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Contribution to the WHS by ATD Fourth World: **How humanitarian aid can reinforce communities by seeking out the most disadvantaged**

Background

ATD Fourth World's experience is in overcoming poverty by building relationships between people in poverty and other sectors of society, in both industrialized and developing countries, as well as through cultural and educational projects that reinforce the solidarity that exists among the most excluded populations. While we are not a humanitarian aid organization, our reason for contributing to the WHS comes from our experience in emergencies: beginning with families made homeless by World War II in Europe; and over thirty years in Haiti, the Ivory Coast, and the Central African Republic where natural disasters and armed conflict have taken a heavy toll. In addition, this paper draws the experience of members of the Forum on Overcoming Extreme Poverty, based in Thailand, the Democratic Republic of the Congo, and elsewhere. It also draws on contributions to a webinar organized by ATD Fourth World in December 2014 with Oxfam, Médecins Sans Frontières, CDA Collaborative Learning Projects, and Harvard's FXB Center for Health and Human Rights.

Humanitarian effectiveness: Who is unreached by aid, and who is not helped?

Some people live in <u>places that international aid does not attempt to reach</u>. In Haiti, our members were among those not reached by humanitarian assistance following the 2010 earthquake. They live in a district in Port-au-Prince that had been designated as a no-go zone by the United Nations years before the earthquake. Because of this, the 25,000 people living there received none of the food and water flown into Haiti in the days and weeks following the earthquake.

Another way that aid fails to reach people in poverty is by <u>reinforcing existing inequalities</u>. In Haiti, some of the humanitarian aid money arriving in the country was used to hire local staff for a hospital. However, many of the staff hired came from a health clinic in the no-go zone. These health workers had been trained specifically to work within their own community, as midwives and offering other health services in the homes of people who cannot afford to visit the hospital, and who are often too weak or intimidated to travel all the way to the hospital, and who sometimes cannot be visited by any medical personnel who are not local residents because of conditions of violence. The money that drew these local health workers into the hospital also took them away from a community that then became even more underserved.

The prioritization of needs and definitions of vulnerability as established by outside donors are often different from those held by affected populations. <u>This leads to top-down aid that is not effective because it is not what is most needed</u>:

1. In the Central African Republic, we know children living in the street who did receive food aid during the armed conflict in 2013. They were lined up for an entire day while those distributing the aid photographed the presentation of a package to each child. While the children were in fact handed food, what they were given was uncooked rice. However, the children don't have cooking fuel or stoves. So when the photographers were done, every one of the children immediately went to sell the rice, in order to buy cooked food that they could eat.

2. In the first days after the earthquake, the Haitian government asked for the emergency housing camps to be set up keeping residents of specific neighborhoods together with each other in the same general part of the camps. This request was refused on the grounds that it would be more efficient to simply house people at random, first come, first served. That decision, however, meant that all the relationships linking people to one another in communities were broken off. No one knew who they could trust—and because of this, more violence took place in the camps than in neighborhoods before the earthquake.

Why? Top-down approaches lead to risk aversion in ways that only increase vulnerability

Too many decisions are made with no local participation, or even consultation. With just a little more information, the donors providing rice to children living in the street could have learned that the children did not have the means to cook it. Donors who want to increase local health care services could be encouraged to fund not only hospital staff, but also itinerant outreach services to ensure that the most vulnerable people are reached. Haiti also suffered because of a lack of local consultation about the "cash-for-work" programs. In the district where our members live, it was newly arrived NGOs who quickly chose a few local people to administer these programs. But because they made their choices too quickly without consulting the wider community, it was often gang leaders who were put in charge. They found people to do the work of clearing away rubble, but kept back cash to purchase guns.

National and international intermediaries can be influenced by politics (for instance concerning land access and food security) leading to ineffective development initiatives that create cumulative dysfunction over time. For the most part, those who can respond the best to emergencies are local and municipal actors who already have knowledge of the local context, language, history, politics, etc. Yet, as Oxfam notes, the current aid structure prevents most funds from reaching the local level at all. The majority of emergency response money goes to multilateral and multinational organizations. Only 10% of funds go to national governments directly, and even less to local organizations. If funding does reach the local level, it is likely to arrive late in the post-emergency period, completely overwhelming local capacity to the point of hindering service delivery. In addition, the way that funding is issued through contracts often makes it too rigid, preventing an implementing agency from adapting to changing situations on the ground. This means that funding often arrives three months late, and must be used to fund what made sense only three months ago.

Aid fails to reach people because issues of risk and vulnerability are often misunderstood. Reducing the vulnerability of humanitarian aid workers is very important. But there are choices made that are intended to protect them, but that can in fact increase their risks. Food distributions in low-income areas, for example, are often made unannounced: a truck will suddenly drive in, pass out some food quickly, and then leave just as suddenly. It is clear to everyone there that there will not be enough food to go around. That creates the conditions for violence by pitting people against one another, making local people more vulnerable. But there is in fact a much safer way to distribute food. Because the no-go zone in Haiti was completely unserved, we asked a humanitarian organization to bring food there for every child age 5 and under. Local teenagers spent many days preparing for it, by canvassing the entire district of 25,000 people and making lists of every child in every family. In this way, they involved the entire population around the goal of putting the youngest first. When the distributions began, the teenagers remained involved, speaking with everyone who came. Even though this district was one categorized as a "no-go" zone because of the high risk of violence, throughout the six weeks of the distribution, there was

not a single incidence of violence. Security was created because everyone in the community knew that all the children would be reached, and that they were working together toward that goal, not forced to fight one another. But community solidarity as a source of security is so badly understood that even in this case, where the humanitarian NGO was very happy with the conditions of the distribution, in the end they told us that they would have to stop. Their funders told them that they needed to go back to quicker methods of passing out aid.

In Central Africa in 2014, we saw another example of this same **misunderstanding of what reduces vulnerability**. In the capital city, an international humanitarian aid worker lives 500 meters from our center. This is a distance that our team often travels by foot, greeting neighbors on the way. But the aid worker's employer requires her never to go by foot, but only by armored car. At certain times, our team would agree that the car is necessary. But the problem with a blanket policy telling her to use only the car is that it cuts her off from neighbors. In situations of armed conflict, where conditions change quickly, relationships of community solidarity can protect people. It is important that we reduce the risks faced by humanitarian aid workers in every way possible. But because their work requires contact with people, we think that systematically cutting them off from relationships with neighbors can actually endanger their safety.

According to MSF's review of its own work in Haiti, Pakistan, Somalia, and elsewhere, **recurrent aid failures include issues of timeliness, geographical gaps, and overlooking vulnerable groups**. Arbitrary distinctions assigned to population groups — such as the creation of "no-go zones" — causes some to be excluded from assistance. Program development is risk-adverse in order to protect reputations from failure, and so the ease with which a project can be implemented becomes the most important motivation. Financial, human, and technical resources are not well-attuned to emergency response needs in terms of timing, capacity, or ability to mobilize.

The humanitarian aid sector can itself be an obstacle to the effectiveness of aid because this sector has to a large extent become a massive and complex delivery system of goods that starts with assessments targeting only needs and not assessing the local capacities and knowledge present in a given community. This approach leads to programs that are not flexible or adaptive enough to changing needs, and that typically address symptoms rather than causes of complex and protracted problems. Tremendous pressure to deliver has created a project-based approach that is often wasteful and inefficient. It also means that an opportunity to reinforce local organizational capacity is lost.

Recommendations for the WHS

1) <u>Every project should have someone responsible for understanding which people are the most isolated and worst off in order to develop partnerships with organizations acting in solidarity with them</u>. It is important to seek out some of the most vulnerable people in a community (and not only local leaders) because their vantage point and experience can differ significantly from that of the more connected and dynamic people in the community. This can be done by seeking out community-based organizations where people in extreme poverty have a meaningful voice. Disadvantaged community members should be able to participate in the decisions that will affect them as much as possible, or at least to be broadly consulted when time is lacking for full participation. It is also important to consult local development workers who already have a history of relationships in communities, who have been innovative in drawing on the experience of the most disenfranchised, and who plan to remain there for the long-term.

2) <u>More aid and funding should be directed to local actors who know the context best.</u> Much more investment must made in examining underlying causes, and strengthening local

capacities. Building local capacity in disaster-prone areas must be done in advance of a crisis so that it is not undermined or overwhelmed by a sudden influx of aid. Incentives should be created for large multinational aid organizations to facilitate and mentor local networks in ways that prepare them to respond effectively to local disasters and to increase the number of qualified front-line responders, advocates, and planners. Ideally, local leaders should drive humanitarian responses on the foundation of knowledge and experience, with international organizations working in a supporting role. Strengthening local-international partnerships of this kind can help prevent both local corruption and the kind of top-down mismanagement that led to aid funding gang violence as noted above.

3) <u>The decision-making processes should be slowed down in order to incorporate lessons learned</u> and to change dysfunctional mechanisms concerning staffing, funding, and program evaluation. This should include retrospective evaluations, looking back at the lasting effects of aid several years after the end of a crisis. Greater distinctions should be made among different types of crises so that responses can be developed that are tailored to local differences and capacities.

4) To increase security for everyone, aid should be distributed in ways that <u>reinforce community solidarity</u> without pitting people against one another. At a minimum, aid efforts should do no harm. Interactions by aid workers with local communities should also reinforce relationships of solidarity that increase security. The technical needs of humanitarian aid should not detract from the critical importance of establishing and nurturing relationships of trust with governments, organizations, and communities in order to support efforts at the most local level.

5) <u>Accountability to local community members (and not only to donors)</u> should be integrated into funding mechanisms, community engagement strategies, and information gathering and analysis, and organizational priorities. Emergency responses and how they are handed off from one agency to another must be connected to understanding and supporting the long-term needs in different local contexts. Humanitarian effectiveness should be linked to reinforcing the aims and effectiveness of long-term development aid.

Assessments only of humanitarian needs are one-sided and can feed despair when they are not paired with assessments of local strengths and capacities. It is recognizing and supporting existing potential that reinforces the hope and courage that people must have to endure and overcome the most painful crises. As the WHS draws on the knowledge, experience, and innovation of aid workers and communities who have lived through conflict and natural disasters, we hope that those consulted will also include people living in extreme poverty. While involving local leaders is important, local leaders often lack knowledge about people who were excluded from their communities before a crisis began. These non-traditional local actors have learned from their own experience of disenfranchisement how to build broad and inclusive solidarity. The intelligence and the capacity for peace-building of people in poverty are hidden resources. By seeking out the most disadvantaged in order to draw on these resources, together, we can reinforce communities while delivering aid.