C7 Humanitarian aid

Much of humanitarian assistance is about health: preventing death and restoring well-being after a disaster. However, if humanitarian assistance is to live up to its name, the political context of emergency aid needs to be understood.

This chapter has two sections. The first considers the concepts and actors involved in humanitarian assistance, in particular the frequently underestimated role of local actors, and the role of the media. The inequalities that underlie disaster response is another theme of this section. It concludes with examples of the use of the rights-based approach to improve the quality of humanitarian assistance. The second section is about the commercialisation of humanitarian assistance and the co-option of humanitarian assistance for foreign policy objectives.

Concepts and actors

> One country's emergency may end up being better than a normal day in another. (Cheechi 2005)

Humanitarianism includes the belief that a human life has the same value wherever an individual is born: 'There should be the same attention to northern Uganda as to northern Iraq, the same attention to the Congo as there was to Kosovo.' However, when Jan Egeland, then UN Under-Secretary General for Humanitarian Affairs, said this in 2005, he continued, 'that is not the case today'. Which situations are called emergencies and the degree of humanitarian response they receive vary according to who is affected, where, and how they relate to global politics.

TABLE C7.1   **Rustaq earthquake in Afghanistan and Northridge earthquake in Los Angeles**

Indicator	Rustaq, February 1998	Northridge, January 1994
People dead	2,323	57 (33–73)
People injured	818	9,000 (8,000–12,000)
Houses destroyed	8,094	
Buildings and structures damaged		112,000 (8,000–12,000)
Livestock killed	6,715	
Production losses		$220,300,000
People dead	High number of deaths	Low number of deaths due to quality of construction, general infrastructure and disaster preparedness
People injured	Injuries very likely under-reported: untreated unless serious and only if facilities available	All injuries registered at treatment centres and for insurance purposes
Houses destroyed	Uninhabitable houses registered	
Buildings and structures damaged		All damaged structures recorded
Livestock killed	Not monetised	
Production losses		Monetised

Source: Bolin 1998; Longford 1998.

A disaster has been defined as 'a situation or event which overwhelms local capacity, necessitating a request to a national or international level for external assistance' (CRED 2008). The term 'complex humanitarian emergency' attempts to capture the political and social upheaval, the deterioration in all aspects of living conditions, and the indeterminate length of some emergencies.

The most common indicator used to define an 'acute emergency' is a doubling of the Crude Mortality Rate (CMR). If the baseline CMR is not known, a CMR greater than 1 death per 10,000 people per day is considered to be an emergency (Sphere Project 2004a). This means that a country with a high 'normal' CMR has a much higher threshold for a disaster to be considered an emergency than a country with a lower initial CMR. Poorer countries with a high baseline CMR therefore have greater

difficulty having their disasters defined as acute emergencies, whilst also tending to have fewer resources with which to respond.

The data in Table C7.1 are from the Rustaq earthquake in Afghanistan and the Northridge earthquake in Los Angeles in the United States. Both were caused by a similar level of shock. These figures – including what information is and is not available – illustrate the hugely unequal circumstances of the people behind the statistics of the two disasters.

Natural or man-made and implications for accountability

The Centre for Research on the Epidemiology of Disasters (CRED) lists the following as 'natural' disasters: drought, earthquake, epidemic, extreme temperature, flood, insect infestation, slides, volcano, wave/surge, wildfires and wind storm.

There is much debate about the word 'natural' with its implications of inevitability. Scientists concluded in 2006 that the rise in frequency of hurricanes cannot be explained by natural variability. Despite this, a reluctance to accept the underlying causes of natural disasters persists because of concerns about responsibility and liability. This could particularly be the case with extreme weather caused by climate change, as richer countries produce close to 80 per cent of carbon emissions, while Asia and Africa are home to 62 per cent of 'natural' disasters and 74 per cent of the resulting economic damage (Hoyois et al. *2007*).

Is it or isn't it, and does it matter?

The definition of an emergency has several important implications:

- Apart from the International Committee of the Red Cross (ICRC) and certain United Nations agencies with particular mandates, humanitarian actors have to be invited to provide humanitarian assistance by a national government. This is normally done by a government declaring an emergency and signalling a need for international help.
- Once there is a declared emergency, donor funds can be disbursed more quickly than otherwise is the case.
- The declaration of an emergency can also spur organisations to deliver assistance without the consent of a country's government. This can be done for purely humanitarian purposes, but can also be done to justify external interference in a country for strategic and foreign policy purposes.

Who responds and who is seen to respond: the role of local actors

Most definitions of 'disaster' refer to the need for 'outside' assistance. In fact much disaster relief, particularly in the early stages, is provided locally.

After the Rustaq earthquake in north-east Afghanistan it was found that the response of survivors, neighbours, local government and the local military was swift and effective and that many presumed dead were actually with friends and relatives in neighbouring villages (Longford 1998). In Indonesia after the tsunami, 91 per cent of rescue services in the first 48 hours were provided by private individuals (Fritz Institute 2005). Despite this, there is a lack of investment in local and regional preparedness for responding to disasters. Instead, considerable resources are invested in, for example, search-and-rescue teams coming from countries outside the affected region.

The day after the Pakistan earthquake in October 2005, a reporter wrote: 'I've literally seen hundreds of people being pulled from the wreckage of Balakot' (BBC News 2005). Two days or so later, the 38-member UK Fire Search and Rescue Team arrived (with 37 personnel from other UK agencies) and were 'involved in 14 rescues' (FRS Online 2006). It has to be asked if some of the considerable resources involved in this would not have been better spent on improving local or regional disaster preparedness.

Perceptions and the media

Over the last twenty years there has been improvement in the way the media cover disasters: local actors are more frequently interviewed, and local responses receive more attention. However, coverage is still short-term, puts too much emphasis on the influence of international aid, and is sometimes politically biased. All too often in the Western media, a stereotypical and unbalanced picture of 'givers and receivers' is projected.

Hurricane Katrina was one of the most extensively analysed disasters with regard to its media coverage. Although this was a disaster that occurred in the rich North, it amply demonstrates the way in which disasters can be distorted along racial and political lines. One study found that 'minorities are disproportionately shown in a passive or "victim" role and are rarely shown in positions of expertise' (Vick and Perkins n.d.), Another noted that the media 'overestimated crime and panic (amongst the largely black population) and underestimated acts of kindness' (Tierny et al. 2006), while a third report described how misreporting could have 'delayed the arrival of relief teams and volunteers who feared for their safety' (Starks 2006).

Relief and development: difficulties with the divide

The short time frames within which donor funding for emergencies has to be spent have implications for making the transition from an 'emergency response' to the more long-term requirements for reconstruction and development.

For example, after the 2000 floods in Mozambique, donors were keen to support the rehabilitation of health centres: an essential activity, and one with a clearly demonstrable outcome within a reasonably short and predictable time frame. However, infrastructure such as roads had not yet been reconstructed and in some cases construction materials had to be flown in at great expense. With more flexibility it would have been possible to prioritise road-building while health services continued to be delivered out of temporary structures, and to carry out the rehabilitation of health facilities when materials could have been brought in by road. This would have been more cost-effective.

For health workers trying to ensure a continued service supply, the 'end' of an emergency may present particular challenges: 'If during the war you have access to health care and all of a sudden that disappears when peace comes, you start to wonder if only conflict is worthwhile' (Walter Gwenigale, Liberian minister of health, quoted in *Independent*, 24 May 2007).

The conflict in Liberia lasted fourteen years, ending in 2003, during which time an estimated 80 per cent of health care was supported by non-governmental organisations (NGOs). Yet there was no replacement or phasing-out strategy for the departing 'emergency' organisations, and by 2007 maternal mortality and life expectancy rates were still worse than during many emergencies. In general, those organisations which try to continue working in countries in the medium term after emergencies have problems accessing funds.

Prevention and disaster preparedness

Disaster prevention and preparedness should be an integral follow-on from any emergency. However, being a preventive measure that necessitates long-term commitment, it is nearly always insufficiently funded – with the tsunami being a welcome exception, as there have been considerable investments in preparing for future tsunamis.

Food security indicators can act as an early warning of potential disaster, and over the last twenty-five years have received more attention from the UN and the humanitarian community. However, more is needed. The opinion of senior nutritionists with regard to the Ethiopian emergency in 2003 was that 'the current crisis is partly caused by structural food insecurity and should have been countered by long-term development planning rather than emergency aid' (Institute for International Studies 2003).

The need for disaster preparedness has been urgently underlined by climate change. Taking this into account, some civil society organisations are promoting disaster risk reduction methods which integrate continual preparation for disasters into 'regular' development programmes.

IMAGE C7.1   **Woman in India carrying water in area where citizens were relocated following a natural disaster**

Addressing vulnerabilities through long-term prevention and prepared–ness programmes involves a degree of wealth redistribution which may challenge the status quo, as it did in El Salvador following Hurricane Mitch (Wisner 2001). This needs to be anticipated and absorbed into the strategy of disaster preparedness programmes.

Attempts to achieve minimum standards: the rights–based approach

During the first half of the 1990s there was increasing discussion about the right to receive humanitarian assistance of a certain quality. One of the outcomes was the Sphere Project for Minimum Standards in Humanitarian Assistance, which through a consultative process produced standards and associated indicators in four technical areas: water, sanitation and hygiene promotion; food security, nutrition and food aid; shelter settlements and non-food items; and health services (Sphere Project 2004b).

While a few organisations considered the standards potentially restrictive, many adopted them and now conduct voluntary self-monitoring of their implementation. Another aim of the Sphere Project was to shift underlying attitudes away from 'charity' towards a duty to provide assistance. Despite

these efforts, those receiving assistance are in many instances still treated as a less powerful 'partner'.

While the Sphere Project concentrates on minimum standards for interventions, humanitarian assistance can also be used as an integral part of directly empowering civil society to demand their rights. One year after the Gujarat earthquake in 2001 local organisations, supported by the international NGO ActionAid, protested that many people had not received the compensation they were owed from the district government. These organisations not only provided humanitarian assistance but actively engaged with disadvantaged local groups to raise awareness of their rights and break down communal barriers.

Geographical and political priorities: size and quality of response

Most humanitarian organisations make great efforts to respond according to need in disasters: this is the basis for the core principle of impartiality. Individual programmes often achieve this within a contained population, but when the global picture is considered the humanitarian response is far from impartial.

In 1998 Julius Nyerere pointed out that a country was more likely to be a priority for humanitarian assistance if it had the potential to create a refugee problem for donor countries. For example, while $166 per capita was spent on humanitarian assistance in the former republic of Yugoslavia, only $2 per capita was spent in Eritrea (WHO 2008).

The war in Iraq demonstrates the way in which humanitarian assistance is distorted. As of July 2007, approximately 4 million Iraqis – either refugees or internally displaced persons – were receiving inadequate general rations and poor shelter. The insufficient response in 2007 reflects the nature of changing political priorities. In 2003, the planned swift and generous response would potentially have won local hearts and minds; in 2007 the refugees and displaced only serve as a reminder of how badly things have gone wrong for the US and its allies.

Changing political priorities can also mean that the pledges made in the immediate aftermath of an emergency are not delivered. Of the $9 billion pledged to Central America following Hurricane Mitch in 1998, only 50 per cent had been delivered by the end of 2004. A year after the Bam earthquake in Iran in 2004, only 12 per cent of the promised $1 billion had been delivered (Mansilla 2005).

On the other hand, donations from the public and non-governmental bodies are often underestimated as they may not be captured in standard calculations. Humanitarian resources received from the public globally almost

certainly exceed those from official sources. Funds from diaspora groups, Islamic agencies and Islamic government-to-government funding are thought to be particularly prone to underestimation, as is the investment in time and resources involved in the response of the disaster survivors themselves.

Despite the considerable effort made by those working in humanitarian assistance to keep their work impartial, the type and degree of response are still influenced by the foreign policy objectives and national interests of the contributing nations. One clear illustration of this is the recent history of food aid.

Food aid: for whose benefit?

The United States has historically provided large amounts of food aid for humanitarian programmes. As discussed in Chapter D2.1, the US has used food aid to subsidise its domestic agricultural industry.

For those at the receiving end, food aid can result in unfamiliar food of dubious quality being supplied late, and sometimes with damaging effects on fragile, local markets. Food aid provided in Ethiopia in 2002, for example, flooded the market and undermined local farmers still further.

Attempts to provide genetically modified (GM) crops in recent years (at the same time that some European countries were refusing GM products) is another illustration of inappropriate food aid. One concern of governments receiving the food aid was that farmers would save some of the GM crops for the next planting season. But as GM seed does not propagate itself, this could mean that no seed would be produced for the next harvest and that national control of the seed stock would be severely damaged. In August 2002, when President Mwanawasa of Zambia refused to accept imports of GM maize as food aid, it led to claims that he was 'refusing to feed GM grain to the starving'. The Zambian government cited their concerns about future seed stocks, and offered to accept the food if it was milled, eliminating the possibility of GM crop planting. However, the US government refused to donate cash for milling or local purchase, unlike the UK government, which supported the purchase of local and regional grain.

Highjacking humanitarianism – intervention and invasion

Humanitarian assistance has always often been used to further the foreign policy objectives or national interests of donor countries. In the case of the UN agencies, funding reflects the priorities of donor member states.

Humanitarian space has been defined as 'a space of freedom in which we are free to evaluate needs, free to monitor the distribution and use of relief goods, and free to have a dialogue with the people' (Wagner 2005). This space has been challenged in recent years. Security concerns in Iraq

and Afghanistan were high on the agenda of the 160 NGOs that met at a meeting in Washington DC in May 2004. At the same time NGO staff were avoiding using agency T-shirts and painting over logos on their vehicles to decrease the risk to staff through perceived association with the countries of military actors in the conflicts. There was 'a lot of concern in the humanitarian community about whether the definitions of humanitarianism are changing', potentially making aggressive acts more acceptable to the public, and easier to justify to an electorate or political opposition.

The bombing of Kosovo saw the first use of the term 'humanitarian bombing'. In fact the bombing, which was justified on the grounds of humanitarianism, was also the cause of a humanitarian disaster. Events in Afghanistan and Iraq have also shown how wars undertaken supposedly to liberate people from tyrannies have been conducted in ways that have decreased the safety, security, health and well-being of the population.

However, a study carried out in 2007 indicates that for the people of Iraq the underlying principles of humanitarianism had not changed: 'Although humanitarian principles are in general warmly embraced in Iraq, we also heard with consistency that humanitarian action that falls short of the ideal is recognized as such and is prone to rejection' (Hansen 2007). Association with the invading military forces, and a blurring of military 'hearts and minds' activities and humanitarian action, have diminished humanitarian space. This reduces access to assistance, and puts both humanitarian actors and those they are trying to help at greater risk. According to Mark Malloch-Brown, former UN Deputy Secretary-General: 'I have watched the work I used to do get steadily more dangerous as it is seen as serving Western interests rather than universal values.'

Humanitarian space reflects an understanding by all sides in a conflict of the right of those affected to receive humanitarian aid. It implies that armed forces will take the necessary steps to allow humanitarian activities to take place. It needs an understanding of the risks for civilians, including those providing assistance, of any association with military actors.

In the north and east of Sri Lanka, assistance was able to be provided during a very volatile and violent period (1987–90) by establishing clear and agreed travelling procedures between humanitarian actors, the Indian Peace Keeping Force (IPKF), the Sri Lankan army and airforce, and the Liberation Tigers of Tamil Ealam.

The influence of 'new' actors: the military and private business

Over the last fifteen years the military have played an increased role in humanitarian assistance, with straplines such as 'a force for good in the world' and recruitment that emphasises the 'humanitarian' aspects of the

job. The Defence Medical Corps – or equivalent – of most armies tradition-ally had the responsibility of ensuring the health of the armed forces. While there have always been instances when the military has treated civilians, this has previously been done in an ad hoc manner. Their present role implies a more formalised function in treating civilians.

Actions related to civilian health have often been carried out by the military in the name of winning the 'hearts and minds' of the local popula-tion; it 'gives the military commander a 'carrot' to complement his 'stick' in gaining compliance'. 'Hearts and minds' activities have more recently been called Quick Impact Projects (QIPs). If it can be claimed that armed forces are routinely supplying humanitarian assistance, then claims that military interventions are 'humanitarian' can be strengthened. Given their need to win hearts and minds in the short term, the medium- to longer-term implications of these projects are likely to be ignored.

For non-military humanitarian actors, an expanded role for the military can also mean a loss of perceived impartiality, with consequences for the security of humanitarian workers as well as those they try to assist.

Humanitarian aid has become increasingly project-oriented, with an emphasis on demonstrable impact, in all but the very acute stage of emer-gencies. This can restrict responsiveness to changing local contexts, impose impractical time frames and limit flexible strategic planning. While impact assessment is important, it can also lead to perverse incentives if inappro-priately applied, and to humanitarian actors doing what they will be able to measure, rather than doing what is more appropriate and sustainable.

In 1996, WorldAid 96, a major global expo and conference on emergency relief, was held in Switzerland. It attracted many NGOs, but also 274 com-panies. Products from landmine flailers to water purifiers were on display. Discussion at the event showed considerable confusion as to its purpose: was it to market the items that humanitarian agencies could purchase, or was it suggesting that private companies could better provide humanitarian services? The private delivery of humanitarian assistance raises concerns about profit maximisation and the lack of market regulation in the context of vulnerable 'consumers'.

It has been claimed that private companies are more efficient than the voluntary sector, although the evidence does not support this. The United States Agency for International Development (USAID) awarded Abt As-sociates – a Massachusetts-based consulting firm – a contract for US$43 million to improve the health sector and distribute medical supplies in Iraq. According to a USAID audit, 'medical kits intended for 600 clinics contained damaged or useless equipment', and USAID eventually cancelled the contract.

BOX C7.1   **The Humanitarian Response Index**[1]

The Humanitarian Response Index (HRI) is a recently developed tool for measuring the performance of donors in relation to the widely accepted Principles and Good Practice of Humanitarian Donorship.

In light of the poor practices described in this chapter, it is hoped that the Index will catalyse more equitable and ethical practices by the donor community, as well as improve the efficiency and quality of humanitarian action.

The tool uses 25 quantitative and 32 qualitative indicators to measure donor performance in terms of five pillars of humanitarian assistance: responding to humanitarian needs, integrating relief and development, working with humanitarian partners, implementing international guiding principles, and promoting learning and accountability.

According to the Index, which was published for the first time in 2007, Sweden, Norway, Denmark and Netherlands were the best performers among the 23 donors that were assessed. Portugal, Italy and Greece fared the worst. The US is 16th on the list of 23. Canada, whose humanitarian assistance is discussed in Chapter D2.2, is in 7th place. But Cuba, which mounted a humanitarian response to the earthquake in Pakistan, is not included in the HRI.

The 2004 Indian Ocean tsunami brought about increased involvement of private companies in humanitarian relief for no immediate profit motive, for example through the donation of goods. However, the motivation behind this engagement appears to be driven, at least in part, by a desire to build a positive brand and to 'insure' against potential future political crises, and by the chance to gather business intelligence (Binder and Witte 2007).

These are clearly different from humanitarian motivations, as represented by the humanitarian charter of the Sphere Project or the code of conduct for the International Red Cross and Red Crescent Movement and NGOs in disaster relief. Nevertheless the international human resource director of one large humanitarian NGO has been reported as saying that they were 'openly inviting applicants from the business world and the public sector because their skills are transferable'.

The role of civil society

Civil society has a vital role to play in preserving humanitarian space, whether it is receiving assistance, providing assistance or monitoring events. What should be done will depend on the particular context. However, some key issues can be highlighted:

- ensuring that local actors are recognised and supported during emergencies, particularly in relation to defining needs and priorities and developing strategies;
- advocating for changes to reduce the inequalities that underpin vulnerability to disasters;
- supporting the further use of the Sphere Project's minimum standards for the implementation of humanitarian interventions;
- using the Humanitarian Response Index to campaign for better donor practice (see Box C7.1);
- campaigning for international humanitarian law to be respected in all disaster situations.

Note

1. For more information on the HRI, see www.daraint.org/web_en/hri.html.

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