: a decade of displacement in Uganda

Mass displacement in northern Uganda began in 1996, when the government ordered civilians into camps, in most cases without prior discussion with host communities. A second round of government-organised displacement took place in 2002, and people have also been displaced by the fear of rebel attack. The current camp population is estimated at around 1.5 million, including the existing inhabitants of the land where the camps are now situated. Since host populations live in the same camps, and may also have limited access to land, they are also generally considered to be IDPs.[1]

Do IDPs have land rights?

Some look to international law and conventions to substantiate claims to rights on behalf of IDPs, and the Universal Convention on Human Rights, to which the Ugandan government is a signatory, recognises land rights. National law is often overlooked, but may be more practical:

[1] In most other situations of displacement, IDPs and host communities are distinguished from each other, and are often considered to have competing interests. To avoid confusion, this article uses the term 'IDP hosts'.

- Specific legal rights are unambiguous.
- Rights are un-contestable within a country.
- All (including the state) are obliged to respect legal rights, and there are procedures (through courts of law) for sanction and redress.
- National law is the mechanism through which international conventions are supposed to be enforceable.

Several acts of parliament deal with land rights, but the two key documents are the 1998 Land Act and the Ugandan Constitution of 1995. These give landowners three clear sets of rights which are relevant to displacement:

- The right to be compensated if the state compulsorily removes them from their land.
- The right to protect their land from squatters, even if these are IDPs who are unwillingly forced upon their land – unless the state claims the right to temporarily take over their land, paying them full compensation.
- Rights over their land while displaced, including the right to cultivate land and the right to compensation if anyone, including the state or its organs, destroys crops or property on their land.

Recognition of land rights for IDPs (and 'IDP-hosts') has been complicated by the question of who is a landowner. Ugandan law recognises what is called 'customary ownership' of land, i.e. claims to ownership which are recognised locally, whether or not the claimant has any formal papers to 'prove' ownership (e.g. title deeds). Customary ownership is legally equal to having title, though land held under customary tenure is subject to any local 'customary' rules of ownership (e.g. rules on inheritance or various rights to use land which other members of the family may have). Many have tried to argue that land ownership is traditionally communal in northern Uganda. If land were owned communally 'by the clan', then individual families would not have land rights as owners. This would also mean that displacing them from one place to another within their clan territory would not violate their legal 'ownership' rights, as long as they could be found some land – any land – in the place to which they had been moved. (Most IDPs in northern Uganda are in camps

within 5km of their homes.) In other words, hosts would have no more rights than the clan kin forced onto 'their' land.

many have tried to argue that land ownership is traditionally communal in northern Uganda

The widespread belief that land ownership in northern Uganda is communal is in fact incorrect, and stems from a misunderstanding of the concept of 'ownership'. Research commissioned in 2004 by the Civil Society Organisations for Peace in Northern Uganda, an advocacy coalition of around 40 local and international NGOs, conclusively showed that land is held as private property in the parts of Uganda where displacement has occurred.[2] Land is owned either by families or by households: when people say that 'land is owned by the clan', they are referring to something quite different from private ownership. The clan traditionally has the right to make the rules about who owns land, and which rules owners must follow in managing their land. This is analogous to powers which states claim over land which citizens own (such as zoning, setting land law, establishing courts of law and planning permission), but is quite different from the right of ownership.[3] The distinction may be difficult to follow, or seem unduly pedantic, but a simplification of the ideas of 'clan ownership' has made it much easier to ignore or downplay violations of IDPs' rights.

Violations have included:

- Several hundred thousand people have been forcibly displaced by the state, with no compensation offered.
- Trees on IDP land have been burnt down, as security forces set fires to remove cover for rebels.
- IDP and army camps have been set up on private land without permission or compensation.
- Public facilities have been constructed on private land, without compensation being paid. Where camps have become market centres, local authorities are simply taking people's land, for instance to build roads.

Are land rights a humanitarian issue?

Humanitarian agencies seem uncomfortable with the idea of land rights. There are several possible reasons for this:

- The issue is seen as too complicated – the restricted domain of lawyers. Few agencies have this expertise.
- Land rights have not become part of the humanitarian discourse, so few agencies even realise there is a problem.

[2] J. Adoko and S. Levine, *Land Matters in Displacement: The Importance of Land Rights in Acholiland and What Threatens Them*, 2004, www.internal-displacement.org or www.oxfam.org.uk.
[3] In legal terms, the clan's traditional rights and powers are akin to a hybrid of holding 'radical title', the 'police powers' of the state and judicial authority.

- In humanitarian crises we tend to fall back on generic responses. Land rights are very context-specific.
- The desire of some agencies to support and remain friendly with the authorities seems to make them reluctant to acknowledge that citizens have rights, and that the authorities may be violating those rights.

We would argue that understanding land rights is vital in responding to displacement in northern Uganda (and, we expect, in other crises involving displacement) on two main grounds:

- Respect for rights is an integral part of all humanitarian action.
- An understanding of land rights will affect many of our interventions. This is partly because humanitarian catastrophes are not the self-contained 'case' to which agencies respond, but are also the context within which other tragedies occur, for which attention is needed but is often absent. The ongoing violation of land rights in many different ways is a key current and future cause of destitution.

understanding land rights is vital in responding to displacement in northern Uganda

The obligation to respect rights in humanitarian response
Humanitarian actors have a duty to obey the law (even where the state itself does not). Humanitarian agencies have no right to use people's land for building schools, roads or wells without permission from the landowners, *and* without paying compensation where appropriate. (Agencies have no right to take advantage of landowners by soliciting their permission instead of paying compensation.) Some have done so, and their only protection from legal action is people's ignorance of their rights.

Many grievances underlie the conflict in northern Uganda, including a belief among many IDPs that the government displaced them in order to deprive them of their land. If agencies also fail to respect IDPs' land rights, this only fuels anger; conversely, respecting their land rights would support a belief that displacement is temporary. Giving people land rights also gives them 'agency'. When we treat people as powerless victims, we reinforce their sense of powerlessness, fuelling violence and despair. Land rights are almost the only area where IDPs have the power to oblige us to show them respect.

Finally, the whole humanitarian *raison d'être* rests on a belief in the value of human rights, including land rights. We should not discriminate. The international community demands respect for the land rights of white farmers in Zimbabwe, but ignores the same rights of black farmers in Uganda.

Land rights and humanitarian interventions

A more detailed understanding of land rights and how claims to land are actually made can make interventions far more responsive to the actual problems that people face. In displacement, people still lose land rights in the usual ways – disputes with neighbours, widows being evicted by in-laws, orphans having land grabbed by relatives, local authorities illegally seizing land. The poverty of displacement intensifies the difficulties faced by these victims. Most agencies limit themselves to seeking to understand how people use land (farming techniques), but more poverty is caused by losing land than by farming it badly. In Gulu, an estimated 15% of IDPs in 2004 had entered into contracts to rent land from landowners, who then threw them off the land mid-season. Had more attention been paid to their legal rights as tenants, thousands of people could have been saved from near-destitution. Land cases are the most common disputes brought to legal assistance projects in Acholiland, but dispute-resolution mechanisms are lacking. Helping to re-establish customary law courts and linking them to the state judicial system would make justice accessible, restore a sense of normality amid displacement and promote a system that will be essential on return.

> most agencies limit themselves to seeking to understand how people use land, but more poverty is caused by losing land than by farming it badly

Most IDPs and others believe that, on their return, the potential for land conflicts will be high, and will be a leading cause of destitution. This is not inevitable. Attention to the issues now could help address the problem. Agencies risk confining themselves to marginal relevance on resettlement if they choose to ignore the real problems which people are almost certain to face. In this respect, it is welcome that the 2006 UNHCR-led strategy for the protection of IDPs has for the first time recognised land issues as a priority. The state could show respect and recognise people as land-owners, without actually paying much more than symbolic compensation: this could be enough to reduce the political repercussions of displacement. The impact of this could be immense, in both the direct benefit to IDPs (by reducing stress and fear) and in contributing to a stable peace.

Finally, legal 'land rights' provide external actors with an avenue to pursue the government to ensure that the rights of IDPs are respected and protected. Talk about 'human rights' is often seen as 'political interference' and can be confrontational, but legal rights can be de-politicised. The place for settling these questions (where agreement fails) is in the country's own courts. All governments protect their people best when the cost of not doing so will be higher. The fear of law suits is a powerful motive for governments in the West: why not in Uganda?

Humanitarian work is never easy, particularly in politically sensitive conflict situations. The humanitarian mandate obliges us to acquire the skills and knowledge necessary to respond most effectively and appropriately to relieve and prevent humanitarian suffering. If that means understanding the law, as well as water engineering and malaria control, then so be it.

Simon Levine is a consultant living in Uganda, who has worked extensively on land, conflict and food security-related issues in the Great Lakes region. **Judy Adoko** is a lawyer and the Programme Coordinator of the Land and Equity Movement in Uganda (LEMU). The authors can be contacted on slc@utlonline.co.ug, or LEMU@utlonline.co.ug.

References and further reading

J. Adoko and S. Levine, *Land Matters in Displacement: The Importance of Land Rights in Acholiland and What Threatens Them*, 2004, www.internal-displacement.org or www.oxfam.org.uk.

Mary Anderson, *Do No Harm: How Aid Can Support Peace Or War* (Boulder, CO: Lynne Rienner, 1999).

Universal Declaration of Human Rights, UN General Assembly resolution 217 A (III), 1948.

For further papers on land rights in Uganda, see www.land-in-uganda.org.

Chronic vulnerability in Niger: implications and lessons learned for UNICEF's emergency nutrition response

Annalies Borrel and Lauren Rumble, UNICEF, and Gillian Mathurin

Niger has suffered from chronic malnutrition, rooted in structural vulnerabilities, for several decades. A series of environmental and economic shocks has further exacerbated these vulnerabilities, resulting in high levels of acute malnutrition among children under five.[1] Elevated levels of mortality, particularly among children, are also

1 *Nutrition Information in Crisis Situations (NICS 8)*, January 2006, p. 14, www.unsystem.org/scn/Publications/RNIS/NICSv8.pdf.

evident. During 2005, the under-five mortality rate was 4.1 per 10,000 per day, and the crude mortality rate was 1.5 per 10,000 per day.[2] In two regions of the country, under-five mortality rates were above the emergency threshold of two per 10,000 per day.[3] Based on the findings of a recent evaluation,[4] and using UNICEF's framework for the causes of child malnutrition, this article outlines the structural roots of Niger's crisis, and provides a brief synopsis of the lessons learned for UNICEF.

The causes of malnutrition

In general, the basic causes of child malnutrition at the national and regional level are rooted in the availability of resources (human, structural, financial), formal and informal infrastructure and national and regional government polices.[5] The underlying causes of malnutrition, acting at the household and community level, encompass several broad areas: care practices, social and cultural expectations, health services and health environment and food access and food availability.

The prevalence of exclusive breastfeeding among infants under four months in Niger is extremely low (reportedly only 2% in 2000).[6] It is recognised that support for exclusive breastfeeding is a priority intervention for child survival.[7] In addition, there is very little awareness amongst communities and families about the consequences of malnutrition for children and Niger's patriarchal society means that women often do not have access to or control of food supplies. Low education and early marriage among women are additional gender-related factors that impact on nutritional status.

Health facilities to cope with malnutrition are generally weak and under-resourced. The capacity of local health workers to treat and prevent malnutrition and associated illnesses is low. Vaccination against measles is inadequate (below 60%), and user fees mean that more than half the population are excluded from health services (an estimated 63% of the population lives on less than a dollar a day, and UNDP's *Human Development Report* in 2005 ranked the country last out of 177).[8] Unusually high millet and sorghum prices in regional markets, combined with an

A girl stands in front of empty granaries in Tangaba village, north-western Niger

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

earlier fodder deficit caused by drought and a severe locust infestation in some pastoral areas, exerted further pressure, and resulted in many livestock-dependent households facing a sharp decrease in purchasing power for food commodities. In 2005, purchasing power was reported to be less than a quarter of its 2004 level, and was weakest in the agro-pastoral and pastoral zones of Niger.

It is generally accepted that food access, rather than food availability, is the critical factor. The importance of non-food causes of malnutrition needs to be emphasised, and underlines the need for complementary initiatives in health, water, sanitation, feeding practices and care sectors. For many malnourished children, food support will undoubtedly contribute to their nutritional status, but it will not be enough to maintain nutritional status in the long term if these other factors are not addressed.

it is generally accepted that food access, rather than food availability, is the critical factor

Lessons learned

Early warning, surveillance and assessment

In September 2004, the IASC Working Group on Early Warning – Early Action (EW/EA) recommended strengthening national and local early warning in Niger, including incorporating malnutrition data into analyses and strengthening the analysis of the impact of rising market prices for grain.[9] Although surveys conducted late in 2004 and throughout 2005 consistently reported high levels of acute malnutrition, these findings did not trigger timely

2 MSF, *Nutritional Survey and Retrospective Mortality – Overview of Main Findings, Rural Periphery of the Town of Zinder, Niger*, August 2005.

3 *Nutrition Information in Crisis Situations (NICS 8)*.

4 UNICEF's *Real Time Evaluation (RTE) of UNICEF's Response to the 2005 Food and Nutrition Crisis in Niger*, conducted by Lucien Back, Danielle Fabre and Joaquim Gonzalez-Aleman, January 2006.

5 See UNICEF's conceptual framework for malnutrition in emergencies.

6 MICS, *Preliminary Report*, 2000. See also UNICEF/CDC national survey, October 2006.

7 'Where and Why Are 10 Million Children Dying Every Year?', *The Lancet*, 2003.

8 UNICEF/CDC national survey, October 2006. See also UNDP, *Human Development Report 2005*, http://hdr.undp.org/reports/global/2005.

9 IASC, *Early Warning/Early Action: Lessons and Insights from the Niger Food Crisis of 2004–2005*, 63rd Working Group Meeting, 21–22 November 2005.

and appropriate action in terms of both treatment and preventive interventions. This was arguably due to a lack of in-country capacity to collect, analyse and interpret data, and an inability to raise nutrition as a key priority with the government, donors and partner agencies.

Establishing a nutritional surveillance system in Niger that can provide timely information and is appropriate to national capacities and needs will be a challenge, including for UNICEF. This system would need to identify temporal changes (i.e. seasonal periods of malnutrition), distinguish relative vulnerability among different livelihood groups and combine food security and nutritional data. It would also need to be 'child-centred', and take due account of children's nutritional status.

From 2006, UNICEF plans to undertake twice-yearly national nutrition surveys. Data will need to be appropriately disaggregated to account for regional differences. Technical and logistical support has been provided for the early-warning system, to ensure that nutritional indicators are incorporated into the system and analysed on a monthly basis. UNICEF and its partners will also need to ensure that the surveillance system explicitly leads to programmatic action, which in turn will need to be measured in results.

Vulnerability analysis: the need for a broader framework for understanding malnutrition

As late as May 2005, analyses still focused on the production and availability of grain staples at the expense of other indicators, such as changes in the import and export regulations governing grain, market prices, access to food and malnutrition. Other factors such as lack of access to health services, cultural practices and gender inequality were inadequately incorporated into the national vulnerability analysis and subsequent programming. Furthermore, analyses failed to identify which population groups were at relatively greater risk, and why. In view of existing resource constraints, this analysis could have been extremely useful for prioritising action. The problem of persistent indebtedness among vulnerable groups must also be highlighted, especially given the continuing deterioration of livelihood systems. Information should be analysed from a long-term perspective, taking into account earlier trends, previous crises and a systematic comparison of different livelihood groups' coping strategies, as well as chronic vulnerabilities.

A broader regional analysis of the problem of malnutrition is critical for more effective strategy development in the future. A comprehensive analysis and understanding of the risks associated with changes in regional cross-border trade regulations should inform priorities for programming, as well as advocacy. Similar patterns of vulnerability are occurring elsewhere in the region, for instance in Burkina Faso and Mauritania. UNICEF has developed an inter-agency proposal for West and Central Africa which focuses on addressing both acute and chronic malnutrition; strengthening early-warning systems including nutritional surveillance systems, developing a regional approach to the treatment of severe and moderate malnutrition using a decentralised community-based approach, establishing adequate supplies and stockpiles of emergency nutrition commodities, addressing infant and young child feeding and strengthening national nutrition policies to reflect emergency nutrition and other child survival activities.

Strengthening and retaining emergency and development capacity

Separating humanitarian and developmental efforts potentially sets up a false dichotomy between 'normality' and 'crisis', obscuring the fact that many people live perpetually close to the edge of crisis. In situations of chronic vulnerability, where populations have reduced capacity to cope with shocks, crises are more likely to recur. In Niger, UNICEF and its partners did not adequately articulate and advocate for a strategy that included both mitigation and emergency response interventions.

UNICEF and its partners should recognise that earlier interventions, such as strengthening people's livelihoods, developing national capacity for emergency response and advocating for improved access to social services and markets, are critical interventions in countries where chronic vulnerability exists. UNICEF and others must respond, not only to the existing malnutrition crisis, but also to the factors that predispose people to crisis, and the underlying causes.[10] While UNICEF cannot undertake responsibility for all interventions addressing the underlying causes of malnutrition, UNICEF should ensure that the analytical framework that it applies in surveillance and early warning sufficiently measures these underlying causes. Subsequently, UNICEF is obligated to undertake strategic advocacy that is based on evidence, and where possible design and implement programmes that address these underlying causes.

It is equally important that UNICEF retains adequate emergency response capacity (financial, human, technical and logistical) to address nutritional crises, however localised, in countries such as Niger. In particular, high-calibre staff specifically equipped with skills in emergency as well as public health nutrition should be retained in-country, to recognise when there is a deterioration in the nutritional situation, to develop and build national capacities and to advise and support timely responses. This would include the resources and capacity to address chronic underlying causes such as inadequate feeding practices (which may be exacerbated in crises) as well as priority public health interventions, including measles and malaria campaigns.

In August 2005, a strategy to address the problem of acute malnutrition in the context of chronic vulnerability was implemented. Supported by the UNICEF Regional Office for Western Africa and Headquarters, the Niger Country Office has played a more effective and decisive role by assuming a greater technical, leadership and coordination function in nutrition through its support to the Ministry of Public Health, and in cooperation with NGOs. UNICEF now has technical nutrition staff based in Niger as well as in the regional office to support strategic changes at the policy and programme levels.

10 Susanne Jaspars and Jeremy Shoham, 'Targeting the Vulnerable: A Review of the Necessity and Feasibility of Targeting Vulnerable Households', *Disasters*, vol. 23, no. 4, 1999.

PRACTICE AND POLICY NOTES

UN coordination

Existing UN coordination mechanisms in Niger, such as the UN Country Team, were slow to acknowledge the severity of the crisis. Coordination between the UN and the government, as well as coordination within UN agencies, was weak. Funding constraints prevented WFP from fulfilling some of its commitments as outlined in a global MOU between UNICEF and WFP, specifically in undertaking large-scale emergency supplementary feeding programmes. The relatively late implementation of general and supplementary feeding contributed to greater numbers of severely malnourished children requiring treatment in therapeutic feeding programmes.

Close collaboration and coordination between the different UN and other agencies in Niger is critical, especially in the area of nutrition. An adequate UN response in a nutritional crisis requires that UN agencies work collaboratively, with well-defined responsibilities (UNICEF for surveillance, treatment of malnutrition, infant feeding and Vitamin A; WFP for food aid; FAO for food security; WHO for health). UNICEF, as the lead UN agency for nutrition, needs to ensure that policies and programme priorities are based on a framework that engages and holds accountable each of these agencies (including UNICEF itself) for effectively addressing and preventing malnutrition in emergencies. To a large extent, the specific roles and responsibilities of UN agencies have been clarified. In March 2006, UNICEF assumed the coordination of technical support for the treatment of malnutrition, WFP will provide food for supplementary feeding programmes (SFPs) and WHO will coordinate and implement complementary health initiatives; UNICEF will continue to supply nutrition and drugs for the management of severely malnourished children. Although a significant step forward, this clarification of responsibilities is not necessarily applied at the country level across all emergencies.

close collaboration and coordination between the different UN and other agencies in Niger is critical, especially in the area of nutrition

Strengthening and developing national capacity

UNICEF needs to establish a long-term approach to strengthening emergency nutrition capacity within the Niger government. The strategy in Niger will require more than intermittent training workshops, and will need to be sustained over a long period. It should focus on leadership skills as well as technical competencies within national structures, and it should focus on achieving greater ownership of nutrition surveys and surveillance findings, incorporating emergency nutrition policies into broader public health policy and advocating for the abolition of user fees

for essential health services. It should also consider advocating for access to locally produced low-cost therapeutic foods and complementary foods for young children. Overall, UNICEF should support, and should be accountable to, specific capacity development results and outcomes within Niger's government and other national structures. As UNICEF strengthens its own capacity in emergency nutrition, it should be better positioned in the medium term to strengthen the government's capacity. Neglecting to do so will only lead to inadequate national capacity and over-reliance on (often inadequate) international capacity in future crises in Niger.

Advocacy

Strategic advocacy is a critical component of UNICEF's emergency response. In Niger, however, relatively greater emphasis was placed on short-term advocacy, rather than strategic policy advancements. While retaining a focus on children, UNICEF and its partners must work to ensure that rigorous, evidence-based assessments are used to inform and develop a country-based advocacy strategy for immediate and long-term change. These assessments are crucial not only for informing agencies about context-specific priorities, but also for gaining consensus among partners, including national authorities, over the severity of the situation and the need for a scaled-up response. Evidence-based advocacy in Niger is also required to raise the profile of nutrition in general; achieve greater cohesion between interventions addressing chronic and acute causes; win broader recognition of the various causes of malnutrition (not just related to food); revise and change health policies that support more equitable health services; ensure that social, cultural and gender-related causes are consistently addressed; and make certain that changes in cross-border (regional) trade regulations have minimum negative effects on people's access to food. Advocacy must be sustained and systematically communicated to all stakeholders, including the government, the broader UN family and internally within UNICEF, as well as with donors and regional actors.

Conclusions

The chronic and devastating nature of the malnutrition crisis in Niger poses significant challenges for humanitarian aid agencies, including UNICEF. An approach which encompasses a meaningful shift in policy, programming and advocacy strategies is needed. Significant progress has been achieved by the humanitarian community in recent months to address the crisis in Niger, but the problem of chronic vulnerability and high levels of chronic and acute malnutrition persists. Greater efforts are required to understand and respond to this chronic vulnerability.

Annalies Borrel (aborrel@unicef.org) and **Lauren Rumble** work in the Humanitarian Policy and Advocacy Unit in UNICEF's Office of Emergency Programmes, New York. Until recently, **Gillian Mathurin** was also a member of the team. Significant inputs into this article were made by UNICEF's Regional Office in West Africa, the Country Office in Niger and the Nutrition Section at UNICEF Headquarters.

Researching with children in conflict-affected settings

Anthony Zwi and Natalie Grove, University of New South Wales

Children comprise a substantial proportion of those affected by conflict, crises and disasters. The humanitarian community knows all too well their vulnerability in emergencies – in particular to infectious diseases which raise childhood morbidity and mortality. Such diseases are major killers; averting these deaths is the key health intervention, alongside securing basic needs such as water, sanitation and hygiene, food security, adequate nutrition and shelter. Recent debate has highlighted the tremendous challenges to achieving the health-related Millennium Development Goals, and of applying best practice in child health interventions, while still respecting children's rights to participate and be heard.[1]

This article reports on a recent international symposium in Manila which brought together researchers and practitioners from Uganda, Sri Lanka, the Philippines, Indonesia and Nepal to share experiences and expertise in relation to children, conflict and health, with a focus on infectious diseases. The symposium drew attention to the rationale, approach, methods and ethics involved in developing innovative responses to child health issues, including research directly with children in these settings.

Child health in emergencies

Diarrhoeal diseases, acute respiratory infections, measles, malaria and severe malnutrition are the most common causes of death in children; to these can be added pertussis, typhoid and meningococcal meningitis.[2] While children under the age of five years typically experience the highest mortality in complex emergency settings, older children may also be affected, especially where interventions to promote child health have been disrupted. It is for this reason, as well as to reduce transmission, that the Sphere guidelines suggest immunising children up to the age of 15 years for measles, a condition that usually affects under-fives.[3]

The disruption and displacement of families and communities in times of armed conflict often results in children adopting new roles and responsibilities; these have an impact on their own health and wellbeing, and potentially on that of siblings, peers and close adults (sometimes sick or elderly relatives). Girls in their early teens may themselves be mothers. Children who were previously at school or had been at home or working in the fields may need to find paid work, taking them away from their family

What we know

- The greatest burden of ill-health in conflict situations is borne by children.
- Infectious diseases encountered by children in conflict settings reveal the same patterns time and again: children are vulnerable as a result of changes in behaviour, environment, micro-organisms and vectors and nutrition.
- Children play significant roles in their own wellbeing, as well as that of others; they should be involved in efforts to improve their own health.
- Children's perspectives are important, and research with children and young people can offer valuable new insights which have the potential to lead to more effective interventions.

for long periods. Within the home, children may play a considerable part, often unsupervised, in obtaining and preparing food, collecting water, disposing of waste, overseeing hygiene and washing younger children.

children under five typically experience the highest mortality in complex emergencies

In Nepal, homeless and unaccompanied children in particular may be exposed to risks of HIV/AIDS and other infectious diseases, trafficking and psychosocial stresses. We know little about them, including whether, how or when they access services. In Northern Uganda, thousands of children walk every night from villages and internally displaced camps to the nearest towns – up to 10km away – in response to ongoing abductions and violence. They do so unaccompanied by adults, to sleep in shelters, bus parks, on verandas, in hospital grounds or on the street.[4] They make decisions, on a daily basis, which affect their health: concerning water and sanitation, nutrition, personal safety, substance use and health care. In Mindanao in the Philippines, ongoing conflict has led to earlier marriages, with young girls becoming mothers in their early teens. These young mothers have not had the opportunity to learn how best to feed their children or protect them from ill-health and infectious diseases. Health promotion materials are not directed at them, nor do these materials recognise the limited decision-making latitude these girls may have within complex family structures.

1 G. Lansdown and R. Karkara, 'Children's Right To Express Views and Have Them Taken Seriously', *The Lancet*, 367, 2006, pp. 690–92; R. Horton, 'The Coming Decade for Global Action on Child Health', *ibid.*, pp. 3–5; and A. Penrose and M. Takaki, 'Children's Rights in Emergencies and Disasters', *ibid.*, pp. 698–99.

2 W. J. Moss et al., *Child Health in Complex Emergencies: Roundtable on the Demography of Forced Migration* (Washington DC: National Academies Press, 2006).

3 The Sphere Project, *Humanitarian Charter and Minimum Standards in Disaster Response* (Oxford: Oxfam, 2004).

4 Women's Commission for Refugee Women and Children, *No Safe Place To Call Home: Child and Adolescent Night Commuters in Northern Uganda* (New York: Women's Commission for Refugee Women and Children, 2004).

Reshaping services and communication strategies to reflect the realities and constraints children face requires a much more sophisticated understanding of their experiences. Despite significant exposure and vulnerabilities, children often exhibit strength and resilience, actively responding to threats to their health. They take action, interacting with and shaping their environment. However, we know little of their experiences and insights, or the basis on which they make their decisions or choices. Addressing these gaps deserves attention.

Towards a more effective research agenda

Symposium participants heard about recent work which has demonstrated the value of engaging children and young people in community research and action. Innovative approaches and methods have been developed, and ethical considerations elaborated.[5] The symposium stimulated discussion about how to learn from emerging best practice, and how to begin to fill these important gaps. Among the information and research needs identified were:

- Establishing which factors predispose children to risk behaviours and exposure in situations of conflict.
- Determining what enables children to be resourceful and to maintain their own health in conflict situations.
- Developing a deeper understanding of the changing social relationships among displaced and other conflict-affected children, in particular how these

impact on responsibilities for health-related decisions within families and communities. How is this affected by religion, class, gender, age or family structure?

- Aside from family, do children draw on the advice of other adults – teachers, service providers, traditional practitioners? How do unaccompanied children perceive their health needs, and how do they make health-related decisions?
- What strategies have been utilised by children to care for their peers and significant others in times of conflict?
- To what extent do different actors, including local and international NGOs, key service providers and policy-makers, engage children, and how do they do so? What mechanisms of consultation and participation do they employ? What do they do with the products of such consultation? What ethical values guide their practice?
- Clarifying the key obstacles to children's access to quality health care and participation in health care development and provision.
- Establishing what child-centred research methods are most applicable in differing conflict contexts, with due regard to any inherent risks or dangers, and the potential for ensuring reciprocal benefits for participants.
- What steps can be taken to ensure that research and programme-based activities such as consultations and needs assessments lead to improvements in access and equity, and deliver some tangible benefits?

New ways of working

Effective research approaches must be flexible and able to adapt to the different needs, skills and talents of children. More important than perfecting any one technique is the ability to discover what children are good at, feel comfortable with and are interested in. Dance, drama and role-play are excellent modes of expression for some children – they may be used to relay experiences of health or illness in the family, or of discrimination at public health facilities. However, children who are shy of performing may be marginalised by these techniques: identifying visual and/or verbal means for collecting opinions and engaging in problem-solving might be more helpful. Examples of such techniques include creating maps of health risks and health resources available in the community, using decision trees or establishing photographic projects to explore unmet health needs.

Save the Children's *So You Want To Involve Children in Research?* toolkit provides a valuable discussion of different approaches, including Participatory Learning and Action (PLA) and Peer-Research, as well as describing research techniques and methods, from interviews and focus-group discussions to using cartoons, creative writing and photography. (See http://se-web-01.rb.se/SHOP/Archive/Documents/ 2958%20Want_to _Involve_Children_in_Research.pdf.)

Investing When It Counts, published by the United Nations Population Fund (UNFPA), explores how innovative techniques such as diary-making and photography have been used to gather information for developing reproductive health and other policies for young adolescents. (See http://www.unfpa.org/upload/lib_pub_file/583_filename_in vesting.pdf.)

In addition to finding the most useful ways of gathering data, in conflict-affected settings particular attention should be given to the risks involved with different methods. Researchers will need to think about the sensitive nature of the information that may be revealed; this could relate to health issues or concerns to do with the armed conflict or security in the area. Encouraging children to disclose information in front of their peers (in group exercises) may be problematic. Likewise, security and issues of confidentiality and anonymity may preclude the use of certain approaches (visual techniques that produce drawings and maps of an area have proved particularly sensitive in some communities). Children themselves are often valuable sources of information, and can help researchers to understand what is appropriate and safe.

5 Women's Commission for Refugee Women and Children, *Youth Speak Out: New Voices on the Protection and Participation of Young People Affected by Armed Conflict* (New York: Women's Commission for Refugee Women and Children, 2005); J. Hart and B. Tyrer, *Research with Children Living in Situations of Armed Conflict: Concepts, Ethics and Methods* (Oxford: Refugee Studies Centre, 2006).

Infectious disease programmes need greater engagement with communities

Although public health is traditionally consultative and participatory, emergency and relief efforts tend to be top-down and more narrowly focused. This results from the often desperate needs and urgency required to avert extremely high levels of morbidity and mortality, and to prevent epidemics from spreading or more serious consequences unfolding. Interventions known to work are delivered with authority, but often with limited consultation or opportunity to engage with affected communities. They may be built around intervention designs which are insensitive to culture or gender, or local beliefs and perspectives on health. Solutions proposed may fail to take account of the strategies and coping mechanisms that are already in place, or may undermine them.

Addressing health problems through traditional emergency responses, *ad hoc* medical services and vertical, disease-specific programmes may decrease mortality in the short term, but this reduction is unlikely to be sustained unless more comprehensive programmes are implemented – a challenge at the best of times, but even more so in conflict settings.[6] Health promotion, community child health and infectious disease prevention and control all require close linkages with communities. Without the genuine participation and support of the communities, even the best technical solutions are likely to fail.

Participation and engagement

There is growing recognition of the need for the active participation of disaster- and conflict-affected people in relief and development planning. The Sphere minimum standards, for instance, state that 'the disaster-affected population actively participates in the assessment, design, implementation, monitoring and evaluation of the assistance programme'.[7] Participation, however, rarely extends to children. Models of engaging with children in vulnerable situations have nonetheless been developed, and it is clear that we need to listen to them and learn from them.[8] This differs from standard practice, which relies on adults, usually parents and teachers, to convey the perspectives of children. Children, if appropriately helped, can share important insights about their lives, environment, health and decision-making. Appreciating these perspectives is thus of value in modifying and refocusing policies, practices and services. Public health must take seriously the right of children to participate in health decisions that affect them, and in research which seeks to benefit them.

We will learn most about child health issues if our strategies and approaches include researching directly with

children. Throughout such work, identifying how children and young people have succeeded, despite adversity, is paramount. So too is understanding the role of agencies who have been able to successfully engage children. How have they done so? What have they learned through these processes? What lessons can be shared with others? What cautions, potentials and risks are they aware of, which need to be understood prior to embarking on such ambitious work? Do key stakeholders, in the end, listen to what children have to say? How do governments, NGOs or political factions engage with children, and to what effect?

> ## we will learn most about child health issues if our strategies and approaches include researching directly with children

Taking forward this work will challenge assumptions about children's roles, responsibilities, skills and competencies as they relate to health research and the promotion, prevention and treatment of health problems. Ensuring the genuine participation of children and young people in health research, including providing opportunities for them to act as co-investigators, to influence responses and to help shape the research agenda, involves a shift in power. We must be prepared to listen to and be led by young people – to hear the unexpected, and act on what we find.

Adopting innovative approaches will not only reveal the ongoing risks to the health of children and young people, but also the resilience and resourcefulness they demonstrate in the face of adversity. Enabling greater participation by children in the planning, implementation and evaluation of health projects is central to improving health outcomes.

Anthony Zwi and **Natalie Grove** research and teach in the School of Public Health and Community Medicine, University of New South Wales, Sydney.

6 W. J. Moss et al., 'Child Health in Complex Emergencies', *Bull WHO*, 84, 2006, pp. 58–64.

7 Sphere, *Humanitarian Charter and Minimum Standards*, p. 28.

8 P. Christensen and A. James (eds), *Research with Children: Perspectives and Practices* (London: Falmer Press, 2000); J. Boyden and J. de Berry (eds), *Children and Youth on the Frontline: Ethnography, Armed Conflict and Displacement* (New York: Berghahn Books, 2004).

Can joint evaluations promote ongoing collaborative action by NGOs?

Malaika Wright and Pauline Wilson, Emergency Capacity Building Project

In October 2005, something unusual happened in Niger. Staff in the country offices of CARE, Save the Children, Catholic Relief Services (CRS) and World Vision got together to conduct a joint evaluation of their agencies' responses to the food crisis. None of the country offices had done joint evaluations before, and their decision to undertake one stemmed, not from a request by donors, but because they wanted to learn from each other, and contribute to knowledge in the wider humanitarian sector by making their findings public.

This event might be unremarkable were it not for the typical lack of coordination among NGOs as a whole. Coordination can be difficult for a variety of reasons, including normal competitiveness and the culture of independence so deeply ingrained within the NGO sector. However, it can lead to the uneven distribution of aid, and be confusing for beneficiaries, who receive very similar goods and services from different agencies. Such independent action by NGOs has created a poor public image for the aid enterprise, and led to missed opportunities for advocacy, the sharing of resources and information and more efficient response. As a result, numerous evaluations have stressed that NGOs must get better at coordination.

Collaborative efforts are central to the work of Emergency Capacity Building (ECB) Project, which supported the joint evaluation in Niger. The project is a two-year collaborative venture between World Vision International, Save the Children-US, CARE International, Oxfam-GB, Mercy Corps, the International Rescue Committee and Catholic Relief Services. In addition to the evaluation in Niger, some agencies involved in the ECB have undertaken joint evaluations in tsunami-affected countries, and an evaluation is currently under way in Guatemala. The joint evaluation in Niger offers by far the most detailed information on the value of joint evaluations for ECB agencies. As such, it will provide much of the evidence examined here.

Joint evaluations and the coordination process

In Niger, the evaluation helped the NGOs involved to:

- **Hold regular coordination meetings:** CARE and Save organised bi-weekly meetings of NGOs in October to share quantitative and qualitative reports, and to discuss the scaling-up and targeting of nutrition activities. These meetings are now periodic, and are led by different NGOs on a rotating basis. They have helped NGOs lobby the government of Niger and the World Food Programme (WFP) for support in specific areas, especially regarding nutrition. In addition, the agencies credit the joint exercise for prompting them to set up an NGO coordination forum in Niamey, to which more NGOs have been invited.

> **The Niger joint evaluation illustrates the call to collaborate:**
>
> *The team noted that the [IWG] Partners were reactive in regard to interagency coordination such that the lack of an effective NGO forum in Niger is a serious weakness in effective programming … opportunities were lost for recognition of Partners' comparative advantages, establishment of joint advocacy positions and for peer training. The latter would have been invaluable prior to the emergency intervention.*

- **Expand their partnerships with UN agencies:** Following recommendations from the evaluation, CARE and CRS are working with WFP to align their emergency rehabilitation goals and activities, especially through implementing Food-For-Work activities and stocking cereal banks with WFP resources. Several NGOs, including Save and World Vision, are meeting WFP and UNICEF to coordinate a new round of food distribution. Discussions include how to work together and support other partners in areas where they are less able to distribute food, and how to come up with a set of common indicators to identify zones for targeting.

- **Increase their voice at national coordination meetings:** By working together to develop a unified national action plan for nutritional recuperation, NGOs are able to present a more unified message at national health and nutrition coordination meetings, originally sponsored by UNICEF and the World Health Organisation, but now managed by the Ministry of Health.

A more global perspective

In Niger, the agencies were able to collate their different perspectives, and this gave them a deeper understanding of the crisis and its causes. The joint evaluation was about 'understanding the crisis, its long-term chronic nature, as well as agency responses, our impact and where to go with recovery efforts', notes one colleague. The evaluation also found that each agency had its own strengths; by working cooperatively, the four agencies are likely to have a greater impact in their emergency and development programmes. Such a finding would have been difficult to discern had each agency done an independent evaluation.

Shared technical expertise and local knowledge

Increased communication with partners has allowed for greater sharing of technical expertise and local knowledge, in addition to helping agencies learn about one another's programmes. The Ministry of Health and Médecins Sans Frontières (MSF), for example, helped train CARE agents to identify various types of malnutrition and to treat moderate malnutrition. In the Zinder region, CRS

trained staff of the NGO GOAL in the implementation of voucher fairs. The government, Save, CARE, CRS, World Vision and several local NGOs worked together on food distributions, which were coordinated at weekly WFP and government meetings from August until October.

Setting realistic and shared goals

One of the objectives of the evaluation was to assess the short-term impact (outcomes) of the four agencies' emergency response work. The agencies defined different goals for their emergency programmes, including to save lives, to improve food security and to strengthen the economy. The evaluators noted that most goals were not met, or were only met temporarily. What the evaluators did not explore is how realistic and measurable any of these goals are for an emergency food distribution programme.

> by working cooperatively, agencies are likely to have a greater impact in their emergency and development programmes

By sharing the goals they set for their programmes, the agencies can begin to assess whether they are realistic, and joint processes can help them to agree on a common set of more achievable and measurable goals, and develop methods to evaluate them. A review of the multi-agency evaluation report indicates that the most likely goals they could achieve in chronic food emergency situations are:

1. To reduce the food insecurity of households affected by drought and locust infestation.
2. To protect the nutritional status of specific vulnerable groups (i.e. pregnant and lactating women, children under five years of age and the elderly).
3. To enable affected households to preserve their asset base.

Helping agencies increase transparency and accountability

Individual agency evaluations are often internal documents that never make it into the public domain. However, both the tsunami evaluation and the Niger evaluation have been posted publicly on the ALNAP website and on the ECB Project's website. This move is significant: by opening up both the favourable and less flattering appraisals of

agencies' performance to public scrutiny, agencies are increasing their transparency and accountability to their stakeholders. The evaluation process itself also allows the agencies to hold one another to account through peer review. In Niger, the four agencies involved in the joint evaluation have called for a follow-on joint event to review progress against the recommendations of the evaluations and to strengthen inter-agency collaboration.

Conclusion

The preliminary evidence suggests that joint evaluations set a precedent for greater collaboration, sharing of resources and information and learning among agencies, and provide them with the opportunity to develop trust, and to regard one another not as competitors but as partners. It is also clear that success is highly dependent on the process itself, and the level of on-the-ground engagement in the evaluation exercise. For example, whether agencies meet and do some analysis together and form relationships as they identify commonalities goes a long way to determining the benefits of the evaluation. A highly skilled team leader who knows how to set up short analytic interagency discussion meetings to agree the findings, conclusions and recommendations of the process with agencies on the ground will ensure that the evaluation report is owned by the teams in-country, and that the recommendations will be taken forward.

Individual evaluations are useful for examining the complexity of logistics, monitoring, human resources and financial management, and the extent to which regular programme activities mitigate crises. These aspects are important, but they often distract agencies from focusing on the larger question of how collaboration, coordination and advocacy can improve NGO responses before, during and after a crisis. Joint evaluations enable agencies to understand the collective contribution they make to mitigating the effects of the crisis. This is important because so many agencies often respond together, and trying to attribute impact to any one intervention is difficult. Joint evaluations also help agencies to keep their focus on these larger goals, and enable them to form collaborative relationships so that NGOs can collectively improve the quality of their response.

Malaika Wright is Knowledge Management/Research Officer with the Emergency Capacity Building Project. Her email address: is mwright@care.org. **Pauline Wilson** is Accountability and Impact Measurement Initiative Manager, Emergency Capacity Building Project. For more on the Emergency Capacity Building Project, visit www.ecbproject.org.

PRACTICE AND POLICY NOTES

The accountability alibi

Nicholas Stockton, Humanitarian Accountability Partnership

For accountability enthusiasts, Jan Egeland's article 'Humanitarian Accountability: Putting Principles into Practice', published in *Humanitarian Exchange* in June 2005, promised much. Here was a good opportunity for the United Nations Emergency Relief Coordinator to show how the process of UN reform might enable international humanitarian action to become more accountable to 'the peoples of the United Nations', rather than just beholden to the very mixed company that is the governments of the UN's member states. After all, OCHA must know as well as any institution that most humanitarian crises are provoked or exacerbated by bad governance, and that the most egregious failures of humanitarian protection, disaster preparedness and mitigation are both perpetrated and, where they can get away with it, concealed by governments. And while the performance of the international humanitarian system invariably disappoints its supporters, very often its failures can be attributed to deliberate acts by governments to frustrate humanitarian access to, and sometimes even deny the very existence of, 'peoples' in urgent need of protection and assistance. Indeed, because of its nature as an inter-governmental body, the idea of 'United Nations humanitarian coordination' was rejected as oxymoronic by many humanitarian agencies during the Cold War.

It was only the hubris generated by 'the end of history' that assuaged those fears, when the 'international community' was entrusted with humanitarian coordination under UN General Assembly Resolution 46/182 in December 1991. This wrested the humanitarian leadership function from 'neutral' Geneva to the political hothouse of New York, from where the discourse of 'coherence' has represented a kind of Orwellian doublespeak, obfuscating the simple reality that UN humanitarian coordination is a tool designed to integrate humanitarian resources into the wider political objectives of the Security Council, for good or ill. The Rwanda genocide and the humanitarian disasters in Sudan, the DRC and numerous other human wastelands remind us that entrusting humanitarian coordination to the United Nations has indeed proven to be no panacea. The carelessness demonstrated by so many governments with the lives of peoples near and far has found neither remedy nor prevention in this form of inter-governmentalism. So, was Egeland about to issue a much overdue clarion call for the United Nations to bend more to the humanitarian interests of the suffering peoples of the United Nations, and less to the strategic interests of its constituent governments?

Well, if that is what you hoped for, then you were in for a major disappointment! He begins well enough with the high-minded assertion that 'the first thing people in crisis need to know about humanitarianism is that we will treat them as human beings, with dignity and respect'. But somehow this excellent principle is to be achieved, according to Egeland, through 'building a more predictable response capacity and providing for more predictable and flexible funding'. Apparently, greater accountability is to be achieved through 'greater impact on the ground', and for this to be realised, the United Nations needs more flexible money and more trained staff. Ergo, humanitarian accountability is a function of UN funding. So, the Darfur tragedy is presented as a by-product of 'initially slow' humanitarian response with 'too many gaps', and the four million deaths in the DRC are attributed to 'woefully underfunded' appeals. Somehow, accountability, or rather a lack of it, has become an alibi for humanitarian failure, and a polite way of asking for more money.

But Egeland also opines that 'accountability is about more than getting programmes funded and trucks rolling. It is about means as well as ends … In our rush to provide aid quickly and efficiently, we must not neglect the power of presence – the act of human solidarity in the midst of suffering'. Yet, in a crucial semantic twist, he says 'accountability is about these *intangible* (my emphasis) but essential qualities'. However, it seems that accountability only suffers from this problem of 'intangibility' when it comes to disaster survivors. Egeland acknowledges that 'we are accountable to our donors, our partners and the public at large – all of whom have an indisputable right to know where and how their money is being used'. Tellingly, this duty is not extended to disaster survivors. (Might we call this 'the tangibility alibi'?) Of course, this could be excused as a simple oversight, but other evidence suggests that it is in fact a systemic condition of OCHA's own stakeholder map. For example, Egeland's Humanitarian Response Review (HRR) consulted over 400 members of the humanitarian system, but not one 'beneficiary'. Likewise, there are no standard operating procedures that require Humanitarian Coordinators to make themselves accountable to disaster survivors.

If the exclusion of disaster survivors from the list of those to whom humanitarian agencies should be accountable is due simply to the 'intangibility' of suitable accountability practices, then help is at hand. In the Humanitarian Accountability Partnership (HAP), we believe that there is nothing essentially intangible about consultation. Dialogue can be recorded and transcribed. It can demonstrate the existence of informed consent, and it can establish a clear contract about an agency's duty of care towards its intended beneficiaries. It can produce binding distribution schedules and security agreements. It can record complaints and commitments to offer redress. HAP has described such tangibles in its 'Principles of Accountability', from which we are now deriving verifiable standards and performance indicators that will be used as the basis for agency certification: another tangible manifestation of respect for the dignity of beneficiaries and of humanitarian accountability in practice. In due course, this might lead to an ISO 9000 or SAI 2000 accredited system of certification. These internationally

recognised quality management standards are expressly concerned with making accountability to stakeholders measurable and verifiable. Making accountability to disaster survivors tangible.

But surely, the reader might say, Jan Egeland was making the more important point that, in the final analysis, humanitarian assistance has to be effective? Is that not the best way for humanitarians to achieve accountability? Well, not quite. This argument suggests that Egeland sees accountability as a one-way street, in effect a synonym for transparency. But accountability is also concerned with *taking account* of the views, interests and capacities of stakeholders in a manner that leads to substantive changes in programme design and delivery. And this dimension of accountability is not about political correctness. Ask Toyota how they became the world's largest car manufacturer. Listening to customers is what made the difference for them. But how might this lesson be applied to humanitarian action?

Since Barbara Harrell-Bond's ground-breaking study of the impact of international aid on Ugandan refugees in Southern Sudan, many researchers have noted that people affected by disasters rarely sit down and simply wait for external help to arrive.[1] The biography of a 'disaster victim' precedes the stage where aid agencies designate the situation as an emergency, and while survival strategies may get ever more desperate, these are invariably pursued after a pragmatic weighing up of opportunities and risks, balancing the need for short-term welfare against the desire for long-term sustainability. Researchers have seen that peasant farmers almost never eat their seed reserve. Migration (or voluntary displacement) is usually 'rehearsed' or tested by some members of the family before the whole household moves. 'Coping strategies' as diverse as wild food foraging and writing letters to the diaspora for financial support are all undertaken with reasonably well-informed expectations about returns on the effort involved. In other words, although in absolute terms the income derived may be small, effort is nevertheless expended upon activities that yield the optimum economic returns available from the opportunities available. So the disaster survivor knows that the 'opportunity cost' of time spent on foraging is the value foregone of the 'next best' activity, which may indeed be writing a letter to a distant relative.

It is into this mixed, often battered, but very real economy that international relief aid is pitched, with the latter usually constituting a small proportion of the former. Alex de Waal's classic study of the 1984 Darfur famine discovered that international relief aid amounted to less than 10% of the domestic income of most 'famine victims'.[2] Yet the procedures and risks associated with obtaining international famine relief involved waiting for hours or even days in scorching and incipiently violent queues, with no guarantee of achieving a return on the time invested that would be as productive as the 'beneficiary's' next-best survival activity. Yet relief workers all too often behave as if 'disaster victims'

have nothing better to do than silently, patiently and gratefully wait for international largesse to reach them.

Once the opportunity costs of queuing are more fully understood, so too is the anger of disaster survivors when relief agencies treat them as if they had nothing better to do. Such feelings are often exacerbated by the venues chosen for relief aid transactions. Often people have to walk for hours or even days to get to a distribution point, only to find that the distribution schedule has been changed, that they have missed a vital registration event, and that all their effort has been in vain. It is at these moments when we can properly speak of disaster victims, where the opportunity costs of choosing to depend upon an unaccountable relief agency can be truly deadly. Trying to understand the opportunity costs for survivors of 'participating' in relief work is one very tangible exercise that not only operationalises the concept of respect for the dignity of people affected by disasters, but can also encourage an approach to consent and disclosure that can greatly assist the survivors to make better-informed decisions, often of a genuine life or death nature. This is accountability working, as Toyota would recognise it.

In April 2006 HAP polled its contact list, consisting mainly of staff of aid agencies, to ascertain their perceptions about the quality of humanitarian accountability practices during 2005. The survey – completed by 311 respondents – confirmed that most experts believe that the quality of humanitarian accountability declines in direct proportion to the relative power of the stakeholder. Humanitarian agencies are perceived to be good at accounting to official donors, fairly good at accounting to private donors and host governments and very weak at accounting to beneficiaries. This goes to the very heart of the challenge confronted by those who wish to promote humanitarian accountability. The people whose welfare is meant to be the object of the exercise have the least say (indeed, often none at all) in designing policy or shaping operational practices. Indeed, even odder, the institutions that deliver the service are also paid to judge the quality and effectiveness of their own delivery mechanisms. Put in other terms, this describes a system where the client is deemed to be the least able to define his or her own utility and to judge his or her own satisfaction. This lends support to HAP's contention that humanitarian accountability has to address a fundamental paradox. Powerful stakeholders – in this case donors – can all too easily contribute to the disempowerment of less powerful stakeholders through monopolising the demands placed upon, and the outputs of, agencies' accountability mechanisms. So, while we would not dispute that donors and governments have the right to demand accountability from humanitarian agencies, this must not be achieved at the expense of accountability to the principals – the intended beneficiaries. In the final analysis, 'humanitarian accountability' must surely be firstly to those in need, not those in power. Only when this has been achieved by OCHA will we be able to speak properly of United Nations *humanitarian* coordination.

Nicholas Stockton is the Director of the Humanitarian Accountability Partnership (www.hapinternational.org). His email address is: nstockton@hapinternational.org.

1 Barbara Harrell-Bond, *Imposing Aid: Emergency Assistance to Refugees* (New York: Oxford University Press, 1986).
2 Alex de Waal, *The Famine that Kills: Darfur, Sudan*, revised edition (Oxford: Oxford University Press, 2005).

ENDPIECE

Humanitarian Practice Network

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

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

HPN's activities include:

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

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

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

Funding support is provided by institutional donors (AusAID, CIDA, DANIDA, DFID, Development Cooperation Ireland, MFA Netherlands, SIDA, USAID), non-governmental organisations (British Red Cross, CAFOD, Christian Aid, Concern, International Rescue Committee, MSF, Oxfam, Save the Children (UK), World Vision) and UN agencies (WFP).