

Humanitarian Accountability Partnership - International

"making humanitarian action accountable to beneficiaries"

Mission Integration, Policy Coherence and Accountability

Nicholas Stockton

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In 2002 I contributed to a comparative study, carried out by the Humanitarian Dialogue Centre in Geneva, to examine the humanitarian consequences of UN integrated missions. This had been prompted by growing unease about the possible instrumentalisation of the humanitarian system for the pursuit of political objectives, originally described in the Joanna Macrae / Nicholas Leader ODI 2000 paper, "Shifting Sands: the Search for 'coherence' between political and humanitarian responses to complex emergencies". Prior to 9-11, the case of "humanitarian war" in Kosovo was probably the most blatant example of the conflation of humanitarian and political objectives. However, following the invasion of Afghanistan in October 2001, there was growing apprehension amongst many humanitarian agencies that a new US doctrine of aggressive force projection was to be systematically "blue-rinsed" by the simultaneous deployment of UN humanitarian, reconstruction and development capacities. Our study looked at Sierra Leone, Afghanistan and the Democratic Republic of the Congo (DRC), the latter being the country assigned to me and which I researched in July 2002.

From the outset it was apparent that the DRC was not at that time established as a "Brahimi" style integrated mission. Instead, the Resident Coordinator, who was simultaneously the Humanitarian Coordinator and the head of UNDP, had a very loose relationship with the SRSG, whose role was *de facto* political, primarily with regard to being the head of MONUC, the UN peace-keeping force deployed in the DRC since 1999 under the Lusaka Accord. In addition, it was clear that the DRC was not in the sights of the Coalition in the War against Terror, and indeed in the first 3 years of MONUC's existence, not a single combat-authorised soldier was deployed by the contributing nations, and MONUC's Chapter 7 status was brushed under the carpet by successive SRSG's as the peace-keeping force simply had no capacity for coercive operations. MONUC officials frequently claimed, quite erroneously, that they had no mandate to protect civilians. In fact Security Council Resolution 1291 of January 2000 granted MONUC a Chapter 7 mandate, but they just did not have the capacity to fulfil it. Thus, there was no significant demand upon the humanitarian agencies to provide relief in a manner that would provide force protection for MONUC, and MONUC in turn barely ventured out of its compounds to undertake any humanitarian work. "Blurring" was not in practice a significant problem; although it is certainly the case that MONUC's inability to offer civilian protection, especially in Kisangani and Ituri, brought the UN's name into disrepute. However in practice OCHA was able to provide humanitarian leadership in the DRC, unencumbered by pressure from the SRSG or from MONUC itself to deliver on their political or military agendas. It is true that the appointment of the UNDP resident representative as the humanitarian coordinator allowed for the incorporation of longer term developmental strategies into the humanitarian coordination function, but as I will argue later, this seems to have been encouraged as much by the relief agencies as imposed by UNDP. This was in short, the classical sort of non-integrated UN mission that the Brahimi Report had hoped to consign to history. Alex de

Waal might reasonably have expected to encounter “humanitarianism unbound” in the DRC during these years. Interestingly then, the DRC was a humanitarian playing field left free both of super-power interference and UN mission integration, exactly the conditions that so many humanitarians have argued would offer ideal operating conditions. So how did the humanitarian system actually perform?

Between 1998 and 2004 upwards of 4 million people have died as a consequence, both directly and indirectly of the war in that country. It is estimated that 8% died from political violence, while the rest succumbed to a combination of malnutrition and disease. Put another way, some 3.5 million people died from proximate causes that can be attributed in the first instance to the failure of the welfare capacities of the state, and in the second instance to the failure of the international humanitarian assistance community. The violent deaths of some 350,000 others could likewise be attributed first to the failure of the state security apparatus, and in the second instance to the failure of the international protection system, in effect MONUC. That we know of the extent of this disaster is thanks almost entirely to the work of Les Roberts of the International Rescue Committee. It is, I believe, the worst humanitarian disaster since 1945 (assuming that deaths associated with the Cultural Revolution in China are excluded). So what went wrong? This after all is a humanitarian disaster that makes the impact of the wars in Iraq, Afghanistan and Kosovo pale into near insignificance, at least if you were to imagine yourself as the celestial counter of souls passing prematurely from this life.

The reasons for this spectacular and tragic humanitarian failure in the DRC are complex, obscure and contested. Indeed, for some, the humanitarian catastrophe itself is disputed, an exercise in denial that is perhaps deliberately designed to deflect attention away from the issue of humanitarian agency performance in the DRC.

During my research, amongst those who were willing to acknowledge that some explanation for this massive humanitarian failure was deserved, three main arguments were advanced for the disaster. These were insecurity, lack of donor support and geography. I will look at these in turn:

1. Insecurity: The most commonly cited cause of the failure of the humanitarian system in the DRC was “insecurity”, a concept that mainly refers to the threats confronting aid workers, and as exemplified by the murder 6 ICRC delegates in Ituri, in eastern DRC in April 2001. This tragedy, along with countless lesser-known incidents of attacks upon and harassment of aid workers underpins the widely supported consensus amongst aid agencies in the DRC that “insecurity” was responsible for the failure of the humanitarian system. As if “insecurity” was a critical, independent and immutable variable present in the operating environment, entirely beyond the control of the relief agencies.

It is instructive to examine the phenomenon of insecurity through the lens of Koenrad Von Brabant’s triangle of acceptance, protection and deterrence. While obviously the murders of the ICRC staff in Ituri represented a failure of protection, and the violent deaths of many Congolese could be attributed to a failure of deterrence, the inability of the majority of humanitarian agencies to gain access to those in urgent need of basic health care and food must be seen, at least in part, as a failure of acceptance, or what the ICRC has conventionally called “consent”. When asked, many agencies agreed that they often had difficulty in gaining the consent of the warring parties on the ground.

When I consulted Congolese sources, including senior members of the rebel forces in Eastern DRC, I was told that the failure to grant consent resulted from a widespread lack of trust in the international aid agencies in the DRC. Four issues were cited:

- a) Independence: For example, the activities of humanitarian staff in reporting upon “illegal mining of coltan and diamonds suggested that they were there to discredit the RCD-G on behalf of the UN Security Council.
- b) Neutrality: “Humanitarian” peace-building work was seen to have dangerous political and military implications. For example “reconciliation” work in the Fizi Hills had been seen to help to forge a new hostile military alliance between some factions of the Babende and the Banyamulenge. Many Congolese in the east believed that the aid system was biased in favour of a unified state under Kabila’s leadership.
- c) Impartiality: Most Congolese informants claimed that there was no evidence that the UN agencies and NGOs were concerned with delivering humanitarian assistance in an impartial manner. Instead OCHA in Ituri had been seen to be delivering humanitarian and human rights lectures rather than providing material assistance. I was told many times that the NGOs appeared to be “doing nothing but bringing in foreign consultants to run workshops and training courses in French or English, therefore excluding all poor Congolese”. I found no one who thought that the Goma-Masisi “peace-road” had had an impartial humanitarian impact.
- d) Decadence and corruption: The humanitarian system was widely considered to be decadent. The term “1.5s” was given to MONUC troops, because they paid a standard \$1.5 dollars to the prostitutes who queued up to get into the compound in Kisangani. A Government Minister in Kinshasa told me that most people believed that the international aid system was of benefit only to corrupt politicians, restaurateurs and brothel owners. (He assured me that he of course knew better)

While such perceptions may (or may not) have little basis in fact, the more important point is that the “humanitarian assistance community” in the DRC was for very many Congolese at best an object of their derision and at worst an unwelcome intrusion that excited profound suspicions which were readily transformed into acts of hostile obstructionism. This frequently happened, both at the political level and on the ground at the DRC’s innumerable military checkpoints. There was in many parts of the country what I would call a “humanitarian lock-out” quite consciously implemented by military factions in reaction to their experience and perceptions of the aid community. The lock-out reflected a profound collapse in popular trust and the unravelling of any belief that the international aid system was there to benefit vulnerable people in an impartial, neutral and independent manner. The system failed to project a convincing account of itself on any of these measures. With a greater degree of introspection upon its performance and reputation, it might have done much more to build consent. In practice, it seems that the agencies assumed that their good intentions were self-evident, when in fact nothing could have been much farther from the truth. Thus, while insecurity and lack of humanitarian access were the most frequently cited constraints experienced by the relief agencies, it is nevertheless instructive that every year throughout this period UNICEF was able to claim a near 100% coverage in its annual polio vaccination campaign. This clearly demonstrated the old adage, where there is a will, there is a way. Was the absence of “humanitarian will” caused, as many claimed, by a shortage of funds and donor fatigue?

2. Resources:

There is much evidence that demand generated by the humanitarian aid system was repeatedly pitched below the level required to meet observed humanitarian needs, and strong indications that it was also pitched below the major donors potential to supply funds for life-saving interventions. For example, the FAO/WFP food aid appeals were consistently set far below essential humanitarian needs as assessed and reported by WFP itself. In the 2002 CAP 16 million people were said to be “critically food insecure” and yet food aid was planned for only 1.3 million people. Yet in 2002 the

USAID-OFDA representative in the DRC agreed to transfer unused funds from the DRC budget to Afghanistan, because of a reported lack of demand to finance lifesaving project applications. Likewise the ECHO representative told me that he had never fully allocated his budget and had never been obliged to reject a “life-saving” intervention due to financial constraints. In fact, so worried were donors about lack of demand within the humanitarian system in the DRC that in 2001 they dispatched a delegation from Geneva to investigate what was going on. None of this is to argue that the CAP was not regularly under-funded. However, the 2002 CAP itself stated that “*the purely emergency portion of the CAP (and emergencies outside the CAP – such as the volcanic eruption in Goma), is regularly covered*”. Thus while the claims concerning insecurity blur the real issues of trust and acceptance, similarly a closer examination of resource flows reveals an underlying lack of demand rather than a blockage in the supply of funds. In some senses, it can be argued that the DRC’s humanitarian disaster was planned, extraordinarily, by the international aid agencies themselves. One especially bizarre incident seems to illustrate this well. When confronted by the second IRC mortality survey in June 2001, the aid agencies in the DRC agreed to a proposal that agencies should refrain from “*putting forward nationwide humanitarian indicators*” until UNICEF had completed a comprehensive national study of the health and welfare of the whole country. In the midst of the world’s worst humanitarian disaster, this report was still not available a year later when I was doing my research. Hardly an approach designed to foster a sense of urgency amongst donors. I remain shocked by this.

3. Geography:

Anyone who has visited the DRC is surely bound to concede that it presents as formidable a challenge as logisticians are likely to encounter anywhere. However, as UNICEF’s reported success in its annual polio vaccination operation seems to illustrate, with commitment and the necessary resources, outstanding results could be achieved in the DRC, as demonstrated by the IRC. It is certainly true that the population is dispersed and that distribution costs are extraordinarily high, but as a comparable challenge in a similarly hostile environment in South Sudan has demonstrated, given the resources, logisticians can overcome most obstacles. Difficult geography is thus a function of cost, which elsewhere with far less desperate populations, has been much more successfully met. It seems ultimately self-defeating and absolutely at odds with basic humanitarian principles for relief agencies to cite cost as a decisive factor in their decision to not even try to save lives in imminent danger. Yet such explanations were advanced to me in 2002, at first giving me the impression that some relief agencies considered that Congolese lives were not really worth saving. In fact, what I had really encountered was the dark side of an otherwise proudly flaunted approach adopted by most aid agencies in the DRC.

Coherence, consensus and peace-building

Known variously as peace-building, conflict management, do no harm and SMART relief, the international aid community had in fact largely abandoned conventional “truck and chuck” material relief distribution operations in favour of approaches that all purported to be tackling the “root causes” of the war in the DRC. I have no time to cite detailed examples of this approach, but it is worth repeating the words of the multi-donor mission to the DRC in 2001 who noted that

According to some partners in the eastern part of the country, strategies designed in Kinshasa tend to focus more on [linking relief, rehabilitation and development] matters, and are therefore of dubious relevance to priorities in areas in which the humanitarian needs are greatest. This applies equally to sector strategies as well as to overall strategy for the humanitarian zones

The multi-donor report singled out OCHA for particular criticism because,

'in some areas [OCHA places] a disproportionate focus on transition/developmental activities instead of emergency humanitarian needs. Significant time and energy has been devoted to initiatives such as the 'peace barges' and current plans to rehabilitate stretches of the Lubumbashi-Kindu railway. However admirable, such projects cannot be described as either 'emergency' or 'humanitarian'

While some senior staff in OCHA in New York and Geneva have claimed that 'peace-building' was not officially designated as a priority activity, 'peace-building and peace-promotion activities are actually listed as both "sector" and "theme" in the Consolidated Appeals Process guidelines. This certainly gives the firm impression that peace-building is seen as a legitimate 'humanitarian' priority by OCHA for inclusion in the CAP. In addition, with specific regard to the DRC, the UN Emergency Relief Coordinator, Kenzo Oshima, stated in his 2001 DRC visit report that;

'I actively promoted the "peace boat" initiative, locally developed by the (OCHA) Country Team

Elsewhere in the same report, the USG for Humanitarian Affairs argued that;

'It is felt .. that only following positive progress in the inter-Congolese dialogue and innovative approaches to crisis mitigation, will the international community be willing to provide the necessary funding for existing humanitarian needs, as well as for those new needs likely to emerge from greater access and future rehabilitation efforts. Donors should be persuaded that increased support, even at an earlier stage, would yield real peace dividends.... Longer-term strategies must also be formulated early on, in the context of filling the "gap" between emergency and rehabilitation/development'.

In reality the donors behaviour seems to have contradicted this view. The push for developmental interventions, and especially those supposedly geared to promoting peace, came both from within OCHA itself and from many international NGOs. The current head of the OCHA office in Kinshasa, who was in 2002 OCHA's desk officer in Geneva told me, and I quote:

"'Do no harm' had an enormous impact upon policy. We were looking for sustainable impact and this was not possible if the hungry child was killed tomorrow. 'Do no harm' was a very tempting policy."

It seemed to me that the appeal of "building local capacities for peace", especially in the country that gave birth to the devastating charge of "aid agencies feeding the killers in the camps", seems to have been almost universal. It had even taken root in the ICRC's Kinshasa managed operation, from which considerable effort was expended to discredit the IRC's mortality data.

So while the absence of mission integration and super-power interference left the humanitarian assistance community in the DRC to get on with the job on its own terms, it proceeded to do so on the basis of an experimental paradigm that seemed to believe that epidemics and malnutrition, as well as political violence, could be stopped through the devices of doing no harm, starving the war of aid resources, and building local capacities for peace. It is interesting to note that the aid community in the DRC achieved considerable "policy coherence" around these strategies without at any time having an authoritarian and integrated UN mission structure to impose it. As is often the case in other dimensions of human affairs, change can be successfully driven by "fashion" (or what psychologists call cognitive dissonance), indeed often more effectively than when it is pursued through coercively promoted policies within authoritarian structures.

This seems to me to suggest two major conclusions.

My first conclusion is that desperate humanitarian claimants may have more to fear from the impact of humanitarian assistance policy fashions such as "do no harm" than they have from structural reforms such as integrated missions, or donor fatigue (or donor interference). In my view "Do no harm", SMART Relief and other peace-building fads have been a spectacular failure in the DRC

and elsewhere. Bad enough that maybe, but the opportunity costs of such approaches are even greater. To understand the full cost of this experimental paradigm in social and political engineering, we must also take into account what was not done, but that might have been achieved by a humanitarian assistance system genuinely committed to humanity, neutrality and impartiality. I believe that the loss of trust and confidence in the international aid system in the DRC derives in no insignificant part from the apparent political and military side effects of peace-building projects, most particularly in the form of the humanitarian lockout. The opportunity costs of this hubristic enterprise were thus, arguably, enormous.

My second (rather modest) conclusion is that the principles of humanitarianism need revising. It seems to me that even above the principles of neutrality, impartiality and independence, humanitarian agencies must begin to apply the principle of informed consent in their operations. Had this been attempted in the DRC, I am quite sure that those who died would not have offered their consent to their fate on the grounds that theirs was a worthwhile sacrifice for future generations of Congolese people. While I am not really here to plug the work of my organisation, it is nevertheless the case that the adoption and implementation of the HAP-I Accountability Principles offers a clear and compelling way in which the principle of informed consent can be translated into practical action. It saddens me that MSF has still not joined us in the struggle to promote the interests of those who we claim to want to assist. In future they must surely have more say than they did in the DRC.

Nicholas Stockton
Geneva
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