

FOCUS:
Vulnerability
in humanitarian crisis

From the VOICE Secretariat

In the humanitarian aid sector vulnerability is a frequently occurring topic. But what in fact is meant with the concept of "vulnerability"? How are vulnerabilities, and the vulnerable, taken into consideration in humanitarian crisis?

Vulnerability in crisis situations is seen to have various causes. There can be some individual condition that sets the person in a vulnerable position in his/her environment, or it can be because of external factors that a person's situation becomes vulnerable. In any case, it is acknowledged that vulnerable peoples' needs are to be addressed with special attention also during humanitarian crisis.

This edition of VOICE OUT LOUD is focused on the question of vulnerability in humanitarian crisis. Member organisations of VOICE share their views and experiences concerning the vulnerabilities of internally displaced people, and women living in crisis settings. The specificities of mental health problematic in crisis situations, vulnerabilities caused by disabilities, and those of indigenous peoples are also discussed. This edition also offers an inside to the impact of EU crisis management policies on EU humanitarian aid, and the state-of-play of the planned EU Humanitarian Aid Policy Communication. In addition, there is an article about the ongoing humanitarian needs due to the on/off crisis in Afghanistan.

VOICE OUT LOUD is intended to contribute to the understanding of the professional reality of humanitarian NGOs. It is addressed to the European decision makers and other stakeholders of the humanitarian community, while giving an insight into relevant humanitarian issues, relying upon the experience and input of VOICE members.

VOICE

VOICE stands for Voluntary Organisations in Cooperation in Emergencies. It is a network representing some 90 European non-governmental organisations (NGOs) active in humanitarian aid worldwide. Seeking to involve its members in information, training, advocacy and lobbying, VOICE is the main NGO interlocutor with the European Union on emergency aid, relief, rehabilitation and disaster preparedness. As a European network, it represents and promotes the values and specificities of humanitarian NGOs, in collaboration with other humanitarian actors. Based in Brussels, VOICE has been active since 1993 and is an independent organisation under Belgian law since 2001.

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NGOS NEED TO SPEAK WITH ONE VOICE

EDITORIAL

 **At a time when other (state) actors strive to strengthen their position in the European Humanitarian Aid sector, it is essential to pursue promoting and defending the commitment - particularly to humanitarian principles - the specificities and professionalism of non-state actors such as humanitarian NGOs.**

In this context, it is equally fundamental that NGOs, while retaining their own identities, express themselves through a common voice. This common voice is essential in many regards.

If humanitarian NGOs wish to have political influence in the EU, they need to send across a common message. One can imagine the cacophony and the negative consequences on European interlocutors tired by the unfocussed and differing approaches of humanitarian actors. The recent consolidated response prepared by VOICE to the extensive questionnaire on EU humanitarian policy sent out by ECHO to all its partners, rightly illustrates this necessity as well as the advantages of a "common voice" for the network members.

Thanks to its weight, a network of NGOs enables to put on the agenda important humanitarian issues such as the need for a diversity of non-state actors in the delivery of EU humanitarian aid, promotion and respect for humanitarian principles, and access to crisis-affected and vulnerable populations.

Furthermore, one common voice allows smaller NGOs to be heard at the highest European political level, benefiting from a mass effect, while retaining their individual specificities. Besides, VOICE strongly defends these specificities, which are a true asset of the humanitarian sector.

In this respect, assuring the continuity of emergency, reconstruction and development activities requires a gathering of forces. Indeed, even if these activities amount to an indivisible whole, the specificities of each one of them have to be underlined and the confusion of these activities should be discouraged. VOICE commits to this with determination and the network is actively involved in the search of clarity and in the definition of humanitarian action as such.

The network offers to humanitarian NGOs a forum to exchange useful experience on how to tackle the ever more important challenges they face. Although the attention is not always there, a feeling of belonging to the same family is developing thanks to these exchanges.

Not only are synergies created among member organisations inside the network, but equally between VOICE - the Board and the Secretariat - and its approximately 90 members based in 17 European countries. These synergies offer an undeniable influential capacity in the European decision-making process, ensuring humanitarian NGOs a "voice" in Brussels-based institutions as well as with the EU Member States.


Therefore, belonging to a network such as VOICE facilitates NGOs' access to the Commission's humanitarian structures and ECHO Partnership, particularly regarding the procedures. But it is still a considerable influential lever in the context where European humanitarian action is ever so much "flattered" for political reasons and where the role of the actors of civil society is slowly eroding.

Paul Grossrieder
President of VOICE

VULNERABILITY IN HUMANITARIAN CRISIS

THE ISSUE - VULNERABILITY IN HUMANITARIAN CRISIS

'(...) vulnerability is used to identify priorities and intervention strategies and to justify resource allocation.'

 The concept of vulnerability has an important role in research and policy formulation on disaster mitigation and prevention. A lot of research has been done in recent years on vulnerability in so called "natural disasters", defining vulnerability indicators for vulnerability assessment and strategies for vulnerability reduction, but little research has been done on vulnerability in so-called "complex emergencies" so far.

However, vulnerability is widely used by humanitarian actors and donors in order to identify priorities and intervention strategies and to justify resource allocation. This often happens without considering the interdependences of vulnerability and the pitfalls of the vulnerability concept. That is why a closer look into some of the different dimensions of vulnerability is worthwhile.

AN INNOVATIVE CONCEPT

Originally conceptualized in order to counter the dominant paradigm in disaster research and management, focusing on hazards, natural sciences and technocratic solutions, vulnerability can be considered an innovative concept with a critical potential, widening the analytical and policy perspective from a purely technological approach to historical, social, political and cultural factors of risks.

The UN International Strategy for Disaster Reduction defines vulnerability as *"The conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards."*¹ While hazards are often natural, disasters (and violence, as the main component of complex emergencies) are not. They are the result of social conditions. Social systems generate unequal exposure to risk by making some people more prone to disaster (or emergency) than others and these inequalities are largely a function of the power relations operative in each society² and across societies. Consequently, the ICRC defines vulnerability as *a result of precarious conditions of existence of individuals or collectives in combination with the threat of a brutal change in their environment.*³

Different dimensions of vulnerability can be distinguished, reaching from individual and household level to vulnerable groups and broader populations up to longer term trends and pressures. In the contexts of humanitarian crises, vulnerable groups and populations are mostly at the core of the attention, while longer term trends and pressures are often ignored.

The ICRC distinguishes three different causes of

vulnerability: vulnerability arising from physical characteristics (women, children, elderly, disabled), social, economic, political and cultural factors (income, education, access to health care, housing, solidarity networks and relations with the state etc.) and resulting from actual conflict (civilians, IDPs, refugees).⁴ Women, children, elderly, disabled, civilians, IDPs and refugees, however, are specific groups, particularly vulnerable to social, economic, political and cultural factors as well as to violence and often suffer from multiple vulnerabilities. That is the reason they have been granted special status with specific rights, including the entitlement to protection, which however is too rarely implemented - in onset crises as well as beyond.

CAPACITIES AND RESOURCES

Capacities for preparedness, for coping and for recovery are the main resource of communities at risk in order to face hazards. Analysts, decision makers and other actors concerned with prevention and development, therefore concentrate their efforts on finding ways to identify and strengthen the existing capacities of vulnerable communities and groups to resist successfully to any relevant hazards.

Humanitarian actors and donors, engaged in relief, however, often tend to reduce the concept of vulnerability to a tool for identifying priorities, for justifying resource allocation and for designing intervention strategies, generally resulting in the classification of "vulnerable groups", the "most vulnerable" or the "vulnerable of the vulnerable". Emergency considerations and/or the restricted mandate of humanitarian actors as well as the scarcity of resources very often are cited in order to justify the limitation of aid to specific regions, populations or groups having been identified "more vulnerable" in comparison to other regions, populations or groups.

EXCLUSIVENESS AND INCLUSIVENESS IN HUMANITARIAN AID

It is understandable that due to limited resources, donors and humanitarian organisations tend to concentrate their efforts on those groups identified to be the "most vulnerable", often seen as the "most needy". However, it has to be considered that this "positive discrimination" needs to be well deliberated, especially if it intends to support the vulnerable groups in a sustainable way by overcoming or at least reducing their vulnerability - instead of reproducing it. A longer-term commitment to the vulnerable, which ideally already exists before disasters or emergencies become acute, should therefore be part of such a strategy; not limited to passive

1. <http://www.unisdr.org/HFdialogue/terminology1.htm>

2. Greg Bankoff, *The Tale of the Three Pigs: Taking Another Look at Vulnerability in the Light of the Indian Ocean Tsunami and Hurricane Katrina*, 11.06.2006.

3. Frank Ellis, *Human Vulnerability and Food Insecurity: Policy Implications, Overseas Development Group (ODG)*, August 2003.

4. International Committee of the Red Cross (ICRC) "Women in war: a particularly vulnerable group?", 01.03.2007 (<http://www.icrc.org>).

'Vulnerability should first of all be targeted from within the society.'

participation of "beneficiaries", but recognizing them as resourceful participants in their own emergency within the limitations forced on them.

Inclusive approaches seem to be more appropriate not to discourage less vulnerable sections of society to participate in transforming existing patterns of exclusion and vulnerabilisation and thus contributing to overcome marginalisation. Crises can be challenging moments to mobilise solidarity and willingness to change not only from the international community but also from within of the society concerned, and in general they do so. Too often, this is neither reflected in international media coverage nor by humanitarian actors themselves, who tend to (re)construct the picture of the "helpless vulnerable".⁵ The strengthening of local coping capacities, however, requires that existing social structures and solidarity networks are not overridden by massive external intervention.⁶ Instead, concerned societies should be at the core of the attempt to provide a more equitable allocation of resources. Vulnerability, being endogenous to any society, should first of all be targeted from within the society. External aid can support local social actors in this perspective by direct cooperation and by acknowledging and targeting the exogenous factors⁷ which contribute to the increase and reproduction of the prevailing factors of vulnerability - such as unfair international trade relations, exploitation, fuelling of conflicts or the denial of access to global common goods.

Given, that groups and communities identified as vulnerable are in general deprived of some (if not all) of their basic rights, humanitarian action which takes vulnerability seriously should therefore be rights-based, instead of justifying policy and programming decisions solely by needs-based arguments. This includes not only advocacy with donors for appropriate levels of support, but also denouncing internal and external root causes of vulnerability with states, companies and warring factions.

Another aspect of vulnerability meriting more attention is that of vulnerability caused through protracted humanitarian aid in lasting political crises, risking to make the vulnerable groups more susceptible to continuous dependence on aid, while political solutions to the root causes of complex crises or international response to global phenomena like climate change remain inadequate.

VULNERABILITY IN ACUTE AND STRUCTURAL HUMANITARIAN CRISES

What is generally ignored in debates on humanitarian aid are those permanent and slow

build-up crises, causing situations of permanent emergency, being as all-encompassing as major acute crises related to sudden impact hazards, but exceeding their dimensions in an unspectacular way. They do not fit into the common perception and intervention patterns of media, humanitarian donors and aid agencies and hence do not get comparable attention and funding. HIV/AIDS, tuberculosis and malaria are some of the prevailing causes of death worldwide, which are dealt with as additional vulnerability criteria within humanitarian operations, but not in terms of a humanitarian crisis of catastrophic dimension as such, although causing chronic systemic vulnerability of millions of people by undermining their crisis coping capacities. Poverty as well as the insufficient access to affordable treatments and medications are among the main sources of the vulnerability of large portions of the affected. Especially tuberculosis can be considered as an indicator disease, afflicting the most vulnerable.

Massive migration driven by poverty or ecological degradation has to be considered as, what Omar Cardona calls a "destabilizing phenomenon" in his definition of vulnerability in humanitarian crises⁸ - reaching often disastrous dimensions for the original societies as well as for the host societies. Urbanisation processes are causing additional multi-layered physical, economic and social vulnerabilities to those, considered as the "urban poor". Besides poverty, marginalisation and precarization, these structural vulnerability factors contribute to an increasing multiple vulnerability of relevant portions of the global population, often only attracting wider attention, when triggers of acute disasters strike.

THE ROLE OF NGOS


For NGOs, the main challenge is, how to respond to acute needs in humanitarian crises, without ignoring or even reproducing the underlying factors of vulnerability. Avoiding the additional victimization of the affected, recognizing and supporting coping and solidarity resources of affected communities, exchange and long term cooperation with local organisations and networks and - last but not least - advocacy on basic rights and denouncing global root causes of vulnerability are strategies already followed by many of them. Those strategies could and should become more visible in the discourse on and the practice of targeting vulnerability in humanitarian crises.

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5. See Tracey Skelton's Analysis: Representations of the "Asian Tsunami" in the British Media, Asian MetaCentre Research Paper Series, no. 21, April 2006.
6. "Tsunami. A study on disaster response in Sri Lanka." - commissioned by Bread for the World, medico international and the Heinrich Böll Foundation in 2006 - states, that in a situation of complex vulnerabilities and successive disasters "... the outpouring of overseas' assistance and sympathy extended exclusively to tsunami victims has made other vulnerable groups feel totally neglected."
7. Sue Lautze, Angela Raven-Roberts, The Vulnerability Context: Is There Something Wrong With This Picture? Embedding Vulnerability in Livelihood Models: A Work in Progress, Feinstein International Famine Center, Tufts University, 2003.
8. Omar Dario Cardona A., The Need of Rethinking the Concepts of Vulnerability and Risk from a Holistic Perspective: A Necessary Review and Criticism for Effective Risk Management, in: G. Bankoff, G. Frerks, D. Hilhorst, Mapping Vulnerability: Disasters, development and People, 2003.

THE GLOBAL IDP CRISIS: NEED FOR IMPROVED RESPONSE

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 **Internal displacement affects millions of people around the world and causes a global humanitarian crisis. It brings about generic and group-specific vulnerabilities and, to be solved, demands improved and well-tailored humanitarian and political responses.**

Internally displaced persons (IDPs) are one of the largest 'at-risk' population groups in the world. Nearly 25 million people are currently internally displaced by conflict alone. No single agency is mandated to assist and protect them; instead, the international community has been trying to work out a collaborative inter-agency response. The level of international attention to the issue of internal displacement and the plight of the displaced has been growing in recent years. The UN's ongoing humanitarian reform process is expected to improve the international response to situations of internal displacement, including by introducing clearer responsibilities and more accountability. There is little evidence, however, that the increased attention has translated into tangible improvements in the conditions of large parts of the global IDP population.

The Internal Displacement Monitoring Centre (IDMC) of the Norwegian Refugee Council monitors conflict-induced displacement worldwide and works to improve national and international capacities to protect and assist the displaced. The organization's Global Overview of Trends and Developments in 2006 testifies to an increase in the number of people newly displaced by armed conflict and human rights violations. In 2006 some 52 countries were affected by conflict-related internal displacement, not counting a number of situations where displacement is likely to have taken place, but no IDP-specific information is available.

In addition to persons uprooted by conflict, there are millions of people internally displaced by natural or man-made disasters and in relation to development projects. Forced to flee their homes, they all remain within their national borders. National governments have the primary responsibility for IDPs' security and well-being, but they are often unwilling or unable to meet their obligations or may have themselves contributed to displacement. The number of conflict-induced IDPs alone has been oscillating around 25 million for the last several years. If this figure is taken as an indicator of the effectiveness of national and international responses, there can be no doubt they have failed.

Only when IDPs are recognized as a special vulnerable group can their singular needs be properly identified and addressed. Unlike refugees, IDPs do not have a legal status backed by an institutional system of international protection. They do, however, constitute a special category of concern by virtue of having been displaced and related specific needs. Displacement deprives people of their life sustaining, protecting and organizing structures, i.e. sources of food and income, housing, social services etc. It is frequently connected with the loss of documentation, which makes access to services elsewhere difficult or impossible. Often caused by traumatic events, displacement exposes innocent people to physical, social and psychological dangers and indignities, abruptly alters their lives, and can have a devastating effect on individuals, families, communities, and even whole cultures and societies.

Internal displacement is a complex phenomenon, and as such presents great challenges and demands comprehensive responses. While it affects millions of people, it influences distinct population groups in different ways. Being displaced brings about generic vulnerability. Assistance and protection needs of IDPs have to be assessed taking into account specific circumstances of particular groups within the IDP population, such as women, women-headed households, children, youth, the elderly, the disabled, minorities or indigenous peoples. Diverse modes of displacement will also call for different responses. IDPs in camps and collective centers will have different assistance and protection needs from those dispersed in urban centers or rural areas and/or areas difficult to access. The displaced, finally, need to be assisted in well-tailored ways when they return to their places of origin, resettle or decide to reintegrate in locations where they have been displaced.

OBSTACLES AND PRIORITIES

A key impediment to an effective response to the crisis of internal displacement is the scarcity and unreliability of data. The information on numbers, locations and demographic characteristics is essential to identify IDPs' particular needs and appropriately target and tailor responses. It is also often difficult to determine who is an IDP, tell IDPs from local communities affected by conflict or disaster as well as determine when the displacement ends, especially in protracted situations. The nature of internal displacement makes it generally difficult for governments, international organizations and NGOs to register or otherwise keep track of

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'Civil society groups play a vital role in raising awareness of IDP-related concerns (...)'

forced population movements and circumstances of the affected people. This exercise is particularly complicated when governments are reluctant, for political and other reasons, to acknowledge the actual scale of the displacement. They can impede the collection of data by international actors or use inaccurate information either to hide the dimension of the crisis or to inflate it in order to mobilize international support, or for other non-humanitarian reasons.

In order to improve the availability and quality of IDP-related data, the Norwegian Refugee Council's Internal Displacement Monitoring Centre initiated the development of inter-agency guidelines on the profiling of IDP populations. It has also contributed to the drafting of an inter-agency handbook on the protection of IDPs. The guidelines are designed to enable practitioners to decide which profiling methodology is best suited for a given situation and thus improve data collection; the handbook aims at providing practical guidance for operationalization of protection.

There are two priorities that must govern the response to situations of internal displacement. On the one hand, the delivery of humanitarian assistance must be improved to ensure safety and dignity of the affected populations during the displacement. Relief aid should be provided on the basis of need alone. It should not be dependent on or discontinued due to political sensitivities or other non-humanitarian factors, or associated with fluctuations of public and media interest. Many internal displacement situations have been forgotten or ignored for too long, as for example the crises in Iraq, the Central African Republic, Zimbabwe, Kenya, or India. On the other hand, the international community must insist on, support and help strengthen the state responsibility for protection of and assistance to IDPs and for solving the crises of displacement. National efforts to resolve conflicts, address causes of displacement and end internal displacement must be encouraged and monitored.

 NATIONAL AND INTERNATIONAL RESPONSES

The Guiding Principles on Internal Displacement provide an authoritative international framework for governments in exercising their responsibility to prevent arbitrary displacement as well as protect and assist those already displaced. A number of indicators can be used to measure whether and to what extent they have assumed

their responsibilities. These same indicators can guide international advocacy and support to help national authorities solve the crises and implement durable solutions.

The first step for national authorities toward developing appropriate response is to acknowledge the existence of the problem. So far more than a third of governments in countries with IDP populations have not made this basic step while others have ceased to recognize the issue. Once the problem is acknowledged, there is a need to develop and implement specific legal frameworks and policies in line with the Guiding Principles to address it. In 2006 the majority of countries affected by internal displacement still did not have such frameworks. In addition to enacting and implementing programmes and legislation, designing a governmental body as a focal point on IDP issues is essential to coordinate responses, ensure proper data collection and act as a counterpart to civil society and international community on IDP issues. As of late 2006 almost half the countries concerned had not designated such a body. Finally, governments' performance can be measured against their willingness to engage civil society and, where necessary, the international community in their efforts to address the situation of internal displacement. Civil society groups play a vital role in raising awareness of IDP-related concerns in their countries and advocating for respect for the rights of IDPs. However, in 2006 only one in four governments made a genuine effort to ensure the participation of the displaced or their representatives in IDP-related policy making and programming.


All that makes it clear that a lot more needs to be done. The global internal displacement crisis needs the continued attention of the international community. Although the governments of countries directly affected by internal displacement have the primary responsibility to address the problem, other states - Security Council members, donors, neighboring countries and the international community as a whole - also have a clear responsibility to assist the displaced and encourage and support national efforts. Only by concerted and better tailored interventions at the political and humanitarian level can the crisis of internal displacement be solved.

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LINGERING PAIN: GENDER BASED VIOLENCE IN SITUATIONS OF ARMED CONFLICT

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 (Katakwi, Uganda, 2004) It was August, we were harvesting. Two rebels of the Lord's Resistance Army approached us with guns. They wanted to abduct me. I tried to escape with the baby but they caught me and took me to one of their camps. There were many women there. At night, they took me to a hut. Then some men walked in and told me to lie down on the floor. Then they stoned me. They raped me as well. Later, I managed to escape. God saved me. I do not have any money. My house had been burned. I am not talking about this to anyone. Today is the first time.

Chrissy from Katakwi in Uganda tells these events without any emotion. She is breaking the silence of her story. NGOs encourage women - like Chrissy - to speak out. The strength of these women to tell their stories will help to empower themselves and other victims to speak out and to become survivors instead of victims.

There is due evidence that Gender Based Violence (GBV) has kept increasing over the last years. Within the Inter-church Organisation for Development Cooperation/ Kerk in Actie (ICCO/ Kerk in Actie) GBV is considered a major problem. The impact of GBV on individuals, communities and society at large is severe. Alienation and exclusion, psychological problems, reproductive complications, violence within households: the list of disastrous effects is endless.

To address this problem, ICCO/Kerk in Actie and its partner organisations operate with a threefold approach. First, a needs based approach to overcome the experiences. Second, a rights based approach to sensitize and emphasize respect for human rights, justice and equality and addressing impunity. Third, many of our partner organisations emphasize the need for social transformation that removes gender inequalities at all levels. This view is in line with CEDAW's (Convention on Elimination of all forms of Discrimination Against Women) definition of GBV as "violence that is directed at a person on the basis of gender or sex. It includes acts, coercion and other deprivations of liberty. It does not only occur in the family and in the general community but it is sometimes also condoned or perpetuated by the state through a variety of policies and actions and flourishes unabatedly in areas of situations of armed conflict."

ICCO/Kerk in Actie favours an integral approach where needs, rights and social transformation are addressed depending on the

particular context and capacities of the partner organisations.

NEEDS BASED INTERVENTIONS

Many women who faced GBV suffer from medical and psychological problems. Measures taken by ICCO/Kerk in Actie's partners include: working with communities in general and the people who were confronted with violence more specifically. The activities are composed of three elements: psycho-education, increasing protective factors and reducing other stressors. In South Kivu (DR Congo) ICCO/Kerk in Actie works with a network that has received extensive training from Healthnet/Transcultural Psycho-social Organisation (TPO) in trauma counselling for communities and individuals. The partner organisations have also been trained in referral of the more complicated cases to more specialised agencies, so as to ensure the quality and appropriateness of the assistance. A reception and counselling centre is provided, from which the victims are supported to return to their communities.

ISIS WICCE - an international women's organisation based in Kampala - in partnership with medical professionals, organises emergency medical intervention teams. They address the sexual and reproductive health as well as the psychological complications that women and girls in the Internally Displaced Persons (IDPs) sites encounter as a result of violence towards them.

In Northern Uganda and DR Congo ICCO/ Kerk in Actie works with several organisations that focus on the survivors of abduction, (gang) rape, hard labour and all forms of torture inflicted by rebels and soldiers. Apart from enduring horrific experiences, they often face stigmatisation and discrimination upon return to their village. In amidst rejection and lack of provision for the daily basic needs, the female survivors end up in destitution or prostitution as a means of survival. Lack of income also forms a major challenge for women in such situations. In Gulu, Uganda, the Mothers Union of the Orthodox Church has started a small rotational fund which provides members with small loans to set up little businesses like growing vegetables, and grinding mills.

RIGHTS BASED INTERVENTIONS

There is a serious lack of knowledge among the population about women's rights, and about legal remedies. Therefore, many of our local partner organisations aim to work with

'(...) Many of our partner organisations emphasize the need for social transformation that removes gender inequalities at all levels.'

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'Working with the affected communities, we aim at enhancing the role that women can play in the peace process.'

paralegals and grassroots organisations and to enable them to provide legal assistance. The need for legal assistance in the communities is tremendous. Also, skills of women in leadership should be enhanced in order to enable them to understand issues of human rights with its laws and mechanisms.

It is necessary to take into account the fact that GBV at domestic level often exacerbates in situations of armed conflict in order to address the problem in all its complexity. In Northern Uganda, a survey on GBV was conducted in order for a network of local NGOs to address the issue. The survey revealed that the root cause of GBV at household level was poverty and cultural beliefs with other contributing factors such as excessive drinking, insurgency, and inverted power relations with women becoming bread winners. Fighting GBV at domestic level requires a community based approach, which is implemented by many of ICCO/Kerk in Actie partners.



SOCIAL TRANSFORMATION

There is growing recognition of the important role that women can play in contributing to peace at domestic, community and national level as a right in itself, but also to fight GBV. Fourth World Conference on Women in Beijing in 1995 adopted the *"equal access and full participation of women (...) are essential for the maintenance and promotion of peace and security (...) If women are to play an equal part in securing and maintaining peace, they must be empowered politically and economically and represented adequately at all levels of decision-making"*.

In Kitgum, Northern Uganda, a women's organisation - Kitgum Women Peace Initiative (Kiwepi) - has taken the lead in awareness raising activities on issues of conflict transformation and peace building. These activities include mediation at household level, radio programmes in order to convince rebels to come out of the bush, as well as meetings with district leaders to lobby for support and redress for survivors of the conflict. In 2006, Kiwepi successfully managed to talk three Lord's Resistance Army commanders out of the rebel army.

Documentation of the experiences of women in armed conflict is increasingly recognized as an important tool for achieving justice, overcoming gender imbalances in history: writing and fighting impunity. In most cases, the experiences of women are not documented

and therefore remain unnoticed. ISIS WICCE, a partner of ICCO/Kerk in Actie, has been documenting, reshaping and disseminating information about women's experiences in armed conflict, to different target groups, especially policy makers, as a means of addressing the injustices.

On 31 October 2000, UN Security Council adopted Resolution 1325 (UNSCR). This 18-point resolution expresses a strong commitment to improve the position of women in conflict and the important role they can play in peace processes. Women peace activists attending the 51st session of the UN Commission on the Status of Women in New York (from 26 February to 9 March 2007) expressed serious concern about the lack of commitment to the development of national action plans concerning Resolution 1325. It is now the time for the UN and its member states to translate words into deeds.

ICCO/Kerk in Actie supports this statement and the need for organisations to demand the implementation of this resolution in their respective countries. In October 2007, ICCO/Kerk in Actie will organise a meeting in Brussels with partner organisations for policy makers (both from the European Union and from member states). This meeting will provide an opportunity for partner organisations of ICCO/Kerk in Actie to inform these policy makers of their experiences and the necessity of implementing UNSCR 1325. The aim of the conference is to build a bridge between Brussels and developing countries and to jointly come up with concrete ideas on the implementation of UNSCR 1325.


SUMMARY

ICCO/Kerk in Actie's strategy is to encourage our partner organisations to work together on these issues in order to overcome the complexity of the problem. Working with the affected communities, we therefore aim at a broader and integrated range of interventions which include legal assistance and sensitisation on women's rights, medical care, psycho-social assistance and trauma counselling, income generating projects, and enhancing the role that women can play in the peace process.


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DISABILITY IN EMERGENCY: ACCESSING GENERAL ASSISTANCE AND ADDRESSING SPECIFIC NEEDS

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 **Despite the fact that a significant proportion of affected populations is disabled, disability-awareness is still not an integral part of emergency response operations and disability issues are still not taken into account by most players during an emergency.**

The World Health Organisation estimates that between 7 to 10% of the world's population is disabled, which means that 7 to 10 % of any population affected by an emergency is disabled and may require special attention to help them access the relief assistance provided by local and international stakeholders. Moreover, any kind of emergency is a source of injury (physical and psychological) and may cause new disabilities, either because of the particular impairment or because the poor organisation of existing services leads to people receiving inappropriate care and follow up. Despite all these facts, "we didn't see any disabled people; there weren't any", is what we hear only too often when talking with the various local and international NGOs and public actors involved.

 **WHY ARE PEOPLE WITH DISABILITIES MORE VULNERABLE?**

Disability is the result of the interaction between an impairment limiting or altering a person's capacities and that person's environment.

Physical environment is first a cause of vulnerability. People with disabilities may have mobility problems and need assistive devices to get out and access services. Furthermore, there are very few countries where public facilities and transportation systems are accessible to disabled people.

In emergency situations, it is even more difficult for disabled persons to get out and seek assistance. They may have lost their mobility devices (wheelchair, prosthesis, crutches, etc.), and the physical environment is often completely transformed by destruction, displacements, or security problems. Consequently, people with disabilities are unable to leave their homes or shelter and so are not visible to relief workers.

Social factors also aggravate vulnerability. Social support networks are very important for disabled people: in some countries, they may be highly dependent on relatives and neighbours to meet their needs. For instance, disabled children may need their mother to take them to school, disabled

women may rely on neighbours or relatives to help them run their homes, and men with disabilities may be financially dependent on their wives and children.

In emergency situations, social networks are often disrupted; some of their participants may be dead or injured, or simply no longer able to provide support to people with disabilities. Everyone is occupied with survival activities, such as queuing for food, water, etc., and spend most of their time trying to meet their family's basic needs. The consequences are that people with disabilities are neglected and isolated at home. In some cases, this can have a negative effect on the person's health and well being. For instance, people with intellectual or sensorial disabilities may become distressed if they lose their care-giver. They may be afraid of events repeating themselves and lose confidence in others, making them even more isolated, angry and possibly violent.

Economic factors play a role regarding vulnerability too. Poverty is both a cause and a consequence of disability as people with disabilities have little access to employment. Often one of the family members has to stay home to look after the disabled person. Poor people also have little or no access to appropriate health, education or social services and so there is a higher risk of disabilities developing or existing impairments worsening.

In emergency situations, the poor sections of society find it particularly difficult to cope, and these difficulties are worsened when a family also has a disability to manage. The few resources available to them will be needed for the family's survival and there will be nothing left for the specific needs of the disabled person. The person with disabilities may be perceived as an additional burden and even be reproached for surviving the events. They may be left behind in population displacements, security threats or conflicts.

Knowledge factors should also be taken into account. Disability is often seen through a negative lens as in most countries there is an association with cultural and religious beliefs. Family members and the community see disabled people as worthless. A lack of knowledge about disability and about the capacities of people with disabilities is a cause of depression and exclusion. In emergency situations, these negative attitudes are exacerbated and there may be an increase in abuse and neglect of people with disabilities by the family and community.

Finally, political factors have an influence on vulnerability. Despite the recent adoption of the

'Disability is the result of the interaction between an impairment limiting or altering a person's capacities and that person's environment.'

(...) Most states don't have an inclusive policy with regard to disability issues.'

United Nations Convention for the Rights of Disabled Persons, most states still don't have an inclusive policy with regard to disability issues. Because of a lack of accurate data about disability, politicians and service providers are not offering equal opportunities to people with disabilities.

In emergency situations, governments and international stakeholders focus on the affected population, which will be made highly visible and receive a lot of attention. Financial schemes will be introduced, for example, and rehabilitation facilities developed for war casualties or the victims of natural disasters, but they will not include disabled people who are facing the same challenges.

HANDICAP INTERNATIONAL'S RESPONSES

Through its experience of emergency response, Handicap International has come to understand these challenges and has developed a strategy to ensure that disabled people and their families have access to both mainstream and specific assistance. One of its main objectives is to make disabled people visible to relief stakeholders. In partnership with local disabled people's organisations, Handicap International sets up **Disability Focal Points (DFP)** at community level in affected areas. This approach was tested after the Yogyakarta earthquake in May 2006, with internally displaced populations (IDPs) in eastern Sri Lanka and following the conflict in Lebanon in summer 2006. In Indonesia, within 6 months the DFP had identified and responded to the needs of more than 11 000 people with disabilities and their families, two-thirds of whom had been excluded from mainstream assistance and were not disabled as a consequence of the earthquake.

The role of the DFP was to build up a network of existing general assistance resources to which people with disabilities could be referred. Lots of relief stakeholders were involved and keen to include disabled people in their target population.

In addition to providing lists of people with disabilities and information on their needs, the DFPs also provide technical support to relief stakeholders, when asked to do so. For instance, in the IDP camps in Sri Lanka, the DFP team trained Unicef staff working in "child friendly spaces" in how to enable disabled children to take part in the activities developed there.

The success of this approach is due to the fact that it uses both the existing knowledge of local disabled people's organisations on the location and

needs of people with disabilities alongside rapid assessment mechanisms in order to make the disabled population within communities visible to local and international relief stakeholders. It has demonstrated that people with disabilities and their families have the same needs as others and that they are excluded from local and international assistance because of a lack of awareness.

Handicap International is drawing the attention of emergency actors, non specialist on disability issues, to the following **recommendations**:

- 1) Rapid assessment forms should include questions concerning people with injuries and disabilities.
- 2) Local disabled people's organisations should be included in the planning, implementing, monitoring and evaluation of projects in order to ensure disabled people and their families are not excluded.
- 3) Plans for temporary shelters and camps should take accessibility into account (latrines, water point, etc.).
- 4) Distribution mechanisms should be inclusive and accessible to all.
- 5) International relief staff should be sensitized on disability issues.
- 6) On-site training on the inclusion of disabled persons should be provided to local staff or partners in charge of implementing relief activities.
- 7) Funding agencies should include disability issues in their guidelines for mainstream relief / recovery programmes.

ADDRESSING THE NEEDS


The above description of the factors influencing vulnerability of persons with disability demonstrates the need for all humanitarian stakeholders to include disability in their target population. The changes in living environment due to the emergency could be overcome by small adjustments of mainstream programs and therefore do not require much expertise to be successful. Emergency responses will be inclusive when disability issues will be addressed as a crosscutting element throughout the different sectors in complement of specific programs developed to address the special needs of persons with disability and persons with injuries.

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WORKING IN THE SHADOWS: ASSISTING THE MENTALLY ILL IN COMPLEX EMERGENCIES

THE ISSUE - VULNERABILITY IN HUMANITARIAN CRISIS

 Around 450 million people suffer mental and behavioural disorders worldwide, making mental illness one of the most significant non-communicable diseases, accounting for six of the top 20 causes of disability. Stigma, fear, therapeutic nihilism, poor training and a lack of resources all result in those suffering mental illness being among the world's most vulnerable. This situation is particularly true of those poorest, conflict-affected regions of the world where International Medical Corps (IMC) works. Humanitarian agencies must distinguish between people displaying normal human reactions to emergencies and those with acute mental illness in order to prevent this already vulnerable group becoming even more so. This requires specialist staff capacity and a strategic focus on mental health that is supported by donors and the international humanitarian system.

(...) approximately 10% may have chronic mental health disorders (...)

It is estimated that there are 50 million refugees and displaced persons worldwide. Of these, it can be predicted that approximately 10% may have chronic mental health disorders (present before conflict) which require specialized treatment. The magnitude of this problem combined with lack of resources, limits the impact of individual psychiatric care. In Chad's capital city N'Djamena, for example, there is only one psychiatrist for a population of nearly ten million.

During forced displacements the vulnerability of people with pre-existing mental illness is exacerbated. Social support mechanisms are disrupted due to flight and abandonment. Medication supplies and traditional healing systems are usually disrupted. Stigmatisation and fear of mental illness can force patients further towards the margins where self neglect can limit the possibility of care. Patients in institutions often fare even worse when staff flee, leaving locked or restrained patients unable to escape, suffering lack of food, water, medication and becoming vulnerable to abuse by other patients and anyone else who chooses. The mentally ill often resort to substance abuse as a form of self-medication. This can increase their separation from society, increase risk-taking behaviour and make them more difficult to help.

Further, people suffering from mental illness in complex emergencies are extremely vulnerable to violations of their human rights, physical abuse and restraint, exposure to the elements, forcible recruitment by armed groups, neglect, injury and death. Also, people with serious mental disorders can present a serious risk to the health and well-being of the wider community if their conditions are not appropriately treated. In

situations where they were exploited by armed groups on a large scale, such as in Sierra Leone, untreated people can present a serious and ongoing threat to security and recovery.

Unfortunately, health workers, including international agency staff, are often poorly trained and do not have the skills to respond adequately and address the needs of the affected population. Agencies and donors are often pre-occupied by the immediate needs of the population or those newly affected by conflict and displacement, particularly those who may be erroneously considered to be traumatised. In addition, the mentally ill are usually unable to advocate for themselves. Finally, the stigma of mental illness, which exists in all societies, can blind us to this area of often acute need, and the reality remains that such long-term, chronic illnesses remain unattractive as areas of intervention.

IMC's comprehensive approach is evidence-based. Our experience, along with that of partner agencies, has now been fed in to the recently published IASC Guidelines. Our emergency response programmes are now uniform:


- Identify those in need
- Establish an accessible, advertised service
- Provide psychological first aid to those acutely affected and train humanitarian workers in this activity
- Provide biological (e.g. clinical consultations) and social interventions (e.g. support to grieving processes)
- Educate and support existing carers and ensure their basic needs are met
- Provide rapid training to primary health staff to identify and manage serious neuro-psychiatric disorders; establish morbidity data collection that includes mental illness; communication, time management and basic problem-solving skills and; appropriate lines of referral
- Ensure sustainable supplies of psychotropic medication and provide protocols for effective use for the acute management of severe conditions
- Build relationships with traditional healers and local health systems
- Plan the return

IMC always works in cooperation with other agencies addressing the wider social needs of the population, including supporting the families of those suffering from serious mental disorders in accessing necessary resources. Medical interventions alone are never sufficient.

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RESPONDING TO INDIGENOUS PEOPLE'S NEEDS IN HUMANITARIAN DISASTERS

THE ISSUE - VULNERABILITY IN HUMANITARIAN CRISIS

 Today, the indigenous people population is estimated at 370 million - or 6% of the world population. Indigenous people are descendants of those who lived in an area when people from a different culture arrived and began to dominate¹. They are politically, economically and socially marginalised owing to direct or indirect discrimination by the dominant population. As a result, poverty is endemic, political representation poor, human rights violations common, and access to welfare services and emergency response efforts low². This makes this specific group of population extra vulnerable in case of a natural or man-made disaster.

Health Unlimited's mission is to work with communities, service providers, policy makers and donors in difficult environments in Africa, Asia and Latin America to secure access to effective primary health care for marginalised people affected by conflict, instability or discrimination. We partner local organisations and governments to build sustainable community-based health services. Much of our work focuses on indigenous people, improving their access to effective and culturally appropriate health care, supporting them to advocate for their health needs, tackle obstacles that impede their access to health services, and challenge inequity and discrimination.

Beyond obvious ethical considerations, responding to emergencies in indigenous communities is necessary, as mainstream responses are not reaching these groups. This may be due to various factors. There are logistical difficulties due to these communities being located in inaccessible areas (exacerbated after a natural disaster), making them very resource demanding to reach. Language differences make it difficult for indigenous communities to communicate and advocate for their relief needs to decision-makers. Indigenous people have no clear "voice" in the political decision making hierarchy as a result of institutionalised discrimination. Finally, a disaster can be localised in a remote area and those outside are simply unaware of it.

Health Unlimited may implement emergency relief activities in indigenous communities. These emergency activities are essential in addressing the impact of the disaster on the continuation of the organisation's ongoing project activities in those communities. Furthermore, local organisations and indigenous communities in the affected areas request our organisation to assist them in their emergency response. Our experience and links with affected communities mean that we have the crucial trust to enable us to proceed promptly.

In October 2005, when Guatemala was battered by Tropical Storm Stan, Health Unlimited's disaster relief efforts focused on the Maya K'iche' communities that we worked with and neighbouring Maya Mam communities, providing logistical support and

manpower in reaching them, and information and technical advice to those involved in the mainstream response. For example, we assisted Ministry of Health staff to provide emergency clinics, worked with other NGOs to transport staple foods, and broadcast local-language health and sanitation information to affected communities on local radio stations.

In August 2006, the Omo River in Ethiopia overflowed, killing cattle and destroying grain stores. Health Unlimited was requested by its local partner (EPaRDA) and the local government to assist in extending the emergency response to affected pastoralist communities. Our teams identified pastoralist associations susceptible to measles outbreaks and provided vaccinations; provided healthcare for communicable diseases which increased as a result of the flood (e.g. diarrhoeal diseases, malaria) and conducted health education sessions for pastoralists.

When humanitarian actors are undertaking relief activities, there are key considerations to take account of to ensure that the needs of indigenous communities are met:

1. Indigenous communities are often physically isolated, making them difficult to access. Activities are therefore relatively "expensive" to implement.
2. Cultural appropriateness is vital if activities are to be effective and not exploitative. Activities should ideally be developed with the active participation of the communities concerned.
3. Indigenous people may not be literate or not speak the dominant language. Disseminated information should be provided in relevant languages or be pictorially represented.
4. Local staff should be recruited from the targeted indigenous communities.
5. Discrimination by the dominant community is usually the main reason why indigenous communities have poor access to services and aid. Interventions should tackle this by raising awareness of the needs of indigenous people (including working with service providers), developing the capacity of indigenous people to articulate their needs with decision makers, and facilitating links between all stakeholders.
6. Effective implementation requires trust, community links, contextual understanding and logistical support. When possible, external organisations should work in partnership with local organisations with experience of working successfully with the targeted indigenous communities.

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'Effective implementation requires trust, community links, contextual understanding and logistical support.'

1. Richard Horton (2006), *Indigenous peoples: time to act now for equity and health*, *The Lancet*, Vol. 367, p. 1705-1707
2. Carolyn Stephens, Clive Nettleton, John Porter, Ruth Willis and Stephanie Clark (2006), *Indigenous people's health - why are they behind everyone everywhere?*, *The Lancet*, Vol. 366, p. 10-13

EVOLVING EU CRISIS CAPABILITIES: GOOD NEWS FOR THOSE IN CRISIS?

A VIEW ON THE EU

'The EU has adequate political basis to uphold the humanitarian principles.'

The VOICE briefing on the EU's crisis capabilities¹ provides insight regarding the challenges facing the European Union in the promotion and protection of the humanitarian principles based on International Humanitarian Law (IHL) while the EU's civilian and military crisis capabilities under the EU's Common Foreign and Security Policy continue to evolve. Yet, if the EU were to measure the effectiveness of its political and operational crises instruments and tools by the level to which they promote IHL, and respond to the realities on the ground as articulated by affected communities, real progress could be made in addressing those challenges. This is the key to achieving coherence in the EU's response to humanitarian crises together with ensuring timely and effective coordination of all EU tools and mechanisms, with all relevant EU institutions and Member States. However, cross-pillar respect of International Humanitarian Law and the humanitarian principles of neutrality, impartiality, independence and humanity still seem to baffle the EU institutions.

After much effort VOICE succeeded in ensuring the inclusion of the humanitarian principle of "neutrality", in the chapter on External Actions of the EU in the draft Constitution. But the precedent set by allowing an EU military mandate in humanitarian interventions, under the Petersberg Tasks within the Treaty on European Union is not a useful *acquis communautaire* for the humanitarian community. Extending the mandate of the EU's Civil Protection Mechanism to cover crises in countries outside the EU, further erodes EU adherence to the humanitarian principles. The dangerous blurring of roles and mandates of military forces and civilian humanitarian agencies in crises areas continues, along with ensuing attacks on humanitarian personnel.

In 2001, the author wondered whether the Rapid Reaction Force and the Civil Protection Mechanism would be good news for those in crisis². It has been proven in crises from Somalia to Afghanistan, that a distinction needs to be made between military and humanitarian involvement for the sake of local populations. If there is one main conclusion from evaluations of recent crises in Lebanon and in the Tsunami affected zone, it is that aid is more relevant when communities participate fully in its management, and when it is not tied purely to donor government's interests. There is a shift in focus from the needs voiced by communities reeling from crisis, to the foreign and security interests of EU Member States and its

institutions. Yet, experience has taught us that this increases the fragility of states weakened by conflict and other instability, and can only lead to further insecurity for EU Member States.

The EU has adequate political basis to uphold the humanitarian principles. The EU Member States now have ample opportunity to take the quantum leap in political will during discussions for the new European Consensus on Humanitarian Aid since the European Council adopted EU Guidelines on promoting compliance with international humanitarian law in December 2005; as the EU Constitution comes back onto the agenda, EU Member States and the EU institutions could ensure that the effectiveness of the European External Action Service is also measured by the level of promotion and respect of IHL. At the same time in response to the European Council's annual report on CFSP, the European Parliament calls for better coordination of crisis management, and respect of human rights and fundamental freedoms.

It is time to step up to the challenge the EU set itself in the European Consensus on Development (article 121³). It is time for a one-stop, cross-pillar, humanitarian strategy summit within the first week of an emergency. It should consider the realities on the ground of populations dealing with crisis, and lay out the roadmap for the effective use of all EU instruments and tools, by bringing all relevant EU senior leaders together and using IHL as the basis for all decision-making, could well be a workable answer.


We do however need to get beyond allowing mandates of the EU institutions to hinder effective humanitarian response. A human security approach is possible, based on IHL and the only UN Convention applicable universally during a conflict - the UN Convention on the Rights of the Child. And as President Prodi said in 2000, "only an integrated approach to crisis management can ensure the necessary coherence and efficiency allowing the Union to play its full role in the international arena"⁴.

Jane Backhurst
VOICE Board member
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1. *Strengthening the EU Crisis Capabilities. What Impact on Humanitarian Aid?* VOICE, October 2006.
2. "The Rapid Reaction Facility: Good News for Those in Crisis?", Jane Backhurst, January 2001, Focus Balkans, VOICE.
3. *European Consensus on Development, Article 121*, "The community will make progress in defining a set of guidelines for intervention in countries in crisis or as they emerge from a crisis, by ensuring that it adjusts both its programmes for allocation of resources and its modalities of intervention, with the concern to be able to respond rapidly and flexibly, with a varied range of interventions."
4. "Towards Nice and Beyond", the European Parliament. 29 November 2000.

UNDERSTANDING AFGHANISTAN: A COMPLEX PICTURE OF VULNERABILITY

FIELD FOCUS

 **Beyond the well-publicized fluctuating security levels all over Afghanistan, it is possible - looking back since the war that unseated the Taleban government - to say that lives have improved. Notable gains include the flow of returnees into the country, infrastructure improvements between cities, and a more peaceful climate in many regions (with the south and some other provinces still hosting active conflict). Emergency funding is giving way to long-term development planning with the Afghan government. So, is the crisis over?**

NGOs in Afghanistan, (at least in the northeast, where Mission East has worked since 2001) are actively re-tooling their programs in keeping with the move to development. The theoretical construct of Linking Relief, Rehabilitation, and Development (LRRD) seems to apply: post-war relief has allowed a period of rehabilitation of basic infrastructure, ushering in a future of less inputs-based development assistance rooted in participatory approaches, and donor policy mostly reinforces this picture.

The explosive crisis of the war years allowed a relatively straightforward approach to the country's main problems, which have receded. However, alongside some notable improvements, chronic problems remain. The view of Afghanistan is much more complex than a theoretical linear continuum can encompass.

Mission East has a base in the northern city of Taloqan, which is now linked by an excellent road to Kabul and is undergoing a regional boom in construction, grain production (punctuated by droughts, however), and general urban progress. One of our earlier projects linked Taloqan to the impoverished Chal District 20 kilometres away. Successful outcomes - road access to previously isolated area, water and sanitation systems and hygiene education which have dramatically improved villagers' health, school construction to accommodate rising enrolments - have improved the lives of thousands of people.

Once the project was finished, villagers from the Mandara Valley 11 kilometres away visited Mission East to request the same help for their region, linked by donkey track to Chal and showing all the signs of chronic need - no transport, contaminated drinking water, abysmal health, and no public infrastructure - that the Chal project had helped address.

This situation exists all over Afghanistan. Just over the next ridge, pressing humanitarian needs

are unmet and communities have minimal contact with both state and non-state actors. We have moved boldly forward - to 1970, a pre-conflict Afghanistan with among the lowest human development indicators in the world. And now the countryside is seeded with land mines. The scale of vulnerability in remote and insecure places is enormous, and yet hidden, as lack of data, and difficult access conspire to keep external assistance in 'easier' locations. And even in places receiving assistance, disaster such as drought can quickly set a community back into dependency mode.

The outside view of Afghanistan needs to encompass a better level of complexity. Peaceful provinces contain dangerous districts. Well-furnished hospitals serve villages with no preventative care clinics. Women serve in Parliament, representing rural wives who never leave their compounds. A bus travels 500 kilometres in only eight hours along a new highway, while a villager on foot needs the same time to travel 20 kilometres.

Recognising these dichotomies raises questions for policy-makers, donors and NGOs alike. Is the move from emergency funding to reconstruction simply a matter of time? What other factors come into consideration? How can we address long-term issues of stability and prosperity while addressing the pressing humanitarian concerns of less fortunate people? And more broadly, what exactly constitutes a crisis (is Afghanistan a 'dispersed' crisis?) and how can we serve people who live in a chronic and static state of deprivation?

Of course the humanitarian community can never answer every need, and local organisations and authorities need to assume responsibility for social and economic change. But a 'one size fits all' move into reconstruction and development risks leaving people behind, and enhancing the country's already increasing inequality.

Identifying and addressing vulnerability in Afghanistan is no longer a question that depends on province-level variables. The needs of millions of people living 'just over the next ridge' in Mandara and beyond should prompt us to check that moving towards development does not mean we abandon the humanitarian needs which are to be found in a complex picture of vulnerability.

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Mags Bird, Operations Director
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'(...) Local organisations and authorities need to assume responsibility for social and economic change.'

HUMANITARIAN ISSUES AT EU LEVEL

VOICE AT WORK

- ★ **EC Communication on EU Humanitarian Aid Policy.** In December 2006, the European Commission (EC) initiated a consultation with partners and the Member States on key elements of the European policy framework for humanitarian aid. Given that the outcome will be crucial for how EU humanitarian aid will be implemented in the future, VOICE has given priority to the consultation in its lobby activities. When ECHO launched a questionnaire to its partners, this opportunity was widely used among VOICE members. The secretariat prepared a consolidated reply based on the solid in-put of 44 of its members. More than 90 members and non-members supported the final document. Commissioner Michel and ECHO acknowledged VOICE effort and appraised the high quality of answers.
- ★ **NGO advocacy in Member States and EC level.** In February, ECHO organised two hearings, focussing on the overall policy issues and on Disaster Preparedness. More than 20 VOICE members participated actively in these debates together with representatives from the Red Cross movement and the UN. Some key issues of concern raised by VOICE included the need for access to crises affected populations, respect of International Humanitarian Law as well as the role of civil protection and the military in humanitarian interventions. While some of these issues already had been included in the preparatory document, the final conclusions from the event confirmed that ECHO partners strongly support these demands. VOICE members then embarked on advocacy activities at member state level. A Statement was produced, calling for a commitment to: 1) the respect of the humanitarian principles essential to access populations in need; 2) the diversity of civilian humanitarian actors - particularly the NGOs - in the delivery of EU humanitarian aid; 3) the principled delivery of EU humanitarian aid. This Statement was sent to Commissioner Michel, as well as to the EP Standing Rapporteur for Humanitarian Aid, Mr. Cornillet and other decision makers at EU level.
- ★ **Informal Humanitarian Aid Committee (HAC).** In February and March many VOICE members actively lobbied their relevant national ministries in order to ensure that the NGO position would be supported by EU member states through their questionnaires and during the HAC meeting organised on 29th March by the German Presidency. Members in the UK and Belgium wrote to their ministries of Foreign Affairs, while NGOs in France met for the first time with the Ministry of Interior to discuss civil protection in humanitarian aid. German NGOs prepared a common position they then lobbied the German Presidency on. In the Netherlands NGOs met with several ministries in order to voice their concerns. At the HAC meeting VOICE stressed the need to protect the humanitarian space, the need for partnership between donors and NGOs, and the priority NGOs give to Disaster Risk Reduction. The document prepared for the meeting was based on the consultation with partners and the questionnaires from the member states, and showed an overwhelming consensus on the main topics advocated for by the NGOs. Meeting confirmed the support to both humanitarian principles and the continued need for the diversity of professional humanitarian actors, while the role of civil protection in humanitarian aid remains a topic where opinions differ strongly. The efficient and effective advocacy work of VOICE and its members will now continue in the European Parliament, which is preparing a report on EU humanitarian aid policy in reaction to the EC Communication to come.
- ★ **Framework Partnership Agreement (FPA) revision process.** The VOICE facilitated FPA Watch Group (WG), which monitors the implementation of FPA on behalf of ECHO Partners, will be involved in the ongoing FPA revision process. ECHO will revise the FPA of 2003 in order to respect the new EC Financial Regulation, but also in order to simplify the existing text. WG aims to influence this process by giving input and suggestions based on Partners' experiences during the past 3 years.
- ★ **Promoting quality and standards in humanitarian aid.** VOICE regularly promotes different quality initiatives with the objective of enhancing NGOs' capacities. Over the last months, VOICE organised two trainings respectively on the Framework Partnership Agreement and on the Sphere Standards and the Humanitarian Charter. 22 NGOs as well as the Red Cross benefited from these trainings co-financed by the ECHO Grant Facility.



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VOICE out loud

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