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Relief Work in Complex Emergencies

The Norwegian NGO Experience

By Center for Partnership in Development, Diakonhjemmet International Center

Ministry of Foreign Affairs

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Relief Work in Complex Emergencies

The Norwegian NGO Experience

A study based on the experiences of
Norwegian Church Aid, Norwegian People's Aid,
Norwegian Red Cross, Norwegian Refugee Council,
Norwegian Save the Children

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A report submitted to the Royal Norwegian Ministry of Foreign Affairs
by Center for Partnership in Development, Diakonhjemmet International Center

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Abbreviations

CCF	Cash For Food
CFW	Cash For Work
CHW	Community Health Workers
CMR	Crude Mortality Rate
CPD	Center for Partnership in Development, Diakonhjemmet International Center
EPI	Expanded Programme of Immunisation
EU	European Union
FAO	The Food and Agricultural Organisation
FFW	Food For Work
GONGO	Governmental Non-governmental Organisations
ICRC	The International Committee of the Red Cross
IDP	Internally Displaced People
IMF	International Monetary Fund
MFA	The Ministry of Foreign Affairs
NCA	Norwegian Church Aid
NGO	Non-governmental Organisations
NORAD	Norwegian Ministry of Foreign Affairs
NOREPS	The Norwegian Emergency Preparedness System
NPA	Norwegian People's Aid
NPO	Norwegian Project Office
NRC	Norwegian Refugee Council
Norcross	The Norwegian Red Cross
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODA now DFID	The British Overseas Development Agency
OLS	Operation Life Line Sudan
PHC	Primary Health Care
PHCC	The Health facilities are Primary Health Care Centres
PHCU	Primary Health Care Units
PO	People's Organisations
PSC	Public Service Contractors
PTSD	Post traumatic Stress Disorder
RB	Norwegian Save the Children
RRAA	Rural Rehabilitation Association of Afghanistan
SCA	The Swedish Committee for Afghanistan
SRRA	Sudan Relief and Rehabilitation Association
TBA	Traditional Birth Attendants
UiO	University of Oslo
UiT	University of Trondheim
UNDP	United Nations Development Programme
UNHCR	The UN High Commission for Refugees
VO	Voluntary Organisations
WFP	The World Food Programme

Executive Summary

Bilateral humanitarian assistance channelled through NGOs

In recent years, a growing number of disasters related to armed conflicts have called for humanitarian action from the international community. The majority of those disasters have been what has been termed complex emergencies, being characterised as «periods of heightened crisis within an ongoing critical situation» (2.1).

There has also been an increased tendency for governments to channel bilateral humanitarian assistance through various non-governmental organisations (NGOs). The funds spent by the Norwegian Government on emergency relief has in the last eight years doubled from 721 million NOK in 1989 to 1.512 million NOK in 1997.[1] More than 50 % of these public funds are channelled through the five major Norwegian NGOs working internationally (1.1).

The quality of relief work under critical review

The dimension of the funds thus spent on emergency relief calls for some attention on the quality of the work. In May 1997 the five major Norwegian NGOs involved in emergency relief, Norwegian Red Cross, Norwegian Church Aid, Norwegian People's Aid, Norwegian Save the Children (Redd Barna) and Norwegian Refugee Council came together with Center for Partnership in Development, Diakonhjemmet International Center (CPD), to discuss different aspects of emergency relief work. The purpose was to learn from each others experience through a critical review of case stories presented in a workshop setting and to update each other of current international practices.

A number of case stories were presented by the organisations in a workshop. The prominent issues brought up in those case stories were within the health and psycho-social realms, and demonstrated that appropriate actions normally can be related to an understanding of complex emergencies within a basic framework for intervention. The mandate of the humanitarian organisations to voice concerns of human rights on behalf of the victims was also seen as an issue closely linked to psycho-social work.

It is argued that there is a need to improve quality assurance in emergency relief «through better learning processes, upgrading of professional competence and use of external resources» (1.2). However, since relief workers are much on the move from one emergency to another, there have so far been little concerted efforts to discuss in some depth professional issues and lessons learnt, a pre-condition for establishing institutional memory.

A participatory review process

The issues discussed in this evaluation report is a product of a participatory process between the organisations referred to above. The process is described in some detail (1.2) as it might be of interest in other similar reviews.

After presentation and discussion of the case stories in an initial workshop, five themes crystallised as issues to explore further. A task force, consisting of members from the participating organisations, planned and directed the work through the whole process. The themes were:

1. Complex emergencies and disasters.
2. The role of media/protection and advocacy in the emergency situation.
3. Psycho-social work in emergencies.
4. The role of PHC system and referral systems/issues related to nutritional intervention.
5. Local human resources related to health/focus on participation, empowerment and local coping mechanisms.

These themes were discussed in groups of experts provided by the organisations and followed up in a second workshop with wider participation. This report, which has been financed by the Ministry of Foreign Affairs, is the result of editing of the material consisting of a general consensus on what can be considered good practices that was reached through both the exploration in the workshops, the group work and literature reviews.

In addition to participants from the participating NGOs and DPD, individual resource people from the University in Oslo, Bergen and Trondheim and The Norwegian Missionary Council have participated. The Norwegian People's Aid invited a representative from a partner organisation in Bosnia (Annex 1). Representatives from the Section for Human Rights Humanitarian Assistance in the MFA presented two papers in the second workshop – «The time perspective for funding support to complex emergencies and other aspects of humanitarian assist-

[1] 1 US$ = 7.5 NOK

ance» (Fredrik Arthur) and «Imported versus local solutions» (Olav Kjørven). See Annex 2 for a shortened version of their papers.

The Planning and Evaluation staff of the MFA have closely followed this review process and have given useful feed-back at different stages of the exercise.

Basic terms and issues (chapter 2)

Agreement on terminology was a basic requirement for a good dialogue between the NGOs. Major issues that evolved in the working process were: ways of reaching those less visible; the need to know before acting; establishment of a good rapport with the local population; coordination; living with corruption; identifying local coping mechanisms; the need for protection and not the least, assisting with the long term perspective in mind.

The disaster response system and the role of NGOs (chapter 3)

The role of NGOs in complex emergencies have changed in recent years as donor governments increasingly have demonstrated an appreciation of their operational capacity and their ability to rapidly mobilise resources. The comparative advantage of NGOs in this respect is, however, closely linked to the extent to which they have been present in the disaster area prior to the emergency.

Donor governments play an important role in funding the relief work of NGOs, as does also the UN system e.g. by facilitating access to areas and population in need through logistical and administrative support. NGOs need, however, to strike a balance between making use of these resources and being true to their constitution, protecting their independence.

A framework for understanding the development of disasters (chapter 4)

The conception of an emergency presenting itself in phases can be a useful guide to management although it is recognised that in a complex emergency the course of events may be more tortuous, one crisis not necessarily followed by recovery but by another crisis. The framework presented may, nevertheless, provide a guide to what to look for in different periods for identification of priorities.

An established early warning system with a built in mechanism for action is what can make the whole difference in a pre-emergency phase, while there is still time to intervene in such a way that a disaster can be avoided. In an acute emergency phase it may be necessary to use outside resources. However, the principle of proximity should be applied, by which resources are sought as close to the target group as possible – unless there are clear reasons for acting differently.

Other issues discussed are «speed versus timeliness» where timeliness is defined as doing the right things in the right time (4.2), the need to identify local coping mechanisms (4.3), and to find a balance between external intervention and supporting the local struggle for survival through empowerment (4.4.).

In the post emergency phase the linkage between relief and development work needs to be established. Interventions that promote this are:

1. Strengthening of local, community and national structures to better deliver administrative and other basic services that re-enforce systems of governance.
2. Restoration of basic health, water and sanitation services and enhancement of accountable and indigenous cost-recovery schemes.
3. Revival of basic primary education services.
4. Resettlement of family members and support to re-establishing their livelihoods.
5. Restoration of domestic food and agricultural production and marketing systems.
6. Support for income-generating entrepreneurial activities complemented by expansion of the private and informal sectors.

The psycho-social dimension receiving increased attention (chapter 5)

Psycho-social considerations should be viewed as an essential integrated component of all aspects of the humanitarian response in complex emergencies. Interventions in this field attempt to promote the resumption of normal daily life as far as possible in which men, women and children can regain their familiar roles. The recognition of participation as a key element in overcoming the effects of traumatic experiences and rebuilding of self-esteem and trust, must be given more attention in relief work.

The overall aim of responding to psycho-social needs in complex emergencies as part of the humanitarian response, is to create and maintain a more humane and effective assistance to the affected people through:

- Promoting the restoration of the will and ability to cope
- Protecting peoples dignity, integrity and rights
- Promoting and protecting child development and rights
- Reducing mental suffering and psycho-social stress
- Preventing the accumulation of further trauma and distress

Due to the lengthy duration of complex emergency, many children may spend most of their childhood in camps or in settlements as refugees or internally displaced. It is therefore necessary to initiate activities which will have a sustained effect on their survival and development of over time. Such responses must be developed through a community-based approach encouraging use of local knowledge and expertise, and building on local culture and realities. Establishment of schools and pre-schools should have high priority.

Health intervention – Primary Health Care as a basic strategy (chapter 6)

All relief work will inevitably have a substantial health component. In complex emergencies when resources usually are over-stretched, Primary Health Care (PHC) should be the basic strategy. Emphasis should be on health promotion, prevention and communicable disease control through improvement of environmental health, ensuring and monitoring food availability, providing adequate shelter and appropriate clinical management of acute conditions.

Intervention will comprise prevention of public health consequences of a disaster as well as curative care – with focus both on the primary and secondary level of care with the district hospital as a referral unit. However, a crucial decision will need to be made if the secondary health care level in the public health care system is non-functioning or non-existing. The quick way is to bring in medical relief by importing a field hospital with equipment and staff. This may be needed in some situations, especially if acute and massive war surgery is needed. However, it should be weighed against the possibilities of strengthening and complementing an existing local hospital in the host district. By putting up temporary housing and adding staff for the increased patient load stemming from the refugee population, tensions and competition between a field hospital and a less functioning district hospital would be eliminated. The host population would then not feel that the refugees are getting better care than they are (6.4).

Nutritional support based on good assessment and appropriate food supplements (chapter 7)

In the area of nutrition, the crucial issue is to determine when it is necessary or timely to intervene. Monitoring of the occurrence of various coping mechanisms may give important clues as will also nutritional surveys and other early warning indicators (7.3–7.6). Some coping strategies (e.g. focusing on the needs of the bread winners) are not necessarily beneficial for children or other vulnerable or «dispensable» groups. In such a circumstances, the humanitarian response by NGOs may take precedence or complement traditional ways of coping (7.2).

When food is brought in from outside, the importance of bringing in food items that resemble the local products has been emphasised. Special targeted feeding programmes have often not been successful – except in the severe cases when therapeutic feeding is necessary. Premature establishment of feeding sites may cause a gross influx of people that agencies cannot cope with. The energy and opportunity costs of bringing a child to the feeding centre should also be weighed against the option of take-home rations.

Dilemmas in protection and advocacy – NGOs and the media (chapter 8)

When people seek refuge from various kinds of violence, they not only need assistance to have their basic physical needs met, but they are also in need of protection. UNHCR is assigned the responsibility of protecting refugees and internally displaced people. However, when UNHCR is not present or able to intervene, the presence of NGOs as witnesses can be effective in limiting atrocities such as executions, forced detention or sexual violence. There is, however, no legal instruments based in International Human Law for NGOs intervention in such cases, but a range of activities and tools can still be utilised. The exception is the International Committee of the Red Cross (ICRC) that has a mandate and authority to intervene to protect certain categories of disaster victims.

Advocacy on behalf of the target population may be a dilemma if continued presence and/or lives of staff are at

stake. A balance has to be struck between the security of the NGO staff and the benefits of being able to carry out a dialogue with high powered people on one hand, and on the other hand the impact that international pressure can have towards achieving protection of refugees and internally displaced people (8.4.1).

Media presence and activities in an emergency are related to both an urgency to provide information to the outside world about the emergency itself; its background and present status, as well as a mandate to follow and describe the attempts of the local population and the international community to combat the effects of the emergency. Providing media with correct information may prevent biased reporting causing a widening of a conflict. Thus, a high level of professionalism among both media and NGO workers is required. The NGOs definitely have a role to play in cooperation with the media during complex emergencies (8.4.1–8.4.2) but conflicts of interests exist and should be understood by the relief workers.

The case stories demonstrating lessons learnt (chapter 9)

The case stories present projects from the different organisations participating in the study, using experience from Asia, Africa and Europe. The case stories provided much of the material for the discussions reflected in the different chapters in this report. The studies demonstrated that health and psycho-social issues in complex emergencies are linked to the broader area of development assistance generally. Starting the review with case stories meant that both the process and the product were relevant for the staff working in the field.

A useful review exercise (chapter 10)

The review process was in itself rewarding and has helped participants to systematise their knowledge gained by experience. The product, however, does not necessary reflect «the state of the art». It is rather a reflection of the state of knowledge of different Norwegian actors involved in development assistance and humanitarian work, notably among the «big five» NGOs. The report will hopefully be of use to people involved in emergency relief, NGOs, the government/donor system, the UN organisations or the media.

The work will be completed by the compilation of a resource book, in which certain potentially useful material from this report will be made available to the field workers of the participating organisations and others, who form the cadre of professionals that, sometimes under severe mental and physical strain, carry out in practice what has been described in this report. If, in addition, this process has contributed to increased information sharing between the participating organisations that will lead to consolidation of institutional memory and further capacity building, the purposes of initiating it have been well fulfilled.

About This Report

In 1996, the health adviser in the Norwegian Red Cross (Norcross) contacted a group at Center for Partnership in Development, Diakonhjemmet International Center (DPI) to discuss trends in Primary Health Care (PHC) in low income countries and the role of PHC in health intervention during disasters. From this first contact, the idea to examine the current practice and issues related to health and nutrition in disasters evolved. Since the attention of the international community in recent years gradually has shifted from natural disasters to complex emergencies the latter was to be the focus of the discussion.

Three of the major Non Governmental Organisations (NGOs) in Norway: Norcross, Norwegian Church Aid (NCA) and Norwegian People's Aid (NPA) came together to start planning for ways of examining the topic. It was suggested by NPA that psycho-social considerations should also be included and, as a result of this, Norwegian Save the Children (RB) and later Norwegian Refugee Council (NRC) joined the process through participation in a task force. Later the scope widened and other aspects of complex emergencies were added.

The process which led to the material at hand is presented in chapter 1.2.

Major themes and contributors

The work was divided thematically and representatives from the organisations involved were appointed team leaders. They then recruited professionals with the relevant expertise across the organisations to explore the themes in groups.

The following are the themes and contributors to the group work.

1. Complex emergencies and disasters. Arne Strand NCA (leader) and Reidar Yvenes from NPA. Jan Haakonsen from Norcross had some input into the group. See also Annex 1.
2. The role of media/protection and advocacy in the emergency situation. Eldrid Midttun (leader), Rickard Skretteberg and Ragna Vikøren from NRC and Øystein Tveter from DPD.
3. Psycho-social work in emergencies. Eva Torill Jakobsen (leader) and Elisabeth Jareg from RB and Liv Bremer NPA.
4. The role of PHC system and referral systems/issues related to nutritional intervention. Marianne Thorén NPA (leader), Reidar Solholm NCA and Pål Jareg DPD.
5. Local human resources related to health/focus on participation, empowerment and local coping mechanisms: Ingrid Hauglin (leader), Mirjam Bergh, John Jones, Svein Andreasen, Jiris Aslaksen.

The task force consisted of the group leaders and in addition Anders Tunold (NCA), Mirjam Bergh and Pål Jareg (DPD).

In addition to the contributors in the groups mentioned above, individual resource people from Dronning Mauds Minne, Centre for International Health at the Universities of Bergen and Oslo and The Norwegian Missionary Council, NORAD, Norwegian Ministry of Foreign Affairs – Section for Planning and Evaluation and Section for Human Rights and Humanitarian Assistance, were invited to participate. The Norwegian People's Aid also invited a representative from a partner organisation in Bosnia. Two workshops were held in various stages of the work process (1.2) (Programmes and lists of participation from both workshops are included in Annex 1.) The participants provided valuable input in the group discussions in workshop 2.

The major contributors to the material at hand are mentioned in the footnote at the beginning of each chapter. Since the material has been extensively edited and restructured, there may not be an exact correlation between the content of a specific chapter and the contribution of a group to the topics discussed in the chapter.

Representatives from the Section for Human Rights Humanitarian Assistance in the Ministry of Foreign Affairs (MFA) presented two papers in workshop 2 – «The time perspective for funding support to complex emergencies and other aspects of humanitarian assistance» (Fredrik Arthur) and «Imported versus local solutions» (Olav Kjørven). See Annex 2 for a shortened version of their papers.

Arne Strand has updated much of the literature references and his extensive contribution has been included in a number of chapters. Stein-Erik Kruse (DPD) read the material and gave valuable input during the final editing of this report.

DPD hosted workshop 1 and Norcross workshop 2.

Funding

MFA funded part of the work, particularly DPD' facilitatory role as from August 1997. Each organisation has also contributed by releasing and providing for their professionals to take part in every stage of the process. Limited funds did, unfortunately, not allow for much external participation from the countries involved.

1 Introduction

1.1 TRENDS IN NORWEGIAN HUMANITARIAN ASSISTANCE

During the last decades the character of disasters have changed from large scale catastrophes triggered by natural events to more drawn out emergencies with periods of hightened crisis evolving from predominately acts of man, a situation that has been termed complex emergencies (2.1).

Although official Norwegian statistics does not differentiate between man-made and natural disasters, the increase in humanitarian assistance in recent years reflects the growing resources that have been spent on aid in conflict areas such as the Former Yugoslavia, the Great Lake region in Central Africa and Sudan.[2]

Table 1: Funds spent on humanitarian assistance by the Norwegian Government in 1988, 1993 and 1997

*In mill. NOK – 1 USD=7.5 NOK

	1989*	1993**	1997**
Tot. dev. budget	6.360	7.203	9.261
Hum. asst. bilat	448	878	1.277
Hum asst. multilat	273	195	235
Tot hum. asst.	721	1.073	1.512
(% of dev. budget)	(11.3%)	(14.9%)	(16.3%)

Sources:
*Statistical Year Book 1996, Statistics Norway
**Norwegian Development in Figures. 1991&1997, NORAD (Only available in Norwegian).

As can be seen from table 1 there has been an increase in bilateral humanitarian assistance which reflects the increasing use of Norwegian NGOs as a channel for public funding of humanitarian assistance. Table 2 shows that approximately 50 % of the total humanitarian assistance went through this channel in 1996.

Table 2: Funds spent on humanitarian assistance by the Norwegian Government in 1996 through different channels

Organisation	Amount in mill NOK	Percent of total
All humanitarian assistance	1.500	100
Norwegian NGOs total – Norwegian Red Cross – Norwegian Peoples Aid – Norwegian Church Aid – Norwegian Refugee Council	750	50
UN total	500	33
Other channels	250	17

Source: MFA 1997[3]

There has also been an increase in the involvement of NGOs in this field. In 1996, 46,5 % of government contributions to NGO funding were spent on emergency relief. See table 3.

Table 3: Support from the Norwegian Government to NGOs in 1996

To Norwegian NGOs all asst.	1614 mill NOK
To NGO humanitarian assistance	750 mill (46.5%)
Total dev. assistance 1996	8500 mill NOK

Source: MFA 1997

As an increasing involvement of Norwegian NGOs in relief operations can be observed,[4] official documents encourages reviews of such activities. For example *The North – South Commission's Report*[5] states that the «professional dimension of emergency assistance should be improved and that quality assurance is achieved through better learning processes, upgrading of professional competence and use of external resources. – Evaluations should be closely linked *to quality assurance work.*» A Norwegian Government White Paper concerning developing countries 1995–96 voice a similar concern.[6] The

[2] Foreign Ministry: *Norwegian development Aid in Focus.* (1997) p.27. (Only available in Norwegian).
[3] Ibid.
[4] Flyktningerådet (1997), Hybertsen, B. (1997)
[5] The commission on North-South and Aid Policies' report to the Storting (NOU 1995: 5) para 6.1.4 and 6.1.5 (Only available in Norwegian).
[6] Report No. 19 to the Storting (1995–96) *A Changing World, Main elements in the Norwegian policy towards developing countries. 1995–1996*: 4.2.2 Systematic evaluation of Norwegian humanitarian assistance through focused studies linked to special areas of assistance, will be strongly stressed in the future as part of the Ministry of Foreign Affair's regular evaluation programme.

timing for carrying out a critical review or self evaluation, with a major aim to improve quality, therefore seemed very appropriate. The focus was to be on issues concerning the NGO role in complex emergencies raised by the NGOs themselves.

1.2 THE METHOD USED FOR THE REVIEW

The sequence of events (the process) leading up to this report (the product) are here presented in some detail as it represents an innovative approach to a review exercise, it could be useful to others.

The process

After the NGOs had come together (ref. page 10), one or two members from each organisation formed a task force that met periodically to further develop and direct the work. The following were the phases through which the process evolved:

- Phase 1 – a two days workshop in which the organisations presented case studies that generated 5 issues for further discussions (p.1). Workshop 1: August 27–28, 1997.
- Phase 2 – groups were formed by the organisations and prepared a written presentation for the next workshop from issues identified in workshop 1. September-December 1997.
- Phase 3 – a second workshop for follow-up and further work of the issues presented by the groups. Workshop 2: December 17–18, 1997.
- Phase 4 – The group leaders/groups followed up input from workshop 2 and handed in their paper for further editing. Writing of the final group paper: January – March 1998.
- Phase 5 – the material generated in phase 1–4 was brought together and edited by DiS and a resource book drafted.[7] Work: April-May 1998.
- Phase 6 – The MFA requested DiS to edit the material in the draft resource book for presentation in their series on Evaluation report (this report): November-December 1998.
- Phase 7 – the participants will give feedback on the draft resource book, which will thereafter be revised and presented in its final version. Date to be decided.

After the case stories were presented in workshop 2, the scope of work was broadened from examining PHC and psycho-social work in the context of complex emergencies to also include other issues of equal importance to the outcome of emergency intervention (phase 2).

DiS was given the roles of 1) facilitating the different stages of the process, 2) being the secretariat to the task force and 3) editing of the material generated from the workshops and group work.

The product

From the onset the task force had a running discussion on the focus of the work and who would benefit from the material generated during the process. The following agreement was reached:

1. *Status of document*: The generated material should be compiled into a problem oriented resource book based on the experience of the participating Norwegian institutions.
2. *Target group*: Organisations in Norway, the donor structure, training institutions and local institutions in Norway and cooperating countries would be the potential users of the resource book.
3. *Title*: The title was proposed to be «Health and psycho-social aspects of complex emergencies. The Norwegian NGO experience».
4. *Focus*: The content of the book should consist of problem oriented contextualised material based on practical experience – with focus on learning.

This report, which makes extensive use of the generated material,[8] is produced on request of the MFA. It differs from the product described above and is an edition made possible through additional MFA funding.

The product of the working process presented in this document, consists of a mixture of analysis, clarification of terms, models reflecting current thinking among NGOs, case stories and issues for evaluation. Although an attempt has been made to edit the material according to a few overall themes, the structure of the document still reflects the process more than it resembles a book with strictly logical sequences from A to Z.

1.3 LESSONS LEARNT

The discussions leading up to this report have been open and the participants have felt free to voice their views on various topics. The material is often a reflection of the participants personal experiences, and opinion based on their professional backgrounds. It is therefore not neces-

[7] Bergh M., Jareg P. (eds) (1998).

[8] Ibid.

sarily a direct reflection of their respective NGO's own practice, policy and guidelines. It was important to establish this premise from the beginning in order to relieve participants from feeling restricted by organisational loyalties when controversial issues were raised.

There are a number of positive experiences gained through this process:

1. It was actually possible to go through with a participatory process and a learning exercise over a time span of more than a year. This was mainly a result of the enthusiasm of the participants and their acceptance of an added work burden.
2. The participating NGOs were able to meet fairly regularly to discuss their experience in an open atmosphere were problem solving and learning were more important than presentation of success stories. Such an extensive collaboratory exercise between major Norwegian NGOs on lessons learnt, has not previously been accomplished in the field of humanitarian assistance.
3. Source persons from the different NGOs, academic institutions in Trondheim, Bergen and Oslo and participants from MFA and NORAD had the opportunity to meet and look at the issues of humanitarian assistance in some depth. Links were created and a degree of common understanding achieved.
4. The first workshop presentation of case stories and discussions produced material that formed important directives for the further work. It quickly became apparent that health and psycho-social work had to be presented within a broader context of the emergency response.
5. Workshop 2, with group work as the main method, promoted cooperation and discussions that took the process a step further.
6. The complexity of humanitarian assistance has been demonstrated and issues for future discussions have been identified. The need for further (continuos) learning in this field has been demonstrated and academic institutions are contemplating to look into this work in the future (UiO & UiT).
7. A resource book[9] has been developed for use in further training.

There were also problems related to interagency cooperation that should be listed under lessons learnt.

The problems are briefly listed below:

1. The process was in reality quite complex with a number of actors who had previously not worked together. Getting to know each other and adjusting different styles of cooperation took some time.
2. Due to turnover of staff in the organisations some of the people who started the process in 1996 were replaced and some switched to another of the participating organisations during the course of the project.
3. Workers in the field of humanitarian assistance, even at head office level, travel extensively and can seldom meet at the same time. August and December, however, turned out to be suitable months for workshops.
4. There are only few «experts» at head quarter level in NGOs with in depth expertise in health, nutrition and psycho-social work as applied to complex emergencies.
5. Facilitation of the process was very time consuming and the time and budget needed for such a process oriented exercise turned out to be underestimated.
6. A learning from the process would also be that entering this kind of process oriented interagency cooperation without one of the partners being willing and having the capacity to facilitate the process over time, would pose a major problem to the participating NGOs. DiS was such a partner this time.
7. The exact duties of reporters from the plenary discussions and group work need to be spelt out in detail.

[9] At the time when this report is written, the resource book exists in preliminary draft form.

2 Clarification of Terms and Basic Issues

This chapter will first define and explain some of the key terms used in this document. Then it gives an overview of the main issues often presenting themselves as challenges and dilemmas in the context of complex emergencies.[10]

2.1 DEFINITION OF TERMS

The following are terms frequently used in this document:

Vulnerability – The extent to which a community, social and ethnic group, structure, service or geographic area is likely to be damaged or disrupted by the impact of a particular disaster/hazard or violence of human rights. Vulnerability is closely related to the nature of and proximity to hazardous terrain or a disaster-prone area.

- *Physical vulnerability* means the physical location of people, buildings, infrastructure etc. in areas exposed to a hazard.
- *Socio-economic vulnerability* is related to the limitations posed by the social and economical condition and availability of choices for the different levels of a society exposed to a hazard.

Hazard – A hazard is a phenomena that poses a threat to people, structures or economic assets and may cause a disaster. It could be either man-made or related to nature or the environment. There are four basic types of hazardous events which put societies at risk.

- Events based in *nature*; earthquakes, droughts, floods, avalanches etc.
- Events based in *violence;* war, armed conflict, physical assault, violence of human rights etc.
- Events based in *deterioration;* declining health, education and other social services, environmental degradation etc.
- Events based in the *failings of industrialised society*; technology failures, oil spillage, factory explosions, fires, gas leakage, transport collisions etc.

Vulnerability in combination with a hazard amounts to disaster risk

Disaster – A disaster is a serious disruption of the functioning of a society, causing widespread human, material or environmental losses, which exceed the ability of affected societies to cope using only its own resources. Disasters are often classified according to their speed of onset, sudden or slow, or according to their cause; natural or man made.[11]

Rapid onset –

- natural disasters (earthquakes, cyclones, epidemics)
- man-made (sudden harassment, human rights violations, bombing)

Slow onset –

- natural disasters (draught)
- man-made (chronic harassment or of human rights violations, political violence, sporadic fighting)

We often see a combination of natural and man-made disasters such as a landslide after heavy rain where the underlying cause was rapid deforestation; which might be the result of work of unscrupulous entrepreneurs (Italy 1998).

Emergency – An emergency can be understood as a period in a disaster when there is a clear and marked deterioration in the coping abilities of a group or community, or coping abilities are only sustained by unusual initiatives by the group or community or by external intervention.

Complex emergency – is a period of heightened crisis within an ongoing critical situation.

- *Periods of heightened crisis* are characterised by mass population movements, requiring a concentrated and coordinated international response over a shorter period of time to ensure the fulfilment of survival needs, including protection.
- *An ongoing critical situation* encompasses political, military, social and economic insecurities, requiring a long term address to achieve a sustainable response.[12] It has been defined as «relatively acute situation affecting large civilian populations, usually involving a combination of war or civil strife, food

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[10] Hampton, J. (ed) (1998).

[11] This definition has been borrowed from the UN Disaster Management Training Program. However the shorter definition from «Code of conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief» might sometimes be preferred: «A disaster is a calamitous event resulting in loss of life, great human suffering and distress, and large scale material or environmental damage».

[12] Save the Children Alliance Framework for situation analysis and needs assessment in emergencies.

shortages, and population displacement, resulting in significant excess mortality».

The concept «complex emergency» therefore usually refers to significant human-made disasters, at times compounded by conflict situations, internal repression or natural disasters. These complex emergencies may include all, or a mix of, ethnic strife, socio-economic dislocations, mass starvation, the collapse of civil society, genocide, and large-scale movements of refugees and displaced persons.[13]

Refugees – Refugees are persons who flee their own country because of war, violence or a well founded fear of persecution for reasons of race, religion or nationality.[14]

Refugees tend to move across borders into isolated areas and coalesce in crowded camps.

Internally Displaced People (IDP) – Persons or groups of persons who have been forced to flee or to leave their homes or places of habitual residence as a result of, or in order to avoid the effects of armed conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border.[15]

In other words, individuals who leave their homes for any of the same reasons as refugees, but remain within their native borders, are considered internally displaced. They often migrate from rural areas or small towns into larger cities where they may blend into the local population or form their own urban tent camps.

Community structures – are the fabric that holds a community together such as formal and informal leadership, law and justice, market, other joint functions such as education and vocational training programmes, health care systems, festivals etc. Community structures can be found at various levels from national level to the family unit.

Psycho-social – «Psycho-social» attempts to express the recognition that there is a close, ongoing circular interaction between an individual's psychological state and his or her social environment, especially relationships with others in the family/community system. There are also a number of other environmental factors affecting the psychological wellbeing of the individual, such as can be described by the opposites hostile/friendly, safe/insecure, predictable/chaotic, familiar/strange, stimulating/sterile, rural/urban, rapidly changing/«time stands still».

«Psychological» refers in this context to the realm of the mind – a person's emotions, intellectual capacities (including ability to learn and memorise), and perceptual abilities (the way individuals utilise their senses to understand and react to their environment).

«Social» refers to ourselves in relationship to others, e.g. the status an individual or groups of individuals has or is given in his/their society, as defined by role, gender, ancestry, profession, economic assets, beliefs etc. Protracted civil war has often dramatic effects on relationships between and among people at all levels affecting the functioning of people as social beings.

Primary Health Care[16] PHC is *essential* health care

- based on practical, scientifically sound and socially acceptable methods and technology,
- made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development, in the spirit of self reliance and self determination.

It forms an integral part both of

- *the country's health system*, of which it is the central function and main focus and of
- *the overall social and economic development of the community.*

It is the *first level of contact* of individuals, the family and community with the national health system,

- bringing health care *as close as possible to where people live and work*, and
- constitutes the first element of a *continuing* health care process.

The Uganda case study (9.3.7) puts a helpful focus on some important concepts such as «child soldier», «traumatised», «clients», «interviews/talks/counselling».

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[13] Adapted from S. Villumstad, lecture in 1995.

[14] People fleeing because of famine only, are not considered refugees. Crop failure and added vulnerability caused by wars may be linked, however, leading to famine and migration, in which case the term may be used (e.g. people escaping from Ethiopia to Sudan during the 1984–86 famine).

[15] UN and the Global IDP Survey.

[16] According to the Alma Ata definition of 1978.

2.2 BASIC ISSUES

In this section we shall, for the sake of getting an overview, present some challenges and dilemmas that face emergency relief workers in the field. Some of them will be dealt with in depth in the following chapters.

Reaching the less visible

Documentation from many relief operations show that women frequently are left to cater for the family while men are engaged in warfare. Women may be left to look after land and property or seek income outside the disaster affected area. A female headed household might not be as visible and demanding as a male headed and may therefore under certain circumstances be more vulnerable. The same concerns unaccompanied children. It is obviously a challenge for the relief workers to secure that the needs of these groups are met. However, the assumption that being a women or a child is equivalent of being vulnerable could in itself be dis-enabling and a new vulnerability could thus be created through the relief programmes. *Reaching vulnerable groups without disenabling them is therefore a challenge for relief workers.*

The need to know

Most relief organisations will step into action with the best intentions to remain neutral in any given situation. However, when resources are brought into a vulnerable society, they often become a source of potential conflicts. The assistance provided may therefore turn out to have unexpected social or political implications; conflicts may increase or recovery be blocked. The best way to prevent this or at least reduce the risk, is to aquire/identify persons with *good knowledge about the local situation* before any interventions are planned. How to assist without at the same time doing harm towards the assisted is thus a dilemma relief workers struggle with. This should be kept in mind when reading about outside intervention in chapter 4.4.

Establishing good rapport

When outside agencies come into a disaster area the first challenge is to establish good rapport and cooperation with central and local authorities and groups within the disaster affected societies. This is essential, firstly because they may be in possession of resources, both human and technical, that can be vital for any relief operation. Secondly, because the outside agency is there usually by agreement of local authorities. Based on their sovereignty claim, a government can ban any UN and NGO intervention that they do not accept.[17] Thirdly, because the local authorities will remain in the area after the international relief organisation has withdrawn and therefore should have a say in how the relief process is conducted.

Coordination[18]

Coordination between various aid providers and implementers is another issue that is vital for the success of a relief operation. Effective coordination will facilitate proper utilisation of resources and avoid overlapping of work. Coordination might take place at different administrative levels or in a specific geographic or professional area and could range from information sharing and working out common standards to joint planning exercises. Coordination among the various actors is also important in trying to fight corruption.

The most efficient coordination is likely to be found in the field, among relief providers directly involved in the situation. It has been argued that donors should play a more prominent role in the coordination; since they provide the various agencies with funds, they could effectively argue for efficient use of funds. This argument has some validity, but in many cases donors will have their own agendas that have a tendency to overrule other considerations.

Another reason why there is a limitation to possible commitments to coordination is the inter-agency competition. Recent conflicts, like the one in Rwanda, attracted a number of relief providers. It has been argued that many mainly were there to secure access to information that can be used for fund-raising and less for assisting the victims. The challenge will always be for organisations to strike a balance and keep their focus on the interests of the affected population in order to reduce interagency competition.[19]

Living with corruption

Corruption is always likely to be a problem, although more palatable words have been used in order to accommodate the phenomenon as an unavoidable obstacle that has to be dealt with. It ranges from small amounts of

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[17] ICRC has a mandate that allows them to intervene without government permission in certain conflict situations.

[18] United Nations (UN) (1992).

[19] Bennet (1994) and Bennet (1995).

money paid to a clerk to speed up a process to accepting that warlords keep much of the commodities to let a relief convoy pass. However, the general lesson learned is that giving of bribes leads to more corruption. Once bribes are paid in one instance, it is difficult to refuse to pay the next time. And the practices of one agency will inevitably affect the freedom of other agencies to function without paying bribes. The challenge is *to keep the level of submission to corruptive practices as low as possible.* It might, for example, be possible to differentiate between bribes used just to speed up daily work, and bribes used to facilitate a vital process that affects a whole population.

Assisting with a long term perspectives

In most emergency relief situations, there is, at least in the late emergency phase (see 4.1), a potential to add a component of *building preventive measures* to the rehabilitation activites. Such preventive measures could be establishment of early warning systems and skills development of local staff, enabling them to work towards risk reduction and to be prepared to cope with new events. This should be built into any emergency relief budget proposal. However, it may be a challenge to include this kind of thinking and planning in the busy schedules of acute stages when the immediate needs are of a more basic nature. And later it may be too late to change a course of action that was chosen by default.

A challenge is also to determine when an emergency is not an emergency any longer, or when the acute phase of the emergency turns into the late and post emergency phases (4.1). There is a tendency to maintain the image of acute emergency long after the acute phase is over in order to keep up the fundrising potential. However, by doing so, the affected population may be deprived of appropriate assistance fitting the new situation. In addition, it may also create aid dependency. Using the opportunity to build a recovery element into the emergency relief operation, and include local groups and structures, will facilitate phasing out.

3 The Disaster Response System

In this section we shall provide an overview and discuss the disaster response system and the roles of NGOs in relation to other actors.[20]

3.1 ACTORS IN DISASTER RESPONSE

There is an increasing number of agencies, NGOs, UN related and military agencies, direct bilateral agencies and private enterprises involved in emergency relief. In addition, UN and individual countries' military troops have been given new mandates. This creates a tremendous coordination challenge.[21]

The disaster response system thus roughly consists of five different groups of actors; Governments, UN agencies, The Red Cross and other NGOs, and Private Businesses.

3.1.1 Governments

According to international conventions, the government is the primary responsible body for assisting its citizens in disaster situations. However, *governments in affected countries* will to varying degrees be able to carry that responsibility. Some governments have well organised emergency response systems, using military, paramilitary or civilian structures. A number of countries have special government structures to deal with relief and rehabilitation. An example of this is the Disaster Preparedness and Prevention Commission in Ethiopia. Other governments are less well prepared or equipped.

When an NGO is entering the scene of an emergency, it needs to be in close contact with relevant local government offices in order to avoid duplications, agree on division of labour and maintain a smooth administrative cooperation. Prior approval and formal agreements with existing national coordinating bodies is essential when a relief operation is started. The role of governments is, however, not always straight forward. In complex emergencies in particular, the government may have political objectives that constrain or contradict the humanitarian mandate. In internal conflicts a portion of the suffering people often is outside the reach of the government. In such cases a relief operation needs to be carried out in cooperations with the de-facto authorities, be it rebel forces or factions, that take upon themselves the same humanitarian mandate as is placed upon governments.

Donor governments are also part of the humanitarian assistance, either directly or indirectly. Their actions are mainly channelled through international NGOs and the UN system. If they have diplomatic representation in the area, their role as monitors and advisors to the government of the affected country may be significant. Some donor governments have also become operational through their own agencies or in partnership with parastatal organisations and private business.

3.1.2 UN agencies

Most developing countries have a United Nations Development Programme (UNDP) office, where the Resident Representative is normally the senior UN representative in the country. The representative is responsible for coordination of UN activities at the time of a disaster.[22] The UNDP offices are normally located at the premises of the United Nations Office for the Coordination of Humanitarian Affairs – OCHA. OCHA is basically an office for coordination of emergency activities and collects and disseminates information; to UN agencies or governments involved in disaster operations. Their budget confirms that funds spent on complex emergencies is much larger than those spent on natural disasters (since 1992, 8.9 billion US$ against 904 million US$). See Annex 3 for further information.

There are various UN agencies with their different specialist fields:

- *UNICEF* is the most flexible agency, which in a disaster situation is not restricted to work only with children. Furthermore, its mandate allows them to operate not necessarily through the host government, but also directly with the population in an emergency situation.
- *The Food and Agricultural Organisation (FAO)* is concerned with the consequenses of disasters on agriculture. FAO conducts annual «Crop Assessments», and provides seeds and farm implements in emergency situations.
- *The World Food Programme (WFP)* is a department of FAO. WFP evaluates the food situation and can

[20] This chapter is based on a lecture by Stein Willumstad in workshop 1. In addition newer material on NGOs is added by Arne Strand.

[21] AIDAB '94. 5.

[22] Other UN agencies may take a lead function depending on the character of the emergency. UNHCR in Tanzania was the lead agency in the Tanzania/Rwanda conflict.

provide staple food on a large scale. Such staple food normally comes from surplus stores in richer countries, and can therefore at times have a composition that is «foreign» to the disaster area.

- *The UN High Commission for Refugees (UNHCR)* is primarily concerned with the protection and welfare of refugees. UNHCR, may in cooperation with International Committee of the Red Cross and NGOs operate with a wider mandate to serve refugees as well as displaced and drought affected people in the same area (Cross Mandate Programmes).
- *The World Health Organisation (WHO)* is concerned with long term health concerns, and is basically not operational. WHO primarily supports governments with technical assistance in their efforts to improve health conditions. As of late, WHO has, however, become somehow operational in disaster situations. A trend is to operate through other UN agencies or NGOs.

3.1.3 The Red Cross

The Red Cross is an agency with three heads:

1. The International Committee of the Red Cross (ICRC) is a specialist agency based in Geneva. Its neutral status, based on the Geneva Convention, allows ICRC to operate in war and conflict situations, rendering assistance to prisoners of war, wounded, military and civilian victims; tracing of missing persons; and rendering food and health emergency assistance to civilians trapped in the conflict zone.
2. The International Federation of Red Cross and Red Crescent (IFRC), also based in Geneva, coordinate the activities of national Red Cross and Red Crescent Societies. The Federation is mainly working in non-combat zones.
3. The national Red Cross and Red Crescent Societies with their independent status. They operate independently, or through the Federation.

Since members of each of these Red Cross organisations may be involved in a disaster relief operation with different mandate and status, it is important for NGO staff to be familiar with them.

3.1.4 Non-governmental organisations (NGOs)

NGO is a term used about a variety of organisations that all have only one feature in common, they are not run by a government. Some are service or consultancy organisations, others are intermediary funding organisations or popular organisations representing fund-seeking or problem-solving national or local communities.[23] Some agencies are specialised in emergency operations, while others are development oriented. Some agencies are specialised health organisations while others have an integrated community development approach. Some agencies are religiously based while others have a secular humanitarian basis. Some agencies are part of federations or councils.

To distinguish between the various kinds of NGOs, Korten uses criteria that basically relate their freedom/limitations to constituency and funding base. However, a more recent study by the John Hopkins University Non-Profit Sector Project critisises Korten's typology «...as a way of explaining or describing a complex set of institutions doing a wide variety of very different things it lacks in rigour and organizing power». The John Hopkins study concludes that the most rational basis for distinction between various types of NGOs is structure and mode of operation.[24] Since both are found in the literature, we shall present them in brief here.

Korten distinguishes between the following types of NGOs:

- **Voluntary Organisations (VOs)** that pursue a social mission, driven by a commitment to shared values.
- **Public Service Contractors (PSCs)** that function as market oriented non-profit businesses serving public purposes.
- **People's Organisations (POs)** that represent their members' interests, have member accountable leadership, and are substantially self-reliant.
- **Governmental Non-governmental Organisations (GONGOs)** that are creations of government and serve as instruments of government policy.[25]

Not all NGOs fit strictly into one of the above types, but most operating agencies can identify with the main characteristics of one of them. When relating the types to their modes of operation, Korten finds it most likely that the VOs and the POs, whose priorities and approaches are based on the local needs and realities, would pursue a strategy of looking for root causes and local capacities in their problem-solving approach.

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[23] Knippers Black, J. (1991) p 75.
[24] Smille, I. (1997).
[25] Korten, D.C. (1990).

The PSCs and GONGOs on the contrary, do not operate with a grass-root oriented approach. According to Korten, the PSC leaves it up to the donor to define the need. «The stronger its market orientation, the more it will be focused on what is popular with donors and the less need it will have for its own theory of poverty. ... The GONGO, being a creation of a government, will likely define the problem in whatever terms the government uses. ... Thus it is rare to find either the PSC or the GONGO moving beyond the relatively non-controversial human resource development type of operation».[26] They are product oriented and bureaucratic. Jobs are specialized and well defined within a framework that is conducive to financial and operational accountability.

The definitions from the John Hopkins University project defines NGOs (voluntary organisations) as those which make «a reasonable showing» in each of the following categories:

- **Formal** – the organisation is institutionalised to at least some extent: probably incorporated, but at least formalized in a sense of having regular meetings, office bearers and some degree of organisational permanence;
- **Private** – it is institutionally separate from government, although it perhaps receives governmental support;
- **Non profit-distribution** – the organisation may generate a financial surplus, but this does not accrue to the owners or directors;
- **Self-governing** – able and equipped to control and manage its own activities;
- **Voluntary** – there is some meaningful degree of voluntary participation in the conduct or management of the organisation. «This does not mean that all or most of the income of an organisation must come from voluntary contributions or that most of the staff must be volunteers».

An altogether different type of NGOs that emerged on the scene and proliferated during the Rwanda crisis has been called the «briefcase NGO». An activist person, or group of persons, who have involved themselves for certain emotionally reasons, carry out fund-raising campaigns and start spontaneous organisations around themselves or around the campaign. With the money literally in a briefcase, or collected relief items in a 4WD or a truck, they find their way to the scene of disaster and look for a space for their operation. They do not represent anybody else but themselves and the resources they carry. These organisations tend to cause more confusion than assistance, and will not be discussed further in this presentation.

3.1.5 Private enterprises

Private enterprises have increasingly found their role in the «disaster market». Their culture of market orientation, cost-effectiveness and flexibility sometimes is an obvious advantage. The traditional role of private enterprises has been to deliver commodities needed by other actors. The Norwegian Emergency Preparedness System (NOREPS) was based on this concept. During the last few years we have, however, seen an increasing number of private businesses becoming actors. Bid systems have been introduced, and private companies have come in as winners of bids. Some of these businesses have links to governments, as for example The British Crown Agents. The Swedish Rescue Service is a semi-independent government organisation that depends on income generation to survive. Some NGOs have recently also become market oriented to adapt to this changing context. In the Norwegian setting, the demining programme of Norwegian Peoples Aid and the transport operation of the Norwegian Refugee Council in Bosnia may be argued to be examples of this.

The humanitarian assistance environment has thus become increasingly market-oriented. Donors are using the different actors in the market to produce results which are politically desired and which come out cost effective. Many analysts have pointed out serious flaws in the «disaster market».[27] There are roles and principles of NGOs and other external actors, such as the basic principles of humanitarian assistance, which hardly can be filled by private business.

3.2 RECENT TRENDS IN THE INTERNATIONAL DISASTER RESPONSE SYSTEM

There have been a number of significant changes in the international disaster response system during the last few years. Some of those changes can be considered an adaptation to the ending of the Cold War and the collapse of the Soviet Union. Thus the *UN Security Council has played a more assertive role* in recent years, and in some instances it has made decisions on «humanitarian interventions» that would have been vetoed by one or more of its members during the Cold War era.

[26] Korten D.C. (1990) pp122–123.

[27] Marstein S. (1996)

There also seems to be a general tendency towards more emergency relief and less long term development assistance due to an an increasing number of emergencies (and people in need). Others have to do with the growth of NGOs in both number and professionalism and the way they relate to the UN system and governments.[28]

3.2.1 Emergency relief becoming a political issue

Humanitarian assistance has become a political issue. There is an increasing pressure on humanitarian agencies to operate consistently with the political objectives of the UN. Supplying immediate humanitarian assistance in situations of political violence have thus become a strategic policy goal of donor governments.[29] However, since military support often has been used to achieve this, the UN is increasingly becoming the target of violence. This has raised issues of human rights, sovereignty and national interests that have further complicated the decision making process on how and when humanitarian assistance should be provided.

There also seems to be a general tendency *towards more emergency relief and less long term development assistance*. According to the statistics the number of complex emergencies with UN involvement has increased dramatically.[30] In 1993 there were 26 UN-designated complex emergencies affecting approximately sixty million people.[31] Complex emergencies tend to have long duration. Continued response to protracted emergencies therefore gradually takes the place of development assistance. Since most complex emergencies take place in the South, this also tend to become the long term perspective of donor government policies.

3.2.2 The role of NGOs changing on the international scene

Donor governments have demonstrated an increasing appreciation of the role of NGOs in emergency assistance. The Norwegian government encourages «... a bolder and more dynamic partnership between governments and quality non-governmental organisations....,» since «the operational capacity and rapid mobilisation of resources make NGOs the best tools for immediate international disaster relief at the grass-root level.»[32] This corresponds with the fact that the British Overseas Development Agency (ODA now DFID) has in the period 1988 – 1992, increased the proportion of emergency assistance channelled through NGOs from less than 0.5 percent to some 28 percent.[33] In Norway, the share is now approximately 50 % (table 1.1).

However, experience has shown that the comparative advantage of NGOs is linked to the extent that a particular NGO has had a well established presense in the area prior to the disaster. DFID and the EU Commission have therefore also developed their own operational relief capacity. In for example Eastern Europe and the former Soviet Union, it is unlikely that international NGOs will be called upon by donor organisations to play more than a supplementary role to the activities of the principal UN agencies and donor organisations» relief teams. However, in parts of Africa, where international NGOs have played a central role in large scale relief operations since the mid-1980s, their role is unlikely to change significantly (although a closer, more professional, working relationship with UN agencies and, in some cases, military intervention forces, will probably be required).[34]

How donors channel their resources through the aid system, largely determines the role played by the various organisations.[35] There is no doubt that donor governments play a crucial role within the system providing the bulk of relief and rehabilitation resources in emergency situations. UN, the Red Cross Movement and NGOs are thus heavily dependent on the funding from donor governments. According to the above, the Norwegian government actually signals a role for NGOs which resembles that of Korten's PSC and GONGO categories (3.1.4).

However, some NGOs have, from fear that heavy government funding would have an influence on priorities and implementation, limited their acceptance of such funding. The British agency Christian Aid has resolved that NGOs should not be «constrained by the diplomatic strait-jacket

[28] Eurostep ICVZ, Randel J and German, Tl (eds) (1997).
[29] Duffield, M (December 1994).
[30] Duffield, M (October 1994).
[31] Boutros Boutros Ghali (1994).
[32] Jan Egeland, State Secretary, Norwegian Ministry of Foreign Affairs, «New and Emerging Conflicts in the New World Order.» Keynote Address, International Alert, November 1992.
[33] Australian International Development Assistance Bureau, (1994) p 9.
[34] Overseas Development Institute «Recent Changes in the International Relief System.» Briefing Paper, London, January 1993.
[35] Overseas Development Institute, «Recent Changes in the International Relief System.» Briefing Paper, London, January 1993.

which impedes the UN».[36] (Christian Aid is one of those agencies that does not accept more than 40 % government funding in one single project.)

In some donor countries this issue on dependence on government support and thereby loss of independence has become real. Because of increase in available funds, due to goverment contribution, the NGOs have grown in size and become more professional, and function more and more as contractors for their governments. Their independence and legitimacy as NGOs may thus be questioned.[37]

A dilemma is that NGOs are dependent on a certain funding volume to sustain their operation and administration. This makes their relationship with donors critical, especially if the donors have values and agendas different from those of the NGOs. Any conflict in values should be a strong reason for not accepting funding. However, if a donor is requesting the organisation to carry out a specific job or task that is contrary to its constitution and they otherwise have a good relationship, it may be very difficult to reject it. NGOs may also be tempted to compromise their values or utilising «donor friendly» statistics in funding requests.

The issue is difficult, and the best way to tackle it is probably to be open about it, discuss it and have a constant internal review of donor dependency versus organisational independence. In the end it comes to the integrity of the NGO safeguarding the rights of the beneficiaries and being true to the terms spelt out in its constitution.

However, NGOs are not only expected to work with governments but also «... increasingly act with, through or on behalf of international humanitarian agencies [i.e. UN agencies]...»[38] If the NGO has the freedom to act on the interest of the afflicted, its role can be of immense value since it may reach areas UN and donor governments would not be allowed to enter.[39]

3.2.3 NGOs cooperation with the UN system

We have seen that the UN in this changing context has been given more responsibilities in coordination in complex emergencies. The NGOs will therefore have to work closer with the UN in what Duffield calls «Integrated Programmes»,[40] and at the same time maintain their specific mandates and independence. The proliferation of a number of more or less serious NGOs into the emergency assistance scene may be seen as a critical issue for the coordination role of UN.

In complex emergencies the UN system has increasingly tried to get involved with humanitarian assistance, but it lacks implementing capacity. As mentioned above, governments expect NGOs to operate with and on behalf of the UN system. The UN considers NGOs to be flexible enough «to experiment with new ideas that may be tailored to specific needs»[41] as opposed to the more bureaucratic UN system. Therefore the UN encourgages NGOs to take on responsibilities as implementing bodies for UN funded projects and the NGOs respond to this challenge e.g. through their different emergency task forces (e.g. NRC and RB). During conflicts the most obvious partners are UNHCR, UNICEF and World Food Programme. In special situations the UN Department of Humanitarian Affairs, however, also creates special UN structures, such as the Operation Life line in Sudan or UN operation on Somalia or UN Rwanda Emergency Operation.

Most NGOs operating in conflict areas are quite dependent on the UN system in at least two areas. The UN has financial support and logistic backup which would not be possible for smaller NGOs to maintain. Transportation of personnel and commodities, and radio communication are often rendered to NGOs from the UN system. Protection may be security protection as well as formal protection through umbrella agreements and arrangements with governments and insurgents.

The UN and NGO systems are ideally complementary. There is, however, a need to strike a balance between NGOs being part of a donor-UN-NGO system, benefiting from the resources available in this system, and being able to maintain their independence and integrity.

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[36] «Famine Stalks Ethiopia.» In Christian Aid News, Jan/March issue No. 66, London, 1990.

[37] AIDAB '94. 9.

[38] Jan Egeland, State Secretary, Norwegian Ministry of Foreign Affairs, «Civilian/Military Cooperation in Peace, Crisis and War. Humanitarian Assistance.» Keynote Speech, NATO Civil Emergency Planning Symposium, Oslo, 26 – 28 April 1993.

[39] Christian Aid News '90.

[40] Duffield, Dec. '94.

[41] Cuny F. (1991) p45.

4 A Framework for Emergency Response

In this chapter issues that form a framework for the discussion on emergency response will be presented. Appropriate intervention in the various phases of a disaster, speed versus timeliness, the local struggle at the onset of an emergency and external intervention are issues dealt with within the framework.[42]

4.1 APPROPRIATE RESPONSES IN VARIOUS PHASES OF AN EMERGENCY

It may be helpful to make an attempt to understand the process that leads to an emergency situation or a disaster. A model has therefore been created, in which this process has been divided into phases and different ways of dealing with the problems are suggested depending on the phase.[43] It should be recognised, however, that any such model has its limitations if it is rigidly applied. A complex emergency, which by definition constitutes «periods of heightened crisis within an ongoing critical situation», often takes a more tortuous course than the more or less linear development through different phases according to a model. Nevertheless, having a basic pattern in mind when assessing a situation may prove helpful to the relief worker.

Emergencies can be considered to have four phases where the *first pre-emergency phase* is the building up to the emergency when the local infrastructure is broken down and the situation deteriorates. The second phase is the *acute emergency phase* when relief is needed urgently and outside resources are being brought into the area. The third phase is the *late emergency phase* when utilisation of local resources and local capacity building starts and the fourth, *the post emergency phase* is when the situation returns to what it was before the disaster and relief interventions turn into development work. See the graphic illustration of the four phases in figure 4.1.

It should be noted that in an emergency with a sudden onset, the pre-emergency phase is shortened or comprimised to zero or almost zero and in reality the emergency can be seen to start in the acute phase.

[42] The main material in this chapter has been provided by Stein Willumstad (lecture), Arne Strand and Mirjam Bergh. Most of the raised issues were discussed in group 5.

[43] Burkholder and Tole (1995).

4.1.1 Pre-emergency phase

The *pre-emergency phase* is characterised by a state of general development in a community turning into a state of deterioration when the local infrastructure is gradually broken down. This can happen slowly or suddenly. Early warning signs are always there – if someone is there to interpret them to the surrounding world.

Adequate responses in the pre-emergency phase

At this stage it may sometimes be possible to put in resources to stop the deterioration, provided there is a readiness for this built into the structure at local and or regional level. The disaster may then be avoided. The downward trend can be turned and the situation stabilised and returned to that of development. (This development is represented by the dotted line in figure 4.1.)

Examples of such early response would be to provide seeds to enable people to sow in a situation when the part of the crop normally set off for seeds, may have been consumed or destroyed, to mobilize for evacuation, to release regional emergency stores of food, fuel and other necessities, to strengthen local coping mechanisms, encourage diplomatic/constructive problem solving methods, increase capacity of alternate water sources etc.

But to achieve a halt and turning of the downward trend, early warning signals need to be recognised by both local people themselves, local and national government and an observing outside world, including media and NGOs. Such warning signs may be contextually specific and therefore different in different areas.

In addition there should be a matching readiness to act when the alarm goes. Such readiness to act will include both an appropriate store of emergency supplies at district, national and regional level and a number of persons with the relevant expertise, who are tied loosely to institutions that can release them when necessary.

4.1.2 Acute emergency phase

This is the stage when the situation is defined as an emergency by the afflicted themselves as well as the surrounding. It may last a few weeks and be characterised by chaos due to large numbers of people seeking refuge after physical or emotional trauma. The refugees may be exhausted and malnourished or sick. Refugees survive in

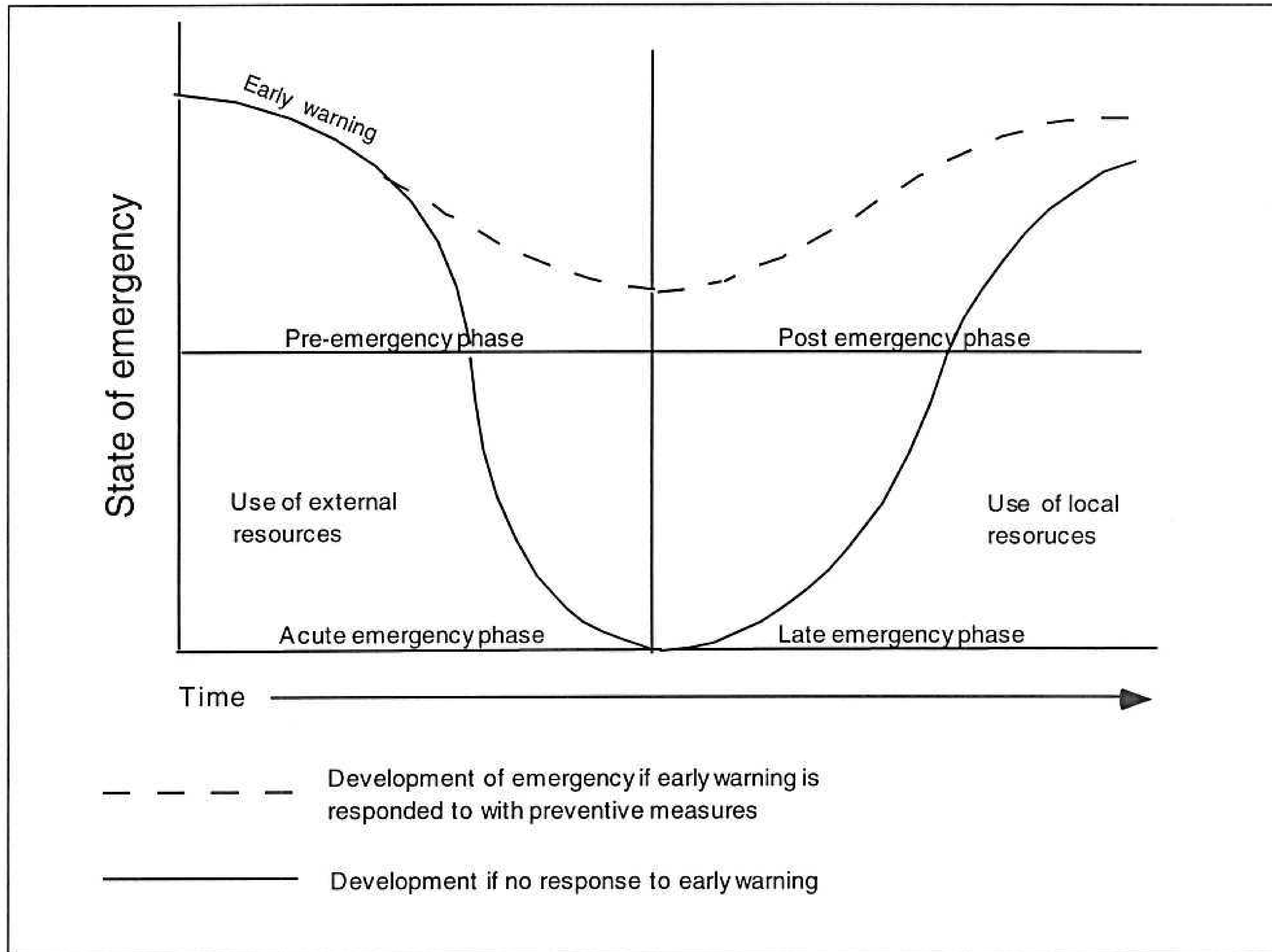

Fig. 4.1 Four phases in the development and resolution of emergency

The figure demonstrates the four phases in the development and resolution of an emergency. *Pre-emergency phase:* A state of development is deteriorating into an emergency. If early warning signs are responded to, the downward trend may be curbed and the situation returned to a state of development. *Acute emergency phase:* A state of acute emergency when assistance from the outside may be needed. *Late emergency phase:* A stage when improvements can be seen and maintained. *Post emergency phase:* A stage when the situation again begins to resemble what it was before the emergency. Emphasis is gradually shifted from emergency intervention to development.

the open or make shelters from whatever is available locally and forage for food. Some local coping mechanisms are working. Initial search and rescue in a disaster with sudden onset is almost always undertaken by the local population and authorities, mainly on an ad hoc basis. Many local coping mechanisms are likely to be out of function during a first shock stage although there is always potential among the afflicted. In the situation of a refugee population, the community structures may be more or less intact, but they may be difficult or impossible to mobilise since people are struggling to just survive on an individual/family basis.

This stage is, apart from the result of the disaster itself, also characterized by high death rates, of which 60 – 90 % in low income countries will be caused by malnutrition, diarrhoeal diseases, measles, acute respiratory infections and malaria. Contributing to high death rates are also war related traumas and disruption of antenatal care and other health services.

Adequate responses in the acute emergency phase

In the period immediately following the occurrence of a disaster, exceptional measures have to be taken to meet the basic needs of the affected population such as shelter,

water, food and medical care. Activities includes immediate relief, damage and needs assessment and debris clearance.

First priorities are food, water and shelter and thereafter medical care. Often, there is no doubt that outside resources need to be brought in to fill deficiencies. However, attempts to assist may be complicated by security concerns, logistic and resource constraints and lack of coordination among relief organisations.

Interventions at this stage may be therapeutic feeding programmes, distribution of water and containers, designation of defecation areas, measles immunisation and vitamin A distribution among children 1 month – 6 years, setting up oral rehydration outposts, establishing basic mortality and morbidity surveillance systems, nutrition surveys, establishing contingency planning for outbreaks of epidemic diseases etc (chapters 6&7).

Independent or parallel organisational structures should only be created if there are no local structures to build on or if the local structures are too weakened or temporarily non functioning (4.3.3).

Whether or not local resources can be mobilised at this stage, the emergency assistance organisations do well in trying to identify and map the local resources, human as well as material. Human resources may be people or groups of people and social structures in civil society e.g. women's groups, local and central government structures and systems, resourceful individuals, traditional leaders, elders, informal leaders, local healers and dealers, local health institutions, political institutions, military strong groups, economically strong groups etc. Material resources may be local herbal medicine, uncultivated strips of land, traditional communication systems, un-utilised water sources, wild edible plants etc.

4.1.3 Late emergency phase

The late emergency phase may last for six months or more from the end of the acute emergency phase to the beginning of a stabilisation and normalisation of the situation. In complex emergencies this phase is not entered until peace is restored.

This stage is characterised by a halt of the rapid increase in crude mortality rate and a slow decrease may be observed. The situation is stabilising and temporary infrastructure is established. People have on the whole overcome the immediate shock or exhaustion and are beginning to react to the situation and local coping mechanisms are at work. However, temporarily or locally there could still be an increase in death rate due to unequal distribution of food or inadequate food rations. Micronutrient deficiencies such as scurvy (vitamin C deficiency) may appear. Firewood becomes scarce.

Adequate responses in the late emergency phase

Since local coping mechanisms are at work it is easier to mobilise local resource people, or ideally respond to their request for support and cooperation. Rehabilitation activities are undertaken to facilitate and support people's return to «normal» life and re-integration into regular community functions. It includes the provision of temporary public utilities and housing as interim measures to assist longer term recovery. At this stage it is vital to ensure that local potential structures have not been overlooked in the planning of interventions. Trainers and skilled manpower may be needed from outside, but they should first be sought at district and national levels.

Interventions will now have their focus on public education and health programmes. The health information system should, in addition to mortality and morbidity information, include process indicators such as food ration content, water quantity per person etc.

Above all, at this stage cooperation with local human resources should be further developed. This will mean involving the target group in the decision making about further interventions. To be powerless means to not have control over ones own life. To be involved in the decisions concerning ones own life will on the other hand empower people locally. This is necessary to lead the process into the next stage – when emergency assistance may be transformed into development assistance.

4.1.4 Post emergency phase

The post emergency phase can be seen to last from the end of the late emergency phase until new structures have been built up and the community is functioning at the level that resembles what it was before the onset of the disaster. This could well take a few years. However, it should be recognised that the community will never return to the state it had before the disaster struck. All communities change constantly, those that have been through a disaster, more than others. The word catastrophe has its origin in the Greek word for change.

In the post emergency phase the crude mortality and morbidity rate begin to resemble that of the host population (in the case of a refugee population) or their own pre-disaster rates. Chronic diseases such as mental illness and tuberculosis may become proportionally more prominent because of the mental and physical strain the population has been through. But on the whole, people are settling down and organising themselves, and camps become settled communities, or people return to their place of origin or proceed to an asylum country. A reorientation towards more permanent changes takes place.

Adequate responses in the post emergency phase

Priorities should in this stage be to reduce vulnerability and make the target group as self sufficient as possible. Emphasis is gradually shifted from emergency intervention to development work. Interventions will focus on more comprehensive primary health care, distribution of fuel efficient stoves, grinding mills, seeds for local gardens etc.

Good reconstruction activities attempt to return communities to *improved* pre-disaster functioning.[44] This includes replacement of buildings, infrastructure and lifeline facilities so that long-term development prospects are enhanced – rather than reproducing the same conditions that made an area or population vulnerable in the first place. Mitigation measures can effectively be incorporated into reconstruction, since there normally is an «openness» to change towards improved safety following a disaster event.[45]

The crucial issue for an aid organisation is to know when and how to end an emergency relief operation. Many emergency support situations are unnecessarily prolonged since 1) it is easier to raise funds for emergencies, and 2) there is less demand to plan for sustainable development in an emergency relief operation. This may, however, deprive people from a possibility of moving towards recovery and consequently also create aid dependency. However, by using the opportunity to include local groups and structures in the provision of aid, a sustainable recovery element can be built into the emergency relief operation and thus an easier withdrawal of the emergency support organisation can be facilitated.

4.1.5 The relationship between emergency relief, rehabilitation and development

In the post emergency phase emphasis in humanitarian assistance work is gradually shifted from emergency intervention to development work. Disasters usually strike communities in the midst of their normal daily activities and its members tend to strive towards some kind of normality as soon as the first shock is over. The normal state of any community is to be in a stage of development towards the future. It is therefore obvious that any relief work should have as its aim to return a community to the stage of development as soon as possible.

The link between emergency relief and development is thus evident, but how do they really relate? The concept of a linear continuum moving from emergency relief through rehabilitation/reconstruction to development has been used for some time. Evidence seems, however, to prove that the relationship is not that simple.[46]

An UN document[47] discusses this relationship, using the concepts: «In an emergency, relief means saving lives», and «In an emergency development means saving livelihood». In this way relief and development both have roles to play during emergencies. The main message is that one should not lose the long term perspective even during serious emergencies:

> «Saving livelihoods in an emergency demands immediate re-focusing of pre-crisis development activities to address the consequences of the crisis, prevent further deterioration and strengthen the foundations for reconciliation».

> «...particular needs that must be met concurrently with those of emergency relief. ....develop an overall strategy...mutually supportive responses...through an integration of resources and effort to commence the extraordinary difficult tasks of recovery.»

The document goes on to suggest interventions that establish the linkage between relief and development.

I. Strengthening of participatory local, community and national structures to better deliver administrative and other basic services that re-enforce systems of governance, including the rule of law and protection of human rights.

[44] Fagen, P.W. (1995).
[45] Adapted from: Disaster management Training material OCDS/PRDU, 1997.
[46] Bucanan-Smith, M. and Maxwell, S. (1994).
[47] UN Inter Agency Standing Committee, Building Bridges between Relief and Development, Policy document, 1995.

II. Restoration of basic health, water and sanitation services and enhancement of accountable indigenous and cost-recovery schemes.
III. Revival of basic primary education services and enhancement of creative accountable compensation and cost-recovery schemes.
IV. Resettled and integrated communities with family members engaged in re-establishing their livelihoods through cooperative efforts and productive endeavour.
V. Restored domestic food and agricultural production and marketing systems.
VI. Support for income-generating entrepreneurial activity complemented by expansion of the private and informal sectors, establishment of credit schemes to support development of small and medium-sized enterprises.

4.2 SPEED VERSUS TIMELINESS

The general conception of the word «emergency» has been intrinsically linked to «speed of operation». The agency that can state «we were there first» has thereby signalled resourcefulness and concern, which gives it a definite advantage in the competition for media attention and hence for the funding of their operation. However, in emergency planning, «timeliness» is another aspect of timing that is of utmost importance, i.e. *doing the right things at the right time.* The speed factor thus cannot be the only criteria for an appropriate response to an emergency. If all major agencies bring many of the same commodities to an area within the first days of a disaster, a weak reception system can be overburdened with surplus stores and clogged airports and roads. A balance between speed and timeliness must therefore be struck.

Most disasters and complex emergencies, except earthquakes and rare cases of coup d'état, will all have gone through a hazard period when it was possible to predict that a disaster might occur. However, the vital factor is whether anyone in such disaster-prone communities is able to communicate this to governments or the international community. In cases where NGOs have a local partner or cooperating local organisation, like the national Red Cross/Red Crescent movement, Save the Children partner organisations, churches or grassroots organisations, it should be possible to have a certain degree of preparedness and possibilities to intervene with both speed and timeliness in an attempt to prevent or reduce the scale of the disaster.

Experience shows that during the immediate aftermath of a disaster, it is usually the local communities, followed by the neighbouring, that start the relief work (first intervention). Thereafter the Local and Central authorities of the State (if existing) normally take action (second intervention). Only thereafter, the international community appears on the scene (the third intervention). To act with both speed and timeliness, there is a need for an early warning system, i.e. a monitoring system that detects when an emergency situation is approaching. There needs to be an office to report to, where there is a code for interpreting the signs and set criterias for when the alarm should be sounded to the outside world. In addtion, a capacity for rapid assessment of an emergency situation is needed. This former will be expanded on below. The latter is dealt with in more detail in chapter 6, 7 and 8.

4.2.1 Local coping mechanisms

In any population there are inherent coping strategies that are activated in an acute crisis or emergency. Such strategies may either be inherited or developed in times of previous crises. Especially in war-affected countries, strategies to enhance survival under adverse conditions have developed. Apart from observing the course of events in an actual crises situation (if one is able to do so), the local coping mechanisms can be identified by observing how people organise their lives at non-disaster times and by interviewing people on how they manage through the difficult times. Examples of local coping strategies are both various psychological and/or religious activities and local plans and actions taken to stop or counteract the effects of a hazard, such as evacuation plans for cities, the use of near and distant markets to sell products at profit, utilisation of edible plants and roots during food shortages, migration etc. Protective strategies during wartime, especially when there are food shortages, often involve evacuating children from dangerous areas. Children may be sent to relatives, other countries, refugee camps, orphanages and other institutions. Sometimes children feel under pressure to leave home and simply drift onto the streets.

Some of the effects on children of these traditional coping mechanisms in times of family and community crisis can be ambiguous, and short-term benefits do not always make up for the possible long-term distress that may result. At other times, such a decision may prove life-saving for a child. Nevertheless, children can show remarkable ability to cope, despite being in a strange environment and lacking normal family relationships. Older

children may, for instance, take on «mothering» and «fathering» roles with younger siblings, though sometimes at a heavy cost to themselves in terms of giving up education or marriage. This issue is also dealt with in more detail in chapter 5.

4.2.2 Early warning systems

Societies are, as already mentioned, under constant change. They are also part of a global economic context much more today than before. They therefore cannot stay isolated from the rest of the world. Internal processes of change in a society, which can be both positive and negative, are influenced by external processes that can have an amplifying effect. Processes of change such as entering of an economic structural adjustment programme (IMF/ World Bank) should therefore in disaster prone societies be monitored carefully to discover early warning signs indicating that vital societal fabric is at risk of being undermined, i.e. the situation described under 2.2.1 about the pre-emergency phase.

Every community thus needs to have a built in alertness to the areas where the community is particularly vulnerable and a readiness to push the alarm when a hazardous event is threatening the society. For this, a monitoring system that detects the early warning signs is necessary. Such a monitoring system can be regular reporting to a centre of certain events or trends by key people in strategic geographic places. In the centre, such information should be gathered and interpreted by someone who has been trained for this, and the alarm button should be pressed according to a set of standard criterias. There also needs to be an office where the alarm should be received. Such an office (national or international) should be the actor responsible for informing the surrounding world that immediate action is needed.

Every community should also establish standard criterias for hazards to which they are particularly vulnerable and monitor related factors. Early warning signs can be changes in the local price mechanisms, accessibility of food and other resources in the local market, etc. Early warning signs can be found for example in the medical records of the local health facilities, where a rising death rate or an increased incidence of malnutrition that exceeds the normal seasonal variations or affects an increasing number of adults, may be an early warning sign of famine, or an increased incidence of a hazardous disease may be an early waning sign of an epidemic outbreak. Aggressive propaganda by local groups may be an early warning sign of armed conflict etc. The market prices and accessibility of goods, medical records etc. are thus examples of factors that should be monitored carefully and changes reported. Monitoring of these same factors will also help to determine when a downward trend is coming to a halt and turning.

4.2.3 Preparedness

However, a matching readiness to act when the alarm goes is mandatory to make any early warning system meaningful. Pre-trained rescue teams, teams for psychosocial intervention, a fire brigade with appropriate staff and equipment are other factors that will contribute to disaster preparedness as are also specific measures such as the cyclone-safe concrete centres built in Bangladesh, where people can gather at the threat of cyclones. Local volunteers with a basic knowledge of first aid may prove to be the difference between life and death for many victims until outside help is available.

Twinning arrangements[48] with training institutions in Norway, may prove beneficial for the building of preparedness. Norwegian trade and industry could be encouraged to establish cooperation with production units at local or regional levels in order to provide employment opportunities and revitalisation of the local economy with emergency preparedness equipments or stores.

4.2.4 Appropriate planning

When the international community is fully aware of the emergency a minimum requirement for a timely response, is appropriate planning. With appropriate planning is meant both adequate assessment of the needs and local capacity, and exchange of information between different intervening agencies to facilitate interagency coordination of interventions. A first step should be to map possible local and national partners, and make funds or necessary equipment available. The second step should be preparation for the larger external involvement.

Information gathering and verification will be crucial at this stage. Information should be sought from several sources, cross checked and verified. Sources would be Internet, Embassies and Consulates, UN files, own and other NGO staff and journalists.

[48] Cooperation North/South.

When sufficient information and necessary verification on the background and possible further escalation of the disaster is gathered, either from fact finding missions or from reliable local sources of information, the NGOs can start the final planning process at home.

> Finances should be redirected and put into the establishment of early warnings systems.[49] It should also be possible to strengthen existing regional disaster preparedness centres and when needed create new such centres, for further research, accumulation of experience and competence and for deposit of manpower and material.

4.3 OUTSIDE INTERVENTION

In a disaster or emergency there is by definition a gap in the coping capacity of a population or a group of people. In the *acute emergency phase* the situation for the local people may be characterised by chaos and shock. In this stage it may be necessary to bring in outside resource people, national or international, to help. However, such resource people should be aware of, and support any local functioning or potential coping mechanisms and resources. The latter may be identified by interviewing people how they manage through difficult times, and can often, given the right conditions, be revitalised.

Local resources that can be identified are both human and material. Human resources may be people or groups of people in civil society, local and central government structures and systems, resourceful individuals, political institutions, military strong groups, economically strong groups etc. Material resources may be local herbal medicine, uncultivated strips of land, traditional communication systems, un-utilised water sources, wild edible plants etc. By local resource people is in this document meant people who themselves are part of the affected population eligible for the emergency assistance, not people who are part of a less affected host population in a refugee situation. There may well be people who are potential resource people in the host population. However, they are only true resource people if they can be utilised without draining of their own local structures, for example in health services.

4.3.1 Filling the gap in the local coping capacity

In much of the traditional disaster relief work, the notion has been that this gap must be filled through bringing in outside resources, both human and material, to the disaster area. However, by this assumption the local coping mechanisms that are there, even though they have become insufficient in the acute situation, are not considered as the valuable resource they are. Such potential resources could be strengthened and reactivated by outside support rather than replaced.

There is therefore a need for reconsidering the traditional concepts of relief, i.e. filling gaps with outside resources and expecting the local people to participate and support the work of the external actors. This concept puts the external actor in the driving seat.

Some attempts have been made in recent years to calculate the relationship between local and external input in emergency operations in natural disasters. The estimate has been that maximum 30 % of the relief aid is rendered by external actors.[50] This suggests that the importance of the outside input in many instances may be overestimated.

People who are affected by a disaster will naturally make all efforts to save as much as possible, and ultimately their own lives. Neighbours and family will automatically step in. The local merchant will make available whatever is left in his stores. It would therefore be more reality oriented to consider the external assisstance as a needed supplement to the local struggle. The difference between the two concepts is illustrated below:

The traditional concept:

The coping gap: ....

Filling the gap: External assistance ... local participation

The «reality oriented» concept:

The coping gap: ....

Filling the gap: Local struggle .... external assistance

There are thus two challenges:

- The material resources available locally may well have been minimised drastically due to the disaster. Whatever massive external assistance rendered

[49] The Norwegian Ministry of Foreign Affairs has recently supported Ethiopia with technical assistance in this field (Dag Hareide, participant in workshop 1, worked in the Disaster Preparedness and Prevention Commission of the governement of Ethiopia).

[50] NCA: Field Management Handbook (June 1997).

should, nevertheless, build on and strengthen the local efforts and resources to maximise the effectiveness and efficiency.

- However, knowing that disasters in many regions are recurrent and that external assistance is likely to be needed within the foreseeable future, it is also mandatory to strengthen whatever capacities there are locally that can efficiently and effectively facilitate the external assistance when needed. In complex emergencies the crisis is by definition recurrent.

The two challenges are interrelated, although distinctively different, and need to be addressed accordingly. Both have a long term preventive aspect built into them. Building capacities within local structures makes no sense if energy is not focused on addressing how to prevent hazards from causing major emergencies in the local community. When the storm hits and creates havoc, it is on the other hand crucial to have something in place that may meet the urgent emergency needs.

> «The primary resource in the provision of post-disaster shelter is the grassroots motivation of survivors, their friends and families. Assisting groups can help, but they must avoid duplicating anything best undertaken by survivors themselves»
> (UNDRO, 1982, quoted by Dr. Ian Davis)

As already mentioned, the first response to a disaster will normally take place at the local level. A most timely response by international organisations will in any disaster therefore be to make funds available to local organisations, enabling them to respond effectively. The work of experienced international relief workers to make an effort to both strengthen local initiatives in the acute emergency and to support a readiness for future disasters[51] can be of immense value.

A person or a small team of experienced international relief workers can thus support local organisations and provide a link with their «home organisations», other NGOs, ICRC, UN organisations or governments (international relief organisations). They can assist in conducting a field assessment and determine what kind of information is needed for further assistance in the form of relief goods, field hospitals or specialised personnel, that should be passed on to international relief organisations.

At this stage it is also timely to think further than the actual situation. To get a good overall picture, rehabilitation potential should be considered and available resources, material and human, mapped. Interventions should be planned so that they also are conducive to the strengthening of preventive measures as well as strengthening of the capacity ot the local organisations.

If international NGOs thus both strengthen local organisations and complement their activities; instead of replacing them in the acute stage of a disaster, the local organisations should after the emergency assistance is over, have improved their capacity and competence.

4.3.2 The principle of proximity

In the acute emergency phase, when needs cannot be filled by local resources, outside resources have to be sought. *Such resources should be sought as close to the local community as possible.* This is called the principle of proximity and means that the first level to search is the district level, thereafter the national level and the regional level and finally, if nothing found, the global or international level. Only when needed resources are not found at one level one should proceed to the next, knowing that the further from the local community one seeks help, a number of factors will usually make the assistance less favourable from the point of view of the recipients. Such factors are the time and the cost to bring in the needed resources, the cultural relevance of the assistance etc.

Exceptions from *this principle* would be if there are ethnic or political conflicts between the affected population and potential groups for recruitment of manpower or if there is a risk that a local host population's or district level population's resources may become depleted. However, such exceptional circumstances should be identified and described before turning to the next level.

[51] NCA: *Catastrophe and Refugee Work in the Norwegian Church Aid.* Debate note, Stein Villumstad – August 1997. (Only available in Norwegian).

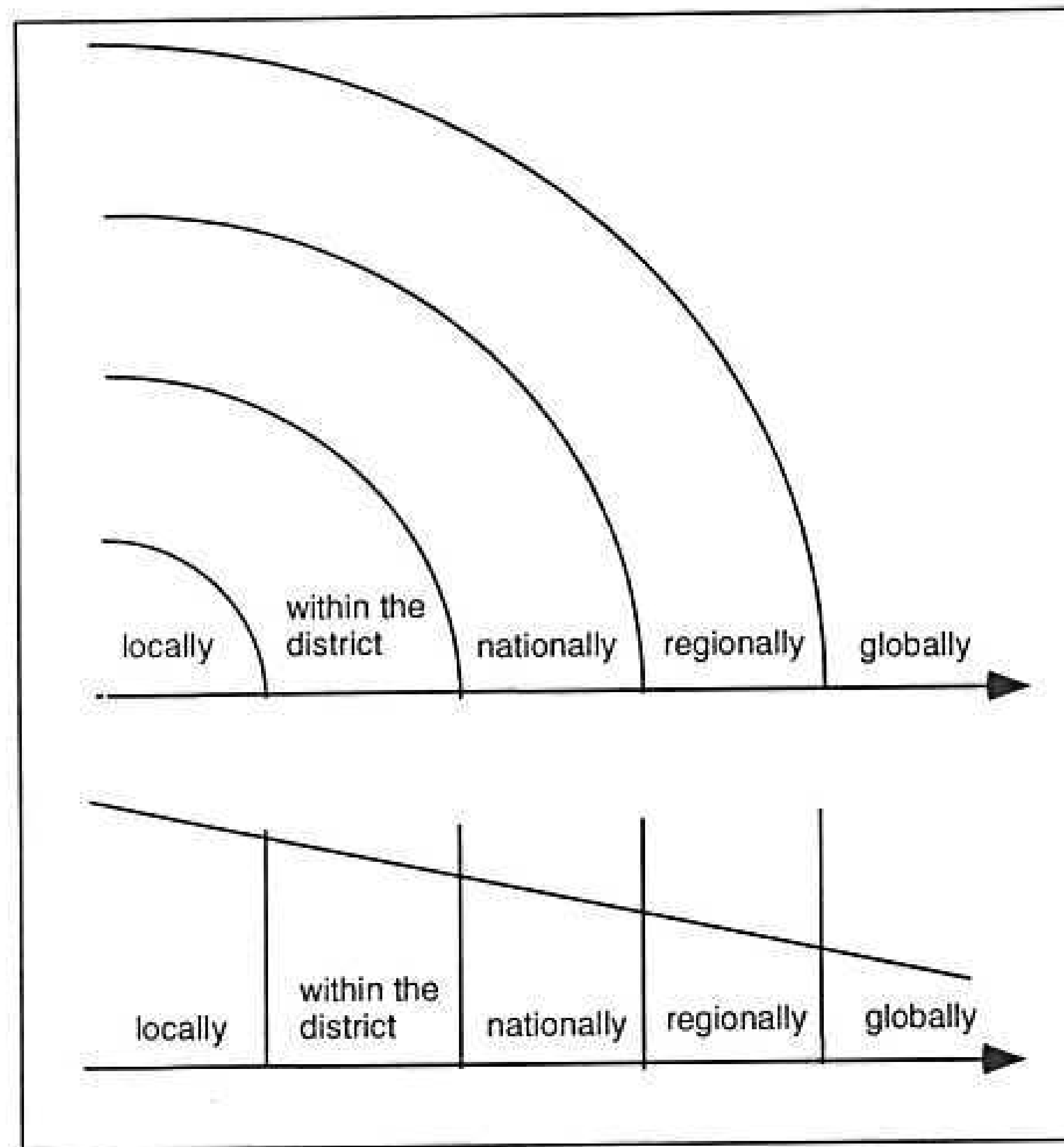

Fig. 4.2 Graphic illustration of the principle of proximity

Figure 4.2 illustrates how various levels on which to look for resources (human and material) can be identified on a continuum or as concentric circles. Only when needed resources are not found at one level one should proceed to the next, knowing that the further from the local community one goes for help, a number of factors will make the assistance less favourable from the point of view of the recipients. This has been illustrated by the slanting line in the lower graph above.

The following is a list of factors which may be a hindrance for applying the principle of proximity:

- ignorance of the local resources
- lack of understanding of local structures and social processes
- lack of mutual respect
- lack of trust in the local capacity
- lack of capacity in local organisations
- loyalty conflict between respect for common goals and a need to uphold the profile of own organisation
- planned binding relations (NOREPS, UNIPAC etc.) and prior investment in resources such as field hospitals
- choice of high technology profile of operation (necessarily or unnecessarily)
- lack of qualified local personnel
- local conflicts that inhibit information and access
- unrealistic expectations
- lack of long term planning procedures among NGOs and local organisations

4.3.3 Strengthening of local capacities[52]

When outside resources have been brought in to fill an immediate need, the work to build local capacity should be started as soon as possible. In fact plans should be made already from the start since the kind of outside resources that are brought in may be determined by the potential for later local capacity building. This is part of what we call empowerment in this document.

Co-ordination and collaboration with local organisations is thus important – even if it sometimes may be difficult. They have knowledge about the local situation, history etc, which must be acknowledged and used. They, however, often have very little resources, which must be related to in a realistic way. International agencies have resources («sit on the money bag») and therefore are at an advantage in any negotiation and collaboration attempts. This needs to be handled with tact so that the dignity of local people is preserved. There may even be occasions when the external people need to withdraw to secure this.

Transparency in money handling is imperative for successful training of local people to take over in various situations. It is vital to create simple control systems that will function independent of persons. In doing this, cultural differences in money handling and local people's various loyalties to family and clan should be taken into account. Agreements are important as well as job descriptions and other documents that spell out ways of communication and levels where various decisions are made.

Expatriates are sometimes needed in situations of conflict – since they can be seen to be neutral. However, it should be considered whether the number of expatriates can be kept to a minimum by hiring people from neighbouring countries. They often have less of a cultural gap to overcome, but they can also have loyalties to one of the parts in a conflict. It is important to strike a balance.

The enormous costs (according to local standards) of having expatriates in the field, may in some situations pose a problem. The differences in living standard, access to private use of vehicles etc, may create gaps in relationships and inhibit the possibilities for transparency in finances. A way to handle this (tried out by some

[52] Sahley, S. et al. eds. (1995).

Table 4.1 Scale for assessing distribution of decision making power

Power scale	External Party	Internal Party	Power scale
5	Total decision making power – i.e. the decision making is done by external party exclusively. The internal party is informed afterwards.	No role in decision making – i.e. the internal party has no influence on decision making and is only informed afterwards.	0
4	Discussing with internal party – i.e. the external party has decision making responsibility, but wants the opinion of the internal party before making decisions.	Discussion partner – the internal party functions only as a discussion partner to the external party but has very little influence on the decisions.	1
3	Committed to taking advice from internal party before making decisions.	Advising the external party.	2
2	Advising the internal party.	Committed to taking advice from external party before making decisions.	3
1	Discussion partner – i.e. the external party functions only as a discussion partner to the internal party before decisions are made and only on request.	Discussing with external party – i.e. the internal party has decision making responsibility, but wants the opinion of the other party before making decisions.	4
0	No role in decision making – i.e. the party has no longer any influence on decision making and, if still present, only informed afterwards.	Total decision making power – i.e. the decision making is done by internal party exclusively. The external party is informed afterwards.	5

organisations) may be to separate the salary costs and benefits of expatriates from the rest of the budget, and to the working budget only add a salary equal to what it would have been, had a local person with the same qualifications held the post. It may be argued that this gives a realistic budget and opens up for transparency in the totality of a responsible budgeting and financial reporting. The fact that the few expatriates can be seen as seconded from Norway and therefore cared for by their home country, may help in getting acceptance for such a way of budgeting, especially if some time is taken to explain the cost of living in the area of origin.

4.3.4 Empowerment and power distribution in emergency assistance

Empowerment is not only to assist local coping mechanisms and impart knowledge and capacity into the community. It is also to (whenever and as soon as possible) include the «target group» in the decision making, i.e. giving authority.

Participation could be anything from compliance to having a major influence on, or responsibility for, decision making on a scale from 1 – 5, according to Rifkin.[53] A similar scale from 0 – 5 has been described by DiS in «Caring, Sharing, Daring»,[54] which describes a process from a stage when the local partner has virtually no influence on decision making, through the stages of being counted on as discussion partner, to being asked for advice, being involved in decision making, being responsible for decision making in cooperation with the external party, to the final stage of having full control. Stage 2 & 3 is the crucial point where a transfer of power takes place. The expatriate decision maker turns into an advisor and the internal advisor into a decision maker. See table 4.1 where the stages are spelt out in more detail.

It is inevitable that an assessment scale like this is a very rough instrument. However, to create awareness and to make a situation analysis it can be helpful, provided it also has been decided on a number of parameters to apply it on. This can be done by asking:

- who identifies needs?
- who performs planning?
- who implements the plans?
- who evaluates?
- who reports/owns the reports?
- who owns the competence?
- who owns the investments?
- who decides/develops policies?
- who finances the operation/investments?
- who decides about physical assets?

53 Rifkin, (1998).
54 Bergh, M. (1995).

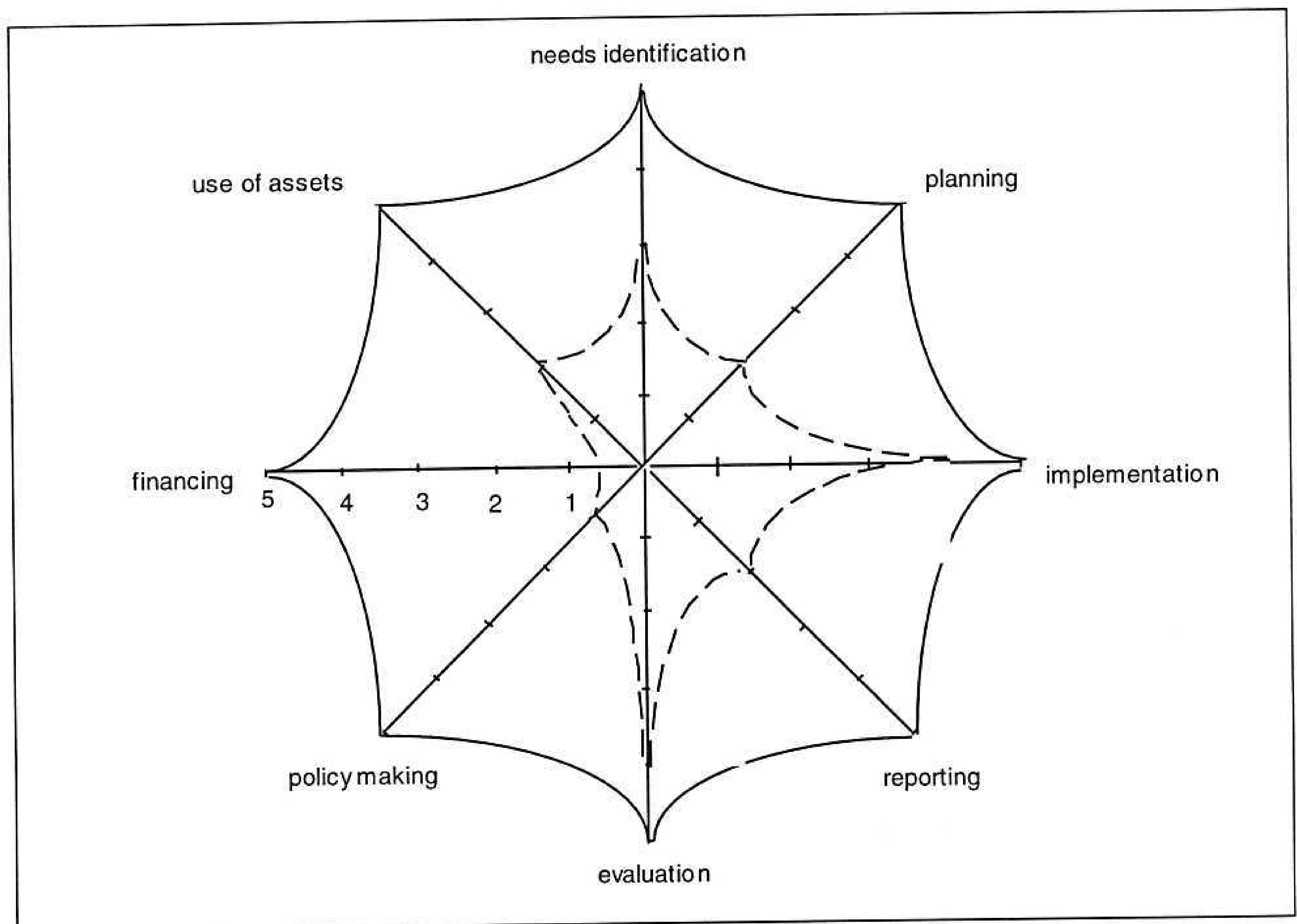

Fig. 4.3 Modified version of the «spider web model» for demonstrating participation

The spider model can be used for making situation analysis of the power distribution between the international staff and national, or an outside agency and the local partner organisation.

For situation analysis one could rate each of the above parameters from 0 – 5 according to the table above and thus produce a participation profile of the operation. This would help to place responsibility and accountabilities accordingly. A suggestion would be to use a modified version of Rifkin's spider web model for situation analysis. See figure 4.3.

In fig. 4.3, the numbers represent the decision making power of the internal party, i.e. the local target group for the emergency assistance. The full drawn line encompassing number 5 on all the axes is an imaginary ideal for the target group being in full control. Reality is often like the dashed line with various degree of control for the various parameters. The model can be used for making a situation analysis at various stages of the emergency assistance period. It is then likely that the figure or profile would be rather narrow in the acute emergency stage and widen gradually as the relief work is proceeding into development work.

Participation may, because of what has been said, have different connotations in the context of emergencies than in a development assistance project. Different levels of participation could be anticipated at different stages of an emergency. Complex emergencies also pose special problems in that the expected developmet from crisis to a better situation does not happen because of recurrent set backs. Nevertheless, maximum local participation should be encouraged at any time.

Having, in the previous chapter, identified and defined four phases of an emergency situation, it may now be possible to say something general about the level of participation that can be expected in the four phases. For example, it may be that in the *acute emergency phase* only participation at level 1, according to the scale above, can be accommodated. In *late emergency phase* participation at level 2 – 3 and possibly 4 can be expected. In the *post emergency phase* participation at stages 4 – 5 should be anticipated and aimed at for the various functions.

In the *pre-emergency phase* there is potential for a high degree of participation in interventions that aim to prevent further deterioration. However, it is a precondition that the local people have been empowered to themselves monitor and analyse early warning signs. They also need a forum to turn to when they want to alarm the outside world that there is a threatening emergency; a forum where there is a readiness to act. Such readiness to act can be based regionally and be both expertise and material resources.

5 The Psycho-social Dimensions of Disaster Relief

When people have been exposed to «events beyond the normal boundaries of human experience», i.e. traumatic or psycho-socially wounding events, various kinds of stress reactions will be apparent, which can be seen as normal reactions to abnormally distressing events.

Traditionally the basic needs of people affected by war/ disasters have been considered to be food, water, shelter, sanitation and immunisation against epidemics. The psycho-social needs have thus been overlooked. In recent years, however, there has been an increasing recognition of the importance to also meet people's psycho-social needs in times of disaster in order to assist the maintenance of their mental health, reduce the risk for future suffering and disability and prevent long term effects that even may have implications for the next generation.

In this chapter we shall clarify some terms and expressions referring specifically to the psycho-social aspects of emergency relief work. There are specific issues relating to the wellbeing of children in emergencies that will be dealt with as well as the psycho-social dimensions of loosing control over own life. Finally there will be a section with suggestions on how to manage the inclusion of psycho-social dimensions in the assessment, planning and implementation of activitis in emergency relief work.[55]

5.1 EXPLAINING TERMINOLOGY

The word «psycho-social» attempts to express the recognition that there is a close, ongoing «circular» interaction between an individual's *psychological state* and his or her *social environment.*

By «social environment» we mean both relationships with others in the family or the community, and in addition many other environmental factors and concepts such as hostile/friendly, poor/viable, safe/insecure, predictable/ chaotic, familiar/strange, stimulating/sterile, rural/urban, rapidly changing/«time stands still».

«Psychological» refers to the realm of the mind and heart; a person's emotions, intellectual capacities, including ability to learn and memorise, and perceptual abilities; the way in which individuals utilise their senses to understand and react to their environment. To understand the mental needs of war victims and refugees, two important concepts based on research literature,[56] are *general psycho-social stresses* and *general psycho-social protective factors:*

- *General psycho-social stress factors* are related to economic hardship, social disruption, and exposure to physical and psychological violence, ethnic persecution, loss of home/country/family/friends, danger/ abuse during flights, reception at arrival after flight, settlement in collective centres or private accommodation and uncertainty about future.
- *General psycho-social protective factors* are related to individual coping abilities, family strength and unity, social network and ideological/political/ religious consciousness.[57]

We question the use of the concept «vulnerable groups», which sometimes can be stigmatising in itself, and suggest that a better alternative would be to focus on factors which in different circumstances make people vulnerable in psycho-social, social and developmental sense. Such factors could be *individual factors* such as age (the very young, the very old, «recruitment age»), sex (women in some situations, men in others), health, being alone, having experienced multiple trauma, pregnant/lactating women and *contextual factors* such as ongoing military activity, ongoing epidemic etc.

5.2 THE PSYCHO-SOCIAL DIMENSION APPLIED TO CHILDREN IN EMERGENCIES

To recognise the psycho-social effects of a disaster on a community, gives the effected people full recognition of their status as fellow human beings. It also challenges common perspectives of crisis-affected people as the passive objects of assistance (which the word «target group» very well illustrates) instead of thinking, feeling and acting «subjects» who are able to take the role of partners in the work towards mastering their crisis.

In war situations, during which many people take refuge, it is worthwhile reflecting on the fact that thousands of families may already have coped with insecurity, food

[55] This chapter is based on a lecture by Elizabeth Jareg, Redd Barna, in workshop 1. The issues have been further discussed by group 3, in workshop 2, and by the Redd Barna «Beredskapsstyrke».

[56] Inger Agger 1993 (exact reference missing).

[57] Søren Buus Jensen, p. 72 in «War Victims Trauma and Psycho-Social care» 1994.

shortages, poverty etc, perhaps for several years, and have somehow survived. Thus the people we meet in refugee camps are usually the survivors, not the helpless victims projected in media in the West.

Psycho-social considerations are naturally present in all emergency situations affecting human beings. A mother who cannot feed her children properly, suffers tremendous distress. A child who is naked, cannot go to school because he feels shame. And children losing their mother in a cholera epidemic, feel tremendous grief. Traditional assistance such as food, medicine, clothes and blankets therefore are of great significance for the psycho-social dimension of recovery. However, the crises caused by lengthy civil wars, have illustrated the necessity of thinking beyond such traditional assistance. There is thus a need to develop new ways of responding to and cooperating with the affected people.

Specific factors which call for greater attention to the psychological and social dimensions in responding to an emergency caused by civil war are:

- Over half of the affected population are usually children and young persons under 18; i.e. human beings who are still developing.
- Civil war leads in many cases to the breakdown of the family system. Parents and children become separated; fathers may migrate to find work, become recruits in the army, or are detained as suspects. Elderly family members may be left behind in mass population movements. Together with a number of other such factors a tragic dismantling of the naturally functioning security systems of families and societies takes place, which can be detrimental, not only to psycho-social well-being and child development, but also to economy.
- Civil wars tend to be lengthy. Many of the recent civil wars in Africa have lasted for at least a childhood. Some wars have spanned two generations. A child can therefore spend his/her entire childhood and youth in a camp or as «internally displaced». This will inevitably have a bearing on his/her development into adulthood.
- Civilians, including children, have often been the main targets in civil wars. Field research has shown that a high percentage of children in camps have experienced life-threatening and/or other highly distressing events, often not just single but multiple traumas. Considering that places of refuge are only relatively safe, those children may live in constant fear of being exposed to new traumas.
- In developing countries men in refugee camps, who have no access to land, lose their former role and function as farmers. Thus their social status and network are no longer there. Women in most cases preserve their role as caretakers. This situation may cause domestic tension and violence, which inevitably effects women, children and family life as a whole.

During the Save the Children Alliance evaluation of the situation of children in the Great Lakes area,[58] one of the findings was that, from a child development point of view, a new definition of the term «emergency» (as arising out of civil war), was needed. The following definition was coined:

> «An emergency arising from civil armed conflict can be described as a period of heightened crisis within an *ongoing critical situation...»*
>
> «Such periods of heightened crisis are characterised by mass population movements, in a context of intensified conflict, requiring a concentrated and coordinated international response over a shorter period of time to ensure the fulfilment of basic humanitarian needs, including protection. However, from a child development point of view, it is seen as very important that work initiated during the heightened crisis *is maintained throughout and in many cases beyond the «ongoing critical period»* because child development cannot be put on hold».

5.3 THE PSYCHO-SOCIAL DIMENSION OF LOOSING CONTROL OVER OWN LIFE

The life of the people in complex emergencies is often characterised by little, if any, control over own life and is sometimes experienced as a passive existence without a purpose. This condition serves to amplify the traumatic experiences and long-term psycho-social effects are likely to appear. Research has shown that the psycho-social and social effects suffered by one generation in many ways affect the next generation.

It is therefore essential that people in complex emergencies receive support in order to regain control over own life. They may need assistance to reconstruct, interpret and process the traumatic experiences in dialogue with others. They need to receive confirmation that their frightening and perhaps irrational reactions are normal

[58] Carried out by Elizabeth Jareg, Redd Barna and Emma Visman, Save the Children Fund UK, 1997.

reactions to unacceptable traumatic experiences. And they may need assistance in re-establishing social networks.

Relevant and reliable information is a crucial issue for regaining control over own life. Refugee populations need accurate information regarding the assistance provided for them in camps, including where to go, what is planned in the coming days/weeks etc. Reliable information given in ways appropriate to the situation, has a positive effect in allaying anxiety and in promoting positive behaviour. Rumours and uncertainty can on the other hand increase fear and violent behaviour.

In complex emergencies essential relief efforts are therefore to maximise people's control over own life through meaningful activities, possibilities to build social support networks and to share their experiences with others.

Where support is available and some meaning can be made of what has happened, especially if there are opportunities for individuals and the community to be actually involved in their own recovery, the outcome is likely to be better. Where there is insufficient support and people feel helpless and unable to take care of their own recovery, or experience blame, human negligence, malevolence or violence, the outcome is likely to be adverse.[59]

5.4 INCLUDING THE PSYCHO-SOCIAL NEEDS IN EMERGENCY ASSESSMENT AND INTERVENTION PLANNING

To preserve the status of significant relationships and social networks intact, is vital to the psychological wellbeing and ability to cope in a crisis. During protection of children and young people in emergency situations, it is especially important to, as far as possible, create an environment that is conducive to preservation of such significant relationships. Since the preservation of children's relationships with significant adults also has a bearing on the wellbeing of the adult population, it is thus vital to focus on issues of importance for child development and protection in all emergency assessment and intervention planning.

[59] Psycho-social Consequences of Disasters, Prevention arid Management, Geneva, 1992.

[60] *Working group on Children in armed conflicts and Displacement*, Geneva, Save the Children Alliance, 1996.

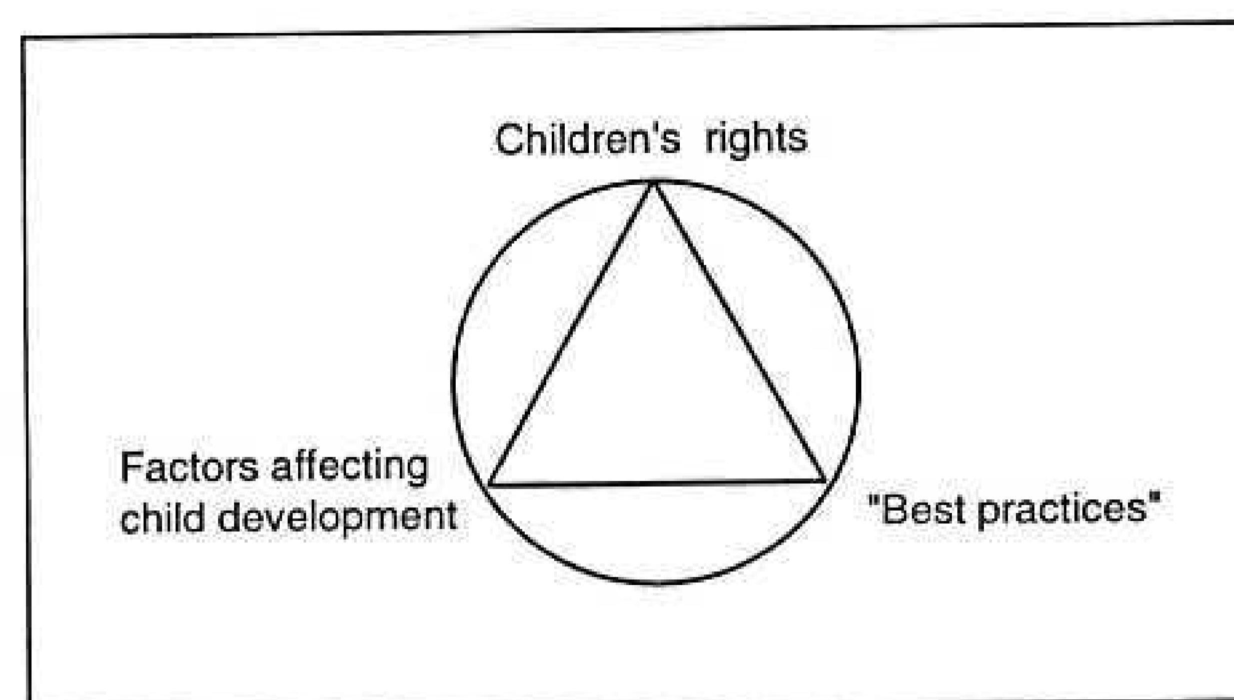

Fig. 5.1 Dynamic relationship between issues in psycho-social work during complex emergencies affecting outcome

The Save the Children Alliance, in their Working paper no.1 «Promoting Psycho-social well-being among Children affected by Armed Conflict»[60] emphasise the dynamic relationships between child rights, child development and the factors affecting it, and «best practices» of emergency and development cooperation. This is illustrated in figure 5.1.

5.4.1 Including the psycho-social needs in emergency assessment

Below is a set of questions that should be included in any child oriented assessment model. It is focusing on issues related to child rights and factors affecting child development, that are important to find answers to in emergency assessments.

Questions that should be included in a child oriented assessment:

- What is happening to separated children, especially babies, very young children and adolescent girls?
- Are there many youths who are alone?
- How are mothers who are alone with children, coping? Are they registered as heads of household?
- How are fathers left alone with babies, managing?
- How are pregnant and lactating women, especially those who are alone, coping?
- How are young girls who are pregnant/lactating coping?
- What is happening to children with disabilities?

One would also want to know:

- what kinds of traumatic experiences children and youth have been through. Especially young girls who have survived rape need to be identified, since it is

well known that they often are at much greater risk of new episodes of sexual abuse
- if any form of schooling has been started up
- if any form of identification and registration of unaccompanied children has been initiated
- if any of the children are in danger of being recruited to the army? If so, how is it carried out? Which groups are especially vulnerable?

In addition, there is a whole host of cultural information necessary to obtain in order to gain a deeper understanding of the issues of child rights. For example, if orphaned children traditionally belong to the mother's or the father's side of the family, what the traditional attitudes to rape and other forms of sexual abuse are etc. Implicit is also an investigation of the legal implications of these issues in the country and how international laws and an affiliation to the UN declaration of childrens rights can influence intervention planning.

5.4.2 Best practices for including the psycho-social needs in intervention planning

An assessment of needs relating to the psycho-social domain often requires the full participation of various members of the affected population, including young people and children. Because many of the issues raised are sensitive and complex, such an assessment can only be carried out over time through the building of trusting relationships with the people concerned. Often assessment and the starting up of activities will go hand in hand, the activities themselves providing new insights.

Nevertheless, there are a set of principles and best practices that have proven useful. They are characterised by:
- development of action through dialogue with affected people, including children
- knowledge of, and respect for cultural practices and traditions
- recognition of peoples own resources and initiatives
- activities that are likely to start processes with long-term benefits to the people involved
- linking action with competence building and moral support
- establishment of ethical codes of conduct for all involved in emergency assistance

5.5 PSYCHO-SOCIAL ACTIVITIES IN EMERGENCY INTERVENTION

The following discussion will be based on the dynamics between the two different ways of focusing, the psychological and social state of parents as the most important factor influencing children's reactions and recovery of function on the one hand and the safety and the well-being of children being of great significance to the recovery of parents who are under physical and emotional distress on the other hand.

Approaches should be based on the integrated «three-pronged» model illustrated in figure 5.1 above, 1) knowledge and understanding of factors affecting child development in a particular situation, 2) knowledge of children's rights as well as the national laws governing children (important in e.g. rape cases, recruitment, abduction, fostering, marriage etc.), and 3) what is termed «best practices» of emergency and development assistance.

Interventions in support of psychological and social functioning during emergencies, should as far as possible be integrated into *all aspects of emergency work*, in such a way as to influence the relationships among people and between external agencies and the affected populations.

5.5.1 Aims

The overall aim of inclusion of a psycho-social dimension in emergency assistance is
to restore and maintain coping abilities in families.

Specific aims are:
- *The restoration of (and preservation of) family unity*

  The family (as defined in each specific situation) is the basic source of social and economic security, status and meaning. Family reunification is viewed by the Save the Children Alliance as the most important as well as complicated and demanding psycho-social intervention. Early intervention in this respect is important to prevent the establishment of «children's centres» and «orphanages» or long-term estrangement between children and their families. Guidelines on approaches to separated children have been developed by UNICEF and UNHCR with the assistance of NGOs experienced in the field. The Rwanda emergency in particular provided many «lessons learnt».

- *The re-establishment and maintenance of «normal daily life» as defined by people in a specific situation and within the realities existing.*
  To achieve some kind of normality and «make the best out of a situation» is an important contribution to psycho-social functioning and well-being. It requires a process of close cooperation with the affected population and involves social organisation, re-assumption of previous and/or development of new roles, planning, communication and creativity
- *The re-establishment of self-esteem*
  The violations and degradation suffered during armed conflict undermine in a number of ways people's feelings of worthiness and self confidence. Poorly planned and implemented assistance can easily consolidate such feelings into life-long helplessness. The first step in re-establishment of self-esteem in a group of war affected people is the training of emergency relief personnel (national and international) to treat people with respect. The recognition of and support to the mobilisation of people's own abilities in dealing with their present situation, is essential.[61]
- *The re-establishment and maintenance of trust*
  Of vital importance is again that people are treated with respect by the relief workers in order to create an environment that is conducive for building of trust relationships, both between relief workers and the group receiving assistance and among the war effected people themselves. Especially relief workers working directly with children, such as teachers and social workers, need to be sensitive and aware of the way children, who have lost their trust in adults, may react and behave.
- *The re-establishment/maintenance of a positive identity*
  This is especially relevant for young people, who often are neglected in situations of long-term conflict – except by those who wish to recruit them to fight their battles. Young adolescents are often able to express their dilemmas very aptly and poignantly, but they need someone to listen and respond. They often feel most intensely that their lives have become suspended for an unknown time. Girls, especially from rural areas, are often able to cope with their situation better than boys since they may be able to take on a traditional role of carrying out domestic duties and caring for younger children/siblings. Young boys are thus more likely to seek meaning and outlet for their energy and talents in anti-social activities with peers – if given no other alternatives. Youth on their own therefore represent special challenges for relief workers trying to both promote a positive development and provide protection.
- *Prevention of accumulation of trauma*
  Prevention of the accumulation of distress and further trauma is of particular importance. Thus the ability to anticipate imminent or future threats is vital. Since it is the accumulative effect of several traumas that is particularly inhibiting in child development, all emergency assistance work should also include the provision of a secure environment in which the war effected people can be protected from new traumatic experiences. This especially refers to rape and other forms of sexual abuse, physical abuse, forced recruitment, new separations from family, domestic or other forms of violence.
- *The opportunity to develop a secure economic base*
  Prolonged armed conflict leaves many people, particularly women, destitute and landless. Support to re-develop a functioning family economy is vital to psycho-social well-being and recovery from trauma. For women struggling to support a family it may also prevent other desperate and hazardous coping mechanisms such as prostitution. The regeneration of the ability to support oneself economically is closely linked with re-establishment of self-esteem.
- *Child advocacy*
  The documentation of violations or neglect of children's rights is an important part of psycho-social work in armed conflicts and forms the basis for advocacy at different levels. Cooperation with national committees for the rights of the child are important, as well as support for processes that aim at developing or adjusting national child law to bring it more in line with the UN Convention on the Rights of the Child.

In summary it can be said that «the overall purpose of psycho-social work in emergency assistance is to promote mental assistance and human rights by strategies that enhance the already existing protective social and psycho-social factors and diminish the stress factors at different levels of interventions» (Agger 1993). This in practice involves reducing vulnerability, promoting resilience and development and protecting rights.

[61] Daniels, EV. and Knudsen J.C. (eds) (1995).

5.5.2 Interventions

The following are some examples of initiatives that are conducive to the fulfilling of the aims mentioned above.

Establishment of programmes for care of unaccompanied children and their identification and reunification with other family members are a high priority issues in any emergency. This often takes place as a cooperative effort that involves members of affected populations, local and international NGOs and the Red Cross/Red Crescent movement, UN organisations (such as UNICEF, UNHCR), as well as relevant government authorities. It is important that such programmes are developed with a long term perspective, which may include working at government level with policies for children, staff development, and cross-border cooperation.

Involving and training members of the affected population so they can take part in psycho-social activities, should also be high on the agenda. There are many positive experiences of programmes for children and parents led by trained refugees. Staff of involved NGOs and other agencies should be sensitised to the importance of assisting such initiatives.

As early as possible some form of structured activity that children can recognise as «school» should be established to assist families in getting a sense of normalcy into their lives. This can often be accomplished with the help of teachers among the affected population. Positive experiences have been gained using the «school in a box» idea developed by UNESCO, allowing almost immediate re-establishment of some form of regular child-oriented activity.

Assistance could be directed towards integration of refugee children into existing local schools, the establishment of schools in refugee camps or towards supporting and rehabilitating looted and destroyed schools, teacher training and security. The importance of considering the needs of local populations as well as those of the refugees or internally displaced people, is imminent.

Positive experiences have also been gained through the establishment of pre-schools for refugee and internally displaced children. Such pre-schools can be a base for ongoing contact with parents and monitoring of the health and well-being of their children. The pre-school environment also allows for assisting children in the coping with traumatic experiences during the course of the conflict.

Recreational, religious and cultural activities for families are important instruments in strengthening social bonds and preserving cultural identity and esteem and in addition they provide outlets for energy and physical training.

Safety measures, especially directed towards young girls and women, such as improved lighting, door locks, strategic house placement for women/girls on their own and placement of water sources in cooperation with women, all serve to protect refugee women from sexual abuse. Other measures that serve to protect women are assurance of food rations to women and recognition of the status of single women with families as heads of household, training of police and social workers in responding adequately to girls and women subjected to rape and operation of crisis groups/centres. These activities are all included in the UNHCR recommendations on the protection of women.

The establishment of mutual support groups for widows and other mothers on their own, developing a children's agenda through awareness creating events, workshops etc are other activities that have proven helpful. Youth should be seen as resource people. The should be involved in planning of their own activities, training, schooling etc.

Teachers and health workers (both refugees and emergency relief workers) may need to be trained specifically in recognising and understanding the effects of traumatic experiences on child development in order for them to be able to function optimally in the recovery and protection of children. In addition, the importance of early childhood stimulation especially in the case of children with severe malnutrition, is of importance for health workers to know.

The importance of including men when planning psycho-social interventions has often been overlooked. In many situations men are perhaps even more vulnerable to psychic stress than women. They are generally more exposed to being killed, tortured, detained or recruited. Most NGO interventions are directed towards perceived «vulnerable groups» interpreted as children, the elderly and women who are alone. The encouragement of positive roles for men/fathers, who are likely to be encamped for many years, is a neglected area, nevertheless of enormous psycho-social dimensions in emergency situations. To provide an opportunity for men to preserve self-esteem, has implications not only for their own well-being, but also for their families as a protective factor against the results of unmanageable stress and its accompaniments such as alcohol abuse, family abandonment increased levels of

frustration, aggression and violence, depression and loss of ability to cope.

Finally, it is important that all those involved in emergency assistance to children affected by armed conflict are well acquainted with the UN Study on the Impact of Armed Conflict on children, 1995–1997, led by Graca Machel.

5.6 CONCLUSION

Psycho-social interventions attempt to promote the resumption of normal daily life in as far as possible in which men, women and children can regain their familiar roles. The recognition of participation is a key element in overcoming the effects of traumatic experiences and rebuilding self - esteem and trust must be given much more attention. The overall aim of responding to psycho-social and social needs in complex emergencies as part of the humanitarian response is to create and maintain a more humane and effective assistance to the affected people through:

- Promoting the restoration of the will and ability to cope
- Protecting peoples dignity, integrity and rights
- Promoting and protecting child development and rights
- Reducing mental suffering and psycho-social stress
- Preventing the accumulation of further trauma and distress

Due to the lengthy duration of most complex emergency situations, many children will spend most of their childhood in camps and as internally displaced. Therefore it is necessary to initiate activities which will have a sustained effect on the survival and development of children. Such responses must be developed through a community-based approach encouraging use of local knowledge and expertise, and building on local culture and realities.

Psycho-social considerations should be viewed as essential components of all aspects of the humanitarian response in complex emergencies. To secure this in the Norwegian context, organisations planning interventions should consult with appropriate psycho-social expertise.

Many of the case stories reflect psycho-social aspects of the relief work and how they were dealt with. See chapter 9.1–9.4.

6 Health Related Issues in Complex Emergencies

In this chapter a brief framework for health planning and intervention is presented. Primary Health Care (PHC) is recommended as the basic strategy, but the need for referral hospitals for such a strategy to work, is also stressed. Imported solutions such as field hospitals are discussed and weighed against giving direct support to the established health system. Suggestions are made on ways to prioritise in health when resources are scarce.[62]

6.1 BACKGROUND

Several major retrospective epidemiological studies and reviews carried out by a variety of relief organisations since the late 1980s, have shown that the mortality rate in *refugee populations* has been up to 60 times higher than the mortality rate documented in the respective host populations.[63] Furthermore, although the major health problems of refugees and *internally displaced persons* are similar in nature, the health status of the internally displaced may be even worse. One reason is that relief agencie's» possibilities to assist the internally displaced often is difficult and/or dangerous. Another reason is that internally displaced persons quite often are closer to the armed conflict areas than refugees and therefore suffer more injuries, physical and emotional. Both groups are often victims of landmines, particularly as they pass international borders.

The health interventions in complex emergencies will in many respects be similar to the interventions in in non conflict emergencies, such as provision of adequate food, shelter, water, sanitation, and immunisation. However, they also differ since the presenting health and nutrition problems, in addition to the usual health problems the refugees bring with them, also include new diseases contracted because of lack of resistance to the diseases prevalent in the geographical area entered. Injuries, exhaustion, emotional traumas and other afflictions reflecting the war situation, are added health risks. Specific interventions that address those problems are then needed.

6.2 THE PREVENTION OF PUBLIC HEALTH CONSEQUENSES OF EMERGENCIES

Rapid onset emergencies are difficult to predict and prepare for. Slow onset emergencies may be recognised and appropriate actions can be taken. Early intervention would prevent human suffering and indeed be more cost-effective. In addition, establishment of relief camps, which by themselves may constitute security problems for the people seeking refuge, could then often have been unnessesary. Early warning systems and disaster migration programmes are therefore important for the survival of people in countries prone to natural disasters or armed conflict, and establishment of such systems should be an integral part of relief and development assistance. Local or international NGOs already working in a disaster stricken area are often informed and aware of coming emergencies, but often they lack the needed funds to act swiftly and timely. Before the international community has been alerted, the emergency is often already in the acute phase (chapter 4).

Any emergency will have consequenses for the public health of the population. Thus there is likely to be an outbreak of infectious diseases, high prevalence of psycho-social disturbances, increased malnutrition etc. The primary health care strategy, which calls for timely provision of adequate food, shelter, water, sanitation, and immunisation is the most effective intervention in an adverse environment to prevent severe public health consequenses.

The prevention of the public health consequences in complex emergencies can be classified into three categories: primary, secondary, and tertiary prevention.[64]

Primary prevention

The primary prevention of public health consequenses on complex emergencies will be to assist in the development of diplomatic and political mechanisms that might resolve the conflict before food shortage occur, health service collapse and populations migrate.

Secondary prevention

Secondary prevention involves the early detection of evolving conflict-related food scarcity and population movements and a preparedness for early intervention that

[62] The group leader of group 4, Marianne Thorén, has been the major contributer to this chapter.

[63] Toole and Waldman (1997).

[64] Toole pp 283–312.

mitigate the public health impact. Early warning systems, availability of technical expertise and trained relief personnel, deposits of relief supplies and logistical capacity are all part of the emergency preparedness needed for early and timely intervention to prevent severe public health consequenses.

This includes a timely response to early warning systems through activities such as contingency planning and personnel training, i.e. the development of appropriate skills to enable relief workers to work effectively in emergency settings. Contingency planning has to take place both at a coordinated international level and at the national level in countries where complex emergencies might occur and could for example address epidemics such as cholera.

Secondary prevention thus means getting ready to handle the crisis in such a way that the public health consequences be kept to a minimum. Relief or development workers who are in the location at the onset of an emergency should be able to conduct rapid needs assessment and establish public health program priorities. Such priorities should include training of local health workers, working close to affected communities as well as coordination with other relief organisations to achieve effective use of scarce resources. Other issues of importance are monitoring and evaluation of relief programmes.

Tertiary prevention

Tertiary prevention involves prevention of illness and death once a disaster has occurred. Most deaths among refugees and a displaced population are preventable. Most available resources should therefore be channelled toward preventing measles, diarrhoeal diseases and malnutrition through provision of adequate food, shelter, water, sanitation, and immunisation. In addition prompt treatment of malaria, acute respiratory infections and other treatable diseases is needed. Women and children are the most affected groups and should be focused on.

6.3 THE PLANNING PROCESS

Any intervention should be based on a valid and carefully considered planning process. As many emergencies are turning into long-term problems, there will always be a need for a long term perspective when planning. One planning model is based on a continuous circle,[65] in which the major components are a proper situation analysis, the

Definition of Primary Health Care (PHC)

Primary Health Care is essential care based on practical, scientifically sound and socially acceptable methods and technology. It is made universally accessible to individuals and families in the community and their full participation. The cost of PHC should be what the community and country can afford to maintain at every stage of their development. PHC should build on the spirit of self-reliance and determination.

Primary Health Care (PHC) consists of the following elements:

Education
Local disese control
Expanded Programme of Immunisation
Maternal and child health programmes, including family planning
Essential drugs
Nutrition
Treatment and prevention of common diseases
Safe water and sanitation

The PHC forms an integral part of both the country's health system, of which it is the central function and the main focus is on the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system. PHC brings health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

[65] Green A. (1992).

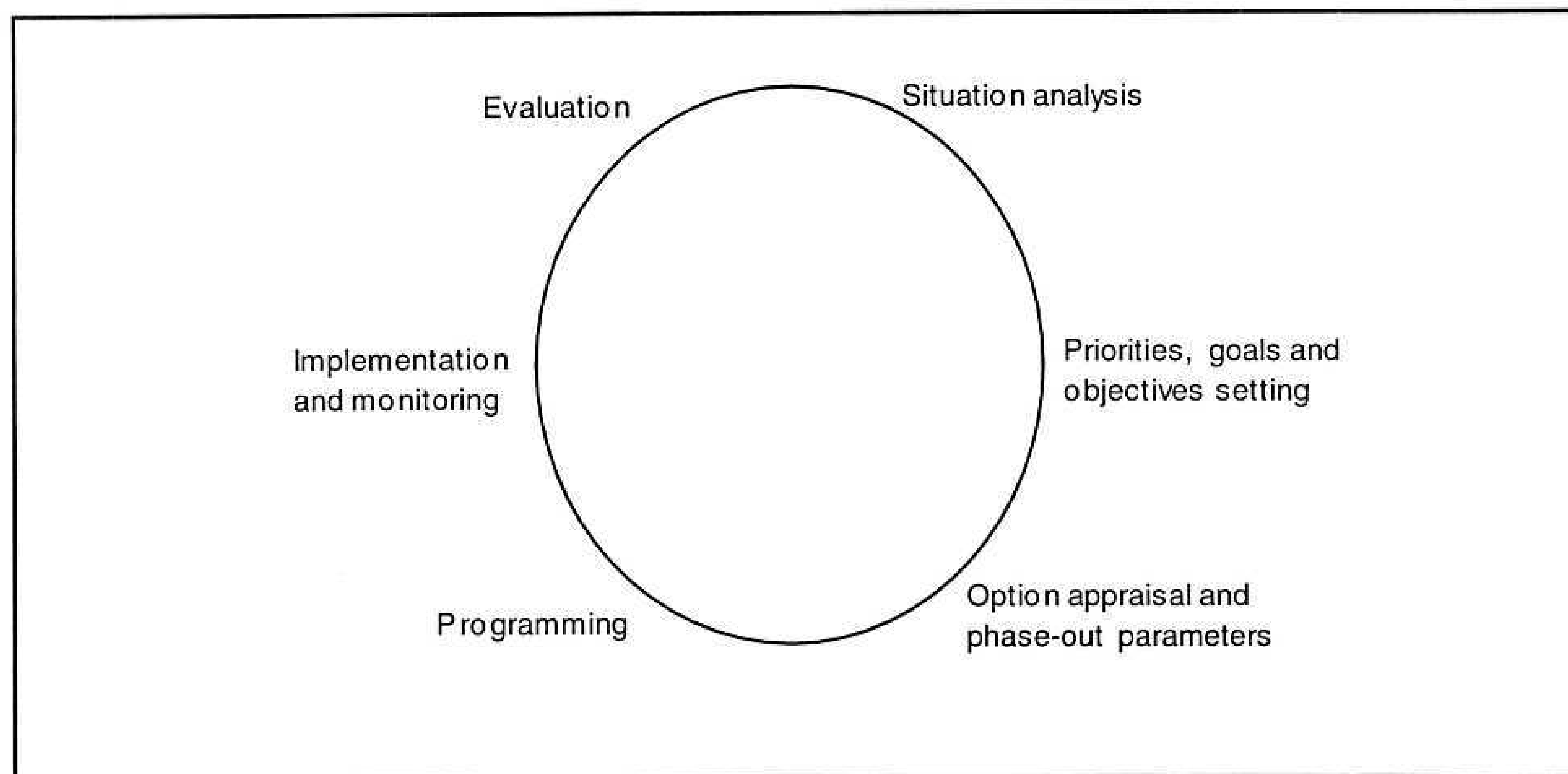

Fig. 6.1. The Planning Circle
Adapted from Green, 1992 and modified. Phase-out has been included as an additional element to option appraisal.

setting of priorities, goals and objectives, option appraisal and establishment of phase-out parameters, programming, implementation, monitoring and evaluation.

6.3.1 Situation analyses

The initial assessment needs to be both rapid and comprehensive and should lead to decision about intervention. Methods need to be simple and provide reliable information for quick decision on whether to intervene or not, and, if needed, the type and extent of intervention to be proposed. The assessment may also yield useful information which can be passed on to donors and the international community.

A first priority will be to identify the scale of the problem. The data collected should cover the geo-political context, a description of the population, the characteristics of the environment, major health problems, nutritional status, the epidemiology of the area (and area of origin, if migration) in order to determine major health and nutritional needs. The assessment also needs to include available resources and health structures in the affected area/host country and the population itself. Problems, which are likely to arise as result of risk factors, should also be taken into consideration.

The first rapid assessment should be made within a few days. Rapid participatory appraisal approaches for health mapping may be useful, but so far little experience has been gained in this field in emergency situations. In a second phase quantitative and qualitative data can be collected in order to make proper programme planning possible. For assessing the severity of an emergency, the crude mortality rate is often considered the best indicator.

Crude mortality rate (CMR) reflects the health status of emergency-affected populations. However, there are many problems estimating mortality under emergency conditions including poorly representative population surveys, failure of families to report all deaths for fear of loosing food rations, lack of standard reporting procedures etc.

A note of caution is needed in relation to mortality as an indicator. This is a very late indicator of human distress (as is also the case with nutritional indicators), and it is of equal importance to monitor the situation (e.g. morbidity, risk of epidemic outbreaks, existing food reserves) in order to look at factors which eventually may be reflected in worsening of mortality statistics.

Crude Mortality Rate (CMR) can be used (mortality/day/10.000 people) as an indicator on severity of emergency:

In the emergency phase the CMR is > 1.
In the post-emergency phase the mortality returns to < 1.[66]

6.3.2 Priority, goal and objective setting

Having established the needs of the affected population, a decision on whether to intervene or not should be made. That decision depends on both the extent of coping mechanisms present among those afflicted, available local resources (material, financial and human) and the presence of local or regional NGOs that might cope with the situation.

Once the decision to intervene is taken, priorities need to be established and goals and objectives set according to the previously made needs assessment and resources available.

6.3.3 Option appraisal and phase-out parameters

Within the established priorities and goals, the various options for a reasonable strategy are examined and the parameters for a future phasing out are set. Important aspects of primary health care need to be taken into account, in particular where in the PHC framework the focus should be directed. This is to a large extent country specific and depends on the capacity of existing health services and presenting health problems. A clear policy for each intervention should be stated as to whether or not it is based on time, budget or human resources constraints, i.e. a temporary intervention or whether the final aim is a sustainable end product.

6.3.4 Programming

On the background of needs and outline of possible solutions, a plan for action should be established, involving immediate objectives, long term objectives, and projected results. Intervention by an NGO in any country or area should always be to fill a gap created either by a crisis or chronic lack of local resources. The interventions should as far as possible be in line with the plans and objectives of the central and local governments in the affected country.

6.3.5 Implementation and monitoring

No intervention can be expected to be successful without the continuous input of local health expertise and therefore institutions and organisations on local, regional and national levels should be linked to the activities. This will also strengthen development of regional competence and capacity. The planning and administration of existing and needed human resources can be derived from proper outlines of responsibilities and job descriptions. Careful monitoring of activities will provide information for evaluation and possible adjustment of strategy and plans along the way.

6.4 HEALTH CARE INTERVENTIONS IN COMPLEX EMERGENCIES

Focus on PHC

The main elements of a health care system in complex emergencies, when resources are overstretched, should be preventive health care, basic curative care, monitoring and surveillance. Emphasis should be on health promotion, prevention and communicable disease control through improvements of environmental health, ensuring and monitoring food availability, providing adequate shelter and appropriate clinical management of acute conditions. This will require a system of community health workers and traditional birth attendants at grass root level, health posts or clinics (temporary structures may be added if influx is large) and health centres with a few beds for emergencies (maternal cases, rehydration therapy) at the community level and a referral system for people in need of secondary care at the district hospital level.

Primary Health Care activities will in a refugee population need to be established both by introducing initial outside resources and by gradually activating the potential within the population itself.

An emergency situation does not occur in a vacuum. There was always a pre-emergency situation during which the population had access to a more or less functioning health care system, both a traditional system and the modern health care the government had endeavoured

[66] Hakewill PA, Moren A. monitoring and evaluation of relief programmes. *Trop. doct.* 1991; 21 (suppl 1): pp 24–28.

to build up. Within a refugee or internally displaced population there will thus always be health care providors, who, having survivied the first crises will be both able and willing to function within the new situation, given the right kind of support. There is also going to be a post emergency phase when the health system needs to be rebuilt and it should resemble or exceed the functioning of the pre-emergency system. These are both factors that should be considered and have a bearing on the health care provision and other health related interventions during the emergency.

The functioning of a first referral level institution (health centre or hospital) gives credibility to the lower level health care providers and is of vital importance for a functioning PHC system. PHC therefore also includes the referral system as the contact point between the lower levels and the district hospital level.

Referral hospitals

During emergencies there are health needs in the population that cannot be met at the grass root or community level such as high-risk pregnancies, severe burns, surgery for mine-injuries or gunshot wounds and treatment of cerebral malaria. In addition there will also be a need for diagnosing communicable diseases and epidemics. Such health needs must be referred to hospitals where diagnostic and treatment facilities are available and more complicated care for patients can be carried out. At times, when distance to hospitals are long or the system has collapsed, it might be necessary to establish referral systems (i.e. temporary hospital facilities) closer to the site of the emergency, as mentioned above. This issue is also dealt with in one of the case stories (Bukuva case, Zaire chapter 9.4).

The crucial decision concerns what should be done if the secondary health care level is non-functioning or non-existing. The quick way to bring in medical relief is through bringing in a field hospital with equipment and staff. This may be needed in some situations, especially if acute and massive war surgery is needed. However, it should be weighed against the possibilities of filling the needs for secondary medical care by strengthening or complementing an existing local hospital in the host district. By putting up temporary housing and adding staff for the increased patient load stemming from the refugee population, tensions of competition between a field hospital and often a poorer functioning district hospital would be eliminated and the host population would not feel that the refugees are getting better care than they are.

In addition, the staff of the district hospital could by working side by side with the staff brought in from the outside be trained in new skills. Both they and staff brought in from the refugee population might benefit more than if a field hospital is brought in for the acute stage and then withdrawn, leaving a vacuum. When it is deemed necessary to bring in a field hospital, it should be established in close cooperation with the local District Hospital and district health authorities if they still exist.

6.5 THE GENDER DIMENSION

The gender dimension is central in all relief work. Emphasis on strenghteing of women's social and economic position is a primary objective. This can be achieved through involvement of women in all relief work. The basic curative care should emphasise the special needs of women and children with Mother and Child Health clinics and referral systems for complicated deliveries and severely sick children.

6.6 COORDINATION AND COOPERATION IN EMERGENCY HEALTH SERVICES

Coordination and cooperation with other health providers is always vital to achieve optimal benefit for the users. This would in emergency situations with scarce resources include identification of traditional health providers and establishment of relevant cooperation through offering training and referral facilities. Where several NGOs are working agreement of standard payment of staff, clear referral systems, standard equipment, essential drug lists and standard treatment protocols should be agreed upon between agencies and the health authorities.

Clear lines for coordination between local and national health structures other government agencies and affected communities and regular coordination meetings should be established to save precious time and resources.

6.7 MONITORING AND EVALUATION

One of the main objectives with monitoring and evaluation is to contribute to enable appropriate decision making and adjustment of plans. There are different types of assessing preformance, such as ongoing monitoring, internal reviews or external evaluations. When carrying out

an evaluation there must be a clear goal and purpose and the evaluation should be related to factors such as resources (human, economic), time, availability of base line data, short and long-term objectives and pre-determined indicators for success of the project. The gender aspect and degree of participation must always be in focus.

7 Nutrition with Special Focus on Assessment and Intervention

In this chapter the nutritional aspects of an emergency situation are discussed and some important concepts explained and expanded on. In the area of nutrition the crucial issue is to determine when it is necessary or timely to intervene. Monitoring of how and when traditional coping mechanisms are being applied may give important clues as will also conducting nutritional surveys. Bringing in food items that resemble the local products have also proved to be vital as is the importance of management of manifest malnutrition. These and a number of relevant issues have been expanded on in this chapter.[67]

7.1 ASSESSMENT OF FOOD SECURITY AND THE NUTRITIONAL SITUATION – AN OVERVIEW

The assessment of the nutritional situation should be based on an exercise where matters related to food security, dietary, anthropometric,[68] health and psycho-social factors are taken into consideration. A special focus should be on existing coping strategies in relation to food shortage and the time perspective. This overview mainly focuses on the rural population.

The term malnutrition includes lack of one or more of the following nutrients: protein, energy-food and micronutrients (e.g. minerals and vitamins).

The following parameters for food safety and the nutritional situation are suggested:

Food security

Some impression on the availability of food should be gained at household level, community level and in the region. Regional supplies and markets may be important when mobilising food for food assistance, while food in the home says something about family food security. Food may be available, but not accessible due to increasing poverty or loss of livelihood after fleeing.

Some issues when examining food security are:

- Food supply in homes
- Evidence of food preparation at meal times (e.g. smoke from fireplaces)
- The market situation: supply and prices (recent changes)
- Crop assessment, agricultural outlook – harvest periods
- Food storage possibilities, traditional ways of storing or preserving food
- Breast feeding (breast milk is still one of the worlds most important source of protein)
- Livestock (prices, state of and what happens to them)
- External interventions at work, e.g.: – the role and food supply of government – the role and food supply of NGOs, UN system and donors
- Normal seasonal variation in food supply
- Outlook in relation to these factors

Dietary

Use of local products is the best way of assisting people with food aid because they are used to the taste and know how to best prepare the raw material. Starving people are not necessary prepared to eat anything, especially if there are food taboos. It is often forgotten that low calorie intake is associated with sickness and nausea when appetite is often reduced, especially among children. Introducing unusual food in such a situation should, if at all possible, be avoided.

The food basket, i.e. the different ingridients of the food intake (be it local or imported) should contain the necessary calories and nutrients. Medical personnel in particular should analyse the food basket for deficiencies. If supplements are needed, possible local solutions should be the first option, keeping in mind taste and palatability.

The following should be examined:

- The local normal food basket
- Changes in feeding habits as a result of recent food shortage
- Imported food[69]– culturally appropriate, nutritional values, side-effects (e.g. milk powder)

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[67] Pål Jareg has been the main contributor to this chapter. A number of the issues were discussed in a the health and nutrition group in workshop 2 – see annex 1 for participants. Gerd Holmboe Ottesen has contributed with extra material on nutrition which is being further utilised in the resource book.

[68] From anthropometry: The measurement of physical types in different populations. Refers here to the measurement of weight & height of children and comparison of these with international standards.

[69] A consultant report exists (written in Norwegian) where the appropriateness of different imported foods are assessed: Holm H. Holmboe-Ottesen G.: *Ernæringsmessig vurdering av enkelte matavarer som kan benyttes i norsk matvarehjelp.* University of Oslo, November 1994.

- Nutritional values of food – variation in different population groups
- Need for water and firewood when preparing, and time for preparation

Anthropometric measures

The measurement of weight and height and comparing these with international standards is a direct way of assessing the nutritional status of a group of people. Standards for children 65 cm–110 cm (approximately 6 months – 5 years) are readily available. This group is most sensitive to nutritional crisis, and assistance is at times directed towards this group first, when little food is available from relief agencies or government. Measurements among adults is a less reliable guide, as normal variation in this group is larger.

The following knowledge is important:

- Normal variation
- «Normal» levels of malnutrition and seasonal variation (clinic records) in the area
- Changes in records recently
- Survey results rate of wasting and nutritional oedema among children (see «surveys»)
- Malnutrition among adults, usually not examined in detail
- Indication for doing surveys (weight for height) and interpretation of survey results (7.4)

Health as related to nutritional status

An equally important determinant for the nutritional status, especially among smaller children, is their health situation. An important cause of malnutrition is diarrhoeal disease which often is an extra risk during complex emergency because of often poor quality of drinking water. Malnutrition also lowers the effectiveness of the immune system and predisposes for further infection thus setting up a vicious cycle of events. Another major killer of malnourished children is measles.

Psycho – social – culture

The third determinant of nutrition in childhood (in addition to food intake and health) is issues related to care and other psycho-social aspects of the child's well being. This also warrants attention in a nutritional assessment. Malnutrition may lead to poor appetite and passivity and pseudo-retardation among children. Direct nutritional impact on the physiology and growth of the brain may occur in severe malnutrition. Factors favouring attachment and stimulation should be looked for and linked to appropriate action. Especially in camp situation, this dimension of nutrition may be improved upon by fairly simple means.

Under this heading, other factors affecting nutrition may also be grouped, such as difference of access to food by different groups and a range of issues linked to food and culture/religion.

The following will need attention:

- Population most at risk of malnutrition
- Status of breast feeding
- Feeding patterns in families
- Community cohesiveness/breakdown
- Time and ability of caregivers to care for children
- Entitlement
- Migration pattern if any
- Selling of commodities. If «yes», which?

Summing up of the assessment

An adaptation of the format in this overview might be used for presentation of the assessment. A statement on the degree of seriousness of the situation is part of such an assessment with a presentation of a plan for appropriate action or lack of action.

7.2 COPING MECHANISMS AT WORK

Coping strategies during food shortage is reflected in ways individual, families and communities react to the event in order to overcome seasonal/chronic food scarcity or an impeding nutritional crisis. Awareness of such factors is important for making the right response so traditional ways of coping are not undermined. This again underlines the importance of working with communities when planning for intervention.

As coping patterns reflect cultural and socio-economic strategies adopted for survival, they may act as early warning signs to be used for assessment purpose.

Some coping strategies (e.g. focusing on the needs of the bread winners) are not necessarily beneficial for children or other vulnerable and «dispensable» groups. In such a circumstances, the humanitarian response by NGOs may take precedence to traditional ways of coping. Coping strategies are also dealt with in 4.3.1.

Here are some important parameters to look for:

- Migration or sending family members (often children) away to relatives
- Selling of commodities or cattle
- Reducing number of meals
- Eating «wild» fruits, vegetables, roots
- Hunting
- Slaughtering of domestic animals
- Give feeding priority to members of the family important for keeping up livelihood

7.3 EARLY WARNING – INTERPRETATION OF RESULTS

Anthropometric surveys should not be used in isolation as a guide to assessment or intervention in situation of food shortage.[70]

This is because decline in nutritional status is often a late indicator for food shortage and the survey results may also lead to wrong conclusions on the severity of the situation (7.4). Other early warning indicators may be reflected in socio-economical indicators such as rate of migration, changes in market prices of food, and selling of assets.

There is no standard way of interpreting all these results, but the more (reliable) information which has been gathered, the better the assessment. Broad knowledge of the task environment is of special importance for the total assessment, and the opinion of the population at risk should of course always be sought.

It is better to spend some time to ensure enough data for making an informed decision rather than rushing into a food aid programme with a wrong design and an inappropriate use of resources. A balance will also here need to be struck between speed and timeliness.

7.4 INTERPRETATION OF NUTRITIONAL SURVEY RESULTS

The most reliable measures for acute malnutrition in a population is through the indicator weight for height as defined by diviation from the mean weights for different height. The diviation is either expressed as Z score (statistical parameter) or as those being below a certain cut off point (percentile) or through mean weight/height in that population (of children 0–5 years).

Nutritional survey might be difficult to interpret. Unexpectant «good results» can at times be explained by severely malnourished children having died or they, together with their families, can have migrated out of the area. If the survey is not done from door-to-door, sick children who are too weak to walk, may not be taken out of the dwellings to be measured and weighed. In some communities, children are favoured in periods of shortage; adults may then be severely malnourished while the nutritional status among children remains fair (e.g. among the Hamar population in southern Ethiopia).

Poor results may not always be a result of food shortage, but may reflect recent epidemics, notably of diarrhoeal disease. Hard work e.g. by caregivers in periods of scarcity and water shortage, may also result in poor nutritional status of smaller children through lack of time for care and feeding.

Survey results should be disaggregated for sex as boys can be more favoured than girls; discrepancies will need to be considere in feeding programmes, and ways of overcoming them.

A nutritional survey properly conducted will provide valuable information which might be used as one of the set of data for decision on action. It might also be used as a way of monitoring intervention (e.g. by repeating surveys every 3 months) or for advocacy purposes.

Certain situations will not warrant a survey:

1. The needs may be obvious and one will not waste time by surveys.
2. The team is not competent to conduct or interpret a survey. Unreliable results are worse than no results and people's time would also have been wasted.
3. In complex emergencies the risks involved in going out in the field might be too high.
4. Is nutritional survey the only option? In some circumstances clinic records might be used if most children come there regularly.
5. It is not possible to access the most needy population? Again, this might be a pertinent question in complex emergencies.

[70] Shoham J. «Does nutritional surveillance have a role to play in early warning of food crisis and in the management of relief operation?» Disaster, 11 April 1987 pp 282–285. London.

7.5 RECOGNITION OF FAMINE

A distinction should be made between some degree of hunger (e.g. seasonal) linked to poverty and seasonal variations in crops – and famine. In the latter there is often a breakdown of community spirit and values, virtually no food available, and increasing level of malnutrition, morbidity and mortality. The last stage is often mass migration resulting in spontaneous establishment of large camps with high risk of infection and high mortality rate. Famines often take 3–4 months to develop and can be prevented by appropriate intervention. A special effort should be made to avoid mass migration. Initiatives which might promote migration (e.g. establishment of feeding sites far away) should be avoided. Famine usually develop as a result of a combination of armed conflicts and crop failure. The course of events is usually as follows:

1. Change of behaviour to cope with hard times (rationing of food, sale of excess cattle).
2. Sale of capital and income earning assets (e.g. agricultural tools), which means future prospects are damaged.
3. Breakdown of established life patterns leading to destitution (distress migrations, reliance on aid).
4. Starvation and death – famine.

7.6 NUTRITIONAL INTERVENTION

There are two major reasons for health and nutritional intervention:
1. To save life and reduce suffering.
2. To prevent loss of livelihood (e.g. selling of agricultural tools or migration).

Modes of nutritional intervention

There are four different modes of intervention related to supplying people with food: general full ration food distribution, blanket supplementary feeding (distributed to all members of vulnerable groups), targeted supplementary feeding (e.g. to those that are already malnourished) and therapeutic feeding (to those who are severely malnourished). The last approach implies careful nutritional rehabilitation and medical care with health personnel.

A combination of different interventions may be contemplated, e.g. supplementary feeding for malnourished children and family take-home rations.

When to intervene

There is no agreed level of malnutrition when intervention should start, and much is dependent on the context. If people have fled from their homes and have established a spontaneous camp, some intervention is usually needed straight away to prevent starvation even if people are well nourished. On the other extreme, intervention may not be needed even when people may be quite severely malnourished, if they have not migrated and a good harvest is expected before a system of nutritional rehabilitation can be established.

The level of malnutrition among children 0–5 years may be used as a guide to intervention. Usually a supplementary feeding programme targeted for that age group is not of much help as an isolated intervention. If the ration is taken home and there is a shortage there as well, the food is often shared and have minimum effect. The benefit of taking a child to a feeding site for «wet feeding» must be weighed against the energy spent by the child and caregiver to come to the site, and the opportunity cost for those accompanying (whose time might have been better used getting hold of some food). So, if there is a need for targeted supplementary feeding, often it is also a need for extra food for other members of the family.

The following groups need special attention:
- *Supplementary feeding programmes for seriously malnourished children and other groups such as lactating and pregnant women*
- *Therapeutic or Intensive feeding programmes for critically ill or severely malnourished groups*

The place for General food distribution, Food For Work (FFW), Cash For Work (CFW) and Cash For Food (CFW)

If a general feeding programme has been decided upon, it should be considered how the food distribution should be conducted. In poor rural communities with little reserves, all families often need something, and additional food supply might be considered for malnourished children, pregnant and lactating women and destitutes. The old are often forgotten.

In complex emergencies with breakdown of community cohesiveness and with internal and external refugees, community based programmes such as FFW and CFW are often difficult to conduct. FFW also requires much

manpower and organisation to get off the ground. Sometimes such intervention may threaten public works programmes that are carried out through community participation in periods when people are better off, and which often is not paid for.

Cash for food (i.e. distributing cash!) has been tried sometimes, even in warlike situations.[71] This may be the most cost-effective method for distribution. When well conducted, local markets in the neighbourhood are stimulated and strange food is not brought in. The time before food reaches those in need, is also much shorter than when importing food.

Dietary standards and requirement

In the last 40 years, there has been controversy related to the dietary needs of children and adults. Generally, the need for proteins seem to have been overemphasised and the need for calories, underestimated. In the latter 10 years or so there has been an increasing focus on micronutrient, especially iron, zinc and vitamin A , C and D.

Full dietary requirement is to day estimated to be a minimum daily ration of 2100 kcalories of which 10 % are protein and 20 % fat. The range is 1900 kcal (World Food Programme) to 2400 kcal (ICRC).

The food basket

Emphasis in food assistance should be on supporting a diet similar to the local one. People can then use their knowledge related to storage and cooking and the taste is acceptable. It also avoids introduction of new foods which potentially might be harmful (such as introducing powdered milk which over time may replace breast feeding). It is a growing recognition that most local diets contain enough protein, and it is often not a need to import protein fortified food. Although there can be a food shortage in the local community, it might be possible to buy from markets not far away, or in the region.

If people are not on the move and stay near their dwelling, there is usually some food at home, in which case, a full ration will not be needed. The ration in such circumstances will wary according to the local assessment.

[71] e.g. by Redd Barna in Tigray, Ethiopia in 1993 when cash was distributed to communities with food deficit and little food. First, it was ensured that markets could be mobilised to the villages (once a promise of cash among people was made from a certain day).

If imported food has to be used, it is important to ensure that it contains enough micro-nutrient. Supplement of food rich in necessary micronutrients should ideally be bought locally.

Management of the severely malnourished child

Severe malnutrition (wt/ht > 70 % and/or bilateral oedema) among children 0–5 years, carries a high mortality risk. It should be recognised that these children, especially if they also have infections, during normal circumstances would have been hospitalised receiving intensive care.

The agencies may establish a rehabilitation and treatment centre for these children with trained medical personnel and special equipment (e.g. intravenous fluid). The children will need measles immunisation on reception to the centre. Special risks are related to too fast intake of nutrients and low temperature exposure. Written material should be at hand on the management of the severely sick, malnourished child. The WHO/UNICEF guidelines for management of the sick child should be studied and used.

If there is an epidemic in the area (e.g. of diarrhoeal disease), establishment of such centres should be deferred until the epidemic is controlled. If trained medical personnel with knowledge on management of such centres or appropriate resources are not available, such facilities should not be established. If it is a danger that such a treatment centre will cause an influx of many people overwhelming the capacity of local institutions and NGOs. Opening of therapeutic centres should therefore never be a decision which is taken lightly.

The role of the health service

Famine constitutes a medical emergency, often of enormous dimension. The ultimate cause of death is usually an infection, either related to an epidemic or to endemic conditions. Treatment should therefore, in addition to nutritional rehabilitation, be directed towards prevention and treatment of local diseases.

The local health service personnell usually has good knowledge on prevention and treatment of locally occurring diseases and should from the onset be involved in the emergency, ideally taking the lead. The work of the local health system was discussed in the previous chapter.

This paper does not cover nutrition management in established camps; different hand books exist on this topic.

Promoting breast feeding and weaning habits

In many countries affected by complex emergencies, the fertility is high and a fair proportion of children is often breast feeding. During periods of insecurity, often accompanied by unhygienic conditions, it is special important that breast feeding be continued. If breast feeding has recently been stopped, e.g. as a consequence of brief separation, relactation should be encouraged, and the use of drugs for this purpose should be considered. Exclusive breast feeding for the first 5–6 months should be encouraged. Lactating mothers will need extra food rations and fluid.

Principles related to imported solutions

Food import should only be considered when food in sufficient quantities is not available locally. It is important to find out if lack of intake is due to absolute shortage or to the items not being affordable to the local population (in which case food subsidies might be considered).

Import of food in bulk should if at all possible be of the type people are used to.

Protein and energy enriched food (e.g. the high energy biscuit BP-5) should only be considered in special circumstances (e.g. during fast migration of many people) and not as a long time supplement in a stable camp situation.

Psycho-social consideration

The child's need for adequate care as a determinant of its nutritional status, has long been underestimated. Deprived children often have poor appetite and may be wasted. Their immune system is often affected and they are then more prone to infections.

In complex emergencies, the mother or other caretakers are usually under severe stress, and their ability to provide care with adequate interaction may be severely affected. Staff working with nutritional rehabilitation should be aware of this problem and provide support for the caretaker to the extent possible during an emergency. The child must also be given opportunity for play once the situation has stabilised.

Adjusting activities in accordance with monitoring

At all times during an emergency, the change in circumstances should be monitored and when necessary, responded to. Too much support may be as harmful as too little. Both may prevent people from returning to their home or destroy local ways of coping.

8 The role of NGOs and Media in Protection and Advocacy in Complex Emergencies

In complex emeregencies, NGOs will inevitably become witnesses, human rights violations. As humanitarian agencies, they have a mandate to speak up for the oppressed. However, advocacy in these situations may geopardise their presence or freedom to function as a relief agency. This conflict and other human rights issues are discussed in this chapter. In addition, the relationship between the the press and NGOs is discussed – acknowledging that the agenda of NGOs and the media are basically different. Some of the issues that have been dealth with earlier in this report, have had the reference to chapter and section added in brackets.[72]

8.1 *INTRODUCTION*

NGOs involved in complex emergencies will inevitably be drawn into issues related to protection and the human rights of the population at risk. This may in itself involve difficult considerations for the NGO such as what kind of compromises one should be prepared to make in order to have access to the people in need of assistance. Other issues are related to the expected role of NGOs in advocacy on behalf of the populations. Finally, media is an entity that may have an effect on the course of events, either on its own or through cooperation and collaboration with relief organisations in the affected area. In this chapter we have tried to describe the various issues and quote some reflections made by Norwegian relief workers on what are good practices in the field of advocacy and interaction with the media.

8.2 *PROTECTION*

When people seek refuge from various kinds of violence, they not only need to have their basic physical needs met, but they are also in need of protection. UNHCR is assigned the responsibility of protecting refugees, and to some extent also internally displaced people. However, there are situations when UNHCR is not present or may not be able to interfere. It is believed that the presence of NGOs in an area or a region as witnesses can, in those situations, be effective in limiting atrocities such as executions, forced detention or sexual violence. There are, however, no legal instruments based in International Human Law for NGOs intervention in such cases, but a range of activities and tools can still be utilised. The exception is ICRC, which has mandate and authority to intervene to protect certain categories of disaster victims, although care should be taken not to have those categories singled out and unnecessarily exposed.

NGOs should report any observed atrocities, or fear that atrocities have been committed, to the UNHCR or UNHCHR (Commissioner for Human Rights). NGOs can also, through appropriate internal reporting to headquarter, mobilise international attention and different kinds of pressure on the involved parties. Bringing media attention to human rights violations can be effective when done in the right way and in the interest of the affected population.

Experience has also shown that it is important not to forget or overlook the needs of the local or host populations with regard to nutrition, health and education programmes in humanitarian assistance. International organisations paying higher wages may also be detrimental to the local institutions by draining local and national expertise. The mere presense of international NGOs may create unintended conflicts among the local population, or have a detrimental influence on their economy, culture and networks.[73] The results of neglect in these areas will increase the vulnerability of local people with adverse effects on their protection.

8.2.1 Protection of women, youth and children

Women, youth and children are often the victims of assault and exploitation in various ways. Protection of the body, the mind and the future potential of these groups then becomes an issue that should penetrate every aspect of emergency assistance. Each specific situation needs to be analysed and plans made accordingly, especially considering whether routine systems and structures are adequate to respond to special needs and vulnerable groups.

The Graca Machel UN study on the impact of armed conflict on children (chapter 5) focuses on these areas and presents a series of recommendations for follow-up by the

[72] Prepared by Eldrid K. Midttun (group leader of group 2), Richard Skretteberg, Ragna Vikøren, Norwegian Refugee Council and Bernt Apeland, Norwegian Red Cross. Also in workshop 2: Øystein Tveter, DiS, Lars Grønseth, Redd Barna, Unni Teksum Kristoffersen, Norwegian Red Cross.

[73] Reference to Mary Anderson's «Do no harm».

international community. Some of them can be summarised as follows:

- Protection can take place in camps and settlements as well as in villages and urban areas. The physical environment needs to be designed with security as a basic condition and potential weaknesses identified (5.5.2). Establishment of human support structures and networks is also important. Enough personnel should be assigned to supervision in risky areas and gender awareness should be promoted among both personnel and refugees.
- In the wake of actual protection there needs to be a focus on acitivities that relieve trauma and provide a kind of normality. This includes both work, recreation and learning of skills for mastering the actual situation as well as the future. There will always be a need for both a broad activity base and individual expert treatment. Some organisations feel better qualified to undertake the first and leave the latter to others who possess or can recruit the needed expertise (chapter 5).
- Minimum standards for treatment of children should be established, especially in wartime situations.

The «Sphere Project – minimum humanitarian standards in core areas of humanitarian relief» was launched in July 1998. It is a one year project, involving front line NGOs and the Red Cross and Red Crescent Movement, interested donors and UN agencies. The project derives its standards from a charter of humanitarian rights – drawn from existing international law and relevant to all with a legitimate claim to assistance in disaster situations.

As to the conduct of the NGO staff, each organisation needs to have a «Code of conduct» in order to avoid a situation when the «protectors» unintendedly exploit and violate the rights and security of the affected group. In addition, the planning of humanitarian assistance needs to go beyond the helping stage to the enabling stage, since only helping is a poor protection.

8.2.2 Use of arms for protection in relief work

For the sake of preserving their integrity, humanitarian relief providers including NGOs need to avoid using arms at any cost. The need to stay neutral in conflicts is another reason for refraining from use of arms – except in very exceptional circumstances when the protection of relief supplies and staff or target groups is seriously at stake.

In an armed conflict, the various groups will regard being recipients of humanitarian relief an important element of support to their own followers. If they are not receiving humanitarian relief themselves, they are therefore also likely to prevent that other groups are benefiting from it. When groups not involved in the actual conflict are brought in to protect the relief operation or the relief workers, whether UN or other «protection forces», a new armed element is added to the conflict.

UN agencies, the ICRC and some NGOs have very strict rules regarding use of armed protection during humanitarian relief operations. When the option is reaching the target group with vital survival goods or not, reality has, however, provoked changes. This happened in the former Yugoslavia and in several of the African conflict areas. The debate has not been resolved among many NGOs on this issue, and a better analysis is needed as to consequences of principles laid down. For such purpose, there are many lessons learnt from the broad range of experiences in the last five years in the Balkan and other conflicts.

8.2.3 The role of NGOs in forceful repatriation

It is important for organisations (all of their staff) to be well informed on existing conventions and other international instruments in order to deal with the situation of forceful repatriation. Dialogue with authorities and cooperation with, for instance, UNHCR has been seen as an imperative. Co-operation with both the international community and the target population is seen as absolutely necessary in situations of forced repatriation. The same applies when the borders are closed for refugees in the first country of asylum seeking.

8.3 ADVOCACY

The term «advocacy» mainly refers to an effort to speak or act on behalf of someone unable to speak or act on his or her own. The term is also often used in a more general sense of promoting rights of individuals or groups. Awareness raising in relation to the public is not seen as advocacy in the right sense of the word. However, the two can be closely linked, as in the case of banning of land mines, where direct advocacy was accompanied by a public awareness campaign, aimed at changing attitudes of the public and politicians.

It should always be a concern for NGOs working in war afflicted areas to identify specific areas for advocacy of human rights in general and on behalf of specific groups. There should be close cooperation and involvement with persons in need of support and protection. Sharing of burdens and coordination of advocacy related activities between organisations, could also be necessary. Knowledge and implementation of existing guidelines and available human rights instruments is also important, as is also the channelling of knowledge of such guidelines and instruments to the «target groups». This can be done in the form of popularised, exemplified and accessible information materials.

Advocacy on behalf of the target population may be a dilemma if continued presence and/or lives of staff is at stake. A balance has to be struck between the security of the NGO staff members and the impact that international pressure or advocacy programmes can have towards achieving protection of the refugees. The benefits of being able to carry out a dialogue with high powered people versus benefits of denunciation of their acts and violations of human rights should also be weighed against each other.

There is also a conflict between the role of NGOs offering humanitarian assistance and their role in the protection of human rights – especially when linked to complex emergencies. How much human rights violations should NGOs tolerate in order to have access to the areas and groups of people in need of assistance? Can for example tolerating that children are in prison (like in Rwanda) be acceptable in exchange for access to giving life saving assistance to other children and adults? Where should NGOs draw a line without compromising organisational integrity? A suggestion has been that NGOs could agree among themselves that one of them will «speak up» and take the risk of being denied the right to work in the country. In this way international attention could be achieved and the other NGOs can maintain humanitarian assistance.[74]

8.4 MEDIA AND NGOs DURING COMPLEX EMERGECIES

Medias presence and activities in an emergency are related to an urgency to provide information to the outside world about the emergency itself (its background and present status) as well as a mandate to follow and describe the work of national and international agenicies attempts to combat the emergency. A high level of professionalism is required to avoid that a conflict is widened because of misinformation in media. Inexperienced journalists, whose priority may be to produce the best-selling article or picture may pose a problem. Good, serious journalists can, however, contribute greatly to the exposure of an emergency situation in a wider context and alert the public and international community – as happened through BBC in relation to Ethiopia in 1974 and 1984.

NGOs usually cannot control the way media portray a situation, although they sometimes can impose limitations on access. An overall understanding is that NGOs have an obligation to inform media and the public. NGOs therefore need to be well informed about the background and root causes in a current situation to prevent that a conflict is escalated because of unbalanced reports or misinformation.

A good relationship between media professionals and the NGOs working with emergency relief work, is normally conducive to a good media coverage that is helpful both to the target population and the work of the NGOs. The experience of Norwegian emergency assistance organisations may vary, but the overall relationship with media is good, both during and between relief operations.[75]

8.4.1 Conflicting interests

NGO contact with media can, however, in the situation of complex emergencies, be a delicate issue. On the one hand media is needed for bringing the emergency to the attention of the international community, which of course is vital for fund raising and in some cases also for advocacy. On the other hand, the interests of media and the NGOs may conflict and make relationship difficult.

For example, media's main interest may be related to issues that have a public appeal and increase sales figures. The way they portray a person or a situation may therefore not give a balanced picture of the crisis from the NGO's or the affected population's perspective. Some journalists may also represent a specific political point of

[74] Slim, 1997.

[75] The Red Cross gives daily attention to media. Redd Barna finds it sometimes difficult to get across their problems in a debate. The Norwegian Refugee Council have frequent and basically good contacts.

view that may not necessarily be relevant or desirable in the particular national operation. Media's involvement could in such cases even be detrimental to a unifying or healing process in a situation of conflict.

The NGOs' main interest will normally be to inform the public on what funds and other kinds of support are needed to turn the downward trend in a pre-emergency or acute emergency phase towards recovery and a positive development. They might also be more interested than media workers in demonstrating the resources and capabilities of the affected population – in spite of emergency and crisis – instead of portraying them as helpless victims.

In addition, the affected population and/or the various parties in a conflict may appeal to the international community through the press in order to get attention to their cause. Their interests may also be conflicting with the NGO's aims. In a local power struggle, the people at the grassroots may be at the mercy of the leaders of the fighting parties and left without a voice – unless someone takes on an advocacy role. In this context, media can be very useful to give a voice to the civilian population.

8.4.2 Ethical dilemmas in relation to media exposure

Not only are there situations where the interests of media and humanitarian organisations conflict. There are also situations in which NGOs for various reasons may act or react in ways that conflict with their basic principles and policies. In such situations when NGOs may struggle to maintain their integrity, the transparency and relationships with media may become ethical dilemmas. Should media be allowed insight and opportunity to expose the organisation or should the NGO, for the sake of being allowed to maintain lines of life saving communication or supplies, prevent insight while the organisation finds a way to handle the problems?

Another ethical issue is how the emergency situation and the people affected are portrayed by media. Is the image projected to the outside world in accordance with the preservation of the affected people's dignity and self worth?

Is the relief organisation appealing to the Norwegian public for funds through pictures and media coverage in such a way that victims of hunger, floods, massacres etc are unnecessarily exposed? This in particular refers to situations where the NGO is not able to follow up on the specific situation, but uses the exposure for fund raising for another cause. A related issue is if the importance of the work of the relief organisation is realistic or inflated?

There are also cases when, for instance, a newspaper focuses on a thematic issue, perhaps as part of an advocacy or information campaign, where the contributions of the NGO may be important. The stronger the message is, the greater is the responsibility for good handling of knowledge or visual proofs. The main dilemma is related to weighing the positive effects of responding to media requests for pictures and information that can be used for advocacy, against the needs for protection of groups and individuals.

Another dilemma of NGOs related to advocacy is the problem of defining what their role should be in attracting media attention to a disaster or a conflict, at the risk of being expelled from the conflict area, in order to put pressure on authorities or groups who terrorise the population? Is utilising relationships with persons in prominent positions to have them point to violations of human rights etc. a helpful course of action? Could coordination among aid agencies, as already suggested, provide a way to both be present and support the target groups and put pressure on authorities to stop oppression or violence?

8.4.3 Lessons learnt

It is always a good strategy to make an effort to maintain good relationships with well-respected media and journalists, to provide them with good photos and special opportunities and challenges.

> *«No-one should speak on behalf of anyone who is present.»*

It is always good to keep in mind a South African politician's appreciation and at the same time appropriate reminder: «You Norwegians give a lot, but you take a lot as well».

Many relief organisations have found that it may be beneficial to employ their own journalists instead of depending on outside or hired press and media contacts. However, the organisations need to examine their own media productions from time to time, asking some of the questions posed above. Media productions should be focused on the actual field situation rather than on portraying the

NGO in an «interagency competition». A willingness to forsake organisational exposure in order to achieve good results through effective cooperation, is needed on all sides.

9 Case Studies

In this chapter we shall present five of the eight case studies presented in the first workshop. They were the base material from which the themes and issues for this document were derived.

9.1 WORK WITH TRAUMATISED WOMEN IN BOSNIA AND HERZEGOVINA

Norwegian People's Aid has since 1994 through the Women's Project in Tuzla been working with traumatized women and children who, from time to time, were repeatedly exposed to new traumatic events. Psychotherapy proved useful not only in post traumatic situations, but also during the times of new traumatic experiences. Women learned how to recognise traumatic symptoms and how to cope more successfully. Beside psychotherapy, educational programs as well as occupational therapy turned out to be of great benefit to the women.

Background

During 1993 and part of 1994, Tuzla was an isolated city. Poverty and total blockade led to lack of basic conditions for survival. Food supplies were scarce except humanitarian aid for refugees, pensioners and children. The rest of the population was in a state of desperation, left to periodical aid from humanitarian organisations, thinking that the world would do nothing to prevent the ongoing war in Bosnia and Herzegovina. Fighting for survival became an everyday occurrence.

The Women's Project started as a response to the reports on sexual assault and violence against women in Tuzla. NPA decided to support a group of local professionals (physicians, psychiatrists, psychologists, pedagogues and social workers) who had already, on a voluntary basis, started to provide psychological help to displaced women from Srebrenica, Bratunac, Vlasenica and Zvornik. This group came to constitute the core of the therapists engaged in the psychological services at the NPA project, later the NPA Psychological Centre, Tuzla.

Psychological services started in February 1994. The team then consisted of a neuropsychiatrist, a clinical psychologist, a social worker and a psycho-pedagogue. The last couple of years the project has been in a process of transforming into a local organisation on cantonal level. The establishment of a Public Health Institution (PHI), The Psychological Centre Tuzla for Therapy, Counselling and Education was an agreement between the Government of Tuzla-Drina Canton, Ministry of Health and NPA. This is a Pilot project and the first of its kind in Bosnia and Herzegovina.

Target groups

The main target group was women and children who had been, and often still were, exposed to traumatic events. The Women's project decided to primarily address the psychological needs of displaced women and children. However, the center also decided to help local people who had lived under problematic conditions. This was originally proposed by the Mayor of Tuzla as an intervention to promote integration and reduce conflicts between the displaced population and local inhabitants.

Aid as food and clothes would not be distributed from the center. In the beginning, this decision was seemed a hindrance for success. In addition, psychological help was not popular due to a widely held opinion that a person who needs psychological assistance is not «normal» and hence cannot be a useful member of society.

Basic approaches and activities

The term Post Traumatic Stress Disorder (PTSD) was new to most of the volunteers. NPA organised training seminars in cooperation with UNICEF and during a four-year period, the 25 psychotherapists employed in The Psychological Centre, have been provided with high quality education on effects and treatment of war traumas.

After several seminars about PTSD, a group consisting of 14 psychotherapists started work in the centers. Group psychotherapy for 9–10 women and individual treatment for raped women and others that wanted it, was performed.

Therapy was performed once a week in sessions lasting one and a half hour for two to four months. All women were individually interviewed by psychotherapists at the center. The interviews established demography, traumatic experiences and losses and current symptoms of psychological distress. New groups started with a trial period of one month when there was relative freedom for both entering or leaving the group. After one month the group

worked in closed sessions with psychotherapists directing the group, helping the members to support each other but seldom giving direct advice.

All group members told their war stories and at the same time tried to get support from other group members. The psychotherapists, of whom most had been through traumatic events themselves, were at the same level as the clients and initiated the telling of traumatic stories, but also requested from all group members that they participate actively in solving their own and other's problems. The end of the session was devoted to relaxation exercises.

After completion of the psychotherapy, women were offered to attend occupational therapy as knitting, weaving, and crocheting. Courses in hairdressing, tailoring, languages, computing and literacy were also available. The local population mainly attended computer and language courses. Social evenings for both refugees and local women were organized once a month.

Positive results

A very good relationship was established between the women. They continued to meet after the therapy sessions had terminated. Attendance was high even during heavy shelling. The women stated that they felt more secure at the center than at the collective centers where they lived, although there was no shelter in the Center.

Occupational therapy increased the level of women's functioning. Many women increased the family income, informed each other about activities at the center, became better mothers to their children and were able to cope with problems more successfully. Experiences of fear and panic became less frequent as the women realized their reactions were normal in abnormal situations. Relationships between displaced persons and local inhabitants were improved.

In the group therapy sessons, older women and pre-war widows turned out to be a great support to younger women by sharing their earlier experiences.

Problems

Initially each group was to last for two to four months. However, since the women lived in a constant traumatic situation, it was decided to extend the treatment time to six months, once a week for two hours. After the first six months period, some women even continued therapy with sessions once a month for another six months.

The relationship between the women had to be considered before establishing a group. Previous disputes would be an inhibiting factor. Groups with several family members together did not function well.

A change of psychotherapist had a negative effect on the group. Involving two therapists for each group solved this by providing continuity. Clients were also moving. If they settled within the Tuzla region, the center tried to incorporate them when therapy started in new settlements.

Having suddenly become heads of their households was a problematic experience for many of the women. Taking care of the family had been their husband's responsibility before the war. Working with mothers and children together and joint educational programs was tried in order to solve this problem.

An ongoing problem was that women who were lacking information on missing family members were not very receptive to psychotherapy.

Lessons learned

- Crisis situations may change people's behavior and habits quickly.
- If the period between the psychological stress and the first meeting with a therapist is too long, additional psychological problems occur. This could be insomnia, headache, psychosomatic problems, neurosis, aggressive behavior towards children, feeling of hopelessness, and at the end depression.
- In order to achieve success, the fieldwork has to be performed with high quality and professionalism. Although several organisations in this region were providing psychological support, only the Center has been allowed by the Ministry of Health to work in this field.
- Psychotherapy has proved useful even during traumatic periods and not only in post traumatic situations. Women have learnt how to recognize traumatic symptoms and how to cope with them more successfully.
- Beside psychotherapy, it is necessary to have educational programs as well as occupational therapy.
- The optimal period for successful psychotherapy is six months with weekly sessions.

- Women from rural environments accept psychotherapy easier than local women.
- Women prefer group therapy to individual treatment except in cases of serious abuse.

9.2 PSYCHO-SOCIAL WORK AMONG AFGHAN REFUGEE CHILDREN

The Norwegian Church Aid is involved in support of the well-being of internally displaced children in Afghanistan. The main focus is on encouraging and supporting parents to strengthen their children's ability to cope with daily challenges at an age prior to the start of their formal education. A large variety of self-help activities and training have been initiated according to the STOP sign model (Structure, Talk, Organised activities, Parental support).

A certain degree of self-sustainability has also been built into this project addressing the problems of children traumatized by war. The project was jointly established by several NGOs with an Afghan NGO carrying the responsibility for implementation.

The results of the project were reduced conflict level among the refugees and re-establishment of some sense of normality for both children and parents in a political and military unstable environment. There is also evidence that children who had participated in the activities of STOP sign model training, adopted better to a formalised education model.

It further helped in establishing community organisations that enabled a better involvement of the IDPs in the running of the camp and resuming responsibility for their own situation.

Back ground

The Soviet invasion in 1979 and the following civil war from 1999 onwards, created a complex emergency situation. Of a pre-war population of 17 millions more than 5 millions Afghans sought refuge in Pakistan and Iran during the war. 1,6 millions returned voluntary in 1992. Because of fighting in the countryside many of them headed towards the larger cities seeking job opportunities.

Afghanistan has a strong ethnic mix, and even if ethnicity is not the main reason for the conflict, it is an important part of it. By January 1994 different muhjahedin groups started an internal fight which divided the countryside into smaller or larger «kingdoms». The central state was not functioning, and different rules and laws were applied in the different regions.

Three patterns of movement of people were recognised at this time:1) People were moving within Kabul, trying to escape the fighting areas. This included the poorest part of the population. 2) Others were fled to areas inside Afghanistan, seeking shelter with relatives or friends. 3) A major move towards Pakistan occurred. This had been the solution in the past and many people had relatives there whom they could live with. A very high number of educated Afghans and Government employees were in this group.

Pakistan closed the border and UNHCR organised a refugee camp in Hisar Shahi District, one hour from the Pakistani border and 20 minutes drive from Jalalabad City. A number of UN agencies and NGOs started to support the refugees. At the peak 270 000 IDPs were registered, 20 000 of them, mainly the wealthier, living in Jalalabad city.

Initial planning

Norwegian Church Aid and Norwegian Refugee Council had in the initial phases provided relief to the IDPs. Through national as well as international NGOs and UN organisations the project had obtained a good overview and understanding of the situation in the camp. Mapping of the human resources within the camp had been undertaken both by Afghan staff and by expatriates. It became evident that after the initial stage of providing food and shelter there was also a need for activities that could bring the daily life of the IDPs back to a certain degree of normality. With a high number of children and teachers in the camp it became natural to explore the possibilities to secure continuation of education for children.

Norwegian Project Office/Rural Rehabilitation Association of Afghanistan (NPO/RRAA) which had been the NCA implementing branch, had recently become an independent national NGO. They had an office in Jalalabad and had been involved in provision of emergency relief to the IDPs. The NCA Afghanistan Programme, which had become a non-implementing organisation established Cooperation with UNICEF and the Swedish Committee for Afghanistan (SCA), both organisations already working in in education and training targeting refugees from Kabul.

The local context

The camps were placed in the desert where there were limited possibilies for activities. The IDPs were of mixed ethnic origin, most of them speaking Dari, i.e. they had limited knowledge of the local language. There was a continuos ongoing power struggle between the various ethnic groups leading to military clashes and assassinations.

A high degree of cultural and religious sensitivity had to be applied to the relief programmes. This was especially important to projects targeting and/or including women and those with a possible interaction between men and women. The Pashtun culture is extremely male oriented, the honour of women, however, being one of its most important features. This implies strict restrictions on how women should behave and dress and had a bearing on both expectations on women among the IDPs and national or international female relief workers. All activities that could be controversial thus had to get approval from a large number of influential groups in the area.

The unstable political situation also lead to security problems in the area. Looting of relief supplies and highjacking of cars belonging to both NGOs and UN agencies occurred.

Target groups and basic approaches

The main target group was children between 3 and 19 years, suffering from distress as a result of the war in the capital. Typical symptoms of their distress were uncontrolled crying, startle reactions, prolonged fear, withdrawal or outbursts of agitation and eat and sleep disturbances.

The project had the following described objectives:

- To make parents aware of the impact of war on their children through STOP (Structure, Talk, Organised activities, Parental support) -sign model training. This is a conceptual model which help parents to recognise the stress their children are facing as a result of war, and find ways of dealing with it.
- To assist parents, once they have received this training, in organising play and learning activities for the children with the minimum of external assistance.

The training components consisted of

- STOP sign model seminars aimed at parents to make them aware of the fact that they are the single most important resource for their own children, and further create motivation for establishing self help activities in the camps.
- The Social Welfare Committee Training in communication skills, community participation, committee making and committee responsibility.
- Social Animation Training for field workers focused upon understanding of community work, community participation, social animation and communication skills, needs assessment techniques, decision making and evaluation.
- A three-month training in establishing and running kindergarten was offered to three of the female field workers. They were later responsible for conducting shorter courses on this subject to kindergarten teachers.

Activities

As a result of the training, a number of self help activities for children were proposed by the parents and started through their involvement, utilising their skills and with a minimum of external assistance and input. The field workers supplied the items necessary for the different activities.

Formal education was established at the end of 1994 with professional teachers, but the number of courses in formal schools were limited to religion, literacy, English and mathematics. Many of the parents continue to teach and help in the self-help groups. Football and volleyball teams were established and kindergarten initiated for smaller children. Many of the children would attend such groups after the regular school hours. Literacy training was provided for the quite large group of illiterate children.

Positive results

Through the programme the parents were equipped to better understand and cope with the milder forms of war traumas their children were facing. Both parents and children got involved in creative activities that gave a structure and positive content to their daily life. Many parents engaged in teaching or activating the children, were able to use their professional capacities, something they felt encouraging.

The conflict levels within the families and consequently within the camp was reduced. Parents explained that they now did not beat or punish their children when there was a conflict but tried to solve it through other means.

When the formal education started in the camp, teachers concluded that it had been a great advantage for children to go through the stage of structured activities before starting formal education as this had enabled a better learning and concentration capacity for the children.

A comparison between camp blocks with and without committee training revealed that those who had gone through a stage of organising themselves showed both an interest in and an ability to make plans for coping with daily problems. Those who had not been exposed to committee training had a tendency to refer problems to the camp administration.

Problems and problem solving

Restrictions on contact between the sexes was especially noticeable. When local administration heard about joint activites they immediately were banned and termed non-Islamic. Through negotiations with the regional Repatriation and refugee department the programme was approved on the condition that men and women were tought in separate groups and only by teachers of the same sex. Children above the kindergarten age had to be in separate classes. One advantage of this arrangement was that women from families with stricter traditional values were allowed to participate.

As most of the women were illiterate, a new teaching approach based on oral and visual oriented presentation had to be developed. This proved to be very useful and it was obvious that the previous exclusion of uneducated parents had been a disadvantage to the project.

The program had a multitude of actors, something that demanded a strong commitment and responsibility towards it by everyone – a sense of ownership. On several occasions these ideals were challenged:

Ownership and responsibility. The Afghan NGO had until the end of 1993 been the implementing branch of NCA. Although they appreciated being independent many staff members feared that independant decision making would impede on their funding. They were therefore extremely careful not to challenge any proposal coming from NCA, even if it was presented as an issue for discussion. Many decisions were postponed and even agreements were not implemented.

Lack of continuity in relationships with the IDPs. After a large number of IDPs started to return to Kabul it was agreed that the LOLA team should move to Kabul to start the STOP sign model training there. The ongoing activities in the camp should be taken care of by the staff at the regional office in Jalalabad. However, the LOLA staff never informed the remaining IDPs that they were leaving because of fearing a negative response. Neither was it organised from the Jalalabad office to arrange for contact with the groups or provide them with new supplies.

War messages in teaching material. When formal education started, many of the teachers from self-help groups were employed. They made the coordinators aware of the fact that they had been supplied with teaching material conveying war messages.

Contradicting practice. In order to avoid aid dependence the programme did not pay salaries to teachers and others involved as volunteers in the project, despite the constant request for payment. The practise triggered a constant discussion with the implementing Afghan NGO staff who had been brought up in the emergency relief handout tradition. An even bigger challenge was the general attitude among other NGOs and UN agencies claiming that people were in desperate need and therefore should be paid.

Sudden change in plans. The progress of the project, leading to establishment of formal education after the STOP sign model training was completed in each camp block, had been agreed with UNICEF in the spring of 1994. In August UNICEF suddenly announced that they were starting formal education in all blocks at the same time, and that there were no need for any further cooperation.

STOP was a new concept. Lack of support for the idea of a programme was recognised in many educated Afghans. Some of it can be explained through lack of understanding of the need to cope with war traumas among people who have been in the war for more than 15 years. More important were probably the following points:

- *«No real education».* While the concept was for play and more informal training, the staff, most of them engineers, teachers and professors, were in favour of a formalised education.
- *«A child needs to see a doctor».* There was a strong

reluctance among doctors towards the project. They claimed that children with problems, regardless of level of trauma, had to be treated by psychologists. The field workers should not «play» with the responsibility of their profession.
- *«You owe us»*. The self-help concept was difficult to accept for the educated elite; many of them had worked in emergency operations of NGOs for more than ten years. This project was not the «free hand outs» that gave them a lot of credit in the community, plus a large budget.

NGOs dependency on aid. Since many NGOs' very existence was based on the fact that the IDPs were dependent on their continued involvement and support, it became almost impossible to keep up a discussion on how to avoid dependency for the IDPs. Related to this was also many donors wishing to flag their specific activities and a lack a will to honour coordination guidelines and rampant corruption in most groups and agencies.

Lessons learned

- There was a need for better prepared and more regular consultations and meetings among the implementers, especially in the field, with clearer and more formalised division of responsibility and tasks and information sharing. Working with local NGOs requires a common vision and understanding. Frequently agreements between the leadership of organisations was not communicated to the lower levels.
- Better organised and regular exchange of information with the IDPs is needed to secure ongoing evaluation and modification of the programme.
- The concept of sustainability and non-dependence on aid has to first of all be well founded within the staff of the NGOs and UN agencies. There is an interest conflict between the issues of how the future independence and dignity of the IDPs and refugees can be secured and the fact that job security for national staff in NGOs and UN agencies are based on the continued aid activities, which needs to be squarely faced.
- There are always networks of human resources within a group of refugees that should be listened to, included and trusted, and the will of agencies and their staff to utilise these resources is the starting point for any relief programme.
- A situation should not be maintained as an emergency situation, just for the sake of easy access to continued funding. After an initial stage of saving lives, securing the dignity of the IDPs should have high priority.
- In a project, where new ideas or new ways of implementation are introduced, staff selection and training is crucial, as is also the importance of communicating the idea of the project to the staff.
- An understanding of how to recognise and utilise existing resources within the target group needs to be developed. A formula for the relief workers to do a «resource analyses» should be implemented. This would lead to practical involvement of the IDPs in decision making, planning, and monitoring/evaluation.

9.3 REHABILITATION OF WAR AFFECTED CHILDREN IN NORTHERN UGANDA

Children have since long been abducted in Northern Uganda and forced to act as child soldiers. If they manage to escape from the rebels they may be taken to the Gusco Reception Centre where a gradual process of rehabilitation is started. Priority is given to immediate support, both physically and psycho-socially and as soon as possible they will be reunited with their families. This case study is mainly concerned with the training of the staff at the center.

Introduction

For the last eleven years, the Gulu district and other districts in Northern Uganda have been plagued by war. A rebel group, The Lord Resistance Army (LRA), has targeted the civilian population in their brutal acts of terror.

A major component of the LRA-force is the abducted children. About 3000 children, mainly boys between 12 and 19 years old, have been abducted by the rebels since 1992. Girls of the same age group and young men are also abducted. Many of the children have been forced to torture and kill. The abducted children are often used in the front line of an attack, sometimes even in an attack on their own village.

Some of the children manage to escape, usually during a combat attack. They may walk many days before they reach a village and before they find people who will take care of them. The main procedure is to bring the child to the Army barracks in Gulu town. After interrogation he/she is brought to one of the two reception centres for escaped child soldiers in Gulu town, Gusco Reception Centre or World Vision.

The children are in an emergency state during the entire duration of their stay in the bush. When they escape, their role changes but they remain insecure and very vulnerable. They do not trust anybody and are in danger of being recaptured or killed even if they are «taken care of».

The centre and its staff

Gusco Reception Center is run by Gulu Support The Children Organization and started by a local initiative. Volunteers have ran the center since 1994 with some support from Red Barnet, Denmark. In January 1997 Gusco got the status of being a local NGO and in April 1997 staff were recruited to the project. Three young persons were employed as social workers, the core persons supplying psycho-social support. They have a three years graduation course from Makere University. Two of them have some studies in psychology. One of the staff had previously worked as a teacher; the others had no experience with children. The office staff has some relevant training.

Problems encountered

At the start of the project, several challenges were directly related to the war situation. The goal was to have not more than 75 children at the center, but there were occurrences when 20 children had to be received in one day.

The tracing of families and the implementation of the resettlement process were very difficult and sometimes dangerous. The child could be reabducted or the village population refuse to receive the child.

The awareness work that the center was supposed to do in the community was delayed. The use of traditional «cleansing» ceremony to reintroduse the child back into the community was quite common. This was encouraged since there were indications from families, the children and their neighbors that it had helped them a lot.

Protection of the children during their stay at the center was a complicated matter. The Army had special security systems around the center. But the children often reacted strongly to army uniforms. They had been made to believe that all other people, outside the LRA, would kill them or poison them.

Objectives and target groups

The objectives of the project were stated as being

- To give immediate support, both physically and psycho-socially, to the war affected children while they were in the center and afterwards by follow-up work.
- To start the resettlement/reunion process right away to reunite the children with their families as soon as possible. To include the families and relatives of the children in the total support was important as well as getting the children back to basic education or to vocational training.
- To conduct awareness seminars about the needs of all war affected children and their families for local leaders, teachers, church leaders etc. and to build a network between these groups.
- To start Children's Rights Clubs in all four project areas.

Challenges encountered during training of staff in the initial phase

The lack of time for staff to attend workshops was a serious obstacle. It proved difficult to release staff from their duties to be with the children.

Premature decision making, i.e. before the staff are ready to implement the decision, can become a problem. The balance between pushing decisions through and waiting until the situation is right is a challenge often encountered.

Lack of local language is a serious challenge when dealing with children. Interpretation should be avoided if possible. Fortunately the staff at the center were English spoken as well as fluent in local languages.

For staff the issue of building or not building close relationships with the children at the center would sometimes be a problem. On the one hand they wanted to give these deprived children a lot of love and built routines to strengthen their confidence in other people while at the center, but at the same time the staff knew that the children would leave the center in 3–4 weeks time and again face the brutal world.

Visitors at the center created a problem. To strike a balance between the need of the world to get information about the war and the need for protection of the children was not easy. Guidelines were drawn where only the social worker could decide whether a child could be asked for an interview or not. If the child agreed, the social

worker should perform the interview, based on the questions from the journalist. Pictures should never be followed by names of the children.

Lessons learned

- There should be more emphasis on achieving normality in search for the best solution for a child.
- It is important for the staff to have time for continuos training.
- Psycho-social support should be seen as a concept that includes a variety of approaches.
- It is important to ensure good working conditions for the staff and emphasise team building.
- It is important to have coordinating meetings where technical questions, cases and weekly plans may be discussed and where mutual information and advice may be given.
- It is important to arrive at some principal decisions or strategic approaches, but at the same time be willing to review and revise them from time to time.
- It is important to separate groups of children/youths from groups of single adults with the same background (those who have been abducted) because they have very different problems and needs.
- It is important to see the girls as a vulnerable group who have special needs.
- It is important to emphasise a good contact with the local authorities and to cooperate with other NGOs on technical matters rather than work separately.
- The concept of child soldiers should be revised. These children never wanted to be soldiers, they never identified with soldiers and they do not want to be called soldiers when they return to their villages. The term «war affected children» is preferable.
- The concept of trauma is a western concept, which came in use after the Second World War. The use of the concept will stigmatize a whole generation of children in Northern Uganda and underline their troubles and their vulnerability.
- The concept of clients should also be avoided if possible. At the center the term «our children» was always used.

9.4 HEALTH AND PSYCHO-SOCIAL WORK IN RWANDAN REFUGEE POPULATIONS IN ZAIRE

Norwegian Church Aid joined forces with local churches in Zaire to work with refugees from Rwanda during the crisis in 1994. This case study describes the project and the delicate balance between the different parties. It is stressed that competition between the NGOs can lead to unwanted results.

Introduction

The ethnic conflict in Rwanda turned worse in April 1994 and between 300 000 and 400 000 refugees came to the town of Bukavu, which about doubled its population. inhabitants. Another 100 000 to 200 000 refugees came to Uvira, some from Rwanda and some from Burundi.

The health infrastructure in Zaire, which had been built up over a period of 10 to 12 years, was very fragile. In the region around Bukavu there were 6–7 hospitals serving about 1,5 to 2 million inhabitants. Local churches owned the best ones and some NGOs and two of the hospitals were state owned. Some health centres were supported by different NGOs, mainly protestant and catholic churches.

The health service functioned to some extent as long as they only treated the local population. However, with the influx of refugees the services quickly broke down. Although some of the refugees were able to buy the services they needed, the situation became very dangerous due to lack of hygiene, lack of water and food etc. Epidemics broke out, diarrhoea, meningitis, measles, cholera etc. The lack of food led to malnutrition and reduced resistance to disease in the refugee population.

In the area are two major Protestant churches, CEPZa and CELPA, which both work with Swedish and Norwegian Pentecostal Churches for more than 70 years. They have a widespread health work with three rather well functioning hospitals and about 90 health centres in the area of South Kivu. They started to give help under a common administration CEPZa/ CELPA (C/C) together with other churches, both Catholic and Protestant. In spite of lack of material those local organisations were capable of giving good services.

Other organisations at work in the area

UNHCR was there from the very beginning but was very badly organised in the initial phase. UNICEF, WFP and other UN organisations were also present. Very soon between 40 and 50 NGOs came into the area to assist. The local health authorities were working and functioning rather well. All NGOs had to work through them, but a certain disrespect for the medical authorities from the international NGOs was noted.

In July 1994, NCA made an assessment in Bukavu with C/C and its partners negotiated with UNHCR about a possible contract and obtained, along with Caritas, the only two contracts issued. In the beginning the work consisted of distribution of food, non-food items and curative health care. During the time of assessment, NCA was the first organisation to distribute food in the area by airlift. This opened the doors for C/C.

The tension between the international and local NGOs and the different local and regional authorities was rather high from time to time, corruption being a key word. After a couple of months the situations somewhat stabilised. The task of C/C continued and the volume of the work extended.

Target groups and main strategies

UNHCR and the Zairian authorities made it clear that the target group should only be Rwandan refugees and nobody else. No authorisation was given to help Zairian refugees from Rwanda, Zairian displaced persons, or the local population, which was in a worse situation than the refugees were. There was almost no malnutrition between the refugees except in the beginning before the camps were established. Among the local population the malnutrition was quire severe. Due to the low hygienic standard in the refugee population in the first phase, epidemics broke out in this population first, but the local population was affected as well.

C/C developed Primary Health Care for between 40 000 and 50 000 refugees. This included a first line field hospital with 100 beds with internal medicine wards, surgical wards and obstetrical services, blood bank, x-ray department and a small laboratory. The population of refugees for the hospital was 100 000 to 150 000. For more advanced care the nearest Zairian hospital of quality was used.

The main health problems were malaria with serious anaemia, diarrhoea caused by dysentery, cholera and others, pneumonia and infections. Much of the infections was HIV and AIDS related as more than 10 percent of the refugees were infected. There were more surgical problems than initially anticipated.

The project worked very closely with UNHCR to conduct surveys of the nutritional status of the refugees and to solve nutrition problems. In the initial phase C/C distributed food given by PMU and also food bought by NCA. Later on food brought in by WFP was distributed. Much of the food was bought locally. UNHCR refused the NGOs to distribute food within Bukavu. The situation was really bad for the local children, widows and elderly people. Food was then given to local churches to be distributed to the locals.

In addition distribution of plastic sheeting, tents, kitchen etc, agriculture tool and seeds of different kind were undertaken as well as distribution of firewood and water.

Together with Save the Children, Belgium Red Cross and other organisations C/C worked with reunification of families and relatives. And after some months they started training projects for children. UNHCR and local authorities refused initially to give authorisation, but permission was later granted as long as it was not called school activities. It was later stopped again, as the authorities feared that a good educational system would contribute to retain the refugees in Zaire.

Initiatives to get church leaders together to talk were also taken.

Positive experiences and results

The local churches formed a board that worked well. While Scandinavian personnel were involved in the start, competent local people later replaced them. Medical staff was borrowed from local hospitals. This helped lessen the economical burden for the hospitals and at the same time C/C got a staff they knew and trusted. The staff got new experience to bring back to their hospitals.

Initially a Norwegian engineer constructed the hospital. Later on, local engineers took part in all construction and repair works including construction of a water pipe system of several kilometres.

More than 400 workers were active at a certain time. Many of the local workers as nurses, teachers and others, had obtained their education in the schools of CEPZa and CELPA. They had been working with the two organisations and they were known and their capacities were well estimated. A lot of Rwandan refugees were used. This was necessary to get a good communication with the refugees. It also caused problems because the Zairians wanted to get jobs.

Local workers knew how to deal with all kind of local authorities and C/C thus escaped several problems experi-

enced by other NGOs. In CELPA and CEPZa there was know-how on purchasing medicines and equipment. They also held stocks of certain important medicines and materials. C/C could rely on the two organisations in the initial phase.

Problems encountered

The democratic organisation and structure was not clear from the beginning and problems could arise when C/C priorities were different from NCA in Nairobi.

The general mistrust between the different NGOs and UN agencies was very disagreeable. Corruption in Zaire was a well-known phenomenon.

A special problem in Zaire was the devaluation and the transfer of money. The project lost one year about 20 percent or more in financial transactions.

When the war came, the project experienced that their own staff looted the offices while other took care of the project's belongings.

At some places the health centres were reinforced. To some extent the local health services were able to manage the health problems in the beginning. When the refugee population became too large, it became impossible to handle the health problems only with the help of local institutions. The standards of some of the local hospitals were quite low. It was impossible to get inside to help them set new standards.

During an intervention like this, all the NGOs will need local staff. The health service in Zaire did not work well, but functioned better than nothing and was more or less accessible even for the poorest ones. When some NGOs offered nurses and doctors three to ten times higher salaries, local staff left their institutions. These institutions had to pay more to their staff and hence charge the patients more. This destroyed many of the health centres.

A lot of money came into the Bukavu area during this period. This led to an improved economical situation for some people. Others were thrown out of their houses because they were not able to pay the rising rent. There was inflation even in the US dollar prices. After the war many of the health personnel were without jobs and the economical situation in the area has become very difficult.

Gradually the Zairian health services was reduced. The local population was in the beginning very accommodating and helpful towards the refugees. When they saw that the refugees got everything free, health services, food, school etc. while they had to pay for the same services they tried to get help from the same NGOs that helped the refugees. But their requests were turned down – except for acute emergency situations.

A possible solution for the problems would be to reinforce the local health care structures to enable them to treat the refugees, and by earning more money the prices for the local population could be reduced. May be the local population can get free treatment for a short period, but there is no good solution for this problem. There should, however, be a plan for helping the local population so that they feel they are included, small development projects etc.

The general problem for C/C was that as partners with UNHCR they were not permitted to help the Zairian population. This was difficult for members of the participating churches to understand. PYM and PMU tried to help the two churches cope through their ordinary channels. In the end UNHCR started some small projects for the local population and asked the local NGOs to participate.

The question on what is best in an emergency situation, to come in with everything or to work together with an existing organisation, is still unsolved. A combination seemed to work best in the case of C/C.

9.5 CAPACITY BUILDING AS AN INTEGRAL PART OF HEALTH WORK DURING COMPLEX EMERGENCIES IN SOUTHERN SUDAN

Norwegian Church Aid (NCA) has been working in Torit County, Southern Sudan, with relief, rehabilitation and emergency intervention for a number of years and under different circumstances. This case study describes the experiences gained when starting up activities in 1989 and how trust between the involved parties had gradually to be built before effective work could be undertaken.

Introduction and basic approaches

The ongoing civil war in Sudan started in 1983. The civilians of Southern Sudan have thus been in a war situation for fifteen years, leading a life in fear, struggle

and suffering. In a war stricken area there are problems like hunger, diseases, lack of health care, lack of schools and other services, breakdown of economy, displacement, violence and mutilation of people, raping, killing etc.

A number of organisations started work with relief and emergency interventions in Southern Sudan in 1999 under the UNICEF/OLS (Operation Life Line Sudan). The organisations were located in different accessible areas in the south of the country.

Torit town was recaptured by SPLA at the end of 1989, after being on the Sudanese Government's hand for a couple of years. At the beginning of 1989 the new Government, Sudan Relief and Rehabilitation Association, SRRA, the humanitarian wing of SPLA, wanted NCA to come back to Torit as the lead agency for PHCP. NCA had previously been involved in a broad scale of activities and knew the region fairly well. In April 1999 a small group of NCA staff started work again in Torit.

With an unsettled Government, an emergency situation and a somewhat insecure war zone, there were numerous problems. SRRA was the decision-makers in the area and NCA had to carefully build up trust. Priorities from SRRA was:

- Renovation of Torit Civil Hospital
- Vaccination
- PHC/drug supply to the field

The mandate from UNICEF was

- Expanded Programme of Immunisation, EPI
- PHC/drug supply from UNICEF

There had been no vaccinations in the area since 1995/96 and training of mobile EPI teams was immediately started, first in Torit town, later in other locations. The aim was to get trained EPI teams to work independently in different areas, supported with transport from NCA, food from SRRA and vaccines from UNICEF. The project experienced several times that people selected for EPI training disappeared and never came back. The reason was that they were soldiers who later was taken back to the front. This was seriously discussed with SRRA and after some time it was accepted that soldiers trained in EPI should be released from the military, or soldiers should not any more be chosen for EPI. This was a bit sensitive and complicated because «everyone» was actually a soldier and for some reason NCA was not supposed to know that.

Resources

There was also a lot of tribal tension and political disagreement in the region. SRRA was the administrative authority on ground, with the power, manpower included and the control of activities and movements. SRRA was supposed to give the NGOs the necessary support and information regarding the security situation.

The civilians had, if they were not displaced, resources such as their fields, their local knowledge and professional skills in different fields, their traditions, there beliefs and their taboos.

NCA had no formal authority, but resources as money, cars, fuel, drugs, equipment, expertise, and knowledge of the area and the people. UNICEF/OLS was the authority, responsible for policy, coordination of services given by different organisations, flights, supplies (drugs, vaccines), security for expatriate staff, evacuations etc.

The Health facilities are Primary Health Care Centres (PHCC) and Primary Health Care Units (PHCU) with a Village Health Committee selected for each unit as an administrative, controlling and supporting body.

Problem areas

Working conditions. Restrictions were placed on all movements of the NCA staff. They were not allowed to discuss with people, nor talk in privacy to anyone. Security guards followed the staff everywhere. Staff were accused of being spies and some expatriates where given non-grata status. An NCA staff member was placed in house arrest and later asked to leave the country after having picked bullets to take home as souvenirs. As times has passed, restrictions are not so heavy, and the staff is allowed to move to certain areas without security guards.

Training and capacity building. NCA had good experience in training of health workers and knew more or less who in the area was a qualified health worker and who pretended to be. Many had gone through a short emergency health training as a soldier in Ethiopia and were later classified as Medical Assistants, trained nurses or CHWs who could run the clinics. This was a sensitive issue and NCA experienced many times that the ones said to be qualified were not properly trained and should not be given responsibility for a PHCU. UNICEF supported NCA's view. NCA has also experienced problems with

different Health Coordinators. Lack of qualifications and alcohol related problems occurred.

Drugs. Drug supply is a sensitive issue in a war zone. Although some are certainly given to the patients, but a lot of drugs are unofficially demanded from the military authorities.

Nutrition and food. Feeding stations for malnourished children was another sensitive issue in a situation where everybody was hungry, including the authorities and military forces. SRRA was responsible for the control of the feeding. SRRA's understanding of needs did not always correspond with the opinion of NCA. Population figures seemed not to be reliable. The official figures seemed always too high. The authorities did not accept survey results because the figures showed a better nutritional status than anticipated.

Main conclusions and learnings

- Building of trust is a prerequisite for continued emergency and rehabilitation work in conflict areas.
- Building capacity and development of quality during conflict is hard, but pays off in the end.
- Human and infrastructural resources are quite attractive for other purposes than health activities.
- The humanitarian agenda competes with the political and military agenda. The question of who sets the priorities will always emerge.
- Attracting professionals in exile is desirable, but can cause ethical dilemmas.

10 Concluding Remarks

One and a half billion NOK is spent by the Norwegian Government on humanitarian assistance annually and approximately 50% of this is channelled through the Norwegian NGOs participating in this study. Increasingly, these funds are spent on man made disasters where ethnic conflicts and internal warfare increasingly dominate the scene. These events last longer than what is usually associated with a disaster, at times as long as the full childhood period. The term complex emergencies is coined for these events which are characterised by «period of heightened crisis within an ongoing critical situation».

The case stories (chapter 9) demonstrate how organisations are caught in a very complex situation in the field where there often are no blueprint for appropriate action. The collaborative effort by the NGOs and DiS has attempted to clarify the major concerns and look for ways of dealing with them by identifying the basic issues and framework for action.

Starting the working process by presentation of case stories demonstrated how health and psycho-social issues could not be dealt with in isolation, as was the original intention. The issues had to be put into a broader framework of action and local context to be meaningful. Important concerns are timeliness versus speed and the interaction between relief and development work, and ways early warning system may reduce the impact of a disaster (chapter 4).

For those involved in complex emergencies be it in the UN system, or through NGOs or government donors, a better understanding of the NGO-donor system will hopefully clarify the role and expectation of the different actors. The report has therefore discussed the changing role of NGOs and their relationships in some detail (chapter 3).

A prominent issue discussed has been the balance between local and imported solutions. The identification of coping mechanisms and local resources and structures have been considered from different perspectives throughout the report. Likewise, the place for import of resources, be it manpower or material goods (often food and medical equipment), has also been dealt with in some length, especially in the chapters on health and nutrition (chapter 6 and 7). The concerns will be of relevance for the ongoing evaluation of the NOREPS system.

Many of the health problems encountered during complex emergencies are the same as those experienced during periods of peace, but the health risks are more serious. Especially in low income countries, PHC is the most effective and cost-efficient strategy for intervention, and should therefore form the basis for assistance. Other measures should be complementary to this approach.

Emergency relief deals with more than blankets, food, shelter and water. Especially during complex emergencies, the psychological hardship inflicted on the civilian population has been one of the most sad and shocking results of clashes between different warring factions. In many cases the civilian population has been the main target of armed violence. Some NGOs have focused on psycho-social support in complex emergencies and their experience has been discussed in chapter 5 and in some of the case stories. One of the messages is that psycho-social work should be an integral part of the disaster response and not just something to be «added on».

Media plays an important role in any emergency as the major channel for making the public, the UN system and governments aware of what is going on and where external support may be needed. Media also plays an important role in making the world aware of human rights violation and where protection is necessary. The NGOs are also well placed in the field to report on abuses, but will often need to tread more carefully as they risk being thrown out of the area they offer humanitarian assistance if they expose too much. Such dilemmas are discussed in chapter 8.

The review process has been rewarding and has systematised the knowledge of the participants. The product does not necessary reflect «the state of the art», but is rather a reflection of the state of knowledge of different Norwegian actors involved in development assistance and humanitarian work, notably among the «big five» NGOs.

The work will be followed up through the completion of a resource book on the same theme, but more focused on practical field work. The process may also have formed the basis for better cooperation between NGOs involved in this complex field of work where lessons learnt should have a more prominent place than sharing of success-stories.

Annex I

Health intervention and psycho-social work during emergency. What can we learn from our experience?

Time: Wednesday 27th of August 0900 to 1600 hrs – Thursday 28th of August 1997, 0900–1430 hrs
Place: Diakonhjemmets internasjonale Senter, Oslo

Wednesday August 27th	Thursday August 28th
HEALTH AND EMERGENCY Morning: Moderator, Eva Torill Jacobsen, Redd Barna Afternoon: Moderator, Pål Jareg, DiS All day: Recorder of proceedings, Mirjam Bergh, DiS	PSYCHO-SOCIAL WORK and EMERGENCY Morning: Moderator, Søren Pedersen, RB Afternoon: Moderator, Stein Willumstad, NCA All day: Recorder of proceedings, Mirjam Bergh, DiS
0900–0910 **Welcome** 0910–0930 **Presentation of participants** 0930–0950 **Introduction Pål Jareg, DiS** 0950–1035 **The role of voluntary organisations in disaster work The NGO perspective.** Stein Willumstad, NCA	0900–0915 **Summing up of yesterday's major issues Søren Pedersen, RB.** 0915–1015 **The psychosocial dimension of emergency. Implication for assessment and action.** Elizabeth Jareg, RB
1035–1055 **Coffee break/tea**	1015–1035 **Coffee break**
1055–1140 **Present status of PHC in relation to health strategies, the health sector and emergency work. Clarification of terminology.** Berndt Lindtjørn, Senter for Internasjonal Helse, Bergen	1035–1130 **Case study 5: Women's Project in Tuzla for female victims of war.** Mira Vilusic, NPA/Bosnia
1140–1230 **Lunch**	1130–1230 **Lunch**
1230–1315 **Case study 1: Health work with refugees, Zaire.** Reidar Solholm, NCA 1315–1400 **Case study 2: Capacity building during complex emergency in Southern Sudan.** Gunvor Holtet, NCA	1230–1315 **Case 6: Psycho-social work among internal refugees in Afghanistan.** Arne Strand/Bente Karlsen, NCA 1315–1400 **Case 7: Rehabilitation of child soldiers in Northern Uganda.** Karen Elise Matheson, RB 1400–1415 **Summing up of today's presentations and discussions.** Stein Willumstad, NCA. 1415–1430 **Where do we go from here?** Pål Jareg, DiS
1400–1420 **Coffee break**	
1420–1505 **Case study 3: Mode of response to different phases of the health situation in Rwanda. Choices and options. The Red Cross Perspective.** Calle Almedal, NRC 1505–1550 **Case study 4: Mode of response to different phases of the health situation in Rwanda. Choices and options. The Norwegian People Aid's Perspective.** Marianne Torén, NPA 1550–1600 **Closing remark by the moderator.**	GENERAL INFORMATION REGARDING PRESENTATIONS **The presentation of the case studies should not exceed 20 minutes. The remaing time will be spent on discussions.** **The general presentations the first day should not exceed 25 minutes, the second day 35 minutes.**

List of participants Workshop 1

Ministry of Foreign Affairs
Pippi G. Søegaard, Evaluation Unit, Bilat. Dep.

NORAD
Marit Berggrav, MERI (day 1)
Marit Lillejordet Karlsen, FRIV (day 2)

Norwegian Red Cross
Calle Almedal
Ingrid Hauglin
Grazyna Samsel

Norwegian Peoples Aid
Liv Bremer
Marianne Thorén
Mira Vilusic
Nils Johnsen

Norwegian Church Aid
Stein Willumstad
Gunvor Holtet
Reidar Solholm
Massi Solholm
Arne Strand
Anders Thunold

Redd Barna (Norwegian Save the Children)
Søren Pedersen
Eva Torill Jacobsen
Elizabeth Jareg (day 2)
Karen Elise Matheson

Norwegian Refugee Council
Oddhild Günther (day 2)
Eldrid Midttun

Center for Partnership in Development, Diakonhjemmet International Center
Mirjam Bergh
Pål Jareg

Center for International Health, Bergen
Bernt Lindtjørn (day 1)

External resource person
Dag Hareide

Norwegian Missionary Council
Torunn Haukvik, Norwegian Lutheran Mission meets on behalf of NMC.

Health intervention and psycho-social work during emergency assistance

PROGRAMME FOR WORKSHOP 2

Wednesday 17th of December Moderator Stein Willumstad		Thursday 18th of December Moderator Eldrid Midttun	
9.00 – 9.10	Welcome, Magne Barth, Head, Overseas department Norwegian Red Cross	8.30 – 9.00	Summing up of the work so far and introduction of todays work
9.10 – 9.30	Presentation of participants, Moderator	9.00 – 9.20	*«Policy and guiding principles in relation to local versus imported solutions in complex emergencies»* Olav Kjørven, Personal advisor of the Minister of Human Rights and Development Cooperation
9.30 – 9.50	Introduction to the process, objectives of the workshop, Pål Jareg	9.20 – 9.45	Discussion in plenum
9.50 – 10.10	*«The time perspective when sending support in complex emergencies. The Afghanistan case»* Fredrik Arthur, Head of Division, Section for Human Rights and Humanitarian Assistance, The Ministry of Foreign Affairs 10 10 – 10.40 Discussion in plenum	9.45 – 10.15	Group work
10.40 – 11.00	Coffee/Tea	10.15 – 10.30	Coffee/Tea in the groups
11.00 – 11.30	Brief report from group leaders	10.30 – 11.00	Group work,
11.30 – 11.50	Presentation of group work, division in groups etc	11.00 – 11.15	Gathering in plenum
11.50 – 12.15	Group work begins with group leader's introduction and constitution of group	11.15 – 11.45	Report/discussion, group 1
		11.45 – 12.15	Report/discussion, group 2
12.15 – 13.00	Lunch	12.15 – 13.00	Lunch
13.00 – 14.30	Group work	13.00 – 13.30	Report/discussion, group 3
		13.30 – 14.00	Report/discussion, group 4
		14.00 – 14.30	Report/discussion, group 5
14.30 – 14.45	Coffee/Tea in the groups	14.30 – 14.45	Coffee/Tea
14.45 – 15.30	Group work	14.45 – 14.55	Training/competence building in Norway, brief presentations from two training institutions
15.30 – 15.40	Training/competence building in Norway, brief presentation from a training institution	14.55 – 16.00	The way forward. Summing up by moderator
15.40 – 16.00	Summing up in plenum by moderator		

Workshop 2 took place in Norges Røde Kors Konferansesenter, Hausmannsgate 7

Health intervention and psycho-social work during emergency assistance

PARTICIPANTS IN WORKSHOP 2

Olaf Kjørven, Min. of Human Rights and Dev. Cooperation, expertise – Sustainable developement

Pippi G. Søegaard, Foreign Ministry, Planning and Evaluation Unit, expertise – Evaluation

Fredrik Arthur, UD, Section f. Human rights and Hum. assistance, expertise – Human rights

Oddvar Fagerli, Dronning Mauds Minne Høgskole, expertise – Emergency/education

Gunnar Bjune, Institute for International Health, UiO, expertise – Infection medicine

Gerd Holmboe Ottesen, UiO, expertise – Nutrition

Dr Temesgen, Norsk Folkehjelp (NPA), expertise – South Sudan/NF Nairobi

Mira Vilusivic, Norsk Folkehjelp (NPA), expertise – Bosnia, psycho-social work

Øystein Evjen Olsen, Norsk Folkehjelp (NPA), expertise – PHC

Marianne Thorén, Norsk Folkehjelp (NPA), expertise – Health Advisor

Liv Bremer, Norsk Folkehjelp (NPA), expertise – Psycho-social/women

Svein Olsen, Norsk Folkehjelp (NPA), expertise – Regional Leader East Africa

Reidar Yvenes, Norsk Folkehjelp (NPA), expertise – Emergency Coordinator

Stein Willumstad, Kirkens Nødhjelp (NCA), expertise – General

Gunvor Holtet, Kirkens Nødhjelp (NCA), expertise – Health/capacity building

Reidar Solholm, Kirkens Nødhjelp (NCA), expertise – Role of PHC systems

Anders Tunold, Kirkens Nødhjelp (NCA), expertise – Capacity building/local

Arne Strand, Kirkens Nødhjelp (NCA), expertise – General

Geir Valle, Kirkens Nødhjelp (NCA), expertise – General

Lizzie Simonsen, Kirkens Nødhjelp NCA), expertise – Psycho-social issues

Eva Torill Jakobsen, Redd Barna (RB), expertise – Psycho-social issues

Søren Pedersen, Redd Barna (RB), expertise – Complex emergency

Karen Elise Matheson, Redd Barna (RB), expertise – Psycho-social issues

Lars Grønstedt, Redd Barna (RB), expertise – Role of media

Elisabeth Jareg, Redd Barna (RB), expertise – Psycho-social issues

Rickard Skretteberg, Flyktningerådet (NRC), expertise – Info/media

Bjørg Mide, Flyktningerådet (NRC), expertise – All-round field experience

Helga Fastrup Ervik, Flyktningerådet (NRC), expertise – Refugees, juridical/protection

Eldrid Midttun, Flyktningerådet (NRC), expertise – Psycho-social issues/education

Ingrid Hauglin, Norges Røde Kors (Norcross), expertise – Local human resources

Bente McBeath, Norges Røde Kors (Norcross), expertise – Community participation

Unni Kristoffersen, Norges Røde Kors (Norcross), expertise – Media, protection (first day only)

Anne Nilsen, Norges Røde Kors (Norcross), expertise – Media, protection (second day only)

Nils Johnsen, NIHA, expertise – Primary Health Care

Øystein Tveter, CPD, expertise – Advocacy

Mirjam Bergh, CPD, expertise – Primary Health Care, Community Participation

Pål Jareg, CPD, expertise – Health and Nutrition

John Jones, CPD, expertise – PRA. Community Participaton

Groups in Workshop 2

Groups 1 – Complex emergencies

Bjørg Mide, Flyktningerådet (NCR), expertise – All-round field experience
Søren Pedersen, Redd Barna (RB), expertise – Complex emergency
Geir Valle, Kirkens Nødhjelp (NCA), expertise – General
Arne Strand, Kirkens Nødhjelp (NCA), expertise – General
Stein Willumstad, Kirkens Nødhjelp (NCA), expertise – General
Pippi G. Søegaard, Foreign Ministry, Planning and Evaluation Unit, expertise – Evaluation
Reidar Yvenes, Norsk Folkehjelp (NPA), expertise – Emergency Coordinator
Fredrik Arthur, Foreign Ministry, expertise – Human rights ev, group 2

Group 2 – The role of media, protection/advocacy

Eldrid Midttun, Flyktningerådet (NRC), expertise – Psycho-social/education
Helga Fastrup Ervik, Flyktningerådet (NRC), expertise – Refugees juridical/protection
Rickard Skretteberg, Flyktningerådet (NRC), expertise – Info/media
Lars Grønstedt, Redd Barna (RB), expertise – Role of media
Øystein Tveter, DiS, expertise – Advocacy
Unni Kristoffersen, Norges Røde Kors (Norcross), expertise – Media, protection (first day only)
Anne Nilsen, Norges Røde Kors (Norcross), expertise – Media, protection (second day only)

Group 3 – Psycho-social work

Elisabeth Jareg, Redd Barna (RB), expertise – Psycho-social issues
Karen Elise Matheson, Redd Barna (RB), expertise – Psycho-social issues
Eva Torill Jakobsen, Redd Barna (RB), expertise – Psycho-social issues
Lizzie Simonsen, Kirkens Nødhjelp (NCA), expertise – Psycho-social issues
Liv Bremer, Norsk Folkehjelp (NPA), expertise – Psycho-social/women
Mira Vilusic, Norsk Folkehjelp (NPA), expertise – Bosnia, Psycho-social work

Group 4 – Health and Nutrition

Gunnar Bjune, Institute for International Health, UiO, expertise – Infection medicine
Reidar Solholm, Kirkens Nødhjelp (NCA), expertise – Role of PHC systems
Marianne Thorén, Norsk Folkehjelp (NPA), expertise – Health Advisor
Dr. Temesgen, Norsk Folkehjelp (NPA), expertise – South Sudan/NF Nairobi
Pål Jareg, DiS, expertise – Nutrition/Epidemiologi
Øystein Evjen Olsen, Norsk Folkehjelp (NPA), expertise – Primary Health Care
Nils Johnsen, NIHA, expertise – Primary Health Care
Gerd Holmboe Ottesen, UiO, expertise – Nutrition

Group 5 – Local human resources/participation /empowerment/local coping mechanisms

Anders Tunold, Kirkens Nødhjelp (NCA), expertise – Capacity building/local
Bente McBeath, Røde Kors (Norcross), expertise – Community Participation
Svein Olsen, Norsk Folkehjelp (NPA), expertise – Regional Leader East Africa
Oddvar Fagerli, Dronning Mauds Minne Høgskole, 18/11, expertise – Emergency Education
John Jones, DiS, expertise – PRA. Community Participaton
Ingrid Hauglin, Røde Kors (Norcross), expertise – Local human resources
Gunvor Holtet, Kirkens Nødhjelp (NCA), expertise – Health/Capacity building
Mirjam Bergh, DiS, expertise – Primary Health Care/ Community participation

Annex II

Imported versus Local Solutions. Experiences and Views by the Ministry of Foreign Affairs

Olav Kjørven, Political adviser to the Minister of Human Rights and Development

Policy making in the area of complex emergencies is a tremendous responsibility that requires expertise, knowledge and wisdom. As a general point it is possible to distinguish between non-man made emergencies, typically natural disasters like flood, earthquakes etc from the man-made ones, basically wars. The distinction is useful although one should never forget that «natural disasters» are sometimes caused, sometimes exacerbated by human interventions in the natural environment by factors as flawed agricultural practices leading to erosion and increased risk of drought and famine, and deforestation which sometimes is a contributing factor to flooding. War itself is sometimes triggered by degradation of natural resources which in turn lays a groundwork for new «natural disasters», followed by further conflict and more destruction. It seems that conflict and environmental degradation are becoming two sides of the same question.

Over the last several years, Norway has stepped up its efforts to contribute to peace processes, alleviate human suffering in areas of conflict, and lay the groundwork for more long-term development. The idea has matured that durable peace can only be achieved by attacking the root causes of conflict, be they environmental degradation and resource conflicts, ethnic hatred, or religious differences and intolerance. This means strategically combining peace negotiations and trust building with emergency relief and assistance for releasing a country's long-term development potential.

A set of questions arises from this policy. Who is going to set the principles and priorities for the assistance provided? Is it our expectation as donor that we must get something in return, something more tangible than good feelings, for what we contribute in terms of money, products and manpower? What is the impact of the assistance we proudly offer?

The emergency relief will concentrate on saving lives and providing protection – which in most cases is uncontroversial. The international assessment of needs in a complex emergency situation may quickly run into problems, as central authorities or sensible interlocutors or partners are difficult to identify, if they exist at all. Cultural and historic traditions may appear to represent a major obstacle for providing for example non-discriminatory medical aid and treatment to the female part of the population.

Establishing principles for providing humanitarian aid may be delicate and a controversial process. The recipients are often in a position, which gives them no opportunity to influence the formulation of principles, even less taking part in negotiating them. A somewhat inverted way of setting principles for giving humanitarian aid has been to establish negative conditionally. Aid is not given unless the recipients comply with various conditions set by the donor. This may well contribute to dangerous social tensions in the long run and perhaps a new surge of conflicts.

It is generally accepted that transfer of resources into complex emergency areas where the conflict is still going on, may support the war efforts on all sides, directly as well as indirectly. There have been several cases where food, medicine, blankets and the parties to support their troops have stolen other necessary items. Since money is fungible, humanitarian aid may indirectly make economic resources available for military ends and purposes. Control with passage into emergency areas may give the local warlord a powerful weapon to manipulate the people in need, giving aid to supporters and keeping it away from others. It is well known that too much emergency aid in the form of food easily undermines the market for farmers in or adjacent to areas of conflict to such an extent that they cannot make a living.

The time perspective for funding supports to complex emergencies. Experiences and views by the Ministry of Foreign Affairs

Fredrik Arthur, Head of Division, Section for Human Rights and Humanitarian Assistance, Ministry of Foreign Affairs, Norway

Emergencies occur, and the Ministry has, unfortunately, had to plan for and deal with emergencies of several kinds and in multiple areas.

The initial response basically follows two lines of action. The first priority is to save lives, and strong support is given to the United Nations and the endeavours made by the various UN agencies that are involved in operations on field level. Relief operations headed by the UN are also supported, both in terms of financial support, personnel and donations in kind. Norwegian truck drivers, for example, played a very important role in the convoy operations to bring relief to victims of blockades in Ex-Yugoslavia, very often under extreme conditions with health and life at stake.

Secondly, but equally important, we cooperate very closely with Norwegian non-governmental organisations that are active and often represented in the crises area. The Ministry itself cannot implement relief operations. Using the NGOs as a toll and an implementing partner in emergency operations has a long tradition and is rooted in a solid basis of trust and confidence. Through the NOREPS system (Norwegian Emergency Preparedness System), the Ministry has rapid access to a network of Norwegian companies and enterprises that can provide relief material and necessary logistic support within a very short span of time. Through the NORSTAFF system, personnel are available on short notice for rapid deployment into conflict areas.

Normal procedure will be to receive an official request for assistance through the UN system, but in cases of urgencies, response have been based on UNICEF's news release on Internet. Applications from NGOs are processed as soon as possible with rapid transference of funds to the addressees.

The concept of complex emergency situations call for complex approaches as the word itself indicate the characteristics of the conflict. As it is now often formulated in the strategy process: the complexity of the crises requires an integrated, coherent and holistic approach by all actors involved in relief aid (from Afghanistan Donor Support Group operations). This means in practical terms that the UN system with their specialised agencies must coordinate in order to pull in the same direction. The donor community must have a common approach among themselves and vis-à-vis their policy towards the LTN-system. The large and very important NGOs active in the area, in this case Afghanistan, must form an integrated element in this very comprehensive coordination process.

In terms of substance, the donor community now realises that there is a gradual shift from pure emergency relief operations into an orientation towards development-related projects and programmes. The distinction between the two different types of operation is not clear and passes through quite extensive grey zones. Humanitarian reconstruction of houses passes over into more fare-reaching infrastructural projects. So do emergency food assistance to people in danger of starvation into medium and long-term food-security programmes. Several models have been designed to illustrate and explain the gliding change from short-term release to medium or long-term development.

Annual allocations for relief purposes make planning difficulty. The Ministry of Foreign Affairs is well aware of the problems connected with budgeting for disasters. The verbal introduction to the National budget's chapters and sub-chapters clearly states that it is desirable to allocate funds for preparedness and preventive projects which has a wider time horizon than the budgetary year. For several humanitarian issues, be it related to Central Africa or Afghanistan, the time frame will regularly be one year. There is, however, increasingly focus on the necessity of seeing complex emergency issues under a holistic point of view, also with regard to more budgetary and technical issues. At times applications from the NGOs are split and NORAD asked to process one part while the Ministry address the other part, or the Ministry enter into a dialogue with the United Nations to see if the application might fit in with LTN strategy, especially on the development side.

Annex III

Basic Facts about the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

(retrieved from OCHA's Internet web site)

OCHA was established pursuant to the adoption of the Secretary-Generals programme for reform. In accordance with the provisions of General Assembly resolution 46/182, the Emergency Relief Coordinators functions are focused in three core areas: (a) policy development and coordination functions in support of the Secretary-General, ensuring that all humanitarian issues, including those which fall between gaps in existing mandates of agencies such as protection and assistance for internally displaced persons, are addressed; (b) advocacy of humanitarian issues with political organs, notably the Security Council; and (c) coordination of humanitarian emergency response, by ensuring that an appropriate response mechanism is established, through Inter-Agency Standing Committee (IASC) consultations, on the ground.

OCHA discharges its coordination function primarily through the IASC, which is chaired by the Emergency Relief Coordinator (ERC), with the participation of all humanitarian partners, including the Red Cross Movement and NGOs. IASC ensures inter-agency decision-making in response to complex emergencies, including needs assessments, consolidated appeals, field coordination arrangements and the development of humanitarian policies.

Headquarters staff (New York and Geneva): 137 (50 regular budget posts; 87 extrabudgetary)
Core annual budget: $42.4 million (regular budget $18.4 million, extrabudgetary $24 million)
OCHA field staff: 51

Complex emergencies

Total Concolidated Inter-agency Appeals (CAP) since 1992: 62 (average 10 per annum)
Total resources sought: $ 12.3 billion
Total resources received: $ 8.9 billion

Countries and regions covered: 19 countries and 3 regions
Organizations participating in CAPs: WFP, UNHCR, UNICEF, UNDP, FAO, WHO, UNHCHR, HABITAT/UNCHS, UNDCP, UNFPA, UNRWA, UNESCO, ILO, IOM, UNV and NGOs.

Use of Emergency Revolving Fund (CERF): 51 advances for a total of $127.7 million.

OCHA currently maintains field coordination arrangements in 16 countries and one region: Afghanistan, Angola, Armenia, Azerbaijan, Bosnia and Herzegovina, Burundi, Democratic Peoples Republic of Korea, Democratic Republic of the Congo, Georgia, Great Lakes, Republic of the Congo, Russian Federation, Rwanda, Sierra Leone, Somalia, Sudan, Tajikistan.

Natural disasters

Prior to the establishment of OCHA, the predecessor Department of Humanitarian Affairs (DHA) responded to 416 natural disasters from 1992 through 1997.

It mobilized $904 million in cash and in-kind contributions and channelled $37 million directly.

DHA/OCHA also provided emergency cash grants of $4 million to developing countries.

Information

Relief Web (www.reliefweb.int): This internet website, managed by OCHA, provides up-to-date information on complex emergencies and natural disasters collected from over 170 sources. Users from over 150 countries access an average of 200,000 documents each month.

Humanitarian Early Warning System (HEWS): identifies crises with humanitarian implications. Through multi-sectoral analysis of indicators, both long-term and short-term, evaluation of trends and in-depth field-based information, HEWS informs decision-makers at headquarters about the likelihood and extent of crises. An extensive database of base-line information for more than 100 countries supports this activity.

Integrated Regional Information Network (IRIN): Since 1995, IRIN (Nairobi) has analysed and synthesized information on developments in the Great Lakes region. It issues daily reports as well as thematic studies for over 2,000 primary subscribers in more than 50 countries. IRIN (Abidjan) was set up in 1997 and began providing similar reports covering West Africa. It is envisaged that IRIN will expand its coverage in 1998 to include Southern Africa, Central Asia and the Caucasus Region as well as the Balkans.

Financial tracking: OCHA issues monthly reports on the response to appeals and natural disasters. This information is provided directly to humanitarian partners, including donors, and is available on Relief Web.

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Annex V

Useful internet addresses

Non-governmental Organisations

Amnesty International On-line
http://wwww.amnesty.org

Amnesty International, Norge
http://wwww.amnesty.no/index.htm

Center for Partnership in Development, Diakonhjemmet International Center
http://www.dis.no

Disaster Preparedness and Emergency Response Association
http://www.disasters.org/index.html

Disaster Relief Organisation
http://www.disasterrelief.org/

Global IDP Survey
http://www.nrc.no/idp.htm

ICVA – International Council for Voluntary Agencis
http://icva.ch

InterAction – American Council for Voluntary International Action
http://www.interaction.org/

Médecins Sans Frontières
http://www.msf.org

Norwegian Church Aid
http://nca.no

Norwegian Refugee Council
http://www.nrc.no

Norwegian Peoples Aid
http://interpost.no/folkehjelp/index.html

Norwegian Red Cross
http://redcross.no/index.htm

Oxfam
http://www.oneworld.org/oxfam/

Redd Barna (Norwegian Save the Children)
http://www.reddbarna.no

Refugees International
http://www.refintl.org/

U.N. Agencies and International Organisations

Food and Agriculture Organization of the United Nations (FAO)
http://www.fao.org

International Committee of the Red Cross (ICRC)
http://www.icrc.org

International Federation of Red Cross and Red Crescent Societies
http://www.ifrc.org

International Organization of Migration
http://www.iom.ch

United Nations Children's Fund (UNICEF)
http://www.unicef.org

United Nations Development Programme (UNDP)
http://www.undp.org

United Nations Documents
http://un.org/Docs/

United Nations High Commisssion for Human Rights (UNHCHR)
http://www.unhchr.ch

United Nations High Commisssion for Refugees (UNHCR)
http://www.unhcr.ch

United Nations Home Page
http://www.un.org/

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
http://156.106.192.130/dha ol/

World Bank
http://www.worldbank.org

World Health Organization (WHO)
http://www.who.ch

Governments and Intergovernmental Organisations

European Community Humanitarian Office (ECHO)
http://europa.eu.int/comm/echo

NORAD
http://www.norad.no

ODIN, offentlig dokumentasjon og informasjon i Norge
http://odin.dep.no

Organisation for Economic Cooperation and Development (OECD)
http://www.oecd/org/dac

Organisation for Security and Cooperation in Europe (OSCE)
http://osce.org

Academic and Research Institutions

Brown University, Thomas J. Watson Jr. Institute
http://www.brown.edu/Departments/WatsonInstitute/HW/

Center for Excellence In Disaster Management and Humanitarian Assistance
http://website.tamc.amedd.army.mil/

Chr. Michelsen Institute
http://www.cmi.no

International Relations and Security Network ISN
http://www.isn.ethz.ch/

International Peace Reserach Institute, Oslo
http://www.prio.no

Journal of Humanitarian Assistance
http://www.ispub.com/journals/ijdm.htm

Norwegian Institute of International Affairs
http://www.nupi.no

Overseas Development Institute (ODI)
http://oneworld.org/odi/

Post-war Reconstruction and Development Unit (PRDU)
http://www.york.ac.uk/depts/arch/prdu/welcome.htm

Refugees Studies Program
http://www.geh.ox.ac.uk/rsp/

Relief and Rehabilitation Network
http://www.oneworld.org/odi/rrn/

University of Colorado Natural Hazards Center
http://adder.colorado.edu/ hazctr

University of Minnesota Human Rights Library
http://www.umn.edu/humanrts/

War-torn Societies Project
http://www.unicc.org/unrisd/wsp/wsp.htm

Other sources:

Crosslines Global Report
http://www.ichr.org/xlines/

Human Rights Watch
gopher://gopher.igc.apc.org:5000/11/int/hrn

International Centre for Humanitarian Reporting
http://www.ichr.org/

ReliefWeb
http://www.reliefweb.int/

U.S. Committee for Refugees
http://www.refugees.org

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