Darfur 2004: a review of MSF-Holland’s responsiveness and strategic choices

January 2005
Preface

This is the 41st Evaluation managed by the Learning and Accountability Unit. The purpose of the evaluation is to examine the responsiveness of MSF-H to the Darfur emergency and the strategic choices made (ToR are attached in Annex 1). As with any evaluation, it also serves to provide an account of what happened for MSF’s institutional memory. The evaluation does not address the technical appropriateness and effectiveness of the response or its impact: these aspects are to be covered in a later evaluation (ToR yet to be clarified). Neither does it address MSF-H’s response for Darfur refugees in Chad. This can be regarded as the organisation’s first response to the Darfur crisis. However the Chad operation was excluded from the terms of the evaluation and is referred to only where it has particular significance for the response in Darfur.

The evaluation was initiated by the Director of the Operational Portfolio, Kenny Gluck. It was carried out in November-December 2004 by Frances Stevenson, of the Humanitarian Policy Group at the Overseas Development Institute. It was managed by Peter Giesen of the Learning and Accountability Unit, who collected and analysed data on various aspects of the MSF-H operation.

This report makes a number of recommendations which are meant to improve MSF Holland’s timely response to acute humanitarian crises. The MT’s decision which recommendations to adopt has been included in annex 8.

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1. Introduction

MSF’s response to the Darfur emergency is very highly regarded by other agencies involved in Darfur. The speed and scale of its action stand out particularly starkly in comparison with other players in the humanitarian ‘system’. Nevertheless, with this evaluation, MSF-H is asking itself whether its response was good enough, not in relation to the performance of other actors but rather in relation to the needs of the population. This shows that its priorities are right and its values intact. This is heartening, particularly in a context where the humanitarian ‘system’ in general seems to be losing sight of the purpose of humanitarianism. MSF’s Darfur response shows the crucial role MSF plays as a leading humanitarian actor.

Methodology: semi-structured interviews were conducted with key informants including MSF-H staff in Amsterdam, Khartoum and Darfur; others in MSF, primarily MSF-France and MSF-UK; and staff of other NGOs, UN agencies, governments and donors (list of interviewees attached in Annex 2). Documents from within MSF-H and from external sources were reviewed and quantitative data on the MSF-H operation was compiled from the relevant departments.

Acknowledgements

It was a pleasure and privilege to spend time with the MSF-H teams in South and West Darfur and see some of the magnificent work they are doing. Warmest thanks to those in Darfur and Khartoum who gave their hospitality and help - even though more visitors are not necessarily what you want in the field. Sincere thanks also to all those in Sudan and Europe who gave their time and openness for this evaluation and who were understanding and appreciative of what it is trying to achieve.
2. The context and the crisis

2.1 The context - setting the scene for conflict and crisis

Darfur is well-known to MSF-H. For many years the region has been marginalised by the central government in Khartoum, keeping it under-developed and the population - both Arab and non-Arab - vulnerable. The general situation of chronic poverty, under-development and vulnerability has occasionally tipped into crisis, prompting MSF-H interventions. In general, however, MSF-H has maintained a watching brief on Darfur as part of its North Sudan programme.

In addition to the underlying situation of marginalisation and vulnerability, a number of other factors were preparing the ground for conflict and humanitarian crisis in Darfur:

**Historical tensions between nomadic pastoralists and settled agriculturalists**

Following the drought in 1984-85, resources were diminishing and a succession of local conflicts erupted as competition intensified between the various groups. Administrative reform introduced in 1994 brought back the old Native Administration Council with the authority to distribute increasingly-scarce land in a region where there was no government capacity to provide services or enforce law and order. ‘This was a charter for local-level ethnic cleansing’ (Alex de Waal). MSF-H also found evidence pointing in this direction: in its Darfur explo in March 2001 following displacement in the El Geneina area, MSF-H found that while most IDPs said they were displaced by drought, a few said they had moved because of government sponsored violent attacks. A breakdown in the traditional mechanism for resolving the disputes coincided with a flood of automatic weapons into the area following the civil war in Chad. ‘By the 1990s, Darfur was short of water but awash with guns’ (Robert Collins).

**Exhaustion of coping mechanisms**

The people’s formidable survival skills were, according to Alex de Waal, what had averted mass starvation in the famine of 1984-85 rather than international aid. However livelihoods studies conducted by agencies such as SC-UK show that by 2003 the livestock and food reserves of many people in Darfur were severely depleted.

**The Naivasha peace process**

This process began in July 2002 when the government and SPLA signed the Machakos Protocol, a framework to facilitate a comprehensive peace agreement. The process promised an end to the ‘north-south’ conflict but opened a Pandora’s box of potential destabilisation in other regions that had suffered decades of neglect and abuse by Khartoum and which wanted a share of national power such as the SPLA was likely to get. The impending peace agreement also

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1 1984-86: feeding programme in North Darfur in response to the drought and famine.
   1986-90: PHC rehabilitation in North Darfur in response to the poorly functioning healthcare system.
   1999: meningitis vaccination campaign in West Darfur in response to an epidemic.
   2001: vaccination campaign during food insecurity

2 Assessments were conducted in 1994 (evaluation of the health units formerly supported in North Darfur), 2000 (assessment of needs and response options in West Darfur), and 2001 (food insecurity in North and West Darfur).

3 HoM Darfur. The finding was recorded by HAO Leslie Lefkow.

presented a threat to the security cabal in Khartoum, whose power and extra-budgetary security agencies depended on the continuation of conflict within the country.

*A government with a well-established record of (a) brutal counter-insurgency tactics targeting the civilian population and (b) obstructing humanitarian access*

In the south, Khartoum had for decades armed its Baqqara supporters and allowed them to rape, pillage, enslave and kill people in the South who supported the SPLA. They carried out what has been termed genocide against the Nuba and against the population of the oilfield areas of Upper Nile. They fomented and exploited tensions between different groups in the south, putting groups aligned with Khartoum in the front line against its opponents using robbery and starvation of the civilian population as tools of war - a tactic described by Alex de Waal in relation to Darfur as ‘counter-insurgency on the cheap’\(^5\). At the same time, tight control over visas, travel permits and importation of goods and admirable skill at ‘playing’ the international agencies make the government a significant constraining factor for the provision of humanitarian assistance.

### 2.2 The emergence of conflict and crisis

This section outlines the emergence of the conflict and crisis up to the point at which MSF-H decided the situation was serious enough to demand an expo.

The escalation in clashes and Khartoum’s involvement and military training of rebel groups have led some Sudan observers to think a political and military agenda was maturing in Darfur from 1999 onwards.\(^6\) By mid 2002, increasingly frequent military attacks suggested something more serious than ‘business as usual’ was happening in Darfur. In August 02, for example, a Sudan army camp at Tour near Kass in South Darfur was attacked by a group calling itself the Darfur Liberation Front. They distributed a manifesto that called on the Darfur Africans to fight against the government and claim their share of power and wealth. In September 02, the governor of Darfur convened a conference of Arab groups in Kass at which he allegedly instigated the Arab groups to fight against the Fur whom he accused of wanting to rule the region.

By October 02, observers such as Alex de Waal and Robert Collins were suggesting that ethnic cleansing was taking place in Darfur and population displacement that was not just the normal seasonal movements was taking place. By December, UN Security Updates were becoming dominated by violent incidents in Darfur. ECHO’s Technical Adviser in Khartoum alerted ECHO Brussels to the violence and his view it represented more than ad hoc banditry and that a pattern was emerging. He believes this was the point at which aid agencies should have become aware of the impending emergency in Darfur.\(^7\)

By the beginning of 2003, the DLF was training more intensively, consolidating its leadership and refining its political agenda. It changed its name to the Sudan Liberation Movement/Army (SLM/A) and announced the start of their armed rebellion. Another armed group inspired by Islamic principles, the Justice and Equality Movement (JEM), also emerged at this time. In February, a succession of attacks on government targets brought the emerging insurgency into the open. For most people, this seems to be the point when the conflict began in earnest. ‘For the first time, Darfur was witnessing a cohesive armed rebellion with a comprehensive agenda

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\(^6\) Domenico Polloni, ‘How did civil war break out in Darfur?’; OCHA, 2003
\(^7\) Interview with Ivo Freijsen, ECHO Khartoum
for the whole region.\(^8\) The deteriorating situation prompted Amnesty International to call for an independent Commission of Inquiry to address escalating the cycle of attacks, saying the situation, it said, threatened to escalate into all-out war.\(^9\)

In April 2003, refugees fleeing the violence in Darfur began arriving in Chad.

On 24th April 2003, the SLA attack on the government’s military base at El Fasher was a landmark event. It shocked Khartoum and raised the spectre of a serious armed rebellion and the likelihood of brutal counter-insurgency measures by Khartoum. From then on, anecdotal reports of violent attacks increased from various sources in Darfur. For example the small number of NGOs engaged in long-term development assistance in Darfur (Oxfam, SC-UK, MedAir, Goal, Sudanese Red Crescent supported by the Spanish Red Cross, the Leprosy Mission) presented rapid assessments reports and anecdotal information from their national staff of violence and displacement in Darfur at the NGO coordination meetings in Khartoum.

At the beginning of July 03, Amnesty International reported that attacks by nomadic groups on sedentary groups had killed and wounded hundreds of people, livestock, crops and homes had been looted and destroyed, water supplies had been destroyed and hundreds of people had been forced to flee. By August 03, anecdotal evidence and reports from NGOs such as Oxfam and Sudo, a small Sudanese human rights organisation, indicated that violence was systematic and there was large-scale population displacement.

In September 03, the UNSG Special Envoy for Humanitarian Affairs and UN Resident and Humanitarian Coordinator for Sudan launched the Darfur Special Initiative. A joint humanitarian assessment mission visited Darfur on 13-20 September with the participation of UNICEF, WFP, OCHA, Oxfam, state government officials and local NGOs. At the end of September, the UN released the first consolidated estimates of numbers of newly displaced in Darfur: ‘The recent conflict in the Greater Darfur Region (since August 2002) is estimated to have created approximately 250,000 IDPs as well as 70,000 refugees who have left for Chad.’\(^{10}\) About 110,000 of the people displaced by the new conflict were in North Darfur, 74,000 in West Darfur and 70,000 in South Darfur.

2.3 Nature of the humanitarian crisis

The conflict precipitated an emergency with a classic combination of protection and assistance needs in a population spread across an area that is vast (variously equated in area to France, Kenya, Iraq and Texas) and remote (over 1,000 km from the capital). There was little reliable information on the severity of the humanitarian crisis in its early stages. UN estimates of the number of people killed rose from 3,000 in January to 10,000 in April to 50,000 in July 04. Retrospective mortality surveys conducted by Epicentre indicate CMRs of between three and ten times the normal rate.

The crisis has been characterised by many as primarily a crisis of protection. Attacks on villages by militia on the ground and government planes from the air have been the direct cause of massive loss of life and large-scale population displacement. To date 1.6 million are estimated to have been displaced and 200,000 have fled to Chad. Satellite images have confirmed widespread village destruction. Violence has been the overwhelming cause of death: Epicentre’s surveys show very high mortality rates amongst IDPs in four sites they surveyed in West Darfur.

\(^8\) Sara Pantuliano, ‘Strategic priorities and key challenges to address conflict and its consequences in Darfur’, report for DFID, 2004.
\(^{10}\) Office of UN Resident and Humanitarian Coordinator for Sudan, ‘IDPs in Greater Darfur Region’, 28 September 2003.
(between 5.9 and 9.5 per 10,000 per day) and that violence was the primary cause (between 68 and 93% of deaths). MSF-H’s epidemiological surveys in West Darfur also indicate the majority of deaths (of >5s) were from war-related causes. Violence has also persisted even after displacement. IDPs living in camps are subjected to continuing shootings, rapes and beatings and Epicentre surveys found violence ascribed to Janjaweed militia around the camps accounted for between 6.7% and 21.4% of deaths in the camps.\footnote{Evelyn Depoortere et al, ‘Violence and mortality in West Darfur, Sudan (2003-04): epidemiological evidence from four surveys’, The Lancet (online), 1 October 2004.}

In addition to being a protection crisis, it is also a public health crisis. Although mortality rates fell after people had fled the violence, they were nevertheless unacceptably high in the camps. ‘I estimate that up to 70,000 of the displaced people in Darfur have died as a direct result of the conditions in which they are living since March 1st 2004. Most are due to diarrhoeal diseases exacerbated by malnutrition.\footnote{Dr David Nabarro, Representative of the DG, WHO, ‘Mortality projections for Darfur’, 7 October 2004.} Until summer 04, there were irregular or no food distributions and little or no access to healthcare, clean water or adequate shelter\footnote{Charts 11A, 12A, 13A and 15A in UN Darfur Humanitarian Profile No.7 at www.humanitarianinfo.org/darfur/infocentre/HumanitarianProfile/index.asp}. Even now, there are major needs in all sectors - 43% of the conflict affected population have no access to food aid, 57% have no access to clean water, 39% have no shelter assistance, 40% have no access to PHC facilities and 48% no access to secondary healthcare.\footnote{UN Darfur Humanitarian Profile No.8, November 2004} Overall malnutrition rates remain high (22% global acute and 4% severe were reported in WFP’s recent baseline survey) and mortality is still above the emergency threshold at 1.5/10,000/day in North Darfur and 2.9 in West Darfur, according to recent WHO mortality surveys.

**System failure**

The distinguishing feature of the Darfur crisis has been the lateness and inadequacy of the humanitarian response. It has been so serious that it amounted to ‘systemic failure’\footnote{Mark Bowden, Head of Policy, OCHA: comment at ODI public meeting, 15 December 04.}. Most of the NGOs that were already operational in Darfur failed to capitalise on their presence and it was only after GoS access restrictions were lifted on 24 May 04 that most NGOs started to intervene. From a total of 37 expats in Darfur in March 04, there are now about 700\footnote{Mike McDonagh, OCHA Khartoum}. Yet, even now, though the number of NGOs present is large, the number that is operational is shockingly small. For example, of 56 international agencies are registered with OCHA in Nyala, about 70% are doing nothing or are working very small scale, according to OCHA. Apart from MSF, ten other NGOs are now working in health and nutrition in South Darfur but are ‘contributing in minimal terms’\footnote{OCHA rep Nyal}. The UK government has given Darfur high-level attention and significant funding and DFID is astonished and frustrated at the lack of responsiveness of most of the British NGOs. Similarly, it took the visit of USAID DCHA Assistant Administrator, Roger Winter, in April/May 04 to drive most of the US NGOs to start taking an interest in Darfur.

There are various reasons for the failures in the international response. Some are specific to the Darfur context, others are more symptomatic of the state of the international humanitarian system. The Darfur crisis came at inconvenient time for the political actors and most aid actors, making them reluctant to recognise the crisis and to respond to it. When the crisis emerged, agencies in Sudan were like rabbits caught in the headlights, with their attention focused almost exclusively on the Naivasha process and preparations for post-peace rehabilitation and development. Internationally, attention was focused on Iraq.

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\footnote{Dr David Nabarro, Representative of the DG, WHO, ‘Mortality projections for Darfur’, 7 October 2004.}
\footnote{Charts 11A, 12A, 13A and 15A in UN Darfur Humanitarian Profile No.7 at www.humanitarianinfo.org/darfur/infocentre/HumanitarianProfile/index.asp}
\footnote{UN Darfur Humanitarian Profile No.8, November 2004}
\footnote{Mark Bowden, Head of Policy, OCHA: comment at ODI public meeting, 15 December 04.}
\footnote{Mike McDonagh, OCHA Khartoum}
\footnote{OCHA rep Nyal}
The prevailing mindset amongst the agencies in Sudan was developmental not humanitarian. Development methods prioritised consultation, participation and sustainability over rapid response to essential needs. Agencies had national rather than international field staff, emphasised capacity building and working through government counterparts, and there was an instinct not to upset working relations with the government.

There was a lack of leadership from the UN. North Sudan was not a priority mission for the UN and it had a generally poor quality staff (‘the UN uses Khartoum as a dumping ground for dead wood they can’t place elsewhere’ according to one NGO HoM). There has also been a high turnover of UN Humanitarian Coordinators (five in last 6 months).

Agencies were severely hindered by GoS procedures and restrictions. Those not already present in Sudan were especially affected, being subject to lengthy registration processes while lacking experience of working in the Sudanese bureaucratic context. Those who had been in Sudan for years tended to be paralysed by fatalism in the restrictive official environment.

The security situation has deterred agencies from responding. Most organisations lack the capacity and experience to manage their own security and rely on the UN. Post Baghdad, the UN is hamstrung by security concerns. In Darfur, UNSECOORD has failed to challenge government security bans (‘We’ve limited our own access as much as the GoS has’). UNSECOORD is also slow to assess areas, leaving many areas regarded as unsafe by default. (A former DFID/ OCHA field rep in El Geneina estimated that 95% of routes assessed by UNSECOORD in West Darfur in March-June 04 were declared open once they were assessed.) Insecurity and strict security policies have also been used as an excuse for inaction.

Last but not least, operational capacity for humanitarian response is in decline. There has been a shift in focus in the activity of ‘humanitarian’ agencies from delivery to human rights and protection advocacy and this is detracting from operational capacity. ‘They want to talk to the Security Council rather than dig latrines’ Advisers and consultants have taken the place of ‘foot soldiers’ leaving organisations short of operational human resources, and logistics capacity is inadequate for logistically challenging places like Darfur. Many agencies also lack the financial independence to be able to initiate an emergency response before institutional funding becomes available. Lack of funding has also been used as an excuse for agencies that for other reasons were unwilling or unable to respond.

3. The MSF-H response

MSF’s response in Darfur is very highly regarded by all the external actors consulted during the evaluation. There can be no doubt that the speed and scale of its response was of a different order to the rest of the international humanitarian ‘system’. Two comments by experienced, well-informed aid officials are typical:

*MSF is one of the few actors to have delivered in the Darfur crisis.*

*If it wasn’t for the MSFs, we’d have had it. That includes all of us. They did the business.*

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18 OCHA rep Nyala
19 Oxfam Humanitarian Adviser
20 Ivo Freijsen, ECHO Khartoum
21 Mike McDonagh, OCHA Khartoum
In Darfur MSF-H has proved that it is one of the very few organisations capable today of providing an operational response of the speed and scale required in a major humanitarian emergency. As one aid official observed:

*Without MSF-Holland here, we’d have had a massive health and nutrition crisis. They carried the load for the humanitarian community, and they still do.*

MSF-H is providing a substantial part of the humanitarian response in South Darfur and the southern half of West Darfur. At the time of the evaluation it had 73 expat staff (about 10% of all the expats aid workers in Darfur) and about 1,200 national staff in Darfur. It is one of the largest emergency responses that MSF-H has ever mounted.

### 3.1 Milestones

The following milestones mark out MSF-H’s response in Darfur:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>April 03</td>
<td>4M discussion about preparing for emergency response in North Sudan</td>
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<tr>
<td>July 03</td>
<td>Need for Darfur explo identified</td>
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<tr>
<td>Aug 03</td>
<td>8M meeting recognised necessity of going to Darfur</td>
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<tr>
<td>Sept 03</td>
<td>Explo in Chad (Darfur refugees)</td>
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<tr>
<td>Oct 03</td>
<td>Start of operations in Chad</td>
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<tr>
<td>Nov 03</td>
<td>Explo in West Darfur</td>
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<tr>
<td>March 04</td>
<td>Start of operations in 5 locations in West Darfur</td>
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<tr>
<td>April 04</td>
<td>First advocacy briefing paper released</td>
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<tr>
<td>May 04</td>
<td>Start of operations in Kalma</td>
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<tr>
<td>June 04</td>
<td>Start of operations in Kass</td>
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<tr>
<td>July 04</td>
<td>Start of operations in Muhajiria and Shariya</td>
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<tr>
<td>Sept 04</td>
<td>Start of operations in Labado</td>
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<tr>
<td>Oct 04</td>
<td>Second advocacy briefing paper released</td>
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<tr>
<td>Nov 04</td>
<td>Start of operations in Nyala town</td>
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Taking into consideration the chronology of the emergence the crisis outlined in chapter 2.2 above, the following milestones stand out:

The first discussion of the possible need to intervene in areas that may be destabilised as a result of the Naivasha process took place at the 4M meeting of the CMT and OD in April 03. It was decided that any scenario was likely to lead to chaos but that the MSF-H mission was not ready or able to respond. It was agreed that a visit to Darfur was necessary but was deferred until the mission had more time and capacity. This discussion took place ten months after the start of the Naivasha process (July 02), eight months after the start of unusual conflict activity in Darfur (August 02), and two months after the point when the Darfur conflict is generally held to have started in earnest (Feb 03).

In July 03, the HoM and HAO requested a meeting of the Sudan desks for North and South Sudan of all MSF sections to discuss the implications of the Naivasha process for MSF. Eastern Equatoria, Upper Nile and Darfur were identified as likely flash points. The HoM and HAO suggested an explo to Darfur; MSF-France suggested it could be done jointly with them. This proposal for a Darfur explo was put forward three months after the discussion at the 4M meeting.

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22 David Del Conte, OCHA Nyala
A request for permits to conduct an explo in Darfur were submitted to HAC in mid September and permission was granted at the end of October. Expats were requested from ESD for the explo because the CMT felt overwhelmed with their three existing projects. The ESD identified two expats but, for unavoidable reasons, one was unable to go to Sudan until the end of November. The explo was delayed by lack of expats by about three weeks and was eventually conducted by the HoM and one ESD member with three national staff on 8-19 November, four months after the explo was first proposed.

Following the explo, a ‘basic report’ (de facto proposal) was submitted to HAC and approved on 3 December. This was a remarkably fast response by normal Sudan standards. It enabled a ‘technical agreement’ to be made with the state authorities, HAC and line ministries, and the visa, travel permit and cargo applications to begin. The internal concept proposal provided for a six-person expat team for an intervention in West Darfur, including one support person in Nyala. By the end of December, two team members, both from the E-team, were available and a 25 MT air charter had been sent from Holland to Nyala. However, the two expats were present only for two weeks before their travel permits expired. New expats began arriving in Khartoum but the government refused all travel permits for Darfur until 16 February. At the end of February, a four-expats team went to Darfur to begin operations. Four months after the explo, operations began in West Darfur in March 04.

Following the start of operations in five sites in the southern half of West Darfur ‘South Darfur became an issue in March’.23 A basic report was made in March and a technical agreement in April. Expats began arriving for South Darfur from the end of April. In May 04 operations began in Kalma, South Darfur, two months after starting in West Darfur.

Following intense lobbying by MSF and other agencies and diplomatic pressure on GoS, an emergency ruling on 24 May lifted the main access restrictions on Darfur. Between June and September, MSF-H operations in South Darfur were extended to Kass and the Shariya area.

The explanations for the delays in response lie both externally with the operating environment and internally with the organisational culture, management and operational capacity of MSF-H. They occurred in all the stages of response: scanning, preparedness, explo and operations.

3.2 Scanning

The responsibility for scanning for potential emergencies lies with the CMT and OD for countries with an existing presence like North Sudan. The ESD also has the power to initiate explors in consultation with the OD and field team and therefore also needs to monitor potential trouble spots.24 There are no formal mechanisms or documented processes for identifying and monitoring potential crises and emergencies.

Effective monitoring of a potential trouble spot depends on information being available from the ground. Very few agencies were operational in Darfur before the current emergency. There was some UN agency engagement (UNICEF, WFP, WHO), a small number of international NGOs (Oxfam, SC-UK, MedAir, Goal, the Leprosy Mission) and local NGOs such as the Sudanese Red Crescent and Suda. These agencies were providing long-term development assistance or small-scale support to an old caseload of IDPs from Bahr el Ghazal. All except MedAir were present with national staff only. Consolidated data, though still not comprehensive, became

23 Interview with the HoM of the time.
24 ‘ESD Responsibilities and Relations with ODs’, 26 June 2001 (internal MSF-H document, author not specified)
available only when the UN began its Darfur Weekly Reports in September 03. The quantity and quality of information on the deteriorating situation in Darfur was therefore not ideal and alarm bells were not rung loudly.

The UN was late in sounding the alarm on Darfur. Its political and humanitarian functions were, as usual, merged at the top in Sudan in the UN Resident Representative and Humanitarian Coordinator. Attention was firmly on the Naivasha peace process and the UN therefore took a cautious line on Darfur. Eventually, from December 03 it began acknowledging there was a crisis in Darfur in high-level statements from Jan Egland, Kofi Annan etc, and in March 04 the departing ResRep/Humanitarian Coordinator, Mukesh Kapila, declared Darfur to be the world’s worst humanitarian disaster.

Another of the usual information sources and triggers for action, the media, was also slow to recognise and cover the atrocities in Darfur. Access difficulties meant that until late in the crisis, coverage focused on the refugees in Chad. The first TV coverage from Darfur itself was in February 04 when a report by independent British filmmaker Philip Cox showing deserted burned-out villages was broadcast in the UK. However there was very little further media coverage until June 04, when high-level political interest (eg the visits of Kofi Annan and Colin Powell) pushed the story onto the international agenda. There was much editorial soul-searching in April 04 over the failures to cover the Rwandan genocide ten years earlier, but few regarded the story of mass killing in Darfur as worth more than a brief mention. As Human Rights Watch observed: ‘the international media don’t seem to send reporters to cover genocides. They cover genocide anniversaries.’

Nevertheless, the Darfur situation was not completely hidden. From summer 02 on, the UN and donor governments such as the US were providing regular security reports on violent incidents. Organisations on the ground in Darfur were also providing reports on ad hoc rapid assessments and anecdotal information from their national staff on the violence and displacement that was taking place. This information was shared at the regular UN/NGO coordination meetings in Khartoum. Through these meetings, and through informal contacts with the Khartoum staff of organisations present in Darfur, the North Sudan HoM from January 03 was well informed about developments in Darfur.

The same cannot be said of staff at HQ level, where it is felt that although the situation was being monitored in Khartoum, the information was not conveyed to Amsterdam. Sitreps from North Sudan included information on the deteriorating situation in Darfur. Whether the information was not communicated to Amsterdam ‘loudly’ enough from the field, or whether its significance was simply not picked up on by HQ staff, it is clear there was a lack of awareness at HQ level of the nature and scale of the situation in Darfur and its slide towards being a major emergency. This is surprising, given the amount of tinder there was for a crisis to ignite (2.1 above) and the information and analysis from expert Sudan watchers that was available to anyone monitoring specialist sources (2.2 above).

The ability to recognise the trends and patterns that were developing in Darfur, and to distinguish between what was normal and abnormal for Darfur requires not only information from the ground but also sustained attention and a relatively long view. A change in HoM in January 03 meant a break in continuity of monitoring at Khartoum level while at HQ level there was a rapid turnover of ODs for Sudan. There was more potential continuity of attention in the ESD which had a change of head in August 03 but the new head came from within ESD; and

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25 Steve Crawshaw, ‘Genocide, what genocide?’ Financial Times, 21 August 04
26 Interview with DOP
27 Until June 03: Jose Antonio Bastos; June - Aug 03: Ton Koene; Aug 03 – Feb 04: Wouter Kok; Feb – May/Sept? 04: Pete Buth; from May/Sept? 04: under ESD management.
the ESD member who later took over responsibility for Darfur from the OD joined the ESD in August 03.

MSF-H’s scanning depended primarily on information from NGOs and other actors on the ground and the media. This is perhaps surprising given that MSF regards part of its role to be a watchdog and alarm-raiser on humanitarian crises. The scanning function worked well at country level but it did not translate effectively to HQ level where lack of high profile political, aid and media attention and a lack of careful reading of sitreps from the field meant the HQ was slow to recognise the significance of the situation. Scanning lacked long-term continuity and depth and there was more reliance on an informal, intuitive approach than on thorough research capacity. It is therefore recommended that MSF-H enhance it capacity and processes at HQ level to conduct more consistent in-depth scanning through research of specialist sources and careful examination of information from its field teams.

3.3 Preparedness

Preparations began in MSF-H in April 03 for a possible emergency response in areas such as Darfur that were likely to rebel because of the Naivasha peace process. At the 4M meeting, the CMT, OD and head of ESD concluded that that any scenario resulting from the north-south peace process was likely to lead to chaos. It was clear, however, that the MSF-H mission in North Sudan (characterised by the HoM as ‘a sleepy old mission’) was too occupied with its regular projects to be ready or able to respond rapidly to a significant change in the overall context. The decision was therefore made in April 03 to free up capacity and increase flexibility in the North Sudan mission by closing the project in Wau and contracting the project in Gedaref; expanding activities into the Sobat corridor as a likely focus of trouble; introducing strategies to increase flexibility (reduce drug supply line, new national staff policy, increase unearmarked funding); and reorienting the general approach (return to basics - health care and nutrition, move away from a technical assistance focus back to classic humanitarian action). This reorienting of the mission brought about an improvement in capacity and approach of the mission over the next three or four months but HRM shortages and field team problems continued to make the mission cumbersome and labour intensive for the CMT. This in turn limited the capacity of the mission to be responsive to new emergencies.

It is recommended that the capacity for emergency response be maintained in MSF-H’s country programmes through a combination of resources in-country, ESD support and expat training that recognises emergency response is at the heart of MSF’s mandate.

Recent MSF-H assessments in Darfur had not recommended intervention and the option of establishing a strategic presence in was not pursued. NGOs that were already present in Darfur enjoyed some advantages for their response to the current crisis, but some found their existing operational presence in fact mitigated against an effective emergency response. Goal believes its precious presence in North Darfur since 1998 speeded up its efforts to start an emergency response: the organisation already had permission to work in Darfur so expat staff only needed to obtain travel permits; it also had national staff on the ground and the organisation was known and trusted by the local population. But with these advantages, Goal’s intervention was only marginally faster than MSF-H’s: they conducted an assessment in November 03 and started their emergency response (PHC, nutrition and NFIs) in Kutum, North Darfur at beginning of February 04. Medair, however, found more significant advantages to being already present in Darfur. They had four expats in El Geneina who, because they had agreements to work there, could travel between Khartoum and El Geneina quite easily and, although they often could not move outside El Geneina, they were able to take advantage of short windows when they could

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28 Rutger Verkerk
travel outside. They were therefore able to continue operations in December, January and February, when other agencies were unable to get access. However, while Medair and Goal used their existing foothold to facilitate an emergency response, Oxfam and SC-UK did not and both failed to gear up an operational response until summer 04. SC-UK think their existing presence in Darfur was in fact a disadvantage because an emergency response required a fresh non-developmental view, uninfluenced by previous developmental concerns.29

Unlike many NGOs, MSF has the resources to ‘take a punt’ and put a team on the ground in potential trouble spots in case of a need for an emergency response. It is therefore recommended that MSF give serious consideration to establishing strategic presence in situations like Darfur that it has recognised to be at high risk of instability, and that it uses its overall resource advantages to make the necessary human and financial resources available for such operations. A variation on the option of establishing a strategic presence is to actively support to other agencies that have an operational presence in order to have greater access to information on the situation on the ground. As part of its 2001 explo in Darfur, MSF-H facilitated Medair’s entry into Darfur in order to have someone on the ground to alert for crisis.30 It is not clear whether this arrangement proved successful but it is recommended that such an option might be considered in other trouble spots.

Other efforts to prepare the mission for emergency response were hampered by government restrictions that restrict the importation of vehicles and other equipment and supplies to those specified in the basic reports and technical agreements of agreed projects. It is unclear how far it would have been possible to write spare equipment and supplies into the regular projects in order to build up stock to be prepared for an emergency response. It is clear, however, that this did not happen and, as a result, the expansion of the response to South Darfur was seriously hampered by a shortage of vehicles, equipment and supplies. It is therefore recommended that existing country programmes acquire and maintain an emergency preparedness stock sufficient to sustain an emergency response for the period of time it takes to import such stocks.

3.4 Assessment/explo

The decision to conduct an explo in Darfur was made at the 8M meeting at the end of August 03. In Khartoum the majority of the CMT felt unable to take on the additional work and so decided to request E-team staff to conduct the Darfur explo. This meant visas as well as travel permits were needed and applications were submitted to HAC on 15 September. The time needed to obtain visas and permits at that time was normal for Sudan: visas took 4-5 weeks; travel permits usually took 10-14 days.

While the applications were processed, preparations for the explo were made: an explo budget of 25,000 euro was created; national staff collected relevant information on health and nutrition status, security incidents etc; ToR for the explo were written the HoM and ESD; pressure was applied on GoS via the British Ambassador to give permission for the explo; two E-Team members were identified for the explo team; and an expat stand-by list for the start-up of operations was drawn up in Amsterdam.

Permission for the explo was received at the end of October, six weeks after the applications were made. After the arrival of one of the E-Team members was unavoidably delayed, the explo was conducted on 8-19 November by the other E-Team member and the HoM with five national staff. An explo report was written in the form of two sitreps dated 13 and 22 November proposing a basic health care and nutrition intervention in West Darfur.

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29 Kate Halff, SC-UK
30 Pete Buth
At the time when MSF-H was preparing and conducting its explo, there was a flurry of assessment activity in Darfur, including:
- 13-20 Sept: interagency assessment of Kebkabiya, Korma and Tawilla, North Darfur
- 29 Sept-15 Oct: SC-UK led assessment of Tina, Kornoi, Umm Baru, North Darfur
- 1-6 Oct: assessment of Mukjar area, West Darfur by Medair with HAC and MoH
- 1-3 Nov: interagency assessment of Ta’asha area, South Darfur.

MSF-France’s first assessment visit was made by the HoM at the end of October in North and South Darfur (El Fasher, Kutum, Nyala). A second was conducted by their MedCo in November in South and West Darfur (Nyala, Kass, Menawashi, Zalingei).

Reports on the various agency assessments were made available to organisations in Khartoum. The data was not thoroughly researched or comprehensive but there was enough from various sources for it to be clear that attacks on villages were causing many deaths and mass displacement within Darfur (300,000 in North Darfur, 128,000 in South Darfur, 75,000 in West Darfur) as well as over the border into Chad, that there was serious humanitarian need and that very little assistance was being provided. One UN report in October suggested: ‘MSF-Holland and MSF-France may wish to quickly get operational in greater Darfur to provide urgently needed operational capacity and supplies, particularly to the priority areas covered in this document.’

There was a ten-week gap between MSF-H’s decision to do an explo and the explo taking place. With this in mind, alternative strategies for obtaining enough information to decide whether intervention was necessary may have been more efficient:

**Desk explo**

One or more people focused on gathering all available information on a situation from a wide range of sources could have generated a more comprehensive picture of the situation for MSF-H at field and HQ to consider. As indicated above, quite a lot of information was available before MSF-H did its explo. There are dangers in extrapolating from patchy information more information is always useful. A specific MSF perspective is also important. However, the existing information from external sources could reasonably have led MSF-H to conclude that intervention was necessary and that the explo stage could be skipped or merged into the start-up of operations, as MSF-F did with their ‘explo-action’ approach. As a UK government official commented, ‘You don’t need all the pieces to know what the picture looks like’.

It is therefore recommended that MSF-H take a more flexible approach to assessing situations for intervention. When restricted access and/or limited resources make it difficult to conduct an explo, it should be prepared to act in a state of ‘optimal ignorance’. When evidence from other sources clearly indicates a crisis situation, it should be prepared to conduct MSF-F style ‘explo-actions’, where the explo phase is merged into the start-up of operations.

**Immediately available human resources**

Country teams do not normally run with spare capacity available in case of emergency, and the North Sudan mission seems to have been particularly hampered by field team problems. The CMT decision to request expats from Amsterdam to do the explo is understandable for that reason. However it was not the quickest way to proceed, given that it took only 10-14 days to obtain travel permits for expats already in-country but up to five weeks for visas for those

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31 UN Operational Strategy for Greater Darfur, 16-31 October 2003
32 UN Operational Strategy for Greater Darfur, 16-31 October 2003
33 Matt Baugh, DFID/British Embassy, Khartoum
coming from outside. A more practical approach in which in-country expats conducted the explo would have been more appropriate. This was the approach taken by MSF-France.

It is recommended that it is recognised in job descriptions and training that the responsibilities of country teams includes conducting explos in potential emergency situations in their country, and that project teams are adequately staffed so that CMTs have the capacity to conduct explos when necessary.

Another quicker way to put an explo team into Darfur would have been to send national staff as they do not need even travel permits. The earliest assessments on Darfur that were available to international agencies were almost all done by national staff of NGOs and UN. This approach was considered by MSF-H but rejected because of implications for their government Internal Security Service dossiers. National staff were included in the explo team as liaison officer, log and driver but the explos were led by expats. The neutrality – actual or perceived – of national staff is an important consideration, as is their security. However, a strategy of recruiting and training national staff so that capable, experienced, high-profile nationals can conduct explos would enhance MSF’s flexibility and responsiveness in North Sudan. A similar recommendation was made in a review of MSF-H’s response in Bahr el Ghazal in 1998. It should be noted that extensive use has been made of national staff from Khartoum (‘inpats’), in particular medical staff, in the Darfur operation.

3.5 Achieving operational presence

An internal explo report was written in the form of two sitreps dated 13 and 22 November 03, proposing intervention in West Darfur to provide basic health services, nutrition monitoring, logistics support to MoH health facilities and lobbying for assistance. At the same time, a ‘basic report’ (proposal) was submitted to GoS for the Darfur intervention. It received government approval on 3 December, a remarkably quick approval time by North Sudan standards. When the explo team left Darfur, they left a fax machine with local liaison contacts in Nyala and El Geneina to facilitate documentation requirements. This enabled progress where many other organisations stalled and proved successful in facilitating the bureaucratic processes for MSF-H (also for MSF-F as MSF-H’s liaison office extended its help to MSF-F who lacked such local contacts).

The rapid approval of the basic report enabled a ‘technical agreement’ to be negotiated with the state authorities, line ministries and HAC, and visa, travel permit and cargo application processes to begin. The proposal provided for a six-person expat team for West Darfur, including a support person in Nyala. By the end of December, two E-team expats were available and went to Nyala. Others from the HQ staff and HRM expat lists who had been on the stand-by list drawn up in October and for whom the necessary visas and permits had been obtained, did not materialise. Some were rejected as unsuitable by the HoM e.g. for lack of experience and ESD did not insist because demands elsewhere as well. Some of those on the standby list withdrew because of security concerns, others were no longer available when the time came.

By the end of December, the necessary government agreements had been approved, approval for an air cargo to Nyala had been obtained, local contacts were in place in Darfur, but only two expats were available. They went to Nyala at the end of December to start operations but the team lacked the critical mass to maintain the presence for more than two weeks. A security incident on the road when they were trying to get to Garsila from Nyala forced them to return to Nyala and, on 16 January, their travel permits expired which meant they could not move outside

34 Interview with HoM of the time.
Nyala. They decided to return to Khartoum, leaving national staff stayed to provide a continuing base and to monitor. Meanwhile, other expat staff became available – two from the Wau team and others from Amsterdam – but by then the government was refusing all travel permits for Darfur and did not start granting them again until the middle of February.

By the end of February, a team of four expats went to Darfur and in March, four months after the explo, operations began in West Darfur. The team was experienced and capable and within days had established a base in Garsila and set up in five locations identified as being most in need - Mukjar, Bindisi, Um Kher, Deleig and Garsila itself.

Attention then turned to South Darfur where increasing numbers of IDPs were gathering and no agencies were operational. A new basic report was submitted and approved in March and a technical agreement signed in April for South Darfur. Expats started arriving for South Darfur at the end of April and operations began in Kalma camp in May. Over the next four months, they extended to four other locations - Kass, Muhajiria, Shariya and Labado.

The official bureaucratic requirements and restrictions applied by GoS to aid activity are formidable and not be underestimated. They proved to be a major stumbling block for the majority of NGOs, including those with long operational experience in North Sudan. However MSF-H Khartoum handled them swiftly and deftly, deploying a skilful national staff Liaison Officer, Hassan Amin, working the network of contacts in relevant ministries (HAC, MoH, Ministry of Finance, security and military intelligence) and being very persistent. It is also likely that, with the Naivasha process ongoing, the GoS wanted to keep diplomatic relations smooth by being seen to be cooperative in other matters such as access to Darfur. The result was that MSF-H had a small initial team on the ground in Nyala within six weeks of the completion of the explo. (By comparison, the process took 14 months for the projects in Wau and Malakal.)

It is recommended that measures are put in place to ensure that MSF-H’s knowledge and skill in negotiating agreements with GoS is maintained in institutional memory and in the skills and capacities of the team in Khartoum.

Having obtained permission to do explos in Darfur at about the same time, MSF-H and MSF-F employed different strategies to achieving an operational presence. MSF-H followed a structured and somewhat inflexible process of stages whereby an explo was conducted, then a report and proposal were written, then a team went to the field to start operations in West Darfur, then later operations were started in South Darfur. MSF-F meanwhile began by recognising that the information already available on the situation in Darfur demonstrated the need to intervene and so they did an ‘explo-action’, in which the explo stage was merged into the start-up of operations. They took a flexible and opportunistic approach to identifying locations for intervention, enabling them to follow the route of the violence and mass displacement and open operations in places where there was an opportunity and a high level of need. As recommended above, MSF-H should be flexible in its strategy for establishing operational presence and be prepared to conduct MSF-F style explo-actions when necessary.

In addition to its rather rigid approach, the MSF-H response was hampered at each stage by lack of human resources. MSF-H identified the need for seven expats for the initial intervention and a standby list was drawn up in October and visa/permit procedures were started. But by December only two expats were available and this proved too small to maintain the presence for more than two weeks. By contrast, MSF-F foresaw the need for a start-up team of nine expats, a standby list was drawn up in October, visa/permit procedures started, and by December they had a team of eight expats for Darfur.
It is therefore recommended that, with MT support, HRM Department (continues to) develop policy and processes to ensure that a viable size team can be put on the ground at the start of emergency response interventions.

MSF-F’s initial Darfur team included senior staff with substantial experience of starting up emergency operations: former E Desk manager, Jean-Clement Cabrol and three Emergency Coordinators (i.e. E-team members) from their emergency pool and medical staff from the regular North Sudan projects. Particular emphasis was put on ensuring that the coordination team and field coordinators were experienced. They stayed in Darfur for long enough to support the start-up of operations (Jean-Clement Cabrol stayed a month; the other emergency pool members stayed 3 months).

It is recommended that the MT works with the ESD and support departments to establish policy and systems that ensure that each department has staff with emergency response experience who are available for field missions to start-up emergency responses. (This is discussed in more detail in chapter 4 below.)

Thus MSF-F was able to slip under the door as it was closing on Darfur and started operations three months before MSF-H became properly operational. In the two and a half month period between MSF-H’s false start at the end of December and the actual start of operations in March, operating conditions in Darfur were very challenging, particularly so in the period in January/February when travel permits were unavailable. However MSF-F demonstrated that it was still possible to achieve a significant amount for a population in great need that was receiving almost no assistance. In December, they began operations in Nyala and Zalingei. In January, they did expels in Mornei, Nyerititi, Garsila and Deleig, and advocacy on the closure of Intifada camp. In February, they started operations in Mornei, did expels in Garsila, Mukjar, Bindisi, Kernick and Sisi, and measles vaccination and MUAC screening in Deleig. (For a more detailed picture of what it was possible to do, see list of MSF-F activities in Mornei in February 2004 in Annex 3.)

3.6 Location and coverage

MSF-H is working in six locations in the southern half of West Darfur (Garsila, Mukjar, Bindisi, Um Kher, Deleig and Um Dukhum) and six locations in South Darfur (Kalma, Kass, Shariya, Muhajariya, Labado and Nyala town).

MSF vs. the emergency

In terms of population, South Darfur is by far the biggest state at about 3 million, while North and West Darfur each have about 1.6 million. However, the conflict and violence has not affected the entire region simultaneously or uniformly. Very roughly speaking, from its beginnings in North Darfur, it swept in a crescent westwards (affecting Zalingei, Deleig, Garsila and Mukjar in Dec 03/Jan 04, southwards (affecting South Darfur in March 04) and eastwards (affecting the areas of Muhajariya by the end of June). When assessment activity started to gain momentum in October/November 03, the UN identified North Darfur to be by far the worst affected, with 365,000 IDPs. In West Darfur there were an estimated 180,000 and in South Darfur, 63,000 IDPs plus many others seriously affected by the conflict. Over the next year, however, as conflict and violence swept through the region, IDP numbers increased dramatically and their distribution changed. By November 04, there were an estimated 653,000 IDPs in West Darfur, 529,000 in South Dafur and 418,000 in North Darfur. WHO’s recent

36 UN Darfur Humanitarian Needs Profile, 29 November 2003
37 UN Darfur Humanitarian Needs Profile no.7, November 2004
mortality surveys indicate mortality of 2.9/10,000/day in West Darfur, compared to 1.5 in North Darfur.

In terms of aid response capacity, North Darfur, the driest and poorest region of Greater Darfur, was the main focus of the few agencies with a long-term presence (eg SC-UK, Oxfam, Goal). There was some presence in West Darfur (eg MedAir) and some aid activity in South Darfur supporting IDPs from Bahr el Ghazal (eg WFP food distributions). MSF’s location strategy was to focus on West and South Darfur rather than North Darfur because of the presence of major aid agencies in North Darfur and an assumption that they would provide a humanitarian response in that region. As the response evolved, this assumption proved incorrect. However, as the crisis evolved, the highest need moved from North Darfur to West and South Darfur, where MSF-H located itself.

In October 03, when MSF-H and F were preparing to intervene, a meeting was held in Khartoum to divide up territory. It was agreed that MSF-H would focus on West Darfur and MSF-F would focus on South Darfur (the Nyala-Kass-Menawashi triangle) and parts of North Darfur (El Fasher and Kutum). MSF-B was exploring the possibility for cross-border activity into Darfur from Chad, as were also MSF-H and F. This was an appropriate strategy to try to ensure an MSF presence wherever needed across the region, and also to avoid inter-sectional conflict. In practice, the territorial division worked out differently as MSF-F took a flexible and opportunistic approach to locating its operations and MSF-H lagged behind in starting operations. ‘Like a dog seeing a bone and going for it’38, MSF-F abandoned the idea of intervening in North Darfur and the area south-east of Nyala which were then inaccessible and instead identified windows of opportunity to respond in Nyala and Zalengei. They then followed the path of violence and population displacement, moving up to the major IDP concentrations in Mornei, Nyertiti and El Geneina. MSF-F’s decision to base themselves in El Geneina, the capital of West Darfur, was also an effective strategy because they could take advantage of the remoteness of the regional authorities from the central authorities in Khartoum. As a result, just as the central authorities forced MSF-F out of Nyala following their advocacy on the closure of Intifada camp, the regional authorities in Geneina gave them permission to start operations in Mornei, allowing them to provide a timely response as the wave of violence reached that area.

Eventually MSF-H became operational as planned in the southern half of West Darfur, then in the northern part of South Darfur. MSF-B found it was not possible to conduct cross-border operations from Chad and eventually became operational in North Darfur in May, when Darfur opened up. MSF Spain also intervened then in North Darfur and MSF-Switzerland in the northern part of West Darfur. Thus MSF eventually achieved a presence throughout Darfur, albeit in a rather ad hoc way and with little concerted attempt at collaboration and complementarity. There is no overlap or duplication between the MSF sections. Intersectional relations have not been conflictual or paralysed by disputes, taking a live-and-let-live approach of respect with minimal cooperation at the level of operational planning.

The reasons for MSF-H intervening first in West Darfur are given in the explo report: there was a high level of apparent need; continuing conflict was anticipated; the eastern provinces of West Darfur were particularly remote and neglected; the refugees MSF-H was working with in Chad came from West Darfur; and MSF-H had historical connections with West Darfur.39 When it eventually was able to become operational, broad coverage of the southern half of West Darfur was established rapidly. At the same time, however, large-scale displacement was by then occurring in South Darfur and was not being addressed, because MSF-F had moved on to the northern half of West Darfur. Between them, MSF-H and F managed to effectively drop the vast

38 Mercedes Tatay, MSF-F
39 Sitrep 1 – West Darfur Explo, 13 November 03.
numbers of IDPs as they started gathering in Kass and Kalma. MSF-H recognised this in March and in May/June it intervened, but not before a large number of IDPs had endured alarming levels of mortality rates for several months with only inadequate assistance from MoH, WFP and UNICEF. The main reasons for the overly long concentration on West Darfur and the slowness in moving on to South Darfur was the lack of experienced staff capable of taking the necessary risks and making the necessary judgement calls, and a shortage of vehicles, radios and other supplies.

It is recommended that MSF-H adopts a more flexible approach to identifying locations for intervention in fluid fast-changing contexts so that it ensures it intervenes as promptly as possible where the needs are greatest. There should be sufficient experienced staff to enable assessment of the general situation to continue when operations are being set up.

Coordination

There has been little or no risk of overlap or duplication with other actors because there is so little operational presence by other agencies. The problem is rather one of not being able to handover operations to other agencies. Continuing efforts by MSF-H, supported by OCHA, to handover parts of its existing operations to other NGOs have largely failed to deliver results so far, due to the shortage of operationally capable organisations on the ground. This has prevented MSF from moving on to other locations.

While there has been no overlap or duplication, it is less clear whether the location strategy may have left significant areas or groups unaddressed. While each MSF section monitors changing needs in their own project areas, a region-wide picture is lacking. The North Sudan HoMs and MedCos of the five MSF sections meet regularly in Khartoum and exchange information about Darfur as well as the rest of North Sudan. At HQ level, there are weekly Darfur teleconferences of the desks of the operational sections. However, the HoMs in Darfur, who are managerially responsible for the Darfur response, have only sporadic contact on specific matters and have no regular meeting or other mechanism to ensure the overall situation is regularly assessed to ensure there are no significant areas of unmet need. Some such mechanism is necessary for MSF-H to ensure that its response, as part of the wider MSF response, is a proportional response to overall need in the Darfur emergency, not simply in its own area of operation.

The Darfur emergency is so widely spread over such a vast area that there is a risk of major needs being invisible. ‘There are huge chunks of territory where we just don’t know what is happening’. It is known that significant numbers of IDPs are not being accessed by aid agencies, in SLA areas in particular (HoM Darfur guessed the figure to be about 100,000; DFID puts it at 250,000). Fluctuations in security can also result in areas being declared no-go from one week to the next (for example WFP has recently estimated that some 360,000 beneficiaries have recently been cut off from food aid in North and South Darfur by insecurity). It is not unknown for humanitarian agencies to, in effect, rewrite emergencies so that they are going on where the agency happens to be present. This evaluation is not suggesting this is what MSF is doing, and is hesitant to use the word ‘coordination’. It does however suggest that the MSF sections could take a more collaborative and coherent approach to the overall need in Darfur.

The coordination of the international response in Darfur is being performed relatively well by usual standards by OCHA, with strong support and encouragement of DFID. It has a network of well-staffed field offices in Darfur, collating information from organisations to map geographic and activity coverage and publishing the data in its ‘Humanitarian Profiles’. It is however somewhat dependent on information provided aid agencies who have tendency to misrepresent

41 Interview with Tim Pitt, HIC OCHA, Khartoum
what they are achieving. Nevertheless, MSF has been by far the biggest operational agency in Darfur (‘about a third of expats in Darfur are wearing an MSF T-shirt’42) and it would help ensure a more effective location strategy if the MSF sections worked together. It is recommended that MSF-H take the lead with the other MSF sections to try to form an international explo team to patrol all areas of Darfur on a regular basis. It should be field-based and report to the five HoMs to avoid the political issues at desk level.43

Impartiality

The impartiality of a response involves not only its proportionality to need, but also non-discrimination. Questions have been raised, mainly by Arab communities in Darfur, about the focus of international assistance on non-Arab groups to the exclusion of Arab communities. Some Arab communities were seriously affected by SLA activities in the early stages of the conflict. However the Arab groups are not now in urgent need. ICRC is providing distributions in Arab communities to promote perception of humanitarian impartiality, but also because it was the price they had to pay to get GoS permission to work in Darfur. MSF-H has assessed Arab villages in its locations and found the needs are the underlying ones typical of Darfur (chronic poverty and lack of essential services) rather than the heightened conflict-related humanitarian needs of the IDPs and other affected populations. MSF-H’s services in non-camp situations are non-discriminatory and available to all groups in the population and Arabs as well as non-Arabs seem to use the services without impediment. It is a classic humanitarian problem that by targeting the most needy, humanitarian actors appear to exclude other groups. It is particularly so in very poor and undeveloped regions like Darfur where almost all are deserving of aid, whether humanitarian or developmental, but most are unaware of the finer points of principle that distinguish the two forms of assistance. MSF-H may wish to consider conducting activities to increase awareness amongst the Arab communities of the rationale for MSF’s humanitarian action.

3.7 Activities

This section is descriptive and will need to be read in conjunction with a later evaluation, in order to gain a better understanding about the appropriateness, effectiveness, quality and impact of our activities.

MSF-H is implementing the following activities in Darfur:
- TFC and SFC nutrition for <5s, including home-based care, family rations and non-food items;
- PHC support: supporting MoH facilities where present or own clinics; and women’s healthcare (ANC and rape treatment);
- Watsan: well rehabilitation and digging, hand-pumps, chlorination, latrine construction
- Lobbying and advocacy.

As indicated in the introduction, a separate evaluation will examine the appropriateness and efficacy of the technical strategies and activities and their impact. This review does not examine the activities in detail but rather looks at the broad strategy underlying the activities implemented and the implications for MSF-H’s responsiveness.

The emergency in Darfur comprises all the elements of a classic humanitarian crisis, requiring response in the areas of food and nutrition, emergency healthcare, public health surveillance, water and sanitation, shelter and camp management, and protection. MSF-H policy recognises

42 HoM Darfur
43 I am grateful to Tim Pitt for this idea.
the package of activities needed to save lives in emergencies in its list of top 10 interventions for controlling a public health crisis. MSF-H’s response in Darfur has focused primarily on the nutrition and basic health care components of that package, expecting and encouraging other actors to provide other forms of assistance to make up a full humanitarian response.

As described in 2.3 above, the Darfur response is markedly different from most big international responses in that there has been a general failure of response by other humanitarian actors. MSF-H is accustomed to situations where particular agencies fail to respond adequately (WFP in Bahr el Ghazal 1998 or Oxfam in Afghanistan 2001/2, to name two of many possible examples). But in Darfur the so-called humanitarian system displayed systemic failure. As a result, in the first four to six months of its operations in Darfur, MSF was almost alone and was providing the mainstay of the international response. Even now that UN agencies have become more responsive and many more NGOs have arrived in Darfur, the operational activity of the other actors is very limited and MSF remains by far the biggest operational humanitarian organisation. This raises important issues for MSF-H’s strategy.

MSF-H’s response began with the usual strategy of deploying its traditional range of activities whilst lobbying other actors to perform theirs. The first proposals provided for basic health care in static and mobile units and nutrition in feeding centres and through home care - an appropriate response to the health needs of a widely dispersed and still mobile population of displaced and conflict-affected people in a poor area with a barely functioning health system. As the response went on, it became apparent that crucial elements of the international humanitarian response were not happening and that, given the urgency of the situation, it was necessary for MSF-H not only to lobby other actors to engage but also to carry out activities normally carried out by other actors. A major watsan programme and NFI distributions were therefore introduced. Two examples illustrate the flaw in this strategy:

1. In its initial assessment of Kalma camp in April 04, MSF identified significant watsan needs. Its strategy was to ‘lobby the other active and interested agencies and if they don’t do anything, we should’. MSF-H began nutrition and health activities but by June there was still no sanitation in the camp. Diarrhoea was a major cause of mortality and morbidity and, with the rainy season approaching, water-borne disease was an increasing risk. At the end of July, MSF-H received a watsan engineer and started digging latrines, when it became apparent that no other agencies were doing so with the speed and scale that was necessary. The three-month delay in providing essential watsan activities was the result of a strategy of reliance on other agencies that at first were not even present. When they did arrive, they were extremely slow to start implementing but the MSF-H team was wary of damaging relations with NGOs like Oxfam who were very slowly in getting started.

2. In Garsila, MSF-H began preparations to distribute NFIs (plastic sheeting, mosquito nets, blankets, jerrycans and soap) in July, after CARE and ICRC both failed to deliver on their commitment to do it. The delay incurred by waiting for other agencies to act meant the distributions took place long after the rainy season had begun.

The eventual shift in strategy to include watsan and NFIs stopped short of taking on the full range of humanitarian activity. Some activities were introduced in some MSF-H locations but not others (secondary healthcare – MSF-H started supporting the hospital in Garsila in August with emergency surgery, acute disease management, ANC and rehabilitation of structures).

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44 Initial assessment, measles immunisation, water and sanitation, food and nutrition, shelter and site planning, emergency health care, control of communicable diseases/epidemics; public health surveillance, human resources and training, co-ordination.

45 MSF-H, Kalma Camp Assessment Report, April 14-15, 2004
Some activities were prepared for (blanket feeding) or planned (spraying) but not in the end implemented. Some were seriously considered but blocked by external constraints (measles vaccination in government-controlled areas). Other activities were not contemplated (shelter - other than some plastic sheeting distributions, camp management, and coordination of the response).

**Blanket feeding**

In response to high global malnutrition, increasing numbers in its feeding centres and inadequate WFP general food distributions, in July 04, MSF-H bought 2000 MT each of CSB and sorghum, 400 MT of oil and 8 trucks in order to do blanket feeding in all its locations. However, except for a small number of limited distributions in the Muhajaria area, it was not implemented because there was no longer a need (the rainy season had less of an impact on food availability than expected, the GFDs improved and ACF said they intended doing blanket feeding in Kalma - although this did not actually take place until November). WFP did not start GFDs for the Darfur emergency until April 04, had pipeline problems until summer, and is constrained by the lack of implementing partner NGOs for end distributions and by insecurity. The result has been erratic GFDs: some areas have received only one or two, most areas have not received the full compliment of distributions, some areas have received nothing. WFP is advocating blanket supplementary feeding for under 5s in some camps.

**Spraying**

MSF-H wanted to address high malaria levels by spraying against mosquitoes in the rainy season. It was not implemented because supplies were not obtained in time.

**Measles vaccination**

MSF-H was warned off doing measles vaccination in Kalma by MoH because they intended to do it with UNICEF support. MoH eventually did a mass vaccination in June/July 04 but achieved significantly lower coverage than the 95% claimed and many areas were not covered, including Kalma camp. Eventually MSF-H did measles vaccination in Kalma but by then there was already an outbreak with associated mortality. MSF-H allowed UNICEF to flounder too long.

In hindsight it is clear that MSF-H should have begun such activities as latrine construction and NFI distributions earlier and more extensively, should have been more robust in its intention to do measles vaccinations and should probably have included secondary healthcare in its initial response package. It should also have considered blanket feeding in the early stages of its intervention, before WFP introduced and scaled up its GFDs. MSF-F used foresight rather than hindsight to define its response package. Realising that they were alone and no other actors were ready to intervene, MSF-F carried out blanket feeding, water and sanitation, NFI distributions, hospital support and vaccinations as well as nutrition and basic health activities from the earliest stages of its operation. Blanket feeding has been part of the MSF-F repertoire since the experience of Bahr el Ghazal in 1998 demonstrated its necessity. Similarly they believe that in addition to primary healthcare, support to secondary hospital care is key to quickly stabilising the a health and nutrition crisis.

The operationality of many NGOs which used to be important players in international humanitarian responses has been in decline in recent years. It was not possible to foresee the extent of the failure of other actors to repond in Darfur or the unethical behaviour of many organisations (even normally reputable agencies committed to work that they then either did not do or did only after long delays, and many were reluctant to be honest about their capacity and

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46 Saskia van der Kam was not available for interview, so her perspective is presented in Annex 7.
47 HoM Darfur
48 Acting Nutrition Coordinator
49 OCHA rep in Nyala
activity). MSF-H of course cannot be blamed for the failure of other aid agencies to respond in Darfur. But it can and should take the failing international system into account when devising intervention strategy. In a major emergency, it is not an appropriate strategy to provide some components of the package of basic essential services required to save lives and to wait for other organisations to intervene to provide the other components. The mortality rates in some of MSF-H’s locations in South Darfur remained very high for long after it intervened. In Kalma camp, for example, mortality rates were high in June (MSF-H had 2-300 in TFC and 1,000 in SFC), extremely high in August 03 (800 in TFC and 3,000 in SFC) and only started falling in September. An important contributory factor is the continuing influx of large numbers of IDPs in Kalma, many of whom are in a very poor state having been displaced several times already. However, a broader range of activities including watsan and blanket feeding may have achieved quicker impact. A strategy that focused on health care and nutrition activities while waiting for others to intervene with other essential activities probably cost lives. ‘Kalma camp was an unnecessary situation. We had the resources but it didn’t happen and a lot of people died as a result’.  

It is recommended therefore that MSF-H (re)integrate a complete range of activities essential for life-saving intervention in emergency situations into its operational repertoire and (re)acquires the skills and capacity to implement them. These should include blanket feeding, secondary healthcare and NFIs.

### 3.7.1 Surveillance

An area that was recognised as a key element of MSF-H activity and yet was lacking is public health/mortality surveillance.

MSF-H conducted two epidemiological surveys in West Darfur in April and October 04. These show a significant drop in mortality and malnutrition in the six months after the baseline survey, when the rates were alarming. It is very difficult to disaggregate the impact of other aid inputs from that of MSF-H, in particular the (albeit sporadic) GFDs. However, the surveillance data at least suggests MSF-H strategy in West Darfur did not miss any major health and nutrition problems and was therefore a useful strategy tool.

Unfortunately, however, the regular and comprehensive recording of data, monitoring and analysis of trends in MSF-H’s health and nutrition activity has been largely lacking. In West Darfur, inexperienced teams with a high proportion of first missioners did not prioritise data gathering at some stages, and in South Darfur data has not been systematically collected, analysed or reported. An epidemiologist was appointed to the coordination team within the first few months of the Darfur intervention, but the role and reporting line was unclear and, until August, lacked the necessary direction and support from the Health Adviser and MedCo. The surveillance problem was identified by the new Head of PHD and by the Darfur Health Adviser when she was appointed in August and the issue is being addressed.

The surveillance problem and solutions will, it is assumed, be examined in the second evaluation. However it is worth noting here the important implications for strategy when an intervention is not informed and guided by an overview of mortality and morbidity trends based on comprehensive surveillance data and analysis. Some data is reported in project sitreps but, without more regular and consistent data and analysis, an intervention cannot be properly responsive to changes in needs. It is recommended that the importance of surveillance in

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50 OCHA rep Nyala

51 CMR fell from 3.6 to 1.3 and <5 MR from 5.23 to 2.2.

<5 global acute malnutrition fell from 21.5% to 10.7% and severe acute from 3.2% to 2.6%.
nutrition and health interventions is impressed on all MSF-H staff in training and that staff with the skills and capacity to implement it are present in all major emergency response teams.

MSF-F also did not manage to establish an epidemiological surveillance system in its programme at the start of operations due to time constraints and poor data quality. However, they started a weekly reporting system and trends analysis by March/April 04 and, in May 04, Epicentre helped them establish a full epidemiological surveillance system to produce data and analyse trends in key indicators. MSF-H may wish to consider taking advantage of the specialist support that is available from Epicentre to ensure that public health and mortality surveillance systems are in place.

3.7.2 Advocacy

Advocacy and lobbying were written into the proposals and logframes as an integral component of MSF-H’s Darfur intervention. Advocacy activity began following the explo in November 03. Press briefings were organised in Amsterdam in an attempt to stimulate media interest, and meetings began with diplomats, UN agencies and human rights organisations to share the explo findings and to lobby for access. Eventually an advocacy strategy was drawn up for the Darfur response at the end of April 04. It is a concise but fairly comprehensive document, setting out a structured and coherent approach. It identifies three main concerns to be addressed (lack of assistance, lack of protection, and risk of manipulation of aid or harmful consequences) and three objectives (mobilise international response, push political community to address human rights crisis, and reduce administrative constraints on access). It identifies four main messages to be communicated, targets for the messages and activities for the objectives.

The fact that the advocacy strategy came five months after the start of advocacy activity and two months after the start of operations in Darfur, suggests that advocacy is not regarded as an integral key element of its overall strategy along with other operational activities, but as an activity that is done on an ad hoc basis. This was confirmed in interviews: ‘there was no strategy behind the advocacy activity – it was ad hoc, the issue of the moment’. Several interviewees believe there was a lack of clarity between the HoM, ESD and the Communications Department about advocacy messages.

The lack of clearly defined advocacy strategy in practice is surprising given that (a) violence has been the overwhelming cause of death in the Darfur crisis (see 2.3 above) and the need for protection is a high priority. Together with presence and assistance, advocacy is a key strategy to address protection needs; (b) humanitarian access was being severely restricted; and (c) advocacy has been recognised as a core activity for MSF-H for about ten years. It is recommended that strategy for advocacy be developed with relevant parties (operations, communications and partner sections) and integrated into the overall response at the start of an intervention.

A cautious approach has been taken to advocacy on Darfur, until mid 2004 in particular and there has been little public communication. There have been two briefing papers: the first, in April 04, was used for face-to-face briefings and not widely disseminated; the second, issued on 31 October, was disseminated much more widely. In addition, MSF-H has issued four press statements and one op-ed. (It is interesting to contrast this with the public advocacy activity of an organisation whose primary purpose is advocacy and which has no operations on the ground to protect: Amnesty International has issued 38 press statements and 12 reports on the Darfur

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54 ESD Coordinator

55 Press statements: 15 Jan 04, 10 March 04, 20 May 04, 29 Oct 04; op-ed: 8 July 04
In addition, MSF-H supported MSF-F’s advocacy on the closure of Intifada camp in January 04, but together with MSF-F, MSF-H quashed MSF-B’s attempts to speak out on its perspective in Chad in October 03.

MSF-H’s advocacy activity has mainly been informal or behind-the-scenes in the form of meetings with diplomatic, political and aid actors at Khartoum and international levels. Feedback on the nature and quality of this activity from interviewees who were its target is very positive. ‘Astute, diplomatic, good contact with the authorities, participatory in meetings, pushing the envelope when necessary’. ‘MSF documented and communicated what they were seeing in Darfur in a way that was extremely effective. They played a remarkable role.’ The humanitarian situation, including the protection and assistance needs, and the need for access were the subject of the behind-the-scenes contact. The western diplomatic community was effectively mobilised to lobby GoS for access for MSF and other aid actors, although one official suggested that there was over-reliance on the British Ambassador and that more use could have been made of other donors and diplomats if MSF-H was better informed and more sophisticated in its advocacy activity. The view of the HoM at the time is that by the end of 2003, no NGO, diplomat or UN agency was unaware of the situation in Darfur because of the behind-the-scenes advocacy work.

Unfortunately this activity has not been documented or otherwise recorded and it is possible to get only an incomplete and unverifiable picture based on the recollections of those involved. It is therefore not possible to gauge the balance in focus in this advocacy activity, between protection and access for example. It is recommended that MSF-H introduces systems to record and monitor its advocacy activity, both public and behind-the-scenes, just as for example clinic consultations and feeding centre admissions are. It will always be very difficult to measure the impact of advocacy work, but the output can be.

The priority of protecting operationality underlies the cautious approach to advocacy. As indicated above, advocacy was largely behind-the-scenes based on an assumption that publicly speaking out would antagonise the GoS and jeopardise access and operations in Darfur. MSF was particularly vulnerable in the first few months of its operation because it was virtually alone in Darfur and could have been easily identified as the source of information. It is impossible to know what would have been the repercussions had MSF-H been more publicly vocal. There are however indications that the assumption that the consequences would have been disastrous was not entirely correct and that the approach may have been too cautious. MSF-H’s long experience in Sudan shows that the risk would not be to the security of the teams but rather to the official processes necessary to gain access and run operations. The GoS is masterful in its use of bureaucratic restrictions and blockages to constrain or prevent humanitarian activity; MSF-H suffered six weeks with no permits and months of bureaucratic hindrances following publication of its report on WUN, for example. However, media communications on Darfur in the US by the DOP at a time when MSF-H was keeping a low profile had no negative repercussions. Since international pressure forced GoS to lift restrictions on humanitarian access in May 04, there has been a more assertive advocacy approach by MSF and other agencies. The release of the Epicentre’s retrospective mortality surveys had no negative repercussions, and the publication of MSF-H’s briefing paper ‘Persecution, Intimidation and Failure of Assistance in Darfur’ at the end of October led to no negative repercussions from GoS. Oxfam and SC-UK were however threatened with the expulsion of their HoMs in November following public statements on GoS activity in Darfur. MSF-H also has experience

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56 Interview with DOP
57 Mike McDonagh, OCHA Khartoum
58 Kate Halff, Country Director, SC-UK
59 Interview with Technical Adviser, ECHO Khartoum
60 Interview with DOP
elsewhere of well-calculated advocacy strategies being successful in places where advocacy posed a potential risk to access and operations, e.g. in Angola and Sri Lanka\textsuperscript{61}.

There seem to be a few key ‘rules’ of advocacy in Sudan, respect for which protects the advocating agency from government reprisals. Firstly, the GoS is less concerned about the message of public statements than it is with procedure and protocol: so long as it is informed via HAC of public statements and briefings in advance, it is not particularly worried by the contents. Second, the message must be humanitarian not political. MSF-H has kept political messages such as overt criticism of GoS and calls for international military intervention out of its public statements. Oxfam and SC-UK’s threatened expulsions were the consequence of statements that abandoned impartiality in statements about a security incident in Darfur. Third, government authorities can be played. When MSF-F was forced to leave South Darfur after its statements on the closure of Intifada camp in January 04, it was at the same time given permission to work in West Darfur by the authorities in El Geneina, allowing it to continue operations.

\textit{Advocacy dilemmas and ambiguities}

The Darfur case once again raises the quandary MSF-H faces more generally in its advocacy. It is frustrating and unsatisfactory that, at the time when MSF-H was in a position to contribute most significantly to awareness of the humanitarian crisis in Darfur – i.e. in the early stages of the response when there were very few other international actors on the ground - it was unable to speak out for fear of the operational consequences. ‘It would have been useful if MSF-H had been more vocal but it was forced to be quiet.’\textsuperscript{62} It only became safe to speak out publicly after Darfur opened up in May 04, when many aid actors and journalists gained access and Darfur received very high-level political and diplomatic attention and hit the international headlines. By then, the additional value of MSF speaking out was greatly reduced.

The Darfur response also reveals the ambiguity in MSF-H’s general advocacy policy and objectives which tends to fall somewhere between protection and learning/accountability. For protection purposes, information and communication has to be current and therefore is fast, sometimes dirty, and can be risky to field operations. For learning and accountability purposes, information and communication needs to be careful and precise and is therefore slow and comes after the event. The Epicentre report, for example, was used successfully to inform powerful political actors of what had taken place in Darfur (it was given to Colin Powell and Kofi Annan, for instance) and to advocate for GFDs for host population as well as IDPs, but coming long after the events had happened, could not contribute to the protection of people from the events it documented. It is recommended that MSF-H reconsiders and clarifies its general advocacy policy and objectives and invests more in skills and capacity to implement advocacy strategies. For protection it needs to be able to field skilled and experienced teams to generate the kind of testimonies and operational data required and the appropriate communication strategies and skills. For learning and accountability, it needs appropriate research and analysis capacity and ability to collate operational data from sitreps etc and communicate it quickly and efficiently.

There is also some ambivalence towards advocacy in the organisation. Amongst some expats, both those new to MSF-H and amongst some experienced staff, there is still a lack of understanding of or commitment to the place of witnessing and advocacy in MSF’s work. A lot of effort has gone into witnessing and advocacy on Darfur at field, Khartoum and HQ level, in particular by strong HAO officers. However there remains an attitude amongst a minority that operations are MSF’s business, not the collection of data and testimonies and speaking out. This

\textsuperscript{61} Re Angola, see Marc DuBois ‘Beyond the classic humanitarian response: MSF’s advocacy in Angola’, Humanitarian Exchange no.19, Sept 2001. Re Sri Lanka: author’s own experience as HoM.
\textsuperscript{62} OCHA rep Nyala
ambivalence about advocacy reflects a structural ambiguity in MSF-H, which has chosen to appear to remove the ‘humanitarian’ element from other aspects of its work and vest it in ‘humanitarian affairs officers’. While a strategy of having specialist advisers in all areas of MSF-H’s work is sound, there would appear to be a problem that is at least one of labelling, but may also be one that allows those working in other areas to divest themselves of the humanitarian advocacy dimension of MSF’s mandate. It is recommended that MSF-H training is reviewed and strengthened to ensure a proper appreciation of the witnessing and advocacy dimension of MSF’s mandate and what is required to fulfil it.

Advocacy targeting

The targeting of MSF-H’s lobbying and advocacy on Darfur represents a conservative approach, with the focus on familiar western governments, donors and publics. This is a sympathetic audience, providing generally reliable allies in the struggle against those ‘outside the club’, such as GoS. By targeting this audience, MSF-H tends to be preaching to the converted and may be missing possible effective advocacy targets. A more creative and radical approach might involve targeting the Arab League, the AU and relevant African states, and ‘non-traditional’ but none-the-less significant governments and donors such as Egypt, Saudi, Japan, China and Malaysia. This would require investment in building the necessary knowledge and skills.

Advocacy to persuade other NGOs to become operational in Darfur was characterised by a similar ‘gentleman’s club’ style approach. When political or UN actors are targeted, MSF is normally not shy of being openly critical about their failures. When it came to engaging NGOs on Darfur, however, a softly-softly approach was taken: there were informal contacts at field level but little activity at higher levels. MSF International President, Rowan Gillies, hosted a meeting of UK NGOs in London in May 04, but there was no direct individual lobbying of NGOs at HQ level in the way that MSF-H would lobby, say, WFP in Rome or UNHCR in Geneva. Nor did MSF-H engage with the donors concerning the lack of activity by other NGOs. According to ECHO in Khartoum, MSF could have been forceful on this.

It is recommended that, with the support of MT, HAD reviews advocacy policy and strategy and explores new targets for its advocacy to maximise impact in the political, diplomatic and aid arenas. Full use should be made of MSF partner sections in this.

4. Management, resources and technical support

4.1 Management structure and responsibility

In Sudan, the Darfur response was initially managed as part of the country programme by the HoM. Between March and May 04, HoM responsibility for Darfur was delegated to the Assistant HoM/HAO who became Project Coordinator/HoM for Darfur. In May, Darfur became a separate programme with a HoM and, eventually, a CMT in Nyala. At HQ level, a succession of five ODs was responsible for North Sudan including Darfur since emergence of the crisis. The management line moved from the OD to the ESD in about May 04, though there was no formal handover and it is not clear when responsibility actually transferred.

Responsibility for the Darfur response has overlapped in various ways at HQ and field level. When Sudan/Darfur were under the HoM/OD line, the ESD also had responsibility to facilitate and ensure the emergency responsiveness of MSF-H operations ad to initiate and support explos

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63 See also a forthcoming report on ‘non-traditional’ donors by the Humanitarian Policy Group at ODI.
64 Until June 03: Jose Antonio Bastos; June - Aug 03: Ton Koene; Aug 03 – Feb 04: Wouter Kok; Feb – May 04: Pete Buth.
and present possibilities to intervene to the MT. Accordingly, ESD supported the explo and start-up phase in Darfur. Another area of overlapping responsibility is that the North Sudan CMT retains a fairly substantial level of responsibility for Darfur, in particular for representation and advocacy in Khartoum, logistics, finance and HRM. About 25% of the North Sudan HoM’s time and 50% of the MedCo’s time is devoted to Darfur.

Management at field level suffered during the period of rapid expansion from May. The huge increase in expat numbers was not accompanied by a concomitant rise in management capacity. As noted above, there was a very high turnover of HoMs (four HoMs in Darfur in the first five months). It took several months for Darfur CMT members to be identified (the NutCo arrived in April, the LogCo in July and the MedCo and FinCo in September) and, until a fully functioning CMT was in place in September, an unrealistic amount of responsibility rested with the PCs. The ratio of experienced staff to inexperienced was too low. The result was ‘dozens of headless chickens running around in Nyala’ according to one team member, and several interviewees commented on the ‘mess’, ‘chaos’ and lack of clear structure and defined roles in the coordination team and field teams for several months after the big expansion. Even the OCHA representative in Nyala referred to these ‘growing pains’.

The number of people who have (had) management responsibility successively and simultaneously has led to some lack of continuity and management coherence. The factors mitigating against the organisation’s capacity to reduce the turnover of management staff at HQ and field level are not underestimated here. Nevertheless, it is recommended that efforts to revise management structures and employment policies to enable longer-term availability and retention of senior management staff be reinvigorated.

The Darfur response also revealed a blurring of ownership of the response between the various parties sharing responsibility. Shared ownership of a response need not necessarily be a problem: MSF-H is collectively responsible as an organisation for responding to humanitarian need when and where it emerges. However, blurred ownership can also mean that no-one takes responsibility. Fractures and gaps appeared in the organisation’s collective responsibility between Khartoum and Amsterdam and between the OD line and ESD.

The Khartoum/Amsterdam relationship

Working in a demand-driven management system, the HoM and some CMT members in Khartoum were the driving force of the scanning, preparedness and explo phases of the Darfur response. The role of the OD and ESD in Amsterdam was not particularly proactive but rather quite passive, waiting to be informed and reacting to requests for support from Khartoum. At the scanning stage, the HQ does not appear to have significantly contributed research and analysis to the scanning of the Darfur situation. While the HoM in Khartoum was monitoring the evolution of the Darfur situation at Khartoum level and reporting in sitreps to Amsterdam, managers as HQ level say they were not alerted to the crisis. The first reference to the crisis in Darfur in the MT minutes was when the explo was underway in November 03 and the first serious discussion in MT was June 04.

It is one of the main weaknesses of the demand-driven approach that the person and team directly responsible for the implementation of an ongoing programme (the HoM and CMT) are also responsible for watching what is happening outside the purview of their projects in order to identify new emergencies and for conjuring up capacity to respond to them. It demands a perhaps unrealistic level of detachment and capacity and needs to be supported and balanced by

65 ‘ESD Responsibilities and Relations with ODs’, 26 June 2001 (internal MSF-H document, author not specified)
66 Kenny Gluck, John Heeneman, Liz List and Vincent Hoedt
67 MT minutes
other viewpoints and decision-makers at HQ level. The HoM and CMT worked hard and successfully to bring about a response in Darfur and understandably felt a strong sense of ownership of the intervention. The management of the North Sudan programme was, however, demanding and labour intensive. In early 2003, the CMT was weak with no LogCo or FinCo, there were persistent HRM shortages, especially PCs for the three projects, a high percentage of first missioners, and high burn-out rate. When they added Darfur to their responsibilities, they wanted to keep the response to a level that was manageable for them. A rapid and large-scale intervention was beyond their capacity. The running the regular projects detracted from the CMT’s ability to give the Darfur situation the single-minded attention it required.

The balance that this situation required at HQ level was not forthcoming. The demand-driven approach almost inevitably means that the HQ management level is distant and somewhat passively involved in the country programmes and it is perhaps unrealistic to expect the level of engagement that is necessary to be an effective counterbalance. For Darfur, an adequate level of HQ-level engagement did not occur until the operational response had started and was too late to ensure that the explo, preparedness and start-up occurred as early as they could have. Neither OD nor ESD was robust enough with the HoM/CMT in Khartoum to separate the Darfur response from the North Sudan country programme earlier. The OD and ESD were deterred by the specific context of Dafur and Sudan: it was assumed that an intervention in Darfur, with or without a separate management team in Darfur, would be dependent on the support of the team in Khartoum for the various essential interfaces with the government and international community. This has proved to be a correct assumption and it is a credit to the commitment and professionalism of the Khartoum CMT that this support has been provided to the Darfur response very successfully, despite the inevitable tensions inherent in such an arrangement. This is particularly so as the separation of Darfur from the North Sudan programme in May was conducted in a rushed and insensitive way with poor communication to the Khartoum team, causing hurt and alienation (so much so for two team members that they resigned). There was general consensus amongst those interviewed that it was necessary to separate the response from the North Sudan country programme and line, and that this was a correct move by the DOP when he brought it about during his visit to Khartoum in May 04, but that the way it was executed was not helpful.

Given the continued commitment and support from the MSF-H team in Khartoum to MSF-H Darfur, in hindsight we can see that the reticence of the ESD and OD to push for a separation of the two programmes earlier was not justified. Learning from this experience, it is recommended that (a) in future OD and ESD take a more robust approach with CMTs in separating major emergency responses from the regular country portfolio; (b) criteria and thresholds are developed (including indicators such as numbers of displaced and incidents of violence and internal factors such as the existing workload of the OD and/or CMT) to guide when emergency responses are separated from the OD/CMT line; and (c) a transparent process of consultation and communication concerning such separations is introduced into policy.

The OD line/ESD relationship

The conflict of views about ownership of the Darfur response that occurred between Khartoum and Amsterdam was not, however, reflected between OD and ESD. There was not enough disconnect at this level, where the ESD did not seriously challenge the OD for ownership or responsibility of the Darfur response when it was clearly necessary. A degree of tension and a willingness to accept sometimes uncomfortable working relations is necessary to ensure that ESD challenges the line when necessary. ‘You have to dislike each other a bit to make it work’.

68 Wouter Kok
The ESD did not bring the Darfur situation and the response required to the MT. It is not immediately obvious why an organisation with emergency response at the heart of its mandate does not have the ESD in its MT but rather invites ESD to MT meetings on a case-by-case basis. This does not facilitate the flow of information and concerns from ESD to the MT level of the organisation. The collegial working relationship and lack of dispute between the OD and ESD and reluctance to challenge one another regarding management of the Darfur response also in effect precluded the intervention of the DOP, who has responsibility for managing the OD line/ESD relationship in case of a difference of opinion. The result was that when the DOP did eventually intervene in the management line, it was with an awareness that it was happening late. The frustration this engendered and urgency with which the separation eventually took place did not facilitate the smooth separation of the Darfur response from the North Sudan programme. It did however bring about the right outcome in terms of management structure for the response, albeit rather late in the day.

**MSF Frontieres**

Another fracture in the management responsibility for the response to the Darfur crisis occurred in June/July 04 when OD/desk responsibility for the intervention with Darfur refugees in Chad was given to MSF-Germany. The Chad intervention had been managed by ESD but proved difficult to resource and a drain on ESD capacity, detracting from its capacity to manage the response in Darfur. The transfer of some operations to a hitherto non-operational partner section (except for Nigeria and Bangladesh), was a long-term plan with its own rationale in the MSF international movement. However, the Chad refugee situation and response is part of the overall Darfur emergency and response. The rationale for transferring MSF-H’s Chad response to a completely separate management line in the middle of the emergency could be questioned, mitigating as it does against a coherent and coordinated response to the emergency. There is now little contact, information flow, shared analysis or coordination between the MSF-H managed Darfur response and the MSF-Germany managed response in Chad. It is recommended that MSF-H takes a coherent *sans frontiers* strategic approach to emergencies wherever possible and that the response to an emergency that straddles international borders is managed in an integrated and coordinated way.

**ESD management and support**

The ESD Coordinator’s first visit to Darfur in March 04 brought about a turning point in the organisation’s response. Informed by what he saw, the single-minded energy then devoted to Darfur by the ESD Coordinator (Ton Koene) propelled MSF-H’s response to a level more commensurate with the scale of the emergency. The healthy tension and determination and willingness to take risks with personal popularity that was hitherto missing came into play as a campaign was launched to promote awareness and action at HQ level. In Amsterdam, dedicated support for the Darfur response began to be introduced in HRM and the technical support departments. In the field, the need for dedicated HoM-level management for Darfur was addressed (albeit unsatisfactorily) by putting the Assistant HoM in the role. At the international level, MSF partner sections were engaged and high-level advocacy meetings were held with political, diplomatic and UN actors.

Before March 04, ESD engagement in and support for Darfur was lacking. There was an inadequate response to the HoM’s request for E-team members to conduct the explo and to staff the start-up of operations, fielding only two of its E-Team for the explo and the initial response. An ESD coordinator did not go to the field to staff the mission (as the Emergency Desk of MSF-F did) and did not visit the field until March. It is recommended that an ESD Coordinator visits the field at the earliest stages of acute emergency responses, and that they carry out short-term field missions as necessary to ensure appropriate and timely human resources for explos and start-up of operations.
Three main factors contributed to this lack of responsiveness:

1. The ESD was already running emergency responses in Chad, Uganda and Liberia in late 2003 and its capacity was fully stretched. Emergencies are unpredictable and it is probably not realistic for ESD to carry a large surplus capacity to take on new emergencies when they arise. It is unclear how emergencies are prioritised by ESD for its resources and support. It is recommended that (a) a more transparent decision-making process is established, allowing space for the intuition that plays an important part in decision when a response is necessary, and (b) situations where competing priorities put ESD capacity under impossible strain are brought to the attention of the MT so that more of the organisation’s resources can be deployed to ensure an adequate response.

2. Support was lacking from the resource and technical support departments in the form of HQ staff and other expats being made available for field missions. The ESD asked the ODs to identify staff who could be made available from other missions but none were forthcoming until May/June when the Afghanistan mission closed in tragic circumstances and a team was evacuated from DRC. ESD efficiency is linked to the responsiveness of other departments. However the ESD does not have the authority to insist that staff are made available for acute emergency responses, and MT-level support to make it happen was not deployed. It is recommended that a formal system in put in place to ensure an HQ staff pool is available for short-term missions for acute emergency responses. This should be written into HQ staff job descriptions and contracts and Heads of Department should be held accountable for ensuring it is implemented.

3. There has been a chronic decline in the position and capacity of the ESD. In addition to two ESD Coordinators, there are twelve E-team positions, only half of which are currently filled and there has been a high turnover in last year. There was general consensus amongst those interviewed that the quality of E-team staff has declined. In an effort to fill positions, ESD has lowered entry conditions and E-team members are now required to have two years field experience and three missions, one in a coordination role and two in emergency settings. E-team members now tend to be relatively inexperienced people of PC level using a period in the E-team to gain experience. The decline in the level of experience of E-team members has lead to a decline in respect for and trust in ESD capacity and there are ODs and HoMs who are not interested in using its support. This situation can be contrasted with the Emergency Desk in MSF-France, where there are five full-time HQ staff and ten experienced staff in the emergency pool who are trusted and respected and on standby for rapid deployment. They were deployed to good effect at the start of their Darfur response, the speed and effectiveness of which was enabled by fast and appropriate decision-making by experienced staff in the field and HQ staff who could trust and rely on them.

Working for the ESD used to be an attractive option in MSF-H. An E-team contract gave relatively long-term job security and the reputation of the team brought status. Changes in MSF-H’s employment policy now make an E-team contract a significantly less attractive option in comparison with a contract with the HRM Department which offers flexible short- and longer term contracts with greater freedom to move where and when the employee wishes. In a vicious circle, the decline in the reputation of the E-team also makes it less attractive option in terms of status. It is recommended that E-team membership be incentivised by revising MSF-H employment policy and contracts to make the E-team contract relatively more attractive. The ESD cannot bring about these changes without the involvement and full support of MSF-H’s

69 ESD Coordinator
70 Mercedes Tatay, MSF-F
senior management and HRM department and it is recommended that this be given urgent MT attention.

4.2 Resources and technical support

The support provided for the Darfur response by the resource and technical support departments and advisers in Amsterdam has been variable and was particularly challenged by the acute emergency nature of the intervention. The Darfur response suffered from a shortage of field staff with the necessary knowledge and experience of starting up a large-scale acute emergency response. Given this, some significant factors concerning HQ support have emerged:

- With the exception of the water and sanitation advisor, no advisers from the support departments went on mission as field staff to Darfur.\(^{71}\) Technical support was provided through field visits and remotely.
- Using visits to Darfur by support department advisers as an indicator, we can see that HQ engagement only began in earnest in August 04. There were, however, visits soon after the start of operations by the ESD coordinator and watsan adviser in March and a communications advisor in April. (See list of HQ visits in Annex 4.)
- General interest and engagement in Darfur at HQ level began when Darfur hit the international political and media agenda in May/June 04. An OST was formed in February 04 to support and promote the Darfur response at HQ level. Using participation of OST members in OST meetings as an indicator of the level of HQ engagement in the Darfur response, we can see that there has been less than full engagement - about 60% of OST members have attended OST meetings. (See OST list in Annex 5.)

Human resources

The HRM requirements of the Darfur response have been extraordinary. There was a period of rapid expansion between June and September when the number of expats in Darfur tripled. At its height in September/October 04, there were over eighty. (See graph of expat staff in Darfur in Annex 6.) At the time of the evaluation there were 73 expats\(^{72}\) and over a thousand national staff.

Shortage of expats was a significant constraint on the intervention during the early stages and contributed quite significantly to MSF-H’s inability to maintain a presence in Darfur when it first intervened in December 03. ESD pushed for a dedicated HR officer for Darfur and one was appointed in February/March 04 and additional HRM capacity was also added in Khartoum to support Darfur. There is consensus that, since then, given the challenges of an operation of this scale, HRM was relatively well managed (‘HRM has been a tremendous success – Amsterdam could not have done this three years ago’\(^{73}\)).

However, a high percentage of first-missioners (currently about 40% of expats in Darfur) and inexperienced second-missioners has been sent to the field and this had a negative impact on responsiveness, particularly in the period of expansion after May 04. There was a period, for example, when feeding centres in Kalma with several hundred children were being run by two first-mission expats. Logistics capacity in the field was also severely hampered by the inexperience of the logisticians sent. Inexperienced medical and logistics staff lacked awareness

\(^{71}\) It is noted that after the evaluation, Jaap vdWoude of FSU did a mission in Nyala as interim LogCo in December 04.

\(^{72}\) 17 based in Garsila; 16 in Kalma; 13 in Kass; 13 in Shariya/Muhajariya/Labado; 14 in the coordination team in Nyala.

\(^{73}\) HoM Darfur
and knowledge of standard procedures and tools available and lacked support from experienced staff. Many were overwhelmed and demoralised.

Management systems for national staff were weak for the first six months. National staff numbers grew dramatically from about 300 in May to 760 in August and 1,300 in November (including 200 MoH seconded staff). There was no dedicated FinCo for Darfur until September 04. Regular HRM management systems were not followed e.g. when the North Sudan FinCo visited Darfur in July, he found only 10 of the 300 national staff in Darfur had contracts. MSF-UK offered their Head of HRM, Katherine Galliano, who spent five weeks in Darfur in August/September rectifying the problem. There have been no HRM staff visits from Amsterdam to Darfur.

**Finance**

The financial cost of the Darfur response has been huge: the budget for 2004 is just over 12.3 million euro. Funding has not however placed any constraints on the response. MSF-H’s ability to fund emergency interventions in the early stages from its own funds continues to prove essential. Later in the intervention, funding was obtained from institutional donors, primarily ECHO, DFID and BuZa. MSF-H’s Darfur response is now 51% funded by private funds including funds from other MSF sections, in particular MSF Germany, UK and Australia.

The high proportion of DFID funding for MSF in Darfur and Sudan in general is a matter of some concern, in MSF-UK in particular, given the UK government’s political and economic interests in Sudan. However this does not appear to have been of strategic significance for the Darfur response.

Financial management in the field suffered during the period of massive expansion from May 04. There was no FinCo in Darfur until September 04; support was provided by the North Sudan FinCo, who was also covering the North Sudan mission. Lack of capacity in the field meant that regular management and administration systems were not followed in the start-up of the intervention. When FinCo visited Darfur in July, he found only 10 of the 300 national staff in Darfur had contracts and there was a $2000 per month cash disparity. There has been one visit to Darfur from the HQ Finance Department, in August 04.

**Public health**

PHD support was lead by the water and sanitation unit, who engaged strongly in field operations (3 visits and hands on work), leading to an unprecedentedly large water and sanitation programme, culminating in the daily chlorination of 3 million liters of water. Its front-back office set up enabled them to mobilise Amsterdam based staff quickly and substantially in Darfur, once it became clear that there were huge and unadressed water and sanitation needs. They also had to de-prioritise service to ongoing programmes in more stable settings. For a relatively small and under-resourced facility they did a remarkable job in Darfur, especially compared to the no-show of the more specialised NGOs, in the early stages.

There has been strong health advice and support from PHD for the Darfur mission since August 04, when a dedicated Health Adviser was appointed for Darfur. There have been four other PHD visits since then: two from the Health Adviser, one from the Nutrition Adviser and one from the Head of PHD. However the position for the first 6-7 months of the operation was very different. There was a high proportion of inexperienced medical staff in Darfur and no dedicated MedCo until September. The mission was supported remotely by the North Sudan MedCo who was also covering the regular North Sudan projects. During this challenging period, PHD sent no HQ staff to staff the mission and did not visit Darfur. The response in Darfur was seriously affected: there was a lack of overall direction in health and nutrition activities and guidance in decision making, no health surveillance system was established, there were wide variations in
implementation, medical orders were made by logistics staff with no MedCo input. Fortunately the mission had some strong MTLs (eg Tom Quinn and Kate Dunn) who were able to take up some of the MedCo responsibilities. However a much greater level of support from PHD was required in the first seven months but not forthcoming.

Support for water and sanitation has been commended by interviewees at field and Amsterdam levels. There was strong support from the early stages of the intervention with three visits by Jan Heeger in the first six months of the response, the first being for six weeks at the start of operations – the closest Amsterdam came to fielding HQ staff to the mission.

Logistics

The logistics requirements of the Darfur operation have been huge, involving moving the largest volume of equipment and supplies ever for MSF-H (3.4 million kg and 7 million litres of cargo between December 03 and October 04). The Procurement Unit was commended by interviewees at field and HQ levels for the volume and variety of items it handled, costs and follow-up with suppliers. FSU has however been heavily criticised by interviewees at field and HQ levels. Examples cited include medical orders arriving without basic essential items because IDS was out of stock and trucks arriving without spare parts and tools. Interviewees also referred to poor communication from HQ to Darfur about cargo arrivals, lack of formal paper trails to track cargo, and general ‘logistical chaos’. Lack of clarity on strategy and activities in Darfur demanded a challenging level of flexibility and responsiveness in logistics. There was no dedicated LogCo for Darfur until July 04 and for the first five months of the response Darfur logistics were managed by the North Sudan LogCo who was also responsible for the regular programme. Many of the logistics staff in the field were inexperienced, lacked knowledge of standard systems and tools and needed - but did not receive - intensive support. FSU did not send any HQ staff as interim field staff until the end of 200474, and the only visit by FSU staff from HQ was in September 04. At HQ level, a dedicated FSU staff member for Darfur was brought into FSU in Amsterdam for two months (Paul Caney, April-June) but there was a lack of continuity of support at HQ level (Boris Soubotko to March 04; Paul Caney, April-June 04; Peter Krouwel, July-August 04; Peter Krouwel and Jaap vd Woude, August-December 04; Bert Koelewijn, December- ).

Humanitarian affairs and communications

The HAD team in Amsterdam was unable to take on the additional responsibility of Darfur and in May brought in additional capacity for three months (Eileen Skinneder, May-Aug 04). No HQ staff from HAD have visited Darfur but the North Sudan HAO who covers Darfur has felt well supported.

An adviser from the communications department was one of the earliest HQ visitors to Darfur in April 04. However there has been a lack of continuity in communications advisers for Darfur and a lack of proactive support and engagement.

MSF-H’s responsiveness in Darfur was constrained in most areas of activity by an inadequate level of support from the support departments in the first six months of the response. The Darfur experience suggests the role and capacity of the support departments needs to be reviewed. Advisers need to be available for field missions when necessary, and the support departments need to include advisers with knowledge, skill and experience for acute emergency response. The current ‘voluntary fire brigade’ approach whereby staff may or may not be pulled out of

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74 Jaap van de Woude as Interim LogCo, December 04
their normal jobs for emergency responses is not appropriate: MSF-H needs a dedicated professional fire brigade for emergency response.75

Provision of practical support in the field is made an integral part of the advisers’ job. Advisers should expect to make themselves available for interim field missions when intensive support is needed (e.g. in the start up phase of a major emergency response) and field capacity is lacking (e.g. when a coordinator - MedCo, LogCo etc - is not in place). Advisers should also be prepared to visit the field intensively in major emergency responses. Visits should not be artificially limited to 10-14 day visits (as has been the unofficial rule in PHD) but should be proportionate to the need for support.

It is also recommended that a crisis cellule is formed at HQ level in the early stage of a major emergency response. HRM, finance and technical support departments should include at least one adviser with strong knowledge and experience of acute emergency response, who should be allocated to the crisis cellule.

5 Conclusions and recommendations

There are many reasons for MSF-H to be proud of its response in Darfur. In extremely difficult and challenging bureaucratic and logistical circumstances, it has provided - and is providing - a large-scale response to a significant number of the population in need. It began operations several months before most other humanitarian actors with a scale of operationality that continues to leave most other actors standing.

However the main standard or benchmark that MSF-H uses for its responsiveness is not, of course, its performance in relation to other actors. It is rather the provision of a timely, impartial and effective response to save the lives and alleviate the suffering of those most in need. MSF-H has not defined specific benchmarks for response (e.g. number of weeks within which the response should start; percentage of affected population that should provided with assistance) by which the strategy taken for Darfur might be assessed. Given the nature of humanitarian action and the kind of conditions in which emergency response usually takes place, such benchmarks would need to be very flexible, taking many mitigating factors into account, and are therefore be very hard to define (as was revealed in the debate about the Sphere standards, for example).

This review has looked at the timeliness of the response and the appropriateness of the strategies taken and has found that the response could and should have begun sooner, been extended to more locations more quickly, and provided a broader range of activities. It found that the structures and capacities of the organisation at field and HQ level should be better geared up for acute emergency response, if MSF-H wants to keep such response in its core mandate. And it found that the need for MSF’s humanitarian response capacity is greater than ever in the context of a failing international humanitarian system.

Scanning, preparedness, explo and achieving operational presence

The review in 2.2 above of the emergence of the crisis and in 3.1 – 3.5 of the scanning, preparedness, explo and initial intervention stages of the response reveal a number of points where there was an opportunity for MSF-H to act earlier than it did. The external constraints, in particular the restrictions placed by GoS on access and operational capacity, were formidable. However, except for a period between about April and September 03 and in January-February 04, access for expat staff of agencies not already working in Darfur was restricted by the procedures that are normal in Sudan, but not blocked. For organisations already working there,
the access and movement of expat staff was often very limited but was possible throughout. Access and movement for Sudanese nationals was also often limited but generally possible throughout. MSF-H in Khartoum proved adept at negotiating the bureaucratic hurdles when it decided to do so.

The internal constraints on responsiveness were also considerable. Scanning lacked continuity and depth of attention, at HQ level in particular: there was awareness in the organisation of the emerging situation in Darfur but it was patchy and inconsistent. The need to be prepared for likely emergency response was recognised quite early but not acted on quickly or extensively enough. The North Sudan country team was fully occupied with its existing programme and found it very hard to release capacity to give Darfur the attention that it needed, while the ESD was not able to provide sufficient support. The Khartoum team was also reluctant to let go of responsibility for Darfur when it needed to become a separate programme, while neither ESD nor OD took a robust enough line to challenge the country team. MSF-H’s approach to explo and initiation of operations was rather inflexible and did not take full advantage of the opportunities available. Amsterdam was unable to make the appropriate quantity and quality of human resources available.

The following recommendations are made concerning scanning, preparedness, explo/assessment and the initiation of operations:

MSF-H should enhance it capacity and processes at HQ level to conduct more consistent in-depth scanning through research and careful examination of information from its field teams.

The capacity for emergency response should be maintained in MSF-H’s country programmes through a combination of resources in-country, ESD support and expat training that recognises emergency response is at the heart of MSF’s mandate.

MSF should give serious consideration to establishing strategic presence in places such as Darfur that it has recognised to be at high risk of instability, and that it uses its overall resource advantages to make the necessary human and financial resources available for such operations. As an alternative to establishing a strategic presence, it is recommended that MSF-H consider actively supporting other humanitarian agencies that have an operational presence in order to have access to information on the situation on the ground.

Country programmes should acquire and maintain an emergency preparedness stock sufficient to sustain an emergency response for the period of time it takes to import such stocks.

MSF-H should take a more flexible approach to assessing situations for intervention. When restricted access and/or limited resources make it difficult to conduct an explo, it should be prepared to act in a state of ‘optimal ignorance’. When evidence from other sources clearly indicates a crisis situation, it should be prepared to conduct MSF-F style ‘explo-actions’, where the explo phase runs into the start of operations.

It should be recognised in job descriptions and training that the responsibilities of country teams includes conducting explos in potential emergency situations in their country, and in HRM policy that project teams need to be adequately staffed so that CMTs have the capacity to conduct explos when necessary.

In Sudan and similar countries, national staff should be recruited and trained so that capable, experienced, high-profile nationals can conduct explos.
Measures should be put in place to ensure that MSF-H’s knowledge and skill in negotiating agreements with GoS is maintained in the institutional memory and skills capacity of the team in Khartoum.

With MT support, HRM Department should continue to develop policy and systems to ensure that a viable size team can be put on the ground at the start of emergency response interventions.

The MT should work with the ESD and support departments to establish policy and systems that ensure that each department has staff with emergency response experience who are available for field missions to start-up emergency responses.

**Location and activities**

The review in 3.6 – 3.7 above of location and activities indicate that MSF-H’s response should have been extended to more locations more quickly. Its response in South Darfur only really geared up when the doors opened on Darfur and other agencies began intervening. The need was there but MSF-H response capacity was not. It also found that a more comprehensive approach could have been taken to assessing and responding to the needs in Darfur in collaboration with other MSF sections. A more comprehensive range of humanitarian response activities should have been provided earlier. Advocacy tended to lack strategic direction.

The following recommendations are made:

MSF-H should adopt a more flexible approach to identifying locations for intervention in fluid fast-changing contexts so that it ensures it intervenes as promptly as possible where the needs are greatest. There should be sufficient experienced staff capacity to enable assessment of the general situation to continue while operations are being set up.

MSF-H should take the lead with the other MSF sections to try to form an international explo team to patrol all areas on a regular basis. It should be field-based and report to the five HoMs to avoid the political issues at desk level.

MSF-H may wish to consider conducting activities to increase awareness amongst the Arab communities of the rationale for MSF’s humanitarian action.

MSF-H should (re)integrate a complete range of activities essential for life-saving intervention in emergency situations into its operational repertoire and (re)acquire the skills and capacity to implement them. These should include blanket feeding, secondary healthcare and NFIs.

The importance of surveillance in nutrition and health interventions should be impressed on all MSF-H staff in training and staff with the skills and capacity to implement it are present in all major emergency response teams. MSF-H may wish to consider taking advantage of the specialist support that is available from Epicentre to ensure that public health and mortality surveillance systems are in place.

Strategy for advocacy should be developed with relevant parties (operations, communications and partner sections) and integrated into the overall response at the start of an intervention.

MSF-H should introduce systems to record and monitor its advocacy activity, both public and behind-the-scenes, so that output can be monitored and assessed.
MSF-H should reconsider and clarify its general advocacy objectives and invest more in skills and capacity to implement appropriate advocacy strategies. For protection it needs to be able to field skilled and experienced teams to generate the kind of testimonies and operational data required and the appropriate communication strategies and skills. For learning and accountability, it needs appropriate research and analysis capacity and ability to collate operational data from sitreps etc and communicate it quickly and efficiently.

MSF-H training should be reviewed and strengthened to ensure a proper appreciation of the witnessing and advocacy dimension of MSF’s mandate and what is required to fulfil it.

With the support of MT, HAD should review advocacy policy and strategy and explore new targets for its advocacy to maximise impact in the political and aid arenas. Full use should be made of MSF partner sections in this.

Management, resources and technical support

The review found that, if MSF-H wishes to keep acute emergency response in its core mandate, the structures and capacities of the organisation should be better geared towards acute emergency response. The current debate in MSF-H about medicalisation and quality of care vs. acute emergency response is a false dichotomy: the skills and capacities maintained in the resource and technical support departments should reflect the fact that speed is a key element of the quality of emergency response, as are skills and capacity for the basic package of emergency response activities. Organisational culture at HQ level tends to be characterised by ‘saloon humanitarianism’ and needs to be reoriented towards proactive emergency responsiveness. This should be reflected in greater engagement of HQ staff in the field, and in the skills and experience maintained amongst the advisers. It also needs to be reflected in the skills and capacities of CMTs and field teams. The culture of cautiousness that prevails needs to be balanced with a willingness to embrace risk. There needs to be more inclination to challenge comfortable positions and relationships and make risker investments when the humanitarian intuition scents the need. Greater flexibility needs to be incorporated in policy and processes to enable a more ‘dog-and-bone’ opportunistic approach to operations.

The following recommendations are made:

Efforts to revise management structures and employment policies to enable longer-term availability and retention of senior management staff should be reinvigorated.

Regarding the moving of a response from the OD/CMT line to the ESD:

- OD and ESD should take a robust approach with CMTs in separating major emergency responses from the regular country portfolio
- Criteria and thresholds should be developed (including indicators such as numbers of displaced and incidents of violence and internal factors such as the existing workload of the OD and/or CMT) to guide when it is expected that emergency responses will be separated from the OD/CMT line
- A transparent process of consultation and communication of such separations should be introduced into policy.

76 Epithet courtesy of Ton Koene
MSF-H should take a coherent *sans frontiers* strategic approach to emergencies wherever possible and the response to emergencies that straddle international borders should be managed in an integrated and coordinated way.

An ESD Coordinator should visit the field at the earliest stages of acute emergency responses, and should carry out short-term field missions as necessary to ensure appropriate and timely human resources for explos and start-up of operations.

Regarding decision-making about when ESD intervenes:
- a more transparent decision-making process should be established, allowing space for the intuition that plays an important part in decision when a response is necessary
- situations where competing priorities put ESD capacity under impossible strain should be brought to the attention of the MT so that more of the organisation’s resources can be deployed to ensure an adequate response.

A formal system should be put in place to ensure an HQ staff pool is available for short-term missions for acute emergency responses. This should be written into HQ staff job descriptions and contracts and Heads of Department should be held accountable for ensuring it is implemented.

E-team membership should be incentivised by revising MSF-H employment policy and contracts to make the E-team contract relatively more attractive. The ESD cannot bring about these changes without the involvement and full support of MSF-H’s senior management and HRM department and it is recommended that this be given urgent MT attention.

Provision of practical support in the field should be made an integral part of the advisers’ job. Advisers should expect to make themselves available for interim field missions when intensive support is needed (eg in the start up phase of a major emergency response) and field capacity is lacking (eg when a relevant coordinator (eg MedCo, LogCo) is not in place). Advisers should also be prepared to visit the field intensively in major emergency responses. Visits should not be artificially limited to 10-14 day visits (as has been the unofficial rule in PHD) but should be proportionate to the need for support.

A crisis cellule should be formed at HQ level in the early stage of a major emergency response. Support departments should include at least one adviser with strong knowledge and experience of acute emergency response, who should be allocated to the cellule.

*Accountability and humanitarian cost*

Humanitarian agencies are in general not good at measuring or otherwise gauging their impact in terms of lives saved etc, or at trying to estimate the cost in terms of loss of impact that results from a delays and inappropriate response. The cost of the delay in MSF-H becoming operational in Darfur is very hard to measure in humanitarian terms. The emergency evolved in a complex pattern across Greater Darfur, affecting different areas at different times. The bureaucratic and security constraints on operations also varied considerably over time. It is therefore difficult to know what would have been possible had MSF-H become operational earlier. It is also extremely difficult to disaggregate the impact of different aid actors and other factors on mortality and morbidity, although in Darfur the unusually small number of operational actors means the situation less complicated than most major emergencies. It is also hard to know what was the cost of not providing a more complete package of emergency response activities earlier. The mortality rates in places where MSF-H was responding in South Darfur remained very high
for long after it intervened and a broader range of activity from the outset is likely to have been more effective in saving more lives.

We can get an idea of the possible humanitarian cost in terms of assistance not provided in the period before MSF-H intervened from (a) MSF-H’s activity in the first three months in West Darfur. Between 25 March and 25 June, 1,122 were treated in the TFCs and between 15 April and 15 June, 1,648 were treated in the SFCs. People were treated in the clinics as well but poor record keeping make these figures unreliable; and (b) MSF-F’s activity in the first three months of its operation, i.e. before MSF-H became operational. As outlined in 3.5 above, in this period they began operations in Nyala, Zalingei and Mornei and did explos in six other locations in preparation for further interventions and several ‘explo-actions’. The list in Annex of MSF-F activities in Mornei in February 04 illustrates what was achievable.

It is recommended that, in evaluating the impact of the Darfur response, the next evaluation addresses the question not only of how many people were treated and lives saved by MSF-H’s response, but also how many lives were not saved that might have been had MSF-H intervened sooner and with a more comprehensive range of activities.

**MSF and the ‘humanitarian system’**

In Darfur MSF was almost alone in providing a humanitarian response. This came as a surprise after the huge expansion in the number and size of organisations involved in humanitarian response in the last decade or two. Changes in the role and capacity of international organisations mean that MSF’s role and capacity is more crucial than ever. The outline in 2.3 above of the reasons for the failures in the international humanitarian response in Darfur reminds us of importance of MSF-H maintaining its focus on principled humanitarianism, its operational emergency response capacity, and its independence of action.
Annex 1: Terms of Reference

Terms of Reference of MSF Holland Darfur Evaluation

1. Title for the evaluation

MSF Holland’s response to the humanitarian crisis in Darfur.

2. Responsibilities and lines of communication

This evaluation was initiated by the Director of Operations (DOP). The M&E advisor will co-ordinate and manage an evaluator who will report to the advisor.

3. Context

First discussions about a renewed MSF H attention on Darfur started as early as November 2002, when the anticipated closure of the Wau project freed up capacity.

Signals about an armed campaign against sections of the civilian population in Darfur started as early as January 2003, as rebel militia were being formed. This triggered interest within MSFH, which accelerated during the summer as reports of violent retaliation against civilians started to come in. However, refugees already arrived in Chad as early as April 2003, where MSF did an explo in September.

Due to a combination of GOS obstruction and internal factors, MSF was only able to provide significant levels of assistance in W. Darfur by April 2004 and in S. Darfur in May 2004. By July operations involved a budget of 11 million euro involving 70-80 expatriate positions today.

4. Purpose

The purpose of the evaluation is to gain insight in how to optimise MSF emergency responses in countries where we have an ongoing presence.

5. Scope


6. Key questions

Responsiveness:
1. How efficient and timely was the MSF Holland response.
2. Context analysis. How did we gather intelligence on the emerging crisis? Did we read the signals and triggers for an outbreak of violence?
3. When did we realise that this as going to be a humanitarian crisis?
4. Did we have the right networks and contacts?
5. How well did MSF meet the obstacles to humanitarian response imposed by the government? What was the role of advocacy in this? Where we outspoken enough about access?
6. What internal constraints slowed MSF’s response – including questions of policy, structure and organizational culture?
Strategic Choices:
1. As one of the few agencies with operational capacity by March/April, MSF was faced with difficult choices regarding the location and nature of its interventions.
2. Did the operational choices reflect a reasonable balance between capacities and needs?
3. Were major opportunities missed as a result of the investment in the projects chosen?
4. Advocacy and testimonial. Did we strike the right balance between advocating for access and protection on the one hand and achieving/maintaining operationality on the other? Did we get messages out in a timely manner?

A number of elements need to be looked at:
- A chronology of key decisions and events in the field and the office.
- The division of responsibilities between the ESD and line management (e.g. ownership of the response).
- Level of support and pro-activeness of Amsterdam support departments.
- The role that explos and assessments played in relation to actual response.
- The way that other actors (Oxfam, SCF, MSF France) responded.
- The role played by the HAC and visa regulations and other contextual factors.

7. Methodology
- Review of documents
- Key informant interviews in Amsterdam, Sudan

8. Profile of the evaluator
- Internal MSF, external to Darfur 2003-2004 operations/management
- Must have first hand experiences with issues related to key questions.
- Extensive knowledge and experience in emergency programs
- Excellent communication / report writing facilitation skills

9. Planning
2 weeks document review and interviews in Holland (or other home country)
3 weeks in the field

10. Reporting
An initial draft will be submitted to the M&E advisor for checking against the ToR and than circulated to the DoP, OD, Head of ESD and HoM for screening any factual inaccuracies.

Recommendations must be achievable and feasible within MSF policies and institutional limitations. Recommendations must be immediately implementable and clearly defined in terms of action and actor, at policy, strategic management and operational levels in a coherent manner. The report must not exceed 20 pages (excluding annexes). The final report will be presented to the Management Team in Amsterdam.

11. Budget
To be determined

77 Page limit subsequently lifted in discussion between evaluation manager and evaluator.
Annex 2: List of interviewees

This is a list of people interviewed. Information was also gathered in informal conversation with others, in particular MSF-H staff in South Darfur, West Darfur and Amsterdam.

Amsterdam

Kenny Gluck, DOP  
Ton Koene, ESD  
Marcel Langenbach, ESD  
Diana Numan, ESD  
Pete Buth, OD  
Cathy Howard, OA  
Wouter Kok, former ESD and OD  
Peter Krouwel, Jaap vd Woude, FSU  
Danny Wassington, Procurement Unit  
Rutger Verkerk, former HoM, North Sudan  
John Heeneman, former PC/HoM, Darfur  
Carla Martinez, ex-HoM Chad  
Ingrid Kirchner - HAD

Khartoum

Paul Foreman, HoM  
Caroline O’Keefe, MedCo  
Andreas Bruender, LogCo  
Aurelie Lamazierre, HAO  
Simon Buckley, FinCo  
Hassan Amin, former Liaison Officer  
Matt Baugh, First Secretary (Aid), British Embassy and DFID Country Representative  
Ian Purves, Humanitarian Adviser, DFID/OCHA  
Ivo Freijsen, Technical Adviser, ECHO  
Mike McDonagh, Senior Humanitarian Affairs Officer, OCHA  
Lia Copeland, Humanitarian Affairs Officer, OCHA and former HAO North Sudan  
Daniel Christensen, OCHA  
Tim Pitt, HIC OCHA  
Carlos Alberto Lopes Veloso, Emergency Coordinator–Darfur, WFP  
Greg Elder, HoM North Sudan, MSF-France  
Nicolai Panke, Field Coordinator-Darfur, ICRC  
Tristram Lewis, Country Director, MedAir  
Joe Gribben, Country Director, Goal  
Kate Halff, Country Director, SC-UK  
Maurice Herson, Humanitarian Adviser, Oxfam

Darfur

Vincent Hoedt, HoM  
Judith Kadir, MedCo  
Jenneke Kruijt, Health Adviser (Amsterdam)  
Hannah Duncan, acting Nutrition Coordinator  
Nawel Zahid, LogCo  
Meriel Rosser, PC Kalma  
Liz List, PC Shariya  
Simon Collins, MTL Garsila
Karline Kleijer, PC Garsila
Jamal, HAC Commissioner, Nyala
David Del Conte, OCHA Nyala
Sami Yagoub, Programme Coordinator, WFP Nyala
Sandra Tadeschi, Nutritionist, WFP Nyala
Malek Allaouna, Darfur Coordinator, SC-UK

London

Tom Quinn, former MTL, South Darfur
Helen Austin, former Nurse and Team Leader, South Darfur
Jean-Michel Piedagnel, Director, MSF-UK
Vickie Hawkins, Head of Programmes, MSF-UK
Katherine Galliano, Head of Human Resources, MSF-UK
Martyn Broughton, Head of Communications, MSF-UK
Simon Mansfield, Humanitarian Advisor, DFID

Paris

Mercedes Tatay, Emergency Desk, MSF-France
Annex 3: Activities implemented by MSF-F in February 2004 in Mornei, West Darfur

Feb 04 - week 1
- Measles vaccination 3,925 children
- MUAC screening (1.8% severe, 8.8% global)
- TFC (82 patients)
- SFC (275 patients)
- NFI distribution 4,200 children

Feb 04 - week 2
- IPD with 15 beds
- Dressing room for management of wounded
- 2,000 more children vaccinated
- TFC = 100 patients
- SFC = 400 patients
- Water supply, kitchen, latrines installed
- Water bladder installed
- CHWs commence

Feb 04 – week 3
- Meningitis isolation tent opened
- Vaccination 3,000 more children (total 9,700 vaccinated)
- Removal of dead animals commenced
- NFI distribution 2,600 ‘vulnerable’

Feb 04 - week 4
- Wet SFC
- Vaccination and MUAC screening at new site (400 children)
- 30,000L bladder added for water.

Began with two expats, expanding to four during the course of the month.

(Source: Emergency Desk, Paris, unverified)
Annex 4: HQ staff visits to Darfur

The following staff from Amsterdam and MSF partner sections have visited the MSF-H mission in Darfur:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Post</th>
<th>Start</th>
<th>End</th>
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<tbody>
<tr>
<td>Bart-Jan</td>
<td>Bekker</td>
<td>Financial Controller</td>
<td>30-Jul-04</td>
<td>15-Aug-04</td>
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<tr>
<td>Austen</td>
<td>Davis</td>
<td>General Director</td>
<td>19-Sep-04</td>
<td>30-Sep-04</td>
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<tr>
<td>Catharina</td>
<td>Van Dijkhorst-Snelder</td>
<td>Psycho-Social Care Unit</td>
<td>03-Jun-04</td>
<td>20-Jun-04</td>
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<tr>
<td>Katherine</td>
<td>Galliano</td>
<td>Head of HRM MSF-UK</td>
<td>31-Jul-04</td>
<td>09-Sep-04</td>
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<tr>
<td>Peter</td>
<td>Giesen</td>
<td>Learning &amp; Accountability Unit</td>
<td>08-Nov-04</td>
<td>25-Nov-04</td>
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<tr>
<td>Kenneth</td>
<td>Gluck</td>
<td>Director Operational Portfolio</td>
<td>11-May-04</td>
<td>02-Jun-04</td>
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<tr>
<td>Jan</td>
<td>Heeger</td>
<td>Water &amp; Sanitation Advisor</td>
<td>23-Mar-04</td>
<td>10-May-04</td>
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<tr>
<td>Jan</td>
<td>Heeger</td>
<td>Water &amp; Sanitation Advisor</td>
<td>18-Jul-04</td>
<td>28-Jul-04</td>
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<tr>
<td>Jan</td>
<td>Heeger</td>
<td>Water &amp; Sanitation Advisor</td>
<td>17-Aug-04</td>
<td>10-Sep-04</td>
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<tr>
<td>Will</td>
<td>De Jong</td>
<td>Psycho-Social Care Unit</td>
<td>03-Jun-04</td>
<td>20-Jun-04</td>
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<tr>
<td>Saskia</td>
<td>Vd Kam</td>
<td>Nutrition Advisor</td>
<td>28-Aug-04</td>
<td>13-Sep-04</td>
</tr>
<tr>
<td>Ton</td>
<td>Koene</td>
<td>Coordinator ESD</td>
<td>16-Mar-04</td>
<td>05-Apr-04</td>
</tr>
<tr>
<td>Ton</td>
<td>Koene</td>
<td>Coordinator ESD</td>
<td>05-Aug-04</td>
<td>25-Aug-04</td>
</tr>
<tr>
<td>Jenneke</td>
<td>Kruijt</td>
<td>Health Advisor</td>
<td>07-Aug-04</td>
<td>03-Sep-04</td>
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<td>Jenneke</td>
<td>Kruijt</td>
<td>Health Advisor</td>
<td>25-Oct-04</td>
<td>05-Nov-04</td>
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<tr>
<td>Clair</td>
<td>Mills</td>
<td>Head PHD</td>
<td>25-Oct-04</td>
<td>05-Nov-04</td>
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<tr>
<td>Diana</td>
<td>Numan</td>
<td>ESD Assistant</td>
<td>09-Oct-04</td>
<td>25-Oct-04</td>
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<tr>
<td>Ulrike</td>
<td>Von Pilar</td>
<td>Director MSF-Germany</td>
<td>29-Jul-04</td>
<td>15-Aug-04</td>
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<tr>
<td>Peter</td>
<td>Van Velze</td>
<td>ICT Advisor</td>
<td>14-Sep-04</td>
<td>01-Oct-04</td>
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<tr>
<td>Jacob</td>
<td>Vd Woude</td>
<td>FSU Advisor</td>
<td>11-Sep-04</td>
<td>01-Oct-04</td>
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<tr>
<td>Marieke</td>
<td>Van Zalk</td>
<td>Communications Advisor</td>
<td>13-Apr-04</td>
<td>01-May-04</td>
</tr>
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</table>

(Source: Amsterdam insurance records)
Annex 5: Darfur OST

The Darfur OST started 1 February 04. OST members are listed with the month they joined the OST. Highlighted members have not participated in OST meetings.

- PHD: Koert Ritmeijer (Nov–June); Jenneke Kruijt (July-)
- Bart-Jan Bekker (Feb-)
- Ariane Halm (Feb-)
- Barbara Carasso (Feb-)
- Cathy Howard (Feb-)
- Derryck Klarkowski (Feb-)
- Harriet Barley (Feb-)
- Jan Heeger (Feb-)
- Kaz de Jong (Feb-)
- Annemarieke Smiers (Feb-)
- Comms: Marieke Van Zalk (Feb-May); Annemieke Van Der Molen (March); Susanne Staals (May-)
- Stephan Grosserueschkamp (seconded by MSF-Germany) (15 June- end July)
- Saskia vd Kam (Feb-)
- Victorio Torres (Feb-)
- Danny Wassington (Feb-)
- Bree Lenz (Feb-)
- FSU: Boris Soubotko (to March 04); Paul Caney (April-June 04); Peter Krouwel (July-Aug 04); Peter Krouwel and Jaap vd Woude (Aug-Dec 04); Bert Koelewijn (Dec-).
- Ingrid Kircher (Sept-)
- Evert Loddeer (Sept-)
- LAU: Gunilla Kuperus (Feb-Aug);
  Peter Giesen (Aug)

(Source: ESD)
Annex 6: Expats, Expenditure and Cargo Overviews

MSF Holland Darfur Expenditure

Darfur Explo: 4 3 3 2 4 3 0 0 0 0 0 0
South Darfur: 0 0 0 5 14 19 38 47 57 61 55 53
West Darfur: 4 7 3 13 14 17 25 31 34 32 30 26

Time:
- Jan-03: €0.00
- Feb-03: €0.00
- Mar-03: €0.00
- Apr-03: €0.00
- May-03: €0.00
- Jun-03: €0.00
- Jul-03: €0.00
- Aug-03: €0.00
- Sep-03: €0.00

Costs:
- €0.00
- €200,000.00
- €400,000.00
- €600,000.00
- €800,000.00
- €1,000,000.00
- €1,200,000.00
- €1,400,000.00
- €1,600,000.00
(excluding local purchase)
Annex 7: Saskia van der Kam’s feedback

(Saskia was a key person involved in strategic decision making, but could not be interviewed. This is why her ad hoc feedback is attached here as an annex.

P20: last paragraph:
Some activities were planned for but not implemented: blanket feeding. The but suggests a blockade for not implementing, however BF as emergency preparedness was a deliberate choice.

P21: first paragraph and further:
**Blanket feeding:**

**Strategy:**
- Blanket feeding is a part of emergency preparedness, not a Pavlov intervention in any insecure area. Therefore blanket feeding cannot be seen as a golden standard as is suggested in this document. Therefore I don’t agree with conclusion on p22, second paragraph. Please let us remain flexible and rational about implementing nutritional strategies. (see also page 32 recommendation, this recommendation is not appropriate)
- MSFH had criteria for implementing blanket feeding: no access to food (own production and GFD)
- MSH had prepared herself for the worse scenario: WFP was no able to deliver food and the people had no access to other food, especially in West Darfur, where WFP prepared herself late for the GFD. Indeed WFP did a good job, people had some access to food and a large emergency did not occur, therefore no blanket feeding was implemented.
- MSFH was no very eager to implement blanket feeding unnecessarily as it has a big impact on security:
  - It would mean attracting more people to one place, what we considered irresponsible as and increased concentration of people (and sitting on a pile of food) would mean a nice target for the JJ
  - It would mean increased logistics in remote areas, which would not be easy to achieve.
  - It would mean increased vulnerability to being targeted with violence.
- Also were no impressed by WFP wanting us to do blanket feeding for U5’s as we know from experience and earlier evaluations (Afghanistan) that this would mean that the area is no prioritized by WFP and the GFD would not arrive at all.
- Last but not least: the amount of food given through blanket feeding is very little: logistical and distribution constraints (?? As MSFFrance why they distributed that little food) makes that on average the distribution is about 550kcal/person/day

As the criteria for implementing blanket feeding was not met, MSFH chose instead for family rations to beneficiaries of TFC and SFC. Although the concept of family ration is not mentioned in this report, it was a successful method used in the emergency of BeG in 1998.
The reasoning is that although on average the population has access to food, the ones with malnourished children are limited in their access (therefore the outcome of malnutrition) and therefore the entire family need support.
MSFH chose for targeting the food to the most vulnerable families (identified as families with children in the feeding programs) by distributing about 1450 kcal/person/day. The strategy is not spreading the food too thin (blanket feeding) but target the most vulnerable (family rations in feeding programs)

A comparison with MSFFrance is not justified, as they did blanket food distribution in places with concentrated populations, every well accessible by a tarmac road, and no high security issues. (I know it is implemented in Morney, but I doubt it was implemented in Zalingy). Out main concern was the remote areas of West Darfur, with difficult access and highly insecure.
Besides the strategy of the French was triggered by the fact that they were transferring 30% of the SFP cases to the TFC. Indicating the food was really a problem (GFD was half ration). We did not face the problem in this extent (GFD was full ration, hardly referrals SFP top SFC).

P21: first paragraph and further:
**Blanket feeding:**

First sentence: in July MSF bought .....
We bought in January and April (check logistics) x (…check logistics) ton CSB, but it was all stuck in Port Sudan (high temperatures), and considered as lost in the end. In May we ordered food and were obliged to fly it directly in Nyala, as the import using this route was much more easy then via Port Sudan. In July the import was made a bit easier, so we ordered a large amount of food now the window was there.

Page 22:

**Surveillance:**

Through the tone is suggested that the nutritional activities were not monitored and data were not analyzed. Well, of course there were difficulties with getting the data accurate to the exact number of persons I feeding programs, but nevertheless the data gave a good picture what was going on. Also in assessments, measles vaccination and blanket feeding the MUAC assessment were done. Further surveys were planned and executed. Indeed the mortality surveillance in the populations was weak. This must be seen in the light of calling eth “experts “ of EPICENTRE for surveys: they needed a full time support of our epidemiologist, who was therefore not able to set up proper surveillance systems. This might have been not the right priority for the epidemiologist, but the management signalized her activities with nutrition surveys and was not able to find a solution for this. Lesson learned: think twice before calling he expertise of EPICENTRE for surveys.

Page 29,30,31

**Support ESD and HQ:**

- There was almost a daily cellule meeting under guidance of Ton Koene (cellule is smaller then OST, and much more operational
- Nutrition: a highly skilled ESD member and nutrition expert ( and several other nutritionists) was in Darfur. Nutritionist offered to support in Darfur, but the nutco did not consider it to be the right timing. In HQ intensive support was given, in terms of strategies, protocols, food ordering, staff tracing, briefing, and training.
- Very limited indicator for measuring support only with field visits. Nutritional support was also needed from HQ and the combination of knowing the area and excellent communication with the nutco and data from the field, made the system very effective. Although it is admirable that Jan from Watsan went three times to Darfur, the need was also there as the watsan unit was unable to place a strong watsan in the field permanently.
- First missions are not an objection, as long as there is management on board. Lacking was a medco (boss) on the spot.
- Nutritional orders were made by HQ in consultation with the nutco and log. This improved the decisiveness, but was in the end a bit chaotic for the field.