Woodrow Wilson International Center for Scholars

Fetzer Institute

Retrieving the Wisdom of Those in Need
Community Engagement and Healing in Times of Disaster

By Meriwether Beatty

1. **How can we respond to disaster with dignity and act in accordance with the lived experience of others?**

I write this with the perspective of having spent almost fifteen years working on the Astarte Project which focuses on increasing access to reproductive health care in crisis settings. We believe that working with leaders, communities, and local groups on the ground is essential to making this happen. Although I have not been to Rwanda, Eliane Ubalijoro's paper and her description of the ways that Rwandans, particularly women, "are engaging in community development first as an act of survival and more and more as a way forward towards healing" resonated with me.

Resilience is the cornerstone of Astarte. As one of our partners in Liberia writes, "Astarte, the Goddess of Resilience, best describes the project because of the many difficulties service providers and community members encounter in providing and receiving quality reproductive health services during crisis. Most importantly, it represents the resilience demonstrated by women and girls in difficult conditions."

> *"RHG (Reproductive Health Group) represents the ideal situation whereby refugees participate in their own health care and in this instance it may well represent 'best practice' worth of intensive study for possible replication in other settings."*[1]
>
> (WHO evaluation consultant)

During my early days at JSI, I spent much of my time in the refugee camps of Guinea, where there were countless examples of resilience, strength, and community. I observed a group of Liberian and Sierra Leonean women overthrow the corrupt and ineffective leadership of a local NGO and turn it into a strong refugee-run health care organization called Reproductive Health Group (RHG). A 2010 article in *Disasters*[2] discussed the work of RHG: "Working as part of the Guinean health system, RHR midwives and community facilitators helped make the RH services in their region the most effective in Guinea at the time." One reason for RHG's success might be due to the strong link and connection they had with the community. As the article discusses, "The RHG facilitators formed the link between community and health facilities."[3]

I was working on a fledgling reproductive health literacy project, and our collaboration with RHG and their trust and connection with the community was essential to the success of the project. RHG, both as an organization, as well as the women who worked there

[1] Disasters, 2010, 34(1): 16:29.
[2] Ibid.
[3] Ibid.

were my role models. Although it was clear that people coming out of these brutal wars had witnessed and survived horror, it was only when friendships developed did I learn more about individual experiences and the often unimaginable brutality and loss. It was always hard for me to think of these dynamic women in such positions of powerlessness. In their current role as RHG staff members and as leaders in their community, they resonated strength and dignity, despite being in the strange limbo of displacement. As Eliane Ubalijoro describes, their work and engagement with the community was their way forward.

Having seen first-hand and close-up what refugee women accomplished with RHG, it mystifies me as to why this model of support to local and community based groups in humanitarian settings is not standard practice. I often hear that RHG is an exception, but in my experience in many other humanitarian settings, there are always groups (both formal NGOs and less formal community based groups that have developed organically) working to fill the gaps in their community. It might be true that not all of them have the immediate capacity to manage and implement a large grant from an international donor, but with sustained support (funding, technical support, and organizational strengthening), these same organizations can turn into vibrant, professional organizations providing quality services in a far more sustainable manner.

The Disaster article's conclusion states, "…in this model, refugee health workers were responsible for all aspects of their RH programme, including management, planning, and monitoring and evaluation. In addition to building on, and strengthening, their coping skills and self-esteem, this represented capacity development for the rebuilding of health systems in the refugees' countries of origin."[4] RHG staff members returned to Liberia and Sierra Leone and started RHG in their home countries. RHG Sierra Leone is still operational and complements the government health services. As RHG demonstrated, strong civil society organizations can alleviate some of the "transition gap" that occurs when relief funding dries-up and international NGOs depart.

So what will it take to shift the mindset of the international humanitarian community? Major natural disasters provide many examples of community based response in the immediate aftermath as well as when the situation stabilized. Two examples include local and community groups in Myanmar that were frontline responders after Cyclone Nargis, and the East Coast Development Forum, a network of twelve local NGOs, which was vital in the response to the 2004 tsunami along the east coast of India.

Paul Born's compelling visual imagery of the parked buses during Katrina shines a bright spotlight on the flaws in the "triage" mentality as does Frederick Burkle's highlighting of the "shadow responders" in the same emergency being repeatedly ignored.

Paul Born's description of the community warning system in a village in Philippines that saved lives when the government warning system failed highlights the importance of working with the community, and indeed, is one of the foundations of disaster risk reduction (DRR).

[4] Ibid.

Will the current focus on DRR encourage donors, governments and international NGOs to think about these issues in a different way? I am optimistic at some of the discussions and dialogue around DRR. An assessment conducted by the Global Network for Civil Society Organizations for Disaster Reduction entitled Views from the Frontline clearly articulates what is needed in the recommendations. "Carry out reform of the humanitarian response system, making it one committed to engaging with and strengthening local and national preparedness and response/recovery capacities, and one that bases programme interventions on assessments of people's own perceived priority needs in relation to their capacities and vulnerabilities."[5] It is wonderful language, but how is this going to happen, and will the RHGs of the world play a role and have a voice?

1. **New technologies and community engagement**

Having seen technology advances change at such a rapid fire pace, I am amazed at the potential role that technology might play in community engagement and increased access to reproductive health care in humanitarian settings.

The examples that Elliane Ubalijoro gives, including telemedicine and remote banking access through wireless technology, are exciting. I have also seen participatory video being used to combat stigma and raise community awareness about gender-based violence, and I think that mobile technology has thrilling potential to prevent and respond to GBV in remote settings.

Many of our partners still do not have access to reliable mobile and internet technology. As that technology expands to more and more areas, it can obviously play an important role in bringing a range of existing resources, documents, tools, and learning modules to communities. It can also provide a forum for organizations in different geographic areas to learn from and share experiences with each other.

As we have recently witnessed, it can give voice to the individual and community experience which can be shared with millions of people in different countries through blogs, podcasts, and media outlets providing a different perspective from the standard media coverage.

What I find most exciting about technology is its ability to enable young people to communicate and be heard in ways not previously available. In terms of sexual and reproductive health in humanitarian settings, the needs and voices of adolescents and young people are seldom heard.

1. **Community participation and governance: who's listening to whom?**

[5] Views from the Frontline: A local perspective of progress towards implementation of the Hyogo Framework for Action, Global Network of Civil Society Organizations for Disaster Reduction. www.globalnetwork-dr..org

This is not intended to argue for an either/or (local vs. INGO or gov't vs. NGO) model of disaster response, but rather one that encourages and enables community participation and real partnerships among INGOs, local NGOs, and the government. As a recent Merlin report, *Is Haiti's health system any better*? highlights, this is sorely lacking in the current model of humanitarian response.

> *Local NGOs were severely affected by the quake but they still managed to mobilize in order to help others," said one director of a Haitian NGO. "However INGOs thought they were coming into a complete vacuum- le vide total.*[6]
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> *According to local reports, international medical teams moved in and set up ad hoc operations without much consultation, permission or negotiation with the government or local health care providers.*
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> *Any assessments made were localized, focusing exclusively on needs, when a combined assessment of local health worker capacity would have been far more effective.*
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> *'Everybody came', said one local NGO manager. 'They installed themselves as they liked where they liked…'*
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> *Instead of finding themselves working alongside incoming international teams, local NGOs and health workers were bypassed and sidelined by the wave of international NGOs and clinical teams sweeping into their city.*[7]

International NGOs were not acting maliciously but rather acting with the very best of intentions. Their priority and mandate is to save lives and to meet the immediate needs of survivors of a catastrophic disaster. It is a chaotic situation, and they are under pressure from their donors (both government and individual) to be fully operational and providing services as soon as possible. There is a real desire to coordinate and complement rather than duplicate services, but the immediate needs and competing demands of INGOs are great. UN agencies and INGOs don't have anyone responsible for ensuring that local and community groups are at the table and that true partnerships are formed or that community voices are heard. This needs to be an explicit mandate of the cluster system/humanitarian response.

> *There are fears that the dominance of the INGO sector could hinder the long-term recovery of Haiti's reeling health system. Some international teams are still working largely independently of the Ministry of Health, which is struggling to coordinate the large numbers of international agencies still operating in public and private health care facilities.*

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[6] Is Haiti's health system any better? Merlin, 2010. www.merlin.org.uk. Hands up for health workers.org
[7] Ibid.

> *Despite the large numbers of INGOs providing primary health care services in Haiti, there have been too few signs of long-term strategies and partnerships designed to build local health worker capacity beyond the emergency phase.*[8]

This illustrates the need for a stronger link with local NGOs and community based groups. Although our emphasis is on civil society, NGOs coordinate and collaborate with the MOH and other relevant government entities when possible. Astarte's experience shows that a dynamic and vibrant civil society does contribute to reducing the space between the governments and communities. Networks come together with a stronger voice to advocate and participate in policy development of new governments as happened with a group of reproductive health NGOs in Sierra Leone. Civil society organizations provide health services in remote areas that new governments can't yet reach as in Liberia.

I keep coming back to the same question. What will it take to shift the mindset of the international humanitarian community? I consider that a vital first step towards breaking down the existing barriers between relief and development, local and INGOs and the government, and to recognize the critical role of the community in both the response and the rebuilding.

[8] Ibid.