

CHAPTER FOUR: Case Study

EMERGENCY RESPONSE TO DROUGHT AND FAMINE

Yifat na Timuga, Ethiopia

Study Questions

1. What were the capacities and vulnerabilities of the people of Yifat na Timuga at the time SCF began its program?
2. What elements of SCF's program supported the capacities of the people? What aspects addressed their vulnerabilities?
3. What do you consider the likely long-term impacts of this program? Why?
4. What suggestions, if any, do you have for improving the positive long-term impacts of the program?

ETHIOPIA



AFRICA



EMERGENCY RESPONSE TO DROUGHT AND FAMINE IN ETHIOPIA*

Yifat na Timuga, Shoa Province, Ethiopia

I. PROJECT CONTEXT AND CONDITIONS

Ethiopia is one of the largest, most densely populated, and poorest nations of Africa, with forty-two million people and an annual per capita income below US \$150 per year. Ethiopia has three major, and numerous smaller, ethnic and language groups. More than eighty-five percent of the population is engaged in agriculture. The country is extremely diverse geographically, ranging from tropical rain forests, to high, rugged plateaus and mountains rising to 10,000 feet, to flat arid desert areas, and the Rift Valley which slices through the middle of the country. Since the early 1960s, the government has been fighting ethnic/nationalist movements, principally with the Eritrean secessionist movement in the North but also with military insurgencies among the Somalis, Oromos and Tigrayans.

Drought

The whole of the Horn of Africa region, at the eastern extremity of the Sahel, is subject to periodic drought. Ethiopian history has recorded regular periods of drought and famine going back for centuries. A severe famine in 1972-74, in

which the government response was highly criticized, finally precipitated the ousting of Emperor Haile Selassie and the establishment of a military regime adhering to Marxist-Leninist policies which was the ruling group in Ethiopia when the famine of the mid-1980s occurred.

Controversy surrounded the drought and attendant famine of the 1983-85 period, particularly its prediction. As early as mid-1983, Ethiopian government and NGO reports showed signs of a massive problem. The rains in 1983 were quite poor, and crop yields suffered. In the spring of 1984, the Early Warning System, part of the responsibility of the Ethiopian government's Relief and Rehabilitation Commission (RRC), predicted that over six million Ethiopians were at risk of famine by that fall. RRC called a meeting of NGOs, embassy representatives, international agencies and bilateral donors to alert them to this danger. By the fall of 1984 the situation in the countryside was as bad as predicted. Large-scale international efforts to meet the crisis were not undertaken until after a dramatic BBC film was shown on television in the United States and in Europe in late October, alerting the general public to the situation, and pushing private agencies and Northern governments into action.

* This case is intended to be used as a teaching device and does not, in any way, represent an evaluation of the SCF project in Yifat na Timuga. This teaching case was adapted by Mary B. Anderson from a fuller history and analysis of the project written by Peter J. Woodrow, "Ethiopia Emergency Program: Yifat na Timuga," which appears in *Rising from the Ashes: Development Strategies in Times of Disaster*, by Mary B. Anderson and Peter J. Woodrow, Westview Press (Boulder) and Unesco Press (Paris), 1989, pp. 135-155.

Yifat na Timuga District, Shoa Province

Shoa Province of Ethiopia occupies the center of the country, surrounding Addis Ababa, the capital. Yifat na Timuga District is in the extreme northeast corner of the region, about 250 km from Addis Ababa. The area of about 8,000 square kilometers is the home of about 350,000 people, half of whom are Amhara Christian farmers living in the highlands and central valley. Another third of the people in Yifat na Timuga are semi-pastoral Muslim Oromo who are both farmers and livestock herders and occupy the midland, rolling hills of the central valley. The remainder of the people are the mostly nomadic Afar tribespeople (who are also Muslim) who live in the semi-arid pasture lands in the eastern portion of the area, including the Awash Valley.

The highland Amhara grow mainly *teff*, a local grain, plus some wheat and barley. Men and women share many of the productive tasks. Soil erosion and lack of sufficient land burden these farmers. Because women have primary responsibility for household production and child care, men are more apt to travel distances for trade.

Although the midland Oromo engage in growing maize and sorghum, they are relatively new to farming and were originally nomadic herders. They experience frequent crop losses due to drought. Oromo men and women share agricultural tasks, but women do not take part in herd management.

The Afar are nomadic herders. Women care for the children and for animals around the home (cows, sheep, goats) while men travel farther caring for the camels and larger animals which graze on traditional family grazing lands within about 60 km of the home. Their herding activities have been threatened in recent years by pressures from increased farm-

ing activities by the Oromo and state farms in the Awash Valley.

Of the three groups, Afar traditional social structures are the most intact and active, while the majority of formal decision-making and leadership systems among the other groups have been replaced by party structures introduced by the government. Afar elders are still greatly respected and, at times, hold official positions in the government administrative structure. Priests among the Amhara are still regarded as informal leaders.

A major road runs north to south in the valley through the middle of the district. To the west of the road, the steep and rugged mountains rise to about 10,000 feet. The Amhara people who live in these areas, as well as the Oromo who live in the lower hills, must walk several days to reach the road. There are few secondary roads connecting the countryside to the main road and other infrastructure is minimal. For example, there are few health service centers so that most people have to travel several days to reach health care. Electricity is available only in the scattered population centers on the main road and not in the countryside.

The Afar to the east also have few roads and little contact with government. They are fiercely independent and view their isolation as an advantage rather than a liability.

Since the revolution, the central government had increasingly taken responsibility for the provision of social services to all rural areas. Plans were announced to extend health facilities and to build primary schools in each village. One rationale given by the government for its villagization program was that these services could be more readily supplied to people living in clusters than when their homes were dispersed. Villagization was not widespread in Yifat na Timuga.

People's access to health care and children's access to education depended very much on how near they lived to the few centers where clinics and schools were located.

The Yifat na Timuga district is further sub-divided into six sub-districts and 175 villages with an average population of 2,000. Each village had a Peasant Association, the basic political and social unit through which the Ethiopian regime administered the country. Peasant Associations were well established in the Yifat district by 1984 and were able to secure the participation of a large percentage of rural people in all kinds of activities, from discussions of the new constitution to work on community projects. When the leaders were convinced of the value of any activity, they could ensure that local people would participate.

The drought of the 1980s was as severe in Yifat as in other areas of the country. Surveys indicate that Yifat is famine-prone because of its deteriorating environment and periodic drought. However, the soils in the farming areas were relatively fertile and erosion not so severe, compared to other areas of Ethiopia.

In normal times people were able to sustain a moderate level of subsistence through their agricultural (Amhara and Oromo) and livestock (Oromo and Afar) activities. They worked hard to do so and lived in a precarious balance with the natural environment, employing survival strategies developed over centuries. Over years of intensive crop activity and of increasing population pressures, the natural forests had been depleted. The daily search for firewood, usually the responsibility of women and girls, was made more difficult. In livestock areas, increasing animal and human populations caused overgrazing. Nomads had to travel farther each year to find adequate

grasses for their herds. Nevertheless, if there were sufficient rain, life was sustainable.

However, by 1984, one report about Yifat na Timuga noted:

The area had suffered successive years of bad harvests, followed by two years of very severe drought which had resulted in essentially no harvest at all. Surplus stocks of food, meager in a normal year, had been totally depleted. Massive numbers of people had abandoned their homes far back in the hills, and were either leaving the awradja (district) completely, gathering in the towns begging, or collecting around the few feeding centers hoping to be given something to eat. Many men had left their families in pursuit of food or money, and many older children had left home to relieve their parents of the burden of feeding them. Those that remained were those who had not yet sold their last assets: the grass thatch from their roof, the wood from the walls of their tukuls (huts), their last plowing ox or goat, personal jewelry, knives, clothes or farming tools.

In some areas, all oxen, sheep, and goats had been slaughtered for food; in others, a few remained. Many families still had donkeys since they were not used for food and were able to survive under drought conditions.

II. THE SCF PROJECT

Although its partners in the Save the Children Alliance, Redd Barna (Norwegian Save the Children) and Save the Children Fund (UK) had been working in Ethiopia for several years, Save the Children Federation (US) had not worked in Ethiopia before 1984. In order to plan its response to the Ethiopia emergency, SCF (US) sent a delegation to Addis Ababa in November 1984 to explore program options. Included in the delegation were SCF's Vice President for Program, the Director of Primary Health Care, and the Director of the Field Office in Tunisia who had experience in Ethiopia and spoke fluent Amharic. Through consultations with RRC and other NGOs working

in Ethiopia, SCF agreed to take on a feeding and health program in Yifat na Timuga. SCF recorded that:

The delegates, with many years of community development behind them, examined the emergency with a view toward long-term solutions, and were faced with a dilemma. They were under strong pressure, both from the Home Office and from their own consciences, to respond to the immense human suffering which confronted them. On the other hand, the response could not be precipitous. As urgent as the need was, it was essential to establish a program that was well-conceived, sustainable, and had an impact beyond the immediate time period.... Simply feeding people was not enough, they concluded. From the outset, the program would have to stress rehabilitation, reconstruction, and self-help and provide people with an opportunity to rebuild their lives with their own hands.

Program Design

SCF's program included several components:

1. Establishment of food distribution points reaching each village in the district.
2. Immunization of children against the six most common childhood diseases, and provision of vitamin A.
3. Training of mothers in Oral Rehydration Therapy (ORT) which is a treatment for acute diarrhea.
4. Provision of some essential medicines to village "pharmacies," especially chloroquine for treatment of malaria.
5. Provision of agricultural seeds and tools to enable people to resume agricultural activities.

To implement this program, SCF hired an expatriate Field Director who was of mixed Ethiopian and European parentage. He had years of development experience in Ethiopia. In addition, the Project Manager in Yifat was a dynamic and forceful Ethiopian. Under him, an expatriate medical doctor managed the

health effort, but, as a matter of policy, he provided only public health services, refusing to become engaged in curative care. Another expatriate woman supervised the emergency food program. All other staff were Ethiopian.

Food Distribution

SCF decided to avoid the establishment of feeding centers and, instead, to distribute food as near as possible to the places where people lived. They told the people who were gathering at roadsides and in feeding centers to go home, and assured them that they would provide food close enough so that they could remain at home. The goal was to provide food within two hours' walk of each village. The terrain in Yifat na Timuga has already been described. How was SCF actually to deliver food to villages to which there were no roads? SCF posed this question to local leaders and villagers.

The result was that, through the Peasant Associations, organized work crews converted the existing small animal tracks into passable roads for heavy-duty trucks. Most able-bodied people were idle, having little to do until the rains came. The survival of their families depended on their access to relief goods. Crews of 500 or more people, both men and women, were organized to build roads, using hand tools and the plentiful rock of the area. SCF provided an Ethiopian engineer with road building experience to advise village crews on grading and routing. By December 1985, approximately 450 kilometers of feeder roads had been constructed.

Even with these roads, there were villages that could not be reached. Villagers solved this problem by organizing donkey trains to carry grain into remote areas. Again, this was organized at the village level by the Peasant Association leaders. SCF estimated that at one time there were

1,500 donkeys in service moving relief supplies.

In addition to building roads and providing donkey trains, community members loaded and unloaded trucks, offered warehousing space in homes or schools, and provided guards and storekeepers at the village level. No one was paid for these activities.

To allocate food among villagers, SCF set up teams of Rural Rehabilitation Aides (RRAs). Eventually there were nineteen such teams, each consisting of eighteen local secondary school graduates. Most RRAs were Amhara, though some were Oromo. These young men and women were trained to enroll families house-to-house, to teach basic health principles and to perform nutritional monitoring. The program started with twenty-five RRAs in January, 1985, and by July of that year there were 360. The numbers expanded as SCF expanded its ability to reach new villages with food. The RRAs were paid a small stipend by SCF.

The RRA teams visited each village, driving as far as possible by truck and then walking to reach the more remote areas. They were often on the road, sleeping in campsites and walking from village to village for a month at a time. Their supervisors visited them in the field to make sure they were getting what they needed and to do quality control checks.

Teams remained in each village for several days, enrolling families and doing nutritional surveillance until the whole village was covered. On designated days, the RRA teams were responsible for food distribution at pre-determined points.

As they were enrolled, each family was asked the name, age, and gender of all family members, and the incidence of births over the past week, month, and year. They were also asked about the timing and cause of deaths over the past week, month, and year. The purpose of

this data gathering was to establish baseline information about the birth and death rates, and causes of death, so that the effects of the program on the health of the population could be assessed.

The teams also performed height and weight measurements on all children under five to obtain an estimation of the nutritional status of the families and the village as a whole. In the early period of the program, families with one child or more under 80 percent of the weight-for-height median were allotted monthly rations for each family member, under the assumption that if one family member was malnourished the others soon would be. When greater food supplies were available, in late 1985, every family received a ration regardless of their nutritional status.

The RRAs returned to villages four months after they first enrolled them to repeat the questions regarding births and deaths. This process enabled SCF to gather statistics on the changes in the crude death rates. By SCF estimates, the crude death rate at the beginning of the program (January 1985) was ninety-eight per thousand. By December, 1985, the rate had dropped to 10.4 per thousand (compared to the national "normal" CDR of 18.4 per thousand). In order to fulfill its commitment to deliver food as close as possible to people's home villages, SCF had to obtain a combination of short-haul (for use within Yifat na Timuga) and long-haul trucks (to bring the grain from the port at Assab). SCF purchased twenty 7.5-ton trucks for the shorter runs and twenty 22-ton trucks for the trip from Assab to Yifat, and made multiple trips each month. Unfortunately, there was a considerable delay before the trucks arrived in Ethiopia. This forced SCF staff to spend much effort and time borrowing vehicles during the first four months of the project. However, they succeeded.

A similar problem plagued SCF in the first months regarding delivery of food. Promised grain from the U.S. Agency for International Development did not arrive in port until July. For the first five months, the program depended on smaller donations of food from private sources, flown to Ethiopia at great expense. Even though the absolute amount of food provided in this manner was small (about 14 percent of the total that SCF distributed), its impact was significant since it helped persuade people to stay in their villages. Also during this period, SCF demonstrated to local officials that they could deliver on their promises. After July 1985, the full supply of US-donated food was available and delivered on a regular schedule throughout Yifat by the short-haul fleet.

Health

Food distribution was linked to primary health care. SCF used the occasions where people gathered to receive food to monitor health, teach Oral Rehydration Therapy to mothers, give immunizations, and distribute vitamin A capsules.

The SCF health program was designed to address the most frequent causes of death at times of famine. The program involved four activities.

1. Training of mothers in Oral Rehydration Therapy (ORT), using methods that could be replicated in typical rural households. SCF estimated that during 1985, 60,000 women were taught a simple ORT method using cereal and salt. Studies show that ORT can reduce deaths from diarrhea by 50 percent.
2. Immunization of young children and pregnant women. During 1985, 14,460 children and women were vaccinated against six of the most common childhood diseases, and an additional 6,062 were vaccinated in 1986. By

1986 measles had all but disappeared in Yifat na Timuga. SCF provided supplies, cold chain support, transportation, and per diem incentive pay for Ministry of Health (MOH) staff who performed the immunizations at food distribution sites.

3. Distribution of vitamin A. SCF added distribution of vitamin A to its health program to reduce the incidence of blindness.
4. Provision of chloroquine to lower altitude areas and villages near swamps for malaria treatment. As little as a single dose of chloroquine can prevent death from malaria. SCF helped establish a rotating fund in vulnerable villages through which villagers paid a nominal fee for the drug so that the villages were able to replenish supplies from MOH stores.

During the emergency famine period, SCF also began a program of sanitation, hygiene and water protection. A team of people who had been RRAs was assembled to provide health education in villages. They focussed on diarrheal disease vectors (hand-washing, use of latrines, water protection) and worked with villagers to protect springs, to dig wells and provide pumps, and to build latrines.

III. LATER EVENTS

In the second year of the program, most communities in the district were beginning to recover their ability to produce food. As villages recovered, SCF initiated longer-term activities in agricultural development, soil conservation (terracing, plantings), reforestation, and further development of the village and sub-district level health system.

Although Amhara and Oromo groups recovered relatively quickly once the rains started, the Afar nomad communities still

needed aid because their economic self-reliance depended on the longer-term process of restocking their herds. SCF was ready to continue to supply them with food. Previously, food distribution for the Afar had taken place in the territory of other ethnic groups who now no longer needed food rations. This posed the problem of how to supply the Afar with food while their territory was still inaccessible and the drop-off points were in the areas of the Afar's traditional rivals.

The SCF Project Manager in Yifat called together a group of Afar leaders and discussed the problem with them. After much discussion, the Afar decided that there was no reason that they could not build roads just as other communities had done. The result was that the nomadic Afar constructed seventy kilometers of roads reaching into their territory to small villages where the women, children and older family members lived. SCF trucks were then able to deliver relief grain to areas where others, including government officials, had never been.

DISCUSSION GUIDE/TRAINING NOTE

EMERGENCY RESPONSE TO DROUGHT & FAMINE

Yifat na Timuga, Ethiopia

TRAINING OBJECTIVES

Before planning how to lead a case discussion, it is always important first to identify what your objectives are for the particular discussion. The Yifat case presents several good opportunities for learning, such as:

1. To practice applying the C/V Framework both before and after a project;
2. To use C/V Analysis for assessing that project's long-term impacts;
3. To note and trace differences among the capacities and vulnerabilities of different groups with whom a project works;
4. To explore and discuss differences in opinion among the participants as to which factors may be considered capacities and which are vulnerabilities, learning how these judgments vary with circumstance and the project designers' values and analysis.

STUDY QUESTIONS

To prepare for the discussion, each participant should be asked to consider the study questions printed at the beginning of the case. These questions are guidelines for individual study and, in small group discussions, should not be considered a strict agenda.

CASE DISCUSSION

The discussion of this case could be divided into four sections:

- Yifat before the project;
- the project design;
- an assessment of the project on capacities or vulnerabilities;
- suggestions for redesign of this project or of others in the future.

The first two sections involve laying out the "facts" of the case; section three involves an analysis of these facts (the impact of the project on capacities and vulnerabilities); and section four involves an evaluation and consideration of the even longer term possible impacts of the project in Yifat.

Remember that the best way to engage a group of participants in discussing a case is to **ask questions** rather than giving a lecture. Most of your preparation for teaching this (or any) case will involve thinking of the series of questions you may use to get the participants to cover the material offered by the case and to learn from their analysis of it. Some questions are suggested for each section below; you will want to think of others as well.

It helps get people ready for the discussion if the trainer provides a **very** brief introduction. For example: "We are in Yifat na Timuga in Shoa Province of Ethiopia. SCF has been asked to come into the area to feed hungry people. People are really hungry. They are beginning to gather at the roadsides awaiting food deliveries. Before we analyze the impact of SCF's work in the area, let's see what we know about the people **before** the project."

1. C/V Analysis of Yifat before the project.

Before starting a general C/V Analysis of people in Yifat, the participants should consider the differences among the three tribes, the Amhara, the Oromo and the Afar. The trainer could make quick notes of these differences on a flip chart or blackboard as the group names them to facilitate later reference in the discussion that follows.

Possible Questions: What do we know about the three tribal groups in the area of Yifat? Who lives where? What kind of economy do they have? Religion?

After these differences are noted, the participants could then be asked to fill in a six-cell C/V matrix for Yifat before the project began.

Possible Questions: What were the important capacities and vulnerabilities of the groups in Yifat before SCF arrived? Were these the same for all three groups? How did they differ? (One should keep asking about the six categories until the group is satisfied that they have laid out a good representation of the situation before the project.) Example: Any more physical capacities? How about our listing of social/organizational vulnerabilities — does it seem complete? Do you have anything to add?

As the group does the C/V Analysis, there will be disagreements about what to classify as a capacity or vulnerability and what falls into the physical/material category or the social/organizational category, etc. For example, people may well disagree about whether the remoteness and isolation of the Afar represented a capacity or a vulnerability and they may also disagree about whether isolation is a physical or a social factor. This is the kind of discussion you should encourage because, as participants talk about their ideas in these areas, they will gain insights about how project designers might view the situation differently from local people and about how projects may be based on one set of understandings which do not reflect a broader reality. There is no "right" answer in these discussions; the discussion leader will want to point out that different perspectives are valuable and valid. (Later, in the discussion on the impact of the project, the trainer will want to help the group see that one's judgment about whether something was a capacity or a vulnerability shapes one's assessment of the project impact.)

Possible Questions: Is that a capacity or a vulnerability? Why do you think so? Does everyone agree? Why or why not? (As such disagreements arise, the trainer can simply draw an arrow from one cell of the matrix where an idea has been recorded into the other cell(s) where people think this same idea should go. For example, if someone has said that the Afar isolation is a physical vulnerability, write it in that block. Then, if someone disagrees and says this is, in fact, a capacity, draw an arrow across the dotted line into the capacity cell noting, as you do so, that the same characteristic may be either a vulnerability or a capacity depending on how it is viewed and its impact on people's lives. Then, if another person notes that this isolation is not only a physical characteristic but that it also has social and attitudinal implications, you can again draw arrows, asking the person to explain what they mean and why they think this is so.)

2. The SCF Project.

The discussion leader should next ask the participants to look carefully at all aspects of the design of SCF's project in Yifat. Again, this section of the discussion is for laying out the facts of the case and the leader should encourage people **not** to start evaluating or analyzing the project until after they have agreed on the facts of the project design.

One might begin by inviting the group to identify how SCF staffed this project.

Possible Questions: Who were SCF's staff and what is known about them? (Issues such as whether they were expatriate or local, which languages they knew, what their expertise was, how they approached their work should be included in this discussion.)

Then the group should look at the project's two components: the feeding program and the health program. Because SCF's approach in the two areas was different, these need to be described separately. The leader should ask the group to identify what was actually done in each of the two areas. One could also record this on a blackboard under the two headings "Food" and "Health."

Possible Questions: What were the project's components? How did SCF plan to provide food? How did SCF plan to provide health care? What were the inputs in this component? How were they provided?

After both elements have been described, the leader might ask the group to go back through these descriptions and see which elements were provided or decided by SCF and which were provided or decided by the people in Yifat. If they have been written on a board, the leader could use two colors to designate which are from "outside" sources and which are from "inside" sources.

Possible Questions: Which of these inputs were provided by SCF? Which were provided by the people in Yifat?

3. Impacts of the project on C/V of Yifat.

Now the group should be encouraged to analyze exactly which features of the project had which kinds of impacts on the capacities and vulnerabilities of the people in Yifat (and where these differed among the three different groups in Yifat). The leader should be sure that people really use the information which they have gathered about the area and about the project design as they make their judgments. That is, the main role of the discussion leader is to encourage people to be careful and rigorous in their analysis rather than allowing broad generalizations about values and project design which do not relate to this particular project.

Possible Questions: What were the impacts of the food component on the capacities and vulnerabilities of the people in Yifat? Why do you think this increased/decreased capacities? Vulnerabilities? Was this the same for all three groups? Why do you think so? How did the health program affect the people's capacities? Vulnerabilities? Why? What makes you think this is the case? On what information do you base your judgment?

4. Redesign/Generalizations.

Finally, the leader should encourage the group to think about what might have been done differently and, in doing so, to be specific about how such differences would have related to the particular situation in Yifat. Again, the leader should insist that people be careful in their analysis of the actual situation.

There will be plenty of disagreement here as there was in the first section of the discussion. For example, some people might argue that the roads into the hills are a new capacity allowing more services to reach the area and promoting marketing once crops are produced again. Others will probably argue that these roads increase the local community's vulnerabilities by making it more easily accessible to government influence (and, in this situation, government troops who recruit young people into the army). While there is no right answer, again, the value of this discussion will be in the rigor which people use to defend their positions and the awareness that everyone gains that there are perspectives which differ from their own.

Possible Questions: Do you have any suggestions for ways in which SCF could have done the food/health project better? Could they have done more to lessen vulnerabilities? What? Why do you think that would have been better? Do others agree? Why or why not? What do you think will still remain of this project five years from now? Ten years from now? Why?

This discussion can flow into examining feeding or health programs in general. The leader could encourage people to try to apply whatever "lessons" they have derived from thinking about Yifat to other circumstances that they have known. In this part of the discussion, the leader should be sure that the participants note that SCF was able to consider long-range impacts even under the pressures of immediate needs. This may be one type of generalizable lesson from this case. The participants will come up with others.

Possible Questions: Given the experience of this case, what lessons do you draw for other situations? Have you gotten any ideas about how to plan famine response programs in other places? What? Why do you think that will work other places? Why not?

Conclusion

The trainer always has a responsibility to bring the discussion to a close with some summary comments. These comments may be based on the discussion of the group and reflect areas of agreement, of common analysis, or of continuing disagreement. These comments might also raise other issues for people to think about which were not covered (or which the trainer thinks were not adequately covered) in the discussion. Comments made at the end of any case discussion can also link to the next section of the workshop, helping the participants carry over the lessons derived from one section into other sections, thus being aware of the "logic" of the progression of the workshop.

CHAPTER FIVE: Case Study

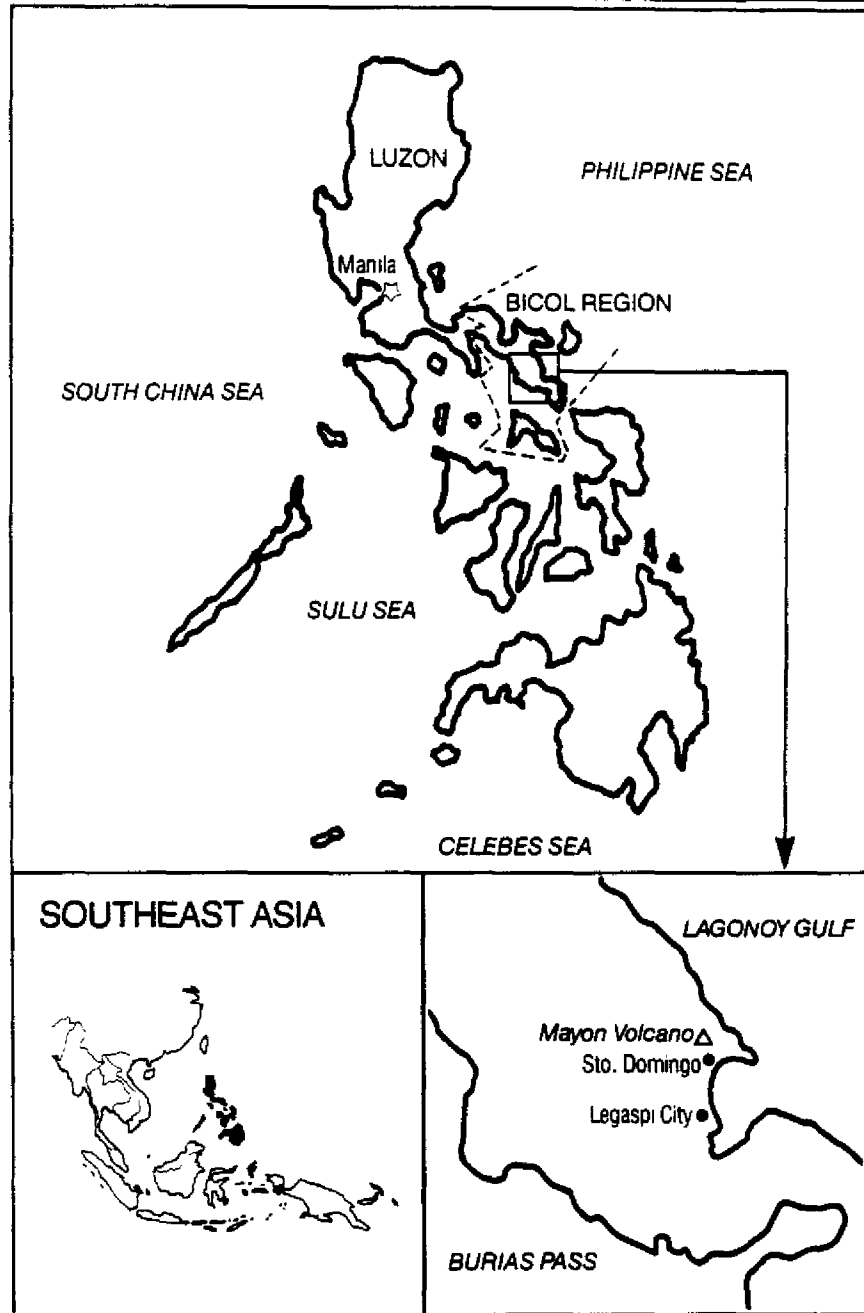
LOCAL RESOURCE DEVELOPMENT IN THE CONTEXT OF VOLCANO AND TYPHOON DISASTERS

Santo Domingo, Bicol, Philippines

Study Questions

1. What were the capacities and vulnerabilities of the people in Bicol, Santo Domingo before IIRR came into the area and before the Mayon eruption in 1984? What were these capacities and vulnerabilities immediately after the volcano eruption? After the IIRR staff had worked with the villagers for several years? After the typhoon of 1987?
2. In which areas did the IIRR project have the greatest effects on capacities and vulnerabilities? Why and how? Were these the areas that IIRR staff thought they would affect?
3. On balance, are the people of Sto. Domingo less vulnerable now than before the IIRR project? Why/why not?
4. What lessons would you derive from this experience about incorporating a "development approach" into disaster assistance in other areas?

PHILIPPINES



Map By Jerry Alexander

LOCAL RESOURCE DEVELOPMENT IN THE CONTEXT OF VOLCANO AND TYPHOON DISASTERS*

Santo Domingo, Bicol Region, Philippines

I. DESCRIPTION OF THE AREA

The municipality of Santo Domingo is located near Legaspi City in southern Luzon directly beneath Mount Mayon, an active volcano which has a history of eruption every ten years. In addition, the area is typhoon prone as is most of the Philippines. Santo Domingo includes thirteen villages. It extends twenty miles east of Mount Mayon and has a population of approximately 17,000 people. A few families are wealthy, but most are very poor. Most families must work very hard to survive on a combination of small farming, handicrafts, livestock raising and seasonal labor. Some also do commercial fishing. The land is generally fertile and water is abundant. Most land is owned by a small number of wealthy land holders who engage in coconut and banana production. Poor people work as day laborers for the land owners and rent land for their own use, often paying one-third of their rice crop to the owner. In recent years, the costs of agricultural inputs have risen while the price received for produce has gone down.

Santo Domingo was once the center of a thriving handicrafts business, started by a German who still lives in the area. A

manager of the company absconded with the funds, and, in addition, the international market for handicrafts changed, demanding higher quality goods for lower prices. Thus, this industry closed, and no other has taken its place.

One woman was mayor of the town for seventeen years until February 1986. She came from an extremely wealthy family; it is said that her family owns all the land of two villages. Her father was a judge and her brother preceded her as mayor; she was elected upon his death. The Municipal government has been run by one or two of the political parties which have been controlled by the wealthier families; poorer people have seldom participated.

Santo Domingo has a Municipal Disaster Coordinating Committee (MDCC), a standing committee of the Municipal Development Committee. The MDCC includes the social welfare, health, planning and education officers for the municipality, as well as representatives of voluntary and church agencies in the area. The Mayor chaired the committee and her Secretary was also a member.

The New People's Army guerilla force has operated in the hills near Santo Domingo and almost every month, the body of someone whom they have killed

* This case is intended to be used as a teaching device and does not, in any way, represent an evaluation of the work of IIRR or the Government of the Philippines in Santo Domingo. This teaching case was adapted by Peter Woodrow and Mary B. Anderson from a fuller history and analysis of the project written by Mary B. Anderson, "Local Resource Management Project," which appears in *Rising from the Ashes: Development Strategies in Times of Disaster*, by Mary B. Anderson and Peter J. Woodrow, Westview Press (Boulder) and Unesco Press (Paris), 1989, pp. 242-257.

has been found in the roadside "dumping ground." Government security forces have been wary of efforts to work with and organize village people.

The people of Santo Domingo have a few forms of traditional organization outside the political sphere. The church is important. People also plan and run fiestas in each village and cooperate in small work groups for mutual assistance, called *bayanihan*, when activities require more than one worker.

Historically, Mount Mayon has erupted in about the eighth year of each decade. However, in September 1984, the volcano erupted four years early, causing significant property damage and loss of livestock and crops in some of the villages of Santo Domingo.

II. THE LOCAL RESOURCE MANAGEMENT PROJECT OF IIRR

Project Design

The International Institute of Rural Reconstruction (IIRR) started a "Local Resource Management" (LRM) project in September 1984 with funding from USAID. The LRM was planned as a development project to "organize beneficiary groups of rural poor to participate genuinely in the development process." IIRR development staff were to work in five of the thirteen villages of Santo Domingo. The goal was for beneficiaries to improve their social and economic status through implementation of their own development activities. In addition, the project intended to encourage local government and non-governmental organizations to respond to beneficiary participation as well.

IIRR sent three full-time, experienced staff to Santo Domingo during the summer of 1984 (before the volcano eruption) to begin to set up operations. Their first activity was a social and economic survey

of Santo Domingo. They also met with representatives of national, regional, provincial and municipal governments to gain broad approval of the final project plan.

The IIRR team was responsible for recruiting five full-time Rural Reconstruction Facilitators (RRFs) to staff the project. They posted notices throughout the region announcing these RRF openings and inviting people to apply. On the first day of interviews over 500 people appeared.

Ten people were selected for training and, paired in teams of two, they were placed in five of Santo Domingo's villages where they lived and worked for ten days. The IIRR staff observed the trainees' interactions with villagers in order to assess who was best at this kind of work. The ten also participated in a month-long training program at the IIRR center at Silang. The plan was to hire the five best trainees; the other five would be alternates.

The criteria for recruitment of the Rural Reconstruction Facilitators were: a willingness to live and work in rural areas under difficult conditions; intellect, creativity, breadth and depth of development perspective; development experience; emotional maturity; soundness of mind and body; and skills in interpersonal communication and human relations.

In their assigned villages, the RRFs were to:

- 1) Conduct a participatory community survey to learn as much as possible about each of the families in the village;
- 2) Convene a Key Informant Panel to classify each family according to its position in the community. The IIRR approach involved identifying the rich as group "A," the middle income people as group "B," and the poor as group "C."

- 3) Begin to work with "interest groups" from the poor group (C) which would cooperate to identify common needs and solve problems.

Actual Project Initiation

The eruption of Mayon caused the evacuation of two of the five "first priority" villages in which IIRR had decided to work. In addition, three of IIRR's "second priority" villages were also damaged by the volcanic mudflows and needed assistance.

When the volcano struck, the LRM project team was just finishing its training at IIRR headquarters in Silang. When they heard of the disaster, they wondered how they would start their village-based community development work since many of the villagers with whom they were going to work had moved into evacuation centers. IIRR decided to hire all ten newly trained RRFs to assist in the relief effort.

The Municipal Disaster Coordinating Committee designated evacuation centers in safe villages and organized social welfare, health, education and planning staff to distribute goods, provide health care and arrange sanitation in these centers. Because IIRR had good relations with the municipal government from the initial stages of planning the project, they were able to get the Mayor to designate the new RRFs as Action Coordinators in the evacuation centers which housed the people from the villages where they were to have been assigned for the LRM project. The RRFs lived in the centers, received food rations and helped with the chores alongside the evacuees. Thus, IIRR's new staff became part of the disaster response team of the municipality and developed an identity with the disaster victims by living under the same conditions in the evacuation centers. (The RRFs who were assigned to villages that

were not evacuated went immediately to work in those villages.)

The first thing the RRFs did was convince the MDCC to shift people among centers so that they were located with other families from their own villages. In the rush of evacuation, people had gone randomly into the available centers. People were much happier to be with their own neighbors in these abnormal circumstances. Also, the IIRR project team was able to establish rapport with people from the villages where they were going to work. They began to talk with people about the project and its purposes and they started their first planned task: a participatory community study for each assigned village.

Because of their community development orientation, the RRFs constantly consulted the evacuees about problems, priorities, and solutions. This was unusual in the experience of the evacuees who commented, "The other agencies never cared to ask us what we wanted. They just gave us what they themselves thought we needed. That made us feel like beggars." The evacuees preferred the procedure of the RRFs, noting that it enabled them to express their own "feelings and desires."

The people in the centers divided themselves into teams to clean, dig latrines, cook, care for children, etc. Very soon, the adult members of the families were able to return to their fields during the day, but the volcano situation was still uncertain enough that they returned to the emergency centers at night. Every night the RRFs held meetings or entertainment events (even a beauty contest) in the centers. The community people had not previously spent much of this kind of time together. The meetings became development "seminars" in which people were encouraged to work together to solve problems. A high percentage of people attended these sessions because,

as one staff person said, "it was the only show in town!"

The MDCC initially thought that people would be in the evacuation centers for about two weeks, but mud slides made it unsafe for people to return home for two to three months. Some of the evacuees sought the help of the RRFs to start income earning activities. The RRFs encouraged them to organize "interest groups," and several small projects were started including handicrafts, weaving and small trading in which people opened little sundries shops in the evacuation centers.

The people in the evacuation centers represented the poorer members of the village communities since those who were better off had other options such as staying with relatives in nearby towns. By forming interest groups and through the subsequent emergence of leadership, the people in the centers established entirely new organizational forms. In the typical village environment, all local organizations (women's groups, youth groups and church groups) had been led by people who were better off. The poor had only rarely even participated. By the time they returned to their villages, the groups who occupied the evacuation centers had a new experience of selecting their own leaders, and the leaders had the experience of providing direction and receiving the support of their friends and neighbors.

When the evacuation centers were closed, the RRFs and villagers packed up their goods and moved back to the villages. The RRFs continued with the plans they had made while in IIRR training. They initially developed interest groups around the need for clean water, and they provided water pumps for each village. The experience of deciding where to locate the pumps, and of setting up a village-based organization to provide the

necessary labor to install and maintain them, gave these groups immediate successes in solving a common problem.

When asked by the RRFs to categorize families into the usual IIRR designation of groups A (rich), B (middle), and C (poor), the villagers made a suggestion which they thought was better for working in their communities. They felt that the poverty in their area required that they name a group "D" as the poorest of the poor. The RRFs then worked with both groups "C" and "D." The intense period of interaction in the evacuation centers caused the village work to proceed at a much faster pace than the RRFs had expected. The RRFs who had begun work in the non-evacuated villages found that it took them longer to get to know the people in their areas and to get interest groups started.

In the months following their return to the villages, interest groups engaged in many small-scale projects. Some examples of these included:

- a) making and installing water-sealed toilets
- b) constructing footpaths to link remote communities to the village center
- c) carabao (water buffalo) husbandry
- d) handicrafts projects, mostly focussed on abaca weaving
- e) cooperative community stores
- f) pig raising for consumption and sale
- g) establishment of rice mills within the villages.

In each project, the interest group identified the problems and worked out solutions. The RRFs served only to help facilitate the groups; they did not offer "answers."

In addition, the groups were encouraged to analyze the causes of their problems and to understand how their own situation was linked to the broader