

# HPG Background Paper

## **Measuring humanitarian needs**

Needs assessment and resource  
allocation in Southern Sudan and  
Somalia

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## **About the research team**

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## **About the research**

This case study on Somalia and southern Sudan is part of a research project by the Humanitarian Policy Group (HPG) into the assessment of humanitarian needs. It explores the relationship between humanitarian needs assessment and decision-making, and compares the distinct assessment mechanisms in place in these two contexts. It is based on interviews conducted in Kenya with staff of aid agencies and donor governments in October 2002. This study is not an evaluation of the work of aid organisations and donor governments providing humanitarian assistance to people in southern Sudan and Somalia.

HPG's research project on the assessment of humanitarian needs is one of four commissioned by the Montreux Group of donors as part of a review of global humanitarian financing. The other three studies are examining donor behaviour; global humanitarian assistance; and the implications of changes in global humanitarian financing for the UN system. The study on assessment of humanitarian needs is due to be completed in July 2003. The research is funded by

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### **A note on terminology**

Unless otherwise specified, 'agency' refers to any international organisation directly involved in implementing humanitarian programmes, including the UN specialised agencies and international NGOs. The term 'donor' refers to any body (governmental or inter-governmental) concerned with the administration of official funding for humanitarian or development purposes.

## List of acronyms

AAH-UK	Action Against Hunger UK
ACF	Action Contre la Faim
ANA	Annual Needs Assessment
CA	Consolidated Appeal
CAP	Consolidated Appeal Process
CHW	Community Health Worker
CMR	Crude Mortality Rate
EC	European Commission
ECHO	European Commission Humanitarian Aid Office
EMOP	Emergency Operation
EPI	Extended Programme of Immunisation
EP+R	Emergency Preparedness and Response
EU	European Union
FAO	Food and Agriculture Organisation
FEA	Food Economy Approach
FFW	Food for Work
FSAU	Food Security Assessment Unit
GAM	Global Malnutrition Rate
GFD	General Food Distributions
GHC	Gedo Health Consortium
GoS	Government of Sudan
HHEA	Household Economy Approach
HIS	Health Information System
HRG	Humanitarian Response Group
ICRC	International Committee for the Red Cross
IDS	Institute of Development Studies
IMR	Infant Mortality Rate
KAP	Knowledge Attitude Practice
LWF	Lutheran World Federation
MCH	Mother Child Health

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MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MOU	Memorandum of Understanding
MSF H	Médecins Sans Frontières Holland
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
ODI	Overseas Development Institute
OLS	Operation Lifeline Sudan
OPD	Out Patients Department
PRA	Participatory Rural Appraisal
PRRO	Programme
SACB	Somalia Aid Coordination Body
SC (UK)	Save the Children UK
SFP	Supplementary Feeding Programme
SMART	Standardized Monitoring and Assessment of Relief and Transition
SPLM/A	Sudan Peoples Liberation Movement/Army
TA	Technical Advisor
TB	Tuberculosis
TFC	Therapeutic Feeding Centre
TSU	Technical Support Unit
UN	United Nations
UNCU	United Nations Co-ordination Unit
U5MR	Under 5 Mortality Rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WUN	Western Upper Nile
VAM	Vulnerability Analysis and Mapping
WFP	World Food Programme

## Executive summary

This case study, one of five, is part of a research project by the Humanitarian Policy Group (HPG) on the assessment of humanitarian needs. The focus of the study is the international system, exploring the link between needs assessment and decision-making (by agencies and donors) about response and resource allocation, with a specific focus on the food and health sectors. The underlying concern is with global funding disparities: levels of funding do not seem to correlate with levels of need, and the most urgent cases are not consistently prioritised. Yet the humanitarian 'system' lacks a consistent and objective basis for deciding which those cases are, and the means to decide about the allocation of resources between competing priorities.

The focus of this study is southern Sudan and Somalia, where protracted conflicts and a lack of state capacity to provide for the welfare and protection of civilians produce annual demands for international assistance. These aid programmes are long-standing, complex and multifaceted. This study focuses on the food and health sectors, and the protection needs of displaced populations. It considers three thematic areas: conceptual issues; the practice of needs assessment; and information and the decision-making process.

### Conceptual issues

#### *What kind of crisis?*

Aid practitioners variously describe the situations in southern Sudan and Somalia as 'complex emergencies', or as situations of 'transition' and 'recovery'. The use of these different terms reflects the complexity of these environments, where zones of conflict border areas of relative stability; multiple forms of governance operate; and there are substantial economic and trade activities.

The complexity and ambiguity of the context defy an easy characterisation of the nature of the response. While the primary instrument of international aid engagement in these environments remains emergency relief aid, the purpose of such intervention has steadily broadened, from an emphasis on life-saving to encompass longer-term measures including disaster mitigation, poverty alleviation, peace-building and support for livelihoods.

This shift cannot be explained by reference to the context alone. These changes have also been influenced by shifts in international political interests in these countries, and in the policies of aid agencies; by a reduction in external assistance; and by the need to sustain populations over a long period, when the absence of effective government means that the normal parameters for development (an internationally-recognised government) do not apply. In this context, humanitarian aid is used as a vehicle for longer-term interventions. This has meant that the distinction between short-term 'humanitarian needs' as opposed to chronic 'basic needs' has been blurred. Problems not usually considered 'humanitarian', such as tuberculosis or low educational attainment, are deemed to be so. This has diluted the concept of humanitarian needs, and diverted attention from acute problems such as malnutrition.

### **Protection**

In these war-induced emergencies, humanitarian needs arising from forced displacement or the starvation of civilian populations are the consequence of deliberate strategies of war. The crises in Sudan and Somalia are as much human-rights crises as humanitarian ones. The ability of agencies to understand and assess the protection environment in which needs are occurring is probably as critical as assessing those needs. There are at least three reasons for this: the critical importance of addressing protection threats as humanitarian concerns in their own right; the importance of understanding the causal link between issues like displacement and the need for relief assistance; and the need to avoid endangering either the recipient population or relief agency staff through the provision of relief.

In Sudan, the humanitarian community has developed a relatively sophisticated approach to understanding protection needs. In Somalia, this analysis is less developed. However, in both cases, there is no comprehensive analysis of the need for protection, nor a strategy that articulates the contribution of the humanitarian community to meeting such needs.

### ***The 'normalisation' of humanitarian needs***

The application of internationally-accepted indicators of need, thresholds for response and minimum standards in the delivery of humanitarian assistance has become central to debates about the accountability of humanitarian action. However, many agencies interviewed for this study were circumspect about the utility of such indicators and standards in determining needs

and assessing agency performance in Sudan and Somalia. Some agencies argued that the Sphere standards are inappropriate for non-camp situations in Somalia and south Sudan. Others argue that the scale and complexity of needs and access restrictions are such that meeting basic needs is impossible. As a consequence, decisions on whether and how to intervene are not being determined by international indicators of need, such as standard anthropometric measurements, but in relation to the general situation of the country, and the ability of organisations to sustain their response.

One consequence of this phenomenon is that the thresholds at which needs are recognised as being so acute as to trigger a response may be increasing. For example, in Sudan and Somalia, global acute malnutrition rates of 20% or higher are commonplace and do not automatically generate a response, even though this is 10% above what is considered acceptable by international standards and would be considered catastrophic elsewhere. In this situation, the monitoring of trends becomes more important than absolute values. The results of anthropometric surveys are interpreted against previous surveys, rather than against international standards, and the term 'crisis' is reserved for an obvious deviation from the prevailing 'norm' - such as a sudden rise in malnutrition or morbidity, or in the number of displaced people - rather than by absolute levels of need. This relativist definition of need may be exacerbated by the use of locally-defined 'benchmarks', such as the idea-type 'normal year' used in food economy assessments. In areas where populations are persistently food insecure, calorific deficits can become interpreted as 'normal' rather than a crisis. Consequently, high levels of malnutrition or epidemic levels of disease, are treated as the 'accepted' norm for communities in these countries, rather than a crisis that requires a humanitarian response.

### **The practice of needs assessment**

This study found that approaches to the assessment of needs, and subsequently to resource mobilisation and allocation, are weak. These weaknesses are in part technical, reflecting the choice of assessment methodologies, but they also stem from a lack of clarity on the part of donors and operational agencies alike regarding the core purpose of their assistance, and the way in which their performance should be monitored and assessed.



### *Methods, roles and functions*

Different agencies have different information needs, different ways of collecting and interpreting information, and use a range of descriptive indicators to characterise life-threatening situations. Consequently there is limited consensus on the overall extent and severity of humanitarian needs in southern Sudan and Somalia. This makes it difficult for aid agencies to estimate the humanitarian assistance required.

Theoretically, variety in the scope, method and purpose of needs assessments provides a sound basis for understanding the complexity of humanitarian needs. However, in southern Sudan and Somalia there is very little cross-referencing and information-sharing between assessments, and hence very little complementarity. Assessments are either insufficiently coordinated, or information is not adequately shared between agencies. Needs assessments use different conceptual models, which are not always explicitly spelt out in assessment reports. Some consider the immediate needs of a population, and attempt to measure particular deficits such as a lack of food, water or shelter. Others investigate the risks and vulnerabilities of a population, rather than their immediate needs. An approach based on risk may be a more appropriate way of analysing such contexts, but this does not necessarily provide a threshold for intervention. Consequently, it is difficult to compare information and establish consensus among agencies about overall humanitarian need and prioritisation.

Whichever approach is used, the methodology should be such as to reveal acute threats to life and health (actual or potential); and to provide a means of determining the appropriate form of intervention. This, together with the use of absolute rather than relative thresholds for intervention, constitutes the essential basis for impartial and effective humanitarian response.

### *Constraints to needs assessments*

In Sudan and Somalia, insecurity and access restrictions are the main determinants of whether and how an agency responds to humanitarian needs. Needs are often assumed to be greatest in areas that agencies cannot access. However, due to access restrictions, it can be impossible for agencies to prioritise the needs of population in these areas, assessed or otherwise.

Accurate demographic data is a key starting-point for understanding the extent and depth of need. However, robust population figures are generally absent. The nature of these environments makes the estimation of population size, let alone analysis disaggregated by age, gender and income, extremely difficult. In both Somalia and Sudan, the last census was conducted well over a decade ago, and population numbers are fiercely contested. Population figures are therefore often the product of negotiations between recipients, local authorities, aid agencies and donors rather than sound demographic estimates.

The organisational capacities of humanitarian agencies and their particular mandates inevitably influence the way in which needs are assessed. Needs assessments are often carried out with the available resources and potential response in mind. Constraints imposed by access and logistics also mean that needs are often defined in terms of what response is operationally feasible.

### **Information and the decision-making process**

The study found that formal needs assessments are only one source of information among many for agencies and donors, and actually play a limited role in decisions to intervene or to fund a humanitarian operation. Agencies and donors look to a variety of informal and formal evidence. It is not always necessary to conduct formal needs assessments to determine humanitarian needs. An informal assessment may result in an appropriate intervention, while a thorough needs assessment does not necessarily guarantee a good response. However, an assessment framed solely in terms of defining operational and funding requirements is unlikely to achieve the degree of objectivity necessary to ensure an appropriate and impartial response.

#### ***Aid agencies***

The process of needs assessment and resource allocation reflects as much the capacities of the international aid system as it does an 'objective' analysis of populations' vulnerability and need. Alongside data on humanitarian needs of populations, agencies also have to consider access and security, the presence of other agencies, the absence of other sources of services (such as the private sector) and their own skills and capacity. Agencies also make judgements regarding the likely level of interest from donor governments in determining their strategies.

### **Donors**

For donors, policy considerations, wider strategies towards these countries and the quality of relationships with aid agencies are more important in how resources are allocated than formal assessments. There is evidence that priorities are being set on the basis of donors' needs, rather than on an objective needs of people in distress. The larger and more acute the crisis, the less information donors seem to demand from their partners, and the more money they allocate. Only one donor explicitly mentioned levels of mortality as a key determinant in decision-making. Similarly, decisions regarding the channels through which official humanitarian aid is channelled are influenced by factors other than an analysis of the capacities of the various recipient organisations. Donors' own analyses of need and their resource allocations are not clearly coordinated.

### **Prioritisation and funding decisions**

The level of humanitarian resources does not necessarily reflect the level of need. Humanitarian aid to Sudan and Somalia remains heavily skewed towards food aid and food security. The study found that the quantity of food aid delivered by WFP to Sudan has been steadily increasing since 1998, and is now over double the quantity delivered in 1993–94, a period of famine in southern Sudan. It is difficult to determine whether this can be explained by increased need, or improved access.

### **The Inter-Agency Consolidated Appeal**

The Consolidated Appeal is the only public document that attempts to provide a shared analysis and a common strategy and objectives for humanitarian assistance in Sudan and Somalia. However, assessments play only a limited role in defining the scope of appeals the Consolidated Appeal fails to ensure a needs-based allocation of resources based on clearly-defined priority needs, it provides only a partial analysis of need, and the analysis is only partly shared by the humanitarian 'system' due to the limited participation of non-UN agencies.

In the absence of alternative forms of international engagement and assistance in these countries, the Consolidated Appeal is increasingly used to raise resources to meet both humanitarian and non-humanitarian needs. The potential tensions between these different roles remain unresolved,

with some donors encouraging the formulation of ‘transitional’ CAs for countries recovering from a crisis, and others demanding the prioritisation of projects on a needs basis.

*Correlating needs and impact: are needs being met?*

Inadequate financial reporting, combined with a lack of systematic monitoring and evaluation, make it extremely difficult to know whether and how responses have met assessed needs. The use of output indicators can mean there is little analysis of impact. Data collection frameworks, methodologies and reporting formats differ between agencies and change over time; it is not, for example, possible to track food-security trends in Sudan using the annual needs assessment because descriptions of food economy groups have changed. There is, therefore, a lack of historical studies that can be used to assess whether food security, livelihoods or health are improving or declining.

# Chapter 1

## Introduction

This case study of needs assessment in Somalia and southern Sudan focuses on food security and food aid, health and the protection needs of internally-displaced people (IDPs) and refugees. The study examines three thematic areas: conceptual issues; the practice of needs assessment; and decision-making processes among aid agencies and donors. The study considers how needs assessment practices have evolved during the course of these chronic emergencies, and examines two acute crises, in Gedo region in Somalia and Western Upper Nile (WUN) in Sudan. The Inter-agency Consolidated Appeals Process (CAP) and the needs assessments that inform the appeals are also reviewed.

### **1.1 Rationale and methodology**

The conflicts in Sudan and Somalia have been running for 19 years and 14 years respectively, and so bridge the end of the Cold War and the post-Cold War world. These conflicts have generated chronic and acute need among large numbers of people in both countries, producing annual demands for humanitarian assistance. In response to these crises, two different aid regimes have emerged, Operation Lifeline Sudan (OLS) and the Somalia Aid Coordination Body (SACB). These comprise a large array of international and national aid agencies with different coordination mechanisms. These complex political emergencies raise challenging questions for aid agencies, diplomats and donor governments about the nature of humanitarian need and poverty in situations of chronic political instability, and about the relationship between aid and politics.

This study documents the findings of a review of the assessment practices used by aid agencies and donor governments to determine the needs of populations in Somalia and south Sudan, and examines how these practices influence the allocation of humanitarian resources to meet identified needs. The study, conducted in Kenya in October and November 2002, was undertaken by a team of researchers with considerable experience in the region, and particular expertise in food security, health and the mechanisms of humanitarian aid. Semi-structured interviews were held with 36 international aid agencies and ten donor representatives based in

Kenya, who are active in the food security and health sectors and support displaced populations in south Sudan and Somalia (see Annex 1).

A workshop was held with agencies in Nairobi to discuss the initial findings of the report. A significant amount of documentation exists on needs assessments in Sudan and Somalia, including inter-agency and individual agency reports, guidelines on methodologies, evaluations and academic studies. Time constraints and difficulties in obtaining some material meant that it was only feasible to review a limited amount of this documentation. Time constraints did not enable the team to visit Sudan or Somalia.

## Chapter 2

# Conceptual issues

This chapter explores the different definitions of ‘humanitarian needs’ that agencies use, in most cases implicitly. It examines the difficulties these agencies face in defining the crises that they are dealing with. It assesses the tendency to expand the definition of humanitarian needs beyond life-saving needs and highlights the way in which acute needs have become accepted as ‘normal’.

### **2.1 What kind of crisis?**

The political conditions prevailing in Sudan and Somalia over the past decade have meant that bilateral and developmental assistance have been suspended. Emergency assistance has thus been the primary form of international aid and primary instrument for international political engagement. Need in these countries is defined in part by its political context, and in part by the tools available to the international community to intervene. As the international relief system is largely geared towards supplying food aid, the situation in these countries have tended to be defined in terms of ‘food insecurity’, and vulnerability in terms of relative access to food.

There is uncertainty among aid agencies as to whether the situations in Somalia and Sudan constitute ‘humanitarian emergencies’, and there is a lack of clarity in distinguishing ‘humanitarian action’ from action to support recovery and development. In part, this reflects the complex environments in which agencies work, where zones of conflict border areas of relative stability; multiple forms of governance operate; and there are substantial economic and trade activities. Thus, although in 2002 insecurity in Somalia was said to be escalating, humanitarian access was limited, 750,000 people were described as ‘chronically vulnerable’, the asset base of many people was said to be declining and levels of child and maternal mortality were among the highest in the world the 2003 Consolidated Appeal described Somalia as being in a process of ‘recovery’, with intermittent emergencies caused by environmental factors or violence (OCHA 2002a). Similarly, in 2002. Sudan is also described as a country in ‘transition’ (OCHA, 2002b), yet over four million people are displaced and 3.5m are considered food insecure and therefore in need of food aid.

The persistence of the crises in Sudan and Somalia means that the challenge is not solely a short-term one of saving lives, but a long-term problem of sustaining large populations in environments where the normal parameters for development do not apply. In seeking innovative ways of analysing and programming in these environments, some UN agencies and NGOs have adopted a ‘food security’ or ‘livelihoods’ framework as a way of linking emergency and non-emergency analysis and responses. Other agencies are approaching the situation through a ‘rights-based’ framework.

## **2.2 The definition of humanitarian needs**

Among the agencies consulted, there was broad consensus that the contexts in which they are working are changing, and that the emphasis of their assistance programmes had changed from ‘life-saving’ to ‘live-sustaining’ and support for livelihoods. The 2003 consolidated appeals for Sudan and Somalia are both ‘transitional’, although the appeal for Somalia places more emphasis on recovery and development issues.<sup>1</sup> According to UNICEF Sudan, this change reflects a paradigmatic shift in the agency’s approach to southern Sudan because, they argue, apart from the 15–20% of the population affected by the conflict, the situation no longer constitutes an emergency.<sup>2</sup> As a result, education has been established as a priority for UNICEF programmes in southern Sudan (UNICEF, 2002).

### **2.2.1 From saving lives to sustaining livelihoods**

In Sudan and Somalia, it has become orthodoxy that the role of humanitarian assistance is not only to save lives, but also to support and sustain livelihoods, that is, increasing people’s survival means over time, rather than addressing immediate needs only. Both MEDAIR and UNICEF mentioned sustaining lives or livelihoods as the primary role of humanitarian assistance in southern Sudan. The food economy approach (FEA), the dominant approach to assessing socio-economic vulnerability and food aid needs, supports this approach by offering a holistic socio-economic framework to assess the nature of the crises at the level of individual households and communities. Among IDPs, for example, the FEA provides a way to understand the socio-economic relationship with host communities and the impact of displacement on livelihood strategies.



The extent to which the shift in policy frameworks from life-saving to life-sustaining reflects real changes in need is or whether it is a case of policy innovation influencing new forms of programmatic response is debatable (see Box 1). In both Sudan and Somalia, there have been periods of intense crisis resulting in exceptionally high levels of mortality. Once these have passed, donors and aid agencies have encouraged self-reliance and discouraged 'relief dependency'. This concern has been based on assumptions regarding the extent to which there have been significant improvements in people's opportunities to sustain their livelihoods, and have resulted in policy decisions regarding the need of individuals for additional nutritional and other support. So, for example, the introduction of the FEA in Sudan led to a narrower targeting of food aid. By 1995, this meant that people were only receiving 40–60% of identified needs from relief agencies (Karim et al., 1996: 146).

While the increased policy emphasis on recovery and rehabilitation would imply an increasing diversity of aid responses, this does not appear to be the case. For example, 'capacity-building' is emphasised in project descriptions, but material assistance forms the largest part of aid programmes. Health training in Sudan, for example, appears largely to involve the dissemination of guidelines for treatment, rather than longer-term training programmes for disease control and prevention.<sup>3</sup> Despite the increasing emphasis on promoting recovery, the primary instrument for international aid remains the provision of food aid and other material inputs.

The provision of relief assistance rather than development aid appears to contradict a policy preference for developmental programming. This is overcome, however, by redefining the crises as arising from 'internal' development problems, and therefore passing the responsibility and costs for sustainable development to local communities. The UN Development Programme (UNDP) in Somalia noted in 1996 that its relief-to-development strategy was based on 'the principle that the main resources required to improve the conditions of these communities will come from the Somalis themselves' (UNDHA, 1996: 5). In other words, the shift to developmental programming and support for livelihoods is premised, in part, on a reduction in external assistance, not simply a reallocation of funds to measures that promote investment. It is assumed that communities themselves are increasingly able to sustain their livelihoods, and so do not need as much international support, and that international assistance can have a preventative role by helping people avoid acute malnutrition. Both these assumptions are untested. The

impact of programming and allocation of resources in this way has not been measured consistently by assessing trends in key humanitarian indicators.

### **2.2.2 Vulnerability and displacement**

Displacement is central to the definition of an acute humanitarian crisis in Sudan and Somalia. This concern with internal displacement highlights the ‘internal’ logic of these conflicts within states, in which population displacement is a particular feature. It also reflects a trend in international foreign and aid policy to support populations *in situ*, rather than refugee populations outside a country.

Displacement is widely associated with high levels of vulnerability. The vulnerability of displaced populations is defined in terms of access to shelter, food (and the possibility to cook food), water, health and sanitation facilities, ownership or loss of assets in the place of origin, physical danger and exposure to human-rights abuse. Understandings of the causes of displacement differ among agencies. While some differentiate between forcible displacement due to violence and displacement due to natural disasters or other factors, others do not.

There is a general assumption that the needs of IDPs are greater than those of resident populations, and that recently-displaced people are more vulnerable than the long-term displaced. It is also assumed that IDPs’ position within a ‘host’ population means that they are more vulnerable to human-rights abuse. Displaced people living in the homes of relatives or with assets are often not defined as IDPs. However, the extent to which there are clear differences between host and IDP communities, between different IDP populations and within the same IDP population varies. The tendency to equate IDPs with ‘vulnerability’ means that some of the shared needs of IDPs and host communities can be overlooked. Aid agencies in southern Sudan appear to have a more sophisticated understanding of the different risks and vulnerabilities between and within IDP populations, compared to those in Somalia, and a better understanding of the relationship between IDPs and host communities. Ideas of protection are also better developed, though this does not necessarily mean that this issue is better addressed.

### 2.2.3 Humanitarian protection

Complex political emergencies like those in Sudan and Somalia are as much a problem of rights as they are of assistance. The right of civilians in war to protection and assistance is a central principle of humanitarian action. Although protection is primarily a responsibility of states and warring parties, agencies such as UNICEF, Save the Children UK (SC UK), Oxfam, CARE, Christian Aid and Médecins Sans Frontières-Holland (MSF-H) are increasingly interested in the issue, and engage in protection and ‘rights-based’ programming. However, while standards and methodologies have been developed for assessing assistance needs, such as Sphere, there are no similar standards for protection, and there is no shared understanding of what it involves. Three understandings of protection can be identified:<sup>4</sup>

- **Any activity aimed at implementing international law.** This includes ICRC visits to places of detention in Sudan to monitor the living conditions and treatment of detainees, and to ensure that this is in accordance with international humanitarian law. It also includes the protection of refugees by the UN High Commissioner for Refugees (UNHCR), in accordance with refugee law. UNICEF and SC UK have pioneered protection work with children, on the basis of rights laid down in the Convention on the Rights of the Child (CRC).
- **Any activity in defence of human rights, or which documents abuses.** This includes human-rights advocacy, such as the collection and dissemination of information by Christian Aid or MSF-H exposing violations in Sudan’s oil fields. Both agencies identify the protection of populations at risk and advocacy as their main objectives in south Sudan.
- **In its wider sense, any humanitarian activity, including material assistance, because the ultimate goal of humanitarian action is to protect people.** This effectively includes any humanitarian activity in southern Sudan or Somalia.

Protection activities are more developed among UN agencies and NGOs in Sudan than in Somalia. This is due, in part, to the different military context: Somalia lacks military forces with clear command structures with which to advocate and negotiate. Human-rights work in Somalia

also tends to be undertaken by specialised human-rights agencies, rather than as part of a wider assistance programme, and to focus on the needs of minority groups and IDPs.

In Sudan, the right of civilians in war to protection and assistance is recognised in the access agreements that established OLS, and in the Agreement on Ground Rules, signed in 1994 by UNICEF/OLS, the Sudan Peoples Liberation Movement/Army (SPLM/A) and the Southern Sudan Independence Movement (SSIM) (Bradbury et al, 2000). Partly as a result of the Ground Rules, agencies in Sudan were generally aware of the notion of protection, particularly in relation to the dissemination of international law and human-rights advocacy. However, despite the long-term problem of human-rights abuse in Sudan and the violation of IHL by all parties, much protection work is still at a formative stage.

Despite being emphasised in the Ground Rules, protection has never been an explicit part of needs assessments in southern Sudan. The political constraints imposed by undertaking assessments with counterparts from military/political authorities mean that this is not feasible. However, omitting protection from needs assessments means that there is a failure to adequately assess the causes of food insecurity, malnutrition and mortality.

#### *2.2.4 Redefining needs as rights*

The application of rights-based approaches to programming should influence the way in which needs are assessed. In Sudan and Somalia, however, ideas differ among agencies about what this means in practice. For MSF Holland protection needs are given priority over other needs. Other agency representatives interviewed for this study broadly agreed that it involves moving away from an analysis of 'need' as a deficit, to one where individuals possess rights and exercise claims which families, communities and authorities, as 'duty bearers', have a responsibility to meet. Agencies assert that a rights-based approach requires an analysis of existing social arrangements and, therefore, deepens understanding of the operational environment. However, interviewees found it difficult to explain how this approach changes the way assessments are undertaken, or programmes designed and implemented. In practice, rights still tended to be expressed in terms of material needs.

An important change identified by agencies is the emphasis on the empowerment of ‘duty-bearers’ through capacity-building. This was presented as a move away from an assumption that international organisations are the primary decision-makers and providers of material goods. As such, the rights-based approach is similar to the sustainable development approaches advocated by the same agencies, and indeed seems designed to reinforce them. As with sustainable development, however, there remains an assumption that local communities have the resources and capability to shoulder these responsibilities, and that it is possible to identify institutions and individuals with adequate power and motivation to realise these principles.

### *2.2.5 Underlying causes*

There is a broad consensus among agencies interviewed that humanitarian needs are proximate symptoms of other underlying or structural problems. Aid agencies commonly argue that, in these long-term crises, it makes little sense just to provide relief, and that continuing to treat symptoms may in some instances have negative consequences. Some agencies in Somalia, for example, concluded that the provision of food aid exacerbated the food-security crisis in Gedo in 2002 by encouraging pastoralists to remain in the region, rather than moving to better grazing areas. Many agencies argue that humanitarian aid should be used to address underlying causes or the long-term effects of violence and conflict, by supporting sustainable livelihoods and reducing future vulnerabilities. In this way, problems that would not normally be considered a humanitarian need – guinea worm or tuberculosis among displaced communities, for example – may become so over time.

There are several potential problems with this. First, many acute humanitarian needs in Sudan and Somalia are not related to structural or underlying causes, but are linked directly to the war. The link between poverty and war is equivocal, and rich and poor alike can be casualties of war. Second, it is acknowledged that humanitarian needs, let alone structural causes, are enormous, and dealing with them is beyond the resources and capacities of humanitarian agencies. Furthermore, the ability of agencies to address these through community empowerment or sustainable self-managed development is consistently undermined by the activities of warring parties. Third, how an agency defines underlying causes often depends upon its particular area of interest. Thus, it may refer to political violence, a lack of economic resources or productive

assets, environmental factors, weak organisational capacity or a lack of education, poor care practices, or the absence of democratic governance.

## **2.3 The ‘normalisation’ of humanitarian disasters**

### **2.3.1 International standards: absolute or relative indicators of needs?**

The application of internationally-accepted indicators of need and minimum standards in the delivery of humanitarian assistance has become central to debates about the accountability of humanitarian action. However, given the practical problems of data collection, many agencies interviewed for this study were circumspect about the utility of indicators and standards in Sudan and Somalia in determining needs and assessing performance. It was broadly accepted, for example, that mortality rates and nutritional status were ‘the most vital, basic, public health indicators of the severity of a humanitarian crisis’ (American Red Cross et al., 2002). However, some agencies argued that the Sphere indicators, especially the Crude Mortality Rate (CMR), were based on refugee-camp settings where populations fully depended on external assistance, and were therefore inappropriate for non-camp and more complex situations such as Somalia and south Sudan. The utility of nutritional surveys was also questioned, because, while they provided a measure of the severity of a situation, they did not explain the multiple causes of malnutrition, which may be due to a lack of food or access to clean water, disease outbreaks or poor feeding practices.

The utility of single indicators is questioned by agencies. Studies of the 1998 famine in Bahr el Ghazal, for example, have revealed limited consensus as to why malnutrition and mortality rates were allowed to become so high before the international community responded in a meaningful way. Only after high mortality and malnutrition rates were reported on a consistent basis was there a consensus that the situation could be termed a ‘famine’, rather than a situation of ‘extreme stress’. The limited understanding of the multiplicity of factors which contributed to the 1998 famine was one reason for the lack of consensus and the late international response.

According to the Sphere standards, the decision to intervene depends also on the presence of other agencies and the nature of the food deficit. Given the chronic food deficit in Somalia and south Sudan, some agencies asserted that the application of international standards would lead to

virtually endless emergency targeted feeding interventions in many areas. Some agencies therefore did not respond because they did not believe that they could sustain such efforts.

### 2.3.2 *The normalisation of needs*

Decisions regarding whether and how to intervene are not being determined by international indicators of need, but in relation to the general situation of the country, and the ability of organisations to sustain their response. One consequence of this is that thresholds of acceptable need may be changing. For example, in Sudan and Somalia malnutrition rates of 20% global acute malnutrition (GAM) or higher are commonplace. These have become accepted as ‘normal’, with agencies stating that, even before the wars began, such malnutrition rates were common. However, 20% GAM is 10% above what is considered acceptable by international standards. According to international standards, 20% GAM reflect a serious situation requiring general food distributions and targeted feeding interventions to prevent excess mortality.<sup>5</sup> In Sudan, rates of 18% and above apparently do not precipitate a response.<sup>6</sup>

This observation is not new. In 1996, the review of OLS noted the acceptance of malnutrition rates of 13.7% and 16.1% (Karim et al, 1996). More broadly, it has been argued that, throughout the 1980s, an increase in acceptable nutritional thresholds reflected a creeping acceptance of higher levels of humanitarian stress, and that in the 1990s crude morbidity rates replaced nutritional indicators as a measure of the severity of a disaster (Duffield, 1997: 64).

Similarly, standard international anthropometric cut-off points are no longer considered useful as a means of deciding whether to intervene, because needs are contextualised. The results of anthropometric surveys in southern Sudan and Somalia, for example, are interpreted against previous surveys, rather than against international standards. Surveillance and monitoring of trends become more important than absolute values, and an emergency is defined by a sudden rise in malnutrition or morbidity, or in the number of displaced people, rather than by absolute levels of need.

Part of the contextualisation of need involves the use of locally-defined ‘benchmarks’. In the FEA, ‘normal’ is commonly used as one such benchmark. Baseline profiles of food-economy groups identify what constitutes an ideal-type ‘normal’ year. The assumption is that households in a

normal year will meet their total calorific requirements. This is then used as a benchmark against which to define other years. There are several potential problems with this.<sup>7</sup> 'Normal' is often taken to imply 'acceptable', rather than 'common'. Where areas and populations are persistently food insecure, food and calorific deficits can therefore be construed as 'normal'. The evidence that certain populations in south Sudan and Somalia ~~ever~~ meet their total calorific requirements is equivocal. There is a danger that food deficits, and by extension high levels of malnutrition or epidemic levels of disease, are treated as the 'accepted' norm for communities.

A further problem arises with the notion of 'coping mechanisms'. The food economy and livelihood approaches have increased agencies' understanding of the various social and economic strategies that households and communities adopt during periods of stress. However, the point at which these coping strategies become detrimental to lives and livelihoods is not clear, and agencies have not been able to develop clear criteria to indicate when coping mechanisms are breaking down or become damaging, and so require additional support.



**Box 1: The Case of WFP Somalia**

Between 1994 and 1999, WFP distributed an average of 22,000 tons of food aid per year in Somalia. In 1999, it moved from emergency planning (EMOPS) to longer-term planning (PRRO), and between 1999 and 2002 average annual food distribution dropped to 15,000 tons. However, within this overall decline, WFP significantly increased its food distribution during the second half of 2001. During 2001, WFP distributed to 771,169 beneficiaries, of which 37% were involved in food for work activities, 35% in the social support sector and 28% in the relief sector. The overall reduction was rationalised on the basis of other longer-term food security inputs into Somalia, while the rationale for the increase in 2001 was increased vulnerability amongst populations in many parts of the country.

Despite evidence in some areas of increasing vulnerability, WFP is committed to minimising free food distributions. It appears that the average size of the food aid ration is only 57% of the standard. The argument that the remainder of food needs can be met from people's own resources, and that a 100% food aid ration is not necessary, becomes weak in a situation where malnutrition rates are consistently above accepted international standards.

In 2002, during the height of the problems in Gedo region, WFP distributed a family ration that provided 1,332 kcals/person/day for a family of six. This represented approximately 65% of the standard ration at a time when 37% GAM was reported, which would normally warrant a 100% ration. One of the justifications for providing this ration size was that it removed the need for time-consuming scooping of commodities, and for families to share and split bags in a volatile security situation.

WFP is also seeking to increase food for work activities in southern Sudan and Somalia. It is unclear if this policy is driven by a real improvement in food security, a belief that such initiatives are more appropriate than free food distributions, or a change in the amount of resources available. There are no clear criteria for deciding when to do a general food distribution or to provide food for work.

## Chapter 3

# Needs assessment in practice

This chapter looks at the range of needs assessment used by humanitarian agencies in Somalia and southern Sudan. It then examines the operational constraints to undertaking objective and impartial assessments of needs.

### **3.1 Methods, roles and functions**

The extent and nature of needs in southern Sudan and Somalia are assessed in a variety of formal and informal ways. These vary in scope, method and purpose, as shown in Table 3.1. Assessments are carried out to determine whether to undertake a humanitarian response, for early warning, project design, advocacy or fundraising, or for a combination of these reasons. The scope of assessments varies in time, and in geographical and demographic coverage. Assessments may be undertaken by individual agencies or as joint inter-agency endeavours. Decisions may also be based on other types of assessment or appraisal, such as internal or external programme evaluations or situation analysis. Informal processes of information collection can also be important. Agencies that have a long presence in a region may not undertake regular formal needs assessments because their work involves an on-going process of assessment and monitoring.

#### **3.1.1 Food security and livelihoods assessments**

The food economy approach (FEA), household food economy (HFE) and livelihoods frameworks dominate assessments of food security in Somalia and Sudan. In Sudan, the main source of food security information is SC UK's Technical Support Unit (TSU), and in Somalia it is the Food Security Assessment Unit (FSAU). Both use the FEA to assess household food security. The main assessments are conducted annually in Sudan through the Annual Needs Assessment (ANA), a joint undertaking between the UN, NGOs, the Sudanese government and opposition forces. In Somalia, the annual assessment is done through the [gu](#) harvest assessment, undertaken by FSAU, with regular updates and adjustments made on the basis of post-distribution monitoring (PDM) and ongoing assessment.

**Table 1: Different types of needs assessments**

Type of assessment	Examples
Multi-year, nationwide	UNICEF MICS UNDP Human Development Report
Annual, nationwide	Sudan Annual Needs Assessments WFP/FAO crop assessments FSAU <i>gu</i> harvest assessment in Somalia
Area-specific (region, village, community)	Nutritional survey Inter-agency assessments
Event-specific	Rapid assessment
Sector-specific	Water resource inventory Educational facilities inventory Health centre use study
Early warning	FSAU FEWS TSU

SC UK introduced the FEA in Sudan and Somalia in 1994, and this approach has largely taken over from FAO crop assessments in estimating potential national food deficits. Until 1993, food aid assessments in Sudan were based on assessments of malnutrition and mortality. From 1994 onwards, the concern switched to food security, based on an analysis of the socio-economic livelihoods of rural people. The FEA introduced participatory rural appraisal (PRA) techniques, and increased beneficiary consultation. Better understanding of populations and greater access enabled more accurate estimations of the size of the affected population. As such, the FEA sought to tailor interventions more closely to actual needs (Karim et al, 1996: 115). One of the FEA's strengths has been to create a common platform for vulnerability analysis in Sudan and Somalia (and indeed throughout the Horn and East Africa). The approach is multidisciplinary and holistic, bringing together nutritionists, early-warning specialists, agriculturalists, economists and social scientists.

In Somalia, the FSAU uses nutritional surveys, national field monitors, ongoing assessment, cross-border information, Famine Early Warning System (FEWS) information and regular monthly data and information from other organisations to determine vulnerability and food needs. Local communities are consulted about initial findings, and these discussions occasionally lead to changes in the findings of the assessment.

### **3.1.2 Models of vulnerability**

Different needs assessments use different conceptual models, and these are not always explicitly spelt out in assessment reports. Some assessments consider the immediate needs of a population; they attempt to measure particular deficits such as a lack of food, water or shelter. Other assessments investigate the risks and vulnerabilities of a population, rather than their immediate needs. This is the case with the FSAU, and with assessments using the household food security model. Vulnerability assessments provide a more elaborate analysis, taking into account the particular risks and capacities of the population. However, this does not necessarily indicate which type of intervention is necessary, nor does it necessarily provide a threshold for intervention.

Humanitarian agencies use a bundle of indicators to define life-threatening situations, rather than a single definition or indicator. Typically, these include human-rights violations, high levels of malnutrition and mortality, health epidemics, a lack of access to food supplies and healthcare facilities, loss of shelter, a loss of productive and material assets or a breakdown in 'coping mechanisms'. However, different agencies use different models of vulnerability which are driven by the mandate and objectives of the organisations using them. As a result, it can be difficult to use these different analyses to form a composite picture or to cross check information. The FSAU model of household food security is concerned with economic vulnerability. CARE uses a model of biological vulnerability, which targets food according to age, disability or gender. The FSAU is also concerned with household and community vulnerability, whereas the medical agency MSF-H looks at individual rights and vulnerability. MSF-H and the UN Co-ordination Unit (UNCU) use the idea of political vulnerability to identify vulnerable people on the basis of their social and political status: as a displaced person, for example, or a member of a minority or politically-marginalised group. Vulnerability, nutritional status, health and economic well-being are all manifestations of political and social status. Definitions of vulnerability also

differ depending on whether, for instance, the objective of the intervention is to reduce malnutrition or increase agricultural output.

Violence is a particular threat to vulnerability, and can quickly generate an acute need for material inputs and protection. However, assessment mechanisms rarely consider violence. A common criticism of the FEA is that it neglects the social and political dimensions of food insecurity. During the 1998 Bahr el Ghazal famine in Sudan, for example, it became apparent that the socially-excluded (widows, orphans, the elderly) and displaced people without representation were most vulnerable.

### **3.1.3 Rapid needs assessments**

Rapid needs assessments are commonly undertaken in response to a particularly acute crisis, or when an area becomes accessible for a brief period. They are often uncoordinated, and the quality of information collected is frequently poor and of limited validity. Although rapid assessments are not expected to be scientifically valid, they still need to be based on sufficient knowledge of similar situations in order to provide a reliable basis for decision-making. Often, there is no standardisation between assessments, beneficiary consultation is usually limited, and international agencies and their field staff are generally considered to be a more reliable source of information than local counterparts or communities.

In southern Sudan, the Emergency Preparedness and Response (EP&R) team<sup>8</sup> is working to standardise methodologies for rapid assessments with an emergency response manual and to create a database for storing assessment data. This will include a check-list for each sector indicating the minimum information to be collected. Each agency will also be required to nominate an individual to assist with joint emergency assessments in order to improve continuity.

### **3.1.4 Joint assessments**

Agencies and donors have different opinions about the value of individual as against joint assessments. The US Office for Disaster Assistance (OFDA) in Somalia, for example, favours individual agency assessments, rather than joint assessments coordinated by the UN or the

Somalia Aid Coordination Body (SACB), arguing that these are driven by the UN and do not provide for sufficiently wide representation.<sup>9</sup>

Joint assessments are more common in southern Sudan than Somalia, because OLS has a stronger coordinating and regulatory role than the SACB. Somalia has no equivalent to the annual inter-agency assessment of the ANA, although the results of the annual *gu* assessment by FSAU are discussed with WFP and CARE, the main food distributing agencies. Instead, joint assessments in Somalia take place on an ad hoc basis; two such assessments were undertaken in 2000 in Bay and Bakool regions when they became more accessible to international agencies, and in Gedo region after a temporary embargo on assistance was lifted.

Coordination can be important in standardising assessment processes and methods. In Sudan, meetings of OLS and non-OLS agencies provide a forum for information-sharing and problem-solving across sectors within a geographical area. For Somalia, the lack of an SACB field-based presence and the limited UN field presence means that coordination structures are concentrated in Nairobi. These tend to be sectorally, rather than geographically, focused.

Not all agencies believe that it is beneficial for assessments to be coordinated, because this can make them time-consuming or because agency objectives do not necessarily coincide. A lack of follow-up can also undermine a coordinated response. For example, the lack of a body to take up the recommendations arising from Action Contre la Faim (ACF)'s anthropometric surveillance activities in south Sudan means that recommendations are followed up in an ad hoc manner. It also means there is no mechanism to link the initial assessment with resource allocation and monitoring.

In cooperation with IRC, the World Health Organisation (WHO) in south Sudan has developed standard Rapid Health Protocols for Emergencies among IDPs for use by the UN/OLS. Another format is the Rapid Assessment of Essential Health Resources in southern Sudan. The coordination of food security assessments in southern Sudan is less clear; FAO personnel, for instance, have complained that the agency is often not informed when assessments are to be conducted. In Somalia, the SACB Health Sector Committee has developed tools and standards to guide agencies. These include formats for monthly reports of standard morbidity, extended

programme of immunization (EPI) and nutrition, standard formats for outbreak surveillance, standard case definitions and standard registers for mother and child health programmes (MCH), out patients department (OPD) and health posts. However, a central database has still to be established. SACB health sector coordination is generally considered to have been successful, due to the European Commission's funding of a qualified health sector coordinator.

The level of involvement of potential beneficiaries in assessments is variable due to operational constraints, oversight or a deliberate strategy. Sometimes, beneficiaries may be actively consulted and involved; at other times, they are treated as mere sources of information with little consideration of their opinions and suggestions.

### **3.1.5 Health assessments**

In the health sector, emergencies are likely to be linked to changes in health profiles, which means that monitoring disease outbreaks and surveillance systems such as attendance registers at health centres plays a more important role than needs assessments in determining responses. Health Information Systems (HIS) typically assist governments in determining national health policies and priorities, and in planning and resource allocation. In many developing countries, WHO has an advisory role on a national HIS, and collects global data. In south Sudan and Somalia, where there are no governments, there are no established health information systems. The 'health system' such as it is consists of agencies' programmes, which cover small geographical areas and are designed according to agencies' mandates, policies or financial resources.

For south Sudan, WHO has established an early-warning and response system that monitors epidemic diseases and facilitates a rapid response to a disease problem. NGOs also undertake assessments of health needs. Oxfam, for example, carries out public-health assessments. This does not, however, provide an overview of all health problems or emerging diseases. In Somalia, coordination in the health sector is the responsibility of the SACB. However, it lacks the authority of WHO or UNICEF to endorse policies. UNICEF Somalia collects data on communicable diseases, but not in a systematic way. Other sources of health information include the Multiple Indicator Cluster Survey (MICS),<sup>10</sup> Extended Programme of Immunisation (EPI) coverage and nutritional surveys. Occasionally, needs are assessed through in-depth studies, such as a

Knowledge Attitude Practice (KAP) survey, which looks at health behaviour, and surveys about specific health problems.

Health problems in Sudan and Somalia are described generally as ‘huge’ and ‘chronic’. However, the lack of adequate data on health status means that it is difficult to determine the extent of health needs, and the precise scale of need is disputed. One health practitioner asserted that indicators in Somalia are not significantly worse than pre-war levels, and are better than in some poor but politically stable developing countries, such as Mali and Niger.

**Table 2: Mortality data in Somalia and Sudan**

UNICEF MICS	Somalia	South Sudan
IMR (per 1,000 live births)	141	82
U5MR (per 1,000 live births)	238	132
MMR (per 100,000 live births)	1,600	365–865
UNICEF End-Decade Database		
IMR (per 1,000 live births)	133	66
U5MR (per 1,000 live births)	225	107
MMR (per 100,000 live births)	1,600	1,500

Data in the 2003 Consolidated Appeals for Sudan and Somalia is drawn from the UNDP’s Human Development Report (2001), UNICEF Multiple Indicator Cluster Surveys (MICS) for Somalia and southern Sudan (UNICEF, 2000) and WHO’s surveillance reports. These rank south Sudan and Somalia as among the ten least developed countries in the world. The accuracy of the data, which shows mortality to be twice as high in Somalia as in southern Sudan, is questionable. These figures differ from those in UNICEF’s End Decade Database (see Table 2). The figures for Sudan contrast starkly with those obtained by the 1999 inter-agency assessment in the Nuba mountains, which revealed an under-five Crude Mortality Rate (CMR) three times higher (333–367 per 1,000) and a Maternal Mortality Rate (MMR) ten times higher (3,400–4,540 per 100,000) than elsewhere in Sudan. Health professionals question whether the situation can be worse in Somalia than in Sudan, given the larger number of medical professionals there and the availability of private health services.



The lack of reliable mortality data is particularly problematic. In December 2001, an anthropometric survey conducted by the FSAU in Gedo region recorded a 37% Global Malnutrition Rate (GAM), which was contested by some agencies. An outbreak of fighting meant that the region was inaccessible to international agencies for several months. When access was restored, lack of evidence of high mortality gave the impression that the situation was not as bad as had been anticipated. However, the data collected during the survey was not analysed, and at the time this study was undertaken, there was no empirical evidence to show whether mortality had increased or decreased.

Although the goal of an emergency health intervention is typically to reduce excess mortality and morbidity, agencies do not systematically measure mortality rates. It appears that health needs are primarily defined by the presence or absence of health services, rather than by the health status of the population. There is an assumption that the provision of health services will influence morbidity and mortality. Health agencies interviewed stated that it is virtually impossible to measure mortality in Somalia and southern Sudan because of unreliable population data, highly mobile populations and insecurity. Even if mortality could be measured, some agencies questioned whether a causal relationship between a health intervention and mortality rates could be identified, especially if the agency was working in only one sector, since excess morbidity, mortality and disability can be due to numerous causes (Colombo and Musani, 2002). The utility of collecting mortality data is therefore questioned.

### **3.1.6 Assessing the needs of displaced populations**

There is no specific approach, nor are there guidelines, for assessing the needs of IDPs in Sudan or Somalia. There is an understanding, particularly in Sudan, that IDPs cannot be assisted in isolation from resident populations, and therefore they tend to be assessed as part of a wider picture. In Sudan, they are generally considered the most food-insecure populations, and sudden influxes of IDPs are often the main reasons for an increase in projections of need. The needs of IDPs are, therefore, incorporated into the assessments of WFP and the TSU.

Quantifying numbers of IDPs is difficult, since displacement is often temporary and people will usually move to where they have kinship links, and are often integrated into the community. The analysis is further complicated by the fact that most populations in Sudan are transhumant,

moving seasonally, and also by the fact that numbers are often contested. In the ANA, population movement is dealt with by field monitors collecting information on numbers, the strength or absence of kinship ties with resident populations, ownership of assets and access to services.

**Box 2: Assessing the needs of IDPs in Western Upper Nile, Sudan**

The majority of people in Rubkona County in Western Upper Nile left their homes in February 2002 due to an intensification of conflict in contested oil-producing areas. People initially fled to other areas of Western Upper Nile at the edge of their clans' territory. Due to continued insecurity, the majority of the population were again displaced, to Bahr el Ghazal.

Christian Aid and Dan Church Aid, together with their local partner south Sudan Operation Mercy (SSOM), assessed the affected area of Western Upper Nile. Information, particular accurate population figures, was limited due to access restrictions imposed by the government. Information was gathered through observations and interviews, and combined with knowledge of the area gained from previous work there. Needs were identified as high, and protection-related information was gathered for use in Christian Aid's advocacy work. The assessment was brief, lasting only four days. It was necessary for Christian Aid to verify the limited information available in order to propose a distribution of non-food items to IDPs. Christian Aid decided to focus its attention on non-food needs based on the assumption that OLS agencies, in particular WFP, would obtain flight clearance to deliver food aid.

The nature of forced displacement means that assessments of the needs of IDPs occur in the context of an 'emergency', and are conducted rapidly (see Boxes 2 and 3). Rapid assessments of socio-economic vulnerability may include a protection element, with consideration of IDPs' social vulnerability. Anthropometric surveys often focus exclusively on displaced groups. The FEA appears to provide a way of broadening the possible responses to displacement beyond simply food aid or feeding.

Over the last three years in Sudan, there has been a move to systematise the inclusion of protection-related information in assessments. Joint agency assessments, often in situations that involve large-scale population movement, frequently include a member of the UNICEF/OLS protection unit or a field officer from the Humanitarian Principles Programme. Some agencies collect information for human-rights advocacy, with the focus on internal displacement and human-rights abuse in and around the oil fields of Western Upper Nile (see, for example,

Christian Aid, 2001). UNICEF/OLS is establishing an indigenous IDP protection network, with Sudanese field officers undertaking protection assessments. Peace talks in Sudan have generated discussion on the need to assess conditions and scenarios for the return of displaced people, both within and outside Sudan. There are gaps in the information collected, however. One interviewee highlighted the limited attention given to the protection needs of displaced women, for example.<sup>11</sup>

**Box 3: Assessing the needs in IDP camps in Mogadishu, Somalia**

In 1991–92, a large number of IDP camps appeared in and around Mogadishu. Many were controlled by individuals from powerful clans, who used them to attract humanitarian aid. Estimates of the number of people living in these camps vary, but most put the figure at more than 150,000. ICRC’s assessment of the IDP camps in Mogadishu consisted of briefings with ICRC field officers and the local Somalia Refugee Agency, and interviews with camp elders and households. Information on protection and economic security was gathered. While no specific standards or baseline was used, the camps were assessed as poor, but ‘not critical’ and not showing clear signs of deterioration. Although ICRC is not bound by the tight security regulations governing UN agencies, the brief assessment was interrupted when fighting broke out in the vicinity of the camps.

In Somalia, limited attention has been given to the needs of IDPs. Some anthropometric data has singled out IDPs for assessment (see, for example, ACF, 2002), and some assessments have compared IDP and resident populations. However, in contrast to Sudan there are no regular assessments of IDPs’ needs. In part, this is due to the lack of an annual assessment process equivalent to the ANA. Furthermore, WFP and CARE, the two agencies responsible for addressing food aid needs in Somalia, generally target vulnerable households according to their areas of operation.<sup>12</sup> Vulnerable households are assumed to include IDP households, although this is not based on empirical assessment. Similarly, the needs of recently-displaced people (assisted in the main by UNICEF, WFP and ICRC) are usually assumed, or based on information provided by Somali field officers based in Nairobi, rather than on detailed field assessments. The needs of long-term IDPs, particularly in urban areas, have received very little attention. UNHCR assesses conditions for the return of refugees together with representatives of the potential returnee group, but little assessment has been undertaken of the areas to which these groups are likely to

return. The ICRC attempts to assess likely areas of return with a view to deciding on the most appropriate intervention.

The need for more detailed information on internal displacement and on minority groups led to two studies by UNCU Somalia (UNCU, 2002a; 2002b). The IDP study aimed to aid ‘the preparation of a country strategy to provide effective assistance and protection to IDPs’ (2002a: 3). In northern Somalia, the study employed the FEA, while in the south the information collected was more limited, and concerned largely with access problems. The studies highlighted the social vulnerability and protection issues faced by both minorities and the displaced. Protection officers in UNICEF and UNHCR, and a field officer attached to the Office for the High Commissioner for Human Rights (OHCHR), collect protection-related information, which is compiled in Nairobi. The relative infancy of efforts to address the socio-political situation of IDPs in Somalia compared with Sudan may be due to the greater scale of the problem in Sudan, and the more ambiguous nature of displacement in Somalia, whereby many people have moved to their clan areas for protection, the difficulties of return, and access problems.

### **3.2 Constraints on needs assessments**

#### **3.2.1 *The interpretation of needs assessments***

The interpretation of information can vary between donors and agencies. The situation in Gedo region in Somalia in 2002 has been described as a ‘crisis’ by some, and as ‘not so bad’ by others. As a consequence, proposed responses differ. Some believe that a better understanding of pastoralists is required before appropriate responses can be made; others argue that the gap in knowledge about pastoralism is exaggerated. Some argue that relief interventions, while not addressing the underlying causes of the problem, are the only viable response. Others contend that alternative strategies are possible. Even within the same organisation, the same situation can be interpreted differently. Thus, the food security section of FSAU was cautious about describing the situation in Gedo as a ‘crisis’ or ‘impending famine’; the nutrition section, on the other hand, believed that these were appropriate terms.

There can be several reasons for this lack of shared analysis. Assessments may be undertaken without clear objectives, which results in information of varying quality and utility. No single agency has access to all the available information concerning a given situation. The quality of

information and perceptions derived from different sources can vary greatly, and the basis for analysis is often circumstantial. One donor representative based his conclusion that the situation in Gedo was ‘not too bad’ on a report from ACF that food was available in the market. However, an ACF representative interviewed for this study stated that the agency did not itself know what the situation was like because access had been limited.

Information from the same source can hold different weight with different organisations, and the type of information that agencies collect tends to be geared towards individual organisational concerns, rather than a broader understanding of the context within which they are working. One aid worker explained: ‘People are at a loss with what to do with Gedo. Food aid is not the answer and may even be detrimental, but with the security situation alternative strategies are non-existent. People are just hoping the situation will go away and they seek out information (however uncertain) which suggests the situation has improved’. Interpreting anthropometric data is particularly problematic; ACF surveys in Sudan, for example, were questioned because they used international standards which may not be applicable to Somalis and Nilotic populations in Sudan because of their morphology (tall and slim).

### **3.2.2 Cultural definitions of need**

A further problem arises over cultural definitions of vulnerability. Anthropological research on vulnerability among Sudan’s Dinka reveals different definitions of vulnerability (Harragin and Chol, 1998: 3). Among the Dinka, people help each other according to how they are related, not on a scale of economic vulnerability (Ibid: 22). Thus, the most vulnerable are those without an adequate kinship structure to support them.

### **3.2.3 Access and humanitarian space**

There is a tendency to equate need with assessed need. However, the neediest are often unassessed because insecurity means that agencies cannot reach them. In southern Sudan and Somalia, access limitations are major constraints to needs assessments, and limited access or reduced humanitarian space can therefore be a proxy indicator of need. Gedo region in southern Somalia and parts of Western Upper Nile in southern Sudan are two examples. In southern Sudan many places are only accessible by air, and affected populations may not be conveniently located near airstrips. Unless sufficient time is spent on the ground and personnel are willing to walk

long distances (sometimes through swamps and highly insecure areas), it may not be possible to reach the affected population (See Box 4).

**Box 4: Assessing needs where there is no access**

Humanitarian agencies can use indirect ways to assess a situation where access is temporary too difficult or dangerous. In April 2002, following violent clashes in Gedo region, Somalis crossed from Belet Hawa to Mandera district in Kenya. The first wave of refugees integrated into the local population, living with relatives or renting accommodation. The second settled within sight of the Somali border without shelter. While some of those who sheltered in Mandera town had close connections with residents there, most of those without shelter had been IDPs living in Belet Hawa, who did not benefit from such connections. The total refugee population was estimated at 20,000. Over 3,000 refugees were registered and transferred to Dadaab camp in Kenya.

MSF Spain, GHC and Action Against Hunger UK (AH-UK) were unable to make direct assessments of the refugees situated near the Somali border due to fighting in Somalia, which affected the situation in the camp. NGOs working in Mandera considered the area too high-risk following an aborted UNHCR visit. Agencies therefore used an indirect method to assess needs, extrapolating from recent anthropometric data in Mandera and Gedo, together with information from the Therapeutic Feeding Centre (TFC) in Belet Hawa.

The degree to which initiatives such as OLS have succeeded in expanding and securing humanitarian space in Sudan is debated by aid agencies. For the UN and NGOs operating through OLS, access remains contingent on negotiation with the government and opposition forces. Flight clearances are dependent on government agreement, and passes are needed to work in SPLM/A-controlled areas. In early 2002, the government denied almost 20% of access requests, affecting 1.7m people (Save the Children et al, 2002).

The security systems in southern Sudan and Somalia differ in several respects. The system in Sudan is mobile, based out of Kenya, and costs \$4m per year. The system in Somalia<sup>13</sup> is more static, with security officers based within the country; it costs \$1.2m. Aid agencies within the OLS consortium work within the security system as part of their formal agreement with OLS. There is no such agreement in Somalia. These differences reflect in part the different operational

environments. In Sudan, agreements can be made with the military movements. In Somalia, with the exception of Somaliland, this is not feasible as the leaders' control over their militia is tenuous.<sup>14</sup> In Somalia, the lack of local interlocutors means that there is less room for diplomatic pressure. As a consequence, while in Sudan the system is oriented to expanding and securing humanitarian access through negotiation, in Somalia it has tended to be more 'risk averse'. This affects how agencies are able to respond to humanitarian needs.

#### **3.2.4 Impartiality and needs assessments**

In a conflict environment, access is also contingent on the perceived impartiality of the aid agencies. Impartiality is a fundamental principle of humanitarian action, and is established through the provision of assistance based on humanitarian need alone. The process and methods for assessing humanitarian need can, therefore, be critical to establishing and protecting the impartiality of the humanitarian action.

The impartiality of OLS is based on an understanding that assistance is provided for humanitarian purposes alone (Karim et al., 1996: 112). One of the main functions of a common ANA in Sudan is to establish the objective level of need. For this reason, annual needs assessments have been the subject of debate between the UN Humanitarian Envoy and the warring parties. However, the calculation of assistance according to objective needs assessments is difficult to operationalise, because of the lack of consensus between agencies and authorities, and between aid agencies and donors, on what 'needs' are in Sudan. The picture is further complicated by the lack of shared analysis on definitions of 'need' between aid agencies and beneficiary populations. The 1996 OLS Review concluded that the constraints imposed by access and logistics meant that needs were largely defined in terms of what was 'operationally feasible', rather than in terms of objective need (Karim et al, 1996: 131). Thus, in 1995, Western Equatoria received more than its assessed need, whereas Bahr el Ghazal only received a fraction (Ibid: 136).

#### **3.2.5 The problem of demographic data**

A critical constraint in understanding the extent and depth of need is the lack of robust population figures. In both southern Sudan and Somalia, the last country-wide census predates the war. Unmonitored population growth, the war-related death toll, large population displacements, mobile populations and impeded access, all render population estimates

debatable. The data is contested by political authorities, and may be distorted in order to increase resource allocations, or to deny others access to these resources. Often, the figure arrived at is the product of 'negotiation' with the recipient populations, local authorities and donors.

Population estimates for Bay region in Somalia illustrate the wide variations in, and problems with, demographic data. The UN Development Office for Somalia (UNDOS) gives a figure of 698,600 for 1998, the 1999 WFP regional strategy suggested 600,500, and WHO 621,615. FSAU planning figures are based on a population of 600,500 (Narbeth, 2001). Demographic breakdowns are also problematic. National or regional population figures are often of limited use to agencies working at a sub-regional or community level. In 2001, UNICEF concluded that, if the assumption that 60% of the Somali population is nomadic is correct, only a fraction of the population was benefiting from UNICEF's work.

In practice, agencies combine multiple sources of information to work out population figures. Those provided by WHO's polio campaigns are commonly used, but in Somalia these vary significantly from one year to the next. Agencies involved in food distribution use their own population figures, which can vary greatly from others'. For example, a household food access and use survey by CARE in Luq District, Gedo region, in March–April 2002 concluded that the population was 126,000, almost double WHO's 65,000.



## Chapter 4

# Information and decision-making

This chapter explores the relationship between needs assessments and decision-making about the allocation and prioritisation of resources. It describes how needs assessments play only a limited role in informing the humanitarian response in contexts of protracted crises like southern Sudan or Somalia. It highlights factors other than needs assessments that agencies and donors consider when deciding whether, when and how to intervene.

### 4.1 Aid agency responses

Agencies consider various operational factors before deciding whether and where to intervene. These include the reliability of information, a situation analysis, accessibility, security, the presence of other agencies, the agency's own capacity to respond, donor and media interest and pressures to raise organisational profile and funding.

- **Funding.** Needs assessments are only meaningful if resources are available to back them up. Although an impending humanitarian crisis in Bahr el Ghazal was identified in the October 1997 OLS planning retreat and the 1998 CAP, donors were slow to respond with the requested funds.
- **Access.** Access is a critical determinant for assessment and programming. The difficulty of operational environments such as Western Upper Nile or Mogadishu is therefore a critical factor considered by agencies. In southern Sudan, security, access clearance, the availability of all-weather airstrips and access to the population will all influence the response.
- **Security.** Security concerns can also influence the way resources are allocated. This may be done to demonstrate impartiality. For example, distributing displaced kits only to the displaced may cause tension between the host population and IDPs, and so the host population may also be included. In this situation, resources are not allocated strictly in proportion to needs.
- **Capacity.** The capacity of an agency to respond is critical to the decision to do so. Agencies and donors acknowledge that in Sudan and Somalia the humanitarian system cannot be

completely needs-based because the capacity does not exist to meet all needs. The capacity for rapid response is important. Even in an acute crisis, the EP&R coordinator in southern Sudan stated that it could take two months or more for the response to arrive.

- **Monitoring.** The ability of the implementing organisation to monitor the intervention also influences funding decisions. ECHO, for example, is reluctant to allocate resources unless these can be monitored effectively. This may mean that areas of greatest need are denied assistance because the security situation may prevent monitoring from taking place.
- **Coordination.** The presence of other agencies can also influence decisions. For an agency like Christian Aid, the capacity of local partner organisations can be an important factor in deciding whether to intervene. The extent to which there is consensus about the situation, an agreed response and effective coordination among the key stakeholders can also influence an agency's decision.
- **Organisational mandate and strategic interest.** Organisational mandate and policy will direct agencies to the form that a response may take. The focus of CARE food for work projects in Somalia is to rehabilitate irrigation systems in order to increase agricultural output. In Bay and Bakool regions, food for work was aimed at reducing the number of people migrating to obtain food aid in Gedo; addressing humanitarian need was a secondary objective.
- **Knowledge of the area.** Another key issue is whether the crisis is already within an agency's area of operation, or in one that the agency is familiar with. For example, SC UK decided to respond to the crisis in Gedo by seconding a staff member to another agency working there because it was unfamiliar with the situation.
- **Seasonality.** The seasonality of a crisis can also affect the type of response. Food needs are generally highest during the hunger gap, and lowest after the harvest. This should influence the quantity of food aid delivered at different times of the year.
- **Donors and counterparts.** Pressure from donors and counterparts can influence whether or where an agency intervenes. It has been argued that the actions of food aid agencies in Gedo region were partly determined by donor priorities and funding (Jaspars, 2000).

## 4.2 Donor responses

Interviews with donors and aid agencies in Nairobi suggest that a range of factors influence how donors respond to humanitarian needs in Sudan and Somalia. Table 3 synthesises interviews with donors and aid agencies to illustrate the different levels at which decisions about the allocation of resources are made, and the different factors that influence donors' responses. It is apparent that needs assessments *per se* have only a minor influence on the different levels of decision-making. This does not mean that donors do not value needs assessments, studies and analysis. Rather, it suggests that responses to needs are influenced by a broader political framework. For example, the study team was informed that 30m was allocated by ECHO to the Southern Africa food crisis, without any apparent assessment to justify the amount, while requests for Sudan and Somalia require considerable advocacy from the field.

### 4.2.1 Foreign policy and domestic politics

Political interests have done much to shape the international responses to the complex emergencies in Sudan and Somalia. Of particular importance in Sudan has been the changing relationship between the US government, the biggest donor, and the Khartoum government, opposition movements and other regional states. Following a coup in 1989 and the installation of an unelected government, US bilateral development assistance ended. Since then, OFDA has focused almost exclusively on IDPs in Greater Khartoum, the transition zone and garrison towns. In 1999, the US government resumed developmental funding for projects in opposition-held areas in the south, reflecting US support for 'transitional politics' in Sudan. In 2001, OFDA began to resume assistance to drought-affected Sudanese in northern Sudan. This also reflected a thawing in relations between the US and the Sudanese government, and efforts to restart a peace process.<sup>15</sup> The political interests of other donor governments and the EC have also been important, but less obvious. Whereas USAID distinguishes between stable and unstable areas in Sudan, DFID treats the whole of Sudan as a single unit, and as eligible only for humanitarian aid.

The political influence on aid policy is also apparent in Somalia. For the Dutch, the primary concern in Somalia stems from the 31,000 Somali refugees in Netherlands.<sup>16</sup> Similarly, in the late 1990s the Danish involvement in Somalia was driven by the presence of Somali asylum-seekers in Denmark. The concern was to prevent more from seeking such asylum, and to assist those already in Denmark to return home. According to the Danish representative interviewed for this

study, Denmark's aid programme in Somalia 'was not strictly driven by needs, although we wanted to see how we could best address needs'.<sup>17</sup> One government donor in Somalia is alleged to have earmarked support for NGOs based upon where they came from in the donor country. Media coverage of a particular crisis can also be extremely influential; the Dutch aid representative for Sudan noted that, in funding terms, it was 'detrimental' for Sudan not to have a 'famine'.

**Table 3: Influence of needs assessment on donor decision-making**

Level	Influences
Donor government	National economy Domestic political priorities Foreign policy priorities (bilateralism or multilateralism, strategic interests) Historic, colonial and trade relations Security concerns International development priorities Media coverage
Aid department/ministry	Domestic politics (e.g. on refugee asylum) Global development policies and goals Media coverage Individual personalities Approach to relief and development Multilateralism/bilateralism Policy 'think tanks' International standards Fashions in aid
Regional/country desk within department or ministry	Departmental policies and guidelines Personalities Presence of national NGOs Operational field presence Knowledge and experience of personnel Field visits Regional and country strategy
In-country aid advisors	Regional and country strategy

	Knowledge and experience of personnel Level of delegated responsibility Presence of NGOs Relationship with aid agencies Field visits
Aid Structure	the role and mandate of the lead agency and the authority of the coordinator of the system; collaborative; facilitative; Relations with the national government.
Aid Agency	Mandate; experience; resources; access; capacity; personnel; studies & assessments; methodology; standards; implementing or facilitating agency; relationship with LNGOs.

#### 4.2.2 Strategic planning

Major donors are developing their own capacity to analyse needs and to select appropriate partners and strategies to meet them. One of the responses to long-term political crises like those in Sudan and Somalia has been the development of donor 'strategic plans'. USAID/OFDA, for example, has an integrated strategic plan for Africa, and country strategic plans for Sudan and Somalia (USAID et al., 2000; USAID/OFDA, 2001). Based on a 'strategic analysis', these set out the broad objectives for the US government's aid programme, and identify the sectors in which USAID, OFDA and Food for Peace will provide assistance. The plans for Sudan and Somalia incorporate and seek to integrate both humanitarian and longer-term developmental programming. The plan for Sudan has as its objectives an enhanced environment for conflict reduction; enhanced food security through greater reliance on local resources; and enhanced healthcare through greater reliance on local capacities. The plan for Somalia focuses on civil society, livelihoods and critical needs, with strategic objectives and progress indicators for each objective. Other donors also have plans and strategy documents, setting out in varying levels of detail their analysis and proposed responses to needs in Sudan and Somalia.<sup>18</sup>

These plans are often created in consultation with aid agencies, and may be informed by documents such as the CAP or the UNDP Human Development Report. Consultation with Sudanese and Somalis appears to be limited. While the objectives appear broad, they nevertheless

set parameters within which needs are defined and can be responded to; they can also vary considerably between donors. The ‘strategic’ aspect of these plans seems to relate more to political and organisational concerns, rather than with how humanitarian needs can be effectively addressed.

A donor desk officer or technical advisor’s requests for funds appear to be based on a number of judgements that may have little to do with actual needs in the country in question. For example, Dutch government funding to Sudan, which has remained relatively constant for the past five or six years, may fall in response to the drought in Ethiopia, while needs in Sudan may not themselves change.<sup>19</sup> In DFID regional desks do not use a common formula for setting a humanitarian budget (see box 5). Thus the basis on which budgets are established can vary between countries.

**Box 5: Allocating humanitarian spending for Africa and the Greater Horn in DFID**

DFID’s budget allocation is firstly a ‘political’ decision, based on a past case made for the region.<sup>20</sup> The initial allocation for humanitarian spending is made on the basis of the historic average annual spending for the region since 1998. It is therefore not based on ‘demand’, but what on is realistically likely to be available given the department’s strategic or political objectives. In the absence of instructions to increase or decrease it, the budget allocation will remain the same.

The allocation is then set at 70% of the historical level. This is rationalised on the basis that one should be ‘encouraging a downward spend’, rather than maintaining or increasing spending over the long term. A nominal allocation is then made per country on a per capita basis. The per capita allocation works out at £0.012.

This ‘formula’ exists only in the Africa and Greater Horn Department (AGHD).

#### 4.2.3 Humanitarian and development goals

Broader development goals may also constitute a parameter for donors’ decision-making. Dutch policies on humanitarian aid, for example, are influenced by the government’s commitment to international development goals. Their definition of humanitarian assistance is broad and they do

not distinguish between life-saving and life-sustaining aid. Unlike some donors, they support education and argue that there is a need to link relief and development and to make projects sustainable. The current priority of the current Dutch government in Africa is water and sanitation, and NGOs are invited to submit projects in line with this.

There are important differences between donors as to which activities or areas are considered eligible for humanitarian funding. OFDA's mandate for emergency health interventions, for example, does not include sleeping sickness, TB or Kala-azar, on the grounds that tackling these requires long-term support. Similarly, education, mine clearance, secondary medical care, roads and infrastructure do not fall within OFDA's emergency mandate. However, there is some discretion among senior management to adapt to the situation. In Somalia, for example, USAID/OFDA supports water rehabilitation through UNICEF. This is considered to fall within a broader objective of conflict reduction and enhancing the environment for peace, as water scarcity is considered a potential cause of conflict. However, where the water project has a sanitation component the agency will not support this on the grounds that it does not contribute to conflict reduction. Agencies complain about the lack of policy coherence between donors on these issues (Schmidt and Reindorp, 2002).

#### **4.2.4 Donor–agency relations**

A key parameter in defining and responding to humanitarian need lies in the choice that donors make about the partners that they work with and fund, and the capacity and interests of those partners. Chosen partners may respond to certain sectorally-defined needs rather than others. Over the past decade, there have been important changes in the relationship between donors and their implementing partners (Macrae et al, 2002). Thus, there has been a decrease in multilateral funding for the UN, greater earmarking of funding to the UN and a preference for channelling funds through NGOs. This is particularly the case for larger donors such as the US and ECHO. In Somalia the Danes and Dutch put 70% of their funds through the UN, while OFDA gives half to the UN and half to NGOs. Dutch funding for the UN is reported to be mostly unearmarked, and where it is earmarked this is at the strategy or programme level, rather than project level.<sup>21</sup> By contrast, the US and the EC tend to earmark at a project level.

The basis on which donors establish relationships with ‘agencies of choice’, and the type of relationship that is established, varies from one donor to another. Donors will support individual agencies for a variety of ‘strategic’ reasons. This can be because the agency works in a sector that the donor has prioritised, or because the donor wishes to support capacity in an area of known and probable future need. DFID’s decision to fund ACF in Luq in south-west Somalia, for instance, was partly based on actual need, but also because Luq was considered an area of potential future instability.

Relationships may be based on national legislation. Danish assistance, for example, can be channelled only through the UN or Danish NGOs. In Somalia in the late 1990s, this was a problem as there were no Danish NGOs were present in the country. ECHO’s rules do not allow for the direct funding of national NGOs.<sup>22</sup> Similarly, OFDA acknowledges that, while there are no rules against funding local NGOs, strict financial and management strictures rule out most local organisations.

Donors show a strong preference for supporting agencies with whom they have developed a long-term relationship. Most donors in Sudan report that they have supported the same NGOs for several years, and that their assessment of a proposal is largely based on their knowledge of that agency. In Somalia, OFDA mostly funds cost extensions to projects and in Sudan 90% of current partners have been funded since 1999. ECHO Somalia prefers to support agencies that are already operational in an area requiring humanitarian assistance.

As a consequence of the trust built up between donors and implementing partners, donors may be prepared to allocate resources on the basis of limited information. This can lead to a rapid response. For example, the Gedo Health Consortium (GHC) received funding for targeted feeding interventions from IrelandAid before an anthropometric survey was completed in the area in question. On the other hand, there is a danger that reliance on the same partner can lead to complacency. One donor stated that funding is normally given for the extension of projects, rather than for new ones, ‘because the needs remain the same’.<sup>23</sup> Another noted that that the only way that new agencies in Somalia could be included would be if spending on other agencies was reduced.



The level of guidance and the degree of oversight and monitoring vary between donors and between implementing partners. The EC appears to be the most rigorous in its guidelines and oversight, insisting for instance that implementing partners adopt the FSAU's food economy approach for assessing food security. It appears that NGOs are subject to stricter controls and oversight than UN agencies, and are required to submit more detailed proposals. ICRC has a greater degree of independence than other agencies; 67% of its income for Somalia is unearmarked. However, ICRC is increasingly required by donors to target populations by gender and age group. This is evidence of need being defined according to donor priorities, rather than according to the objective needs of populations in distress..

#### *4.2.5 Field presence and capacity*

Over the past decade, a number of donors have increased their operational presence overseas. This has influenced relationships with partners, donors' understanding of needs and international responses. A donor field presence can mean that there is greater awareness of acute problems, and this can lead to funds being readily available at times when information is limited. There is an important difference between donors who have an operational presence in the region and those who do not. Those with representation undertake their own assessments of humanitarian need and/or participate in joint assessments. This may involve utilising technical expertise to undertake specific assessments.

The influence of field-based staff on donor decision-making varies. The Dutch report that decisions about humanitarian spending lie with the Humanitarian Aid Department in the Netherlands, and the local role is limited to providing advice. In this case, the field presence provides a conduit for donor policy. The Danish representative for Somalia appears to have a more active role, principally as the chair of the SACB.

OFDA staff and ECHO's Technical Advisors (TAs) have a much more influential operational role. In Somalia, for example, the ECHO budget was reduced from 6m to 1.7m between 1998 and 2001. Since 2001, the budget has risen from 1.7m to 4m, with a proposed total for 2003 of 8m. The rationale for this is a 'different' view of the context and a different interpretation of EC guidelines by the current ECHO TA, as well as a willingness to be more vocal in pressing the case. In other words, these changes in allocation are not based on empirical evidence of changing

need. Indeed, the ECHO representative professed a lack of knowledge of what the situation was like previously.

While the capacity of implementing partners can influence how donors allocate resources, the donor's own capacity to administer allocations is also important. USAID is reportedly able to handle a much larger number of contracts than ECHO because it has more staff. There is just one ECHO TA in Nairobi for Sudan, who manages 40 grant agreements, compared to four staff members for USAID. The Dutch government is reportedly increasing its allocation of funds to the UN (from 60% to 70%), and reducing it to NGOs (from 40% to 30%), because it is more difficult to administer the larger number of grants that using NGOs entails.<sup>24</sup>

#### **4.2.6 Donors' expectations of assessments**

Donors value assessments and data collection. They have invested in SC UK's Technical Support Unit and in the FSAU and other information systems, such as FEWSNET. For several years, donors supported the analytical work of the UN Development Office for Somalia. The 2001 UNDP Development Report for Somalia was funded by donors. Donors will pay for special assessments, such as the 2002 assessment in the Nuba Mountains, when they are especially interested in the work. However, they rarely fund needs assessments by individual agencies. ECHO staff report that, in Sudan, they consult baseline data, health statistics and displacement data, and fund the TSU and the ANA to look at trends. ECHO will also occasionally fund specific assessments by agencies.

### **4.3 Prioritisation and the CAP**

To a degree, agencies' prioritisation is influenced by donor policies and funding priorities. Certain of these are clear. In Sudan, there is a clear preference in the Consolidated Appeals for the food sector, with 90% funding, while water and sanitation is only 33% funded, and health just 14% (OCHA, 2002b). However, there is inconsistency among donors. On the one hand, donors appear ready to respond to certain acute visible crises, such as the influx of Somali refugees into Mandera in 2002. Prior to this, there was a clear need in Mandera for supplementary feeding, with MSF Spain recording a GAM of 20% shortly before the refugees' arrival. However, funding was only available for feeding during the refugee influx, and stopped once the refugees left. NGO staff interviewed for this study noted that proposals concerned with IDPs have stood a

greater chance of receiving support from donors than proposals for communities or households that have not been displaced. This is because displacement is considered to be a clear humanitarian issue.

#### **4.3.1 The CAP as a tool of prioritisation**

Although individual agencies and donors produce their own analysis and plans, the CAP is the only published public document that provides a shared analysis and a common strategy and objectives among aid agencies for humanitarian assistance in Sudan and Somalia. As such, it is critical for defining and responding to humanitarian need in these countries. The CAP, however, provides only a partial analysis of humanitarian need, and one that is only partially shared by the aid community.

The 1994 CAP Guidelines describe needs assessment as a process of identifying and prioritising needs in an emergency in order to meet the critical requirements of those most at risk (IASC, 1994). In 2001, technical guidelines for preparing the CAP introduced new tools such as the Capacity and Vulnerability Analysis (CVA) in order to ‘(a) improve targeting and prioritization of needs; (b) more effectively support longer-term development programmes in addressing underlying vulnerabilities of the population; and (c) support and maximise local capacities and coping strategies for humanitarian response’ (OCHA, 2001). Guidelines on humanitarian principles and the protection needs of populations were also added (Porter, 2002).

Despite these efforts to improve the CAP, it does not capture the entirety of humanitarian needs in a country. There are several reasons for this. Although the 1994 Guidelines make needs assessment integral to the CAP, this does not happen in practice. The technical guidelines do not provide a standard methodology or analysis for compiling the CAP, nor do they provide guidance on who should do assessments, or how needs should be prioritised. The ANA in Sudan and the *gu* assessments in Somalia are intended to feed into the appeal. However, the appeal is prepared before the post-harvest assessments can be completed. In Sudan and Somalia, the CAP is predominantly compiled in Nairobi, with minimum input from the field. In Somalia, this involves inserting agency data into the appeal document, rather than a systematic needs assessment process. The Somalia CAP, therefore, does not include recent health assessments, but instead relies on old mortality and morbidity data. In Sudan, the CAP presents the consolidated

humanitarian requirements for north and south Sudan. However, the methodologies for compiling the ANA in the north and the south differ. Since 2001, the ANA has not been carried out in the north. Furthermore, CAPs involve extremely limited consultation with Sudanese and Somalis, with political and humanitarian analysis done by external analysts. This analysis has been criticised for being backward-looking, rather than predictive.

In the CAP's definitions of needs, vulnerable populations or food deficits are reached by consensus, rather than on the basis of objective need. The CAP, therefore, incorporates a spectrum of 'needs' from life-saving to poverty alleviation and welfare. The extent to which this reflects humanitarian needs rather than the needs of the agency is unclear. Since it does not incorporate NGOs, it also does not represent a total picture of aid agency needs. Efforts have been made to include more NGOs, but the small amount of funding NGOs receive through the CAP, and the fact that additional project proposals have to be written, means that there is no incentive for NGOs to participate. Since 1991, none of the NGOs that have participated in the Sudan consolidated appeal have received funding except in joint UN-NGO projects, though some international NGOs receive funding indirectly as subcontractors of the UN.

Nor does the CAP provide a total picture of overall assistance. Funding against the CAP has declined, and more funding is being allocated outside of it (OCHA 2002; Porter 2002). In 2002, some \$61m for Somalia went through NGOs outside of the CAP, compared with \$31m through the UN. Moreover, different donors treat the CAP in different ways. The Dutch, for example, use the CAP as the sole basis for funding the UN in Sudan and Somalia. It would appear that smaller donors, 'non-traditional' donors that do not have a field presence and donors who are multilateralist rely more on the CAP than the larger donors like USAID or the EC, who have a field presence and are able to carry out their own assessments of needs (WFP, 2002).

Donors have sought to strengthen the appeals process by insisting on better prioritisation. Porter's external review (Porter, 2002) noted that projects are not properly screened, and suggested 'that agencies still struggle to separate wider humanitarian imperatives from narrower institutional ones'. Porter also noted that 'this weakness threatens to undermine the whole strategic purpose of the CAP, namely to identify, prioritise and raise funds for the most pressing

needs' (OCHA, 2002). The fact that donors earmark their contributions within the CAP further weakens attempts at prioritisation.

In Sudan and Somalia, efforts have been made to improve prioritisation. The 2003 CAP for Sudan, for example, sought to establish detailed criteria for project selection by region, affected group and sector. The prioritisation criteria, formulated in Sudan and Nairobi, also included temporal and organisational factors: projects that could be accomplished within a year with measurable and observable outputs and impact, submitted by agencies with a known track record and capacity (OCHA, 2002b). However, criteria have been criticised for being so broad that they undermine prioritisation based on need.

As the appeals in Sudan and Somalia are presented as 'transitional' appeals – as encouraged by donors – setting broad objectives enables a range of humanitarian and developmental activities to be incorporated. However, attempts to overcome the ambiguities between humanitarian, recovery and development through the use of a livelihoods framework have not resulted in agreement on the appropriate livelihoods framework to use. It appears, therefore, that there is a prioritisation of projects, rather than prioritisation based on need. In other words, the appeals do not reflect humanitarian needs *per se*, but what UN agencies hope to be able to do, and what they believe is likely to be funded. Consequently, the consolidated appeals in Sudan and Somalia are viewed by some NGOs and donors interviewed for this study as a UN 'shopping list'.

This study found that opinions of the CAP varied among UN agencies. Some UN personnel argued that the CAP should in fact not try to be anything more than a 'shopping list' of agency projects, although the products on the list should be improved. Others argued that the CAP could become more of a strategic tool for prioritisation and coordination, if agencies invested more time in preparation. Strong management from the Resident Coordinator was deemed essential.

There is clearly a difference between southern Sudan and Somalia in terms of the value UN agencies place on the CAP. As a fundraising mechanism, the consolidated appeal appears more important for UN agencies in the southern sector of OLS. UNICEF in Somalia, for example, receives core funding for Somalia as a country programme. South Sudan is not a country programme, and therefore does not receive core funds, which leaves UNICEF there more

dependent on donors. UNICEF in southern Sudan aligns its three-year plans with yearly CAP objectives, while WHO views the CAP as a 'pointless process' because it has never received funding through it.

The use of the CAP as a tool for strategic coordination and for advocacy leaves it susceptible to changes in political agendas and models of analysis. In Somalia, these have fluctuated from year to year. For example, the 1996/97 CAP sought to define the different operating environments within Somalia by describing 'zones of crisis', 'zones of transition' and 'zones of recovery'. The 2001 CAP sought to build upon the opportunities that the formation of the Transitional National Government appeared to offer, including the potential for greater donor funding. The 2003 CAP sought to introduce a 'livelihoods' framework, and returned to the concept of differentiating operational environments.

Interviews with donor representatives in Nairobi indicate that donors are themselves unclear as to what they want from prioritisation: whether they are seeking prioritisation of action on the basis of the most pressing needs, or the prioritisation of projects that agencies can effectively deliver. One donor representative argued that there was a consensus among donors in as far as certain projects and sectors continue to be unfunded. Furthermore, since much donor money to the UN is unearmarked, it was argued that it is up to the UN to prioritise. Therefore if certain activities are underfunded it may be because the UN chose not to prioritise them. From the perspective of the UN there is no evidence that a better prepared appeal would receive more donor support.

#### **4.4 Correlating needs and impact: are needs being met?**

In southern Sudan and Somalia, the development of needs-assessment methodologies has not been matched by procedures for monitoring and assessing the impact of aid interventions. Monitoring systems exist, such as post-distribution food monitoring in southern Sudan, and evaluations and reviews occur. Following the 2002 donor retreat on the CAP (Montreux Group, 2002), the 2003 Consolidated Appeals for Sudan and Somalia sought to address the question of impact by including project indicators, although there are questions about the feasibility of measuring progress against indicators within one year. Access restrictions often limit how far agencies can monitor the use of resources. This can make donors reluctant to allocate resources to

areas of greatest need. However, interviews for this study indicated that the mechanisms for correlating responses to the initial needs assessment are weak.

In the absence of systematic monitoring and evaluation, it is difficult to assess whether responses have met assessed needs. Monitoring the impact of assistance is important to ensure the impartiality of assistance. The Ground Rules in Sudan, for example, establish the 'duty' and 'right' of agencies to monitor the end-use of aid provided, and to ensure that it is fairly distributed, and that beneficiaries are involved in decision-making (Bradbury, et al., 2000).

Exit strategies too should be based on an assessment of need. If there is no criterion for assessing when assistance is no longer required, an agency could cease activities when no improvement in the situation has been achieved. Representatives of health agencies in Somalia mentioned that their criterion for withdrawal is the existence of a functioning cost-recovery system in the health sector. MSF-Holland's criteria for ceasing its hospital support programme were based on quality of care, access to essential drugs (which 20% of the population should receive free of charge) and a reasonable income for health workers via the cost-recovery system. The agency has yet to develop exit criteria for its public health projects. ICRC is also working on a cost-recovery system in the hospitals it supports. Staff of World Vision in Somalia stated that they would only leave if immediate needs were covered, if there had been sufficient capacity-building and if the community in question could contribute to cost sharing. The situation is less clear in southern Sudan, where there appears to be less faith in local capacity and the impact of capacity-building programmes. Some agency personnel interviewed stated that they could cease their activities once UNICEF or another international or local NGO or national staff were able to take over their programmes.

Some agencies question the utility of collecting mortality data to monitor the impact of health interventions. Given the difficulties of collecting verifiable data, such as mortality, some aid workers suggest that it is more appropriate to use proxy indicators to assess programme performance and the effect of interventions. In Somalia, for example, WHO used proxy indicators to measure the effectiveness of an anti-malaria programme. This combined outcome indicators - based on the percentage of households using impregnated mosquito nets, which

have a proven impact on mortality and morbidity from malaria - and process and output indicators based on the procurement of nets, and knowledge attitude and practice assessments.

As noted with funding trends, the quantity of assistance provided is not necessarily a clear reflection of need (see box 6). To retrospectively identify periods of crisis in southern Sudan, for example, it is more instructive to look at sudden increases in food aid deliveries rather than the absolute quantities delivered. The quantity of food aid WFP delivers to Sudan has been steadily increasing since 1999, and is currently over double the quantity delivered during 1993–94, when there was a recognised crisis in the south. The reasons given to explain this are that the Nuba Mountains have become accessible, that more people are returning to the south from the north, and that WFP has taken over distributions from the Lutheran World Federation (LWF) in two regions. Another reason suggested by the TSU was improved targeting. In Somalia, however, improved targeting is reported to have led to a decrease in deliveries of food aid.

**Box 6: Comparing food aid per capita in southern Sudan and Somalia**

The population of southern Sudan is approximately five million, and that of Somalia around 6.4m. During 2002, WFP planned to provide 952,101 people in southern Sudan with a total of 63,104 tons of food aid,<sup>25</sup> while in Somalia WFP and CARE planned to distribute 32,000 tons to some 750,000 vulnerable people. In 2002, it was planned to provide twice as much food per capita to southern Sudan as to Somalia. Due to different reporting formats, it is difficult to compare the ration sizes being distributed. Both areas have pockets of relative stability and areas of insecurity and conflict. In both, high malnutrition rates are commonly reported. The justification for southern Sudan receiving twice as much food aid as Somalia is unclear.



## Conclusion

The crises in south Sudan and Somalia are two of the most protracted humanitarian crises in contemporary history. Young adults in these countries have grown up with external assistance as a constant factor in their lives and sometimes their only means of survival. The protracted nature of the conflicts in Sudan and Somalia poses, in itself, a problem for humanitarian action. Whereas humanitarian assistance was originally intended to relieve acute life-threatening needs, in south Sudan and Somalia it is used to address a wider variety of problems. These include disaster mitigation, poverty alleviation, peace-building and longer-term support to livelihoods. Saving lives is no longer the sole objective, or even priority objective, of humanitarian interventions.

This broadening of the humanitarian agenda is informed by an increasingly sophisticated understanding of the socio-economic conditions of populations in distress and the protracted nature of these wars. Arguably, it represents a progress towards better analysis of the particular conditions and needs of populations and results in better programming. However, the study highlighted uncertainty among aid agencies regarding the nature of the crises in these two countries and the scale of humanitarian needs. While it may foster innovative approaches, the broadening of the humanitarian agenda also brings a certain degree of confusion.

This study suggests that this broader definition of humanitarian needs can divert attention away from addressing acute needs. There is evidence that some urgent needs in south Sudan or Somalia are not being met. For instance, global acute malnutrition rates higher than 20% are common place in both countries. While such high levels of malnutrition would be considered catastrophic in many countries, in Sudan and Somalia they do not automatically trigger a humanitarian response. Instead, such rates are considered 'normal' given the protracted nature of the crises. There are often pragmatic justifications for not intervening, such as insecurity or a lack of resources. However, the perception that 'people can cope' and 'are used to such situations' is not uncommon among humanitarian agencies. A better understanding of 'coping mechanisms' does not imply that people can cope better. Indeed, the deterioration of living conditions in south Sudan and many places in Somalia suggests the contrary. The apparent acceptance of high

thresholds of need as something normal undermines the principle that humanitarian response should be needs-based.

The study has highlighted some of the shortcomings of the current practice of needs assessment in south Sudan and Somalia: different models of vulnerability, inadequate co-ordination and monitoring, lack information on key indicators such as mortality, the absence of time series data for assessing trends, and gaps in knowledge. Little attention is given to assessing the impact of interventions, or whether the humanitarian response actually matched assessed needs. The Sudan Annual Needs Assessment is a case in point. Retrospective analysis of the impact of humanitarian assistance and whether assessed needs matched the assistance provided would not only bring greater credibility to needs assessment, but also improve analysis of needs and the delivery of assistance. Given the length of time that agencies have worked in south Sudan and Somalia, the focus, arguably, should be moving from a situation of ‘assessing needs’ to one of ‘monitoring needs’. However, despite the huge amount of data generated every year in Sudan and Somalia, there are no commonly agreed baseline data and indicators for monitoring health or food security. With the exception of nutritional surveillance, systematic monitoring systems are not in place.

The inadequacies of needs assessments and monitoring processes and lack of capacity within the system, all reflect the fact that the humanitarian system is not needs-driven. However, the fact that needs assessments ultimately have little influence on resource allocation, among donors and of many aid agencies, suggests that this is fundamentally a political rather than a technical issue. Four aspects of this are highlighted here::

- The application of relative rather than absolute standards in situations of high risk appears to be driven by political considerations. Potentially catastrophic levels of acute malnutrition in Sudan fail to trigger an appropriate response, while a massive food aid response is launched in southern Africa in the absence of high levels of acute malnutrition.
- In war-induced emergencies, physical access critically determines the ability to undertake assessments, to respond and to monitor the use of resources. In Sudan and Somalia access

can change according to the level of interest and political pressure brought to bear on the warring parties by foreign governments.

- Foreign policy and domestic politics inform donor strategic plans and have more influence on decision-making than empirical assessments of need.
- Agreement on the extent and nature of need arising from assessments, such as the Annual Needs Assessment in Sudan, is the result of negotiations and compromise between beneficiary populations, local authorities, aid agencies and donor governments.

Humanitarian responses, in short, are influenced as much by the political concerns of donors as by the actual level and nature of need.

## Annex 1

### List of interviewees

#### Somalia

Adam Abdelmoula	Office of the High Commissioner for Human Rights
Leslie Adams	Food Security Assessment Unit
Sidow I. Addou	FEWSNET Representative Somalia
Dr Dahir Aden	Deputy WR, WHO
Lubna Alaman	Programme Coordinator, WFP
Ibrahim M. Ali	Assistant Chief Technical Advisor, FSAU
Ayham Bayzid	Head of Mission, MSF-Holland
Dirk Boberg	UNDP
Imanol Berakoextea	Health Sector Coordinator, SACB
Richard Cook	Medical Coordinator, ICRC
Kelly David-Toweh	UNCU/OCHA
Dr Roberto De Bernardi	Health and Nutrition Officer, UNICEF
Mariam Diallo	Protection Officer, UNHCR
Mohamed H. Dulae	Trocaire
Daniel Duvillard	Head of Delegation, ICRC
Dr Geoffrey Ezepue	Health Programme Coordinator, World Vision
Max Gaylord	UN Resident and Humanitarian Coordinator
Florence Gillette	Head of Mission, ACF
Daniel Gustafson	Representative, Sudan and Somalia, FAO
Hassan el Hag	Focal Point Southern Somalia, UNCU/OCHA
Robert Hauser	Country Representative, WFP
Lukas Heitzmann	Programme Manager, ICRC
Roland Henryson	Head of Programme, UNHCR
Anne Jupner	UNDP
Lex Kassenberg	Assistant Country Director, CARE
Laurence Kiguro	Agriculture Officer, World Vision International
Stephanie Kouassi	Food Security, European Commission Somalia Unit

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Christophe Langankamp	Rural Development, European Commission Somalia Unit
Sonya Lawrence-Green	Information Officer, UNDP
Wayne Long	Senior Security Officer, UNSECORD
Una MacAskil	Director, Gedo Health Consortium
Alison Maccoll	Liaison Officer for Somalia, FAO
Samuel Macharia	Food Technologist, World Vision International
Nisar Majid	Consultant
Nick Maunder	Regional FEWS Net Representative, Greater Horn of Africa
Melissa Mc Donald	Trocaire
Bob McCarthy	Emergency Coordinator, UNICEF
Calum McLean	Chief of Unit, UNCU/OCHA
John Miskell	Programme Coordinator, CARE
Mohamed Nur Mohamed	European Commission Somalia Unit
Noel Molony	Trocaire
Sicily Matu	Nutritionist, Food Security Assessment Unit
Juerg Montani	Deputy Head of Delegation, ICRC
Jesper Mørch	Representative, UNICEF
MDL Narayan	Food Sector Coordinator, CARE
Nigel Nicholson	Somalia Programme Director, Save the Children UK
Abnezer Ngowi	WFP
Michele Nori	Pastoral Livelihoods Consultant
Leila Pakkala	Senior Programme Officer, UNICEF
Noreen Prendiville	Nutritional Coordinator, FAO/FSAU
Charles Rethman	Food Security Advisor, FSAU
John Rook	Regional Food Security Advisor, EC
Laila Shamji	Chief, Data & Information Management Unit, UNDP
Buzz Sharp	Chief Technical Advisor, Food Security Assessment Unit
Anna Shotton	Assessment Officer, WFP
Enzo Vecchio	World Vision International
Simone Wolken	Representative, UNHCR

*Southern Sudan*

Bernt Aasen	UNICEF OLS Chief of Operations
Apollo Arara	Programme Manager, Save the Children UK
Abdoulaye Balde	Operations Manager, WFP
Jessica Brooten	Nutritionist, ACF
Partick Berner	FAO
Isabel Candela	Head of Mission Action, AAH
Willian Chepkok	Logistics, Oxfam GB
Maxine Clayton	Head of Mission, ACF
Juan Coquerque	Field Coordinator, ICRC
Martin Dawes	UNICEF/OLS
Dianne de Guzman	Humanitarian Programme Coordinator, Oxfam GB
Dr Temesgen Demeke	AFP Surveillance Medical Officer WHO
Mona Dualle	Field Coordinator, OCHA OLS
Edward Engels	Co-ordinator OLS Emergency Preparedness and Response Team
Wendy Fenton	Country Representative south Sudan, Save the Children UK
Vincent Gainey	Programme Representative south Sudan, Oxfam GB
Kiki Gbeho	Humanitarian Affairs Officer, OCHA Sudan
Sam Gonda	Oxfam GB
Arjen Hehenkamp	Head of Mission, MSF Holland
Ali A. Hersi	Field Coordinator, CARE
John Hook	Regional Food Security, EC
Louise Humphreys	Team Leader Mobile Response Team, MEDAIR
Toby Kay	Regional Coordinator, Save the Children UK
Majak Ruei Kaung	Humanitarian Principles Field Officer, UNICEF/OLS
Kees Keus	Medical Coordinator, MSF Holland
Maina Kibata	Veterinary Coordinator, NPA
Betty Kiden	Project Officer, Save the Children UK
Anthony Leju Lonyong	Field Monitor, World Vision International
Juliana Lindsey	UNICEF OSL Southern Sudan

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Daniel Maxwell	East and Central Africa Programme Coordinator, CARE
Keith Mckenzie	Senior Programme Officer, UNICEF OLS
Everlyn Muchomba	FEWS NET Representative, Sudan
James Mugo	TSU, WFP
Peter Mutua	Humanitarian Services Co-ordinator Unit Field Officer, UNICEF/OLS
Josphat Nanok	TSU WFP
Muthoni Mwange	FEWS, TSU
Obia Achiena Nixon	Public Health Manager, Oxfam GB
Richard Obioaya	Relief/Operations Officer, World Vision International
Valente Oyukutu	Field Officer OLS Emergency Preparedness and Response Team
Etienne Peterschmitt	Agriculture/Fisheries Programme Co-ordinator, FAO
Dr Karen Richards	Deputy Programme Director, Tearfund
Dr Micky Richer	Consultant, UNICEF
Paul Savage	Programme Manager, Christian Aid
Stefan Schwarz	Protection Delegate, ICRC
Alan Service	Logistics/Coordination, MEDAIR
Laila Shamji	Chief, Data and Information Management Unit, UNDP
Anthony Soleiri	Logistics, Oxfam GB
Dr A. Sow	Representative, WHO
Els Stam	Medical Coordinator, MEDAIR
Nick Taylor	OCHA
Dr Brigitte Toure	Health Project Officer, UNICEF
Pia Vraalsen	Assistant Project Officer, Protection, UNICEF/OLS
Ben Watkins	Vulnerability Analysis and Mapping Officer, WFP
Gillian Wilcox	Coordinator, OLS Consortium
Ann Witteveen	Information Coordinator, FAO
Dr Ayana Yeneabat	Epidemiologist WHO

**Donors**

Mia Beer	Africa Regional Advisor, USAID/OFDA
Dr Pierre Decapdelle	Regional Medical Adviser, ECHO
Jan Eijkenaar	T/A south Sudan, Humanitarian Aid Office (ECHO)
Gjis Gerlag	First Secretary, Embassy of the Netherlands
Gael Griette	T/A Somalia, Kenya, Uganda, ECHO
Bernard Harborne	Senior Conflict Advisor, DFID
Henrik Jespersen	Danish Embassy, Chair of SACB
Ted Maly	Programme Officer Southern Sudan, OFDA/USAID
Simon Mansfield	Desk Officer, DFID
Jantines Smallenbroek	First Secretary, Embassy of the Netherlands



## Annex 2

### Comparative mortality data

*Mortality data from UNICEF End Decade Databases*

	IMR 2001 (per 1,000 live births)	U5MR 2001 (per 1,000 live births)
Industrialised countries	6	7
Developing countries	63	89
Least developed countries	102	151

*Developing (but stable) countries*

	IMR 2001	U5MR 2001	MMR 1995
Burkina Faso	105	197	1,400 (Range 570–2,600)
Chad	118	200	1,500 (Range 1,100–1,900)
Côte d'Ivoire	102	175	1,200 (Range 860–1,500)
Djibouti	102	143	520 (Range 190–1,300)
Ethiopia	117	172	1,800 (Range 790–3,200)
Mali	142	231	630 (Range 450–810)
Niger	159	265	920 (Range 710–1,100)
Zambia	112	202	870 (Range 780–930)

*War-affected countries*

	IMR 2001	U5MR 2001	MMR 1995
Afghanistan	165	257	820 (Range 300–1,700)
Angola	172	260	1,300 (Range 600–2,100)
Burundi	114	190	1,900 (Range 780–3,500)
Mozambique	126	197	980 (Range 380–2,000)
Rwanda	100	183	2,300 (Range 980–4,200)
Sierra Leone	180	316	2,100 (Range 900–3,600)
Somalia <sup>a</sup>	133	225	1,600 (Range 770–2,400)
Sudan <sup>b</sup>	66	107	1,500 (Range 1,000–1,900)

**Notes:** <sup>a</sup> No figures are available from Somalia since 1980, although the UNICEF MICS for 1999/2000 mentioned an IMR of 141, U5MR of 238 and MMR of 1600. SACB tables showed the following figures for 1991: IMR 121, U5MR 204 and 1997 IMR 132 and U5MR 224.

<sup>b</sup> These figures probably only cover northern Sudan.

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## Notes

<sup>1</sup> This is reflected in the Joint Action and Recovery Plan for Somalia, a common strategic framework for the humanitarian and development activities of UN agencies operating in Somalia. The plan is based on stability and presence of administrative structures in certain regions of Somalia.

<sup>2</sup> Interview, UNICEF/OLS, Nairobi, 23 October 2002.

<sup>3</sup> Interview, UNICEF health consultant.

<sup>4</sup> Adapted from ICRC (2001).

<sup>5</sup> High severe malnutrition is an accepted indicator of the risk of death.

<sup>6</sup> Interview, ACF Sudan, Nairobi, 25 October, 2002.

<sup>7</sup> Other concepts in use include WFP's ranking of areas in southern Sudan as 'highly food insecure', 'moderately food insecure', 'pockets of food insecurity', 'mainly food secure' and 'food secure'. A 'critical situation' and a 'famine situation' are also used. There are no clear criteria to determine when a critical situation becomes a famine.

<sup>8</sup> The Emergency Preparedness and Response team is located within the OLS in Lokichokio and part of its personnel is seconded by Oxfam.

<sup>9</sup> Interview, Nairobi, 17 October 2002.

<sup>10</sup> Multiple Indicator Cluster Surveys collect data on nutrition, health and education, as well as on birth registration, family environment, child work and knowledge of HIV/AIDS.

<sup>11</sup> Interview, Nairobi, 28 October 2002.

<sup>12</sup> Gedo, where CARE registered all households for food aid, was an exception in 2002.

<sup>13</sup> Since the departure of peacekeeping forces in 1995.

<sup>14</sup> Interview, Nairobi, 25 October 2002.

<sup>15</sup> The international environment post September 11 2001 and the continuing war on terrorism are influencing US aid policies in Sudan.

<sup>16</sup> Interview, Nairobi, 25 October 2002.

<sup>17</sup> Interview, Nairobi, 24 October 2002.

<sup>18</sup> The EU has a strategic plan for Somalia, and ECHO is developing 'global' plans for Sudan and Somalia that will map overall need and responses. The Swedish and Danish governments have plans, and the UK is considering developing ones for Sudan and Somalia. In contrast, the Dutch report that they have stopped using 'strategy' documents because of the time and costs of producing them, and because they are never up-to-date.

<sup>19</sup> In 1993, Sudan represented the Dutch government's largest bilateral assistance programme. This was phased out after the coup, and current programme priorities were established only six years ago.

<sup>20</sup> Interview, London, 3 December 2002.

<sup>21</sup> Interview, Nairobi, 29 October 2002.

<sup>22</sup> Interview, Nairobi, 21 October 2002.

<sup>23</sup> Interview, Nairobi, 21 October 2002.

<sup>24</sup> Interview, Nairobi, 21 October 2002.

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<sup>25</sup> This excludes food distributed by other agencies, which makes up some 10% of the total.