

### Box 6.3 Self-reliance in the south-west Pacific

The volcano on Manam island, off the northern coast of Papua New Guinea (PNG), is one of the most active in the region. Recorded eruptions date back to 1616. More recently, the entire island was evacuated in 1955-56. A large eruption in 1996 claimed the lives of 13 of the island's 8,500 inhabitants. Some died because they failed to evacuate before lava swept through their homes. Others died due to a lack of basic first aid. Continuous smoking and ash showers were reported throughout 2001. Yet there is no observatory tower on the island, because of a dispute between the National Volcano Observatory Authority and local landowners.

As well as volcanic eruptions, islanders are threatened by tsunami, earthquakes, landslides and drought. So, in 2001, the PNG Red Cross initiated a vulnerability and capacity assessment, with startling results. The VCA found that only 11 per cent of islanders were aware of the risks facing them, while just 6 per cent knew about resources available to deal with those risks. Over half were aware of escape routes and pickup points. But no one knew what the government's evacuation plan entailed – only one in five had even heard of its existence.

"Previously, very few of us were aware of the government evacuation plan. It's never been shared with us," says Robert Basi, a 35-year-old community leader on the island. "The Red Cross came and the VCA process opened our eyes. We now have a clear understanding of the nature and level of risks that we are facing, where these risks come from, who will be the worst affected, what is available to us to

reduce the risks and what preparedness measures can be undertaken by the Manam community, collectively. And we ourselves identified all these things."

Robert's enthusiasm for the VCA process is shared by Isabell, a schoolteacher. "Women have never been asked to attend any assessment or planning session in Manam. It was a man's job only," she says. "I don't know how the Red Cross convinced our men/leaders to include women in the process. It was really good; now our men know that women can also contribute and it is quite necessary to involve us."

Based on the VCA's findings, the PNG Red Cross began a community-based self-reliance (CBSR) project. Its aim is to improve the islanders' response to disasters, by boosting faith in their own resourcefulness as a complement to government strategies. Within this process, key activities include: a **vulnerabilities and capacities matrix**, related to health, sustaining livelihoods, social relations, attitudes/behaviour and organizational structures; **community mapping** of environmental vulnerabilities, risks and hazards, including resources available in the community; a **time-and-trend analysis** of disasters in past years, listing the most severe problems and how people have coped; and a **seasonal calendar**, outlining periods of the year when the population is most exposed to hazard risks, poor health and poverty. It seems to be a popular approach. According to the headmaster of Manam's Catholic school, "It gives us new hope. Through this process, we have learned the value of self-reliance." ■

to nine, communications were improved thanks to the arrival of a fax machine, a small generator was installed to ensure that vaccinations could be safely stored and a six-month supply of medicines was created, so that the clinic could hold out in the event of a blockade

But while health care is a core activity for the PRCS, the water issue – identified by the VCA as vulnerability number one before the intifada – is a far more difficult and political problem, beyond even the Palestinian Authority's capacity to solve. Although the PRCS could hardly secure more water for the population, they did, through the VCA, identify specific areas where they could be useful. Firstly, by providing drinking water supplies and sanitation for camps of displaced people or for mobile hospitals. During 2001, the PRCS received both equipment (e.g., mobile water units) and training from the UK-based NGO Oxfam, with whom they had strengthened their working relationship during the VCA. Secondly, the Red Crescent launched cleaning campaigns in Gaza, with the help of students, Red Crescent volunteers and the municipality. The campaigns focused not only on solid garbage, but also on the sewage system and stagnant water. According to the PRCS nurses and workers in the Jabalya camp, "The problem is to change people's behaviour. Since we started, in summer 2001, they see the difference." And, as mentioned in the case of Silwad, the local emergency committees set up thanks to a PRCS initiative are also trying to find responses to the shortage of water, such as better use of local storage capacities.

Nevertheless, as Jean McCluskey from Oxfam notes, "It is difficult for PRCS to stick to its self-imposed limits, because it is often the only one who is around." The camps for displaced people are a good example of this. Younis Al Khatib is convinced that "it is clearly not our responsibility. But during the VCA, we asked our partners to tell us what they expected of us, and then we said whether we could or couldn't perform that task. In this case, we decided we can *collaborate* with whoever is in charge – nobody seems to know who that is, by the way – for management of a camp for up to 5,000 people." This PRCS collaboration would mean providing not only water and sanitation, but also health services, support to elderly people and relief programmes with food and non-food items. When, in early 2002, hundreds of people were left homeless in Rafah, Gaza, the PRCS provided this kind of support.

This work is complemented by a huge training effort, both for PRCS staff and communities; training had been one of the most frequent and insistent demands during the VCA. Not surprisingly, the PRCS further strengthened its psychosocial units in Khan Younis and Bethlehem – a VCA recommendation which perfectly corresponded to needs arising from the intifada. And, notes Younis Al Khatib, "The telephone help-line we opened to the public is the kind of psychosocial capacity that can also be used in peace time." As for some of the other hazards highlighted by the VCA, such

as road accidents and personal safety at home and work, the PRCS has started campaigns to raise public awareness about these issues.

## **Getting your fingers burnt**

The overall picture, however, is far from positive. The intifada interrupted the sharing of the VCA's results with the communities and other agencies. The assessment was only published in August 2001. In the meantime, some of the people who had taken part in the VCA felt let down, even when their community had benefited from initiatives resulting from the assessment.

Despite the efforts of the Red Crescent staff not to raise unrealistic expectations, frustration was at times inevitable. In Silwad, for example, a local councillor subjected the PRCS to a barrage of reproaches last November. His town was determined to have its own ambulance. But although the PRCS could provide a vehicle, Silwad had to pay the salaries. "And where do you expect me to find the money?" replied the councillor. "My own salary has not been paid this month!" Then came a more serious issue, the lack of a recycling station to treat waste water, which periodically pollutes the water table while the authorities turn a blind eye. In the absence of anyone else to confront, it was Red Crescent representatives who bore the brunt of the local councillor's ranting.

Not all the communities reacted in this way. But for Younis Al Khatib, such frustrations are quite natural. "We are not in a State, no one has clear roles. Whoever approaches the community risks getting his fingers burnt." The waste water issue, which is clearly outside the remit of the Red Crescent, begs the question: what is the point in doing a VCA if it raises issues that you cannot address?

Bassem Rimawi, deputy director of emergencies at the ministry of health, suggests one answer: "Before taking any action, we have to fully understand the situation: what resources do we have, what do we need? No one had so far carried out this research in our communities." To which you could add that, when the VCA does identify issues outside your remit, you can either try to find other organizations to do the job, or advocate for changes to the system.

## **Leading by example**

"Advocacy takes time and hard work," says Younis Al Khatib, who is looking forward to being able to approach the ministries to promote much-needed rules and regulations. Above all, he wants to encourage them to advance the drafting and adoption of a national disaster plan. But this gets more difficult by the day. Territorial fragmentation prevents the representatives of the various ministries, scattered here and there,

## Box 6.4 Key principles for a successful VCA

- **Driven by those at risk.** It is vital that the communities and aid organizations in the area at risk feel a sense of ownership in all stages of the assessment. If they get the impression that the VCA is being imposed from outside, there is a very real risk of failure. Using consultants can work, but only provided they act as *facilitators* and cooperate closely with participating communities and organizations. The involvement of staff from aid organizations in the area is indispensable.
- **Full commitment.** A VCA is not a risk-free exercise. Embarking on a VCA means recognizing and agreeing to accept both the additional workload it will represent and its results, which may be unexpected and challenging.
- **Access to available resources.** It is essential to start by collecting data already available (statistical and otherwise), and not to reinvent the wheel. Similarly, it is useful to team up for the assessment with people who are highly skilled in the field to which the VCA relates.
- **Good training and preparation.** The objectives of the assessment must be clear from the start. Survey methods used vary according to local circumstances. Some VCAs may use a questionnaire, while others may opt for a more open approach. What is important is that the individuals due to carry out the survey are familiar with the target community, enjoy their trust, and receive good training. Timing may also be important; in communities prone to drought or extreme cold, for example, the season in which the survey is carried out may highlight vulnerabilities which may not be apparent at other times of year.
- **Participation of interested partners.** The relevant authorities, both local and national, NGOs or international organizations must all come on board from the very outset of the process. This will ensure that they feel involved in the results of the assessment and that they are fully in the picture when taking part in any subsequent projects.
- **Participation of communities.** As for partner organizations, the communities concerned should not be merely consulted, but actually *involved* in the process. This pays off in two ways: the VCA becomes in itself a community-learning process; and its results are more likely to be accepted by those concerned.
- **Good communication with all involved.** The organization carrying out the VCA must share its findings on a regular basis. It is vital that the analysis phase in particular – following data collection – is handled with great care. It should be followed by feedback to the organization's staff, partners and communities involved.
- **VCA should be adopted as a way of working.** A good VCA is not an interlude in the life of an organization, but a springboard to a different way of working, a new way of seeing things. In particular, partnerships (with other organizations and target communities) should become the rule, as should a constant reappraisal of the facts. It is therefore a continuous process, based on the assumption that circumstances (capacities, vulnerabilities, etc.) are in a constant state of flux. ▢

from meeting – many leaders reunited in a single place to debate a national disaster plan could become a military target, according to those concerned.

Nevertheless, the example of ambulances provides some positive results of PRCS's advocacy. The white vehicles bearing the telephone number 101, always visible in accidents and areas of confrontation, are the PRCS's calling card. Thanks to regular support from the ICRC and donor National Societies, the vehicles are in excellent condition and well-equipped, and the ambulance teams are highly trained. Better still, the Red Crescent is officially mandated by the ministry of health for everything which relates to pre-hospital emergencies.

Yet virtually everyone manages their own ambulance service. Many villages boast of having a 'white vehicle' funded by some generous donor, giving them the illusion of self-sufficiency. But in practice, "it's often little more than a taxi, and the driver, having received absolutely no training, is likely to cause more damage by handling the injured", observes Fayez Djibril, deputy director of the Red Crescent emergency medical services at Gaza. Many agencies also manage an ambulance service – UNRWA, military medical services, civil defence and the ministry of health. The PRCS has promoted common rules for all, with some success; not only does it provide training to non-PRCS ambulance staff, but it has worked with the ministries of transportation and health on strict criteria to provide licences (valid for 12 months) for ambulance staff, drivers and even vehicles. Enforcement of the new rules, however, remains an issue.

Meanwhile in Nablus, the governor has, of his own initiative, been promoting teamwork in various fields (e.g., health, social services, support for families of those killed) since the beginning of the intifada. An emergency room, on the model of the Red Crescent, centralizes information and coordinates action. An emergency committee can summon all stakeholders together in serious situations. The governor has asked the Red Crescent to provide training in disaster preparedness and response. "Cooperation between stakeholders is still far from perfect, but meanwhile, we are the only ones in the West Bank to have such an organization," says the governor.

## **People-centred process**

The story of the PRCS is complex and paradoxical. The territory it works in does not exist as a state and it is plagued by armed conflict. Clearly, the "post-VCA" story would have been different without the intifada. As Younis Al Khatib, puts it, "The VCA identified a wish-list. The intifada refined it, leading to more sustainable programmes." The intifada undoubtedly accelerated the implementation of many ideas put forward during the VCA. But it has also unbalanced the PRCS's activities, tipping the scales towards conflict-related emergency response, and indefinitely postponing wider activities such as promoting a national disaster plan.

Was a VCA even necessary to come up with the idea of an operations room once the uprising had started? Wouldn't common sense have led the PRCS to the same conclusion? The answer is certainly yes. The same goes for the idea of creating local emergency committees, or strengthening the internal organization of the PRCS. But without the VCA, these would not all have happened in parallel, nor so fast. The freshly completed assessment provided the PRCS with a clear picture, a mental framework that enabled it to make quick choices in a particularly chaotic situation.

The experience of the PRCS shows that any organization undertaking a VCA must be willing to put their backs into it, to accept the results (however challenging these may be) and to put its recommendations into action. A unique aspect of the process, points out Graham Betts-Symonds, is that "you can never be quite sure what you will find". The assessment could last months or years. It could focus on communities, or more on the implementing agency itself. Its priority may be to highlight capacities, or to identify vulnerable groups more accurately. Whatever the particular aims of specific VCAs, they share three overriding principles:

**VCA puts people first.** Rather than relying simply on technical systems to determine hazard risk, the VCA approach reveals the risks which vulnerable people perceive to be most threatening. And unlike traditional needs-assessments, VCA concentrates as much on the capacities of exposed communities as on their needs and vulnerabilities. People-centred assessment ensures that actions taken by authorities, aid organizations and communities themselves will be more relevant to real needs and available resources.

**VCA is a process, not a product.** VCA does not aim to provide a "snapshot" situation report. It is a learning process from the start, which grows into a long-term way of assessing the operating environment. For the Palestine Red Crescent, the VCA has become a continuous process – a way of life, underpinning their daily work. Even more so, now that they are living in a state of continuous crisis, where decisions have to be quick and accurate.

**VCA involves all players from the outset.** For the Palestinians, the VCA provided the catalyst for a closer working relationship with key actors. This greatly improved cooperation between the PRCS, NGOs and authorities from the start of the uprising. Drawing in the full range of players from the outset is the only way to create ownership of the assessment process, and of the programmes which follow.

The Palestinian context may seem uniquely difficult, but the operating environment of humanitarian crisis aggravated by weak state structures is shared by many developing nations. In such environments, VCA will inevitably highlight major risks and shortfalls, and raise expectations that something will be done about them. The range of challenges that a VCA could raise risks paralysing aid organizations and authorities into inaction, or prompting them to take on a multitude of unsustainable pro-

## Box 6.5 Hospital of hope for victims of intifada

A piercing shriek rings out, a shriek so full of rage, so full of despair, that it makes the visitor jump. It comes from a group of young boys playing in the hospital corridors. Jean Calder calmly explains, "That's a little boy of eight, one of our most serious cases. He is suffering from emotional trauma having witnessed scenes of violence against his family." Such violence is commonplace in the Gaza Strip, for years one of the most overpopulated and destitute spots on earth, home to a million Palestinians and hermetically sealed off from the outside world.

"People live here without hope," comments Aziza, a nurse working for the Palestinian Red Crescent at the El Amal hospital, which serves the Khan Younis refugee camp. "Just how can we help them, these people who no longer have any work, who have to try and get through the winter, whose sewers are overflowing, and who've seen nothing good come out of the past few years?"

And yet, Aziza, Calder (who left her native Australia 20 years ago to work with the PRCS) and so many of their colleagues are doing what they can to restore a little hope. At the El Amal hospital (whose name signifies "hope"), built by the PRCS, a project has been set up for over 300 injury victims of the intifada, most of them adolescents and their families. "We quickly realized that although the physical treatment was adequate, there were enormous psychological and social problems," explains Calder. "Above all people need to

regain a little of their self-respect." Apart from providing psychosocial support, the programme includes both educational and vocational training (such as sports, music, handicraft activities, computer skills or English classes) and financial help with rebuilding houses that have been demolished. For those, and they are legion, who prefer to suffer in silence, unable to leave their own homes, therapists and social workers carry out an increasing number of home visits.

Calder, who took an active part in the Palestinian VCA, stresses the enormous need for coordination where humanitarian aid is concerned. "In Khan Younis alone, there are 17 government and non-government organizations involved, and we discovered that sometimes several of them were coming to the aid of the same patient, unbeknown to the others," she says. "That's why the PRCS took the initiative of introducing a committee bringing together all those involved, which was in fact one of the VCA's recommendations, and they all use the same patient referral form now."

"In this country, we have lots of systems," comments Mohamed Awadeh, PRCS's deputy director of emergency medical services. "But not one system, and no common language. We may intersect at times, but we do not really meet." In many parts of the Palestinian territories, it sometimes seems like no one is pulling in the same direction. In Khan Younis, at least, they are trying. ☐

grammes. It is perhaps here that the VCA process can play a key part – in building a constituency of communities, aid organizations and local authorities, aware both of their needs and capacities. This constituency can, in turn, work together to

tackle the challenges which may seem insuperable to a single agency, ministry or community.

*Iolande Jacquemet, an independent writer based in Geneva, was principal contributor to this chapter and to Boxes 6.1, 6.2, 6.4 and 6.5. Latifur Rahman, the International Federation's disaster preparedness delegate in Papua New Guinea, contributed Box 6.3.*

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**Section Two**  
**Tracking**  
**the system**