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Relief Effort in the
Sudan Refugee Crisis 1984-85

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CONSTRAINTS IN MOUNTING A PROMPT RELIEF EFFORT IN THE
SUDAN REFUGEE CRISIS OF 1984-85

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ABSTRACT

Despite adequate warning, an existing operational structure, and the presence of experienced non-governmental relief agencies (NGOs), a major disaster occurred when refugees fleeing from northern Ethiopia entered Sudan in late 1984 and early 1985. A review of the history of the early stages of that operation indicates that the problems were primarily political, managerial and organizational. This paper examines those problems, describes some of the changes that have taken place in the international relief system since that emergency, and suggests some further activities to reduce the number and scope of similar problems in the future.

I. INTRODUCTION

In early 1984, there were clear signs that a major famine was developing in northern Ethiopia in the provinces of Tigray and Eritrea. As early as 1983, relief organizations working in those areas had reported major shortfalls in food production, and the FAO made an appeal for emergency food aid at the end of 1983 and again in the spring of 1984.

Despite the continuing civil war in northern Ethiopia, there was considerable information from inside the rebel-held areas about the magnitude of the situation. Cross-border food supply operations had been in existence for a number of years, and numerous people from both NGOs and the press frequently went in and out. The rebel groups in both provinces had highly-effective civil relief organizations, supported by recognized and well-respected international NGOs. All these organizations reported that the combination of war and famine was placing considerable strain on food production systems and that people were unable to cope with mounting food shortages. Migration of people to government-held garrison towns was increasing at an alarming rate. One of the organizations, the Relief Society of Tigray (REST), notified relief authorities in Sudan that, if the amount of food supplies crossing the border could not be increased, it would be necessary to send a portion of the population westward into Sudan.

In Sudan, the UNHCR was supporting the largest refugee assistance and maintenance program in Africa. The UNHCR Branch Office in Sudan was the largest of their branch offices and was headed by the former chief of the

UNHCR Emergency Unit. In the eastern region where the refugees were destined to arrive, the UNHCR maintained a Sub-Office and supported the Sudanese government with a series of field officers stationed at the principal refugee settlements in the region.

The office of the Commissioner of Refugees (COR) was the Sudanese government agency responsible for receiving and assisting refugees. Its' biggest program area was in the eastern region where a project manager with a rank equal to that of the Commissioner was headquartered in Showak. The project manager had real operational authority. He was supported by a major logistics base in Showak and satellite facilities in Gedaref, Doka and Kassala. Prior to the crisis, the COR had been assisting Eritreans, Tigrayans and other Ethiopian refugees in over two dozen different settlements scattered throughout the eastern region. A comprehensive program of food, work, education and resettlement had long been established and was operating fairly smoothly for the 130,000 refugees then in Sudan.

Logistically, the influx could not have occurred in a better location. The most important paved highway in Sudan, connecting Port Sudan with Khartoum, runs roughly parallel to the Ethiopian border from Kassala to Gedaref. The Port Sudan-Kassala railway runs adjacent to the highway from Kassala to Gedaref, then south towards Doka before turning eastward to Khartoum. There is a major paved airport capable of handling large jets at Kassala, and at Gedaref a gravel strip capable of handling C-130s is available. The desert throughout the area is hard and flat, enabling both vehicles and airplanes to go almost anywhere.

Water resources are among the best in all of Sudan. Surface water is available half the year in the Atbara River. There is a major reservoir at Kashim el-Girba and, even when not flowing, the Atbara and Setit rivers form major pools of water which can support large populations.

Despite consistent early warnings, extensive on-site organizational capacity and tremendous logistical assets, a major disaster began to develop in the eastern region. In September 1984, the first large influx of Tigrayans began; by November, a full-fledged migration was underway. By December, measles had been reported in two of the new refugee settlements and, by January, death rates in all the camps accepting new arrivals had reached levels in excess of 15 per 10,000 per day. It was not until late March that the death rates finally began to come down and the situation became more manageable.

It is clear that there were many failures at all levels of the relief system, but what were the key problems and issues that prevented a rapid response? In retrospect, it appears that three sets of constraints hindered operations: political, managerial and organizational.

II. POLITICAL CONSTRAINTS

It would not be fair to the persons in charge in Sudan not to clearly identify the major constraints to an early response and explain the environment within which decisions had to be made in mid-1984.

The first and by far the most important political constraint concerned the Falashas. By 1984, the number of Ethiopian Jews entering Sudan had become large enough to attract the attention of the international Jewish community and an international effort was underway to smuggle the Falashas from Sudan to Israel. This effort, organized and supported from Khartoum by the U.S. Embassy, involved payoffs to high Sudanese government officials and was carried out under not only a cloak of secrecy but also a major campaign of disinformation. Targets of the disinformation campaign included the UNHCR Branch Office and staff of the Sudanese Commissioner of Refugees. By mid-1984, this disinformation campaign had degenerated into a personal conflict between the resident refugee programs officer in the U.S. Embassy and the head of the UNHCR Branch Office. The details of this situation are not worth repeating; suffice it to say that, by the time the emergency began to develop, no one in UNHCR believed anything the American Embassy said about refugees; therefore, when accurate warnings were transmitted to UNHCR, no one in the Branch Office or in COR gave them much credence. The point of mentioning this situation is not to criticize either party, but to point out that such political and personal factors often become dominant constraints in an emergency and must be taken into account in every analysis.

A second political constraint was the reluctance of the Sudanese government to accept any more refugees. The Sudanese pointed out that their policy of asylum had led to their country hosting the largest refugee population in Africa (almost 700,000). Despite numerous pledges from the international community to assist with this burden, aid had been (and still is) far short of that required and the Sudanese, who already had a battered economy, were not anxious to increase their economic burden. While most refugee officials recognized that the refugees, in many cases, made a contribution to the Sudanese economy -- especially those who worked in the agricultural schemes in the east -- some government officials used the refugee situation as a scapegoat for the country's economic woes.

Given the increasingly anti-refugee rhetoric, UNHCR was reluctant to discuss possible influxes of large numbers of new refugees, and the COR was reluctant to take steps to stockpile emergency supplies that might draw attention to the situation and cause a political backlash, making it more difficult for the agency to operate its existing programs.

A third political factor that played a major part in the failure to prepare for the operation, and served to constantly constrain food relief operations, was the developing famine in other parts of Sudan. In the regions of Darfur and Khordufan, the continuing African drought resulted in massive crop failures for almost fifteen percent of the country's population. In the south, the continuing, expanding civil war was displacing large numbers of people and disrupting agriculture in that area. By mid-1985, it was obvious that major shortfalls would occur in the production and supply of basic grains and that massive tonnages of sorghum and wheat would be required to stave off a famine in the western and central parts of the country. Thus, even though some food reserves were available in Gedaref, UNHCR and COR were notified that these foods were unavailable for the refugees and that any food required to meet emergency needs would have to be imported.

III. ORGANIZATIONAL CONSTRAINTS

It would be an understatement to say that the organizations that provided the initial response to the emergency were unprepared organizationally for the task. There were several major factors that slowed and reduced the effectiveness of their response.

First, all of the agencies were organized and structured for long-term, routine support of the existing refugee population and not for an emergency operation. In addition to the usual vague titles of "program officer", "field officer", etc., UNHCR and COR staff consisted primarily of education, resettlement, income-generation and agriculture officers. No one within the organizations was tasked with preparedness, monitoring the situation in Ethiopia, or developing operational capabilities for an emergency response. At the same time, there were few who had had actual emergency experience, and those who were more operationally-oriented were stationed in other regions (primarily in Juba in the south). When the emergency occurred, UNHCR was so unprepared in terms of personnel with operational experience that it had to rely on consultants for key services in logistics, nutrition and public health.

The NGOs had a number of experienced emergency relief personnel. Some had had experience in Somalia but most had worked in the Far East, mainly with refugees from Kampuchea or boat people from Vietnam. While this experience was undoubtedly valuable, it was not completely analogous to the developing emergency in Sudan.

The organization with the most clout -- UNHCR -- had severe structural constraints that inhibited it from playing a more effective role, especially in coordination. At the time, UNHCR had a highly-centralized organizational structure, and its Representative did not have the leeway or operating authority that many have today. The Representative then held the rank of P5 (today the same post is slotted for a D1). All major decisions had to be made or cleared by Geneva. Thus, when key operational matters had to be dealt with, or when it was necessary to commit funds, long delays were often incurred while Geneva deliberated.

The delays had a major impact on the entire relief operation. Almost all of the COR budget and a substantial portion of the NGOs' operational funds were provided by UNHCR. It has often been said that the main constraint to emergency operations is the normal funding cycle of relief agencies; Sudan was no exception. Since few of the NGOs in the field had sufficient cash reserves to mount an immediate emergency response, they had to turn to UNHCR (or to various donor governments) in order to obtain the funds. The delays were interminable.

At the field level, there were also a number of structural and organizational problems that delayed the initial response. For reasons that are still not entirely clear, UNHCR sited their Sub-Office in Gedaref, while the Project Manager for COR was located forty miles away in Showak. As a result, the two organizations were often completely out of synch and day-to-day emergencies could not be dealt with in a timely and effective

manner. Radio communications between the two offices were not established until the end of January 1985 and, even then, a midday radio wave "skip" meant that communications were only effectively available for two hours in the morning and two in the afternoon. It was not until May that UNHCR finally moved its Sub-Office to Showak.

The NGOs also kept their eastern representatives in Gedaref (and a few in Kassala). While on an operational level it was not as important for the NGOs to be in Showak (since most of them coordinated their operations directly with the camp managers where their programs were located), at the policy level they were often excluded from important deliberations. Thus, it was difficult to coordinate preparedness activities and, later, emergency operations with the NGOs.

Throughout the emergency, the NGOs consistently failed to understand their own limitations and the comprehensiveness of the refugees' needs. Nowhere was this lack of understanding of the complexities involved more evident than in the competition between NGOs for prominence in the various camps. Many NGOs demanded (and some were granted) permission to "operate" a refugee camp entirely by themselves. Most of these agencies were totally unprepared to undertake such a mission. Most were medical agencies and were unprepared for anything beyond provision of medical assistance. The operation of a refugee camp is much like the management of a small city. People require not only food and medical attention, but also water, sanitation, housing and shelter, garbage collection and dozens of other services on a daily basis. Of the thirty-plus relief organizations, only three included qualified engineers, only one had an architect, only three had environmental sanitation specialists, and only one had qualified water specialists. With this complement of technicians, the relief agencies proposed to meet the needs of a population the size of Geneva!

IV. MANAGERIAL CONSTRAINTS

Once the influx started, the emergency quickly began to get out of hand. The failure to make early decisions regarding food and logistics arrangements was compounded by improper responses by the NGOs and the COR. At the very beginning, emphasis was placed on medical response -- especially curative medicine and therapeutic feeding -- instead of ensuring that people had adequate amounts of food and that the vulnerable groups were targeted for supplementary feeding. The one health intervention that could have made a major difference, immunization, was almost totally ignored. It was not until after measles had already broken out (in December) that the organizations began to consider mounting a major immunization effort. By that time it was too late.

Throughout the initial stages, the assisting agencies failed to address the interrelated problems of water and sanitation. While the NGOs were frantically trying to cure diarrhea and treat a host of waterborne and related diseases, no serious efforts were made to provide clean drinking water until mid-February of 1985, almost five months after the emergency began. Oral Rehydration Therapy (ORT) was not initiated on a

massive scale until March, and a sanitation program with adequate latrines was never started. Failure to address problems in the water-sanitation-hygiene "loop" was the primary cause of death long after the supply of food rations became stable, and this prevented the relief agencies from bringing the death rate down below the five per 10,000 per day level until almost ten months after the emergency began.

In retrospect, failure to manage the emergency effectively can be attributed to two major shortcomings:

1. lack of an established emergency relief doctrine. Disaster preparedness begins with a doctrine. An organization must understand what is required and what will save lives in order to begin the process of preparing for an emergency. Few organizations were prepared in Sudan to provide a balanced package of assistance. Most focused on one or two approaches and ignored the fact that these approaches would be unsuccessful unless other major actions were taken. It did little good to provide supplementary feeding if the bulk ration was insufficient. It did little good to provide curative hospital care if people were malnourished initially. And it did little good to provide oral rehydration therapy if the refugees only had contaminated water to drink.
2. lack of operational preparedness. Few of the organizations, from the UN to the NGOs, were adequately prepared to meet the emergency. A few agencies had developed emergency manuals. Some had stockpiles of medicines and emergency kits. Several had developed and codified emergency feeding procedures. The contributions that these preparedness efforts made must be acknowledged but, overall, the organizations were generally unprepared for the magnitude of the disaster they encountered. Decision-making authority was often vested at the headquarters level in another country. Few organizations had adequate communications equipment. Few had trained their staff to prepare for the emergency conditions that they encountered and, logistically, few of the agencies were prepared for the remote and difficult circumstances with which their staff were forced to cope. The UNHCR Field Officer at Wad Kowli received so little assistance from UNHCR that he was forced to borrow food from the NGOs he was supposed to be coordinating!

The lack of preparedness did not end with the onset of the emergency. So little attention was given to preparing for contingencies that constant "emergencies within the emergency" occurred. Common in several refugee camps were fires that could have been prevented, or at least controlled, by devoting adequate attention to building fire breaks into the camps' layouts. Major losses of equipment and supplies occurred when agencies built structures and facilities from local materials without paying attention to warnings of impending rain and high wind. In one camp, the first rainstorm drained the surface of the camp's defecation field into the hospital and food storage area (this occurred at the height of a cholera outbreak!).

To some extent, the agencies can be forgiven the lack of planning to meet unforeseen needs while trying to combat daily crises. But it is clear that a mind-set that militated against preparedness had been established from the very beginning of the relief operation. It is no wonder then that problems continued to surface and compound.

V. CHANGES PRECIPITATED BY THE SUDAN EMERGENCY

As a direct result of the Sudan emergency (and also of relief operations in neighboring Ethiopia), a number of changes have occurred in the international relief system. Among the more noteworthy are those within UNHCR. These include:

1. training initiatives. The Emergency Management Training Programme (EMTP), initiated by the UNHCR Emergency Unit and now operated by the Training Section, has broadened that organization's understanding of emergencies and resulted in many improvements in UNHCR's performance throughout the world. The program, designed and conducted in conjunction with the University of Wisconsin Disaster Management Center, is the most comprehensive training and professional development program ever undertaken by a relief organization. Each year training is carried out at all levels of the organization and includes specialized 4-week courses at the University of Wisconsin, orientation seminars in Geneva, and workshops in the principal regions where UNHCR operates. In addition, specialized workshops are carried out tailored to meet the needs of a particular country as an emergency develops. To date, more than 400 people from UNHCR, local government organizations and NGOs have participated in these training sessions and over 30 new publications specific to refugee operations have been prepared.
2. expansion of the Technical Support Section (TSS). It was recognized that UNHCR had to play a major role in providing technical support to operating partners and implementing agencies. Therefore, a major expansion of the Technical Support Section of UNHCR was begun in 1986.
3. structural changes. No other issue played as crucial a role in the change of leadership at UNHCR and subsequent restructuring of the organization as the Sudan emergency. When he took office, the new High Commissioner, prodded by several major donors, initiated several changes which should go a long way towards improving UNHCR's emergency response. Perhaps the most important of these was a decision to assign senior level staff to the countries where mass emergencies are most likely to occur.

VI. NEXT STEPS

As positive as these developments have been, much still remains to be done. Thorough case studies and evaluations are needed to pinpoint sectors with consistent problems to which new approaches or techniques may be applied. All assisting agencies need to develop, with their field staff, both preparedness plans and forward planning procedures. And much more

attention must be given to developing more effective coordination among agencies and between agencies and host governments at all levels.

Yet the single most important step is development and promotion of an emergency response doctrine. This doctrine would define and promote a comprehensive and integrated approach to emergency management in the initial stages of a developing emergency. The initial steps of responding to an emergency can be likened to the opening moves of a chess game. They are dictated as much by what we don't know about the situation as by what we know we can expect. In a chess game, no matter what the players' eventual strategy, pawns must be moved in order to create openings and flexibility of movement for the capital pieces. Likewise, in an emergency, certain moves must be made and certain systems must be established before other options can be brought into play.

In an emergency, lives cannot be saved unless certain interrelated sets of activities are immediately established. Diseases cannot be controlled, for example, unless there is adequate food supply for the affected population. Food will have little bearing unless the people are free from diarrhea. Diarrhea cannot be prevented unless there is an adequate supply of clean water. Clean water depends on adequate sanitation and good hygiene practice. The various sets and interrelationships among and within the sets are depicted in the following figure. Until these inter-relationships are clearly understood, responses are established according to set doctrines and elaborated into standard operating procedures and coordinated training, the overall response to mass emergencies will continue to remain haphazard and refugee mortality will remain at high and unacceptable levels.