

# Advancing Humanitarian Aid: Infusing the era of hope with a dash of accountability

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**This paper argues that humanitarian aid is largely ineffectual and may not be achieving the positive effects expected by donors. There is a need to audit the outcomes of relief efforts with the level of impartiality and rigor consistently undertaken with financial audits. The G20 donors are uniquely situated to induce accountability into the unstructured and often self-serving humanitarian assistance community.**

Last summer I had a disturbing experience in the Central African Republic, perhaps the site of the world's most acute humanitarian crisis at present.<sup>1</sup> While staying with a young aid worker from a neighbouring country, he told how he had been at this remote project site for over a year before his wife, a nurse, was able to get a position in the same programme. Among the activities undertaken by the programme was a microfinance programme (small US\$200 sized loans with some training in marketing and financial management). When his wife arrived and started working in the hospital, it quickly became apparent that women were intentionally becoming infected with HIV in order to qualify for the loans. The programme was terminated immediately. Adverse unintended consequences of this sort are not uncommon. There is some limited evidence that women who receive loans from the Grameen Bank feel they experience an elevated rate of domestic abuse.<sup>2</sup> What is less evident is that these unexpected adverse consequences are likely occurring on a much grander scale.

## Does aid buy good will?

A series of recent reports have described the mood

toward the humanitarian community from displaced Haitians as angry and frustrated. This has coincided with the recent revelation that none of the US\$1.15 billion pledged for Haitian reconstruction by the US government had arrived in Haiti nine months after the earthquake and that other major donors were not doing much better.<sup>3</sup> This contrasts with the high profile promises of assistance that followed the earthquake in late January and February of this year. All of the pledges and high visibility activity by the wealthiest nations seems to have created a level of expectation among Haitians that has led to bitterness these many months later. Of the assistance money spent, much has had little influence on life in Port-au-Prince. For example, one of the most photogenic of the US "donated" relief efforts was the floating naval hospital, the USNS Comfort. Between 21 January and 11 March, the hospital ship with its 10 surgical theatres served 871 patients. Data presented by a senior USAID official suggested, excluding medical personnel costs, this highly visible relief effort cost > US\$30,000 per patient.<sup>4</sup> While this may be typical of the costs for similar surgeries in Western Europe or North America, it is orders of magnitude over expected surgical costs in humanitarian settings, or hospitals in Port-au-Prince.<sup>5,6</sup>



There are a variety of forces conspiring to undermine the good will and diplomatic possibilities created by humanitarian aid. The “humanitarian” and stabilization expenditures of some Western nations, especially in Pakistan, Iraq and Afghanistan have military and development agencies working in consort with merging international images of military and humanitarian efforts.<sup>7</sup> Governments have intentionally blurred NGO and military agendas.<sup>8,9</sup> The growing media and monetary value of taking aid workers hostage or killing them makes aid more expensive, security conscious, and less interwoven and transparent to local communities in some cases. For example, in 2004 while in Baghdad, I began staying at the house of an international NGO that had sent all expatriate staff away for security reasons. The next day, two Italian aid workers were taken from their guarded offices by armed kidnapers, and were “for sale” on the underground market before that day was out. This brazen commercialization of hostage taking caused my hosts to request my departure, sending me away from the communal meals and social NGO setting and back to a hotel.

Perhaps worst of all is the widespread perception by local communities, and the likely reality, that aid money is squandered on the needs and agendas of those other than the beneficiaries. This last and most important issue may only be addressed by a change of priorities at the donor agencies.

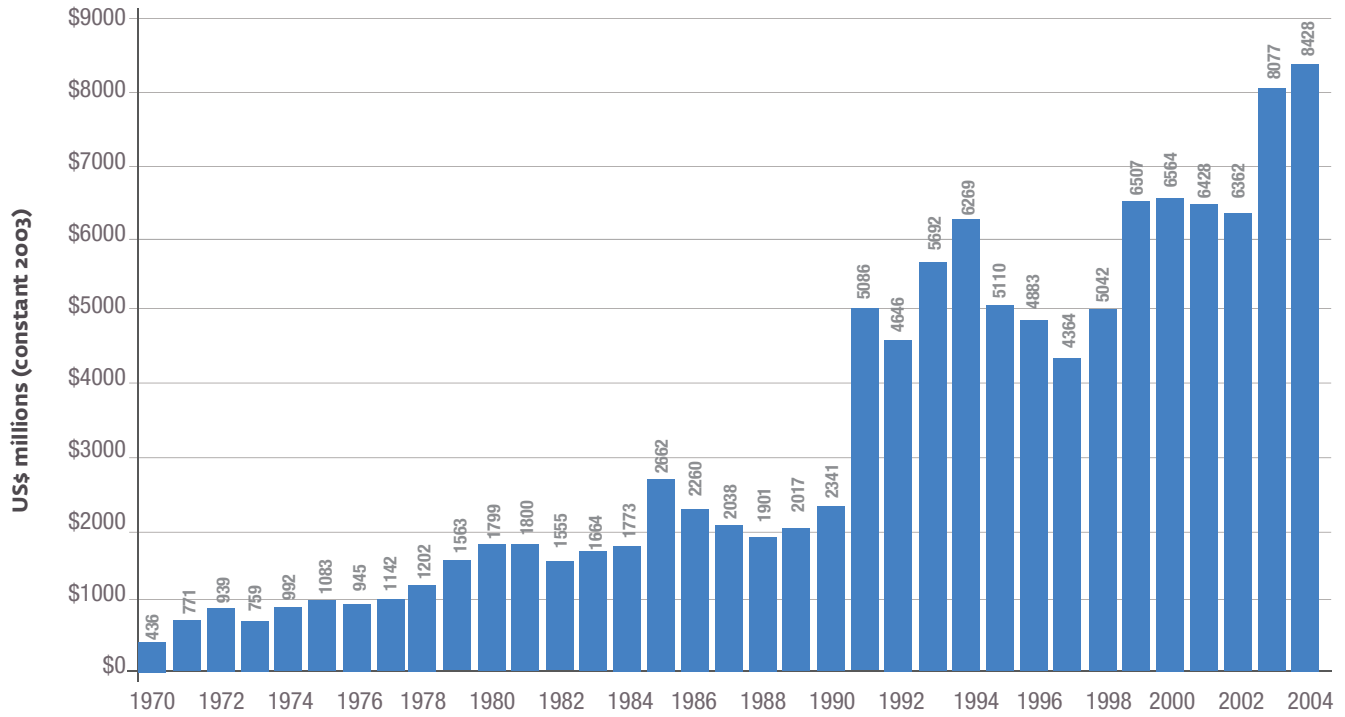
### The flow of funds

Following most natural disasters, the majority of aid activity and donated capital is local.<sup>10</sup> Local residents know how things work, who is in most need, and how best to help them. Remittances by expatriates are often considerable and not widely appreciated within the formal relief institutions. Yet local and diaspora resources are rarely appreciated by or incorporated into the formal relief process. Curiously, the cost-effectiveness of local efforts is rarely contrasted with those of international NGOs or UN agencies. Instead of using local relief efforts as the norm for comparison, when people think of humanitarian relief, they think of multilateral and bilateral aid and public appeals that fuel the humanitarian industry.

The industry of humanitarian assistance has grown dramatically in the past three decades. The figure below, taken from the *Global Humanitarian Assistance 2006* report by Development Initiatives demonstrates the steady increase in spending since 1970.

There are many who have said that humanitarian assistance is the largest unregulated industry on the globe, but this is hard to verify this given the poor data on clandestine drug sales. Nonetheless, the industry is huge, growing, and largely unregulated. Voluntary controls on the industry have arisen such as the Red Cross and Red Crescent Code of

FIGURE 1: TOTAL HUMANITARIAN ASSISTANCE, 1970-2004



Conduct which attempts to define which types of actions and actors can be considered “humanitarian.”<sup>11</sup> The SPHERE standards have attempted to outline the minimal levels of service that should be expected by humanitarian agencies. These and other efforts have only been partially successful. For example, some of the largest aid agencies took US Government funds to provide services in Iraq before the invasion occurred in clear defiance of the Red Cross Code of Conduct 1st and 3rd principles, a five year review of the SPHERE standards could find no evidence of improved performance from the initiative.<sup>12</sup>

### Is aid improving over time?

Significant technical advances continue to arise among scientists and engineers who specialize in relief services. The use of impregnated bednets and strategies such as presumptively treating pregnant women repeatedly throughout their pregnancy has markedly reduced mortality of malaria in the worst of

settings.<sup>13</sup> In the past five years a potentially revolutionary option of home therapeutic feeding has been developed to dramatically reduce malnutrition in rural, difficult to serve populations.<sup>14</sup> Measles deaths, a primary killer in crises in Southeast Asia and Africa a quarter century ago, are now uncommon due to the aggressive provision of vaccine and Vitamin A during crises.<sup>15</sup>

While all of these technical advances are encouraging, there is little evidence that aid is

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becoming more effective and apparently none that it is becoming more cost-effective. As mentioned earlier, a review of the influence of the SPHERE standards five years after implementation could find no evidence that relief efforts had become of higher quality, served more people, or had become more effective by any measure. Reviews of data collection efforts by multiple aid agencies during crises in Ethiopia and Somalia call into question if aid agencies can even measure the basic metrics of population well-being.<sup>16,17</sup>

Analysis of the final reports submitted to the US State Department's Bureau of Population, Refugees, and Migration (BPRM) for health projects ending in 2003 found that only 4 of 15 projects could show that they had induced any health benefits and it was possible that three others might have, although evidence was lacking.<sup>18</sup> These were large multi-year grants, together costing millions of dollars. All project proposals claimed that they would achieve some health-related improvement but often the actual project undertook some activity that could not possibly induce that desired effect. For example one sought to make extremely vulnerable individuals financially independent by giving them school books while another set out to achieve food independence for a stable rural agricultural population by distributing food. Macro-level assessments regarding the effectiveness of aid in general are likewise often unflattering or ambiguous.<sup>19,20</sup> Usually, scholars contend that the unmeasured confounders of corruption, political instability, and temporal variability make it difficult to tease out the exact effects, positive or negative, of aid programmes.

### Is aid becoming more complicated?

Aside from the difficulties of measuring effects and inappropriate programmes, several forces have conspired to minimize the effectiveness of humanitarian aid in recent years. The aftermath of the invasions of Afghanistan and Iraq have both diverted extraordinary amounts of humanitarian resources to extremely politicized and anti-western environments and linked humanitarian actors to patently political attempts to "win hearts and minds."

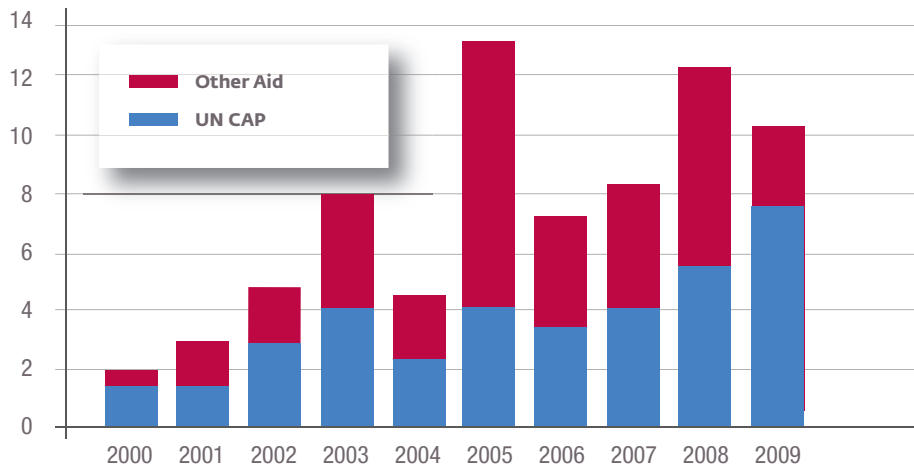
Action Aid has coined the phrase "Phantom Aid" to

describe the increasingly common aid that does not go to victims in crises but that is given to forgive debt or cover expenses which fund parties within a donor nation.<sup>21</sup> For example, over 40% of the initial US\$688 Million pledged by the US to Haitian earthquake relief went to the Department of Defense.<sup>4</sup> Little of this defence-related money, largely spent on salaries, airlift and security services, and other logistic support, produces any direct benefit that can be measured by the average Haitian.

Equally removed from a needs-based assessment, celebrity figures have advocated for certain causes in recent years, most notably the plight of rape victims and those with HIV. This has created an emphasis on combating certain problems but not others. The home therapeutic feeding approach mentioned earlier is widely criticized as too expensive and thus is not broadly endorsed by the WHO.<sup>22</sup> But, if we assume a likely famine scenario where children are identified as moderately to severely malnourished, they are given the home therapeutic feeding at a cost of US\$60 for a two month treatment, and instead of 5% of them dying, 2% die, the cost of that effort would be US\$2000 per death prevented. Yet, WHO and others universally endorse giving antiretroviral therapy (ART) to HIV+ mothers and their newborn child for a period of six months while nursing.<sup>23</sup> Best case scenarios might suggest that 20% of these children would be prevented from acquiring HIV through breastfeeding, or that one in five children treated would be saved. At present costs of ART, this means WHO and others endorse spending far more to prevent an HIV transmission than a malnutrition-related death, perhaps ten times more.<sup>24</sup> Yet, it is likely the most preventable of the recent increases in inefficiency is the skyrocketing costs of the United Nations.

Figure 2 below shows the increase in spending over the past decade and the fraction that has gone into UN appeals.<sup>7</sup> Except for 2005, the year of the Tsunami response, most of the global increase in emergency spending has gone into these appeals.<sup>7</sup> Even when the best efforts are made to document expenditures within the UN system, understanding how money was spent and on what is usually very difficult.<sup>25</sup> This contrasts with other aid agencies.<sup>4,26</sup> In

FIGURE 2: GLOBAL HUMANITARIAN AID IN \$US BILLION: BY YEAR



some cases, expenditure reports suggest most of the appeals are spent on the UN, with as much as 17% of the appeal spent on “coordination” activities.<sup>27</sup> Most importantly, it is almost impossible to determine how much of the appeals is spent on UN personnel and structures, how much is spent on tangible services such as vaccinations or food delivery, and how much is passed through to partners. If aid is to be effective, this major part of the aid spending must be understood and held accountable to donors, partners and beneficiaries.

**What reforms would create better relief outcomes?**

For decades, the UN has been undertaking repeated cycles of “reforms.”<sup>28</sup> Two important recent reforms within the UN Humanitarian sector are the advent of consolidated appeals process (CAP) which began in 1992, and the rise of the “Cluster Approach” to improve sector coordination as part of the 2005 Humanitarian Reform process. Neither of these efforts seem to have contributed to an increase in effectiveness of relief spending. The 2009 CAP training tool kit has downloadable powerpoint

presentations to guide the consolidated appeal process.<sup>29</sup> To help those submitting consolidated appeals in their efforts, the training includes sections on 13 subjects including a segment on “Project Planning” with only five slides, and another on “Strategic Monitoring” with only eight slides. The first slide of the Strategic Monitoring show has a picture of Sherlock Holmes with a red X through him and the title, “Monitoring: not a big mystery”. The supporting documents to be distributed to participants have more detail on gender mainstreaming than on monitoring. While this presentation may be designed for those already skilled in monitoring, the focus on UN reporting on money raised and money spent with little detail on good achieved is consistent with this CAP training focus on raising funds.<sup>30</sup> No evidence could be found that the consolidated appeal process produces any benefits (other than possibly raising more money).

On the other hand, the most comprehensive review to date of the “Cluster Approach” has been largely favourable. The 2010 IASC Cluster Approach Evaluation concluded that the reform had reduced duplication in relief efforts, resulted in better

documentation of some problems, and better identified gaps.<sup>31</sup> Even this favorable report cannot document the likely efficiencies that they perceived to be occurring and has no measures of improved health benefits from services. Nowhere in the CAP training process is the issue of improving the efficiency of UN efforts guided. Nowhere in the IASC Cluster Approach Evaluation is the topic of improved efficiency or reduction in the costs of coordination evaluated. It is not easy to envision why the UN agencies would reduce their operating costs without donor pressures to do so.

Following a 2003 meeting in Stockholm, there has been a wide consensus on what constitutes good donor practices.<sup>32</sup> But this guideline places aid effectiveness as the 17th item on the list.

In 1993, as an employee of the US Centers for Disease Control and Prevention, I and another epidemiologist were sent to Bosnia to assess the effectiveness of US Government spending on emergency assistance. En route, we briefed the US Ambassador in Zagreb. As we left his office, we were asked by his secretary to stop-by the offices of the International Rescue Committee (IRC) less than a block away. After exchanging pleasantries with the IRC country director for less than three minutes, he brought out a bag with 850,000 German Deutsch Marks in it and asked us to take this on our journey to Sarajevo. During the war banks did not operate in central Bosnia, we were US Government employees going the right way, it all seemed very natural to IRC at the time. We signed no receipt, never counted the money, and the money arrived in central Bosnia many days later as IRC expected. Unfortunately, IRC, and others, lost millions to graft during their

efforts in the Balkans and as a result, accounting pressures from donors, particularly the US Government, increased immensely in the years that followed. Thus, when I went to work for IRC just six years later, the fiscal oversight process had changed radically with over a dozen fiscal professionals based in headquarters, regional accountants, professional accountants within every programme office, and a routine of outside auditors who reviewed most programmes annually. Donors had no tolerance for NGOs losing funds, and they demanded accountability and their expectations were quickly and effectively met.

An equally rigorous auditing process could be established with regard to project attainment. The BPRM review cited earlier found the most effective and comprehensive reviews cost less than 2% of the grant budget. Scholars in regional universities, evaluation focused NGOs, and freelancers, would become available quickly if donors were to demand performance audits. While certain programmes (mostly in the psychosocial and protection areas) would be difficult to assess, most programmes (health, water and sanitation, shelter, food) would be easier to audit than financial records.

The benefits to donors of documented and predictable programme achievements would be myriad: taxpayers would more clearly be told what their funds had achieved, fundraising would be easier, the accountability would induce better quality programmes and a more professional workforce in the humanitarian sector, and the likelihood of popular backlashes from disappointed recipients would diminish. The present accountability oriented atmosphere make this time and the G20's position ideal for creating a culture that demands impact audits.

## Conclusions

This report does not purport to be a comprehensive analytical analysis of humanitarian aid. The findings are based on illustrative overviews and examples, and two decades of field experience. Together, these lead to the following conclusions:

- Humanitarian aid is growing and will continue to do so.

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- Humanitarian relief is becoming more political and more difficult.
- Most relief induces no measurable benefit and some does harm.
- Relief agencies from the smallest local NGOs to the UN Secretary General's office have considerable motivation to avoid reporting on the net effects of their aid efforts.
- If the aid community is to increase its effectiveness, it will have to be demanded from the donor community.

### Recommendations:

- Every programme that is large enough to require a financial audit should undergo an external audit to determine if it achieved the impacts that were proposed and reported.
- Process indicators such as numbers of people served and amounts of goods distributed should not be accepted as evidence that projects produced a positive impact.
- Impact audits should be phased in over a short (e.g. three year) period with spot-check verifications initially, and more systematic assessments of a sub-sample of activities eventually.
- Types of programmes that cannot produce measurable favourable outcomes should become less likely to receive funding, while agencies and groups that honestly document and learn from project failures should be encouraged and rewarded. This will reduce the stigma and fear of reporting project shortcomings, and encourage a culture that embraces and studies the learning opportunities associated with failures.
- The UN agencies should be expected to report the portions of all appeals and funding streams that are spent on themselves and should be expected to limit global coordination-related activities to some fraction of all expenditures (to be negotiated with operational partners, ideally below 2% on average). ■

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### Professor Leslie F Roberts

is an American epidemiologist and Associate Clinical Professor of Population and Family Health at Columbia University's Mailman School of Public Health. He was the first winner of the Center for Disease Control's Paul C Schnitker Award for contributions to global health. He became prominent in the news just before the 2004 U.S. presidential election for his study estimating that 100,000 Iraqi civilians had been killed in the Iraq war at a time when official US government estimates were much lower. Roberts has also been Director of Health Policy at the International Rescue Committee. He has worked in Rwanda and the Democratic Republic of the Congo for the World Health Organization. Roberts campaigned for office in 2006, running in the Democratic primary for the US House of Representatives.

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