

THE HUMANITARIAN RESPONSE INDEX 2009



Whose Crisis? Clarifying Donor's Priorities

DARA



The Humanitarian Response Index 2009

Whose Crisis?

Clarifying Donor Priorities



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DARA aims to enhance global efforts to reduce human suffering and inequity and encourage prevention. Our focus is on the improvement of humanitarian action, the promotion of international stability and development, and the reduction of disaster risk.

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Crisis Reports
Ethiopia



Ethiopia at a Glance

Country data

- ▶ Population (2007): 79 million
- ▶ Under five mortality rate (2006): 123 per 1,000
- ▶ Human Development Index Ranking (2008): 169
- ▶ Life expectancy (2008): 52 years
- ▶ Official Development Assistance (2007): \$2.422 billion

The crisis

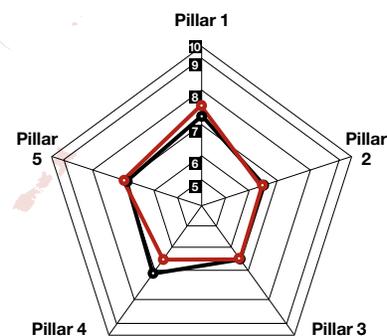
- ▶ Forty percent of Ethiopia's population lives in poverty, with an estimated 10 million in need of humanitarian assistance;
- ▶ Food insecurity is a constant problem due to rapid population growth, increasing frequency of droughts, inequitable land distribution and rising food prices;
- ▶ At least 200,000 Ethiopians displaced by fighting between government and ONLF, and conflicts with Eritrea and OLF remain unresolved;

The response

- ▶ Donors provided US\$974 million in 2008, making Ethiopia the second-largest recipient of humanitarian aid after Sudan;
- ▶ Ethiopia was also a pilot for the implementation of Paris Declaration development assistance harmonisation, but development priorities sometimes conflict with humanitarian needs;
- ▶ Humanitarian actors are greatly limited by the Ethiopian Government in terms of access to Somali region and a new civil society organisation law.
- ▶ Annual preparation of humanitarian requirements assessments are frequent source of conflict with Ethiopian Government; negotiations delay agencies' ability to respond;

Donor performance

- ▶ Donors overall scored highest in Working with humanitarian partners (Pillar 3) and lowest in Responding to needs (Pillar 1);
- ▶ Donors rated highly in survey questions related to longer-term funding arrangements and poorly in discriminating against groups or individuals within affected population;
- ▶ Donors perceived as not active enough in advocating recognition of humanitarian needs and access



HRI 2009 scores by pillar

- Pillar 1** Responding to needs
- Pillar 2** Prevention, risk reduction and recovery
- Pillar 3** Working with humanitarian partners
- Pillar 4** Protection and International Law
- Pillar 5** Learning and accountability

- Ethiopia
- All crisis average

Sources: World Bank 2009, UNICEF 2008, UNDP 2008, OECD 2007, Ethiopia: Building on Progress, A Plan for Accelerated and Sustained Development to End Poverty (2005/06-2009/10); Deressa, T., Hassan, R.M. and Ringler, C. 2008; Internal Displacement Monitoring Centre 2008; International Crisis Group 2008; OCHA FTS 2009; Human Rights Watch 2008.

Ethiopia

Blurring the Boundaries Between Relief and Development¹

Ricardo Solé-Arqués

Ethiopia has yet to achieve stability and self-sufficiency, despite the billions of dollars of development funding and humanitarian aid provided every year by external donors. The regime severely curtails access to internal conflict areas as well as controlling the final distribution of aid and playing down the number of people in need of relief.

Donors tend to mix humanitarian and development aid with political and strategic agendas. The result is a dysfunctional system in which development programmes and frequent emergencies overlap, to the advantage of an autocratic government which seeks to dominate and curb local civil society. The government learnt how to use humanitarian aid as a weapon during its struggle prior to seizing power in 1992.

A unique feature of Ethiopia's chronic crisis is the fact that it creates an inversion of the paradigm of linking relief with development. In this case, development programmes have to bear frequent emergencies, which distort programming and the usual development tools. During 2008, and amidst huge development investments, increasing numbers of people required lifesaving humanitarian aid. However, donors in Ethiopia have difficulty honouring the *Principles and Good Practice of Humanitarian Donorship (GHD)*, because they are committed to development objectives. At the same time, many of them have vested security, political and economic interests in their relationships with the government.

A complex set of problems

A generation has passed since the Ethiopian famines of the mid-1980s, which prompted an unprecedented international response and made Ethiopia almost synonymous with famine. The Ethiopian Government's inability or unwillingness to deal with famine provoked universal outcry. At that time, the combined effects of famine and civil war had put the nation's economy into a state of collapse. A quarter of a century later and largely out of the spotlight, Ethiopia is still struggling to link recovery and development.

The number of people requiring assistance is estimated to be more than 10 million, although the official joint humanitarian assessments cite lower numbers. For example, 126,000 children are estimated to need treatment for severe malnutrition (IRIN 2008), while the assessments believe it to be less than 80,000 (Government of Ethiopia and UN Country Team 2008). Countrywide, the number of centres providing therapeutic feeding rose six-fold during 2008 alone (Government of Ethiopia and UN Country Team 2009). Thousands of reported cases of watery diarrhoea (UNICEF 2008) could indicate hidden cholera outbreaks.

A number of factors, including high population growth, inequitable land distribution and rising food prices, have ensured that food insecurity remains a major problem. Droughts, to which Ethiopia is prone, are becoming more frequent due to climate change (Deressa, Hassan and Ringler 2008).

Internal and external conflicts repeatedly trigger humanitarian needs. Fighting between the Ethiopian Government and the separatist Ogaden National Liberation Front (ONLF) has displaced at least 200,000 people (IDMC 2008). There is active conflict with the Oromo Liberation Front (OLF) and the long-standing war with Eritrea also remains unresolved (International Crisis Group 2008).

Refugees are present in the country in limited numbers. Flows to and from Eritrea continue, with a permanent caseload of 23,000 Eritrean refugees in Ethiopia. In the west there are 50,000 refugees from Darfur who are currently in the process of return. The most acute situation is caused by those fleeing the conflict in Somalia, estimated at 120,000 people (United States Committee for Refugees and Immigrants 2008). Internal displacement due to violence or famine is not recognised in Ethiopia, and the euphemism 'reallocation programme' is sometimes used to cover internally displaced persons (IDPs).

Many years of investment, a strong government and sustained economic growth have not translated into a significant improvement in conditions; poverty still affects 40 percent of the population, and vulnerability has barely changed. As long ago as 2004, the director of the United States Agency for International Development (USAID) commented: “The donor community cannot sustain the levels of food aid required in Ethiopia. Last year alone USAID provided over US\$500 million in food aid to avert a humanitarian disaster. At the same time, due to an unsupportive policy environment in Ethiopia, the USAID-supported agricultural development programme was funded at a level of less than US\$5 million. While our food assistance saved millions of lives, the number of chronically food-insecure households increases every year.” (USAID 2004, p5). This statement remains valid. Ethiopia poses extraordinary challenges for development policies.

Negotiating needs

Humanitarian needs are a frequent cause of conflict between humanitarian agencies and the government. Ethiopia does not participate in the standard consolidated or humanitarian appeal processes. Instead, it carries out its own ‘emergency needs assessments’, with humanitarian partners participating for each region.

The assessments gauge available resources against current and predicted needs. Available resources are a mix of what donors have already provided as a response to previously stated requirements, local capacity to generate additional resources and contributions from development or safety net programmes. These assessments, which lead to a yearly humanitarian requirements (HR) document, are always contested on political rather than purely humanitarian grounds and negotiations to agree on figures sometimes take months. This causes delays in the publication of the humanitarian requirements and consequently delays in donors’ responses (Lefort 2009).

For 2008, the initial HR document was released in April and covered the emergency needs of 2.2 million people. This figure was revised upwards in June to 4.6 million, largely due to the increase in food prices, and upwards again in October to 6.4 million. Organisation for Economic Co-operation and Development – Development Assistance Committee (OECD-DAC) members’ net aid to Ethiopia amounted to an impressive US\$2.4 billion in 2007 (OECD and World Bank 2009). In addition, the World Bank International Development Association (WB/IDA) provided US\$1.8 billion, half in the form of grants, the US gave more than US\$300 million and the European Commission (EC) and the United Kingdom each provided more than US\$200 million (Ibid).

The world’s second-largest aid recipient

Donors allocated a total of US\$974 million to Ethiopia for humanitarian assistance in 2008 (OCHA 2009). This made it the second-largest recipient, behind Sudan (which received US\$1.41 billion) and well ahead of the Democratic Republic of Congo (DRC) (US\$573 million) (Ibid). The list of donors to Ethiopia is comprehensive, including all DAC donors, significant private contributors (The Bill and Melinda Gates Foundation, for example, providing US\$3 million) and new donors like Turkey. The largest donor by far has been the US (around US\$669 million), followed by the UK (US\$69 million), the EC (US\$58 million) and Canada (US\$41 million) (Ibid).

Ethiopia is one of the main recipients of UN Central Emergency Response Fund (CERF) assistance, the second-largest recipient after DRC, with US\$31.5 million. Since the CERF’s creation in 2006, Ethiopia has received US\$53.8 million, the sixth-largest recipient globally (Ibid).

After the controversial 2005 elections, and in a context of poor governance, donors moved away from budgetary support so that they could have better oversight of poverty reduction programmes (World Bank 2007). Certain conditions were imposed; for example, the government would face the progressive withdrawal of aid unless there was progress on some aspects of governance (World Bank 2006). Currently, however, it seems that donors have adopted a more *laissez faire* attitude toward the political practices of the government, and there has been a return towards more significant budgetary support – through ‘support to basic services’, the ‘productive safety net programme’ (PSNP) or even directly.

The PSNP is a coordinated effort by donors and the Ethiopian Government to address the cycle of increasing deprivation. Contributing factors are:

- ▶ A predictable increase in the food-insecure population
- ▶ An overwhelming humanitarian caseload
- ▶ Greater frequency of shocks leading to crisis
- ▶ Asset depletion and destitution increasing with each emergency (The IDL Group 2008).

The PSNP operates in seven of the country’s ten regions and aims to improve the coping mechanisms of its 7.2 million beneficiaries so they can eventually graduate from the programme. It provides cash or food transfers for six months of the year, at an annual cost of US\$250–350 million. Donors include Canada, Ireland, Sweden, the UK, the US, the EC, the World Bank and the World Food Programme (WFP) (Ibid). It has become a tool to assist a specific caseload, but unfortunately the lack of progress in related development programmes has prevented it from reversing the cycle of destitution, asset depletion and vulnerability.

The role of the UN

The UN plays a central role in Ethiopia, having privileged relations with the government and enjoying ample funding, for example for large capacity-building, recovery and development programmes. The UN is regarded by many NGOs as a donor, channelling significant bilateral and pooled funds to them. In this sense some NGOs have a more secondary role, being basically dependent on donor contributions for long-term programmes and humanitarian funds.

All UN agencies are present at different scales. WFP is by far the largest recipient of humanitarian funds (US\$747 million), followed by UNICEF (US\$46 million). The main NGOs are Save the Children (including the Danish, US and UK branches) receiving a total of US\$21.7 million, Mercy Corps (US\$19 million), several Médecins Sans Frontières (MSF) sections (US\$13.8 million), the International Rescue Committee (IRC) (US\$7 million) and international humanitarian agency GOAL (US\$5.5 million) (OCHA 2009 and OCHA Ethiopia 2009).

WFP targets 9.7 million people in Ethiopia, and conducts the largest protracted relief and recovery operation (PRRO) in the world, with 8.6 million beneficiaries (WFP 2009a). However, in December 2008, WFP projected a shortfall of US\$509 million for 2009 (OCHA 2008). The emergency reserve for food security has been depleted and pipeline breaks have been occurring for all commodities. Rations have been reduced to a third of the full ration. (WFP 2009b). The government's import of cement and fertilisers has decreased transportation capacity from the required 100 trucks per day to less than 40, seriously affecting deliveries from Djibouti, the only sizeable hub close to the country. However, WFP's drive to encourage new donors, by ensuring that a traditional donor would cover the collateral costs of placing a donation in the field, has borne some fruit. These so-called 'matching funds' have allowed some donors like Egypt to contribute to the WFP appeal, diversifying its donor base.

“Access to people in need, whether those in conflict areas or certain population groups such as IDPs, should be non-negotiable.”



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Harmonising donors' efforts

Donors are not indifferent to these challenges and a number of initiatives are underway. Ethiopia is to be a pilot country for donor harmonisation in the framework of the Paris Declaration, although clear synergies have not yet been identified (OECD 2007). A 'division of labour team' has been created under European Union (EU) auspices and is making progress towards effective donor coordination (Development Assistance Group Ethiopia 2009).

The Ethiopian humanitarian country team² works with the government on the coordination of humanitarian response. The respective UN clusters provide support for government-led sectoral task-forces at the federal and regional levels.

The Humanitarian Response Fund (HRF), a pooled fund locally managed by OCHA, was ranked by most respondents as a flexible and appropriate tool to respond to humanitarian needs. The HRF funds short-term emergency needs through international NGOs and UN agencies. Donors include Norway, the Netherlands, the UK, Ireland, Sweden, Spain, Switzerland and Italy. It received US\$77.3 million in 2008 and by 21 December 2008 had allocated US\$44.8 million to more than 60 projects throughout the country (OCHA/HRF 2009).

The disaster management and food security sector (DMFSS), a new Ethiopian Government department established at the end of 2008, operates an early warning and response department as well as a food security department. Its aim is to shift the emphasis from a relief-led approach to one of risk-reduction and preparedness.

The HRI survey captured quite sceptical opinions about government capacity and donors' willingness to coordinate their activity. The strong government-led coordination system makes it difficult for the cluster system to achieve full effectiveness; this is probably a feature common to crises where national authorities are in control. Clusters do not seem to be improving the sector response, and in fact are seen as an additional mechanism that is not integrated with the existing ones.

When the aid community is focused on development programmes and has a long presence in the country, with existing local coordination mechanisms, the cluster system itself is in question. Most respondents perceived it as cumbersome, dependent on the engagement of the lead agency or individual, and lacking strong leadership by the humanitarian coordinator. The fact that this position is held by a United Nations Development Programme (UNDP) official has been described as a limitation on the strength and independence of the role.

Although donors do not seem to be decreasing their allocations as a result of the financial crisis (OECD 2009), exchange rates are decreasing the real contributions of many and clear measures have not been formulated to maintain the predictability of funding. Finally, the lack of any surge capacity is of concern in this fragile, aid-dependent scenario.

Tensions with the government

In January 2009, the government introduced a law that aims to control civil society organisations (CSOs), and allows their activities to be subject to intimate scrutiny. The charities and societies proclamation bars both Ethiopian and foreign organisations that receive more than 10 percent of their funding from overseas from undertaking activities related to gender equality, human rights, disabled persons' rights, conflict resolution, strengthening judicial practices and law enforcement (Human Rights Watch 2008). The international community has reacted softly to this law; for example, EU representatives invoke the right of the government to pass this type of regulation.³ Most of the respondents to the survey, however, find donors' tolerance of these autocratic practices unacceptable and in conflict with principled aid policies. NGOs have also voiced their condemnation and have, as a consequence, suffered difficulties in gaining access to certain areas and population groups.

In Ethiopia, donors tend to avoid conflicts with the government and have mixed security and development agendas which affects their independence and neutrality. The capacity of some donors to apply the *GHD Principles* is hindered by the fact that Ethiopia is a proxy in regional conflicts, a front-line ally on the War on Terror and oil companies operate there. As a recipient of funding and with its specific bilateral agreements with the government, the UN is not well placed to apply pressure to assure principled donor practice.

Applying the *GHD Principles* in a restrictive environment

In Ethiopia, the basic principles of humanitarian action cannot be fully applied due to the de facto acceptance of the political manipulation of emergency needs assessments; the denial of the existence of IDPs, preventing access to and protection of those in need; the restricted access to some areas; and the CSO law.

Donors could undoubtedly do more to preserve and promote the *GHD Principles*, although they do get around restrictions by funding operations that are wider than the published requirements. The generous contributions to the HRF are an example of this, inasmuch as they give room to manoeuvre to respond to actual needs. On the other hand, the use of pooled funds by donors can be seen as a way of avoiding their direct commitments to the *GHD Principles* and delegating responsibility to UN agencies.

The work of humanitarian actors has been severely hindered by the government. The situation in the Somali region, where access restrictions have been put in place and the work of humanitarian agencies disrupted, has been particularly serious. These constraints were highlighted by all humanitarian actors contacted during the survey process.

Donors' responses to the access issue have been uneven. This lack of a common approach is unfortunate, and likely to have reduced the ability of the international community to influence the government. Even the International Committee of the Red Cross (ICRC) has not been permitted access since 2007 and the humanitarian community has failed to react; the European Commission's Humanitarian Aid Office (ECHO) stopped funding operations to the Somali region, claiming lack of access and reliable distribution. On the other hand, the pressure exerted by the UK Department for International Development (DFID) to permit a nutritional survey by prioritising funding to the Somali region has finally yielded returns.

Restrictions in the Somali region eased slightly in autumn 2008, when the government allowed UN representatives to assess the situation and to open regional offices there. The WFP managed to set up a special operation at a cost of US\$2.7 million over six months (WFP 2008). This arrangement involved the central government and regional authorities in setting up various hubs for distribution, rehabilitating warehouses and assuring supplies of fuel. This achievement was possible thanks to pressure particularly by USAID, an example of good practice quoted by some respondents.

The survey captured specific examples of good practice – donors being very creative and adapting to the situation, which could be transferable to other protracted crises. Agencies and donors have sometimes addressed the inverted linkage of relief and development with interesting solutions. Many interviewees praised USAID for the 'crisis modifier' it has introduced in its development programmes to allow for flexibility and shifting between budget lines when there is a crisis. The Office of US Foreign Disaster Assistance (OFDA) has also been singled out for its emergency fund, which is made available rapidly to pre-qualified NGOs.

Lessons learnt and recommendations for the future

- 1 Needs must be assessed properly, safeguarding the independence of humanitarian action and ensuring access to areas and groups where the humanitarian space has been blocked. Agencies' performance could be improved if they were to maintain or develop their independence and neutrality, keeping political or other agendas separate from humanitarian objectives. Aid must be allocated on the basis of need and work is urgently needed to support early recovery and prevent new crises.
- 2 Maintaining neutrality poses an interesting challenge with regard to preserving productive relations with the Ethiopian Government. Donors should make sure that the process of reaching consensus with the government does not delay decisions on the delivery of humanitarian assistance. Access to people in need, whether those in conflict areas or certain population groups such as IDPs, should be non-negotiable.
- 3 The application of humanitarian reform is uneven in Ethiopia. The CERF has been used to respond both to underfunded needs and for rapid response crisis. While the HRF offers unique improvements in flexibility and timeliness, the roll-out of clusters suffers from lack of leadership and inappropriateness to the context. The size and flexibility of the HRF requires further scrutiny and the dissemination of lessons learnt.
- 4 Donors should consider supporting the DMFSS, the new architecture of aid coordination proposed by the government, in particular the current early warning system. This would help assure its effectiveness and objectivity and provide the humanitarian system with reliable forecasting tools.
- 5 More work is needed to reverse the progressive asset depletion of the population, which is still a problem despite the imaginative approaches of donors.
- 6 Examples of good practice are very significant in Ethiopia. They should be scrutinised so that they can be absorbed and applied elsewhere, particularly USAID's 'crisis modifier', OFDA's emergency fund and WFP's 'matching funds'.

About the Author

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Dr Solé-Arqués is a specialist in internal medicine and public health, a Senior Evaluator in DARA and an international consultant on public health and humanitarian aid. He has been involved in complex emergencies since the early 1990s, serving as an ECHO expert in Bosnia, Kosovo, Angola and Colombia. He was WHO Coordinator for the West Bank and Gaza in 2003 and for the ECHO regional health sector; and Head of the Regional Support Office in Amman in 2006, covering humanitarian operations for Central Asia, the Middle East and North Africa. He has carried out extensive consultancy and evaluation work in the Middle East, Southeast Asia, Africa and Latin America for multiple international organisations, including Médecins Sans Frontières, Médecins du Monde, WHO, ECHO and the EC. He has collaborated with DARA on the TEC and a number of evaluations and has served as Team Leader for several HRI missions; he is also a former member of the HRI's Peer Review Committee.

Notes

- 1** Information based on field interviews with key humanitarian agencies in Ethiopia from 7 February 2009 to 17 February 2009, and 152 questionnaires on donor performance (including 115 OECD-DAC donors).

The HRI team, composed of Ricardo Solé-Arques, Silvia Hidalgo, Marybeth Redheffer and Nacho Wilhelm, expresses its gratitude to all those interviewed in Ethiopia. The opinions expressed here are those of the author and do not necessarily reflect those of DARA.

- 2** This comprises WFP, UNICEF, WHO, FAO, UNDP, IOM, UNHCR, OHCHR, UNFPA and OCHA with NGO representatives from OXFAM GB, CARE and Save the Children UK.
- 3** The only statement made by the international community says: “The EPG and DAG recognise the importance of regulations to ensure standards and transparency of NGOs. However, the international community working in Ethiopia is concerned that this law could restrict our support for programmes in areas of mutual interest, such as promoting democracy and good governance, human rights, conflict resolution, and advocacy for women, children and other vulnerable groups.” (Norwegian Embassy in Ethiopia 2009).

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