“Resilience” – buzzword or useful concept?

When we spoke of resilience in 1999, in our report on the famine in Bar El Ghazal, it was not understood by some. This concept from the field of psychology, which describes the capacity of individuals to absorb and survive stress and adversity, was being applied to the living conditions of the inhabitants of the great wetlands of the Nilotic depression in Southern Sudan, one of the harshest environments imaginable. The concept of resilience could also be applied to humanitarian operations in Southern Sudan, which are very fragile as they are dependent on the presence of expatriates, the security situation and flight authorizations from Khartoum.

Now in 2012, it is the latest fashionable concept. With the strategic importance it has been given by DFID and the European Commissioner, Kristalina Georgieva (initiatives in the Horn of Africa and the Sahel), it has practically become unavoidable. The RESILIENCE research project, launched in 2009 (CARE Holland, Groupe URD and the University of Wageningen), has led us to clarify the issues behind this word: resilience, or the capacity of systems to absorb shocks and bounce back, is, in the end, the result of a broad spectrum of phenomena, in which international aid can play its part: anticipation of changes (climatic threats and economic, demographic and technological changes), risk prevention and reduction, strengthening of response capacity and strategic choices for development (climate change adaptation and poverty reduction). All around the world resilience is being stretched, as can be seen from the agro-pastoral crises in the Sahel or urban warfare methods which are making access to healthcare, water, food and energy more and more difficult. It is there to be seen every day, whether for the survival of communities or in the bomb-ravaged city of Homs.

It may have become a fashionable concept, but that is a good thing! It remains to be seen how it will be used, and it is to be hoped that a new “buzzword” will not replace it too quickly.

François Grünewald

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The shared interests which make humanitarianism possible

Michaël Neuman

Is humanitarian space shrinking? Are humanitarian organisations less capable than before of providing those affected by war, epidemics and natural disasters with assistance? In a new publication, Humanitarian Negotiations Revealed - The MSF Experience, MSF looks at the difficulties encountered by aid organisations from a different angle. Based on the association’s recent experience, it argues that relief activities are not in any way linked to the existence of a humanitarian space which simply needs to be defended on ethical terms against attempts to instrumentalise it. The authors explain that the central question in terms of aid organizations gaining access to a space in which to work is their ability to reach a compromise between their interests and those of the powers in place. Thus, the question is: what is an acceptable compromise in the eyes of a humanitarian organization like MSF?

In July 2004, Médecins Sans Frontières decided to leave Afghanistan after twenty-four years of medical projects in the country. Five members of the association had been killed in June in an attack in the province of Badghis. The Taliban, who had been ousted by the international military intervention three years previously, were not responsible – as we would later learn – but nevertheless claimed responsibility. They explained that humanitarian organizations like MSF served the interests of the United States. For its part, the NGO stated, on announcing its withdrawal, that “independent humanitarian action, which involves unarmed aid workers going into areas of conflict to provide aid, has become impossible” in Afghanistan. A few weeks later, an American academic close to the Bush Administration wrote in the Wall Street Journal, “The principle championed by Doctors Without Borders – that civilian professionals providing medical help to the suffering will be granted safe passage – is now part of our nostalgic past."

In the years following the declaration by Colin Powell that NGOs were “force multipliers” for US diplomatic and military action, numerous aid actors, United Nations agencies and NGOs played into the hands of Taliban propaganda by explicitly supporting the war effort and the struggle to impose democracy in Afghanistan. MSF, which had refused to be associated with the reconstruction and campaigned for the need to maintain independent and impartial humanitarian aid, felt incomprehension. And yet, in March 2003, the murder of a delegate from the International Committee of the Red Cross had already shown that an approach based on the affirmation of the principles of neutrality, independence and impartiality was not enough to guarantee humanitarian organizations access to the victims of the conflict.

In the years following the murders in Badghis, the NGO was affected by a series of events: the murder of volunteers (in the Central African Republic in 2007 and in Somalia in 2008), expulsion or the suspension of activities (in Niger in 2008, in Darfur and Sudan in 2009), pressure from governments regarding its public communication (Sri Lanka 2008, Yemen 2010), and more broadly a desire to increase control over its activities (notably in Ethiopia, Sri Lanka and Pakistan). Along with numerous NGOs and observers of humanitarian action, MSF felt that these difficulties were proof that humanitarian space was shrinking due to the blurring of lines between different actors which had been exacerbated by the international military interventions following the attacks of 11 September 2011 as well as the development of international criminal justice and the integration of the aid system into the political strategies of the United Nations. In addition, humanitarian organizations like MSF had to deal with a renewed affirmation of sovereignty on the part of post-colonial states. It seemed that humanitarian action had become more dangerous, more difficult to carry out than in the past when humanitarian actors had seemed to occupy “its own space in the international political spectrum, a privileged space outside the geopolitical strategies of governments.”

The intention here is not to deny that there are consequences to the use of humanitarian rhetoric by warring parties or that western aid organisations are confronted with specific difficulties in states where international forces are engaged. The kidnappings and murders which have taken place in recent months involving four MSF international volunteers working with the Somali population, in Kenya and in Mogadishu, confirm that aid workers are sometimes exposed to very serious risks. On the other hand, it is the effects of these changes which can be contested, if only by looking at the amount of money that has been given to humanitarian aid; recent studies have shown that it has been multiplied by 10 in twenty years. MSF itself ran two of the largest relief operations in its history in Darfur and in Niger, in 2004 and 2005. To speak of a golden age of humanitarian aid is to forget the difficulties which have been encountered by humanitarian organizations, such as the forced displacement in Ethiopia in the 1980s and during the massacres in ex-Yugoslavia and the genocide in Rwanda in the 1990s. We also need to remember that MSF staff were kidnapped in Somalia in 1987 and that the organization withdrew from Lebanon in 1984 due to concerns about security. Lastly, it seems fair to say...
that, far from having been undermined, the founding principles of humanitarian action have acquired absolute legitimacy. Neither the Taliban in Afghanistan, nor President Al-Bashir in Sudan, nor even the Shebab rebels in Somalia challenges them, at least not publicly. On the contrary, it was in the name of humanitarian principles that the latter justified the suspension of 16 aid organizations working in the territories they control. In reality, the foundations of humanitarian action do not seem to be contested by anyone.

The experience of Médecins Sans Frontières shows that the ability to carry out humanitarian action depends on the balance of power and interests between aid actors and the authorities. If the association is able to deliver aid in Yemen or Pakistan, in countries at war, in South Africa or Nigeria, in response to public health crises and in countries with very authoritarian regimes or with political and military groups whose main priority does not seem to be to save civilian lives, it is not so much because it acts as a “genuine humanitarian organization”, but rather because, for different reasons, it is in the interest of political groups or parties to a conflict that it does so. This can be because of the material and symbolic resources which the organization supplies and the increased legitimacy that the authorities gain from these or the financial contribution that it makes via spending or taxes, or it can also be based on the improved image that the association’s activities bring. Pure humanitarian action, protected from all political contamination, does not exist. Rather, humanitarian action depends on constant negotiation to establish agreements involving compromises which need to be evaluated depending on the situation. It is these compromises, and the relations that are established with authorities, which are dealt with in the new book published by MSF: “Humanitarian Negotiations Revealed – The MSF Experience”.

In Afghanistan, the murders of MSF and ICRC staff were not the result of “mistakes”, any more than was the Taliban’s claim to have been responsible. Those responsible were, in fact, very conscious of what they were doing. But in 2003 and in 2004, we can assume that the only objective of the Taliban was to show that the Karzai administration and the coalition forces were incapable of establishing a safe environment for the population. As such, for the armed opposition, the MSF staff were more useful dead than alive. This changed after 2005-2006, when the ambitions of the insurgents evolved. MSF re-opened negotiations in 2008 which led to its return to Afghanistan and the re-launch of activities, not only in Kabul, but also in the province of Helmand, one of the most keenly contested provinces between the insurgents and the military coalition. What made this possible? What had changed?

In our opinion, the way the dynamics of the Afghan conflict and the interests of the different parties involved changed contributed a great deal to making the services provided by an organisation like MSF relevant again. Even though the organization benefited from the distance it had maintained between its medical ambitions and the reforming ambitions of the coalition, it was not that it had become sufficiently neutral and more impartial and independent. It was rather that the Taliban had gained in strength and wanted the kind of legitimacy that MSF was able to give them by providing the population under its control with medical care. The armed opposition saw that there were more benefits in improving the population’s access to medical care than preventing it – a new attitude which had also benefited the ICRC a short time before. The association’s staff had become more useful to them alive than dead.

It was a similar approach which allowed a French section of MSF to envisage returning to Somalia in the second half of 2006, nine years after the murder in 1997 of Ricardo Marques, a doctor who was part of the team in Baidoa. The association returned to the outskirts of Mogadishu, the Somali capital, in the Spring of 2007, though there was heavy fighting between the Ethiopian army and both the federal transitional government and the Islamic insurgents. The already inadequate healthcare institutions were systematically pillaged or destroyed by the Ethiopians to prevent them providing care to the Islamist combatants. MSF’s director therefore had to find shared interests with those involved in the conflict – Islamist insurgents on one side and political representatives close to the transitional government on the other – vis-à-vis its ambition to run relief operations. In September 2007, the surgical project which was launched in Daynilale, on the northern outskirts of Mogadishu, provided both care to the war wounded, which benefited the rebel groups, and a healthcare platform which made it possible to enhance the prestige of a politico-military entrepreneur who exercised influence in the neighbourhood concerned.

In certain situations, the attempt to find shared interests can be unsuccessful. While MSF was preparing to return to Afghanistan, it was unable to seize this “humanitarian moment” in Sri Lanka. When the cease-fire of 2002 between the Tamil rebels of the LTTE and the Sri Lankan government ended with a gradual return to hostilities from 2005, MSF felt that it had more credibility and legitimacy than a lot of other aid actors. Having been present in the country since the 1980s, its position was all the stronger for having called a halt to donations three days after the Tsunami of December 2004. But staff quickly became disillusioned and saw the weakness of their negotiating position vis-à-vis the authorities who were determined to crush the rebellion by whatever means necessary. They were unable to go into the combat zones and thus bring relief to the tens of thousands of civilians who were victims of the conflict. Then, after three years of often fruitless efforts, MSF found itself in the position of being an auxiliary health service for the regime within internment camps for Tamil IDPs, some 300000 people who had been evacuated by the army from the territories which had been
won back from the Tigers – keeping people confined behind barbed wire alive. In Sri Lanka, MSF found itself without any diplomatic support, nor any support within Sri Lankan society, and was never in a position to escape being either a propaganda tool for the LTTE Tamil rebels, or an agent for the government’s pacification policy. It was forced to adopt the least bad policy, recognizing that public pressure would never make the regime change its position.

***

The most serious problem which results from the rhetoric of “reduced humanitarian space” is that it exonerates humanitarian actors from their responsibilities in terms of taking over and defending their work space. In fact, there is no legitimate area for humanitarian action which is valid at all times and in all places. But there is a space for negotiation between the authorities and aid organizations. The issue for MSF is not so much to know how to distinguish itself from the humanitarian community and its “liberal” tendencies, but rather to build acceptable compromises with those in power – whether this is states, guerrilla groups, international actors or civil society.

Negotiations are not only a process when we state that we will discuss with everyone, they are also a process during which each party makes concessions and accepts to put something on the table in order to reach an agreement.

As such, the political exploitation of aid, rather than diverting it from its vocation, is the principle condition on which its existence depends. The problem facing MSF is not how to achieve total freedom of action, but to be able to establish alliances based on its objectives, without allegiances or considerations of loyalty. As such, it is an unstable and unfaithful partner, guided by two imperatives: saving as many lives as possible while making sure that its aid is more useful to the victims than to those in power.

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“Humanitarian Negotiations Revealed – The MSF Experience” is available in bookshops, and can be consulted in full online.

How do Sri Lankan aid workers in Vavuniya understand the term ‘humanitarian’ and to what extent do they identify with it?

Olivia Collins

Following the end of the conflict in Sri Lanka in 2009, the phase of emergency humanitarian aid is coming to a close. The focus is now on moving towards longer-term development goals. The number of international staff in organisations is being reduced as programmes are increasingly managed by local staff. Against this backdrop of transition, the purpose of this qualitative research is to focus on Sri Lankan aid workers in Vavuniya, to better understand what the term ‘humanitarian’ means to them, how it shapes their identity and guides the programmes they manage. The interviewees are part of a group who will increasingly determine how aid will be provided in the future.

Though much has been written on the importance of humanitarian principles and conflict sensitivity in crisis situations, the way in which they are understood and perceived by field staff and translated into practical action is often given less importance. The concern here is for national aid workers, the particular role they play and risks they may undertake as both ‘insiders’ and ‘outsiders’ to a conflict. The organisations they work for adhere to humanitarian principles, however, with insider knowledge of a context comes emotional attachment, and making objective impartial decisions is highly complex.1 How do national staff then, whose identity is inextricably linked to the local context, negotiate these issues? How do they both observe from the outside and yet know from the inside? Do they consider themselves to be ‘humanitarian’ workers, in the sense of adhering to humanitarian principles, and what does that mean to them? How does this professional identity fit in with other facets of their identities: ethnic, religious and linguistic?

Methodology

The data collection methodology used was qualitative; semi-structured individual interviews of 50-60 minutes were conducted with seven research participants, all of whom were aid workers based in Vavuniya, with at least five years’ experience in the humanitarian sector. Interview questions incorporated a narrative approach (or storytelling), enabling interviewees to identify what they believe to be positive and negative examples of the impact of aid. Qualitative methods were chosen to give a more in-depth and personal account of this sensitive subject and to capture the varied experiences of research participants that would have been glossed over with a more structured quantitative questionnaire.

5 Al-Shabaab: OSAFA Fact-finding Committee revokes permission to certain aid agencies, 28 November 2011.
Findings

Personal motivation of humanitarians

The interviews all began with aid workers telling the story of how they came to work in the humanitarian sector, describing their motivation for the profession as well as showing what being ‘humanitarian’ means to them. Some participants traced their commitment back to ‘school days’ and were volunteers for charitable organisations at university before they worked professionally. One participant was a refugee himself, in India, while others recounted stories from childhood of witnessing family and friends suffering (addiction, displaced friends, etc.), as early motivation to do some sort of social work. The language used was at times emotive and with religious overtones: working in the humanitarian sector was described as “a journey”, “a call”, or “I had an inner feeling, I just wanted to support people.” A sense of destiny was evoked “every person has come to this earth for a reason; maybe my reason is to help people.” Another referred to numerology, explaining that he was born on the 3rd day of the month and “those who are born number three are really kind with others”.

Other participants described their motivation in much more pragmatic terms, focusing on other benefits such as good pay, a career path, and the opportunity to travel. One participant described his motivation as 50% earning money to support his family, 50% service to others: “we have to secure ourself first, only then can we give help to others.” Altruism and egotism are both present here; fulfilling personal needs enables him to meet others’ needs.

When analysing these findings it is clear that responses to questions of personal motivation are likely to have been self-censored; it is therefore perhaps more interesting to contrast participants’ opinion of their own ideas of being humanitarian with how they view others’ behaviour. This tells us about the wider community of aid workers, and, importantly, what the group interviewed believe should not be considered humanitarian.

Criticism of the humanitarian sector

Nearly all the participants smiled knowingly when asked if working in the humanitarian sector was what they had expected, showing that they believed humanitarian ideals were not always adhered to. Dismay was expressed at finding organisations and individuals apparently competing against one another. Corruption and aid diversion were cited, within organisations, within the communities, or by the local authorities; “people’s weaknesses are everywhere.” Another participant explained “I see most people are just doing it for the money (hesitates, corrects himself) No, I have met a few people, with a very good heart.” After starting his first humanitarian job, one interviewee said “A month went by. I was totally confused, I had expected that all the people would be idealistic, perfect, but not.” He recounts that he nearly quit his job before being persuaded by one of his managers to stay.

The question of (un)fair targeting was the most common criticism of non-respect for the principle of humanity, and was seen as a common source of potential conflict within communities. Difficulty was expressed in identifying criteria to decide who receives assistance when budgets are limited: “the needs are there but the funds are not there.” Sometimes targeting criteria had already been identified by previous project staff or by a group of organisations within the coordination systems. Projects must then be implemented as they are set out in donor-approved proposals, according to a budget and specific objectives. Yet in their day-to-day work humanitarian staff understandably felt under pressure from beneficiaries who “expect more than we are giving them.” When an aid worker is unable to change what he feels to be unjust targeting criteria, and expresses this feeling to communities by transferring blame to the donor, or previous project staff, the implicit ethical message is that the aid system itself is unfair. Anderson argues that this kind of situation lacks conflict sensitivity, as it “reinforces the mode and mood of warfare” by giving the message to communities that in a complex situation individuals do not have to take responsibility for the outcomes of their actions; “this sentiment is frequently heard among people in war zones – We cannot help what we do. Someone else makes us do it.”(Anderson, 2000:15)

However, the most powerful criticism that emerged was that “most of the humanitarian workers are not at all humanitarian for their staff, or even for their family, or their friends.” Being humanitarian is seen in this group not simply as a job, but as a way of being; by that rationale it should extend to a fair management style and caring attitude to friends and family.

Personal transformation: increased awareness of humanitarian needs

All the participants stated that, on a personal level, their involvement in aid work had affected them profoundly, making them, in a sense, more ‘humanitarian’. Firstly, the trauma of working during the conflict and post-tsunami had made a lasting impact “I say to my friends, even on my deathbed, some of these traumatic things will come back to me, before I say goodbye.” There was increased awareness of the suffering of others, “Before, I worked only filling tasks, now I am thinking, what can I do for the community?” Nevertheless, staff were also better able to deal with this suffering; “I faced so much hardship, it made me mature, better in managing in adverse situations. I have become more rational, I have a barrier.” This barrier is a crucial coping strategy enabling aid workers do their job effectively.

Though they had become keener to be humanitarians themselves, they had also become more hardened to the lack of humanitarianism they sometimes observed in others. One participant reflected that “you see all sorts of people everywhere. It was also part of my ignorance, I was living in an idealistic world myself, now I don’t get offended.” Humanitarianism was therefore seen as continual
striving to meet people’s needs and respect humanitarian principles, based on a rational and ethical response, that was also guided by emotion and feeling. The principles were not simply lofty ideals, but were founded in a heartfelt response to suffering.

Questions of Identity

All of the interviewees related strongly to the idea of being a humanitarian, it having become an integral part of their identity. How did this professional identity fit in with other facets of their identity, ethnic, religious and linguistic?

Sri Lanka is a multi-ethnic country with various religious and linguistic groups that has been home to a violent ethnic-related civil conflict for almost thirty years. Given this context, it was important to avoid what Amartya Sen describes as a ‘solitarist’ approach to human identity, i.e. seeing people as members of exactly one group, defined by civilisation or religion (2006). Rather, he says that people are members of a variety of groups and hence have multiple existing identities; in view of the identity politics at play in Sri Lanka this is a particularly apt conceptual framework if we wish to adopt a conflict sensitive approach. Therefore, no direct questions about ethnic or religious identity were posed, however, given the information available, the following table shows the profiles of research participants:

<table>
<thead>
<tr>
<th>Interview</th>
<th>Ethnic group</th>
<th>Religion</th>
<th>Mother tongue</th>
<th>Other languages spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Muslim</td>
<td>Muslim</td>
<td>Tamil</td>
<td>English, Sinhala?</td>
</tr>
<tr>
<td>2</td>
<td>Tamil</td>
<td>Christian?</td>
<td>Tamil?</td>
<td>English, Sinhala?</td>
</tr>
<tr>
<td>3</td>
<td>Sinhala</td>
<td>Buddhist</td>
<td>Sinhala?</td>
<td>English, Tamil</td>
</tr>
<tr>
<td>4</td>
<td>Tamil</td>
<td>Hindu</td>
<td>Tamil</td>
<td>English, Sinhala</td>
</tr>
<tr>
<td>5</td>
<td>Tamil</td>
<td>Hindu</td>
<td>Tamil</td>
<td>English, Sinhala</td>
</tr>
<tr>
<td>6</td>
<td>Muslim</td>
<td>Muslim</td>
<td>Tamil</td>
<td>English, Sinhala?</td>
</tr>
<tr>
<td>7</td>
<td>Tamil?</td>
<td>Hindu?</td>
<td>Tamil</td>
<td>English, Sinhala?</td>
</tr>
</tbody>
</table>

However, in the course of carrying out the interviews, the above table became increasingly inappropriate in the light of research findings. The categories began to feel severely reductionist – the identity of ‘humanitarian’ became invisible. Added to these identity categories one could add many others, in terms of profession, education, economic status, political views, gender, sexuality, disability, eating habits, etc. (Sen, 2006). But most importantly it does not come close to representing the many diverse connectors (Anderson, 2000) that interviewees described, situations in which they lived and worked closely with people from other groups. For example, one Tamil aid worker described his time at university when he studied in Sinhala language and spent five years renting a room in a Sinhala household; “we were like a family, they were mother, father, brother, sister to me. This was in the wartime and we talked all the time. But in grass-roots people don’t have any power to make decisions.”

A Sinhalese interviewee described his time studying in India with Indian Tamils, seeing the conflict through their eyes and as it was presented by the Indian media. Although his friends “didn’t have a very good feeling about Sinhalese”, they would say to him “but you are Sinhala, and you are a lovable person”. He realised that his very presence challenged their preconceptions - he was seen as an individual rather than as a representative member of his ethnic group. This led him to a personal resolve to work for change when he returned to his own country. He said to his Indian friends “the Sri Lankan Tamilians are my people, not yours. I’ll take care of them.”

The programmes themselves also sought to build on this kind of social cohesion through peaceful exchange between individuals, shifting the focus to what individuals have in common – to their similar goals - rather than their differences. One such example involved formalised exchange visits between Tamil and Sinhalese communities; staying with host families, friendly competitions between whole communities and trade fairs where communities met and bought each other’s local produce and handicrafts. The benefits were described on two levels – firstly, building solidarity within communities, so that individuals do not “feel alone”, and secondly, forging links between different communities, so that they are “not thinking about fighting.” This kind of programming shows a respect for humanitarian principles and conflict sensitivity.

Insider / outsider perspective

The starting point for this piece of research was that respecting humanitarian principles would be very difficult for these aid workers, given their proximity and emotional involvement in the context. However, findings appear to disprove this hypothesis as the majority of interviewees in the group did not apparently relate to this sentiment; when asked if it was difficult to be objective, one replied simply “No, not really, if you have a kind heart you feel for people.” Only one interviewee openly expressed feeling torn between his allegiance to his own community and his allegiance to humanitarian principles. He described it in the following way: “I find myself as a humanitarian aid worker, but what does it mean? Being neutral, non-biased, non-political, non-discriminatory. For a national staff it’s a real challenge task. We all have our position in the society, and how we see things. We were brought up in a culture, so it’s very difficult sometimes, being neutral. At least, I try my level best, but it takes years, sometimes, for you to actually be neutral.”

Being neutral was seen as something that could be learnt, through training and practice. He went on to explain that although his “bias” was towards the Muslim community he belonged to, he argued that they were frequently excluded from many aid programmes as they were considered to be part of the long-term displaced. His approach was still therefore based on the core principle of humanity (delivering aid based on need) and, in this case, he felt that the needs of ‘his’ community were being overlooked. His
analysis actually demonstrates no real conflict with humanitarian principles, but rather just an awareness of a community who also has unmet needs.

There could be a number of explanations for only one interviewee explicitly describing this difficulty to be neutral and impartial. Firstly, the issue is complex to describe and interview questions may not have been clearly understood. Secondly, participants may have had some way recognised their own bias, but not wanted to openly admit it to a fellow humanitarian worker. Thirdly, although participants may have had a certain bias, this was not directly challenged, and therefore imperceptible to them as they were working with beneficiaries who they considered to be members of their own community – “I thought to help some people because I am a Tamil and they are also Tamils.” The final explanation, and the one that seems most probable for the majority of interviewees in this group, is that the research sought to dig up an inner conflict that simply was not truly part of these aid workers’ experience.

Conclusions

Throughout the course of this research, a great level of humanity, in the truest sense of the principle, was shown by all the aid workers interviewed. “At the grass-roots level, there is not any problem” said one respondent, while another said “I see no difference between international, national, local. We can’t separate the people in every society”. Though there was little reference to the formalised codes of conduct that lay down these same concepts in academic discourse, the respondents had developed for themselves a firm belief in humanitarianism that is very close to the ideals we all aspire to as aid workers; they just used different language to describe it.

In choosing this subject, however, it is clear how pre-conceived expectations initially framed the research. A level of bias was clearly still present in the very subject of my enquiry. The unspoken assumption was that humanitarian ideals of impartiality, neutrality and independence were in essence a ‘Western’ construct, close to the heart of internationally educated humanitarian workers, but ‘experience distant’ for national staff in Sri Lanka. The expectation was that people who had greater familiarity with the conflict and the ethnic, religious and linguistic identities that have divided communities in nearly thirty years of civil conflict, would feel a natural allegiance to their own communities over and above others. There was an assumption that these aid workers would be torn between wanting to help their own people and yet trying to be impartial. The findings of the research, however, demonstrate a level of ‘humanitarianism’ that is an inspiration to all aid workers, national and international alike, whether guided implicitly or explicitly by the same shared set of core principles.

1 This challenge is also commonly faced by international staff who remain for a number of years in a place and become emotionally involved in local issues, the dilemma being that the longer they remain the better they understand the context, but the less they may trust themselves to be impartial. The question of whether true impartiality is in itself realisable will not be addressed here, let us assume that it is a sliding scale from partisan to impartial, and one can be closer or further from the stated aim of impartiality.
2 Targeting criteria for shelter projects were developed by the Shelter Cluster (coordinating forum) and were described as excluding all government officials, as well as households with less than 5 family members (cited in interviews 5, 6) Community based targeting had also been used but in the specific example given it had not been successful; the organisation received an anonymous letter from the community explaining that powerful individuals had dominated the targeting process, thereby ensuring their own interests were met but excluding some others (6).
3 According to the 2001 census, the main ethnic groups in Sri Lanka are; Sinhalese, Sri Lankan Tamil, Sri Lankan Moors (or Muslim), Indian Tamil, Burgher, and a minority of Sri Lankan Malay and Veddah. The main religions practised are Buddhism, Hinduism, Islam and Christianity, and the main languages spoken are Sinhalese, Tamil and English. The humanitarian workers I spoke to had been involved in providing assistance to conflict-affected communities in the north and east (who were of mainly Tamil ethnicity) as well as tsunami affected people (mainly Tamil, Muslim, but also Sinhalese).
4 ‘Connectors’, or ‘local capacities for peace’ are terms used by Anderson in the Do No Harm framework. At the opposite end of the spectrum are ‘dividers’ or ‘tensions’.

View the bibliography: http://www.urd.org/How-do-Sri-Lankan-aid-workers-in

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Humanitarian Aid on the move
Newsletter n°9

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Jaffna street scene
From UNDRO to the Transformative Agenda: 40 years of challenges for the coordination of humanitarian action

In the beginning there was UNDRO, the United Nations Disaster Relief Organisation. It was the Cold War and the United Nations apparatus was paralysed in conflict contexts. On the other side of the Iron Curtain, or the “bamboo curtain”, only a few NGOs and three United Nations agencies were present: HCR, UNICEF and the WFP. Special Representatives of the United Nations Secretary General were nominated to deal with humanitarian questions, such as Sir Robert Jackson for aid to the Cambodian people, in parallel to other Special Representatives in charge of political questions. Ad-hoc mechanisms were created to coordinate the aid operations of different agencies, such as the United Nations Border Relief Operation (UNBRO) in Cambodian camps at the Khmer-Thai border. For its part, UNDRO was responsible for the response to disasters linked to natural phenomena, again with few operational actors other than the national institutions. The first specific efforts to coordinate relief took place after the major earthquakes in Armenia (1988) and in Turkey. This saw the creation of the International Search and Rescue Advisory Group (INSARAG) and the United Nations Disaster Assessment and Coordination (UNDAC), two mechanisms whose role it is to harmonise and coordinate the initial response, notably that of search and rescue teams in urban environments.

In our opinion, though, the Transformative Agenda is too simplistic in its approach to the accountability of the Humanitarian Coordinator (HC) and Cluster Lead agencies. Indeed, with leadership comes great responsibility and HCs need to be given support in assuming this. At the same time, in crisis contexts, when decisions need to be taken rapidly and often on the basis of insufficient and partial information, the HC needs to be able to take risks and make difficult decisions, based on Robert Chambers’ “Optimal Ignorance Principle”. Otherwise, the current trend whereby the UN humanitarian system has become timid and unable to take risks will only get worse. The possibility that, in the name of accountability, brave and sometimes vital decisions are not made, needs to be avoided at all costs.
Ms. Amos points out that the United Nations Department of Safety and Security often makes action more difficult rather than easier, a point that we have observed on numerous occasions in crisis contexts, notably during our work on humanitarian space in Chad, Afghanistan and Somalia. A bunkerised UN system, removed from the realities of the field, with more and more procedures and demands in terms of coordination, has sometimes appeared ridiculous. Of course, the attacks in Baghdad, the death of our friend Sergio and the attacks in Algeria and elsewhere weigh heavily in these decisions. But everything needs to be done to explore new paradigms. There was a time when OCHA was able to speak to armed groups on both sides of conflicts: this possibility has almost disappeared with the politicization of numerous dossiers and the War on Terror. Kennedy’s aphorism, “Let us never negotiate out of fear. But let us never fear to negotiate” no longer seems to be applicable.

The importance of real-time evaluations is also recognised in this text, but on the condition that they are carried out at the right time and not too late, as is too often still the case. At Groupe URD, we have had a pioneering role in this area having conducted evaluations 8 months after Hurricane Mitch in 1998, 4 months after the US intervention in Afghanistan in 2001, 3 months after the Tsunami in 2004, 1 month and 3 months after the 2010 Haiti earthquake and 1 month after the typhoons in Cagayan de Oro and Iligan in the Philippines in 2011. Each time we have had to juggle with procedures and take financial risks in order to be able to carry out these very early evaluations.

Though there are many positive points to the Transformative Agenda, we feel that five issues are missing from it.

The first is recognition that there is a major tendency for the humanitarian system to become divided, between the centre, occupied by the big UN agencies and NGOs, often in the best locations logistically and with high security, in which the system functions relatively easily, and the more difficult periphery, where MSF, the ICRC and a small number of NGOs are still able to operate. The cluster system does not take this issue into account well, in spite of the cluster lead agencies’ role of “provider of last resort”.

The second is the place of Inter-Cluster Coordination, above the individual clusters, and geographical coordination, which makes different sectors within a given territory work together, with the objective of highlighting the need for synergy in given areas. For the moment, Inter-Cluster Coordination is a high level arbitration mechanism, under the aegis of the HC. What needs to be done is to make it a tool to improve the multi-sector nature of operations to respond more effectively to the multi-dimensional needs of communities. It is in urban crises like Port-au-Prince that the current sector-based logic has shown its limits. In cities, multi-sectoral integration is essential to work in high-density built environments.

The third challenge is linked to the growing role of national and local NGOs, who are often indispensable, notably in contexts where it is difficult for international organisations to gain access, and who also require proper recognition and participation in the general governance of the system.

The fourth concerns management of the perverse effects created by the financial workings of the CAP and the CERF. Thus, to have access to the budgetary window for insufficiently funded operations at the beginning of the year, the CAP of the previous year has to have been poorly supported. As a consequence, the CAP is over-sized, which ensures a low level of funding at the end of the year and guaranteed access to the CERF’s “unfunded window”. One of the effects is also that projects which have been refused by donors are funded by the CERF, oriented by the HC. As a result, very mediocre projects can be funded in the name of inter-agency peace in the UN country team, whereas it would be more logical to reject these projects. Here again, the quality of the process depends on the courage of decision-makers...

Finally, the arrival of numerous new actors in the humanitarian system (the private sector and Islamic charity organisations, who, like their donors, do not take part in the classic humanitarian aid mechanisms and are not part of fora for debate like the Good Humanitarian Donorship initiative) can create problems. In Somalia, the duplication between the United Nations clusters and the coordination system put in place by the Organisation of the Islamic Conference in Mogadishu is symbolic of these disconnections.

It is important and urgent that work begins on these topics and those mentioned above. Valerie Amos has had the courage to launch this new initiative. It is now up to each of us to contribute to finding solutions to make the system evolve.

François Grünewald
Groupe URD Executive Director

Environmental conflicts in Latin America are an important and often overlooked problem in the region. There are varying types of environmental conflicts, but their impacts on local communities are consistently negative. It is vital for the international humanitarian and development aid community to understand these conflicts and recognize how they, as relevant actors, can play a positive role in addressing and transforming them.

When the topic of conflict in Latin America comes up, many in the news media, policy-making circles and the academic community focus almost exclusively on the escalating drug war in Mexico, Central America, and parts of the Andean nations (especially Colombia, but also Ecuador, Peru, Bolivia).

While the issue of drugs and violence is extremely pressing, it has often overshadowed a more pervasive and, for the long-term, dangerous trend: increasing levels of socio-environmental conflict at the local level. In Peru, representative of the region as a whole, the government’s Ombudsman Division reported 149 active conflicts in the country, of which 102 (68 percent) are environmental conflicts. These conflicts threaten to undermine poverty reduction efforts, reinforce political and social divisions and ultimately cause wider social unrest in the region.

Four main types of natural resource conflicts have come to the forefront in recent years in Latin America, although the issues they represent are by no means new. Most reflect inherited social, political and economic quarrels between groups separated by class, ethnicity, geographic region and/or political orientation. And with environmental and natural resources representing both requirements for rural livelihoods and pathways to enrichment across the groups. However, as a basic organization of the types of conflict that are seen on the ground, this list is largely representative.

**Land conflicts**

Land conflict in Latin America has a long and painful history, going back in recent history to the colonial period, where Spanish settlers and their descendents often consolidated large and exclusive land holdings, to the detriment of indigenous communities throughout the region. Land reform efforts throughout the 20th century worked to resolve this entrenched issue, with varying degrees of success.

In many cases, unfortunately, land reform programs that intended to address structural land access problems have created conflicts. In Ecuador, for example, there are numerous cases where multiple parties have legitimate claims to the same land, such as in the Golondrinas Protected Forest. One group of actors, landowners, have legal deeds to tracts of land, which in many cases are not under cultivation or other ‘productive’ usage. Meanwhile, «campesinos», rural settlers, take advantage of their rights under land reform legislation from the 1960s and 1980s to move onto ‘unproductive’ land and commence farming or livestock-raising. Similarly, the Ministry of Environment of Ecuador has declared many of the relevant areas to be partially or fully protected for conservation purposes. Finally, in some cases indigenous communities have historical claims to the land, which may or may not have been resolved by the state.

Other types of land conflicts are focused on urban land areas, such as the presently ongoing dispute in northern Bogotá, Colombia over the establishment of a protected nature area in a zone of high property value. The conflict has pitted established power brokers in the city (opposed to the Nature Reserve) against environmentalists, ‘campesinos’ and intellectuals, who support the Reserve.

**Water conflicts**

The most prominent conflicts over water in the region in recent years have been at the international level, where disputes over transboundary river resources have brought countries near the point of armed engagement. In 2006, Uruguay deployed its military to protect a pulp mill that was at the center of a four-year dispute with Argentina over the management of the shared Uruguay river. The Siloli/Silala watershed between Chile and Bolivia has also long been an area of conflict, with the most recent round occurring in 1997. At that time Bolivia revoked a 1908 concession for water usage by one of Chile’s main copper mining companies; copper revenues represent about a
third of the Chilean government’s income. Local level water disputes are also an area of concern in Latin America, especially in the context of public versus private ownership and access. The 2000 protests and violence in Cochabamba, Bolivia over access to the metropolitan area’s previously unregulated water system prompted a declaration of a «state of siege» by the Bolivian government. The protests, unrest and violence lasted for nearly a year and a half, with numerous deaths and dozens of serious injuries.

Mining/extractive industries conflicts

Perhaps the biggest threat of violent conflict comes in the context of the extractive industries sector, which includes mining, petro-products and commercial timber. Whether industrial or artisanal, there is inevitably a great deal of money at stake in extractive projects, leading to corruption, violence and environmental and social impacts.

Extraction of natural resources in Latin America has been a major part of the region’s economic growth in the past decade, and has contributed to governmental revenues and private wealth. In Ecuador and Venezuela, among others, petroleum production is the single biggest source of foreign income. Similarly, in Chile, Bolivia and Peru, mining represents the fastest growing part of the economy and a major source of private and public revenue. However, the impacts of extractive industries, whether in terms of social and environmental externalities, poor delivery of benefits to local communities or questionable redistribution of the wealth nationally, also drives many conflicts.

In Peru, the development of the Majaz copper mine by an international consortium of companies was opposed by local communities, who in 2005 protested at the mining site. The protest was met by a violent police response, which involved the beating and alleged torture of the villagers over three days, resulting in one death.

The case of artisanal gold mining in northern Esmeraldas, Ecuador is typical of smaller extractive activities in the region. For the last several years, especially as gold prices have rapidly risen, hundreds of small mining operations have been established, using light and heavy machinery, water bombs, high pressure hoses and mercury baths. Illegal in nature due to the lack of proper permits, the extraction and movement of the gold has also become embroiled in the transport of arms, people, money and drugs along and across the nearby Colombian border. The Ecuadorian military intervened in May 2011, destroying 63 of the mining sites and setting up checkpoints and control zones. The intervention has created a high tension situation, and violence periodically breaks out, with only minor efforts towards dialogue or resolution now emerging.

Agro-commercial conflicts

Commercial and subsistence agriculture represent the final category of natural resource conflicts in Latin America. Most of the disputes in this category are related to fishing, fish farming and export agriculture, like bananas, coffee, wood or Palm oil.

On the three-way border between Belize, Guatemala and Honduras, conflicts over access to fishing and related tourism have intensified in recent years, with conflicting regulations, regular incursions by fishermen of each nation into the others’ waters and violations of catch limits triggering anxiety regarding overfishing. A lack of good research and information for fishermen and authorities on all sides has only escalated the confrontations, which take place at the local and diplomatic levels. Guatemalan and Belizean military units and protected area personnel are commonly involved, resulting in aggressive confrontations. Continued negotiations, along with better information at the local level, are badly needed to avert persistent and potentially destabilizing conflict.

In Colombia, the drop in coffee prices through the 1990s led to an increase in political violence in coffee growing areas. In the three main coffee-growing areas of Quindío, Risaralda and Caldas, studies have consistently shown that reduced international prices of coffee have contributed to ever-increasing levels of violent conflict, both linked with the FARC rebel group and independently. An overreliance on coffee revenues on the part of local elites has weakened their ability to keep peace, while the region’s economic and power vacuum has by and large been filled by individuals from the drugs, weapons and general mafia sector.

Finally, in a number of countries in the region, timber harvesting for export, which also has roots in the vested interest of cattle ranchers or plantations to have extensive cleared land, has been a source of conflict. Colombia and Brazil are the most prominent cases, with deforestation linked to local and national-level conflicts and the funding of paramilitary groups.

A role for international humanitarian and development actors

In general, there is a disconnect among international humanitarian and development actors in Latin America on the issue of environmental conflicts. On conflict and crisis issues, most people are involved in direct relief, refugee and displacement issues, as well as local level programming to help economic development in crisis-affected areas. On the environmental side, the focus is often on conservation or climate change concerns, with far fewer resources invested in conflict prevention and transformation.

This has led to the international humanitarian and development community commonly playing an either nonexistent or negative role with regard to environmental conflicts in the region, even though these are a major impediment to poverty reduction, political integration, peace and development.

However, recent evidence from pilot projects and research indicates that when equipped with the right techniques,
Humanitarian and development aid actors can play a significant positive role. Four main strategies should be of interest to the international aid community:

**Do No Harm**

First developed by Mary Anderson in the late 1990s, Do No Harm (‘Acción sin daño’ in Spanish) has become an important touchstone for people and organizations working in conflict affected areas. Toolkits, such as the one developed by the Berghof Center for Conflict Management, provide a range of case studies and considerations at the global level.

In Latin America, more targeted methods are needed, recognizing the peculiarities of environmental conflicts in the region, as compared to the rest of the world. The Fundación Futuro Latinoamericano (FFLA) has developed, with CARE (UK), a series of trainings and guidelines for Latin America-specific work.

The concept that underpins Do No Harm is that sensitive programming by humanitarian and development workers can avoid feeding conflict, and in some cases can take the pressure off. In the case of environmental conflicts, development projects that affect natural resources, such as the construction of dams, development of mining concessions, building of roads to extract natural resources, or reforms of land cadastre systems have the potential to drive conflict. Using Do No Harm tools to identify and mitigate conflict risks beforehand is important.

**Conflict resolution and management trainings**

While many international development actors in Latin America list capacity-building of local partners as an element of their work, the focus of such efforts does not often extend to issues of natural resource management and dispute resolution. In most cases this is a consequence of insufficient expertise on the part of the international agency, but in some cases the issues at hand are viewed as overly political or sensitive.

NGOs and agencies that focus on the issue of peacebuilding in the region, such as the University for Peace in Costa Rica, FFLA at the regional level, Prodialogo in Peru and others have worked a great deal in this area, but it will be important for this to be expanded to a variety of actors, especially those who regularly work with parties to local or national conflicts.

**Using humanitarian and development resources for cooperative programming**

Where international actors find themselves involved with or working alongside environmental conflicts, it is important for humanitarian and development resources (funds and people) to be harnessed to help address the conflict in question. Working with mediators, government authorities, local partners and the private sector, international agencies can bring conflicting parties together through joint or cooperative programming, that is, projects or programs of the international partner that require at least contact, if not collaboration, between otherwise conflicting parties.

**Humanitarian and development partners as facilitators of dialogue over natural resources**

Finally, in cases where humanitarian or development agencies have established trust and rapport with various parties to an environmental conflict, they can sometimes work as a facilitator of discussions and dialogue. While they may not have the specific expertise to do conflict analysis, facilitate dialogue meetings, etc., which is often best done by professional mediators or facilitators, humanitarian or development partners often have a level of legitimacy in local areas that the government, capital-based NGOs, private companies or other parties do not have.

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1 Defensoría del Pueblo, Gobierno de Peru. (December 2011). Reporte de conflictos sociales No. 94.
Does humanitarian coordination exclude local actors and weaken their capacity?
Andrédanne Martel

Many reasons have been given to justify the exclusion of local actors from the humanitarian response in Haiti, such as the weakness of local institutions, human losses caused by the earthquake, the Presidential election, the cholera crisis and the partisan nature of Haitian organisations. The idea here is not to deny the importance of these factors, but there is a danger that, by concentrating on these, other essential issues are being overlooked which could explain why Haitians were marginalized during the emergency phase and why there have been difficulties in making the transition to reconstruction.

The difficult transition from clusters to sectoral tables

One of the principal areas to look at in evaluating the participation and involvement of Haitian actors in this humanitarian response, which involved so many international actors, is that of coordination. Two years on from the devastating earthquake of January 2010, the transference of coordination from the United Nations’ coordination mechanism, the clusters, to the Haitian authorities has become a burning issue. For more than a year now the UN authorities, led by OCHA, have been trying to develop exit strategies to instigate the transition from the clusters to sectoral tables, national coordination bodies which include institutional and community actors as well as the donors from a sector. This transition is proving to be somewhat stormy.

This article attempts to shed some light on this burning issue. First, it looks at why the clusters have the potential to increase the gap between the international and local humanitarian communities (Stoddard, Harmer et coll., 2007). It then argues that exclusion from coordination during the emergency phase has a long-term effect on the ability to move out of an emergency set up to begin the reconstruction. Clusters are seen as political and decision-making bodies in the sense that they allow the actors who are included in them to harmonise their practices, develop shared norms and create partnerships. As such, they reinforce an international community of humanitarian experts to the detriment of local actors, who are often dispossessed of “their emergency”. In reference to the 2010 Haiti earthquake and the massive influx of organizations which took place, Christine Knudsen of UNICEF points out that the absence of partnerships from the beginning of a crisis can exclude essential partners from the coordination mechanism and that this exclusion threatens to weaken the response by depriving us of information, knowledge and resources (Knudsen, 2011, p.7).

The issue of coordination in Haiti, and more specifically that of the clusters mechanism, is too often seen only in terms of efficiency (the speed of decision-making, the exchange of information, the mapping of needs, the capacity of actors, etc.) rather than in terms of the quality and the source of the information exchanged, the actors who take part in the coordination or the existence of strategies to hand back control to the beneficiary state over one of its essential prerogatives: that of coordinating the influx of aid and actors on its territory.

Is Haiti in permanent crisis? Why is the transition taking so long?

Exit strategies for the clusters are at the centre of current debates in Haiti. In April 2010, during the turmoil of the post-earthquake period, the evaluation carried out by Groupe URD and GPPI (Binder and Grünewald, 2010) already underlined the risks of the clusters continuing to...
meet without the involvement of local actors. The cluster system was rolled out in Haiti without taking into account the Haitian context or the coordination mechanisms which existed before the earthquake. As a result, there was a risk that the transition to sectoral tables would be held up or even difficult to implement.

For almost a year, adaptation plans have been produced to conduct the transition from clusters to the sectoral tables run by Haitian institutions. As early as March 2011, OCHA’s document, ‘Haiti: Status of Cluster Adaptation’, identified the Haitian actors who were due to take over OCHA’s document, ‘Haiti: Status of Cluster Adaptation’, identified the Haitian actors who were due to take over coordination of the different sectors. One year on, it would appear that the transition has been difficult in several sectors due to the lack of involvement of Haitian governmental institutions. “The cluster system creates barriers and hinders relations between international NGOs and governmental bodies though it could just as well strengthen these. Rather than concentrating simply on technical and material aspects (stocks, finance, human resources), contingency plans should include the preparation of shared leadership between the government and the cluster lead agency from the beginning of the emergency phase”.

Case study: coordination of the Health sector

In order to support the assertions made in this text, we will now look at the example of coordination in the Health sector in Leogane, where there have been difficulties during the transition phase. Unlike other sectors, such as the WASH sector which we will look at further on as an example of successful coordination, the Health sector clusters had problems integrating Haitian actors whether private, governmental or community-based.

There is much to learn from the coordination in Leogane. There was a large influx of international actors because the city was located near the epicentre of the earthquake and its health system had been particularly badly affected: more than half of the hospitals in the region were destroyed or damaged. Leogane’s Health cluster was coordinated by representatives of the World Health Organisation (WHO) with a low level of participation by local actors. Haitian private, mixed and public organizations felt excluded as did the foreign organizations who had been based in Leogane for years, such as the Hôpital Cardinal-Léger and the Clinique Christianville. Some of these actors were unfamiliar with the coordination body while others had taken part but had quickly lost interest. This loss of interest was sometimes due to a feeling of exclusion or the feeling that the meetings were a waste of time. The lack of interest of private actors is certainly problematic, but the fact that public actors felt excluded, such as the Haitian representative of the Ministry of Public Health and Population (MSPP) in the region, raises questions about the clusters’ ability to adapt to the context in which they are set up.

Coordination: strategic or operational?

In Haiti, coordination meetings, which are often considered to be strictly technical and operational, are also strategic. The creation of Strategic Advisor Groups, which operate in parallel to clusters, are evidence of this desire to meet with ‘effective operational actors’ in order to agree on shared norms, establish the priorities and needs of the population and implement an operational strategic framework. These objectives are of course laudable in a context where efficiency is synonymous with saving lives against cholera, getting families out of camps and beginning the reconstruction. The proximity that this creates between international actors with major capacities and resources helps to create common practices and knowledge. On the other hand, this accentuates the included/excluded division between local and international actors. Most of all, it accentuates the knowledge gap between them.

Some may argue in return that clusters should not be accessible to all actors as experience in Haiti has shown that the presence of too many actors weakens the ability to coordinate. It is perhaps justified to limit the access of local community actors and small organizations who take part in meetings in search of funding rather than coordination. But when Haitian state actors are unable to take part in these meetings, should we not be raising questions about this closed community of humanitarian experts? In a document produced by the Humanitarian Country Team (HCT) in January 2012, the actors at the centre of the implementation of clusters also pointed to the low level of local involvement as a factor which was limiting the transition: “The Haiti Humanitarian Country Team also wants the report to be more explicit about the need for greater involvement of governmental authorities in response operations at the global level, while taking into account the functioning of the clusters which does not always fit in with the work methods of the state authorities”.

A community of experts reinforced by coordination

An increasingly specialized sector: language, technology and access

From the earliest evaluations following the Haiti earthquake, the functioning of the clusters was widely criticised. They were judged too exclusive, English being widely used as the working language and access to the site where
the meetings took place limited to UN agency staff and international humanitarian organizations. This raises some doubts about whether there was any genuine intention to include local actors in these meetings. Criticizing the functioning of the cluster system for being exclusive, some going as far as to describe it as a parallel government\(^7\), certain organizations tried to change the way it functioned.

As a consequence, one year after the earthquake, changes were made by the humanitarian organisations and UN agencies coordinating the clusters to make them more accessible. OCHA and other actors took the initiative to move meetings to more accessible locations and efforts were made so that a proportion of meetings were conducted in French. However, these initiatives only had a limited effect and the presence of local organizations did not increase a great deal. In fact, when we asked the representatives of cluster lead agencies whether they had made the effort to go towards local actors to involve them in the clusters, the majority said that they had not...

In the end, these efforts remained in vain as long as an essential dimension of the inevitable (or even insurmountable) divide between local and international organizations was not taken into account: membership of an epistemic community of actors. Over and above the working language used, international humanitarian actors – emergency experts – use a technical jargon which is often impenetrable for local actors. The existence of a particular category of staff within international organizations who specialize in coordination shows the level of specialization necessary to participate in these meetings. Those who hold these positions have often been involved in other humanitarian crises, other coordination meetings and other clusters in other countries. In addition to this familiarity with the coordination system there is the need to be active on the internet in order to have access to information about meeting locations, their agendas and documents about norms, etc. Levels of control over means of communication and access to technology are rarely taken into consideration when trying to understand the marginalization of national actors\(^8\).

International organizations are also more likely to work in partnerships with other international humanitarian organizations who have similar or complementary capacities and organizational culture. Though the growth in the number of partnerships can be considered one of the positive outcomes of coordination meetings and initiatives like Principles of Partnership (PoP) (which is now integrated into the cluster system), it re-affirms the tendency of international organizations to work with similar organizations rather than with local organizations. Yet few evaluations highlight this last point in order to explain the asymmetry of partnerships between international actors versus local actors. A common organizational culture is nevertheless a key issue to understand the success of this type of partnership. Organizations interviewed in Haiti were planning to transfer their structures (mobile clinics, health centres, etc.) to other international humanitarian NGOs rather than to Haitian organizations like regional hospitals or Haitian NGOs. Obviously, transferring them to a local hospital would have required a long-term partnership as well as greater funding for the local partner, which would have been difficult to afford in several cases. In such a context, passing their project on to an international organization which has similar resources and practices is a way of ensuring a degree of security in a troubled context of weak institutions.

It is difficult to accept the excuse which is used to by-pass local actors that they do not have sufficient capacity. This kind of reasoning is problematic in an emergency situation, particularly beyond the acute crisis phase. Not only does it become a barrier to the inclusion of local actors, but local actors also use this same argument to justify their refusal to take part. The case of the Gender-Based Violence (GBV) sub-cluster should be highlighted in this respect. Eminent Haitian feminist organizations refused to take part in this cluster arguing that it was an exclusive space reserved for international actors who were unfamiliar with the real issues in relation to sexual violence in Haiti\(^9\).

The perception of actors: how to avoid actors being excluded during the emergency phase

More than a year after the earthquake, while attempts were being made to implement transition plans, the Haitian state actors who had been excluded from the clusters continued to have a negative perception of aid organisations. A representative of the MSPP told us, “We would like to be given a report (of NGO activities) but they do not give us reports. Why should I sit all the time with people who tell there is a line to follow but who do not follow this line”\(^10\). Anti-NGO sentiment was evident in certain discussions that we had with representatives of local health organisations: “NGOs do not come here to help the Haitians […] They want to have their own business. When NGOs come here it is to hire people. Otherwise they do not want partnerships or twinnings [with existing clinics]. They are not concerned about the system which existed before and the doctors already in place – they are going to go and they won’t leave anything behind.”\(^11\)

It is clear that in addition to having an impact on the quality of the response in the short term, the most damaging effects of exclusion are in the long term. An MSPP representative described these: “It is a real struggle to get the NGOs to register (with the government). The MSPP told them that they had to register to inform the government that they were in the area, but […] they did not do it. Can you imagine being the MSPP representative of the area and on the first day, you have just arrived […] You see that this person is not registered. It is very difficult to sit down with this person.”\(^12\)

With their international counterparts no more inclined to show empathy for local actors, it seemed obvious that the gap between national and international health sector ac-

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**Humanitarian Aid on the move**

Newsletter n°9

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tors had become a chasm. The perception of certain international NGOs was that local actors lacked will, did not really want to get involved and did not have the relevant capacities. By interpreting their respective actions without taking into account intercultural or linguistic factors or local practices, the actors we met seemed incapable of placing themselves in the position of the other group.

The successes of coordination

The architecture of the coordination system, cultural biases and the specialisation of international organisations have limited the appropriation of clusters by Haitian actors. However, certain sectors appear to have been able to remove themselves from an emergency mindset and engage in coordination with the local authorities. The WASH sector is emblematic of this success. The National Directorate for Water Supply and Sanitation (DINEPA) has been cited many times as having had a genuine role in coordinating the sector. In addition to the efforts made by certain actors from this sector to re-appropriate coordination mechanisms, certain factors no doubt had a positive influence. The presence of a strong local counterpart undoubtedly contributed to strengthening the sector in contrast to certain emergency sectors where there was no obvious local counterpart (e.g. Shelter). But this does not account fully for what happened because the Health sector, which has a Haitian counterpart in the MSPP, was not as successful.

The representatives of the DINEPA were very active in coordinating both the central level, but also, and above all, the local level. A decentralized coordination project at the level of municipal authorities coordinated by DINEPA gave Haitian actors greater presence in the sector. To avoid the cacophony of national cluster meetings which bring together a large number of actors, this project aimed to bring coordination down to the local level. It had the double advantage of giving local actors in neighbourhoods greater access to coordination (meetings in town halls) and of reinforcing municipal authorities.

The joint coordination of meetings by UNICEF (cluster lead) and DINEPA meant that the cluster was able to provide technical support and DINEPA rapidly regained its place as the reference in terms of sanitation norms as well as in the regulation and control of the sector. Consequently, DINEPA was very involved in the different aspects of the transition, notably in ending the practice of free water trucking in order to adopt more sustainable supply methods. The recent creation of this public body – several months before the earthquake – as well as financial and technical support provided before the earthquake by international organisations such as Spanish Aid, the French Development Agency, UNICEF and USAID no doubt contributed to its success in managing the transition of the WASH sector. Other factors linked to the WASH sector should be highlighted in order to produce recommendations for the other sector-based clusters. Caroline Broudic underlined the following points: “The WASH sector brings together less heterogeneous actors than other sectors, it is probably less political and it concerns a natural resource whereas the other sectors are often dependent on external inputs. These specific characteristics of the WASH sector do not mean that a co-lead model would not be possible for other sectors, but it implies that “this should be properly prepared in advance to identify who would take on this leadership role (in terms of) training and the establishment of tools and procedures so that the government can very rapidly define its strategic framework and its priorities and thereby remain in control of what is implemented”.

Finally, Building Back Better in Haiti means taking Haitian actors into account from the beginning by establishing a co-lead between the clusters and government as soon as the crisis takes place. It is also important to be aware of the fact that local and international capacities can not always be calculated in similar terms. In addition, intervention phases should be decompartmentalised to prevent actors going against the tide and maintaining different or even opposing operational methods depending on whether they are working in emergency relief, reconstruction or development.

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In Spring 2011, the author carried out a series of interviews in the field with around thirty humanitarian, governmental and community organisations in Haiti.

View the bibliography on: http://www.urd.org/Does-humanitarian-coordination

1 In reference to statements made by Caroline Broudic, Coordinator of Groupe URD’s Learning Support Office in Haiti, 15 February 2012.
3 Healthcare is provided via four types of institution in Haiti: 1) public institutions; 2) mixed and non-profit public institutions; 3) non-profit private institutions, including NGOs and religious organisations; 4) for-profit private institutions. Typology developed in Crane, K. & al. (2010) Building a More
Resilient Haitian State, Santa Monica: Rand, pp.1-209.
5 « The Humanitarian Country Team (HCT) is the central group involved in operational coordination and strategic orientation for humanitarian aid in Haiti. It was created in keeping with the new directives of the Inter Agency Standing Committee/IASC (Nov. 2009). According to the United Nations internal website for Haiti, oneresponse. Available online at: http://haiti.humanitarianresponse.info/Default.aspx?tabid=176&language=fr-FR
6 Humanitarian Country Team (HCT), Meeting minutes, OCHA office, Port-au-Prince, 19 January 2012.
7 Rose-Anne Auguste, representative of Haitian organisations at the Interim Haiti Recovery Commission (IHCR) co-directed by Bill Clinton and Jean-Max Bellerive, described the Cluster system in Haiti as a parallel government.
8 In April 2010, The Cluster II Evaluation (Steet, Grünewald et al., 2010) underlined the issue of access to technology.
9 Interview with Rose-Anne Auguste, founder of the organisation Aprosifa and representative of national NGOs at the CIHR, 16 May 2011, Carrefour-Feuille, Haiti. Yolette Jeantry, Director of Kay Fann, during the conference Les Femmes agentes de changement en Haïti, Thursday 10 November 2011, AQOCI, Montréal.
10 Interview with a representative of the MSPP, Thursday 28 April 2011.
11 Interview with a doctor in the region of Leogane, Thursday 5 May 2011.
12 Interview with a representative of the MSPP, Thursday 28 April 2011.
13 The Projet d’appui aux mairies is funded by UNICEF, but is implemented by DINEPA.
14 Interview with Paul Christian, DINEPA, WASH cluster, Wednesday 27 April 2011.
15 See: « CADRE TRANSITION/SORTIE – WATER TRUCKING GRATUIT : Beyond emergency water trucking », 27 May 2010, memo V2.0. This memo includes information from Beyond Emergency Trucking meetings and municipal meetings.
16 In reference to statements by Caroline Broudic, Coordinator of Groupe URD’s Learning Support Office in Haiti, 15 February 2012.
17 Ibid.

Aid and Quality

Haiti: The limits of the “Aid System”
Catrin Schulte-Hillen & Jean-Marc Biquet

The present article looks at the 2010 aid efforts in Haiti, a year in which 2 events resulted in massive humanitarian crisis. The first, the January 2010 earthquake, triggered overwhelming mobilization of aid: hundreds of actors poured into the country, deploying large scale emergency assistance. The second event, a cholera epidemic, started in October and received much media attention, but met with an overstretched aid community. The now traditional UN coordinated efforts aimed to organize aid mobilization for both crises. In the article MSF exposes an analytic review of the 2010 aid reality in Haiti as well reflections that emerge from the experience: despite the undeniable effort invested in the coordination of aid, the current “aid system” does not seem to have improved emergency assistance; worse, the system itself appears to generate “roadblocks” for an effective response. Various reasons can be evoked for this, notably the much advocated shift to early recovery, while actual immediate needs of the affected population are far from being addressed.

The cholera epidemic in Haiti started in October 2010 and is likely to continue presenting a health threat for the Haitian people for some time to come. So far there have been two peaks in the epidemic: Oct-Dec 2010 and March-May 2011. A total of 513,997 cholera cases have been registered, with 6,908 deaths. The epidemic continues to deserve full attention and effective management. Still, it is important to look back at the first year of aid to the Haitian population: the earthquake response starting January 2010 and the initial 3-months emergency of the response to the cholera epidemic which started in October 2010. These two events were followed by a massive mobilization for aid. Already before the earthquake, a large part of the population was practically excluded from health services: few were available, and there were many obstacles to accessing them.

For several decades, Haiti has been de facto dependant on development and emergency aid. Health services were and still are a patchwork of private for-profit and non-profit initiatives. There is some public service tissue running through them, but nothing that would ensure basic health services to the population at large or provide a basis for emergency response.

In the aftermath of the earthquake

It is in this context that Haiti was hit by a severe earthquake on January 12, 2010. Port-au-Prince and the towns of Léogâne, Gressier and Jacmel were largely destroyed. Close to 100,000 people are said to have died and an estimated 1.5 million people were displaced.

Haiti’s already weak health system was further diminished by the deaths of 200 health workers and physical damage to infrastructure. In the affected areas, 30 of the 49 hospitals were damaged or destroyed. MSF’s activities in Haiti increased – as probably was the case with a lot of operational agencies – into the organization’s largest ever emergency response.

During the emergency response to the earthquake MSF centred operations on the treatment of trauma patients and provision of post-operative care. For several months...
MSF managed units specifically focused on providing psychiatric care in addition to numerous mental health services. Beyond the immediate response (three months after the quake), MSF chose to continue to meet people's urgent medical needs, rather than shifting focus to the (re)-building of a health system.

This provision of free care currently targets not only the direct victims of the earthquake but also the traditionally excluded populations, such as those in the slums of Port-au-Prince. The scope of MSF hospitals includes trauma care (accidents and violence), emergency obstetrics and paediatrics as well as burns.

The international Community mobilized an enormous amount of aid for Haiti. Within a month, US$5.6 billion had been pledged for the first two years and nearly US$10 billion overall. Hundreds of NGOs, associations, groups and individuals poured into the country to assist the people affected by the earthquake.

More than 400 NGOs declared themselves willing to develop medical activities and registered in the “Health Cluster”, the coordination mechanism for health related activities led by the World Health Organization (WHO), part of the UN coordinated system. Plenty of others poured in and did not register.

The early days were as chaotic as can be expected after such an event. An impressive amount of immediate assistance was rolled out, although, as is always the case in such situations, things could have been done better, faster and more efficiently. As early as 3 months after the earthquake, MSF began to receive trauma patients who had had incomplete post-operative care, with fixators still to be removed, or in need of wound dressing and rehabilitation. Perhaps organisations overestimated national capacity or lacked understanding of the Haitian context or had good reasons to stop their interventions according to their mandate or capacities. Nonetheless, it was irresponsible to abandon patients still in need of treatment without having ensured completion of their care, and it exposes the haste of the initial offer made by these groups to take on such responsibilities.

The earthquake as an “opportunity” for Haiti

In all aid sectors, important projects and programs were developed to respond to immediate needs. But the attention of the aid system (donors and their implementing actors through the Cluster system) rapidly focused on the reconstruction of Haiti. The concept “Build-Back-Better” devised in the March 2010 donor conference in New York, became the guiding principal for key actors and the government. Aid was portrayed as a tool able to convert the earthquake “disaster” into “an opportunity” to rebuild the state, reinforce the government, and bolster democracy, among other things - including the establishment, eventually, of a functioning health system.

This seems to reflect a long-standing trend among larger international organizations, which is to prioritise a response focused on the need to develop national systems rather than on the actual needs of people.

After the earthquake, early recovery may have potential in some sectors, but not in health. The development of a health care system that responds adequately to people’s needs is likely to take many years in Haiti, if ever there is an agreement on the strategic direction to take in its design and a Government able and willing to assume requisite responsibility.

In the meantime, awareness of present desperate health needs, reflected in maternal mortality among others, and rendered all the more visible by the massive emergency aid, should oblige international actors to ensure, at least for the transition, the provision of relevant health services, even if this translates into massive substitutive action. MSF has decided, in this sense, to continue hospital actions in Port-au-Prince and Leogane for 2 years minimum.

The population in Haiti has heard the public announcements of international aid and seen its massive deployment. However, in the long run, the results, in terms of assistance, have become less apparent. For example, the emergency response to the need for shelter for a great many people immediately after the earthquake enabled the vast majority of the homeless to quickly find sanctuary under plastic sheeting or tents, but little has happened since, as more “adequate” solutions are contingent on development plans. Thus, almost two years after the earthquake, many people are still living under the same tents and sheeting, which is extremely problematic in general and even more so in an environment prone to hurricanes.

This creates understandable tensions between aid actors, authorities and the population. There is an imbalance between, on the one hand, the important means deployed and energy invested for the organization and oversight of the multi-layered emergency response system and, on the other hand, the limited, at least perceived as limited, collective output of the actors in the system in terms of assistance to people.

The organizational set-up was developed years ago, elevating international efforts for the coordination of emer-
Emergency assistance to the status of a formal system, tasked to streamline all “humanitarian” aid efforts. Today the system justifies itself through a Consolidated Appeal Process for funding support, inter-agency planning processes and “collective” public communication.

The capacity of timely emergency assistance however has not improved.

Emergency preparedness and paralysis when cholera started

Haiti faced a massive epidemic of cholera from October 2010. The cholera epidemic was declared by the MSPP (Ministry of Health and Population) on October 22, 2010. The Ministry took the leadership, sidelined the health cluster group and looked to actors with the capacity to respond effectively to the epidemic.

By January 24, 2011 a total of 209,034 cholera cases had been registered, resulting in at least 4,030 deaths; the total number of cholera patients thus approaching that of the persons injured in the hurricane last year. In the first three months of the epidemic, a deployment of doctors from Cuba cared for approximately 50,000 cholera patients. For its part, MSF treated approximately 100,000 affected patients. MSF and the Cubans, both of which were not part of the international emergency response coordinating mechanisms and were not mentioned in related reports, thus provided treatment for approximately 80% of all cholera patients reported in that period. The other 20% were treated by about 50 different national and international organizations.

It is not the fact that two actors were particularly effective that we want to stress. It is the fact that the majority of aid actors, although already on the spot, failed to expand or adapt their services to the most acute needs. Such shortcomings are all the more questionable as in the post-earthquake period a large number of actors stayed in-country and had relevant means at their disposal.

Cholera appears suddenly, spreads fast and, if untreated, kills up to 50 per cent of affected patients, sometimes more. The response to such an epidemic must be quick and tailored to each situation, but many organisations did not announce specific action until three months after the epidemic in Haiti began. Water, sanitation and hygiene (WASH) is crucial to cholera response, since the disease is water-borne. Some water and sanitation activities were developed but they were wholly insufficient to tackle the needs.

MSF is not calling into question the willingness of individual organisations. A number of international NGOs developed large-scale cholera response actions according to their own means, willingness and capacities; though actions were mostly limited to the places where the organisations were already present.

MSF is calling into question the collective willingness to accept current failures in emergency assistance that are harmful to people’s well-being.

The UN’s first and most prominent action was to launch an appeal to donors to raise funds, even though a great deal of money had been mobilized after the earthquake and not necessarily spent.

Emergency preparedness and coordination is at the core of OCHA’s role and a routine part of the operations of many organisations. Shortly after the earthquake, the MSPP, OCHA and numerous NGOs and other health actors began participating in efforts to ensure Haiti was prepared for a new emergency. In September 2010, the focus was on the risk posed by hurricanes, but the possibility of a nutritional crisis, another earthquake or an epidemic were also part of the discussions.

Despite all the preparation, the coordinated response system seemed paralyzed in the face of the cholera outbreak; the quest for “one [perfect] response” seemingly resulted in “no real added value to the response”. The emergency response to the cholera epidemic would likely have been the same with or without the international emergency response system through clusters.

Emergency preparedness seems to concentrate on the inventory of “virtual capacity”: Organizations in a specific location, supported with financial means from a donor, material from a UN agency and human resources of one of the partner NGOs, are placed as “response capacity” in the planning grid of the interdependent response system.

The aid system is generating its own “roadblocks” for an effective response

Haiti faced two exceptional crises in a row. One was exceptional in terms of the destruction caused and both were exceptional in terms of the number of people affected, but they were also exceptional in terms of the amount of aid that was mobilised.

That said, we believe the performance of the “aid system” must be questioned if we want to improve what failed or fell short. MSF decided from the start not to be part of the UN-coordinated aid system because of its obvious limitations where humanitarian and emergency assistance is concerned. However, as a member of the broader “aid community,” such as it is, MSF feels compelled to participate in the general reflection on the aid response to emergencies: a reflection which includes MSF’s own functioning and relations with other aid actors in order to improve capacity to respond to the needs of populations in emergency situations.

Fewer and fewer actors stand ready and able to manage operations in response to major humanitarian/medical emergency needs. This could be because organizations overemphasize early recovery efforts or because they lack financial independence, technical and logistical capacity and experienced staff able to lead operations.
Donors have meanwhile increasingly developed their own aid policies, relying on NGOs and other partners to implement them, but, exceptions notwithstanding\textsuperscript{21}, without the rapidity and flexibility that emergency response requires. Truly independent “humanitarian” action is becoming increasingly rare.

The trend of donors and aid actors to push for early recovery as well as the political incentive to label a context “rehabilitation” or “reconstruction” fuel misconceptions around the “continuum” of emergency-rehabilitation-development. Different aid approaches (emergency response, rehabilitation and development) have their place. They are complementary. They have their own focus, timing, and types of investment. But development does not necessarily flow from emergency response investments and achievements, and emergency response should certainly not be conditioned by development objectives. The current focus on early recovery\textsuperscript{22} only enhances the trend in which immediate and urgent assistance measures are potentially delayed or bypassed in the attempt to fit them into the greater ambitions for development.

The recent call by some donors and Haiti’s new president for “Trade not aid”\textsuperscript{23} is pushing this trend to an extreme.

In the UN cluster approach, the processes between actors are standardized: funding appeals (CAP\textsuperscript{24}), subcontracting and framework agreements, which relief organizations must comply with in the countries in which they operate. Funding and directives flow downwards; reports on “progress” and “lessons learnt” flow upwards. Each change of action requires a concomitant change in contracts. The mechanism leads to stasis and inflexibility in the system and is conducive neither to rapid action in a changing environment nor to emergency assistance. Any failure or delay of any of the actors involved disrupts the entire chain and may result in no action at all. But no one is at fault since all responsibility is shared. No one complains as everybody feels responsible. One may legitimately ask how much room for manoeuvre (independence of assessment, judgment of constraints and action) exists in a system in which the humanitarian imperative may be subject to the political agenda.

Coordination centres around the inventory of organizations’ intentions and actions, establishing a picture of “virtual coverage” and leaving little room for constructive dialogue around public health priorities, operational strategies and technical considerations based on people’s actual needs. This includes medical questions, the specific needs of a specific population,\textsuperscript{25} instances in which essential needs were not covered, and instances in which the capacity for essential services existed but was not allowed to be put into operation\textsuperscript{26}. Coordination becomes an end in itself, abandoning its mission to improve the efficiency of the response to the actual needs.

We consider that the current aid system’s architecture and its approach to the coordination of emergency response have not provided an improvement of the assistance to people in Haiti. Moreover, negative side effects have become apparent. The current coordinated emergency response system attracts numerous actors, and specifically those who depend on the system’s legitimacy, technical and financial resources to be able to act. The system can be self-serving and consumed by its own functioning, deploying to this end disproportionate amounts of resources and projecting unrealistic response capacity. Over time such inconsistency can only foster doubt towards the intention of humanitarian aid, thus undermining people’s trust, without which no humanitarian working space can exist.

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\textit{The present article was written in June 2011. Its thesis remains valid, even 2 years after the earthquake that hit Haiti and a year after the start of the Cholera epidemic.}

\textit{View the references on: http://www.urd.org/Haiti-The-limits-of-the-Aid-System}

\textsuperscript{1} OCHA figures November 2011.

\textsuperscript{2} Source: PAHO declares that 40% of the population do not have access to basic health services. An MSF report from 2005 "Les soins de santé de base hors de portée pour la population rurale d’Haiti : exclusion et appauvrissement des vulnérables" demonstrates that even when physically available, access is further handicapped by financial barriers (forfeit or cost coverage) and discourages 30-66% of the people from seeking treatment. Estimates are as high as 80% exclusion.

\textsuperscript{3} Data varies according to sources: Haitian former President Preval stated on Feb 10 a total number of 300.000 wounded and at least 217.000 deaths. PAHO/WHO’s 1-year report states similar numbers. Judging from other sources however, the death toll is more likely to be close to one hundred thousand, even below.

\textsuperscript{4} Official government data, also used in UN reports (e.g. PAHO 1-year-report). OCHA planning data referred to 1.2 million displaced by the earthquake in Port-au-Prince alone. Leogane and Jacmel area adding additional population. In general figures related to the earthquake victims, current affected population as well as results of aid efforts are disputed.

\textsuperscript{5} Through October 2010, MSF treated close to 45,000 trauma patients and provided post-operative care to nearly 11,000. For more information refer to the MSF report "Haiti-one year after" www.msf.org.

\textsuperscript{6} Source: www.haitispécialenvoy.org/download/International_Assistance/1-overall-financing-key-facts.pdf

\textsuperscript{7} In support of the 18-month reconstruction plan presented by the Haitian government.

\textsuperscript{8} www.haiticonference.org/communique.html

\textsuperscript{9} From 400 to 620 according to the period

\textsuperscript{10} The Anglophone expression used to describe the “Refondation d’Haiti”

\textsuperscript{11} For instance, Merlin’s latest report criticizes emergency response based solely on people’s needs, highlighting what it calls a resultant negative impact on development goals. Merlin’s request to “Ensure all humanitarian responses contribute and build towards the longer term development of the health work force and health system”in “Is Haiti’s Health System any better?” (Report January 2011) http://www.reliefweb.int/rw/rwb.nsf/db900sid/YYOS-8D4RX7/OpenDocument?query=cholera

\textsuperscript{12} 550 560 are still living under tents according to OCHA figures (November 2011).

\textsuperscript{13} Source MSPP. These figures must be handled with care as probably many patients never came to treatment centres.
Humanitarian crises and sustainable sanitation: lessons from Eastern Chad

Anne Delmaire & Julie Patinet

How important is sanitation during a humanitarian crisis? Why is it important to explore ecological and sustainable sanitation?

This article looks at the case of Eastern Chad, an example of a major long-term crisis. From an acute emergency in 2003, the crisis has gone through a number of phases. The appropriateness of aid mechanisms is currently being questioned, with a particular focus on sanitation. Sustainable sanitation can help to improve the quality of life of refugees and IDPs as well as local populations. From this perspective, what lessons from Eastern Chad could be useful in other contexts?

Eastern Chad: Focus on sanitation in a long-term humanitarian crisis context.

The arrival of large numbers of refugees and IDPs in Eastern Chad from 2003 led to the mobilisation of the international community to provide essential services to the affected population in refugee camps and IDP sites. In terms of sanitation, the humanitarian intervention was limited to digging latrines which remained of an insufficient number in relation to needs. The very poor coverage of sanitation needs was caused both by constraints, such as the lack of space available and the unstable or floodable land which caused pits to collapse, and the fact that sanitation was not seen as a priority by humanitarian actors. In addition, for a long time, the Chadian communities living near the camps remained outside international aid circuits, despite the fact that their living conditions and their needs were similar to those of the people who had been displaced by the conflict.

After a few years of operations consisting essentially of the provision of assistance to affected communities, the aid sector then found itself faced with a long-term crisis which affected Eastern Chad in a heterogeneous manner: the priority became the promotion of self-reliance within camp communities and projects targeting the local population also began to be developed.

The current context is one in which it is forecasted that the Sudanese refugees in camps in the East will be there for a protracted stay and in which there has been a re-organisation of the territory (amounting to the urbanization of Eastern Chad) due to the movements of IDPs (return, resettlement or sedentarisation in former sites).

Recently Chad experienced one of the most serious outbreaks of cholera in the last fifteen years, the conse-

15 See French Red Cross announcement of the imminent opening of a cholera treatment centre, January 25, 2011. Save the Children announced that its first cholera treatment centre was opened on January 4, 2011. The MSPP presented its strategy for the management of the response to the epidemic at rural level on January 27, 2011.
17 GA resolution 46/182 (1991), GA resolution 56/103 (2002), Priority no.5 of Hyogo Framework for Action (HFA)
18 In Reference to the interagency website aiming at exchanging information to improve the coordination during emergencies: www.oneresponse.info
21 Donors like ECHO have fine-tuned rapid funding mechanisms and relations with key NGOs in the emergency response area.
22 Quote “Early Recovery is defined as recovery that begins early in a humanita-ritarian setting. It is a multi-dimensional process, guided by development principles. It aims to generate self-sustaining nationally owned and resilient processes for post-crisis recovery... occurs in parallel with humanitarian ac-tivities, but its objectives, mechanisms and expertise are different. ER aims to: augment on-going humanitarian assistance operations; support sponta-neous recovery; initiatives by affected communities; and establish the foun-dations of longer-term recovery. Full text: http://www.humanitarianreform.org/   (page Early Recovery)
24 Consolidated Appeal Process
25 A sub-group of the larger health NGOs was created (Mini-cluster), meeting separately for more efficient work, but even here it was difficult to approach medical and health system issues. Part of the reason may be sought in the different involvement (PHC, hospital care) and part in the different organi-zations’ philosophies (integrated with the MSPP, private health structures) and related policies and modus-operandi. In total around 7 sub-groups were established for health, making effective participation a full time job for coordinators of some organizations.
26 Remark on the coordination set-up for humanitarian / emergency aid in Port-au-Prince: The single massive coordination hub may have suited the geographical proximity of organizations, but less adapted to deal with the very distinct realities of diverse population groups in Port-au-Prince, be it those directly affected (displaced camps), those who benefit from the substi-tution of destroyed health structures or those historically excluded from aid.
quence, amongst other things, of the very poor access to sanitation that exists in the country. There are therefore several factors which show that there is a need to find alternative forms of sanitation in Eastern Chad.

**Factors which show that there is a need to look for alternatives to conventional sanitation in Eastern Chad**

Several factors underline that we should be looking at alternatives to conventional sanitation

Firstly, there is a very high incidence of diarrhoeal illnesses, which are themselves sometimes made worse by sanitation systems which are not adapted to the hydro-geological context, like for example, in the Kouou-Anga-doré.

Secondly, the long-term establishment of refugee camps means that space to dig toilets has become scarce in certain densely-populated camps, like for example in Farchana camp.

Thirdly, due to the need to restore arable land, it would appear sensible to look at the potential of ecological sanitation. The deterioration of the soil in Eastern Chad has been denounced by most actors, even though, as yet, no quantitative data has been produced by scientific research. The *Office Nationale de Développement Rural* (ONDR), which has conducted surveys with farmers in the Goz Beida area, without any distinction of status, has observed a decline in the fertility of arable soil around camps (particularly where there is sandy soil), one reason being that land is no longer fallowed, which is itself linked to land availability. Only areas which have been enriched with composted manure have not suffered from reduced soil fertility.

Fourthly, human waste is being re-used clandestinely for agriculture, causing health risks. For example, in Abéché, the contents of toilets are not currently re-used by users, but it is well known that human waste from transfer sites is regularly collected and re-used by market gardeners.

**Certain factors also show that these changes are possible.**

First of all, people in Eastern Chad are familiar with and are not against the idea of using human waste in agriculture. Though publicly this practice remains relatively taboo, there is genuine interest during discussions in small groups involving people who have travelled to Sudan, Nigeria, Niger and Libya and who may have observed or even practiced the re-use of human waste in agriculture themselves and seen how this can have “positive effects on production”. What is more, certain Chadians in cities are used to emptying their toilets regularly (e.g. Abéché).

There is growing interest in ecological sanitation within the international community which fits in well with strategies promoting empowerment and self-reliance for sanitation at the household level in camps and IDP sites. Ecological sanitation pilot projects have been tested since 2009, such as by Secadev in Farchana and by ACF in Dogdoré.

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**Focus on the emptiable toilet project in Farchana camp (SECADEV)**

Due to a lack of space to dig toilets and the collapse of several hundred pits in the sandy soil, emptiable toilets have been tested in several refugee camps (Farchana, Koungou and Mile) since the end of 2008. The pits are reinforced from top to bottom with terra cotta bricks and cement joints. These sanitation facilities are therefore built with more durable materials and are more expensive than the houses of the refugees, which can lead to incomprehension and resistance. The pits can be emptied manually, in order to re-use their contents in agriculture. For an optimal use of this type of toilet, the liquids (urine, anal cleansing water and shower water, if relevant) are separated by running over the lightly sloping concrete floor, so that they are evacuated outside. Certain families in Farchana camp separate liquids at the source in this way (the pit of the toilet is reserved for faeces) and add ash to the pit: this is the ideal method in terms of hygiene and comfort (no flies or odour). Other families put an anti-bacterial disinfectant product or soapy water into the pit in the hope that this will reduce the smell and the volume of the pit, but this is probably not effective.

In 2010, a double pit design was introduced in the camps in order to be able to use the pits alternately and avoid having to empty fresh (and therefore highly pathogenic) faeces when one pit was full. None of the toilets built in Farchana camp in 2008 is yet full, and the time that it will take to fill a pit could well be close to several decades, if the toilets are used solely for defecation.

**What lessons can be drawn from Farchana?**

Monitoring carried out during the second year of implementation of the emptiable toilets revealed that the principles involved were not clear in the minds of users, particularly the double pit toilets. In effect, during the first months after they were put in place, certain households used both pits at the same time, cancelling out the advantages of two pits over one. This underlines, once again, the vital importance of “software” activities such as awareness-raising, training and monitoring. In addition, this type of project implemented in refugee camps requires that the issue of agricultural re-use has been treated in advance: it is essential that space is available for re-using the waste, either inside the camp, in concessions (in which case, hygiene precautions need to be fully integrated, which requires a full training programme and deserves serious thought on a case by case basis), or outside the camp, ensuring that the refugees have long-term access to the land.

**Why it is important to consider and understand the concept of ecological sanitation**

The increased health and environmental risks caused by pollution of the environment, surface water and underground water, are very worrying. It is absolutely essential that sanitation, which aims to allow everyone to live in a healthy environment, should be taken into account in order to manage water resources in a sustainable and integrated manner.
The concept of ecological sanitation is a cross-sector approach which concerns the WaSH, Health and Food Security sectors. It aims to preserve human health by confining and sanitising the pathogens contained in faeces. It also aims to recycle the nutrients contained in excreta (faeces and urine) and waste water and aims to prevent pollution rather than to treat it once it has been produced. More than a type of design, it is, above all, a principle based on understanding and respecting the natural cycles of water, nutrients and matter.

In other words, ecological sanitation involves re-using waste water and excreta in agriculture, without risk, to fertilise the soil and restore the natural nutrient cycle. It reduces the risk of a watershed being contaminated and considers faeces and waste water to be re-usable resources.

**The main types of dry toilets**

The techniques associated with this concept are based on excreta being collected and treated separately from waste water, using toilets known as dry toilets which generally work without water. There are two ways of treating excreta ecologically: composting (urine and faeces are mixed) and dehydration (urine and faeces are separated).

* **Dehydration toilets**

Dehydration toilets collect urine and faeces separately so that these two types of excreta can be treated appropriately. Adding soil or ash (or lime) to the faeces creates an alkaline environment which is unfavourable to pathogenic germs. Urine, which normally does not contain pathogens, is channelled towards a recipient with a view to its re-use. Storage of the urine and dehydration of the faeces allows the excreta to be sanitized so that they can be used as fertilizers in agriculture, market gardening or tree growing.

* **Compost toilets**

Compost toilets allow excreta to be treated using a natural process involving the decomposition of organic matter: the composting process. In compost toilets, urine and faeces are treated together in a storage and/or composting receptacle. For a good composting process to take place, carbonated matter needs to be added (sawdust, woodchips, chopped up straw, dried and shredded leaves and leaf stalks).

The countless different designs of dry toilets are all based on one of these techniques for treating excreta.

The table below looks at these two families of dry toilets in relation to a number of variables: climate, water table, soil and habitat.

<table>
<thead>
<tr>
<th>CLIMATE</th>
<th>WATER TABLE</th>
<th>SOIL</th>
<th>HABITAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arid</td>
<td>Low</td>
<td>Stable</td>
<td>Permanent</td>
</tr>
<tr>
<td>Humid</td>
<td>High</td>
<td>Stable</td>
<td>Low-cost of construction</td>
</tr>
<tr>
<td>Low</td>
<td>Low</td>
<td>Limited space</td>
<td>Avoid the arborloo*</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
<td>Stable</td>
<td>Low-cost of construction</td>
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Though it is true that it is difficult to establish a fixed typology of these techniques because it is essential to know the local constraints and particularly the wishes of the future users, it is nevertheless apparent that the biggest constraint technically is that of the climate, with dehydration most appropriate in arid contexts while compost toilets should be favoured in humid contexts.

In the case of Chad, we can see from the table that for high-density and long-term sites such as the cities and town centres of Abéché, Goz Beida and Farchana, all the systems are possible except the arborloo due to the constraints of space. We can also say that for a temporary shelter, whether high-density (like Farchana and Gaga camps or the sites around Goz Beida) or rural (like certain IDP sites like Sanour and Ganachour), the goal is to reduce costs and take land ownership issues into account (avoid planting trees if there is a risk that this will cause conflict). Finally, for long-term rural habitats like certain peripheral neighbourhoods and returnee areas like Bithéa, neighbourhoods in Farchana, Goz Beida, Louboutigué, Tiero and Marena, all systems are possible.

Ecological sanitation techniques help to establish synergies between different actors: water, sanitation, agriculture, health and education, thus adding greater depth to projects and solutions. The success of ecological sanitation projects is not simply a question of technical design, but also concerns agricultural and social issues.

**Numerous preconceived ideas and obstacles to the introduction of ecological sanitation in Eastern Chad**

Amongst international donors, the instability and uncertainty regarding the length of time that camps will exist does not encourage investment in long-term facilities.

Also, the high turnover of management staff within humanitarian organisations is a major constraint in that pilot projects need strong backing and need to be followed up in the long-term. What is more, humanitarians often prefer to reproduce what they already know how to do (force of habit leading to inertia) and are unwilling to take chances with approaches/techniques that they are unfamiliar with. Many expats believe, wrongly, that Chadian culture is “fear-cophobic” and that any re-use of human excrement is therefore impossible.

Using human waste is not a subject that is spoken about publicly and “good practice” (appropriate treatment for risk-free use of human waste) may not be known. Furthermore, access to agricultural land remains very problematic for refugees (with some variation, depending on the area), thus limiting the attraction of re-use. More generally, the communities in Eastern Chad complain about the lack of means for transporting (and therefore re-using) human waste to the fields which are sometimes a long way from settlements. To complete this brief overview...
of constraints, we must underline the financial and technical difficulties for the population to acquire and run toilets autonomously. Effectively, the construction of dry toilets is more complex and more expensive than that of traditional toilets (pit latrines), making the manual participation of the local population more difficult as well as the appropriation of techniques.

**What actions are needed to establish more sustainable sanitation in Chad?**

The sustainable and ecological sanitation projects currently being carried out in Chad and the difficulties they have encountered underline the importance which needs to be given to participation and awareness-raising throughout the project cycle. It is also essential to train people who already re-use human waste in order to avoid health risks\(^6\). In addition, pilot projects should be encouraged, in order to test new solutions on a small scale before they are diffused more widely, make adjustments if necessary and learn lessons. What is more, “re-use” should automatically be taken into consideration from the beginning of projects, and at the very least, the final destination of the waste should be established in advance when sanitation projects are being designed. It is important to involve agricultural development organizations, particularly the ONDR (and thus farmers’ groups) in all ecological sanitation projects, but also to encourage continual dialogue with the administrative, religious and political authorities as well as with development organizations and donors, which will help to improve the sustainability of projects.

There are a lot of preconceived ideas about people’s reticence to manipulate excrement (faecophobia) and this is why it is very important to verify on the ground whether or not these are founded (Patinet J. & Yerima M.A., 2010).

Lastly, the majority of humanitarian organizations’ bases in Eastern Chad, as well as certain offices of the Chadian administration, are equipped with flush toilets, with additional un-ventilated (and often insanitary) pit latrines outside the buildings, which are used by the guards. Changing to dry toilets would make it possible to:

- Remove the problem of treating waste water contaminated by faeces,
- Save water, particularly in areas where there are water shortages, like Eastern Chad,
- Test ecological alternatives, in order to adapt them to the context (before implementing this type of toilet on a large scale in projects aimed at local communities),
- Gain in legitimacy by leading by example.

**Conclusion**

The long-term success of alternatives to conventional sanitation in Chad, as elsewhere, does not depend on the application of particular technologies: it depends principally on the participation of the future users (from the design to the follow up) both in the building of the facilities and the re-use of products. Rather than reproducing a design, it is important to understand the principles of ecological sanitation in order to be able to adapt them to a particular context. The key ideas to be retained from the Chadian experience - which can be applied in many other contexts - are participation, awareness-raising, pilot projects, training and lesson sharing.

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**Focus on the training workshop**

A training workshop for humanitarian actors entitled Opérationnalisation des projets d’assainissement écologique (Making ecological sanitation projects operational) was carried out in September 2010 in N’Djamena. It was organized in response both to demand from WaSH sector humanitarian actors in Chad and the findings of an assessment carried out by Groupe URD in N’djamena, Goz-Beida and Abéché in July 2010. The workshop, which was run by Groupe URD, received remote technical and methodological support from the French NGO, Toilettes du Monde (specialized in ecological sanitation) and technical and practical support from the Chadian NGO, CAIDEL. With funding from ECHO, the French Embassy, UNDP and UNICEF, it also received a great deal of logistical support from N’Djamena municipal authority. The workshop allowed participants to acquire theoretical and practical understanding of ecological sanitation and to increase their knowledge of health and hygiene issues linked to sanitation. It was also an opportunity to discuss the question of implementing sustainable sanitation in Chad and the obstacles and opportunities which need to be considered to integrate the principles of ecological sanitation into the actions and projects of different organisations.

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1 250 000 refugees and 180 000 IDPs according to estimates by ReliefWeb in 2008.
2 17 000 cases, 450 deaths in 2011 according to MSF.
3 The proportion of Chadians who had access to improved sanitation in 2002 was 30% in cities and 0% in rural areas (source: page on Chad on the World Health Organisation web site).
4 Source: interviews with the Institut Tchadien de Recherches Agronomiques pour le Développement, ITRAD.
5 ONDR works with all the farmers in its area of intervention, regardless of their status: local community, IDP or refugee. Their training courses and advice are aimed at “all those who cultivate the Chadian soil”.
6 Source: group discussions with communities.
**Bibliography**

**Chronic crises, resilience**

**Echapper au cycle de la faim : les chemins de la résilience au Sahel**

*Groupe de travail sur le Sahel, September 2011, 124 P.*

This report is a detailed analysis of the changes which have taken place since 2005 in terms of policy and programming in the Sahel. It assesses the extent to which the lessons from the food crisis of 2005 were implemented, or applied, during the 2010 crisis and tries to determine how aid could be more effective in reducing vulnerability in the Sahel. What lessons have been drawn from recent experiences to orientate decision-making and improve the effectiveness of aid in order to avoid future food crises? Based on positive changes which have already begun to take place, this framework is designed to guide the main stakeholders (governments, CILSS, donors, United Nations agencies, international NGOs and civil society) in decision-making and the establishment of priorities to overcome the widely neglected chronic aspects of food and nutritional crises. The report ends with detailed recommendations. It is based on a study of the relevant literature, reports and documents, as well as interviews with over 70 people (from all the different categories of actors), and on field visits to the areas of Niger and Chad which were the most badly affected by the food crisis in 2010.

http://reliefweb.int/sites/reliefweb.int/files/resources/Rapport%20complet_27.pdf

**Food security in complex emergencies: Enhancing food system resilience**


This article explores the links between food security and crises, based on a variety of examples, highlighting the political and institutional conditions which are necessary to provide food security in crisis situations and rebuild the resilience of food systems during periods of relative peace. It proposes an approach which increases resilience at the food security level via specific policies for extended crises which link emergency food operations with long-term development strategy. It concludes with an analysis of policy options and the implications for responses in the short and long term by taking into account the three dimensions of food security: availability, access and stability.

**Quand l’urgence dure plusieurs décennies : Comment améliorer la sécurité alimentaire dans les situations de crises prolongées**, *Perspectives Economiques et Sociales, FAO, February 2010, 2 P.*

33 countries currently face a food security crisis. 14 of these have been affected by such a situation for more than a decade. When an emergency situation lasts this long, the traditional paradigms of development and humanitarian aid are unable to find effective responses. Rather than encouraging ad hoc aid programmes, operations should adopt long-term strategies and work with local institutions. This note by the FAO makes a number of recommendations:

- When crises become prolonged, short-term relief programmes need to be accompanied by measures to treat the underlying causes of food insecurity.
- To achieve long-term solutions, programmes need to work with livelihood coping strategies and local institutions.
- The architecture of public development aid needs to become more flexible and support long term development operations and approaches, even at the acute crisis stage.

http://www.fao.org/docrep/012/a026f/a026f00.pdf

**Crisis response and international food aid systems**

**Addressing integrated coordination in food security crises: a brief assessment of the role, mandate, and challenges of the global food security cluster**

*Daniel Maxwell, John Parker, Feinstein International Center, 2011, 32 P.*

In May 2011, the Food and Agriculture Organization (FAO) and World Food Programme (WFP) formally launched the global Food Security Cluster (FSC) as the UN’s global mechanism for coordinating food security responses in emergencies. The creation of the global cluster coincides with a period in which the number of food security actors has continued to grow, the operating environment has become more complex, and the range of responses has required greater levels of skill in analysis, planning, implementation and monitoring. This paper summarizes the mandate of the newly formed global FSC, presents an analysis of the major issues and challenges it faces, and provides recommendations to donors and the global FSC for possible ways to address these issues.


**Humanitarian Aid** *on the move*

Newsletter n°9
The recent food crises have forced development NGOs from the North to rethink the link between agricultural development, food aid and food security, and how development aid can improve food security in order to respond more effectively and prevent crises of this kind in the future. The concept of sustainability is central to these reflections, even though this term is understood differently depending on the institutions. This article analyses the different interpretations of sustainability in the context of development aid, and also in terms of the response of certain states (United States, Canada, Japan and the European Union) and multilateral development agencies to the global food crisis.

International food aid has evolved enormously in the last 20 years: from a simple food donation applied in the same way in all kinds of crises, it has become a complex system which increasingly takes people’s real needs into account. This book reviews how international food aid practices have evolved, focusing particularly on the policies of the USA and the EU, and looks at the challenges of effective transatlantic cooperation.

This report brings together the presentations made at a seminar organised by UNICEF and the FAO on the response to the crisis in the Horn of Africa. The presentations first deal with the food security context in the region and the perspectives for 2012. The different sessions which follow analyse the social consequences of famine over the more or less long term, economic policy and the social dynamics of the Horn of Africa as well as the specific context of livestock farmers. The speakers then review the lessons learned from previous crises in the region before concluding with a series of recommendations.

In many countries, protracted crises cause food emergencies which last for years, or even decades. Humanitarian responses rarely establish long-term food security. Referring to case studies in Somalia, Sudan and the Democratic Republic of Congo, this book shows that it is possible to link emergency relief and long-term development.

Consult the full bibliography «Post-crisis food security» on: www.urd.org/newsletter
Events

Training courses organised by Groupe URD

In France

Evaluating the Quality of Humanitarian Action, 16-20 April, Plaisians

The objective of this course is for participants to learn about key evaluation concepts and using the appropriate tools to meet their needs.

- Defining evaluation and evaluation objectives
- Reference frameworks and evaluation criteria
- Preparing an evaluation
- Selecting and using data collection tools and techniques
- Carrying out an evaluation
- Using evaluation results

Groupe URD will also be running two sessions in Plaisians in the coming months : « Integrating the Environment into Humanitarian Action » (21-25 May) and « Quality Management in Humanitarian Action » (11-15 June).

For any further information about Groupe URD training courses and to register for a course, please contact Anna Lear: alear@urd.org
Tel: +33 (0)4 75 28 29 35

In Afghanistan

Two sessions are due to take place in Kabul: a Training of Trainers (5 - 8 March) and a Team Management course (11 - 15 March). In addition, project management courses will be carried out outside Kabul, in Jalalabad, in order to allow those in the region to attend. For further information and registration, please contact Namatullah Wasiq: coc.officer@acbar.org


The French Development Agency and the European Development Network are organising their ninth annual conference on the theme « Malaise dans l’évaluation : quelles leçons tirer de l’expérience du Développement ? » (‘Difficulties in evaluation: what lessons can be learned from development?’).

At a time when aid is severely criticised for its limited effectiveness, a number of world specialists will discuss and debate with the public about the role of evaluation as it is conceived today in the field of development aid.

This conference will take place at the Centre de Conférences Pierre Mendès-France at the Ministry of the Economy, Finance and Industry in Paris.

To see the programme and register online (obligatory): http://www.afd.fr/home/presse-afd/evenements?actuCtnId=74962

9th edition of the DIHAD, 1-3 April, Dubai

The ninth edition of the DIHAD – Dubai International Humanitarian Aid & Development Conference & Exhibition – will focus on “The role and importance of youth in humanitarian assistance and development activities”. For the second consecutive year, Groupe URD will be taking part in the debates, speaking at the 2nd session on the theme, “Youth, agents of the change”.

For more information, see: http://www.dihad.org/

6th edition of the «Salon des Solidarités», 1-3 June, Paris

Since 2007, the Salon Des Solidarités has been an essential rendez-vous for aid organisations, professionals and the general public. On the strength of its success in previous years, the salon is back in 2012 on 1, 2 and 3 June in Porte de Versailles, Paris.

2012 Salon Des Solidarités main features...

- 3 days to find out about humanitarian aid and development issues and meet with European sector participants,
- 250 French and European exhibitors (NGOs and companies), active in the humanitarian sector,
- 20,000 visitors expected;
- A rich and varied programme of events and conferences.

New this year:

- A brand new innovation area covering all the most recent technological developments in the international aid sector.
- Yurt meetings on key aid-related topics, such as innovation, commitment, human rights and peace.
- A map showing all the different aid structures in France by region and by subject
- One morning will be reserved for professionals with conferences led by specialist speakers from the aid sector.
- A breakfast spot - Contact‘Thé – which will be reserved for exhibitors to allow them to meet, discuss and establish partnerships
- An innovation awards ceremony

Groupe URD will also be running a stand on “The emergence of open source solidarity: solutions and communities of volunteers in information technology and communication, and emerging issues for the sector” and a conference, on the opportunities and challenges brought by these new actors and new tools, such as Sigmah, the free software that it has developed in partnership with a group of French NGOs. For any further inquiries: http://www.salondessolidarites.org

Humanitarian Aid on the move

Newsletter n°9

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Groupe URD (Urgence – Réhabilitation – Développement) is a non-profit research, evaluation and training institute. Its main objective is to help improve humanitarian practices in favour of crisis-affected populations.

Further information:
www.urd.org

Humanitarian Aid on the move

Humanitarian Aid on the Move – a quarterly, trilingual e-newsletter – aims to share the results of work on important issues currently facing the sector. We regularly invite external contributors and provide links to other publications. Please contact us if you would like to propose an article.

Further reading on certain topics and full articles by the authors can be found on the Groupe URD website: www.urd.org/newsletter

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www.urd.org/newsletter

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Produced with support from: