Panel 2.14: Contribution of Non-Governmental Actors

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Abbreviations:
IGO = inter-governmental organization
INGO = international non-governmental organization
MOH = Ministries of Health
NGO = non-governmental organization
WHO = World Health Organization

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Abstract

This is a summary of the presentations and discussion of Panel 2.14, Contribution of Non-Governmental Actors, of the Conference, *Health Aspects of the Tsunami Disaster in Asia*, convened by the World Health Organization (WHO) in Phuket, Thailand, 04–06 May 2005. The topics discussed included issues related to the role of media and communication as pertaining to the responses to the damage created by the Tsunami. It is presented in six sections: (1) Background; (2) Key questions; (3) Discussion; (4) What have we learned?; (5) Conclusions; and (6) Recommendations. The what have we learned section is presented in the categories of: (1) needs assessments; (2) coordination; (3) filling gaps; and (4) capacity building.

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Background

Non-governmental organizations (NGOs) play an important health role during disasters. They provide emergency health care and long-term medical support. The NGOs possess certain advantages, including their: (1) presence on the ground as first-responders; (2) flexibility to emphasize and deliver different services in a rapidly changing environment; and (3) long-standing presence and understanding of the local environment, culture, and systems of health care. Non-governmental organizations also have a greater ability to: (1) understand the effects of the disaster and subsequent policies on the livelihoods of survivors; (2) identify human rights that result either in the denial of health care or lead to poorer health outcomes for survivors; and (3) develop and promote the right to health care during a disaster. Thus, many NGOs argue that inter-governmental organizations (IGOs), aid agencies, and governments should make a greater effort to develop stronger systems of coordination and communication with the NGOs in order to strengthen the delivery of essential services. They also should make a greater effort to include NGOs in the decision-making processes that occur among IGOs, relief agencies, and government services during an emergency. Finally, the capacity of the NGOs to engage in disaster prevention and response should be bolstered in the interim by building the capacity of the NGOs to engage in disaster response, and by opening permanent lines of communication between the government, IGOs, and civil society.

Non-governmental organizations also have acknowledged certain limitations during a disaster. This includes: (1) limited technical capacity and expertise in disaster management; (2) a lack of coordination among those NGOs delivering relief; (3) a lack of understanding of the "bigger picture" during relief operations (often because the NGOs are not included in decision-making and planning); (4) a limited time frame in which to engage in disaster relief (often necessitated by strict time limits imposed by funding agencies on projects); and (5) a lack of access to affected areas resulting from a government emphasis on political security over human security.

Furthermore, given the central role of the military in delivering aid, particularly in Aceh, Indonesia, special consideration should be given to examining the relationships that existed between the NGOs and the military to deliver health-care services in the aftermath of the Tsunami. Finally, in those areas in which

non-state responders, particularly militants, control the provision of services and maintain effective self-government, the interactions of the NGOs with these non-state responders to deliver emergency services during a disaster should be explored.

Key Questions

Recognizing these realities, the panel examined the role of NGOs while considering the following issues:

1. *NGOs as first responders*—In what ways did the NGOs act as "first responders" immediately following the Tsunami with respect to healthcare delivery? How effective were the NGOs as first responders? What level of coordination and communication existed between the NGOs, the government/military, and IGOs during the initial phase of the disaster? Was there a greater level of coordination between government, IGOs, the military, and the larger international NGOs than with local and national NGOs?;
2. *Delivering service*—What health services did the NGOs effectively provide in the aftermath of the Tsunami, particularly compared to other stakeholders and responders? What were the advantages to delivering certain forms of health care through NGOs? What were the major limitations in service delivery by NGOs? What level of coordination existed between NGOs in the aftermath of the Tsunami to deliver healthcare services, and how was coordination facilitated by the military, governments, and IGOs? How can this be improved hereafter by the World Health Organization (WHO) and Ministries of Health? What was the role of NGOs in providing psychosocial care and support in the aftermath of the Tsunami?;
3. *Decision-making*—What level of influence did the NGOs have in planning and coordinating the delivery of healthcare services, particularly at the local and community levels? What is the role of the NGOs in the planning and decision-making process? What exactly do the NGOs add to the decision-making process? How could the NGOs be incorporated more effectively into the decision-making process in the future? What are the barriers to incorporating the NGOs into the decision-making process?;
4. *Protecting human rights and sensitivity to local cultures*—In what ways were the NGOs particularly suited to identify human rights considerations, cultural sensitivities, and the immediate needs of affected populations after the Tsunami? How can the NGOs promote the right to health as a central framework to guide emergency activities and relief? What role do the NGOs play in identifying discrimination in the allocation and distribution of healthcare services, and how do the NGOs rectify this problem? How important should a NGO's ability to identify human rights and cultural concerns be when determining their role in decision-making for the delivery of healthcare services? How can the concerns identified by the NGOs be communicated to government officials, the military, and IGOs in a manner that benefits the affected communities?;
5. *Improving the effectiveness of NGOs in health emergencies*—Based on the limitations of the NGOs in delivering healthcare services, how can the NGOs improve their responses to emergencies hereafter? What role do the IGOs and governments have in strengthening the capacity of the NGOs to engage in an effective response? What barriers to delivering services resulted from the activities and policies of governments, militaries, and aid organizations (e.g., restricting access, lack of inclusion in decision-making, confining or delaying delivery of resources, tight guidelines and restrictive aid)? How should these barriers be addressed, and what steps can be taken in the future to prevent similar problems from arising? Finally, how can the NGOs help affected countries and the IGOs prepare for disasters?; and
6. *Defining the relationship of NGOs with the military and non-state militant and/or rebel groups*—How did the NGOs and civil society interact with the military in the disaster-affected areas, particularly in Aceh, Sri Lanka, and India? What successes and problems arose in the interactions between these two responders? How can the military and NGOs improve interactions hereafter? How do the NGOs interact with non-state responders, and in particular, militant or rebel groups (e.g., the Liberation Tigers of Tamil Eelam in Sri Lanka, the Gerakan Aceh Merdeka (Free Aceh Movement) in Aceh)? What challenges are presented to the NGOs in these interactions, and how can governments and the IGOs facilitate the ability of the NGOs to work in these areas of conflict?

Discussion

Local NGOs, unlike governments and international NGOs (INGOs), are able to identify needs and rapidly deliver services because they are: (1) based in and intimately familiar with the community they serve; (2) maneuverable—willing to take risks without fixed protocols; and (3) less constrained by security and political considerations. Their identification with community aspirations can facilitate the effective brokering and matching of community needs with donor, INGO, and government resources. However, these same characteristics make NGOs less capable in other aspects of disaster responses. Non-governmental organizations have been unable to coordinate their activities with one another or with the government and international aid agencies. A lack of equipment and technical expertise meant that a NGO's responses were limited to fewer activities, and these services often were sub-par, and resulted in poor health outcomes. Governments and aid agencies viewed these shortcomings as a rationale to exclude or limit their work with the NGOs. Non-governmental organizations believe that these larger responders patronize them and ignore the essential work that the NGOs can perform, and the valuable inputs from the field that the NGOs can provide. Enabling the NGOs to overcome these deficiencies is an important opportunity for responders in the international health system to develop more robust disaster responses. Governments and INGOs should accept that the NGOs must remain community-based, flexible, and imperfect if they are to deliver essential health services successfully in a post-disaster situation. Instead of ignoring or marginalizing the NGOs due to this limited capacity, governments and aid agencies must complement the NGOs by strengthening coordination among them, by building their capacity to deliver

technically sound services, and by learning from the important work that the NGOs perform.

What Have We Learned?

Needs assessments

Non-governmental organizations identified basic needs as they arose and conducted surveillance in communities. The perspective of the NGOs is unique since the NGOs mostly assess needs with respect to the livelihoods of the people in the affected communities. These surveys uncover health risks and concerns that only an intimate presence in communities can reveal. Needs assessments and institutional knowledge unique to NGOs can provide an effective intermediary between the actual needs of local populations and the available resources of governments and INGOs. Finally, being a part of civil society, many of the NGOs have strong relationships with the media. Some of the NGOs have used their relationships with the media to create public awareness and maintain focus on issues considered important by the affected communities.

On the contrary, some NGOs identified needs based on the resources that were made available to them, in lieu of requesting the resources that they perceived were most important. This reinforced the decision-making patterns of donors, governments, and aid agencies, and robbed affected communities of expressing their perspective in the aftermath of the Tsunami. Many of the NGOs were unwilling to act independently because of the traditional competitiveness among the NGOs to obtain a greater proportion of resources—they worried that the needs they identified would be ignored by the donors, resulting in a loss of identity and role during an emergency response. Furthermore, given the presence of the NGOs in only one or a few communities, they often have been unable to see the "bigger picture". This is exacerbated by the exclusion of most of the NGOs from the planning and coordination processes, thus providing them with fewer opportunities to engage donors and governments for resources. This exclusion leaves the NGOs in a master-servant relationship with donors and governments. Non-governmental organization-generated surveillance data and needs assessments were ignored or under-appreciated because no dialogue existed between the NGOs and decision-makers.

Coordination

Evidence from all of the Tsunami-affected countries indicates that many of the NGOs effectively coordinated their activities with each other, the government, and other aid agencies. The defining characteristic of every successful effort to coordinate activities simply was that the coordination mechanism had been developed and utilized beforehand in a separate context. Some frameworks for coordination resulted from the initiative of a NGO. In other cases, the initiative of a government or aid agency to develop an understanding with their counterparts, even if rarely put into practice until after the Tsunami, was sufficient to ensure that coordination occurred. Underlying these efforts to coordinate with the NGOs prior to the Tsunami was a willingness of certain governments and aid agencies to recognize that partner NGOs were making significant contributions and should be respected as equal partners.

On the other hand, few NGOs coordinated with each other or knew what other organizations were doing. Consequently, these NGOs were incapable of linking identified needs to resources that were available, or determining whether other NGOs also were trying to satisfy these same needs. Due to this lack of coordination, there were duplicative efforts and wasted resources. A lack of coordination also meant that other communities with immediate needs did not receive some essential services that were in excess elsewhere. Some of the governments were incapable of mounting a serious effort to coordinate the activities of the NGOs or to develop a system in which the NGOs worked in equal partnership. Instead, government meetings with NGOs entirely were hierarchical, with government agencies only relying upon the NGOs to deliver specific services, instead of revising the government's response based upon the specific inputs of NGOs.

Filling gaps in provision of needed services

Non-governmental organizations were situated uniquely within the affected communities to act as first-responders. Non-governmental organizations with long-standing ties to the affected communities provided immediate and essential services to affected populations. Some of the NGOs had strong technical capabilities and professional staff to rapidly engage in disease surveillance, curative services, vector control, training and health education, and water and sanitation services.

On the other hand, many other NGOs were non-health NGOs, and their personnel had little or no training in disaster response. Instead, they were community-based organizations that mobilized their staff and resources to fulfill immediate needs. While they may not have had technical expertise, they had the ability to identify the basic needs of affected populations and provided services that had important implications for the health of the affected populations. Some of the non-technical services provided by the NGOs included: (1) creating a clean environment; (2) transporting persons to the hospital; (3) providing water and food; (4) distributing clothes; (5) purifying water; (6) distributing sanitary napkins; (7) engaging children through recreation; (8) constructing shelters, functioning toilets, and bathrooms; and (9) identifying and preventing human rights violations with health consequences, particularly the exploitation of women and children to sexual violence, trafficking, or forced labor.

It is imperative that governments and INGOs recognize that NGOs can do more than merely complement the government and the vertical (technical) programs of the INGOs to prevent disease or treat medical injuries. Too often, NGOs noted that they were ignored because they did not have the specific technical capacity to provide medical services or engage in public health surveillance, even though the other services and their assessments of health needs equally were important in preventing poor health outcomes.

Capacity building

Certain NGOs already had a long-standing capability to deliver health services, control or eradicate infectious diseases, and/or conduct health surveillance. In fact, successful partnerships between the government and the NGOs in some affected areas allowed for NGOs to develop the capacity of government personnel to provide basic health

services in a resource-deficient environment. In other instances, links between the NGOs and the government allowed governments and INGOs to train NGOs and volunteers to deliver essential services.

Other NGOs were able to assess the needs and vulnerabilities of affected populations, but did not have the ability to deliver effective, efficient, or adequate responses (namely responses that satisfied minimum protocols and standards developed by governments and aid agencies), since they were non-health NGOs or were not ready to engage the affected communities. This reflects some of the inherent limitations of the NGOs. However, it also reflects the need for governments and INGOs to actively engage NGOs and train and prepare them for future disasters based upon their protocols, or to develop minimum standards and engage NGOs to follow these standards hereafter. This is possible only if governments and INGOs transfer resources, responsibilities, and knowledge to these groups to compensate for any deficiencies. One useful mechanism to build capacity and transfer needed resources is through an accreditation process, which worked well in some Tsunami-affected regions in India. An accreditation authority also simultaneously could develop an effective coordination mechanism through their interactions with NGOs.

Furthermore, certain INGOs were guilty of depleting the capacity of local NGOs by drawing out these employees with higher salaries and benefits. This delivered a serious blow to the capacity of the local NGOs, and made it difficult to deliver essential and coherent services in affected communities. Furthermore, NGOs often were difficult to work with because of high personnel turnover. This made coordination difficult, since established mechanisms between different actors had to be taught again or modified frequently.

Conclusions

Because aid agencies and governments tend to engage in disaster responses through a technical perspective, many of the actual needs of affected communities are ignored. While NGOs may not always deliver responses that are effective, efficient, or adequate, NGOs particularly are suited to ascertaining the appropriateness of a particular program in a given community, and the connectedness of a health response with other activities conducted in affected communities. Ultimately, responses should be based on what the community needs and requires for sustenance, survival, and development. If the NGOs are engaged equally and meaningfully, the health outcomes of affected communities will be improved drastically.

Recommendations

1. Develop a comprehensive framework to effectively link the Ministries of Health (MOH), other governmental agencies, NGOs, and INGOs. Emphasis should be placed on stimulating links between the NGOs and the MOH; INGOs should focus on building the capacity of NGOs and the government to work together effectively. Links developed and utilized prior to disasters will function more effectively during an actual disaster.
2. Make a concerted effort to develop an attitude and culture among staff in governments and INGOs to recognize the NGOs as partners in the decision-making and planning processes. Non-governmental organizations should be viewed as particularly important in enabling governments and aid agencies to match community needs with actual resources that can be devoted to the affected areas.
3. Spend resources on training NGOs to engage in disaster responses during non-disaster situations, and develop appropriate protocols that can be used to train all of the NGOs. One effective mechanism to train and ensure quality control among NGOs is to tie training and capacity building to a government accreditation scheme. An accreditation agency also could be used to develop a coordination mechanism among the NGOs and with the responsible government agency.
4. Make an active effort to include NGOs at all stages of developing national capacity to build effective disaster responses in the future, regardless of the size of the NGO. Countries should develop responses with a "bottom-up" approach that identifies community and NGO assets as the first response to an event, and as an important resource throughout a disaster response.
5. Discourage aid agencies from "stealing" personnel from local NGOs during a disaster response. Encourage or devote government and INGO personnel to work with NGOs throughout a disaster response to compensate for rapid turnover, and to develop better communication and coordination links between NGOs, government agencies, and INGOs. This could include creating a position in a governmental department or an aid agency to act as a full-time NGO liaison, trainer, and coordinator that trains NGOs, and then coordinates the responses by the NGOs during a disaster.
6. Discourage NGOs from competing for resources by allowing the NGOs to dictate the work they believe is most important, based upon their experiences and assessments.
7. Recognize that capacity building can work both ways. While most capacity building will require governments and INGOs to support and train NGOs, those NGOs that have delivered innovative, rapid, efficient, and adequate methods to provide health services should be upscaled when possible.
8. Ensure that NGOs have immediate access to humanitarian intervention funds for a timely and effective response. One mechanism could involve channeling donor funds directly to NGOs, perhaps as much as 25% of all funds.

Summary

Non-governmental organizations can play an exceptionally positive role and/or have a profoundly negative impact prior to, during, and following a disaster. Relationships between the NGOs, INGOs, and the governments can and should be improved. Such capacity building must go both ways.